Bundle BCU People and Culture Committee 13 August 2026

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - PC26.81 Welcome and Apologies
Dyfed Jones, Chair

1.2 09:31 - PC26.82 Declarations of Interest
Dyfed Jones, Chair

1.3 09:32 - PC26.83 Unconfirmed Minutes of Meeting held on 11.06.26
Dyfed Jones, Chair
PC26.83 Minutes from P&C Committee 11.06.26 V0.1 (Public)

1.4 09:35 - PC26.84 Matters Arising & Action Log
Dyfed Jones, Chair
PC26.84 Action Log P&C Committee - Public (Updated 05.08.26)

2 09:40 - STAFF STORY

2.1 09:40 - PC26.85 Staff Story
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.85 Coversheet August 2026 Staff Story
PC26.85.1 Staff Story Aug 26 - ND final

3 09:50 - STRATEGIC PRIORITIES

3.1 09:50 - PC26.86 Strategic Equality Plan 2024-2028
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.86 Strategic Equality Action Plan Update August 2026
PC26.86.1 BCUHB 2025-26 EOY SEP feedback report

3.2 10:05 - PC26.87 People Operations Report
Georgina Roberts, Senior Associate Director, People Service
PC26.87 People Operations Report 13.08.26 Coversheet
PC26.87.1 BCU People Operations Report

3.3 10:15 - PC26.88 Integrated Leadership Development Framework
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.88 Integrated Leadership Development Framework Assurance Update July 2026

3.4 10:30 - PC26.89 Speaking up Safely Quarterly Report
Debbie Eyitayo, Executive Director of People and Organisational Development
PC26.89 Speaking up Safely Quarterly Report Q1 2627
PC26.89.1 BCU-2526-25 Final Internal Audit Report_Speaking Up Safely

3.5 10:45 - PC26.90 Health Inspectorate Wales Emergency Department Report Improvement Plan (People and Culture Element)
Chief Operating Officer
Verbal Update

3.6 10:55 - BREAK

4 11:05 - ANNUAL REPORTS

4.1 11:05 - PC26.91 Welsh Language Annual Report
Teresa Owen, Executive Director of Allied Health Professionals and Health Science
PC26.91 Welsh Language Services Annual Monitoring Report 2025-2026
PC26.91.1 Appendix 1 - Welsh Language Services Annual Monitoring Report 2025-2026
PC26.91.2 Appendix 2 - More than just words Update Report 2024-25 - BCUHB

4.2 11:15 - PC26.92 Health, Safety and Security Annual Report
Stuart Keen, Director of Environment and Estates
PC26.92 Coverpaper HSS Annual Report (August 2026)
PC26.92.1 BCUHB HSS Annual Performance Report (Final v1.1 29.06.2026 to People and Culture August 2026)

5 11:25 - GOVERNANCE, RISK AND ASSURANCE

5.1 11:25 - PC26.93 Board Assurance Framework
Pam Wenger, Director of Corporate Governance
PC26.93 Coversheet for BAF
PC26.93.1 Appendix 1 – Dashboard View (1)
PC26.93.2 Appendix 2 - P&C - Portal - Board Assurance Framework - Aug 2026 - V2 (1)
PC26.93.3 Appendix 3 - Extant Open BAF Actions - Mapping to new BAF to carry over (2)

5.2 11:30 - PC26.94 Corporate Governance Report
Pam Wenger, Director of Corporate Governance
PC26.94 Corporate Governance Report
PC26.94.1 People and Culture Committee ToR V1.01
PC26.94.2 People & Culture Committee Annual Report 2025-26 V0.1
PC26.94.3 People and Culture Committee Self Assessment Presentation 2025-26 V1.0
PC26.94.4 Workplan for P&C Committee (Live Version as at 04.08.26)

6 11:35 - CLOSING BUSINESS

6.1 11:35 - PC26.95 Agree Items for Referral to Board / Other Committees
Dyfed Jones, Chair

6.2 11:37 - PC26.96 Review of Meeting Effectiveness
Dyfed Jones, Chair

6.3 11:39 - PC26.97 Date of Next Meeting - 08.10.26

6.4 11:40 - PC26.98 Resolution to Exclude the Press and Public
"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the People & Culture Committee
held in Public on 11 June 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Dyfed Jones	Independent Member (Chair of Committee)
Billy Nichols	Independent Member
Clare Budden	Independent Member
Paul Lambert	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (part meeting)
Sarah Blackshaw	Strategic Lead for Staff Wellbeing and Support (observer)
Clara Day	Executive Medical Director (part meeting)
Dyfed Edwards	Health Board Chair
Debbie Eyitayo	Executive Director of People and Organisational Development
Eleri Hughes-Jones	Head of Welsh Language Services (part meeting)
Helen Hughes	Professional Service Manager, Radiology (part meeting – via Teams)
Ffion Johnstone	Programme Director, Foundations for the Future (part meeting: via Teams)
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Georgina Roberts	Senior Associate Director, People Service
Nia Thomas	Head of Organisational Development (part meeting)
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS

PC26.52 Welcome and Apologies

Apologies were noted for Stuart Keen and Jason Brannan.

PC26.53 Declarations of Interest

No declarations were raised.

PC26.54 Unconfirmed Minutes of Meeting held on 9 April 2026

It was resolved that the Committee:

- **AGREED** that the minutes of the People and Culture Committee meeting held on 9 April 2026 were a true and accurate record subject to noting apologies from the Senior Associate Director, People Service.

PC26.55 Matters Arising & Action Log

The Committee reviewed the action log and agreed to close the actions that were proposed for closure.

STAFF STORY

PC26.56 Staff Story

The Committee received the staff story and the Head of Welsh Language Services and Executive Director of Allied Health Professionals and Health Science highlighted:

- The story recognises staff who are promoting the use of the Welsh Language across the organisation.
- The new Welsh Language Champions Programme has been developed to recognise staff contributions within the Health Board and aligns with the Welsh Language Standards.
- Consistent delivery across all areas is challenging as resources vary between sites however the Welsh Language Champions are already informally promoting the use of the Welsh Language and supporting colleagues to deliver services bilingually where possible.
- Maureen Roberts who has shared her story is a Site Administrator across community hospitals in Conwy and Denbighshire and has been working to improve bilingual signage and increase staff awareness of the use of Welsh Language which has led to measurable improvements in the availability and quality of Welsh-medium services across multiple sites.
- There are Welsh Language Champions across the Health Board in a wide variety of areas and services who are all working towards offering Welsh Language services in their areas of work.
- There are similar Welsh Language programmes taking place within the public sector across Wales including the Local Authorities, Police and Fire Services noting that the Health Board were the first organisation to launch this programme.
- There are a range of benefits which include strengthening compliance, supporting the development of a bi-lingual workforce and ensuring increased availability of Welsh Language services for patients across the organisation.
- The aim is to create a wide-ranging network of Welsh Language Champions as well as a toolkit to provide support for implementation and share best practice amongst staff.

In discussing the staff story, the Committee:

- Noted that all staff who are either Welsh speakers or learners are Champions in this area including the Chair of the Health Board and the Chair of the Committee who were thanked for their support.
- Recognised the work taking place in areas where Welsh is not as widely spoken and the impact this creates for the benefit of patients who wish to use the Welsh Language.
- Queried how the work of the Welsh Language Champions can move forward into wider practice across the organisation. It was confirmed that going forward the aim is to develop a network of Champions, strengthen the social media channel and create more visibility by linking in with BetsiNet.

- Acknowledged the learning taking place with other agencies noting the positive mechanisms already in place in this area and the opportunities for further shared learning.
- Highlighted the importance of staff within services being mindful of speaking to patients in Welsh and encouraging staff confidence to use the language were
- possible.
- Referred to the need for senior leaders to role model behaviours and provide support and encouragement within the workplace.

It was resolved that the Committee:

- **SUPPORTED** the implementation and roll-out of the Welsh Language Champions Programme to embed bilingual practice from within the organisation.

STRATEGIC PRIORITIES

PC26.57 Welsh Language Promotion Plan 2026-2027

The Committee received the report and the Executive Director of Allied Health Professionals and Health Science highlighted:

- The Welsh Language Promotion Plan 2026–2027 sets out a structured, year-round programme to strengthen the Health Board's Welsh Language culture, capability and confidence.
- The aim of the plan is to promote Welsh Language activity, supported by the Health Board, recognising that delivery would be monitored through the Welsh Language Standards and progressed within existing resources, supplemented by non-recurrent grant funding where available.
- The Plan sets a new direction for the Welsh Language Team, moving beyond compliance with the Welsh Language Standards to strengthen cultural identity, lived experience and the normalisation of Welsh across everyday practice.
- The Plan adopts a phased, cultural-change approach across four quarters with key actions including establishing foundations through a baseline staff awareness survey, building confidence and peer support through internal campaigns and patient stories, developing the Champions toolkit and celebrating cultural identity by celebrating events such as St David's Day.
- The Plan identifies key actions to embed Welsh Language culture and strengthen the bilingual offer for patients, while supporting delivery of the Integrated Medium Term Plan and Welsh Language Annual Delivery Plan.

In discussing the staff story, the Committee:

- Acknowledged the clear direction, referred to the value of the Welsh learner of the year award and highlighted the importance of embedding both the Welsh culture and the use of Welsh Language across the organisation.
- Recognised the support required to ensure staff who speak Welsh have the confidence to use the language during consultations with patients and on a daily basis.
- Queried whether further work is required in relation to recruitment. It was confirmed that a bi-lingual skills policy is now in place and front-line posts have been identified as Welsh essential for several years noting that further work can be completed in this area moving forward.

- Suggested the need to understand whether staff are initiating discussions with service users in Welsh. It was confirmed that this is a requirement of the Welsh Language standards however it can be difficult to monitor. A pilot is taking place in the East to note whether clinical consultations are being offered in Welsh, and this is an area that is due to be discussed in further detail with the Welsh Language Commissioner.

It was resolved that the Committee:

- **SUPPORTED** the implementation and roll-out of the Welsh Language Promotion Plan to increase awareness and normalise the language within the organisation's daily activities.

PC26.58 First Annual Report for Healthcare Sciences

The Committee received the report and the Executive Director of Allied Health Professionals and Health Science and the Professional Service Manager, Radiology highlighted:

- This is the first Healthcare Sciences Annual Report which has been developed to increase visibility of the profession and the support provided by this service.
- Healthcare sciences have a wide breadth of staff across the Health Board, spanning over 30 professions divided into six families noting that over 8 million tests and patient contacts were conducted across all pathways by healthcare scientists during 2025.
- There are varied registration, accreditation and regulatory requirements across healthcare sciences, including the Health and Care Professions Council (HCPC) Register as well as voluntary registers, inspections and medical device regulations.
- The Health Board are the first to introduce a Healthcare Science Network, linking with the National network and supporting career development frameworks which helps to develop staff and gain better value from health scientists.
- There are a wide range of regulation in this area, and several inspections have been conducted over the past few years which have highlighted some areas for improvement and enabled shared learning.
- There have been several key developments and achievements recently, including the Healthcare Science Conference held in Llandudno which received positive feedback, the implementation of the Radiology Informatics System Project (RISP) and the continued progress of the Laboratory Information Management System (LIMS). There has also been local and national recognition for staff and development of specialist trainee roles.
- The Committee was asked to support this area of work to raise the profile of Healthcare Sciences as progress continues.

In discussing the staff story, the Committee:

- Acknowledged that 95% of all patient pathways link into the Healthcare Sciences team which also links in with workforce planning and could provide the Committee with the opportunity to identify the organisation wide impact.
- Recognised that the Healthcare Sciences team are a critical workforce noting that many roles can be difficult to recruit. It was agreed that the paper should be shared with the Local Partnership Forum and the Trade Union Representatives for their information.

- Noted that the focus for the Committee is around workforce however there are a range of regulations and standards which align to the Quality, Safety and Experience Committee. It was agreed that the Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science would discuss this further outside of the Committee to ensure assurance is being provided to the correct Committees.

Actions:

- **PC26.58.1** Share the Healthcare Sciences Annual Report with the Local Partnership Forum.
- **PC26.58.2** Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science to discuss outside of the meeting what assurance is required in this area for which Committee.

It was resolved that the Committee:

- **RECEIVED** and **DISCUSSED** the report and contents.
- **FEDBACK** on the report format to inform future iterations.

PC26.59 Sickness Actions Deep Dive Report

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

- The report provides progress against the sickness deep dive and summarises the actions being taken. It has been recognised that the original actions agreed were ambitious and delivery has been impacted by limited resources, team absence and increased employee relations casework.
- Sickness absence remains around 6% which is an increase from last year and exceeds the national target of 4.4% however return-to-work recording on the Electronic Staff Record (ESR) remains low despite some improvements.
- The planned early intervention and hotspot team approach has not yet been fully established, and the action plan will need to be reviewed to focus on what can realistically be delivered within available resources.
- A Healthy Workforce Group has been implemented and the key next step is to ensure the divisional groups are fully formed involving the key stakeholders in each division to focus on the hot spot areas and to identify with managers what support is required to develop targeted interventions which can then be measured for impact.

In discussing the report, the Committee:

- Emphasised the need to move beyond policy compliance and focus on key areas such as culture, wellbeing, organisational change and leadership to understand the root causes of absence.
- Suggested that cross corelation could be completed with the staff survey to highlight whether areas of low staff morale are contributing to sickness. It was confirmed that further work is required around triangulation of data to identify any contributing factors.
- Recognised the need to focus on realistic, manager-led actions, with attendance owned locally by teams, supported by specialist advice where required, and framed positively around improving attendance, strengthening team culture and sharing learning across services.

- Noted the cultural issues around leadership expectations and capability highlighting that the paper aligns to the continued progress required and the need to support managers to provide best practice.

It was resolved that the Committee:

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

PC26.60 Staff Wellbeing Organisational Position Report

The Committee received the report and the Strategic Lead for Staff Wellbeing and Support highlighted:

- The Health Board has a broad wellbeing offer, however capacity to provide intensive support is limited and further work is required to align provision with the People Framework.
- Staff distress is often linked to team dynamics and workload pressures, with referrals frequently received once issues have escalated.
- The next phase of the work in this area will focus on developing clearer measures of staff wellbeing, as current understanding remains largely anecdotal.
- The proposed direction is to support managers with the capability to embed wellbeing as part of everyday leadership and management practice, rather than viewing it solely as an additional service offer or a place to access support.

In discussing the report, the Committee:

- Emphasised that staff wellbeing should be embedded within everyday conversations, team culture and organisational values.
- Suggested work is required to capture attendance, retention and culture, with a focus on strengthening managers' capability to hold wellbeing conversations, embed trauma-informed practice and provide staff with the tools and support required.
- Confirmed that the report identifies several risks but does not highlight any mitigations noting that the Executive People and Culture Group is being established and these issues will be able to feed into that group to review the actions required in relation to the risks.
- Queried whether work takes place with the medical school to provide an understanding of wellbeing prior to students commencing work with the Health Board, it was confirmed that staff do attend Universities to discuss the wellbeing offer with students.
- Referred to staff moving into managerial roles and queried whether training is provided. It was confirmed that leadership courses are available, but these rely on staff accessing the courses. This is being discussed as part of the Foundations for the Future Programme, and it was agreed to monitor this going forward and identify whether any data is available to show improvements in this area.
- Recognised the positive work underway to support staff wellbeing and requested that further consideration is given to provide support and create a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours noting the current workforce pressures and the need to provide a clear signal to staff that the Health Board are demonstrating a commitment to being a good employer and supporting staff wellbeing.

Action:

- **PC26.60.1** Review and monitor whether staff moving into managerial roles are provided with relevant training and identify whether any data is available to highlight improvements in this area.
- **PC26.60.2** The team to consider creating a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours to demonstrate a clear commitment supporting staff.

It was resolved that the Committee:

- **NOTED** that an approach focused on targeted support, strengthened leadership capability, trauma-informed approaches, and improved integration and co-ordination is required.
- **NOTED** the Staff Wellbeing Support Services plans to go forwards in this manner, noting any concerns with this approach.

PC26.61 Culture, Leadership and Engagement Improvement Plan

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

- Positive progress is being made across several areas of the plan including the creation of a high-level, user-friendly visual plan to help staff understand the key priorities.
- Ongoing engagement with the Executive Committee continues to support delivery and ensure alignment with strategic priorities and the Foundations for the Future Programme as well as incorporate the Culture, Leadership and Engagement Improvement Plan into the major change portal.
- Targeted strategic development work is being progressed through the culture health assessment tool, with initial engagement underway in areas requiring support, including the Emergency Department at Ysbyty Glan Clwyd.
- External learning and engagement, including discussions with the Welsh Ambulance Service Trust and shared learning with the Culture Change Leaders, continues to inform and strengthen the Health Board's approach.
- The Culture Change Leaders Network continues to grow, with 96 colleagues currently registered for Cohort 3 which is planned to commence in July 2026 noting that a video montage is available on BetsiNet to promote this area of work.

In discussing the report, the Committee:

- Referred to the Culture and Leadership Development Internal Audit that has been completed and received reasonable assurance.
- Discussed the growth and impact of the Culture Change Leaders network querying the ambition in this area. It was confirmed that the challenge of maintaining engagement across a large workforce has been recognised and work is taking place to support leaders to use and share the tools and learning gained to influence team culture to impact local teams.
- Welcomed the plan-on-a-page and requested clarity on how it will be publicised, used and reported, including the development of clear outcomes, key measures and assurance arrangements to enable the Committee and Board to monitor progress and understand the impact over time. It was confirmed that following the Committee

the plan on a page will be shared more widely with the Culture Change Leaders and via BetsiNet. In terms of progress and impact, it was suggested that this will be monitored against the Internal Audit actions required and reporting will come via the Committee as well as the Audit Committee.

It was resolved that the Committee:

- **NOTED** the progress made since the previous meeting.
- **SUPPORTED** continued investment in the Culture Change Leaders network.

PC26.62 People Operations Report

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

- Performance Appraisal and Development Review (PADR) compliance has increased to 80.8% which is the highest level for some time, with further workforce movements noted across Integrated Health Community budgets.
- Vacancy rates vary across sites and services noting that additional support is being targeted where performance remains low.
- The Performance, Finance and Information Governance Committee requested that consideration is given to speeding up the shortlisting process. It was noted that the time to shortlist has improved from 7.5 days to 5.4 days and recruitment teams are working with managers to build shortlisting requirements into recruitment planning.
- Agency spend reduction has performed better than anticipated achieving a 22% reduction against the 30% year-end target.
- Further work is being completed to share insights from the report more widely with Integrated Health Community colleagues and teams to support conversations on actions, productivity and impact in the range of areas included in the report.

In discussing the report, the Committee:

- Queried whether the changes relating to the All-Wales Disciplinary Policy will have an impact in this area. It was confirmed that this is being discussed at an All-Wales level and feedback will be provided as required.

It was resolved that the Committee:

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

PC26.63 Employee Experience and Engagement Report

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

- The majority of information included in the report has been discussed in the previous items as this aligns to the culture work.
- A revised approach to Long Service Awards has been considered following negative feedback received from previous years. The new approach will be introduced this financial year and will comprise of a pin badge, letter of recognition and attendance at a celebration event with funding support from the Charitable Funds Committee.

- Work has been taking place to develop staff recognition boards to promote staff contributions and strengthen engagement with patients, service users and colleagues.

In discussing the report, the Committee:

- Agreed with the automated system for Local Service Awards to ensure the organisation recognise the length of service completed by staff rather than having to be nominated for this recognition.
- Queried whether the pin badge be available retrospectively to those who have already completed 25 years' service, it was agreed that a clear position would need to be established.

It was resolved that the Committee:

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

PC26.64 Foundations for the Future Programme

The Committee received the report and the Director of Corporate Governance and Programme Director, Foundations for the Future highlighted:

- During the Board meeting in May 2026, it was suggested that an open invitation would be extended to all Board members for this item. It was noted that the consultation document has not been finalised therefore a high-level progress update on the consultation was not available for the meeting and discussions will take to place to determine whether an additional People and Culture Committee is required.
- The Foundations for the Future progress report highlights the key risks and the associated resource management plans.
- Progress was reported across all five workstreams, with products and outcomes moving forward noting that the programme is advancing into the next phase of delivery, implementation and consultation.
- The current period has been focused on refining the structures which has involved operational changes and revised remits within regional services.
- Strategic work continues as we move forward into the phase to align People and Culture products ahead of implementation.
- The main challenge remains resource capacity and work is being re-prioritised to support consultation and delivery noting that the structures workstream is temporarily rated red due to delays in implementing the consultation process.

In discussing the report, the Committee:

- Discussed the resource challenges associated with delivering the programme at pace highlighting the realignment of staff and utilising resource from areas that have capacity pressures. It was confirmed that some bank staff are being utilised and work is taking place to align with Finance noting the need to follow appropriate approval routes.
- Noted that timely delivery of the consultation remains a key priority and queried whether the Committee were being asked to note the resource requirements. It was confirmed that there is a need to ensure the consultation can be delivered in line with the timescales and from a governance perspective, any risks and issues can be

escalated by the Chief Executive as the Senior Responsible Officer at the Foundations for the Future Programme Board which is being held this afternoon.
- Referred to the structures element which will be the next stage of the process representing the greatest risk noting that clear assurance on the delivery route, timescales and executive oversight will be required.
- Queried the implementation stage and the need to review this programme inline with Community by Design and the Clinical Services Plan. It was confirmed that a post evaluation exercise will be completed and Community by Design and the Clinical Services Plan are included within the methodology.
- Referred to the scale and significance of the proposed change, clear assurance will be required that the consultation process will provide the required evidence and stakeholder feedback needed to inform detailed Committee scrutiny and support the Board in making an evidence-based decision. It was confirmed that the discovery report was the catalyst for the programme and included supporting evidence, which will also be reflected in the consultation document. Following the consultation, feedback will be collated and presented to the Committee to consider the outcomes, next steps and associated timescales.

It was resolved that the Committee:
- **NOTED** overall progress and delivery across all workstreams.
- **NOTED** the Foundations for the Future Programme - Resource Management Plan 2026/27.
- **SUPPORTED** the prioritisation of resources to support the Foundations for the Future Programme in 2026/27.

GOVERNANCE, RISK AND ASSURANCE

PC26.65 Senior Doctor Job Planning and Residents Doctors Contract Reform and Local Implementation

The Committee received the report and the Executive Medical Director highlighted
- Senior doctor job planning is a fundamental contract with senior doctors within the Health Board setting out agreed commitments for the year ahead.
- A National policy has not been established as yet therefore a local job planning protocol has been developed supported by the Local Medical Committee and the British Medical Association.
- The approach to dealing with sessions above 10 remains a key issue, with other Health Boards introducing part-session payments noting that the National policy is likely to follow this pattern and offer payments for 0.25 sessions.
- The current position has been reviewed against the potential for payments of 0.25 sessions and could create an estimated cost pressure of approximately £800k, with no retrospective back pay proposed.
- A further paper is due to be discussed at the Executive Committee next week, with a programme of work to support roll-out following agreement of the initial job planning protocol.
- In relation to the Residents Doctors Contracts, a vote has been taken in Wales and agreement reached not to take industrial action however there is a dispute over the pay highlighted in the new contract that has been agreed.

- As a result of this, work has taken place to review rotas for all resident doctor noting that 43% have been confirmed as compliant however significant challenges remain in some areas, including Emergency Departments and acute medicine, where service provision and training requirements add complexity.
- Work is continuing to address areas of concern through targeted deep dives, with ongoing oversight of rota compliance, workforce risks and national developments.

In discussing the report, the Committee:

- Queried whether job plans are reviewed on an annual basis to ensure the sessions have been fulfilled. It was confirmed that this is not the current process however once the new protocol has been implemented this will provide a foundation for monitoring signed job plans via work diaries and audits which will support improved productivity, efficiency and oversight of agreed sessions.
- Noted that this is also being monitored by the Audit Committee and the progress taking place will be reported back to the next meeting in August 2026.
- Referred to the Residents Doctors Contracts querying whether this is an in year issue. It was confirmed that this is due to be implemented by the beginning of August 2026 for the proportion of doctors who are starting new contracts however an element of the contract states that rotas should be issued eight weeks in advance therefore this issue may lead to industrial action which would pose a reputational risk for the Health Board.
- Recognised that non-compliant rotas will require additional resource in already pressured services, with a need to balance service delivery while identifying any complementary efficiencies. It was confirmed that additional workforce capacity would be required to support delivery, discussions are ongoing with Welsh Government as there is a need to sustain the workforce and maintain safe working patterns.

It was resolved that the Committee:

- **NOTED** the update provided in relation to Senior Doctor Job Planning.
- **NOTED** the current position and progress to date in relation to Residents Doctors Contract Reform and Local Implementation.
- **NOTED** the continued red readiness status and national dependencies.
- **NOTED** the workforce risks, sustainability challenges, and service implications identified.
- **SUPPORTED** continued focus on staff engagement, communication, and equitable implementation.
- **SUPPORTED** ongoing oversight of workforce modelling, risk mitigation, and phased implementation planning.
- **RECEIVED** further updates as national detail is confirmed and implementation progresses.

PC26.66 Revalidation Progress Report 2025-26

The Committee received the report and the Executive Medical Director highlighted

- The Executive Medical Director holds the Responsible Officer function for ensuring the Health Board uphold professional standards for all doctors and dentists employed by the organisation, excluding resident doctors.

- As part of this process, an annual appraisal is completed with a five-yearly revalidation process also in place. Following the appraisal, a report is submitted to Health Education and Improvement Wales which has been signed off by the Chief Executive and then submitted to the Committee for approval.
- The Health Board currently have one of the strongest revalidation positions in Wales, with appraisal feedback providing a valuable source of intelligence on workforce constraints, including issues consistently reported across Primary Care and Secondary Care.
- The report provides a comprehensive picture of medical workforce pressures, including service delivery challenges, demand pressures and sustainability concerns, with the feedback helping to inform wider workforce planning and support.
- Work is continuing to strengthen professional standard procedures, including the Doctors in Difficulty process, referrals using the Upholding Professional Standards in Wales process and the role of professional advisory groups in supporting wider decision-making.

In discussing the report, the Committee:

- Noted the information included but queried what patterns are being highlighted that may need further scrutiny such as respect and resolution cases. It was confirmed that the extent to which the information can be broken down is still being explored, work is taking place nationally with the Chief Medical Officer and links are being made to the Staff Survey and General Medical Council Survey to better understand medical staffing concerns around safety, sustainability and job planning.

It was resolved that the Committee:

- **COMMENTED** on the identified constraints.
- **SUPPORTED** the introduction of the All-Wales best practice framework for managing concerns.
- **AGREED** to approve the Annual Revalidation Progress Report for 2025-2026.

PC26.67 Internal Audit Report: On Call Arrangements

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

- Since the previous update, a further three individuals had been identified to join the rota, however, the rota remained fragile and discussions continue with Silver on-call colleagues.
- Discussions have taken place with the Executive Committee regarding the potential for Band 8c and above staff to join the rota with appropriate support, including a buddying arrangement.
- As part of the Foundations for the Future Programme work, job descriptions are being reviewed to ensure documentation for Band 8c and above staff includes on-call rota requirements.
- Actions have been put in place, although these are taking longer to implement than expected noting that Director of the Day arrangements are now established to manage operational issues between 8.00am and 8.00pm.

In discussing the report, the Committee:

- Referred to the Internal Audit and queried what progress is expected in the next six months. It was confirmed that once Foundations for the Future Programme has been implemented, this should create more sustainability in this area.
- Emphasised the importance of team working and mutual support, recognising that the on-call role is challenging and requires appropriate wellbeing support throughout and following shifts.
- Queried how intelligence gained from the staff on-call role is captured and used to inform organisational learning, development and improvement. It was confirmed that regular updates are provided on the current position and actions being taken forward which provides further opportunities to strengthen reporting through Executive discussions and escalation arrangements.

It was resolved that the Committee:

- **NOTED** the outcome of the internal audit review (limited assurance) and the position against agreed management actions.

PC26.68 Corporate Risk Register

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

- The Executive Committee are currently reviewing the overall approach to risks to ensure they remain relevant, appropriately framed and accurately scored.
- The Committee were alerted to the wider discussions required around risk management noting that work is also being completed in relation to the Corporate Risk Register and the Committee will be kept informed of progress.

It was resolved that the Committee:

- **REVIEWED** the corporate risks set out in the Appendix, including consideration of the current risk position, existing controls, and identified gaps.
- **ENDORSED** the risks for submission to the Board, noting that both risks remain above the Health Board's risk appetite and therefore represent a continued exposure.
- **SUPPORTED** the planned refresh of the risks, in line with advice from the Executive Director of People Services & Organisational Development, to ensure they accurately reflect the current position and mitigation plans.

PC26.69 Corporate Governance Report

The Committee received the report from the Director of Corporate Governance, and it was resolved that the Committee:

- **NOTED** the matters considered in Private at the 09 April 2026 meeting.
- **NOTED** the draft Cycle of Business for comment prior to approval.
- **NOTED** The Committee forward workplan.

CLOSING BUSINESS

PC26.70 Agree Items for Referral to Board / Other Committees

It was agreed that the Chair's Assurance Report would be shared with the Chair of the Committee outside of the meeting.

PC26.71 Review of Meeting Effectiveness

It was agreed that it had been a productive meeting which covered a wide range of items.

PC26.72 Date of next meeting

Thursday 13 August 2026, 9.30am

PC26.73 Resolution to Exclude the Press and Public

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

People & Culture Committee Action Log (Public)

Updated 05.08.26

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
			ACTIONS PROPOSED FOR CLOSURE			
1	**PC26.58.2**	11.06.26	**First Annual Report for Healthcare Sciences** Director of Corporate Governance and Executive Director of Allied Health Professionals and Health Science to discuss outside of the meeting what assurance is required in this area for which Committee.	Teresa Owen Pam Wenger	Oct 26	**Remain Open** **05.08.26** A meeting is being arranged to discuss this matter.
2	**PC26.60.2**	11.06.26	**Staff Wellbeing Organisational Position Report** The team to consider creating a practical offer for staff such as protected space for a staff wellbeing day or dedicated wellbeing hours to demonstrate a clear commitment supporting staff.	Debbie Eyitayo Sarah Blackshaw	Oct 26	**Remain Open** **29.07.26** This will be discussed at the Staff Wellbeing Programme Delivery Group meeting in August and feedback will be provided to the Committee via Sarah Blackshaw.
			ACTIONS PROPOSED FOR CLOSURE			
1	**PC26.58.1**	11.06.26	**First Annual Report for Healthcare Sciences** Share the Healthcare Sciences Annual Report with the Local Partnership Forum.	Teresa Owen	August 26	**Action proposed for closure** **05.08.26** The report has been included on the agenda for the next meeting of the Local Partnership Forum.

2	**PC26.60.1**	11.06.26	**Staff Wellbeing Organisational Position Report** Review and monitor whether staff moving into managerial roles are provided with relevant training and identify whether any data is available to highlight improvements in this area.	Debbie Eyitayo	Oct 26	**Action proposed for closure** **31.07.26** This action will be picked up as part of the Foundations for the Future implementation and deployment of staff into posts following consultation.
Closed Actions (as agreed at meeting on 11.06.26)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
1	**PC26.38.1**	09.04.26	**Consultant Job Planning** Director of Corporate Governance to inform the Chair of the Audit Committee on the discussions that have taken place around Consultant Job Planning at the Committee.	Pam Wenger	June 26	**01.06.26** Discussions have taken place.
2	**PC26.36.1**	09.04.26	**Foundations for the Future Programme** Escalate the issues raised around pace, timelines and resource with the Chief Executive and suggest a paper is presented to the next meeting in June 2026 focussed on resources, delivery confidence and next steps.	Carol Shillabeer Ffion Johnstone	June 26	**01.06.26** A report has been prepared and included on the agenda for the June 2026 P&C Committee. A resource management plan has been developed and the timeline has been updated.
3	**PC26.35.1**	09.04.26	**Three Year Culture, Leadership and Engagement Improvement Plan** Bring a People and Culture progress update back to the June 2026 meeting for assurance.	Debbie Eyitayo Jason Brannan	June 26	**01.06.26** A report on the Culture, Leadership and Engagement Improvement Plan has been included on the agenda for the June 2026 P&C Committee.
4	**PC26.14**	12.02.26	**Consultant Job Planning** The People and Culture Committee to	Clara Day	June 26	**09.04.26** It was agreed at the April meeting that progress in relation to

			continue to monitor progress against Consultant Job Planning to be provided for assurance rather than noting in future.			Consultant Job Planning would continue to be monitored by the Committee at this time and this has been included on the agenda for the June 2026 P&C Committee. **24.03.26** Consultant Job Planning is included on the agenda for the P&C Committee in April 2026.
5	**PC25.130.1**	04.12.25	**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	June 26	**01.06.26** The Sickness Absence Deep Dive Action Plan has been included on the agenda for the June 2026 P&C Committee. **03.02.26** The Sickness Absence Deep Dive Action Plan has been included on the Committee forward workplan for the meeting in June 2026.
6	**PC25.132.1**	04.12.25	**Education and Training Discovery Report** Deputy Director of People to discuss with the Director of Corporate Governance the Education and Training reporting arrangements to the Committee once the framework has been developed and also confirm the metrics that will be required to be measured.	Jason Brannan Pam Wenger	June 26	**04.06.26** The Education and Training Discovery Report is included on the draft P&C Committee 2026/27Cycle of Business. **04.02.26** A workshop was held at the end of January 2026 in Ysbyty Glan Clwyd with professional leads, facilitated by Jason Brannan. A paper will be developed with potential options for submission the Executive Committee in March 2026. The majority of professions were represented at the workshop.

						The Cycle of business will be now updated to align with the recently Board approved IMTP.
7	**PC25.134.1**	04.12.25	**On-Call Arrangements: Progress Report** The outcome of the follow-up Internal Audit Review relating to on-call arrangements to be presented back to the Committee once completed and reported to the Audit Committee.	Tehmeena Ajmal	June 26	**01.06.26** The internal audit report focused on on-call arrangements has been finalised and the outcome has been reported to the Audit Committee. The report has been included on the agenda for the June 2026 P&C Committee. **24.03.26** The report has now been issued as final and is scheduled for presentation to the Audit Committee on 21 April 2026. **05.02.26** The draft report has been issued and is scheduled for Executive clearance by 2 March 2026. The report is then due to be presented to the Audit Committee in April 2026 and then onward to the P&C Committee.

People and Culture Committee

STAFF STORY – SUPPORTING NEURODIVERSE COLLEAGUES IN THE WORKPLACE

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Katie Sargent Head of Employee Experience and Engagement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

To mark Autism Acceptance Month in April, a new guide designed to help managers understand and support neurodivergent staff was launched across the Health Board.

Research from University College London suggests nearly a 20-fold increase in the number of UK adults diagnosed with ADHD between 2000 and 2018. Diagnosis rates for autism were eight times higher in 2018 than in 1998. Despite these rises in diagnosis and referrals, some studies suggest both ADHD and autism are actually underdiagnosed.

13.3% of BCUHB respondents to the 2025 NHS Wales Staff Survey considered themselves neurodivergent. This is almost 700 staff members. It is vital that as an employer we do all we can to support all colleagues to thrive in their place of work.

Our storyteller has recently been diagnosed with Autism Spectrum Disorder at age 50 after working in the North Wales Community Dental Service for the last 27 years. She, very openly and bravely, shares her experience to help colleagues understand some of the challenges our neurodiverse colleagues face at work.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
ADHD	Attention Deficit Hyperactivity Disorder

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

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

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

Wellbeing of Future Generations Act – Wellbeing Goals		
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Staff story title	Staff story – supporting neurodiverse colleagues in the workplace
Staff story format	Written and video
Consent received to share staff story	Yes Consent Level: All levels consented Level 1 – Any health and social care professionals within BCUHB Level 2 – Researchers for service evaluation and improvement beyond BCUHB Level 3 – Meetings and conferences with anyone present including public and journalists Level 4 – Anyone including online Any special considerations: None

Staff story background

Introduction

To mark Autism Acceptance Month in April, a new guide designed to help managers understand and support neurodivergent staff was launched across the Health Board.

Our ND Staff Network worked together to build this comprehensive resource that brings a wide range of ND related information, advice and tools together in one place.

It explains that because each neurodivergent staff member is different, support should be tailored to individual needs. It describes common neurodivergent conditions and the strengths and challenges associated with them.

Managers are asked to:

- remember our BCUHB Values
- create an inclusive, psychologically safe environment
- encourage open conversations and offer reassurance
- avoid assumptions and ask what support is needed
- respect privacy and confidentiality
- be aware of legal responsibilities under the Equality Act 2010
- celebrate strengths and engage with support services
- adopt a ‘Social Model of Disability’ approach

If a staff member shares that they are neurodivergent, managers should respond with understanding, acceptance and support. A formal diagnosis is not required.

Our storyteller has recently been diagnosed with Autism Spectrum Disorder at age 50 after working in the North Wales Community Dental Service for the last 27 years. She, very openly and bravely, shares her experience to help colleagues understand some of the challenges our neurodiverse colleagues face at work.

Staff story transcript

Carolyn Prytherch-Roberts, Lead Clinical Senior Dental Nurse, North Wales Community Dental Service (NWCDS)

My career

I began dental nursing in 1989, learning the ropes aged 14 at my local practice in Bethedsa as a Saturday girl.

When I finished school, I went to university in Wrexham to do Business Studies but it wasn't for me. I dropped out due to a combination of things – homesickness, the unfamiliarity and I felt I was let loose and had to make my own decisions. I didn't have the routine I'd had at home and from my parents.

So I moved back home. But I wanted to progress so I successfully applied for a dental nurse job in Wrexham when I was 18 and got put through exams. I returned to the practice in Bethesda four years later as I never really settled in Wrexham.

I completed more courses and over the years have taught dental nursing and qualified as an examiner.

I have worked in the North Wales Community Dental Service since 1999. My current role oversees 25 Community Dental Service clinics across North Wales and I still undertake clinical work. I'm based in LlanfairPG and am one of three senior dental nurses across North Wales. I'm part of the NWCDS Senior Management and Improvement Team and am proud to say I am an EDoN (Executive Director of Nursing) award recipient.

I am currently studying for a BSc (Hons) in Public Health and Wellbeing.

I am a member of the College of General Dentistry Dental Nurse/Ortho Therapy Faculty Board and a former National Examining Board for Dental Nurses (NEBDN) examiner (2004 to 2014).

I am proud to say that I have recently taken up the role of President of the British Association of Dental Nurses, which is a lot of work on top of my day job. I've been a member since I qualified as a dental nurse and never thought I'd end up as President! I started out as the Wales representative and when this opportunity came up, I thought "I'll never go for it if I don't do it now." I have massive rejection sensitivity dysphoria and thought they were phoning to sack me when I got the call to ask me to stand for President!

I am speaking at a conference in Scotland next week and leading workshops – this is just me, from a council estate in Bethesda with all these Chief Dental Officers!

My diagnosis

I didn't get diagnosed until I was 50 years old. It came about following my PADR with my line manager where my overall wellness was raised because I'd scored myself poorly on wellbeing. I was putting on weight and not doing any exercise.

He coached me into making my own decisions about how I could address this. I was referred to the adult weight management service. I saw the consultant and broke down because I was at my wits' end because I felt I was getting worse. I wasn't exercising because I don't like sweating or the feeling of it on my skin. I was asked if I thought this could be linked to neurodiversity, which I'd never though of.

So I went for an assessment with my Mum and we both had a diagnosis of Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).

I thought we were normal, just like everyone else, but I was told I'd been taught how to mask over the years – even from childhood, there were signs of autism there.

Looking back, I went to a small rural school with only four other girls so I didn't have large groups of friends. As I got older, I went out and socialised because it was the thing to do. It was normal and everyone did it. But for the rest of the weekend, I was wiped out. I used to get migraines, I think linked to the sensory overload.

I haven't changed one bit since my diagnosis. But I know who I am now. I understand how I process things and how my brain works.

I didn't want surgery or a jab so have put small changes in regarding my diet so did the exercise referral scheme. The weight started to drop off and I have lost four stone and two dress sizes in the past year. I do biocircuits class in Bangor and, although very daunting at first, I now really enjoy it and can see the benefits of it.

This has changed my life. I use the MyFitnessPal app which I like as logging all my calories and activities is data and numbers.

Challenges at work

I behave in a certain way at work and can then relax when I am at home. I have to be quite adaptive. I mask a lot around people at work, but there are a couple of individuals at work I can't mask with.

People think I'm joking sometimes because I am very literal. When asked where I had an injection, I replied "in my arm" rather than the location of the clinic. I wasn't making a joke, I was giving my answer.

An example of how I struggle with things others might not think anything of is that recently, I was asked to support on the dental helpline due to staffing pressures. There were 190 calls waiting. I wasn't given any warning – I was just asked by my manager via Teams for a "quick chat" and when we spoke, this was dropped on me. Because I feel I can be myself with my manager, I didn't mask my feelings. This was outside of my usual routine and I had a meltdown because it felt too much to have this land on me. I know I'm like this – I just need a bit of warning.

Others might have said "oh, don't be so dramatic!" but my manager was very understanding. We talked it through and, next time, he will explain the request in the Teams message so that I can process it.

I teach on the dental nurses course and as part of that, I have to socialise with people. I know I'll need to mask in these sorts of situations and I will plan downtime in.

When I get back home I feel so tired. I need downtime after things like that as my social battery is flat.

Support from my team

We have a wonderful team. Many colleagues are neurodiverse, some with official diagnoses but others not. I like to have everything a certain way for my job.

A lot of the staff are "old timers" who have been here for many years, like me. I'd definitely say I'd stay here in Betsi until I retire. I know dentistry and wouldn't move from here now.

Most people have been very very supportive since I shared my diagnosis. But not everyone. I don't think it's coming from a bad place – rather that some people might put me in a box. But I haven't changed.

Some colleagues might see me as blunt. I don't do "fluff" – that's just how I am. But I do try and will run emails through AI to make sure I get the right tone as I don't want to offend anyone. I feel I sometimes struggle with emails as they're impersonal. I have offended someone in the past when they received an email from me that they thought was cold. I saw it as factual. And that is just different perspectives.

Support for neurodiverse staff

I think that the new guidance is great as I think there is a lot of undiagnosed neurodiversity in the Health Board.

Organisational reflections

13.3% of respondents in the 2025 NHS Wales Staff Survey considered themselves neurodivergent. This is almost 700 staff members.

The ND Network is our neurodivergent staff network, launched in January 2024. The network now has over 400 members and meets every four weeks.

It's an informal safe space to get peer-to-peer support, highlight issues, celebrate wins, share knowledge and ideas, make connections across the Health Board and work with the Equalities Team to have a positive impact on Neurodivergent equality, inclusion, diversity and belonging.

Lauren Kay, a Prosthetist at the Artificial Limb and Appliance Service at Wrexham Maelor Hospital has been shortlisted for a Staff Achievement award for supporting the work in this area.

Lauren is driven by a clear vision of an inclusive workplace that benefits everyone. While learning to understand her own neurodivergence, Lauren has made an outstanding contribution to improving inclusion and support for neurodivergent staff and patients across BCUHB as Chair of the Neurodiversity Staff Network. This has reduced isolation and loneliness and created a safe, judgement-free space where people feel welcome and supported, improving their wellbeing. This approach is also reflected in her work with patients, allowing care to be better tailored to individuals.

The Equality Team also run Neurodivergence Awareness sessions to provide an overview of neurodiversity and neurodivergence and consider the impacts of being neurodivergent and how we can all provide workplace support for colleagues, make our approach and service delivery inclusive, and how managers can provide effective tailored/reasonable adjustments.

Colleagues can request a session for their team or attend scheduled monthly MS Teams sessions. A session is being held today and another on Wednesday 8th July 11am - 12:30pm should any members wish to join.

The consistent themes that arise from staff discussions at the awareness sessions and within the network are the significant professional value added by neurodivergent colleagues, and in equal measure, the barriers they face. Inclusive practice can make a significant positive difference in this area.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

People and Culture Committee

STRATEGIC EQUALITY PLAN 2024-28 – UPDATE

Date of Meeting	13 August 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Ceri Harris – Head of Equality and Human Rights
Lead Executive Team Member name and title	Debbie Eyitayo Executive Director of People Services & Organisational Development

Report Purpose	For Noting

Executive Summary

The purpose of this report is to provide the People and Culture Committee with assurance regarding progress against the Health Board's Strategic Equality Plan (SEP) 2024-2028 and associated Strategic Equality Action Plan during Quarter 1 of Year 3. The report outlines progress against strategic objectives, key achievements, emerging risks and areas requiring focused intervention, alongside independent assurance provided through Welsh Government's Equality Maturity Matrix assessment.

The Strategic Equality Plan continues to provide the overarching framework through which the Health Board meets its statutory obligations under the Equality Act 2010 (Statutory Duties) (Wales) Regulations, the Public Sector Equality Duty, Welsh Government's Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Code of Practice for Autism Services, Accessible Communication and Information Standards and emerging policy requirements including the Disabled People's Rights Plan and BSL (Wales) Act.

Overall delivery remains positive. Of the 32 strategic milestones monitored during Quarter 1, 28 (87.5%) are assessed as on track, four require targeted recovery action and no milestones are currently assessed as at risk.

Importantly, Welsh Government's feedback on the Equality Maturity Matrix submission received on 21 July 2026 independently validated the Health Board's

self-assessment and confirmed a Level 3 position across both Workforce and Access & Experience domains. Welsh Government recognised strong governance arrangements, mature co-production, effective strategic alignment and robust equality planning arrangements, providing important external assurance regarding the direction of travel of the Strategic Equality Plan.

Whilst challenges remain around evidencing measurable impact, strengthening equality data and reducing identified inequalities, the Health Board continues to make demonstrable progress in embedding equality, diversity, inclusion and human rights principles throughout workforce, service delivery, organisational culture and governance arrangements.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Executive Committee	11/08/2026	This report is listed for consideration at the upcoming Executive Committee meeting on Tuesday 11th August 2026.

Acronyms / Glossary of Terms	
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 report provides assurance on progress against delivery of BCUHB's Strategic Equality Plan 2024-2028 during Year 3 Quarter 1.

The Strategic Equality Plan is structured around five strategic objectives:

Objective A – Achieving Equity through Working in Partnership

Objective B – Achieving Equity by Providing High Quality Inclusive Services

Objective C – Achieving Equity through Governance and Accountability

Objective D – Achieving Equity by Being a Kind and Compassionate Organisation

Objective E – Achieving Equity through Innovation.

Progress during Quarter 1 indicates continued positive delivery against the majority of commitments, with significant achievements across anti-racism, accessible communications, workforce inclusion, governance, equality education, lived experience engagement and partnership working.

1.2 The year has also seen continued development of the Equality Outcomes Framework, which represents a significant shift from activity-based reporting towards outcome-focused assurance and accountability. During Quarter 1, 64 equality outcome measures were identified, of which 19 are currently performing positively, 30 are establishing baselines and targets, and 15 identify areas where further improvement activity will be required.

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

3.1 Welsh Government Equality Maturity Matrix Assessment

A significant source of independent assurance during Quarter 1 has been the receipt of Welsh Government's assessment of the Health Board's April 2026 Equality Maturity Matrix submission. Feedback was formally received on 21 July 2026.

Welsh Government agreed with the Health Board's self-assessment of **Level 3 maturity** across both:

- Workforce
- Access and Experience
- Overall Equality Maturity Position.

3.2 Strengths Identified by Welsh Government

Welsh Government specifically recognised:

- Strong alignment between the Strategic Equality Plan, IMTP, Annual Plan and national policy priorities.
- Robust governance and assurance arrangements, including quarterly SEP reporting and Equality and Human Rights Strategic Forum scrutiny.
- Mature approaches to co-production and stakeholder engagement.
- Integration of equality objectives within organisational planning and decision making.
- Strong understanding of workforce and population inequalities.
- Effective partnership working across North Wales.

Importantly, Welsh Government noted that some aspects of the workforce programme are now demonstrating characteristics approaching **Level 4 maturity**, indicating progress beyond compliance-based approaches towards embedded organisational practice.

3.3 Areas for Further Development

Welsh Government's feedback closely aligns with priorities already identified within Year 3 of the Strategic Equality Plan and includes:

- Strengthening outcome measurement and trend analysis.
- Better utilisation of dashboards and equality performance data.
- Demonstrating more clearly how Equality Impact Assessments influence decisions and outcomes.
- Providing stronger evidence of measurable reductions in inequalities.
- Further embedding the Equality Outcomes Framework across organisational reporting.

The feedback provides both external validation of progress made and a clear roadmap for the next phase of equality maturity development.

3.4 Key Areas of Progress

Governance and Accountability

Significant progress has been made in strengthening equality governance and accountability arrangements.

Achievements include:

- Continued development of the Equality Outcomes Framework.
- Progression of Equality Maturity Matrix reporting arrangements.
- Monthly Equality Impact Assessment training.

- Revision of the Health Board's Equality, Diversity and Human Rights Policy.
- Board-level equality education and engagement.
- Increased oversight of equality, socio-economic duty and human rights considerations across organisational planning processes.

These developments have contributed to Welsh Government's positive assessment of governance maturity and organisational alignment.

Anti-racism and Workforce Equality

Implementation of the Anti-racist Action Plan and Workforce Equality Standard agenda continues to progress.

Notable achievements include:

- Delivery of the Ethnic Minority Health Fair.
- Improved recruitment engagement with minority ethnic communities.
- Establishment of the Workforce Equality Standard Task and Finish Group.
- Enhanced focus on workforce equality data quality.
- Co-production of cultural competence initiatives.
- Work to improve experiences of ethnic minority women accessing maternity services.

The Health Board has continued to strengthen arrangements to identify and address inequalities in recruitment, progression and staff experience, an area recognised positively within Welsh Government feedback.

Inclusive Services and Reducing Health Inequalities

Substantial progress has been achieved in improving accessibility and inclusion within service delivery.

Examples include:

- Implementation planning for the revised Accessible Communication Standards.
- Formation of six implementation workstreams.
- Development of work towards a BSL Action Plan.
- Establishment of the Disabled People's Rights Collaborative with strong stakeholder interest.
- Progression of No Surprises Guides.
- Development of My Health Passport arrangements.

- Equality support to transformation programmes through Integrated Equality Assessments.

This work strengthens compliance with both current statutory duties and emerging legislative requirements, whilst supporting improvements in patient experience.

Workforce Inclusion and Organisational Culture

The Health Board continues to invest in creating an inclusive and compassionate organisational culture.

Quarter 1 achievements include:

- Growth in Equality Champions from 148 to 350, representing an increase of over 130%.
- Expansion and restructuring of staff networks.
- Continued rollout of Culture Change Leader activity.
- Expansion and development of Menopause, Men's Health and Sexual Safety programmes.
- Delivery of targeted equality training to 445 staff.
- Equality roadshows across healthcare sites to increase awareness and engagement.

These activities help embed equality as a practical component of workforce wellbeing, leadership and organisational culture.

3.5 Areas Requiring Continued Focus

Whilst overall progress is positive, the following areas require continued oversight:

Women's Health Plan

Progress against some Women's Health Plan commitments has been slower than anticipated due to workforce and management capacity pressures. Recovery actions have been agreed and delivery is expected to improve during subsequent quarters.

Socio-economic Duty

Self-assessment activity identified opportunities to strengthen organisational compliance, assurance and scrutiny arrangements. Training and governance improvements are now underway.

Equality Data

Both local analysis and Welsh Government feedback identified equality data as a key area of future development. Improving data completeness, reporting and real-time intelligence remains fundamental to demonstrating reductions in inequalities and evidencing impact.

Demonstrating Outcomes

As highlighted within Welsh Government feedback, the next stage of maturity will require a stronger focus on evidencing measurable improvements in outcomes and experiences for people with protected characteristics. The Equality Outcomes Framework has been designed specifically to address this requirement during Year 3.

3.5 Strategic Outlook

The focus for the remainder of Year 3 will be to transition from demonstrating activity to evidencing impact.

Priority areas include:

- Embedding the Equality Outcomes Framework.
- Strengthening equality intelligence and data quality.
- Delivering Workforce Equality Standard recommendations.
- Developing measurable outcomes relating to patient and workforce experience.
- Implementing Accessible Communication Standards.
- Progressing Disabled People's Rights workstreams.
- Enhancing evidence that equality interventions are resulting in measurable reductions in inequalities and improved outcomes.

4. Conclusion

- The Strategic Equality Plan continues to demonstrate strong progress during Year 3 Quarter 1, with 87.5% of milestones currently on track and no actions assessed as high risk. Significant achievements have been realised across governance, workforce equality, anti-racism, accessibility, inclusion, staff engagement and organisational culture.
- Importantly, Welsh Government's independent assessment of the Health Board's Equality Maturity Matrix submission provides external assurance that the Strategic Equality Plan is well aligned to national priorities, supported by robust governance arrangements and demonstrating evidence of tangible progress. Welsh Government

validated the Health Board's Level 3 maturity assessment and identified aspects of the workforce equality programme that are already approaching Level 4 maturity.

- The key challenge moving forward is not the absence of activity, but evidencing impact. The development of the Equality Outcomes Framework, strengthened equality intelligence and improved outcome measurement arrangements provide a strong foundation for demonstrating measurable improvements in both workforce and population outcomes over the remainder of the Strategic Equality Plan period.

5. 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.

6. RECOMMENDATIONS

The People and Culture Committee is asked to:

1. **NOTE** the Year 3 Quarter 1 progress against the Strategic Equality Plan 2024-2028.
2. **RECEIVE ASSURANCE** regarding the overall delivery of the Strategic Equality Action Plan.
3. **NOTE** Welsh Government's validation of the Health Board's Equality Maturity Matrix assessment and the positive assurance provided regarding governance, planning and engagement arrangements.
4. **SUPPORT** the continued development of the Equality Outcomes Framework and enhanced equality intelligence arrangements.

5. **RECEIVE ASSURANCE** that appropriate governance and monitoring arrangements remain in place to support delivery of the Health Board's statutory equality and human rights obligations.

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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An EQIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
	Do/Yes: ☐	Naddo/No: ☒

Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	An SEIA was undertaken on the SEP, identifying positive impacts to the population of North Wales if actions achieved.
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	N/A as this is a progress update against SEP which has undergone EQIA
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant	Do/Yes: ☒	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

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

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

SEP Assurance Reporting – Welsh Government Feedback	
Organisation: Betsi Cadwaladr University Health Board **Reporting Period:** April 2026	
Theme: Workforce	
Current Position & Evidence	**Self-Assessed Level Workforce: 3** **WG Assessed Level Workforce: 3**
Feedback	
Welsh Government agrees with the self-assessed Level 3 – Results, with some elements approaching Level 4. <u>Strengths</u> • Equality objectives are well aligned to national frameworks, Programme for Government priorities, the IMTP, Annual Plan and longer-term strategy. • Governance and assurance arrangements are strong, including quarterly SEP monitoring, the Equality Outcomes Framework and reporting through the Equality and Human Rights Strategic Forum. • Co-production with staff networks and stakeholders is mature, with lived experience informing priorities, actions and governance. • The submission identifies workforce inequalities, including recruitment, promotion and disciplinary disparities, and sets out structured mitigation approaches. <u>Areas for Improvement</u> • To progress further, the Health Board should strengthen measurable evidence of impact, including quantitative data, trend analysis and reductions in workforce inequalities over time. • Dashboards, outcome frameworks and real-time use of equality data should be further embedded to support operational decision-making. • EQIAs are established, but the submission should show more clearly how they have influenced decisions, reduced risks and improved outcomes.	
Theme: Access and Experience	

Current Position & Evidence	Self-Assessed Level Access and Experience 3 WG Assessed Level Access and Experience: 3
Feedback	

Welsh Government agrees with the self-assessed Level 3 – Results.

Strengths

- The submission provides a comprehensive and well-structured narrative on access and experience. There is clear alignment with the People's Experience Framework, combining lived experience and data to inform continuous improvement, supported by co-production and governance mechanisms.
- Governance arrangements are well established, including strengthened EqIA processes, IAST assurance and scrutiny group oversight.
- Engagement activity is extensive and demonstrates mature co-production with staff networks, community groups and partners.
- The Health Board has a coherent model for bringing together equality data and lived experience, aligned to national priorities.

Areas for Improvement

- Evidence of impact is not yet consistently demonstrated, with limited quantitative or outcome-based evidence to support described improvements.
- Further work required to embed the formal framework consistently across the organisation.
- The submission should more clearly show how engagement, EqIAs and equality data have directly influenced service change, reduced risks and improved access or experience. This includes how people from minority and seldom-heard groups are involved in service change and what outcomes have resulted.
- To support progression beyond Level 3, the Health Board should strengthen baselines, trend analysis, disparity tracking and explicit "you said – we did" examples.

Overall	
Current Position & Evidence	**Self-Assessed Level Overall: 3** **WG-Assessed Level: Overall: 3**
Feedback	

Overall SEP feedback

- WG agrees with the self-assessed Level 3 – Initial achievements.
- The SEP is strong, well-articulated and clearly aligned to statutory duties, national policy frameworks and Programme for Government priorities.
- Equality objectives are integrated across core organisational planning, including the IMTP, Annual Plan and long-term strategy.
- Governance and reporting arrangements are robust, including quarterly monitoring, Board oversight and the Equality and Human Rights Strategic Forum.
- The submission demonstrates a clear understanding of workforce and population inequalities, informed by national evidence and lived experience.
- Partnership working across North Wales and the anchor institution approach strengthen the credibility of the Health Board's strategic alignment.
- Evidence of measurable impact is not yet consistently demonstrated, with limited quantitative data, trend analysis or baseline comparison.
- The Equality Outcomes Framework is a positive development but should be further embedded and operationalised.
- To progress beyond Level 3, the Health Board should more clearly evidence links between identified inequalities, actions taken and measurable improvements over time.
-

Development Plan feedback

- The development plan is clear, structured and well aligned to the actions needed to progress from Level 3 toward higher maturity.
- There is good alignment between identified improvement areas and proposed actions, particularly on leadership accountability, EqIA, governance and organisational planning.
- Defined milestones, evidence sources and intended measures provide a solid foundation for delivery and assurance.
- The breadth of activity across leadership, workforce, access, engagement and IMTP integration demonstrates a strong commitment to embedding equality across the organisation.
- The plan would be strengthened by clearer outcome-focused measures, rather than relying mainly on activity outputs such as attendance, training completion or report production.
- Baselines, targets and trend analysis should be developed to show whether actions are delivering meaningful and sustained change.

- Greater focus is needed on demonstrating measurable reductions in inequalities and improved outcomes and experiences for protected groups.
- Routine use of data to inform reporting and real-time decision-making will be critical to evidence sustained improvement.
- The development plan appropriately references engagement in service change and the PEARS framework, but further detail is needed on what PEARS is intended to achieve and how it will be embedded.

People and Culture Committee

PEOPLE OPERATIONS REPORT

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Nick Graham, Associate Director of Workforce Optimisation
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo, Executive Director of People Services and OD

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

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

Vacancy rates have reduced slightly over the past year to 8.4%, with notable improvements within Registered Nursing, Allied Health Professionals and Mental Health & Learning Disabilities. Recruitment performance remains strong, with the Health Board continuing to outperform NHS Wales benchmarks and maintaining an average time to recruit that remains below the national target. However, challenges continue in filling specialist and Medical & Dental posts, alongside delays associated with establishment control processes.

Turnover remains stable at 7.0% and continues to trend positively, whilst sickness absence remains a significant organisational challenge, with the rolling 12-month rate at 6.16%. Targeted interventions, hotspot reviews and management support arrangements remain in place to improve attendance and staff wellbeing.

Mandatory training compliance remains strong, with Level 1 compliance at 90.5%, exceeding the organisational target. PADR compliance remains below the Health

Board's ambition at 80.0%, although work continues on the redesign of the PADR process, alongside targeted improvement activity in lower-performing areas.

The report also highlights a number of strategic workforce priorities, including implementation of the refreshed PADR process, leadership and management development, Speak Up Safely arrangements, workforce culture and engagement initiatives, and actions to support sustainable workforce transformation.

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

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
N/A		

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

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

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

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

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

People Operations Report July 2026

Debbie Eyitayo
Executive Director of People Services & Organisational Development

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwalar
University Health Board

Executive Summary

•**Vacancy rates** currently stand at **8.4%**, representing a **0.2% improvement** compared to the same period last year. Positive reductions have been seen across several clinical staff groups, including **Registered Nursing, Allied Health Professionals, and Additional Professional Scientific & Technical staff**. Despite this progress, vacancy levels remain elevated in areas affected by Enhanced Establishment Control processes, alongside ongoing recruitment challenges, procedural delays, and hard-to-fill roles. Continued focus on workforce planning, recruitment support, and improved application management is helping services make progress in reducing vacancies.

•**Turnover currently stands at 7.0%** and has remained relatively stable following a sustained downward trend over recent years. **Registered Nursing** continues to report the lowest turnover rate at **4.8%**, while **Estates & Ancillary Services** records the highest at **11.6%**. The on going work of the **Staff Retention Lead** is supporting actions to strengthen retention, including a review of exit interview processes to improve both the quantity and quality of workforce intelligence available to inform retention initiatives.

•**Sickness absence reduction** remains a key organisational priority. The current rolling 12-month sickness absence rate is **6.16%**, representing a small increase compared **to 6.05% in June 2025**. Targeted interventions have been implemented within identified hotspot areas, supported by local action plans, regular monitoring, and ongoing engagement with managers. This work is focused on improving staff wellbeing, increasing attendance levels, strengthening service resilience, and ensuring alignment with national workforce health and wellbeing expectations. Progress continues to be monitored through the People & Culture Committee.

•**Recruitment performance** remains strong overall, with BCUHB meeting or exceeding NHS Wales benchmarks in the majority of recruitment measures. The average **time to recruit is 60.4 days**, remaining comfortably below the national target of **71 days**. While delays in shortlisting continue to present challenges, particularly due to high application volumes, increasing numbers of AI-generated applications, and operational pressures on recruiting managers, a range of targeted actions are being implemented to improve recruitment efficiency and reduce delays.

•**PADR compliance** is currently **80.0%**, a decrease of **1.7%** compared with the same period last year. Work is underway to introduce a revised PADR process that will place greater emphasis on staff wellbeing, performance development, organisational values and behaviours. The new approach will also support wider workforce priorities, including talent management and succession planning.

•**Mandatory training compliance** remains strong, with **Level 1 compliance at 90.5%**, exceeding the organisational target of **85%**. Targeted support continues to focus on improving compliance amongst **bank staff, Medical & Dental employees, and departments currently performing below target**, ensuring mandatory training standards are maintained across the organisation.

People

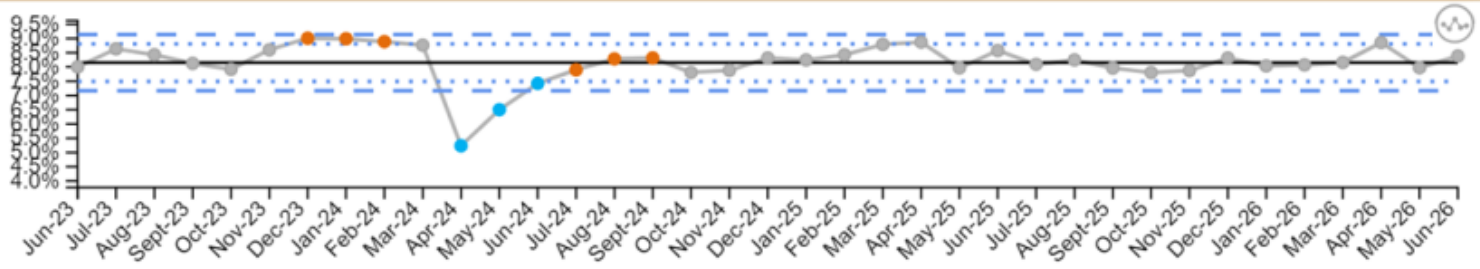
GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

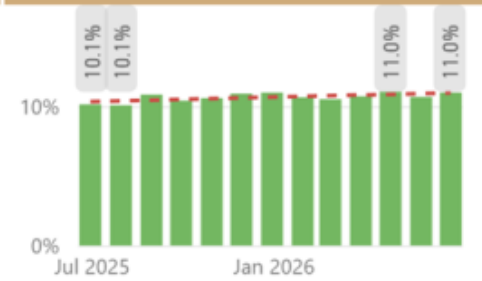
Vacancy % by IHC

BCU Data as at June 26

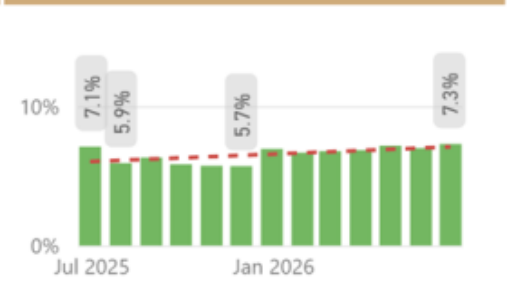
Betsi Cadwaladr



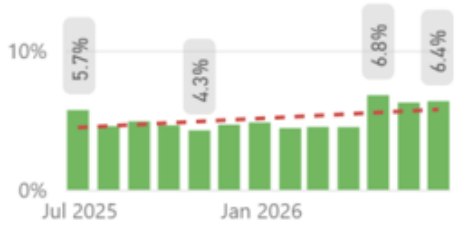
IHC Centre



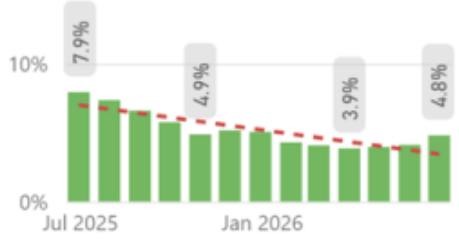
IHC East



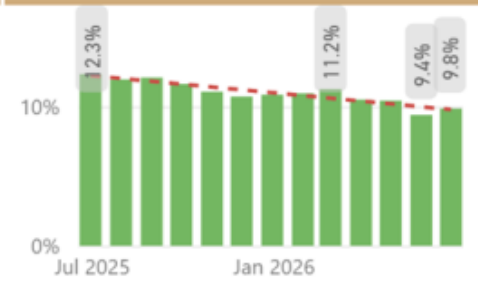
IHC West



Cancer/Diagnostics

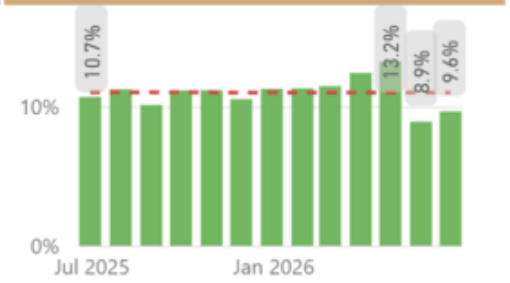


Mental Health & LDS



Midwifery & Womens

Corporate Services



Analysis: The overall BCUHB vacancy rate for June 2026 is 8.4%, representing an improvement of 0.2% compared with June 2025. The most notable improvements have been achieved within Cancer/Diagnostics and Mental Health & Learning Disabilities, where vacancy rates have reduced by 3.1% and 2.5% respectively over the past 12 months. In contrast, IHC Centre, IHC East and IHC West have all experienced increases in vacancy rates during the same period. Cancer/Diagnostics currently reports the lowest vacancy rate across the organisation at 4.8%, followed by Midwifery & Women's Services at 5.5%.

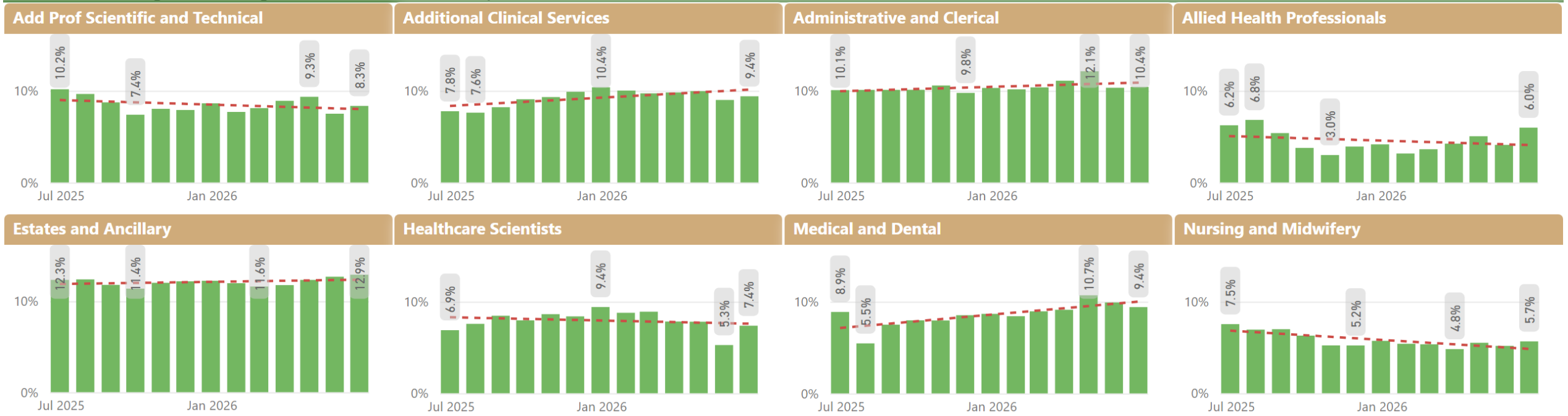
Challenges: Recruitment continues to be impacted by delays associated with the Establishment Control process, affecting the timely filling of vacancies and service delivery. Services face a mixed recruitment market, with some vacancies attracting very high numbers of unsuitable applications, increasing shortlisting pressures on managers, while specialist, Medical & Dental, and remote-area roles remain difficult to fill. Fixed-term funding arrangements and lengthy recruitment processes, particularly for international candidates, continue to create retention and workforce stability challenges.

Progress: Despite these challenges, positive progress has been made across several areas. Vacancy rates have generally remained stable or reduced, particularly within Mental Health and Learning Disabilities Services. Successful recruitment campaigns have strengthened Medical staffing in Women's and Cancer Services, including through international recruitment initiatives. Improved recruitment oversight, onboarding arrangements, and workforce planning continue to support services in addressing vacancies and maintaining staffing levels.

Data Source : ESR (BCU and NWSSP for Training Grades)

Vacancy % by Staff Group

BCU Data as at June 26



Analysis: Vacancy rates continue to be highest within the Estates & Ancillary and Admin & Clerical staff groups, at 12.9% and 10.4% respectively. The largest year-on-year increase has been seen within Additional Clinical Services, where the vacancy rate has risen by 1.6% since June 2025 to 9.4%, equating to 73.5 WTE vacancies. In contrast, Nursing & Midwifery has shown a significant improvement, with vacancy rates reducing by 1.8% over the last 12 months and now reporting the lowest vacancy rate across all staff groups at 5.7%. The Medical & Dental vacancy rate currently stands at 9.4% and has continued to show an upward trend throughout the year, reflecting ongoing recruitment challenges within this staff group.

Challenges: Recruitment challenges remain across a number of services. Delays associated with enhanced Establishment Control processes and external approval requirements, particularly for Medical & Dental roles, continue to slow recruitment activity. Vacancy pressures are highest within Healthcare Scientists, Estates & Ancillary services, and several staff groups within Mental Health and Learning Disabilities. Hard-to-fill specialist roles, especially within Cancer Services and Medical & Dental, continue to impact workforce capacity.

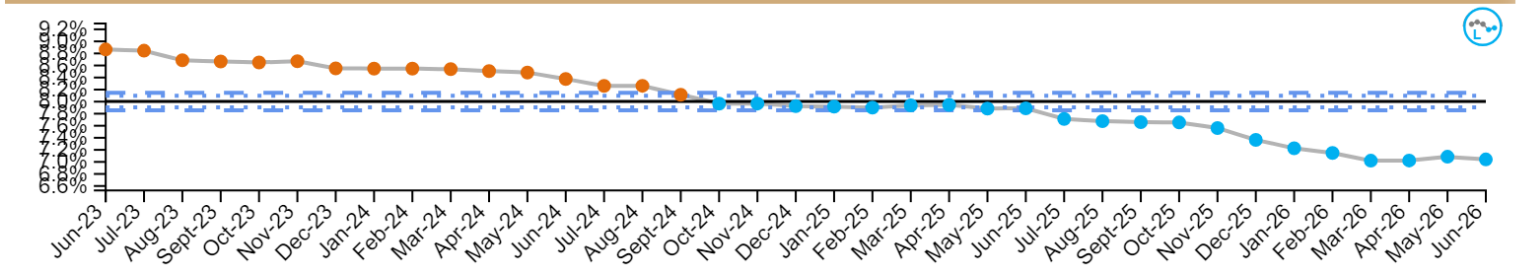
Progress: There has been positive progress in several areas, with Nursing vacancy rates remaining low in West IHC and reducing further within Mental Health and Learning Disabilities over the last 12 months. Women's Services are progressing recruitment campaigns for key administrative posts and are preparing for the intake of 22 newly qualified midwives in September 2026, which will provide additional workforce capacity across all localities. Recruitment activity continues within Cancer Services, while vacancy management and workforce planning initiatives are helping to stabilise staffing levels across a number of services.

Data Source : ESR (BCU and NWSSP for Training Grades)

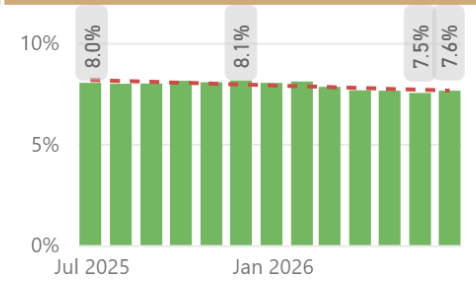
Turnover % by IHC

BCU Data as at June 26

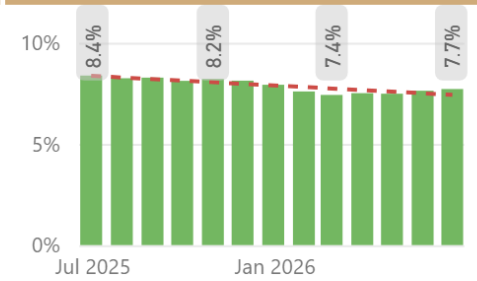
Betsi Cadwaladr



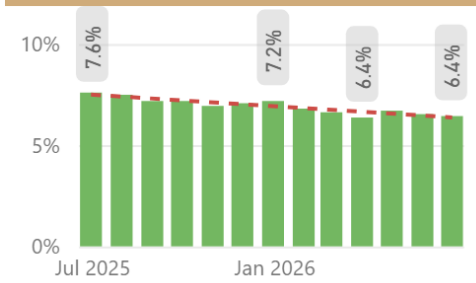
IHC Centre



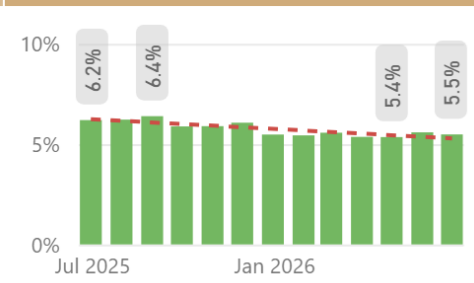
IHC East



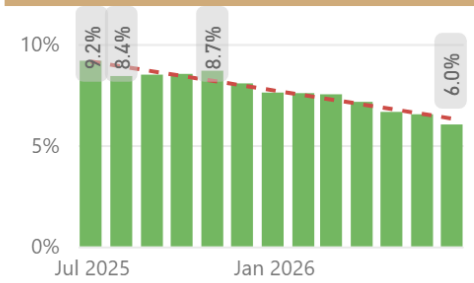
IHC West



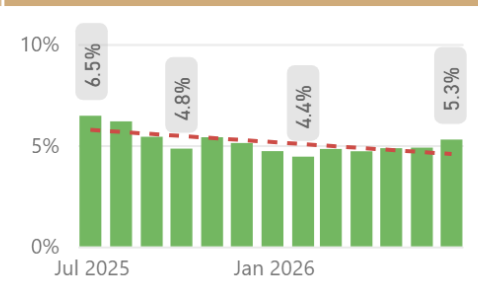
Cancer/Diagnostics



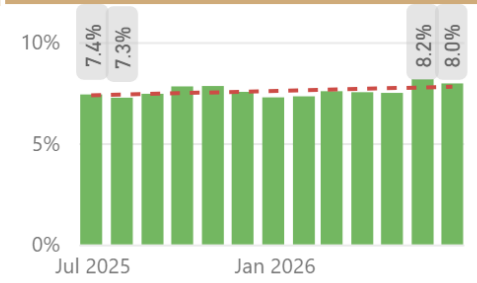
Mental Health & LDS



Midwifery & Womens



Corporate Services



Analysis: The overall BCUHB turnover rate has remained stable in recent months at 7.0%. All divisions, with the exception of Corporate Services, have reported improvements compared to the same period last year. Corporate Services currently has the highest turnover rate at 8.0%. The most significant improvement has been recorded within Mental Health & Learning Disabilities, where turnover has reduced by 3.2% over the last 12 months to 6.0% in June 2026. This reflects a reduction in external leavers, with 127 FTE employees leaving during the year, 57.5 FTE fewer than during the previous 12-month period.

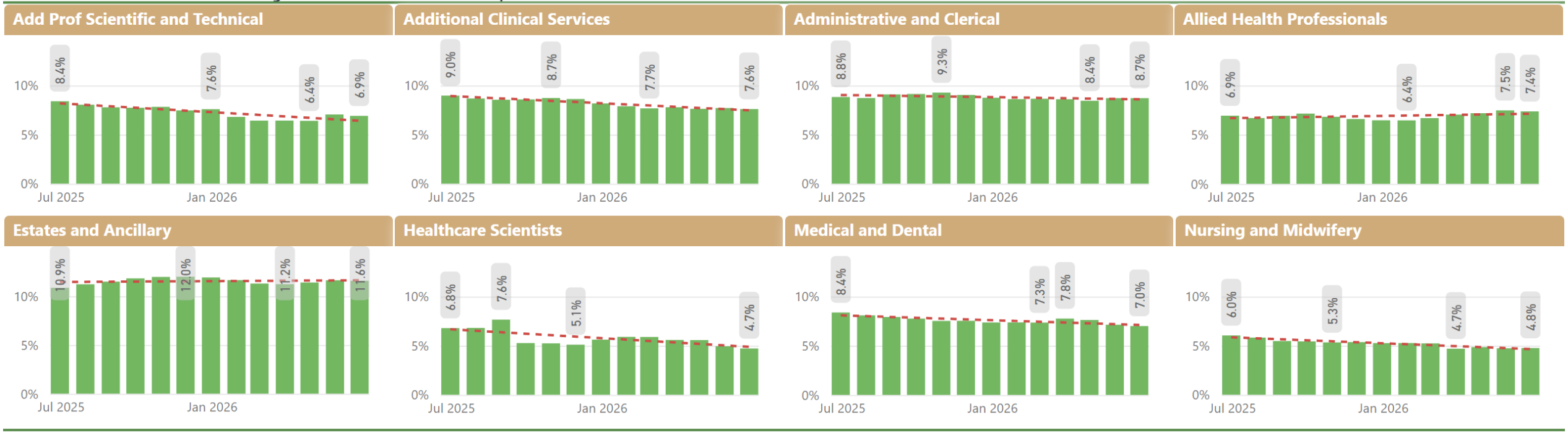
Challenges: Turnover challenges remain in several areas, particularly within Facilities, Primary Care, Clinical Support, Administrative teams, and specific Medical & Dental staff groups. Women's Services continue to experience cyclical turnover linked to fixed-term Streamliner posts, while high volumes of applicants for some vacancies can slow recruitment processes. Services also report limitations in the granularity of exit interview data, making it difficult to identify local trends and target retention interventions effectively.

Progress: Overall turnover has reduced across most divisions, with West IHC, Women's Services, Mental Health & Learning Disabilities, and Cancer/Diagnostics all reporting lower turnover rates compared with the previous year. Mental Health & Learning Disabilities recorded its lowest turnover rate in the last 12 months, while Women's Services and West IHC continue to show sustained improvement. Increased use of ESR exit interviews and ongoing analysis of leaver data are helping services better understand workforce trends and develop targeted retention actions. Corporate Services also reports a slight improvement in staff retention and continues to review exit interview information to address areas of higher turnover.

Data Source : ESR

Turnover % by Staff Group

BCU Data as at June 26



Analysis: Estates & Ancillary staff continue to report the highest turnover rate across staff groups, with turnover increasing by 0.7% over the last 12 months to 11.6%, equating to 152.7 FTE leavers. Turnover remains particularly high within East and West Estates services, where rates stand at 14.0% and 13.2% respectively. In contrast, Healthcare Scientists have recorded the greatest improvement over the past year, with turnover reducing from 6.8% in June 2025 to 4.7% in June 2026, making this the lowest turnover rate across all staff groups. Nursing & Midwifery has also continued to improve, with turnover now at 4.8%, representing the second-lowest rate and reflecting ongoing workforce stability within the staff group.

Challenges: Workforce pressures continue to be experienced across a number of staff groups. Within West IHC, Nursing and Midwifery recorded the highest turnover, particularly within Surgical wards. Women's Services continue to face recruitment and retention challenges in Admin & Clerical roles, including Ward Clerks, Medical Secretaries and Rota Coordinators, where differences in job descriptions and banding can encourage staff to move to alternative roles. Mental Health & Learning Disabilities continue to report significant vacancies within Allied Health Professionals, APST and Administrative & Clerical staff groups, while Cancer/Diagnostics reports its highest turnover within APST and Administrative staff.

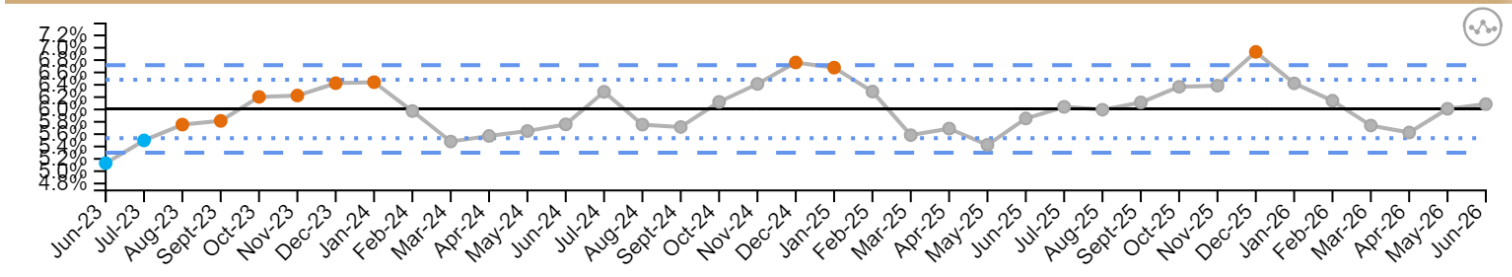
Progress: There are a number of positive indicators across services. All current vacancies within Women's Services have progressed through approval and recruitment processes. Mental Health & Learning Disabilities has seen reductions in turnover across Medical, Nursing, Healthcare Support Worker, and Administrative staff groups over the past 12 months, alongside improving vacancy levels in Nursing. Cancer/Diagnostics has also reported a reduction in overall turnover, with active recruitment underway to address Band 5 Nursing vacancies. Overall, recruitment activity and workforce management measures continue to support improvements in retention and staffing stability.

Data Source : ESR

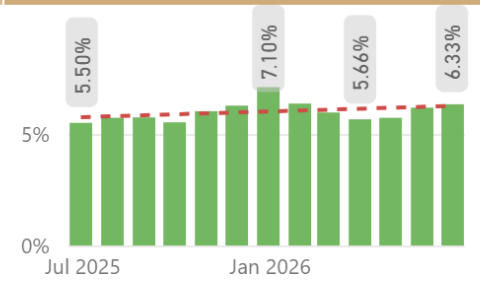
Monthly Sickness % by IHC

BCU Data as at June 26

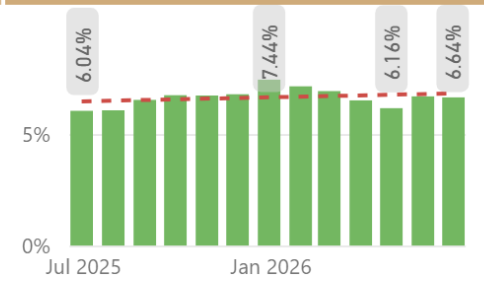
Betsi Cadwaladr



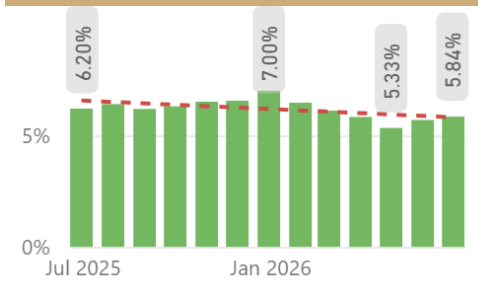
IHC Centre



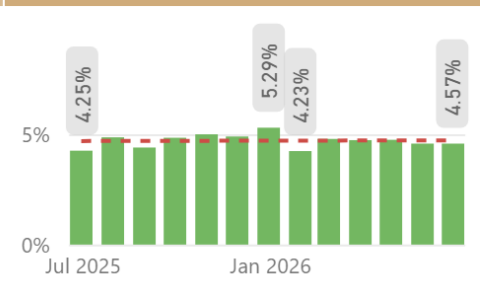
IHC East



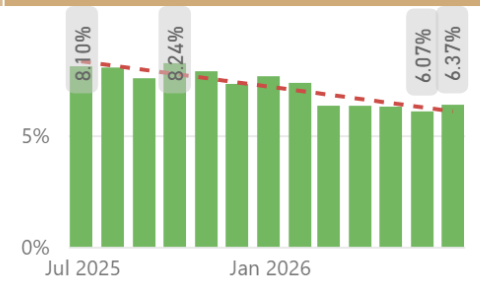
IHC West



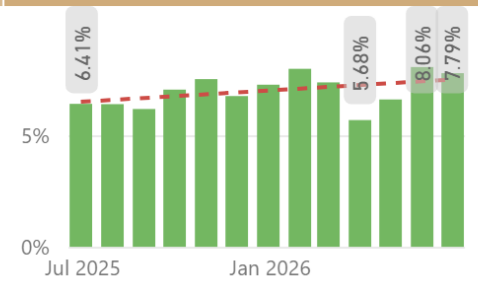
Cancer/Diagnostics



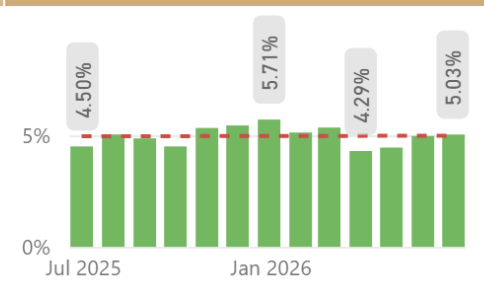
Mental Health & LDS



Midwifery & Womens



Corporate Services



The charts above report the monthly sickness rate for BCU.

Analysis: The BCUHB monthly sickness absence rate currently stands at 6.09% and remains stable overall, with no significant concerns identified. The rolling 12-month sickness absence rate is 6.16%, representing a small increase compared to 6.05% in June 2025. Midwifery & Women's Services reports the highest monthly sickness rate at 7.79%, an increase of 1.38% from the same period last year. Conversely, Mental Health & Learning Disabilities has demonstrated the greatest improvement, with sickness absence reducing by 1.73% over the past 12 months, resulting in a current monthly rate of 6.37%.

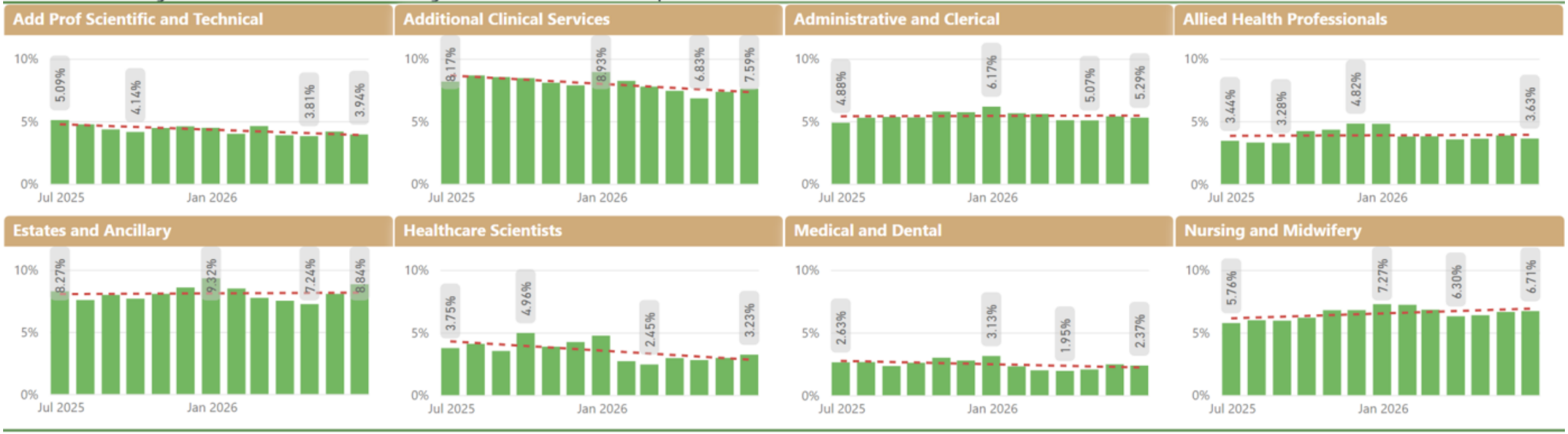
Challenges: Sickness absence remains a key workforce challenge across several divisions, with hotspots identified in Facilities, Surgical Wards, Emergency Department, Women's Services, Mental Health & Learning Disabilities, and parts of Corporate Services. While overall absence levels have improved year on year in many areas, month-on-month increases have been seen in some services. Short-term absence continues to be the most significant issue, alongside high levels of stress, anxiety and mental health-related absence. Reviews have also identified inconsistent application of sickness management procedures, including prompt management, use of discretion, and action following Occupational Health advice.

Progress: There has been positive progress in reducing sickness absence across a number of services. West IHC and Mental Health & Learning Disabilities have recorded lower sickness rates compared with the previous year. Extensive support is being provided through deep-dive reviews, hotspot action plans, monthly performance meetings, manager training, audits, and enhanced monitoring of sickness cases. Significant work has been undertaken to improve management compliance with attendance policies, including prompt training, case reviews, and targeted support for managers, with a continued focus on reducing long-term absence and improving workforce wellbeing.

Data Source : ESR

Monthly Sickness % by Staff Group

BCU Data as at June 26



The charts above report the monthly sickness rate for BCU.

Analysis: Estates & Ancillary continues to report the highest monthly sickness absence rate at 8.84%, an increase of 0.57% compared to June 2025. Absence levels are particularly high within Facilities Centre, where the monthly rate stands at 11.42%. Nursing & Midwifery also continues to experience elevated sickness absence, with a monthly rate of 6.71%, and has shown an upward trend over the past year. Within IHC East, the Nursing & Midwifery sickness rate is 2.49% higher than that reported at the same time in the previous year. In contrast, monthly sickness absence rates for Additional Professional Scientific & Technical staff, Allied Health Professionals, Healthcare Scientists, and Medical & Dental staff all remain below 5%, indicating relatively strong attendance levels within these staff groups.

Challenges: Sickness absence continues to present challenges across specific staff groups and services. Within West IHC, the highest absence rates were recorded among Additional Clinical Services (non-nursing) staff, Band 2 employees, and Housekeeping teams. In Mental Health & Learning Disabilities, Medical & Dental Resident Doctors experienced an increase in sickness absence during the month. Across Corporate Services, a continued focus is required on managing long-term sickness cases, ensuring compliance with attendance policies, supporting managers with case management, and promoting early interventions to prevent absences from becoming prolonged.

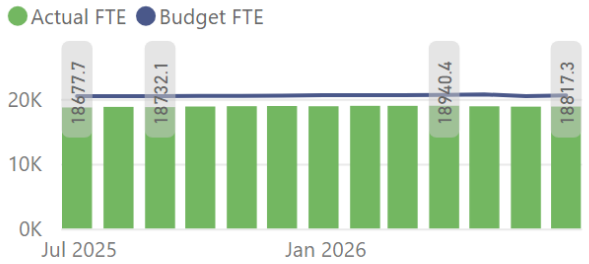
Progress: There are positive signs in several areas, with Medical & Dental staff in West IHC reporting the lowest sickness rate in the latest month and Nursing & Midwifery sickness levels in Mental Health & Learning Disabilities showing continued improvement. Ongoing deep-dive reviews have not identified any significant role-specific absence trends to date. Corporate Services continues to provide extensive support through sickness audits, manager coaching, Occupational Health engagement, policy compliance reviews, and targeted interventions in hotspot areas to improve attendance and support staff wellbeing.

Data Source : ESR

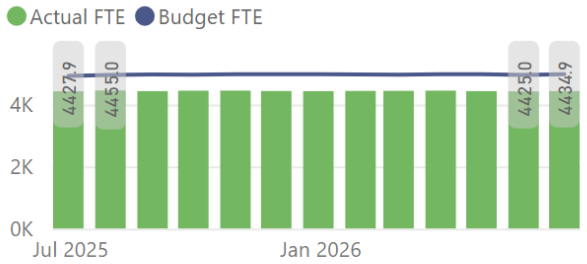
Budget v Actual FTE by IHC

BCU Data as at June 26

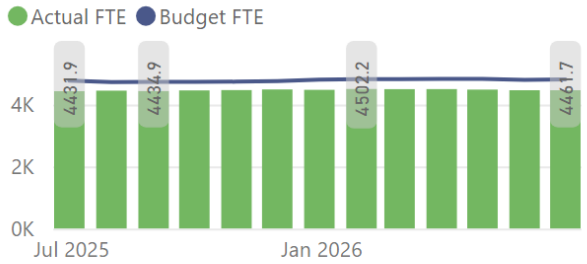
Betsi Cadwaladr



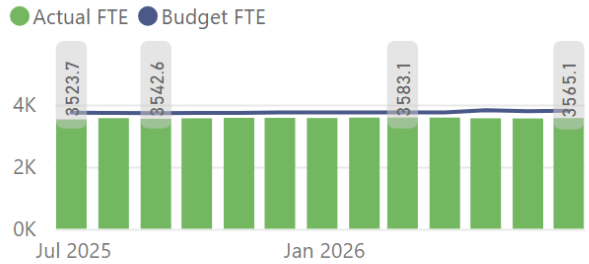
IHC Centre



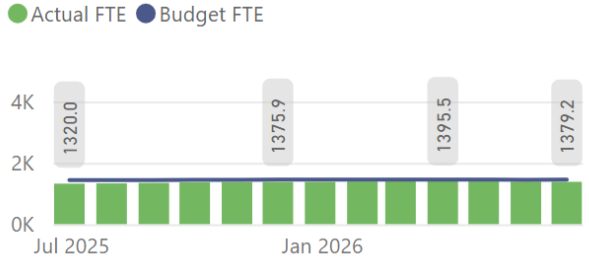
IHC East



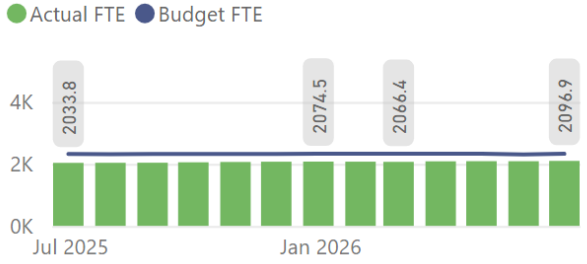
IHC West



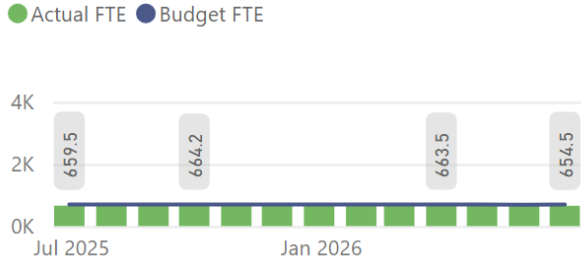
Cancer/Diagnostics



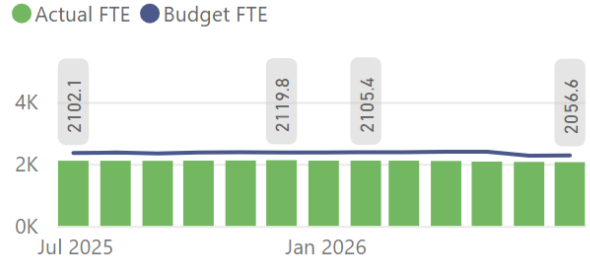
Mental Health & LDS



Midwifery & Womens



Corporate Services



Analysis: Compared to June 2025, funded establishment has increased by 109.2 FTE, while actual staffing has increased by 139.6 FTE, resulting in an overall reduction of 30.4 FTE vacancies. IHC West experienced the largest increase in budgeted posts, rising by 69.7 FTE, although actual staffing increased by only 41.3 FTE, leading to a growth in vacancies of 28.4 FTE. IHC Centre recorded the largest increase in vacancies, with vacancy levels rising by 47.8 FTE as budgeted establishment increased by 54.8 FTE while actual staffing increased by just 7.0 FTE. In contrast, Mental Health & Learning Disabilities reported the most significant growth in actual staffing, increasing by 63.1 FTE against a budget increase of 6.3 FTE, making a substantial contribution to the overall reduction in vacancies.

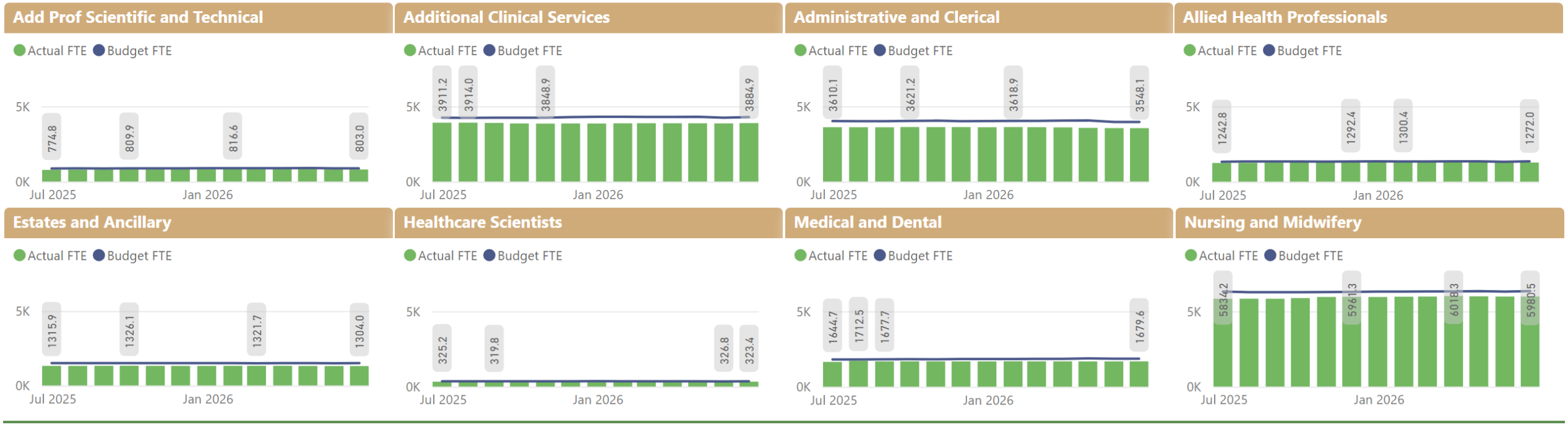
Challenges: Recruitment and workforce planning continue to be impacted by enhanced Establishment Control (ECR) processes, resulting in longer recruitment timescales. Several services continue to experience difficulties recruiting to specialist and hard-to-fill roles, particularly within community-based services and Medical & Dental posts. Fixed-term contracts remain a challenge in some areas, with Mental Health & Learning Disabilities reporting a slight increase in their use over the past year, while Cancer/Diagnostics continues to operate below its funded establishment, with a significant vacancy gap

Progress: People Services continues to support managers with recruitment processes, workforce planning, and the appropriate use of fixed-term contracts. Efforts remain focused on reducing reliance on fixed-term arrangements and increasing awareness of associated workforce risks. Within Mental Health & Learning Disabilities, the number of fixed-term contracts has remained stable despite growth in trainee roles, while ongoing workforce planning support is helping services address vacancy pressures and recruitment challenges.

Data Source : ESR (BCU and NWSSP for Training Grades)

Budget v Actual FTE by Staff Group

BCU Data as at June 26



Analysis: Nursing & Midwifery recorded the largest increase in actual staffing levels compared to June 2025, rising by 146.3 FTE, while budgeted establishment increased by only 29.1 FTE. As a result, vacancies within the staff group reduced significantly by 117.1 FTE. Administrative & Clerical staffing levels and budgets both decreased over the same period, with actual staffing reducing by 62.0 FTE and budgets reducing by 53.5 FTE. Medical & Dental reported the largest increase in budgeted establishment, rising by 49.1 FTE compared to the previous year, with actual staffing also increasing by 35.0 FTE, demonstrating continued workforce growth within the staff group.

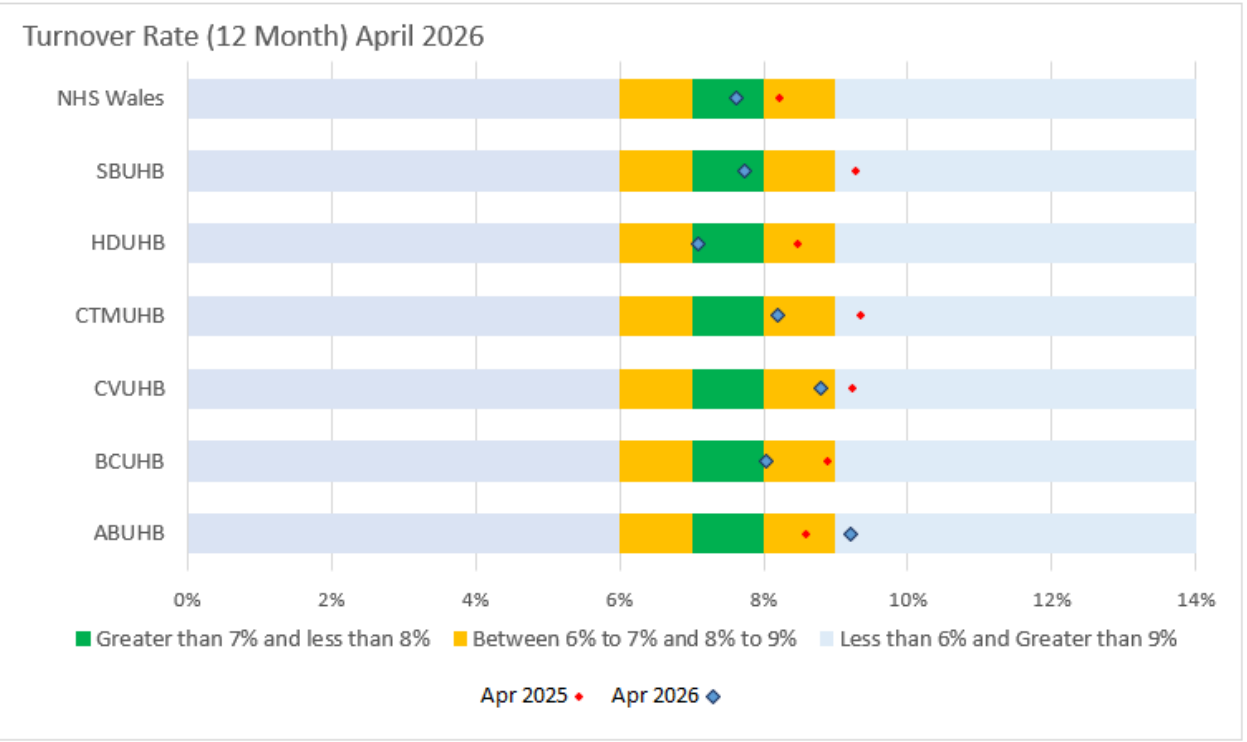
Challenges: Workforce establishment gaps remain a challenge across several areas. West IHC continues to experience significant workforce shortages within Estates & Ancillary services, alongside ongoing difficulties recruiting to hard-to-fill community-based roles. Recruitment timescales have also been affected by the extended ECR process. Within Cancer/Diagnostics, substantial staffing gaps remain across Medical & Dental roles, particularly middle-grade positions.

Progress: Despite these challenges, some staff groups remain close to full establishment, with Allied Health Professionals in West IHC reporting minimal variance between budgeted and actual staffing levels. Resourcing teams continue to support recruitment campaigns and promote vacancies to improve candidate attraction, while ongoing recruitment activity aims to reduce vacancy levels and strengthen workforce capacity across hard-to-fill services.

Data Source : ESR (BCU and NWSSP for Training Grades)

Workforce Comparators

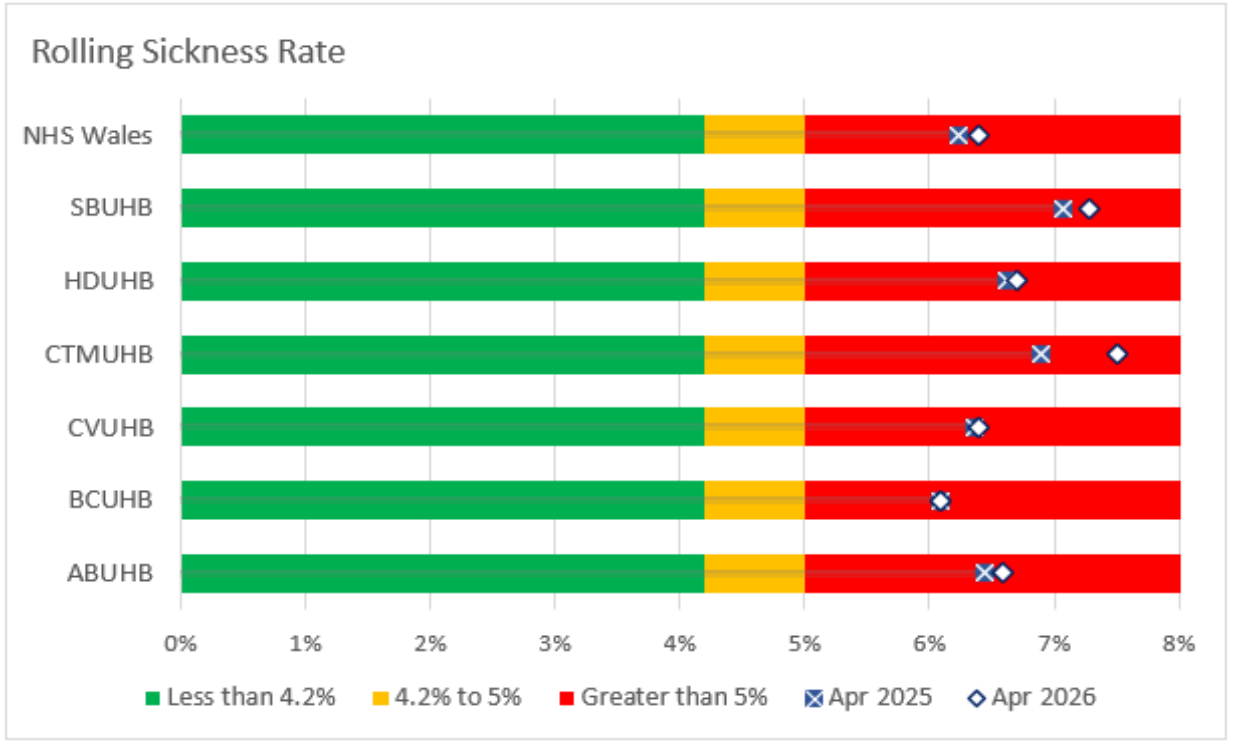
Turnover %



Of the 6 largest Health Boards in Wales, BCU had the third lowest turnover rate in April 2026 at 8%.

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

Sickness %

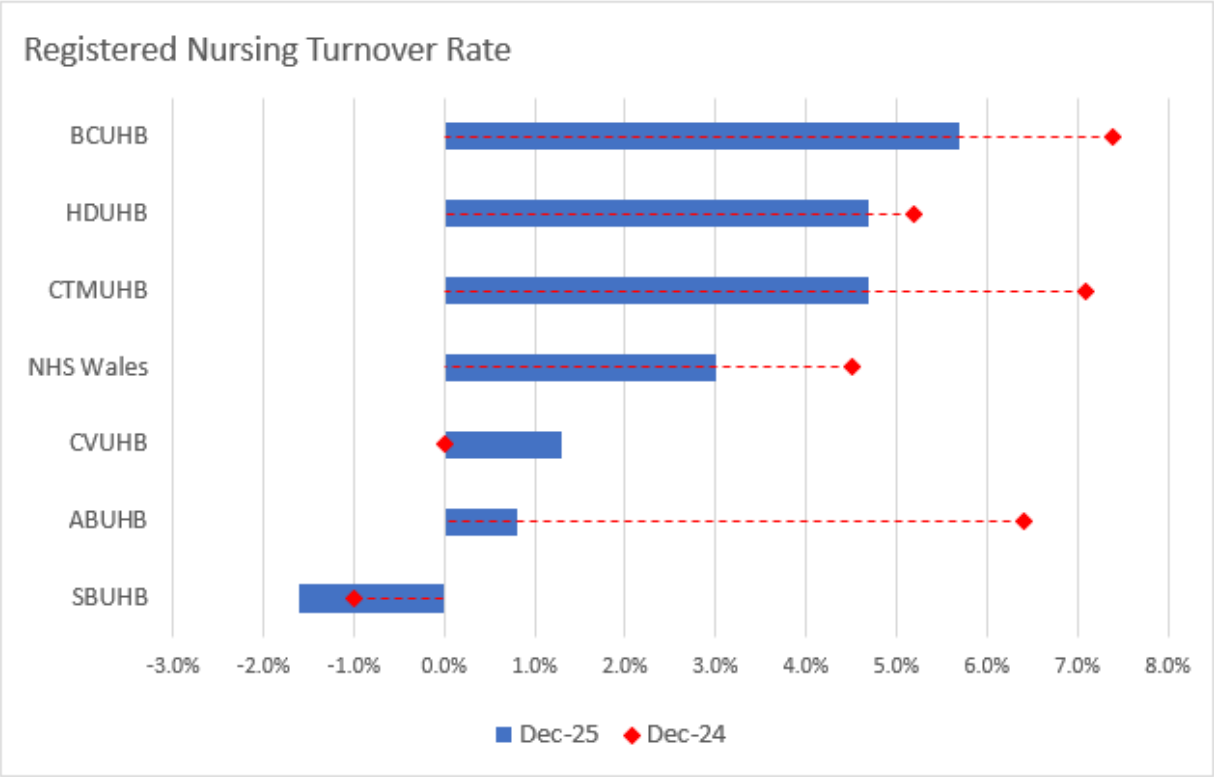


During April 2026, BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.1% and lower than the NHS Wales overall rate of 6.4%. Cwm Taf Morgannwg had the highest sickness rate at 7.5% followed by Swansea at 7.3%.

Data Source : HEIW Performance Measures Dashboard

Workforce Comparators

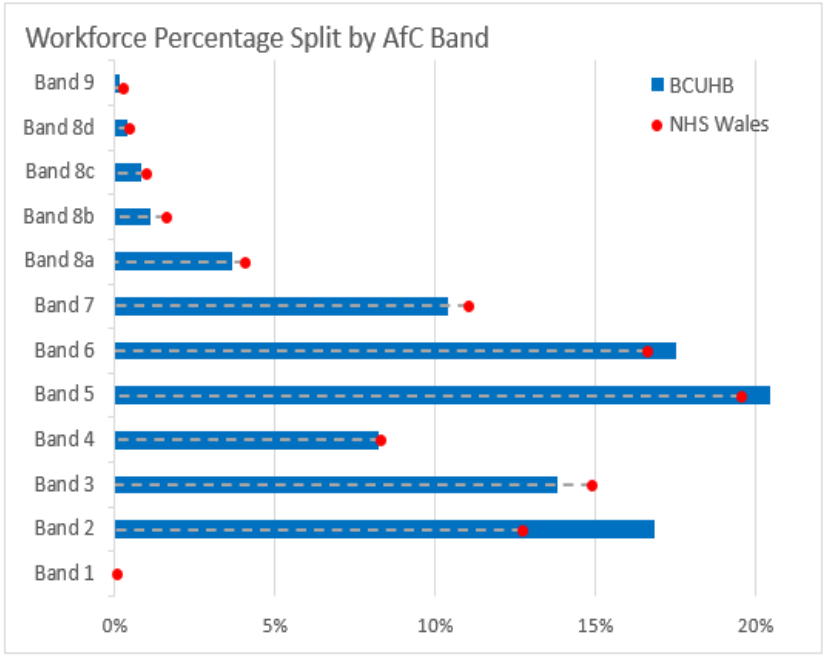
Registered Nursing Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 2.7% above the NHS Wales average in December 2025 and was the highest rate of the 6 largest health boards.

NHS Vacancy data is sourced from Stats Wales. December 2025 is the latest data currently available.

Workforce by Pay Band NHS Wales vs BCUHB



AfC Pay Band	NHS Wales	BCUHB	Variance
Band 9	0.2%	0.2%	-0.1%
Band 8d	0.4%	0.4%	0.0%
Band 8c	1.0%	0.8%	-0.2%
Band 8b	1.6%	1.1%	-0.5%
Band 8a	4.0%	3.7%	-0.4%
Band 7	11.0%	10.4%	-0.6%
Band 6	16.6%	17.5%	0.9%
Band 5	19.5%	20.5%	0.9%
Band 4	8.3%	8.2%	-0.1%
Band 3	14.9%	13.8%	-1.1%
Band 2	12.7%	16.9%	4.2%
Band 1	0.1%	0.0%	-0.1%

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

BCU workforce has a greater proportion of bands 2, 5 and 6 than NHS Wales, band 2s account for 16.9% of the BCU workforce compared to 12.7% of the NHS Wales workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.5% vs 18.3%).

Data Source : Stats Wales (Vacancy Rates) and HEIW ESR Workforce Dashboard

Highlighted Areas

BCU Data as at June 26

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Facilities Domestics - West (RX56) L6						
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%
2026-03	151.9	12.8%	8.13%	64.0%	93.3%	11.5%
2026-06	147.1	15.6%	9.75%	58.3%	88.6%	12.6%
Finance Executive (YX20) L6						
2025-09	58.9	4.6%	4.20%	66.1%	96.8%	4.7%
2025-12	58.1	5.9%	4.42%	65.6%	94.6%	5.3%
2026-03	54.1	12.3%	0.18%	66.7%	92.0%	11.3%
2026-06	52.0	14.9%	2.41%	58.2%	92.1%	15.0%
Chief Operating Officer (YX05) L6						
2025-09	43.0	11.3%	4.97%	65.1%	83.4%	8.7%
2025-12	44.0	7.3%	9.48%	60.4%	82.2%	6.7%
2026-03	42.0	9.8%	3.85%	65.2%	84.2%	8.9%
2026-06	41.0	15.6%	6.32%	60.0%	83.6%	9.2%
Hospital Management YG (HX02) L6						
2025-09	139.3	13.2%	7.70%	54.9%	80.0%	5.6%
2025-12	139.3	13.7%	6.09%	46.3%	77.4%	7.3%
2026-03	141.2	13.2%	6.75%	39.1%	80.8%	5.6%
2026-06	139.8	13.3%	7.45%	37.6%	80.7%	6.6%

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.

Analysis:

Facilities Domestics (West) remains a key area of concern, with performance continuing to deteriorate across most workforce metrics since being highlighted in previous reports. Although mandatory training compliance remains above target, all other indicators continue to show adverse trends.

Finance Executive has experienced an increase in external leavers in recent months, resulting in higher turnover levels and a corresponding rise in vacancy rates. PADR compliance also remains significantly below target.

Chief Operating Officer services continue to report high vacancy levels alongside low PADR compliance, indicating ongoing workforce challenges.

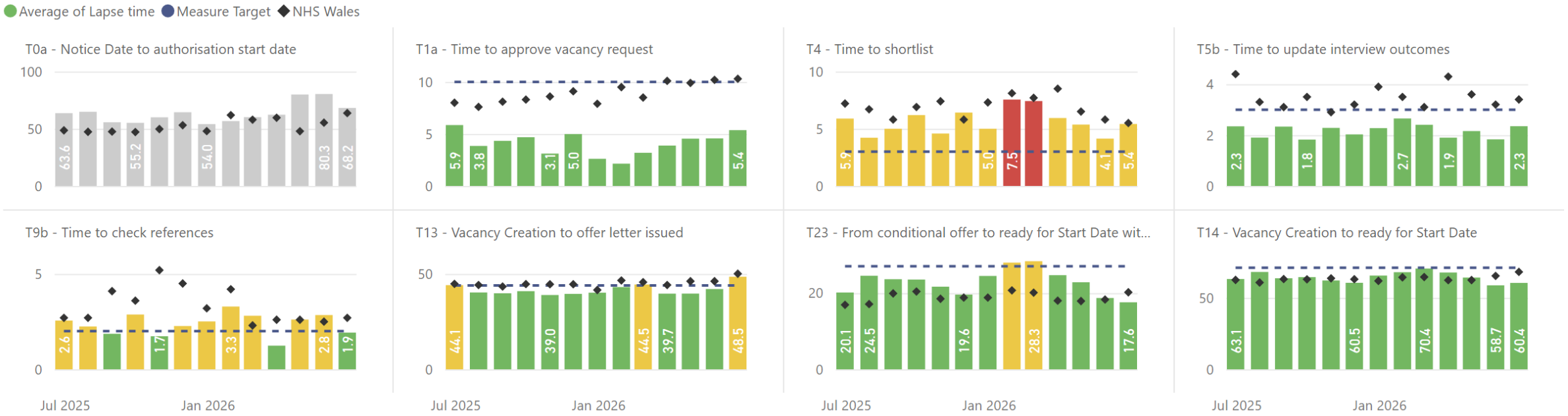
Hospital Management (YG) has maintained consistently high vacancy rates throughout the reporting period. In addition, PADR compliance has continued to decline quarter-on-quarter and now stands at 37.6%.

Progress: Targeted workforce improvement activity has been implemented within West Domestics through monthly management accountability meetings focused on key workforce metrics, including sickness absence, PADR compliance and MAST performance. Clear improvement actions and timescales have been established, and early performance data indicates positive progress, demonstrating the benefits of strengthened management oversight and focused intervention.

Data Source : ESR (BCU and NWSSP for Training Grade Actual FTE and Vacancies)

ecruitment KPIs

BCU Data as at June 26



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

alysis: BCUHB continues to perform strongly against national recruitment measures, performing better than the NHS Wales average in 7 of the 8 recruitment metrics. The organisation is rrently meeting the target in 5 of the 7 metrics with defined performance standards. The Vacancy Creation to Offer Letter Issued metric exceeded the target by 4.5 days in June 2026, ving previously performed within the required timeframe. Despite this, overall recruitment performance remains positive, with the Time to Recruit metric (from vacancy creation to ready--start date) at 60.4 days, which is below the target and 7.7 days faster than the NHS Wales average during the latest reporting period.

allenges: Recruitment timelines continue to be affected by delays at several stages of the process, including approvals, vacancy creation, shortlisting and offers. High application umes, complex approval processes, ongoing discussions around fixed-term contracts, and Welsh language requirements for some roles have contributed to longer time-to-hire metrics. rd-to-fill Medical & Dental vacancies also remain a recurring challenge across services.

ogress: Work is underway to clarify the use of fixed-term contracts for permanently funded posts, which is expected to support more efficient recruitment processes. Targeted support for ng managers, including proactive engagement at shortlisting stage, recruitment guidance, and monitoring of recruitment KPIs, is helping to improve recruitment performance.

Data Source : NWSSP TRAC Reports

Leadership and Development

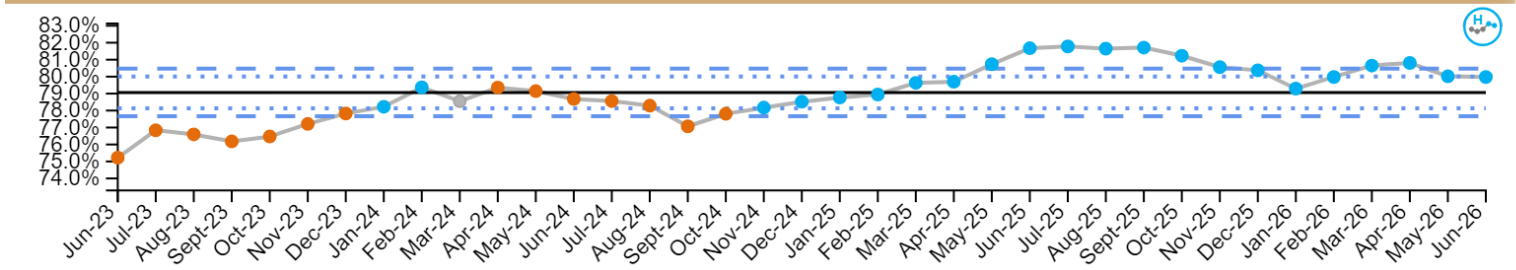
GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

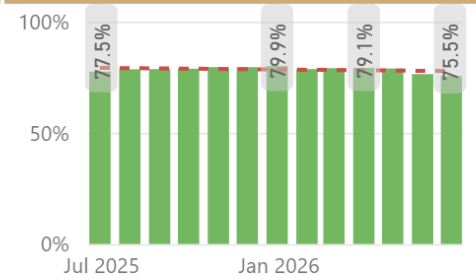
PADR % by IHC

BCU Data as at June 26

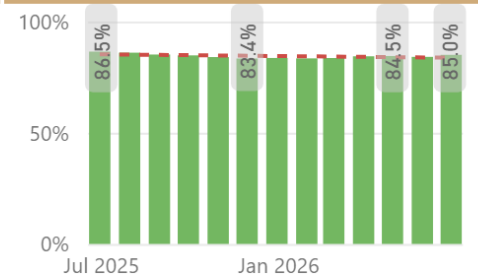
Betsi Cadwaladr



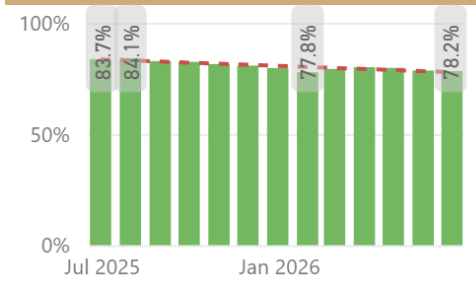
IHC Centre



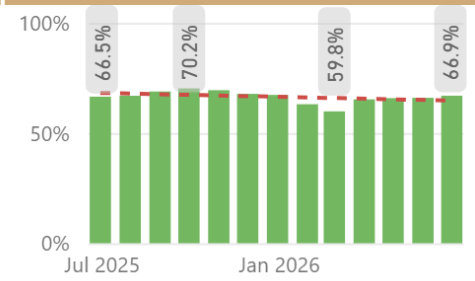
IHC East



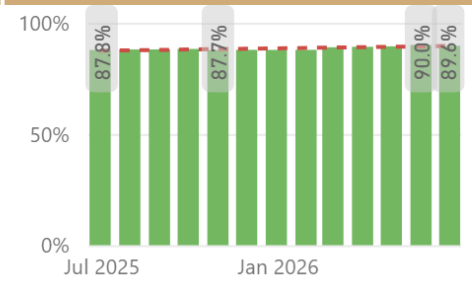
IHC West



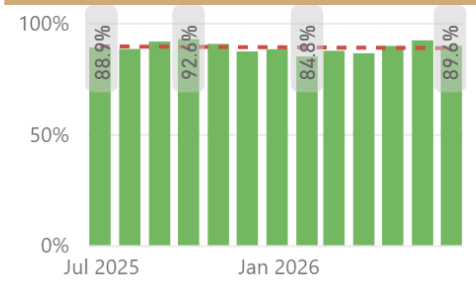
Cancer/Diagnostics



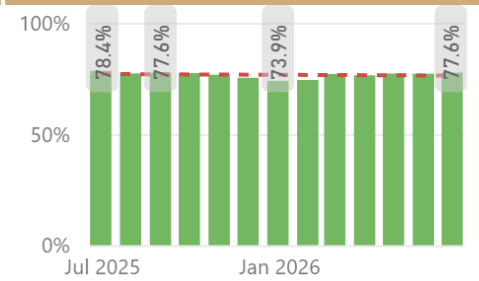
Mental Health & LDS



Midwifery & Womens



Corporate Services



Analysis: Overall BCUHB PADR compliance currently stands at 80.0%, representing a decrease of 1.7% compared to the same period last year. Performance has declined across IHC Centre, IHC East and IHC West over the past 12 months, with the most significant reduction seen in IHC West, where compliance has fallen by 5.4% since June 2025. The strongest performance continues to be reported within Mental Health & Learning Disabilities and Midwifery & Women's Services, both achieving 89.6% compliance and exceeding the 85% target. IHC East is also meeting the required target. Cancer/Diagnostics remains the lowest-performing area, with compliance currently at 66.9%.

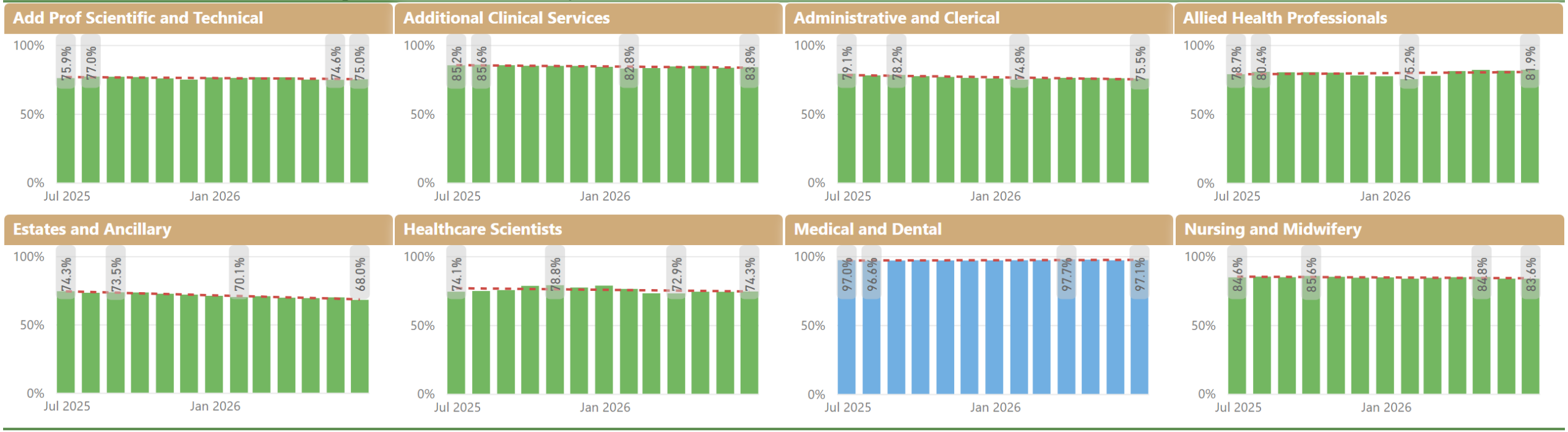
Challenges: PADR compliance remains below the 85% target in several areas, with particular concerns in Facilities West, Emergency Care, Cancer/Diagnostics, and Corporate Services. Although some divisions maintain strong compliance levels, a significant number of PADRs remain overdue, including some that are over 12 months out of date. Hotspot areas continue to require focused management attention and targeted action plans to improve compliance and support staff development and pay progression requirements.

Progress: A number of services are maintaining or exceeding the PADR target, including Community, Primary Care, Therapies, Women's Services, and Mental Health & Learning Disabilities. Regular reporting, monitoring through SLTs, accountability meetings, and targeted support for low-performing areas are helping to drive improvement. Action plans have been implemented across hotspot areas, with ongoing management oversight and monthly reviews aimed at increasing compliance and reducing the number of overdue PADRs.

Data Source : ESR

PADR/MARS % by Staff Group

BCU Data as at June 26



Analysis: PADR compliance remains below the 85% target across all staff groups, although the Medical Appraisal Rate (MARS) continues to perform strongly at 97.1%. Additional Clinical Services and Nursing & Midwifery are the closest to target, with compliance rates of 83.8% and 83.6% respectively, having previously exceeded the required standard. Allied Health Professionals have shown the greatest improvement over the past 12 months, increasing by 3.2% to 81.9%.
Estates & Ancillary continues to report the lowest PADR compliance rate at 68.0%, representing a 6.3% decrease compared to June 2025. Compliance within this staff group is particularly low in IHC Centre (49.9%) and IHC West (60.1%), with the latter showing a significant year-on-year decline of 17.1%.

Challenges: PADR compliance remains below target in some staff groups and localities, particularly within Admin & Clerical, Estates & Ancillary, Healthcare Scientists, and the Additional Professional Scientific & Technical workforce. West Women's Services also continues to report lower compliance levels compared to other areas, although improvement work is underway.

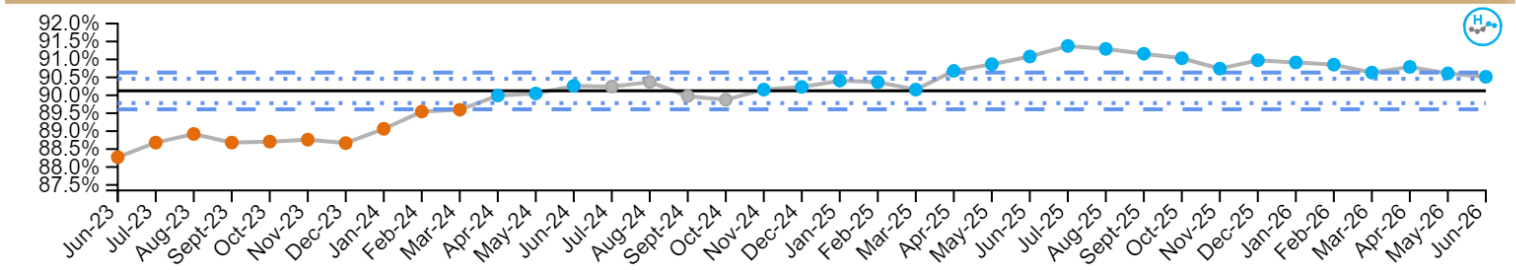
Progress: Overall compliance levels are being actively monitored and managed through SLT meetings, accountability processes, and regular divisional reporting. Women's Services remains within target overall, while Mental Health & Learning Disabilities continues to achieve target compliance across most staff groups. Targeted action plans and manager support are in place for lower-performing areas, with ongoing efforts focused on improving compliance rates and reducing overdue PADRs.

Data Source : ESR (PADR) and Medical Appraisal & Revalidation System (MARS)

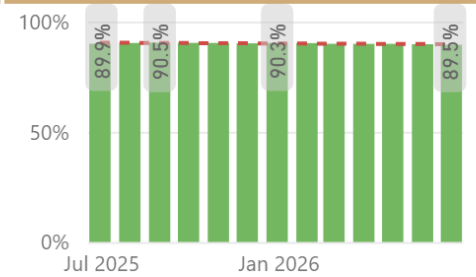
Mandatory Training % by IHC

BCU Data as at June 26

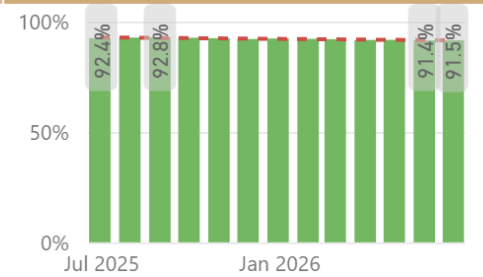
Betsi Cadwaladr



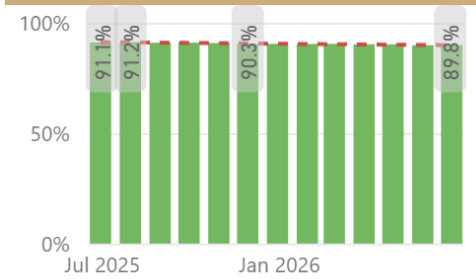
IHC Centre



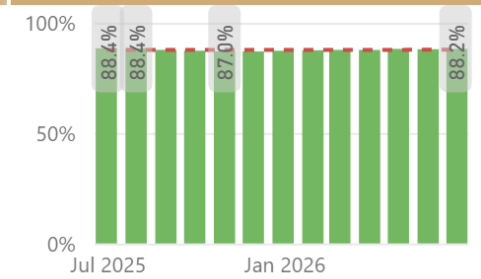
IHC East



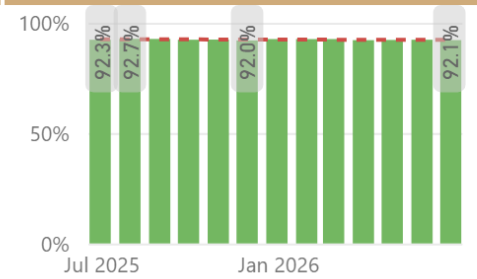
IHC West



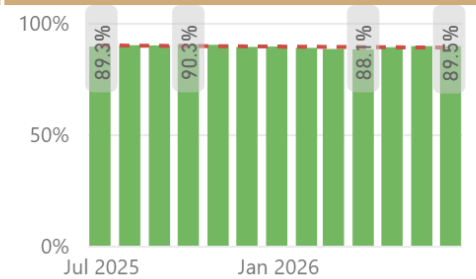
Cancer/Diagnostics



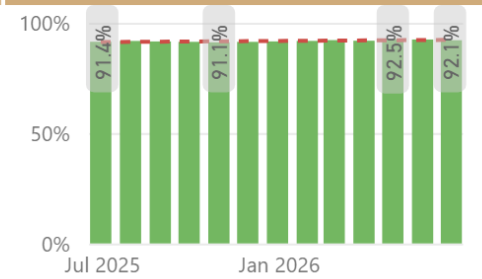
Mental Health & LDS



Midwifery & Womens



Corporate Services



Analysis: BCUHB's mandatory training compliance remains strong, with Level 1 compliance currently at 90.5%, consistently exceeding the 85% target across all IHCs over the past 12 months. Mental Health & Learning Disabilities and Corporate Services report the highest compliance rates at 92.1%. However, some areas of non-compliance remain, with Midwifery & Women's Services falling below target in three Level 1 competencies, while IHC Centre, Cancer/Diagnostics, and Midwifery & Women's Services are below the required standard for Information Governance training.
Overall Level 2 compliance also remains above target at 87.8%. However, compliance in Infection Prevention and Control Level 2 (81.8%) and Moving and Handling Level 2 (82.0%) continues to fall below the 85% standard and requires further improvement.

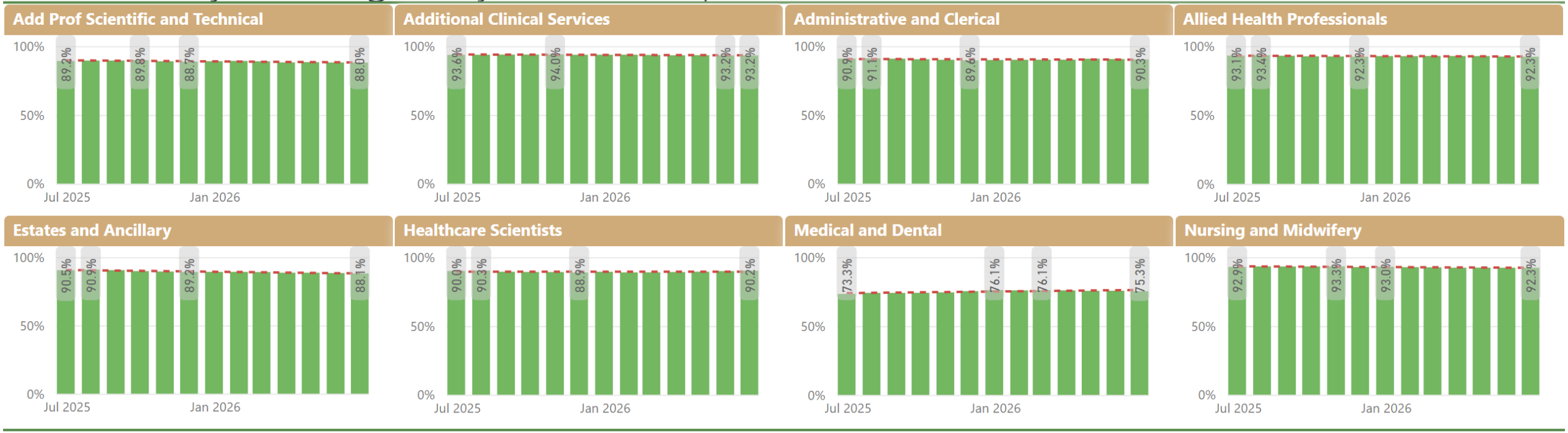
Challenges: Mandatory training compliance remains above target in most areas; however, operational pressures and staffing shortages continue to make it difficult for some patient-facing staff to complete training during working hours. Several hotspot areas remain below compliance targets, particularly within Catering, Primary Care, Emergency Care, Anaesthetics, Surgical specialties, and some Corporate Services teams.

Progress: Regular monitoring through SLTs, training reports, accountability meetings, and People & Culture forums continues to support improvement. Targeted action plans are in place for lower-performing areas, and there is evidence of improving compliance within several hotspot services through focused management oversight and support.

Data Source : ESR

Mandatory Training % by Staff Group

BCU Data as at June 26



Analysis: Compliance rates remain strong across most staff groups, with all groups consistently exceeding the 85% mandatory training target over the last 12 months, with the exception of Medical & Dental. Although Medical & Dental compliance has improved by 2.0% over the past year, Level 1 compliance remains at 75.3%, which is 9.7% below the 85% target. This staff group is currently below target across all Level 1 mandatory training competencies, with the lowest compliance levels recorded in Infection Prevention & Control (66.2%) and Information Governance (70.6%).

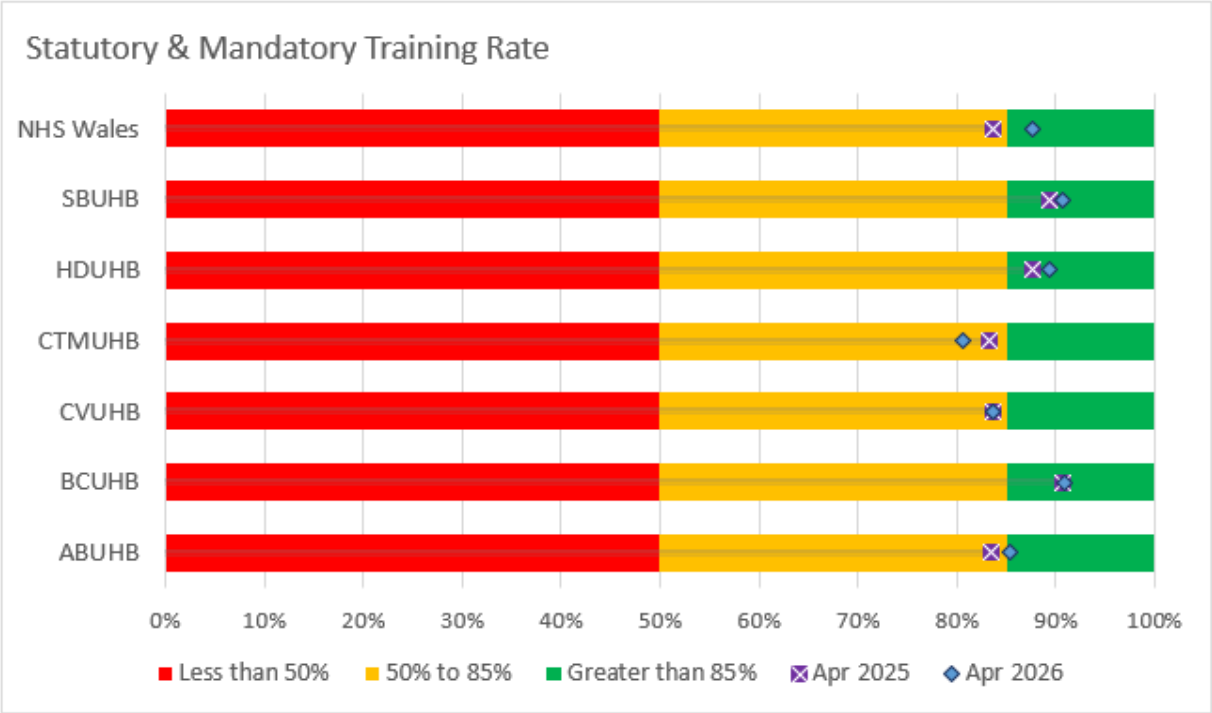
Challenges: Mandatory training compliance is generally strong across services. Within MHLD, compliance for some specialist competencies also remains below target across a number of staff groups, indicating a continued need for focused support and monitoring.

Progress: Overall mandatory training compliance remains above target across the majority of staff groups and services. West IHC reports that most staff groups are achieving the required standard, while MHLD maintains strong compliance across most Level 1 and Level 2 competencies. Regular monthly reporting and review through SLTs, Training & Development Groups, and People & Culture meetings continue to provide oversight and support improvements. Cancer/Diagnostics also continues to monitor compliance closely through routine reporting and management review processes.

Data Source : ESR

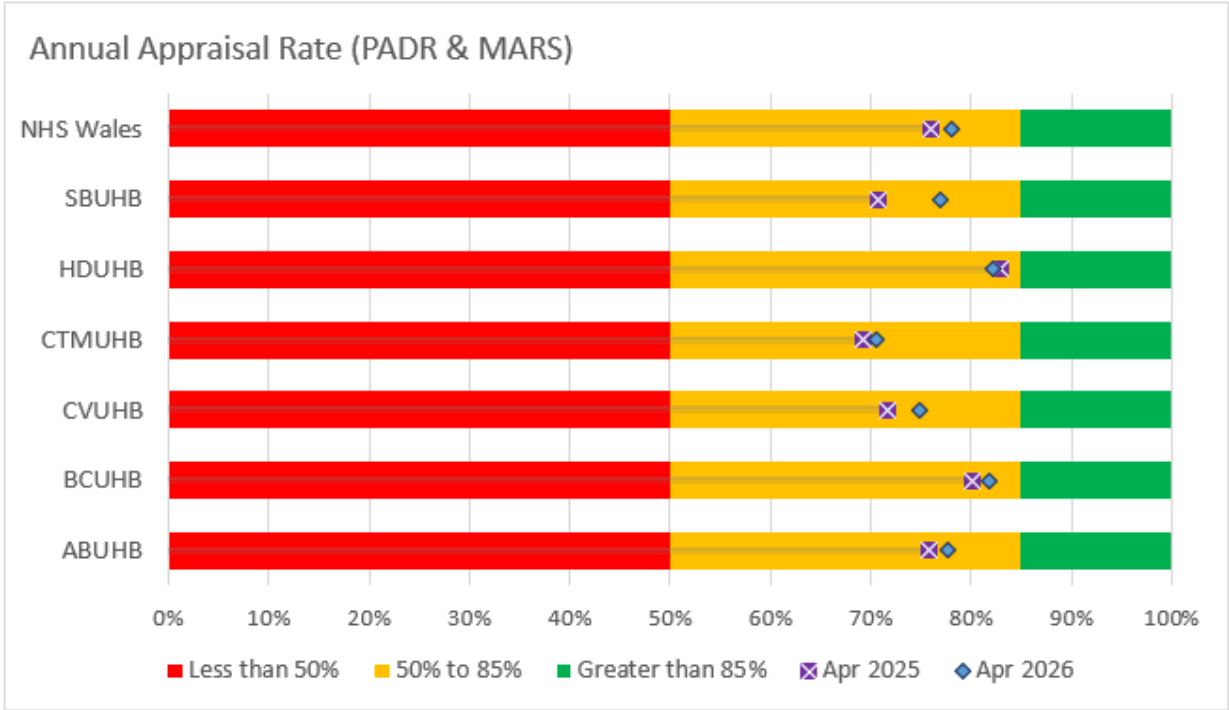
Workforce Comparators

Statutory & Mandatory Training %



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in April 2026 and was 3.3% higher than NHS Wales average of 87.6%.

Appraisals %



BCU had the second highest appraisal compliance rate out of the 6 largest health boards in April 2026 with a combined AfC and Medical Appraisal rate of 81.9% compared to the NHS Wales average of 78%.

Data Source : HEIW Performance Measures Dashboard

PADR Refresh

PADR Review & Redesign

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

High Level Priorities 26/27

Q1

- PADR Pilot Phase Two to commence
- Prepare PADR Pilot Phase Two Feedback and analysis paper/report
- Creation of digital PADR Form for System User Testing
- Develop PADR Communications and Engagement plan for soft launch

Q2

- PADR Pilot Phase Three (System User Testing) to commence
- Prepare PADR Pilot Phase Two Feedback and analysis paper/report
- Socialisation and launch of Objective Setting Tool (8c and above)

Q3

- Commencement of Communications and Engagement plan for pre soft launch information
- BetsiNet page goes live
- Soft Launch - Full Organisation

Q4

- PADR Policy – Final approval ready for launch

Q1 26/27

- **01/04/2027** Launch New PADR process (Mandatory for full organisation)

Pilot One Areas
Mental Health & Learning Disabilities Division
People Services Corporate Division
Physiotherapy (West)
Pharmacy (Central)

A total of **200** pieces of feedback was received both during and following pilot one and pilot two. This feedback provided qualitative and quantitative data to support a structured thematic analysis.

Feedback conclusion:

The PADR redesign delivers strong improvements in conversation quality, reflection, and development focus, but is currently too complex, time-intensive, and administratively burdensome to be sustainable at scale, particularly in clinical and operational settings.

Pilot Two Areas
Mental Health & Learning Disabilities Division
People Services Corporate Division
Integrated Health Community (East) Senior Leadership Team
Nursing and Midwifery Division
Therapies and Health Sciences (Central)
Therapies and Health Sciences (East)
Child and Adolescent Mental Health - East
Facilities Division

Progress Update

- PADR resources created
- PADR resources socialised
- Roll out of training programme for pilot one
- Evaluation and analysis pilot one completed
- PADR feedback and analysis paper (pilot one) prepared – Final
- Face-to-face engagement and training for Facilities teams
- Evaluation and analysis pilot two completed
- PADR feedback and analysis paper (pilot Two) prepared – First Draft
- Production and roll-out of digital resource testing in Q2 of 2026 underway

Next Steps

- Creation of digital PADR Form
- Commence PADR Pilot Phase Three
- Develop PADR Communications and Engagement Plan for soft launch

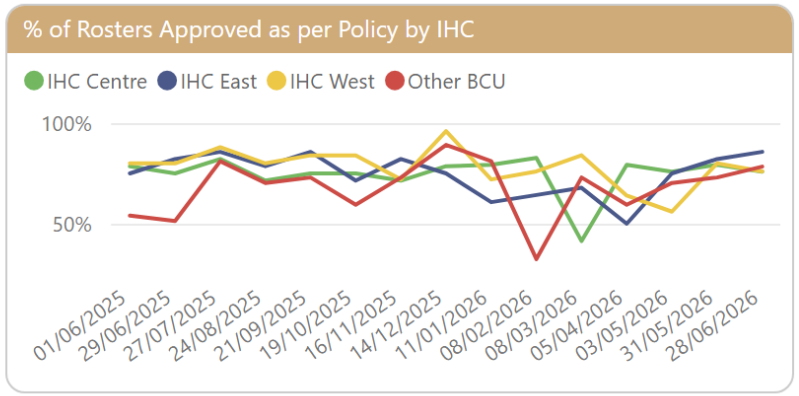
Roster KPIs

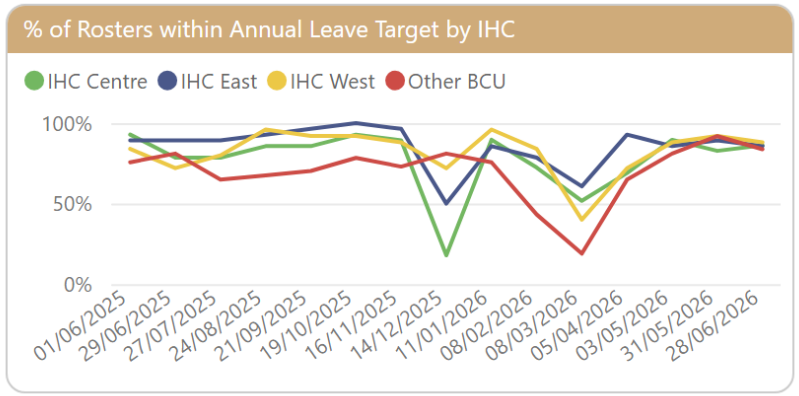
BCU Data as at June 26

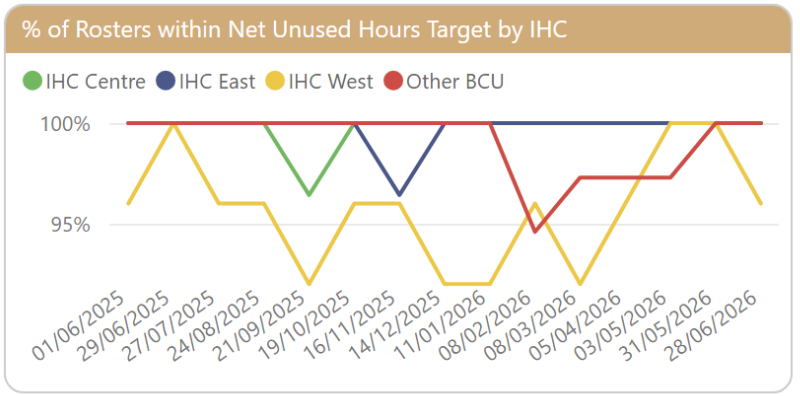
Summary

	01/06/2025	29/06/2025	27/07/2025	24/08/2025	21/09/2025	19/10/2025	16/11/2025	14/12/2025	11/01/2026	08/02/2026	08/03/2026	05/04/2026	03/05/2026	31/05/2026	28/06/2026
Approved in Policy %	70%	70%	84%	75%	79%	71%	75%	85%	74%	61%	66%	63%	70%	78%	79%
Annual Leave %	85%	81%	77%	84%	85%	90%	86%	57%	86%	67%	41%	74%	86%	89%	86%
Net Unused Hours %	99%	100%	99%	99%	97%	99%	98%	98%	98%	97%	97%	98%	99%	100%	99%

IHC Summary







As per Lord Carter's recommendations and the Nursing & Midwifery E-Rostering Guidance 2019 it is recognised that a firmer grip of rostering will reduce the dependency on bank and agency staff whilst also improving the predictability and consistency of staff deployment even where recruitment is still a challenge. Whilst BCUHB report and monitor on seven rostering 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: Roster performance continues to improve, with 79% of rosters currently approved, representing an increase of 9% compared to the same period last year. Annual leave compliance remains subject to seasonal fluctuations, with lower compliance typically observed towards the end of the financial year as staff utilise outstanding leave balances. Performance against net unused hours remains particularly strong, with 99% of rosters within target, and compliance has remained consistently high throughout the past 12 months.

Challenges: Services continue to experience challenges in maintaining roster quality and efficiency, particularly due to high volumes of roster amendments being made after approval. This creates additional administrative work and highlights opportunities to improve roster planning accuracy. Within Mental Health & Learning Disabilities, ongoing review is required to better understand the use of additional duty hours and overtime on rosters.

Progress: Roster performance remains positive across services, with strong compliance against key workforce metrics. West IHC continues to identify opportunities to improve efficiency through upcoming system enhancements and targeted work with wards to improve pre-approval roster accuracy. Within Mental Health & Learning Disabilities, approved-in-policy compliance has improved significantly, annual leave management remains stable, unused hours continue to perform exceptionally well, and all shifts and contracted hours are being appropriately allocated, demonstrating sustained improvements in roster management.

Data Source : Health Roster

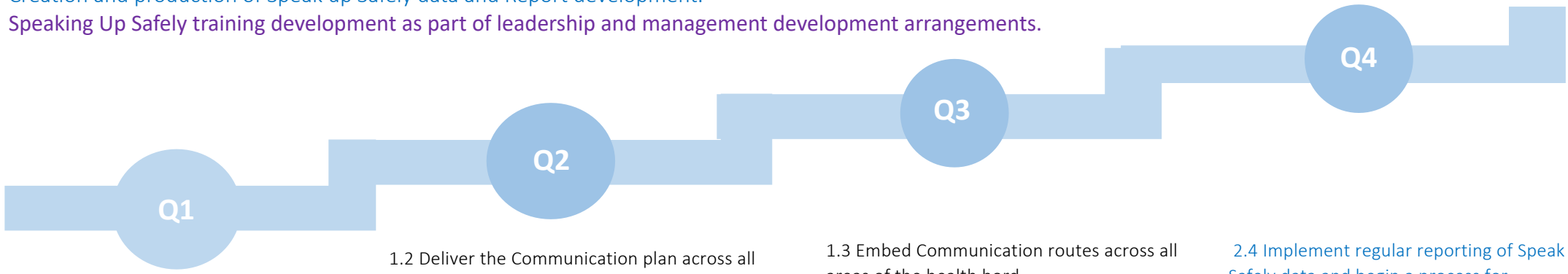
Speak Up Safely (SUS) Plan 2026 / 27

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

High Level Priorities

1. Communication and Engagement across Organisation including promotion of the Working in Confidence platform
2. Creation and production of Speak up Safely data and Report development.
3. Speaking Up Safely training development as part of leadership and management development arrangements.

Delivery of Speak up Safely Service



1.1 Create Communication plan to increase socialisation of the Speak up Safely Brand across the health board including promotion of the Working in Confidence Dashboard for concern raising.

2.1 Review current data collection and identify areas requiring to be more defined.

2.2 Implement Data collection methodology within the working in confidence platform..

1.2 Deliver the Communication plan across all areas of the Health Board

2.1 Implement collection of Data and analyse findings

2.2 Identify relevant areas within the organisation for reporting of Speak up Safely data.

3.1 Review methodologies for developing of relevant training programs in collaboration with the NHS Technology for SUS.

3.2 Review current leadership and management development arrangements

1.3 Embed Communication routes across all areas of the health bord

2.3 Produce data and report to relevant Committees/areas within the health board

3.2 Create training materials and resources for supporting the development of training materials for imbedding of the Speaking up Safely process.

2.4 Implement regular reporting of Speak up Safely data and begin a process for evaluation of effectiveness.

3.3 Implement training resources into current leadership and management arrangements

New Concerns Raised to Speak Up Safely

January 2026	February 2026	March 2026	April 2026	May 2026	June 2026
6	15	10	7	13	17

Integrated Leadership Development Framework (ILDF)

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

1. ILDF Development
2. Better Basics for People Managers (BBPM)

High Level Priorities 26/27

Delivery of IMTP requirements

Q1

1.1 Evaluate outcomes from cohort 5 North Wales Advanced Clinical Leadership Programme and lower-level programmes (Moel Famau/Mynydd Mawr) (annual)

1.2 Plan and deliver 2 x pilot cohorts of new CLIP programme working in partnership with Powys THB

1.3 Continue rolling programme of workshops for all staff through to Q4

1.4 Launch mentors tool kit together with a co-designed proposal to develop a mentoring network.

2.1 Scoping for dedicated training sessions for people managers to support the current PMF monthly sessions

Q2

1.1 Scope alternative programme to replace Advanced Clinical Leadership Programme (ACLP) working with HEIW and aligned to new L&M Competency framework

1.2 Evaluate feedback from 2 x CLIP pilots and make recommendations for future delivery

1.3 Embed evaluation process to incorporate standard metrics

2.1 Develop a core set of training sessions to support people managers alongside the monthly PMF sessions

Q3

1.1 Launch new Senior Leadership programme in line with HEIW and BCUHB priorities

1.2 Launch mid-level programme – CLIP or alternative based on evaluative data and outcomes

1.3 Scope and identify priority areas for leadership development through TNA/Gap Analysis

2.1 Launch a core set of training sessions to support people managers alongside the monthly PMF sessions

Q4

1.1 Evaluate outcomes from ILDF programmes to inform 27/28 objectives

1.2 Work with priority areas to identify leadership training needs to inform future programme development

2.1 Evaluate PMF and training sessions to inform 27/28 objectives

2.2 Develop a new People Managers Induction Handbook in line with corporate induction programme to support onboarding

2.3 Implement training for appraisers/appraisees to support roll out of new PADR through to Q4

ILDF Workshops	2025/2026		2026/2027	
	Q3	Q4	Q1	Q2
The Coaching Approach	**3**	**3**	**2**	**2**
Conversations with Care	**5**	**5**	**3**	**5**
Compassionate Leadership	**7**	**7**	**8**	**6**

ILDF Programme Sessions	2025/2026		2026/2027	
	Q3	Q4	Q1	Q2
Moel Famau: Learning to Lead & Manage	4	4	2	2
Mynydd Mawr: Fundamentals of Leadership & Management	3	3	2	2
Cadair Idris: Clinical Leadership Immersive Programme	x	2	x	x
Glyder Fawr: Advanced Clinical Leadership Programme	1	X	x	x

Training Sessions	2025/2026		2026/2027	
	Q3	Q4	Q1	Q2
People Manager	6	6	x	X
PADR	X	24	x	X

People Managers Forum	Topic	Guest
July	Sustainably Developing our Teams	Paolo Tardivel
August	Sexual Safety Guidelines	Debbie Eyitayo
September	Improving Performance Policy	TBC

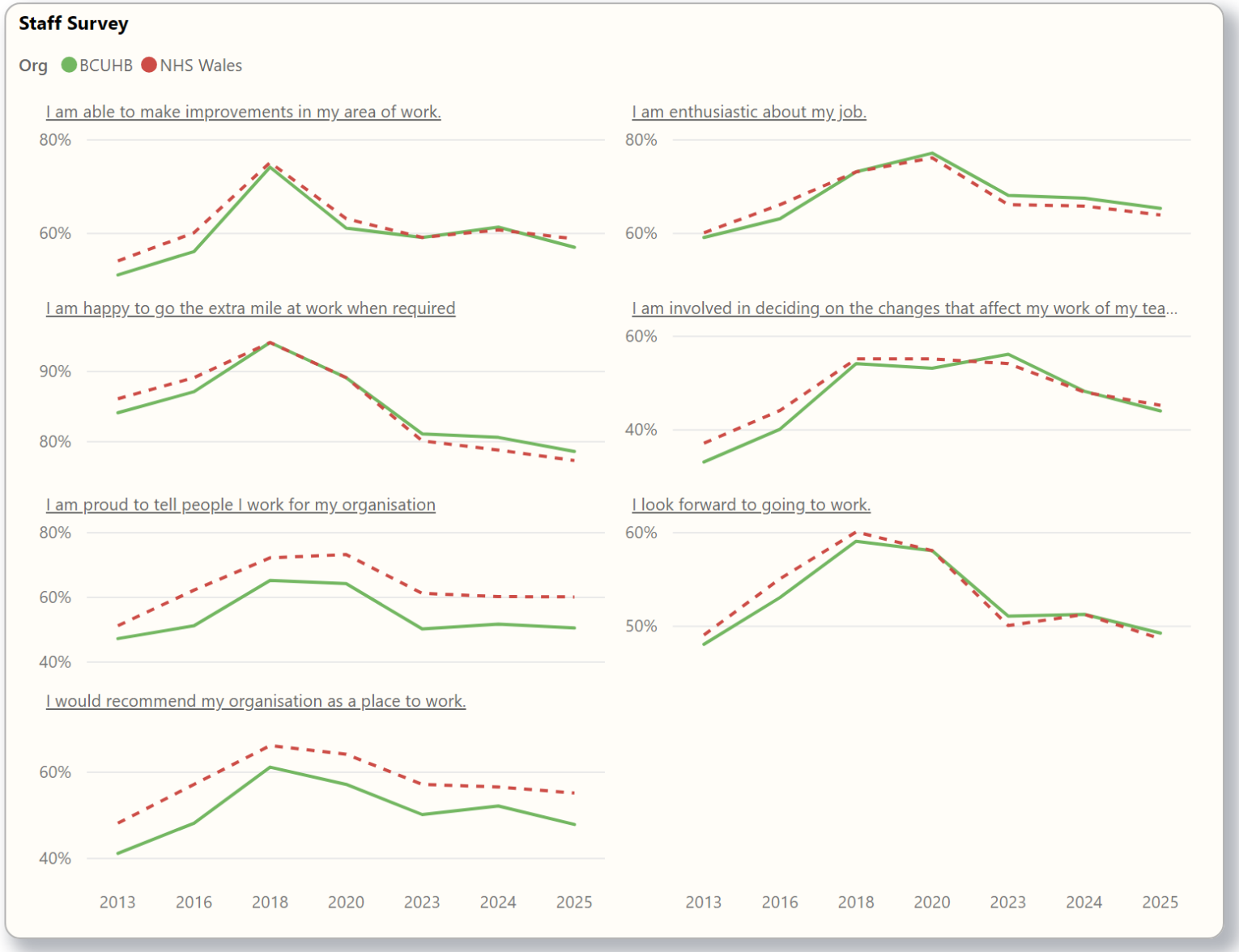
Coaching Supervision & CPD	2025/2026		2026/2027	
	Q3	Q4	Q1	Q2
CPD Workshops	**x**	**1**	**1**	**1**
Supervision	**x**	**1**	**1**	**1**

Culture and Engagement

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results



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

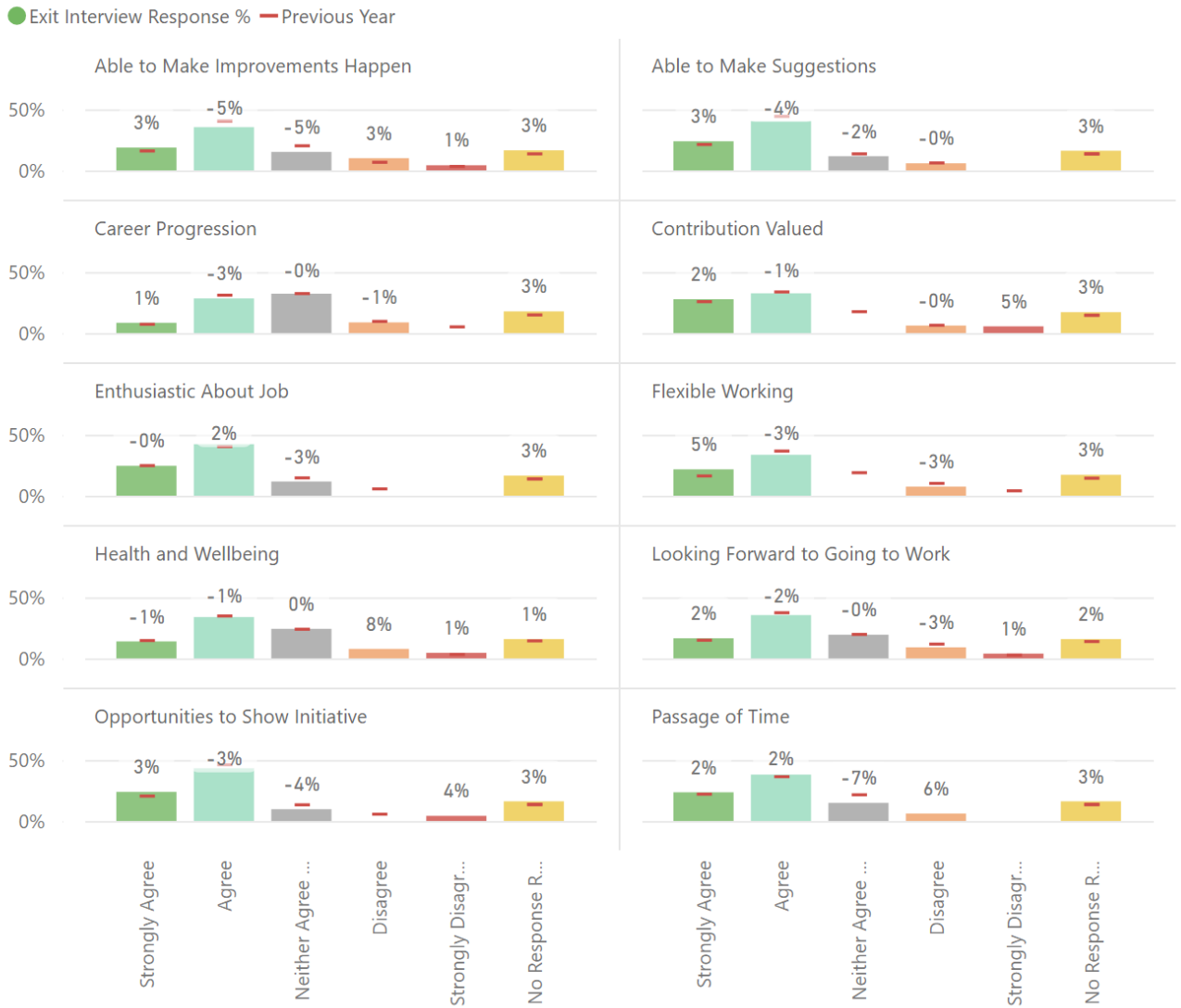
Analysis: Staff engagement results show a continued decline in positive responses across all seven key engagement questions since 2018, reflecting a trend that is broadly consistent with the wider NHS Wales position. All seven measures recorded lower positive response rates in the 2025 survey compared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

Data Source : NHS Wales Staff Survey App for 2024 & 2025 data. All other data supplied by Organisational Development Team

Exit Interviews

BCU Data as at June 26

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



Exit Questionnaire Questions

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

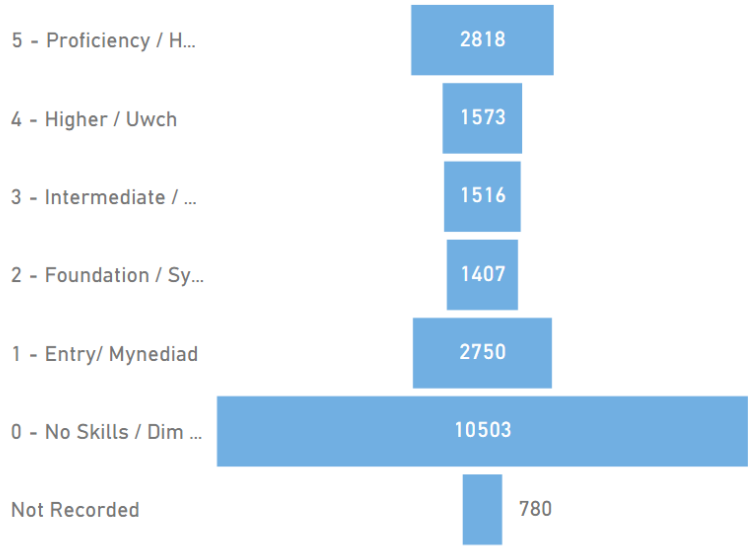
Analysis: Exit interview feedback remains generally positive, with respondents reporting favourable experiences across most areas. The highest level of positive feedback related to opportunities to show initiative, with 67% of respondents providing a positive response. The area attracting the greatest level of concern was the ability to make improvements happen, where 14% of respondents expressed a negative view.

Data Source : ESR

Welsh Language Skills

BCU Data as at June 26

Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	243	2752	765	362	362	197	378	5059
Health Community East (HCEX) L4	161	3665	604	184	197	121	186	5118
Health Community West (HCWX) L4	149	798	401	307	429	731	1278	4093
Integrated Clinical Delivery - Primary Care (ICDP) L4	9	93	27	7	18	13	37	204
Integrated Clinical Delivery - Regional Care (ICDR) L4	80	746	206	104	101	100	212	1549
Mental Health & LDS (MX00) L4	44	1065	327	176	192	168	291	2263
Midwifery and Womens Services (WXXX) L4	30	391	80	61	41	59	126	788
Corporate Services	64	993	340	206	176	184	310	2273
Total	780	10503	2750	1407	1516	1573	2818	21347



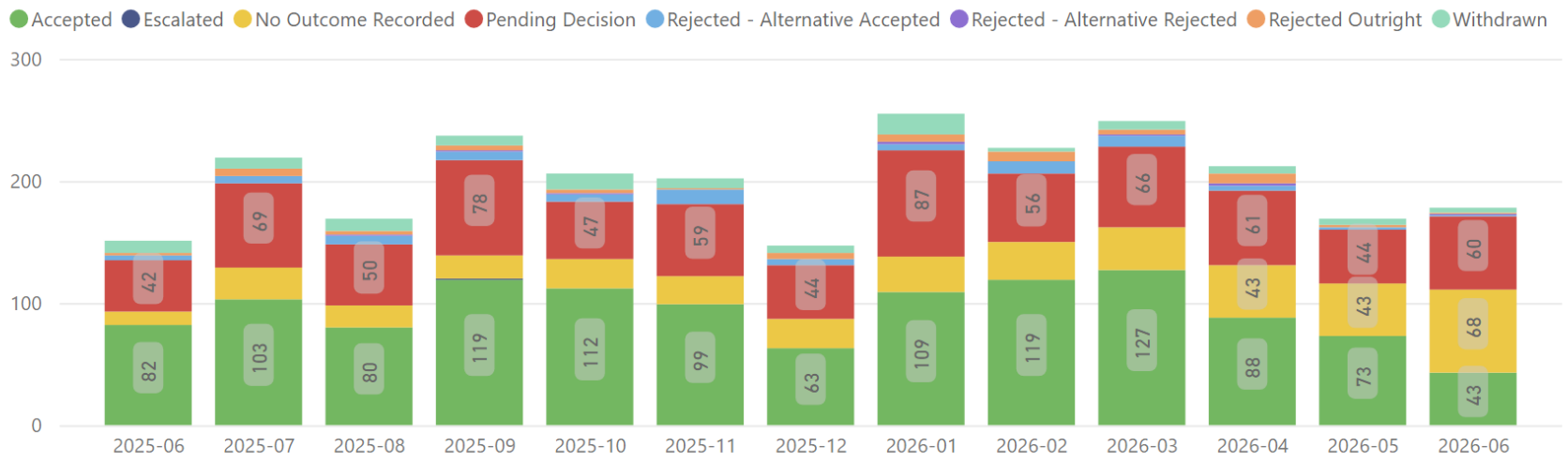
Analysis: The quality of Welsh language data recorded on ESR continues to improve, with the number of employees without a recorded Welsh language skill declining from 797 in April 2026 to 780 in June 2026. This means that 3.7% of the workforce currently have no Welsh language competency recorded on the system. Despite this improvement, 10,503 employees, representing 49.2% of the workforce, do not currently have any level of Welsh language proficiency recorded. There remains significant variation across localities, with 49.1% of staff within IHC West recorded as having Welsh language skills at either a higher or proficient level, compared to just 6.0% within IHC East. Across the organisation as a whole, 20.6% of employees are recorded as having Welsh language skills at these levels.

Data Source : ESR

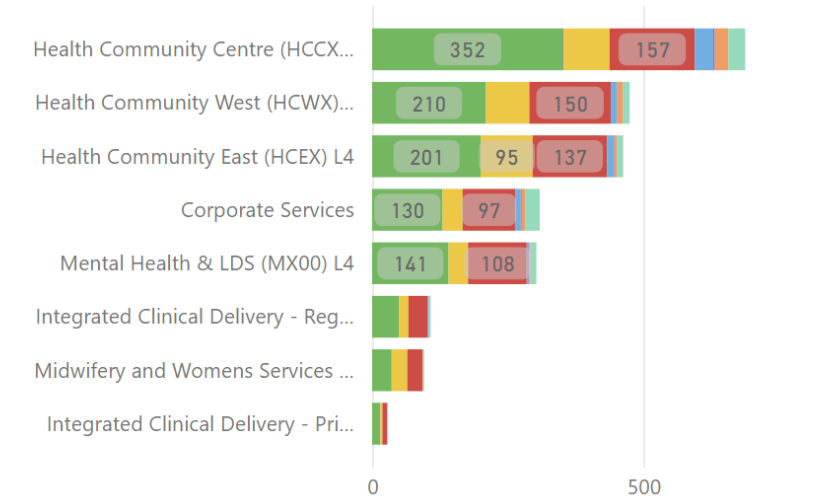
Flexible Working Requests

BCU Data as at June 26

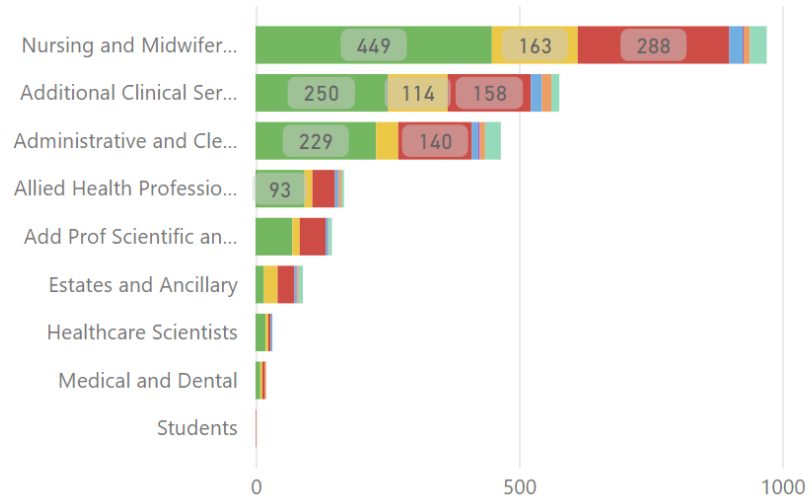
ESR Flexible Working Requests by Date Submitted



ESR Flexible Working Requests by IHC Submitted Jul 2025 to Jun 2026



ESR Flexible Working Requests by Staff Group Jul 2025 to Jun 2026



Flexible working data is likely to be incomplete as requests can be submitted outside of ESR via paper forms, meaning recorded increases may reflect improved use of ESR rather than a genuine rise in applications. In addition, a large number of requests remain recorded as 'pending decision' for more than six months, suggesting gaps in data recording and highlighting the need for improved monitoring and governance of flexible working requests.

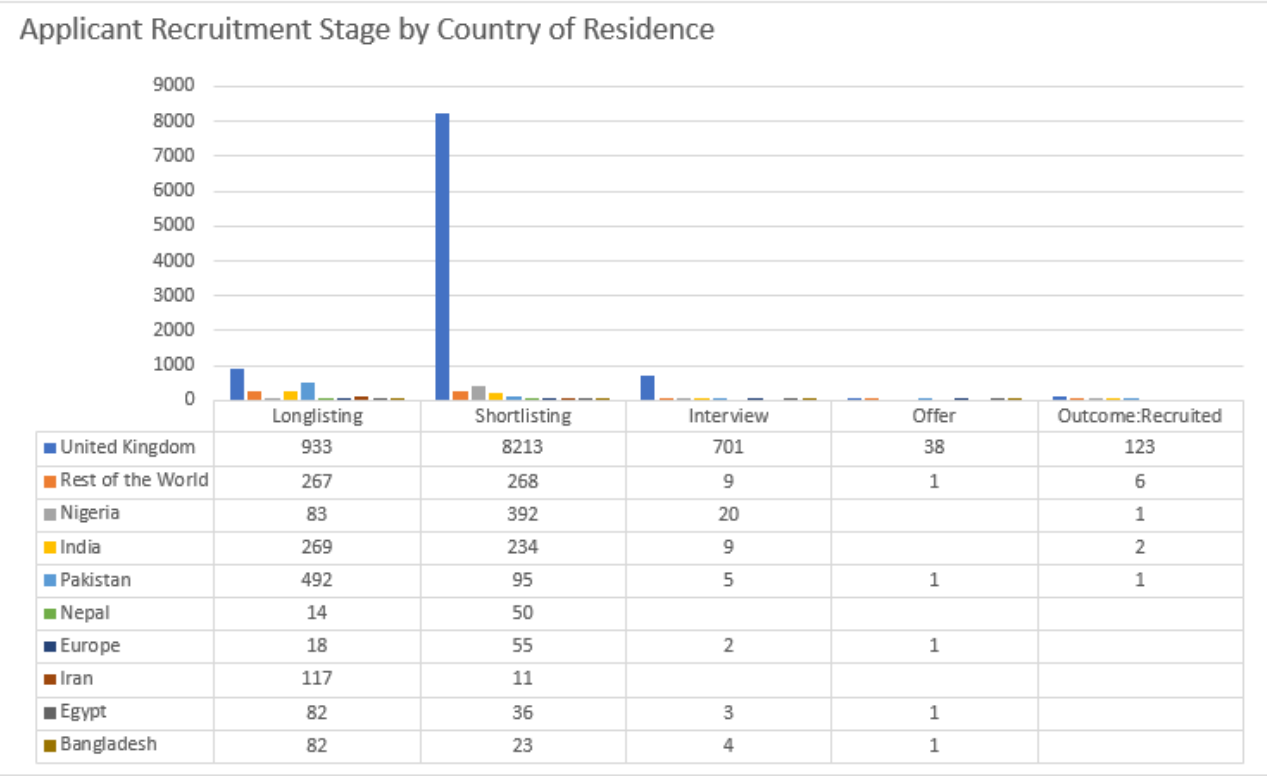
Analysis: Between July 2025 and June 2026, BCUHB received 2,470 flexible working requests, of which 46% were approved, 29% remain pending decision, and 16% have no recorded outcome. IHC Centre received the highest number of requests, while Nursing & Midwifery submitted the greatest volume overall. Approval rates varied across services, ranging from 51% in IHC Centre to 38% in Midwifery & Women's Services.

Challenges: Recording and monitoring of flexible working arrangements remains a challenge, with some arrangements not consistently recorded on ESR, limiting the accuracy of available data. In Mental Health & Learning Disabilities, a significant number of flexible working requests remain recorded as 'pending decision', creating challenges in oversight and reporting. There are also occasional challenges associated with flexible working requests and related employment processes, including appeals.

Progress: People Services continues to actively promote flexible working and support managers in reviewing existing arrangements to ensure they meet both service and employee needs. Work is underway to improve the accuracy of ESR records through data-cleansing exercises and increased manager engagement. Flexible working requests are being routinely discussed with managers, and efforts continue to encourage the use of ESR to improve recording, monitoring and governance of flexible working arrangements.

Data Source : ESR

Overseas Recruitment



	Longlisting	Shortlisting	Interview	Offer	Outcome:Recruited
United Kingdom	933	8213	701	38	123
Rest of the World	267	268	9	1	6
Nigeria	83	392	20		1
India	269	234	9		2
Pakistan	492	95	5	1	1
Nepal	14	50			
Europe	18	55	2	1	
Iran	117	11			
Egypt	82	36	3	1	
Bangladesh	82	23	4	1	

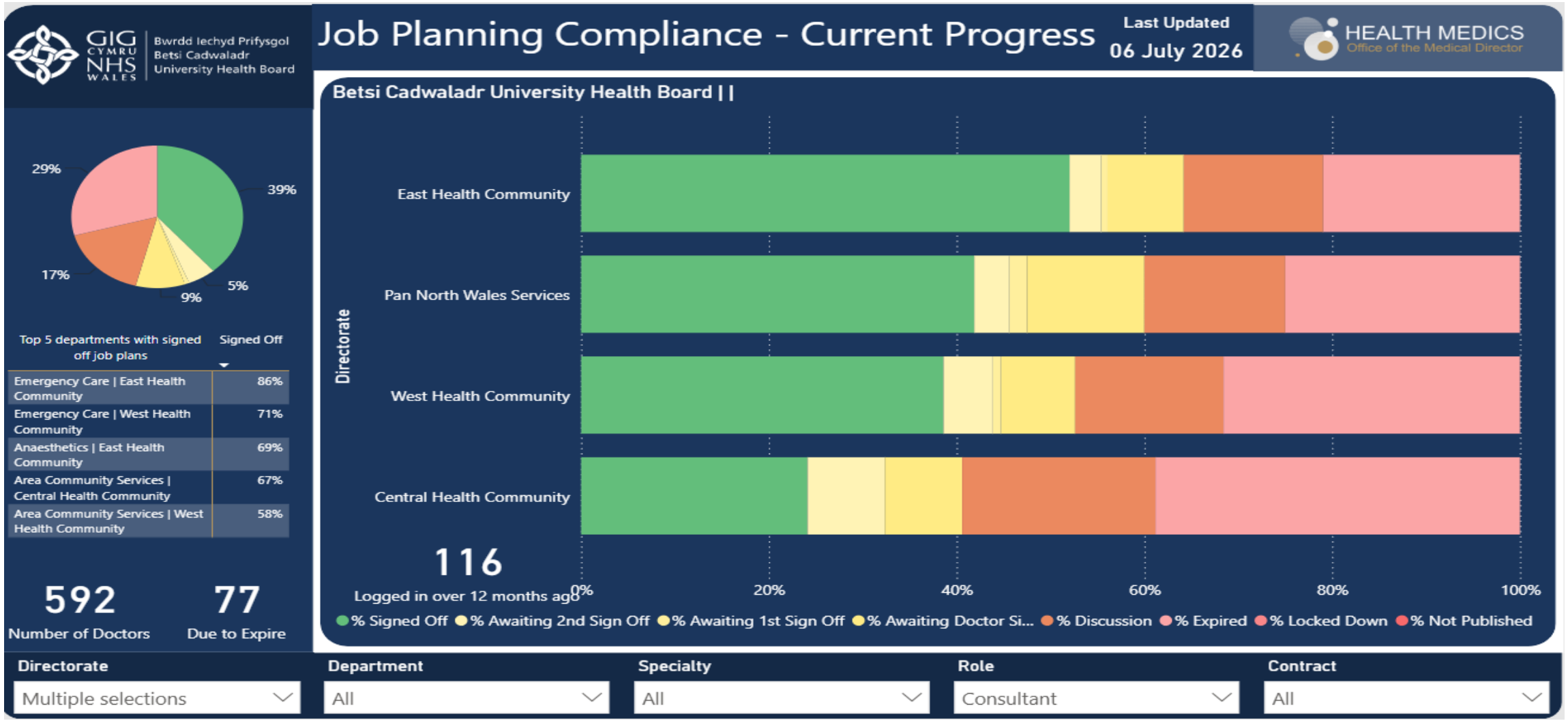
Country Group	Longlisting	Shortlisting	Interview	Offer	Recruited
United Kingdom	7.37%	64.86%	5.54%	0.30%	0.97%
Rest of the World	2.11%	2.12%	0.07%	0.01%	0.05%
Nigeria	0.66%	3.10%	0.16%	0.00%	0.01%
India	2.12%	1.85%	0.07%	0.00%	0.02%
Pakistan	3.89%	0.75%	0.04%	0.01%	0.01%
Nepal	0.11%	0.39%	0.00%	0.00%	0.00%
Europe	0.14%	0.43%	0.02%	0.01%	0.00%
Iran	0.92%	0.09%	0.00%	0.00%	0.00%
Egypt	0.65%	0.28%	0.02%	0.01%	0.00%
Bangladesh	0.65%	0.18%	0.03%	0.01%	0.00%
Grand Total	**18.61%**	**74.05%**	**5.95%**	**0.34%**	**1.05%**

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

Analysis: During June 2026, 268 vacancies were moved to outcome, attracting a total of 12,663 external applications. Of these applicants, 21% were residing outside the UK at the time of application. This represents an increase in international interest compared to April 2026, when 13% of applicants for vacancies moved to outcome were based overseas. Despite the rise in overseas applications, appointments continued to be predominantly made from within the UK workforce. Of the 133 external candidates successfully recruited during the period, 123 were UK-based when they submitted their application.

Data Source : TRAC

Consultant Job Planning

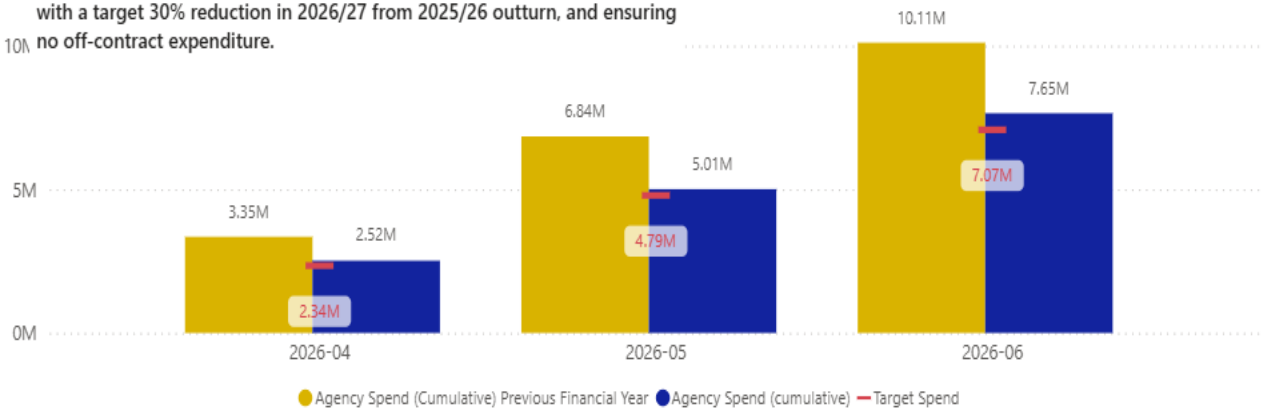


Analysis: Consultant Job Planning compliance currently stands at 39% across BCUHB, with performance remaining unchanged since April. IHC East continues to report the highest compliance rate at 52%, while IHC Centre has the lowest level of compliance at 24%.

Data Source : Allocate eJobPlan

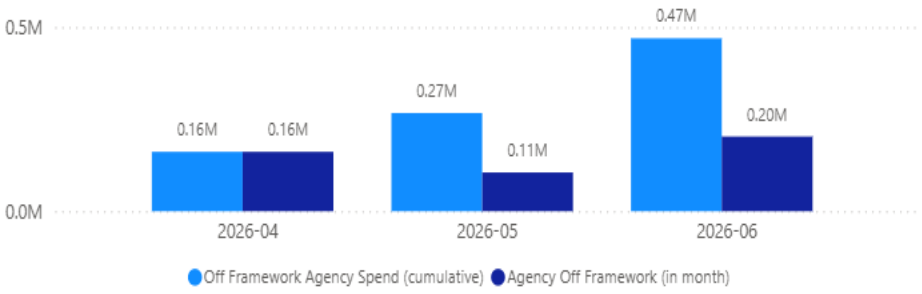
Enabling Actions

Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2026/27 from 2025/26 outturn, and ensuring no off-contract expenditure.



Month	Target Agency Spend	Agency Spend (cumulative)	Agency Reduction year on year (cumulative)	Agency Spend (in month)
2026-04	2,343,395	2,515,683	-25%	2,515,683
2026-05	4,790,101	5,008,126	-27%	2,492,443
2026-06	7,074,387	7,650,182	-24%	2,642,056

Off Framework Agency Spend



Month	On Framework (cumulative)	Off Framework (cumulative)	Unknown Framework (cumulative)	On Framework (in month)	Off Framework (in month)	Unknown Framework (in month)
2026-04	2,219,100	161,368	135,215	2,219,100	161,368	135,215
2026-05	4,298,097	266,670	443,359	2,078,997	105,302	308,144
2026-06	6,900,422	469,608	280,152	2,602,325	202,938	-163,207

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

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

Staff Groups		2026-04	2026-05	2026-06
Estates & Ancillary	Agency Spend (cumulative)			5,042
	Agency Spend (in month)			5,042
Administrative & Clerical	Agency Spend (cumulative)	2,545	-4,018	-846
	Agency Spend (in month)	2,545	-6,563	3,172

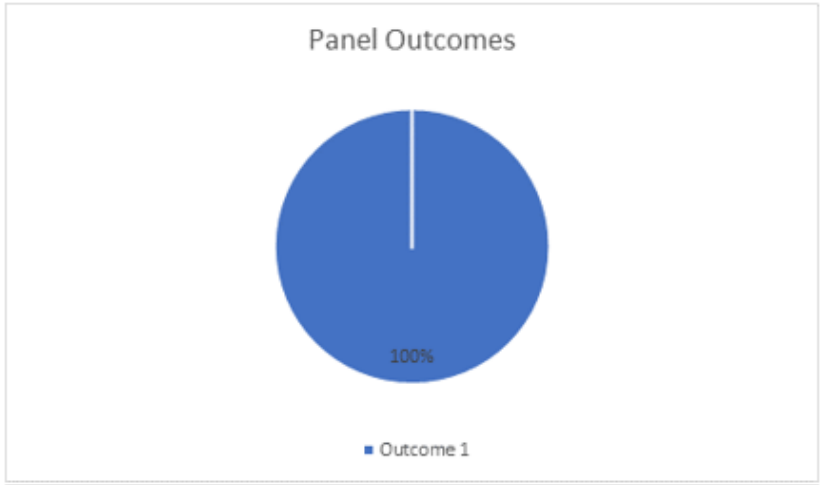
Analysis: At the end of Quarter 1, agency expenditure had reduced by 24% compared to the same period in 2024/25, demonstrating continued progress in reducing reliance on temporary staffing. The most significant improvement has been seen within Nursing & Midwifery, where agency spend has decreased by 48%, while Medical agency expenditure has fallen by 10%.

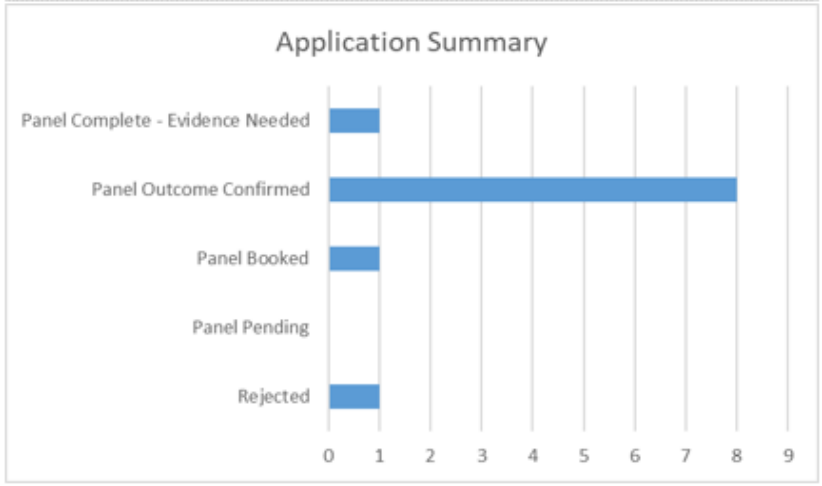
Performance across other staff groups is mixed. Additional Professional Scientific & Technical and Allied Health Professional staff groups have achieved reductions in agency spend of 30% and 17% respectively. However, Healthcare Scientists have seen agency expenditure increase by 16% compared to the previous year.

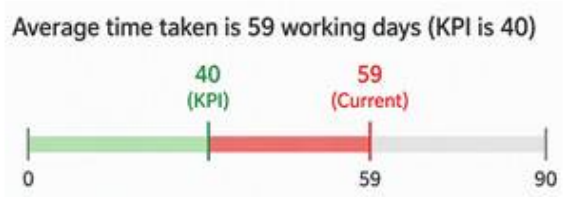
Although overall agency usage has reduced, some off-framework agency spend remains, with a significant proportion relating to Medical staffing within Gastroenterology services in IHC Centre.

Data Source : QlikSense

SAS Regrades







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

Progress: In June 2026, responsibility for panel coordination transferred to the Policies Team, providing greater oversight and consistency of the process.
Average processing time is currently 59 working days. Whilst this is slightly above the 54 working days reported in May, performance remains significantly improved from the previous baseline of 90 working days. The revised panel arrangements and expanded panel membership are expected to support further reductions in turnaround times as work continues towards achievement of the 40-day KPI.

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

People and Culture Committee

INTEGRATED LEADERSHIP DEVELOPMENT FRAMEWORK UPDATE PAPER JULY 2026

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Rebecca Testa, Head of Organisational Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo, Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This report provides assurance on the implementation of the Integrated Leadership Development Framework (ILDF) and progress against the 2025/26 Annual Plan objectives relating to leadership development and compassionate leadership.

The ILDF forms a key component of the Health Board's Culture, Leadership and Engagement Improvement Plan and supports delivery of the Welsh Government Special Measures Framework, Annual Plan and IMTP objectives.

During 2025/26, all planned leadership development objectives have been achieved or substantially achieved. Significant progress has been made in establishing a comprehensive leadership development offer across six pathways, supported by targeted leadership programmes, workshops, coaching and mentoring resources, the Leadership Hub and the People Managers Forum.

Evaluation evidence demonstrates positive outcomes in leadership confidence, compassionate leadership behaviours, communication, coaching capability, reflective practice, team leadership and change management.

Participation across leadership programmes continues to increase and participants consistently report applying learning within the workplace. The Committee is asked to take assurance from the progress made during 2025/26 and note the priorities for 2026/27.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
BCUHB Board	September 2023	Endorsement of the Integrated Leadership Development Framework
Organisational Development Steering Group	May 2024	Approved ILDF Implementation plan.
Local Partnership Forum	Quarterly updates 2024 - present	ILDF updates included as part of the Workforce report

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
ILDF	Integrated Leadership Development Framework
IMTP	Integrated Medium-Term-Plan
HEIW	Health Education and Improvement Wales
PMF	People Managers Forum
IHC	Integrated Health Community

1. Situation

The Health Board continues to implement the Integrated Leadership Development Framework as its primary approach to strengthening leadership capability, compassionate leadership behaviours, staff engagement and organisational culture.

This report provides assurance on delivery of the 2025/26 leadership development objectives and outlines priorities for 2026/27.

2. Background

The ILDF was endorsed by the Board in September 2023 and its implementation plan approved by the Organisational Development Steering Group in May 2024. The framework comprises six leadership pathways supporting staff from introductory leadership development through to advanced leadership programmes for senior and clinical leaders. Implementation of the framework supports delivery of the Health Board's Culture, Leadership and Engagement Improvement Plan, Annual Plan, IMTP and Welsh Government Special Measures requirements.

3. Specific Matters for consideration

The Committee is asked to note that:

Annual Plan Delivery

All seven leadership development objectives within the 2025/26 Annual Plan have been achieved or substantially achieved.

Key achievements include:

- Launch of compassionate leadership and coaching workshops.
- Implementation of the Mynydd Mawr – Fundamentals of Leadership and Management Programme.
- Delivery of two cohorts of the Glyder Fawr Advanced Clinical Leadership Programme, supporting 49 senior clinical leaders between 2024 - 2026.
- Review and enhancement of the Coaching Network.
- Launch of a BCUHB Mentoring Toolkit.
- Introduction of the Moel Famau – Learning to Lead and Manage Programme.
- Development of the BCUHB Leadership Hub.
- Continued growth of the People Managers Forum.

Impact

Programme evaluations consistently demonstrate:

- Increased leadership confidence.
- Improved self-awareness and reflective practice.
- Enhanced communication and coaching skills.
- Strengthened compassionate leadership behaviours.
- Improved ability to manage teams and change.

The People Managers Forum has further strengthened leadership development with:

- 1,634 live attendees.
- 1,832 recording views.
- Consistently positive participant feedback.

Overall evaluation evidence demonstrates that leadership development activity is translating into improvements in leadership capability and workplace practice.

4. Key Risks / Matters for Escalation

No significant risks requiring escalation have been identified.

The principal risk remains that leadership capacity and capability improvements are not sustained or consistently accessed across all staff groups. Mitigating actions include:

- Continued investment in ILDF pathways.
- Development of leadership compliance and participation dashboards.
- Targeted engagement across underrepresented services.
- Increased local ownership through IHC and Executive engagement.

Overall risk is reducing as leadership infrastructure and participation continue to strengthen.

5. Next Steps 26/27

Building on the progress achieved during 2025/26, the focus for 2026/27 will be on embedding, scaling and evaluating the Integrated Leadership Development Framework (ILDF) to maximise organisational impact.

Key priorities include:

- Embedding Leadership Development through continued implementation of the Culture, Leadership and Engagement Improvement Plan, strengthening leadership visibility, accessibility and compassionate leadership behaviours across the organisation.

- Improving Equity of Access and Participation by increasing engagement from underrepresented staff groups and services and, where feasible, delivering programmes closer to staff workplaces to improve accessibility.

- Increasing Organisational Ownership through enhanced engagement with Integrated Health Communities (IHCs), HR Business Partners, the Culture Team and Executive-led forums to promote leadership development and shared accountability.

- Strengthening Evaluation and Impact Measurement through adoption of the Kirkpatrick Evaluation Model and establishment of a stakeholder evaluation group to better demonstrate behavioural change, workplace impact and organisational outcomes.

- Aligning the ILDF with the NHS Wales National Leadership and Management Competency Framework, supporting BCUHB's role as an early adopter and ensuring leadership development remains aligned to national best practice.

- Developing Leadership Performance Metrics including a leadership development compliance dashboard to support participation monitoring, gap analysis and programme completion reporting.

These actions will support the continued development of a compassionate, inclusive and high-performing leadership culture and contribute to the Health Board's wider organisational improvement priorities.

6. Recommendations

The Committee is asked to:

1. **TAKE ASSURANCE** that the Integrated Leadership Development Framework is delivering against the 2025/26 Annual Plan objectives.

2. **NOTE** the positive impact of leadership development activity on leadership capability, compassionate leadership and organisational culture.

3. **SUPPORT** the priorities for 2026/27, including further embedding the framework, strengthening evaluation and aligning programmes to the NHS Wales National Leadership and Management Competency Framework.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This work supports mitigation of workforce, culture and leadership risks identified within the Board Assurance Framework and contributes to delivery of the Welsh Government Special Measures Framework.

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

Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☐
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	

Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Prosperous Wales A Healthier Wales A more Equal Wales A Wales of Cohesive communities	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☐
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Choose an item.	
Enw Da **Reputational**	Choose an item.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Choose an item.	

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

People and Culture Committee

SPEAKING UP SAFELY QUARTERLY REPORT – Q1 2026/27

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Tracey Eccles – Speaking Up Safely Lead Guardian Rebecca Testa – Head of Organisational Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo, Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

This quarterly report provides an update on concerns raised through the Speak Up Safely Service during Quarter 1, April to June 2026. The report highlights a significant increase in staff use of speaking up routes, with concerns rising by 78% compared with the previous quarter, and 72% of concerns received through the anonymous Working in Confidence platform. This may indicate growing awareness and confidence in the service, alongside the impact of the revised referral process introduced in March 2026, which now requires all concerns to be recorded through the platform.

The main themes continue to relate to leadership and management, bullying and harassment, workplace relationships, communication, and barriers to speaking up. Leadership and management concerns remain the most frequently reported category, accounting for 35% of concerns, while bullying and harassment accounts for 25%. Staff continue to describe concerns about potential detriment, reprisal, delayed responses and a perception that speaking up may not lead to meaningful change, demonstrating the continued importance of compassionate leadership, timely feedback and visible action.

There has been improvement in responsiveness and case management. Average response times have reduced from 2.5 working days to 2 working days, and average closure times have reduced to 24 days, which is within the Welsh Government Speak Up Safely Framework expectation that staff receive communication regarding outcomes within 28 days.

The report also notes good progress in addressing the recommendations from the Internal Audit review, which concluded with a Limited Assurance opinion. Actions progressed include strengthened data capture and reporting, quarterly reporting to the People and Culture Committee and Local Partnership Forum, development of a Standard Operating Procedure, escalation process and referral flowchart, and the introduction of mandatory staff feedback when cases are closed.

Further work will continue during Quarter 2 to strengthen governance, improve visibility of the Speak Up Safely Guardian role, support Workplace Speak Up Safely Guardians and Champions, increase staff engagement through roadshows and organisational forums, and promote a culture of openness, transparency, psychological safety and compassionate leadership across BCUHB

Members are asked to:

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

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	29/07/2026	For noting

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

This quarterly report presents cases raised with the Speak Up Safely Service between April and June 2026 (Quarter1). Its purpose is to provide an overview of the speaking up culture across Betsi Cadwaladr University Health Board (BCUHB), highlighting key themes, trends, challenges, and opportunities for improvement. The report supports organisational learning, promotes a culture of openness and transparency, and helps ensure that concerns raised by staff are addressed effectively, appropriately, and in a timely manner.

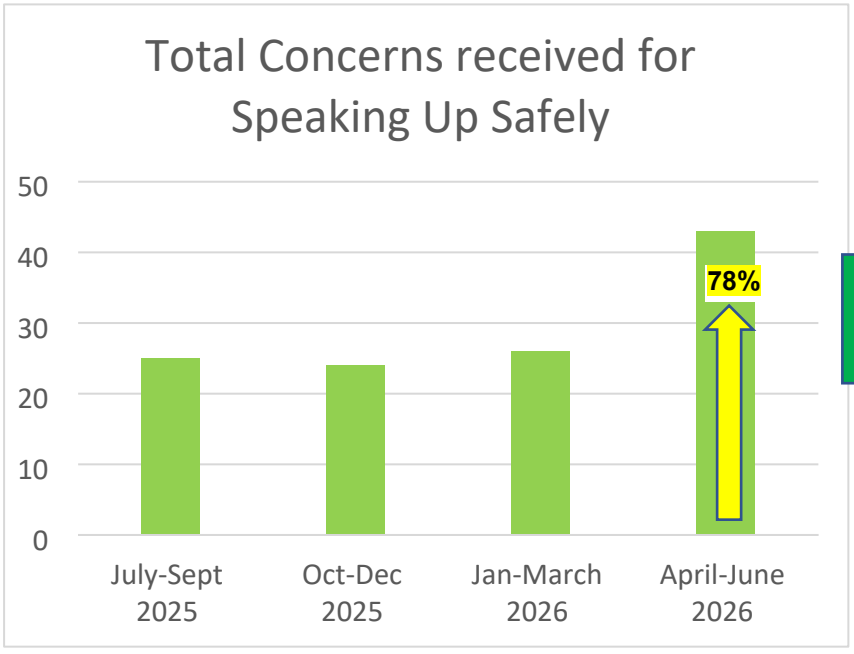
Key findings:

1. **Increase in Concerns Raised:**

During 1st April and 30th June 2026 concerns were received through the following routes:

- Working in Confidence Anonymous Platform – 72%
- Guardian or other Inbox - 23%
- Guardian Via Telephone Call – 5%
- Guardian Face to face conversation – 1%.

Over the last 3 months this quarterly report identifies a significant increase (78%) of Speaking Up Safely concerns received from Staff members and illustrated within the *table below:*



Average time to respond to a concern has decreased to 2days (50%)

Average time to close a concern has decreased by 51% to 24 days

Current ongoing speak up conversations/cases open after 30 days is 21

Data Source: 'Working in confidence' Platform June 2026

The data shows a 38% increase in concerns submitted through the anonymous Working in Confidence (WIC) platform. While this may reflect growing confidence in the available speaking up mechanisms, it is also likely to have been influenced by the revised referral process introduced in March 2026, which requires all concerns to be recorded through the WIC platform, improving the completeness and accuracy of data collection.

It is important to note that approximately 16% of concerns submitted via the anonymous platform involved additional engagement through confidential telephone or Microsoft Teams conversations. This demonstrates that, whilst anonymity remains important to many individuals, there is also value in providing opportunities for direct discussion and support where required.

Overall, the reporting period saw a 78% increase in Speak Up Safely concerns raised by staff compared to the previous quarter. This notable rise, illustrated in the table below, may reflect a combination of increased awareness of the service, growing confidence in speaking up, improved accessibility of reporting routes, and ongoing efforts to foster a culture of openness, transparency, and psychological safety across the organisation.

2. Emerging Themes from Ysbyty Glan Clwyd:

During June 2026, the Speak Up Safely Service recorded an increase in concerns originating from Ysbyty Glan Clwyd (YGC). More than 25% of all concerns received during this period related specifically to leadership, management, and cultural issues within the Accident and Emergency Department. A separate thematic report summarising the key issues, themes, and findings was submitted to the Central Integrated Health Community (IHC) and relevant leads within Organisational Development and People Services, with a request for a formal response within 28 days.

Analysis of concerns raised through the Working in Confidence (WiC) platform identified a recurring theme of staff withholding important information due to fears of reprisal, adverse treatment, or negative consequences. Many individuals specifically requested that their identities remain confidential and that personal details not be shared. This highlights the importance of providing safe and trusted mechanisms for speaking up. The WiC platform offers a secure and independent route for staff to raise concerns anonymously, particularly in situations where other reporting avenues have been exhausted and concerns remain unresolved.

3. Improved Response Rates and Resolution Times:

Response and case closure times have continued to improve significantly during this reporting period. Average response times have reduced from 2.5 working days to 2 working days, enabling more timely engagement and support for staff who raise concerns.

In January 2026, the average closure time for concerns raised through the Working in Confidence (WiC) platform was 56 days, representing a 28% reduction compared with the average closure time recorded during 2025. Performance has continued to improve throughout 2026, with the current average closure time now reduced to 24 days.

This sustained improvement places Betsi Cadwaladr University Health Board within the expectations of the Welsh Government Speak Up Safely Framework (2023), which recommends that staff who raise concerns receive communication regarding the outcome of their case within 28 days. The reduction in closure times demonstrates the organisation's commitment to responding to concerns in a timely manner and maintaining staff confidence in the speaking up process.

4. Increased Staff Engagement and Awareness:

Registration on the Working in Confidence (WiC) platform has increased by a further 43 staff members during this reporting period, bringing the total number of registered users to 575. This represents approximately 3.7% of the BCUHB workforce and demonstrates continued engagement with the platform as a trusted mechanism for raising concerns and seeking support.

Promotion of the Speak Up Safely Service continues through the corporate induction programme, ensuring that all new starters receive information on the speaking up routes available to them, the support on offer, and the importance of raising concerns in a timely manner.

In addition, a wider organisational communications campaign is being developed to further increase awareness and visibility of the Speak Up Safely Service. Following the creation of a newly designed BCUHB Speak Up Safely poster, and subject to final approval, promotional materials will be rolled out across the Health Board. This initiative aims to strengthen awareness of available speaking up mechanisms, promote psychological safety, and encourage staff to raise concerns with confidence.

To further enhance visibility and accessibility, the Speak Up Safely Guardian will be attending a series of staff roadshows and engagement events across the organisation during the next quarter. These events will provide opportunities for staff to learn more about the Speak Up Safely Service, discuss concerns, seek advice, and promote a culture where speaking up is valued and supported.

5. Leadership and Management

Concerns relating to Leadership and Management remain the most frequently reported theme within Speak Up Safely data, accounting for 35% of all concerns raised during this reporting period. This represents a 14% increase compared with the previous quarter and

suggests ongoing challenges relating to leadership behaviours, management practices, communication, and staff engagement within some areas of the organisation. While concerns are not concentrated within a single service, the findings highlight the importance of continued investment in leadership development, compassionate leadership, and initiatives that promote positive workplace cultures and psychological safety.

6. Bullying and Harassment

Concerns associated with Bullying and Harassment remain the second most reported theme, accounting for 25% of all concerns received. This represents a 5% increase from the previous reporting period and continues to be a significant area of concern.

7. Staff Safety and Workplace Relationships

The most notable reduction in reported themes was observed within Staff Safety concerns, which decreased by 7%, alongside a 3% reduction in concerns categorised as Relationships and Behavioural Issues.

Whilst this reduction is encouraging, it is important to recognise that relationship and behavioural concerns are frequently reported within cases categorised primarily as Leadership and Management Issues. As such, the actual prevalence of workplace relationship concerns may be higher than reflected within the headline thematic data.

8. Barriers to Speaking Up

A more detailed review of case data, including analysis of narrative content and themes emerging from case discussions, indicates that many staff continue to express concerns about potential detriment, reprisal, or negative consequences associated with raising issues within the organisation.

There also remains a perception amongst some staff that speaking up will not lead to meaningful change or improvement. This lack of confidence represents a significant barrier to reporting and may discourage individuals from using established organisational routes, contributing instead to the increased use of anonymous reporting mechanisms.

The analysis further highlights that lengthy investigations, delayed outcomes, and a lack of regular feedback can contribute to anxiety and uncertainty for those who raise concerns, negatively impacting their wellbeing and overall experience of the process.

A recurring theme identified through case discussions is that a primary contributing factor in an individual deciding to raise a concern through the Speak Up Safely Service is the absence of a response after other reporting routes have been explored. Staff frequently report that concerns have been raised previously but that they have received little or no feedback on the outcome or actions taken. This can lead to concerns being re-raised

through the Speak Up Safely Service and, inevitably, requires organisational resources to revisit and repeat previous investigations or fact-finding exercises.

7. Impact of Delayed Processes

Lengthy investigations, protracted organisational processes, and delays in receiving feedback continue to contribute to staff anxiety and negatively affect the wellbeing of those raising concerns.

Concerns are escalated to the Speak Up Safely Service because individuals feel they have received little or no response after pursuing other available channels. In many cases, this can result in the duplication of investigation activity, fact-finding exercises, and management interventions, placing additional demands on organisational resources and delaying resolution further.

8. Workplace Relationships and Communication

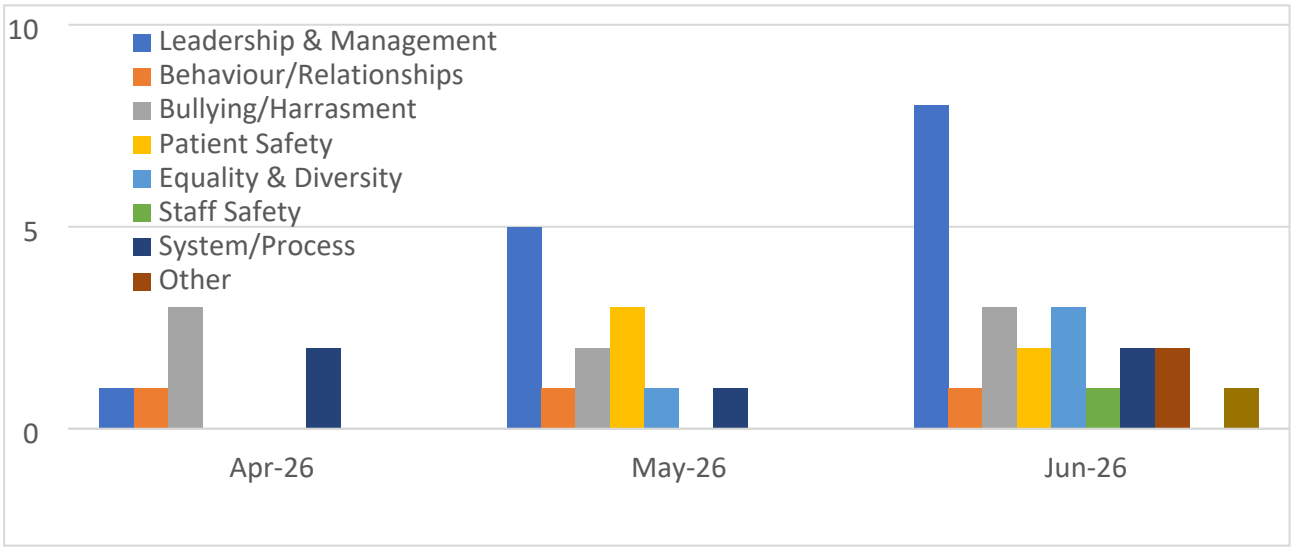
Difficult or fractured relationships between staff and their colleagues or line managers continue to feature prominently within concerns raised. Communication breakdowns, unresolved conflict, and a lack of constructive engagement often contribute to deteriorating working relationships, which inevitably has a detrimental effect on the culture within the organisation.

9. Compassionate Leadership and Staff Experience

A recurring theme within concerns raised is the perceived lack of compassionate and supportive responses from some managers and senior leaders. Staff report that dismissive, defensive, or empathetic responses can reinforce the belief that “nothing will change”, reducing confidence in speaking up and potentially discouraging future concerns from being raised. These findings underline the importance of compassionate leadership and creating a culture where staff feel listened to, valued, and supported.

The following Pie Chart illustrates the percentage of conversations by category with the following table indicating the concerns reported by month.

Percentage of Conversations by Category



Number of Conversations by Month

Internal Audit Update

The Speak Up Safely (SUS) Service within BCUHB was audited during January and February 2026, resulting in an opinion of Limited Assurance. While the process for raising concerns was accessible, the audit identified weaknesses in oversight, case management and feedback mechanisms, limiting assurance that concerns were being managed and resolved effectively in line with statutory and national requirements.

Progress against the Management Action plan is summarised below:

Alignment with the Welsh Government Speak Up Safely Framework
Work commenced in April 2026 to strengthen compliance with the framework, including the introduction of a data capture and reporting template within the Working in Confidence platform. Quarterly reports are now provided to the People and Culture Committee (PCC) and Local Partnership Forum (LPF). In addition, a Standard Operating Procedure, escalation process and referral flowchart have been developed. A paper setting out a formal referral and escalation pathway will be presented to the relevant committees in Quarter 2.

Case Closure, Evaluation and Feedback
Following implementation of a revised case review process in April 2026, average case closure times have reduced significantly and are now within Welsh Government expectations. A mandatory staff feedback element has also been incorporated into the evaluation process to ensure learning and user experience are captured when cases are closed.

Training and Development
Speak Up Safely training is available to all staff through ESR, and information on the service is included within the Corporate Induction Programme for all new starters.

Compliance with the Public Interest Disclosure Act (PIDA)
A scoping framework to strengthen assurance against PIDA requirements will be developed during Quarter 2, with progress reported through the PCC and LPF governance arrangements.

Overall, good progress has been made in addressing the audit recommendations, with further work planned during Quarter 2 to strengthen governance, assurance and compliance.

Next Steps:

- In line with the Welsh Government Speak Up Safely Framework (2023), work will continue to embed and strengthen the visibility of the Speak Up Safely Guardian role across the organisation, alongside the ongoing recruitment, development, and support of Workplace Speak Up Safely Guardians and Champions.

- The Lead Guardian will continue to support collaboration and consistency across Wales through the All-Wales Learning Exchange Group. Key priorities include the development of shared training resources and a Speak Up Safely Maturity Matrix to assess organisational alignment with the Welsh Government framework and inform continuous improvement.

- Over the next quarter, the Speak Up Safely Service will increase its visibility through attendance at staff roadshows, engagement events, and organisational forums across BCUHB, helping to raise awareness and strengthen confidence in speaking up arrangements.

- The Speak Up Safely Service will continue to promote psychological safety, openness, transparency, and responsiveness across BCUHB, while supporting the development of compassionate leadership and ensuring that speaking up remains embedded within organisational culture, priorities, and improvement programmes.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	N/A

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

	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Prosperous Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	Choose an item.	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Speaking Up Safely

Internal Audit Report

2025/26

Betsi Cadwaladr University Health Board

Limited Assurance

Contents

Review Reference	BCU-2526-25
Fieldwork	January - February 2026
Executive Sign Off	April 2026
Audit Committee	June 2026
Executive Lead	Debbie Eyitayo, Executive Director of People Services & OD
Audit Team	Dave Harries, Head of Internal Audit
	Nicola Jones, Deputy Head of Internal Audit
	Ossama Lotfy, Principal Auditor

GIG CYMRU NHS WALES
Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To review the arrangements in place for staff to raise concerns through the Speaking Up Safely process, and how these are reviewed, resolved and reported.

Overview

The Speaking Up Safely (SUS) process is accessible but lacks effective oversight, timely case management, and sufficient feedback mechanisms to provide assurance that concerns are being resolved safely and in line with national and statutory requirements. A process change review, approved in December 2025, was undertaken to ensure alignment with the national framework, however the revised arrangements have not yet been embedded or evaluated, and assurance over their effectiveness cannot yet be demonstrated.

We have concluded **limited** assurance on this area. The matters requiring management attention include:

- Local SUS policies, procedures and guidance are in place but are not yet fully aligned with the national Welsh Government Speaking Up Safely Framework, and the approved process changes have not yet been implemented or embedded.
- The combination of prolonged case durations and limited capture of staff feedback reduces the Health Board's ability to confirm effective resolution of concerns and embed organisational learning.
- The Health Board cannot demonstrate compliance with training requirements set out in the Welsh Government Speaking Up Safely Framework as there is no consistent monitoring or reporting of completion or refresher training for staff and managers.
- Although SUS information is routinely included within the People Services and OD Overview Update Report to the Local Partnership Forum (LPF), there is no further assurance reporting to the People & Culture Committee (P&C), or evidence of meaningful scrutiny or discussion by either the LPF or the P&C Committee.
- Management reported very low engagement with the *Working in Confidence* platform evaluation function during 2025, significantly limiting insight into staff experience of the SUS process. At the same time, management confirmed they cannot evidence compliance with Section 47B of the Public Interest Disclosure Act (PIDA) 1998, which protects staff from detriment after raising a concern.

Full details of matters arising are detailed within the Findings and Agreed Action Plan.

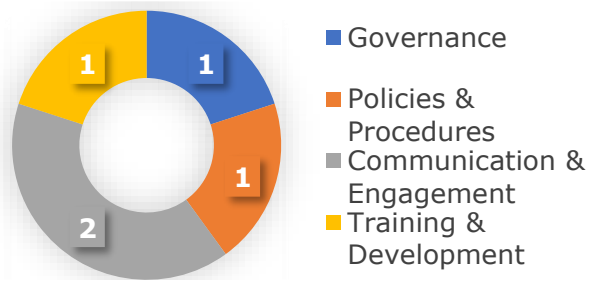
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	The process for staff to raise concerns is clearly documented and subject to regular review.	1	**Reasonable**
2	Staff are aware of the process for raising a concern, and can do so with confidence that they will be fully supported and not suffer detriment as a result.	2	**Limited**
3	Designated contacts responsible for the handling of staff concerns are aware of their responsibilities and have received adequate training to deal with the concerns appropriately.	3	**Limited**
4	Concerns raised by staff are monitored, reviewed and analysed to identify recurring themes or trends, with issues escalated as appropriate.	4,5	**Limited**

Management Actions

4	1
High Priority	Medium Priority

Themes



Risk Types

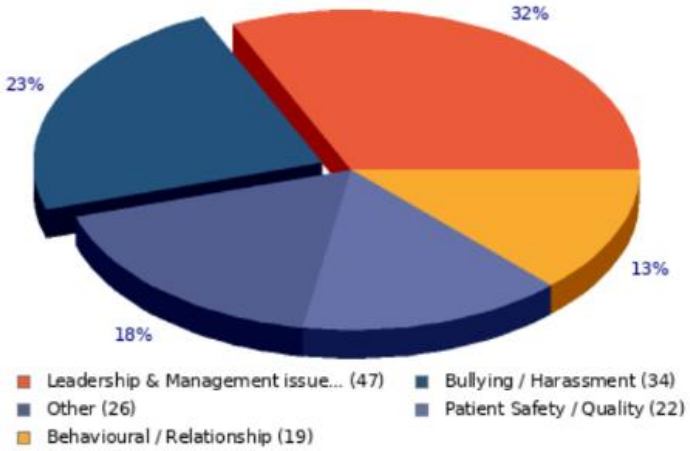
Legal & Regulatory Non-Compliance

Speaking Up Safely - At a Glance

Extract from the Work In Confidence report[1] (1 April 2024 – 31 December 2025) summarises the conversations stated by Category for Speaking Up Safely:

Categories

Your Top 5 Categories



Conversations Started by Category

Category	Number Received
Leadership & Management issue...	47
Bullying / Harassment	34
Other	26
Patient Safety / Quality	22
Behavioural / Relationship	19
Staff Safety	15
Equality, Diversity & Inclusio...	13
System / Process	7
Sexual Safety	1
Total	**184**

Note: Any categories marked as "Inactive" means that they have been removed from the system.

[1] Work In Confidence Conversation Report 2026 for Betsi Cadwaladr University Health Board for the period 01/01/2024 to 31/12/2025 (provided by Health Board)

Findings & Agreed Action Plan

Objective 1: The process for staff to raise concerns is clearly documented and subject to regular review.	**Reasonable**

The Health Board has established a dedicated Speaking Up Safely (SUS) webpage on BetsiNet, which signposts staff to a range of reporting routes, including an external anonymous reporting platform, a dedicated inbox, and direct contact details for the SUS Guardian and multidisciplinary team. Management advise that the reporting process is clearly documented and accessible, with approximately 2% of staff registered on the anonymous platform. Additional measures are in place to support accessibility, including posters with QR codes and contact details for staff with limited IT access, and a small cohort of SUS Champions embedded within services to act as local advocates.

Key All-Wales policies, including *WP4a – Procedure for Staff to Raise Concerns*, *WP84 – Upholding Professional Standards in Wales*, and *WP5 – Respect and Resolution Policy*, are approved through appropriate governance routes and available bilingually. However, the audit identified that existing local procedures and guidance do not consistently reflect the requirements of the national SUS Framework, published in 2023. In particular, prior to a recent review, there was limited clarity around the Guardian's role, referral pathways, and arrangements for recording and monitoring concerns.

A process change review, approved in December 2025, was undertaken to address these gaps and improve alignment with the national framework. An implementation plan has been agreed, covering communication, platform development, mailbox arrangements, and evaluation reporting, with oversight through the People & Culture Committee. As the review was only recently approved, the revised arrangements have not yet been embedded or evaluated.

Management also acknowledged inherent limitations in data collection due to the need to protect anonymity, which may continue to restrict the Health Board's ability to fully assess staff experience and outcomes.

	Key Findings	Risk & Impact	Agreed Management Action
1	**Policies and Procedures** Local Speaking Up Safely policies, procedures and guidance are not yet fully aligned with the national Welsh Government Speaking Up Safely Framework, which was published in 2023, and the approved process changes have not yet been implemented or embedded.	There is a risk that continued misalignment with the national framework may result in inconsistent handling of concerns, reduced staff confidence in the process, and limited assurance to the Board that concerns are managed in line	**Agreed Actions:** The agreed actions address the lack of alignment between local Speaking Up Safely policies and procedures and the Welsh Government Speaking Up Safely Framework, which limits assurance that concerns are managed consistently and in line with national expectations. 1. Update and align the Speaking Up Safely policy, procedures and guidance with the Welsh Government Speaking Up Safely Framework. 2. Evidence compliance through a documented policy-to-framework mapping exercise. 3. Confirm and publish clear referral and escalation pathways and defined roles and responsibilities. 4. Implement proportionate monitoring arrangements with agreed metrics to support oversight and assurance.

		with national expectations.	5. Embed routine reporting to Executive Team and relevant Committees in line with SUS Framework governance requirements. 6. Capture and triangulate learning from Speaking Up Safely cases to inform organisational learning and improvement. 7. Communicate and embed arrangements across the organisation via staff communications and leadership engagement. 8. Review arrangements annually to ensure continued alignment with WG guidance and organisational learning. Implementation of these actions will support consistent handling of concerns, improve staff confidence in Speaking Up Safely arrangements, and provide clearer assurance to the Board of compliance with the Welsh Government framework.
			Expected Evidence of Implementation: Speaking Up Safely policy, procedures and guidance that fully align with the Welsh Government Speaking Up Safely Framework, ensuring clear referral pathways, defined roles and responsibilities, and proportionate monitoring and reporting arrangements.
		Medium Priority	**Officer:** Head Of Organisational Development Speaking Up Safely Lead Guardian **Target Implementation Date:** 31 October 2026
	Theme: Policies & Procedures	Control Design	

Objective 2: Staff are aware of the process for raising a concern, and can do so with confidence that they will be fully supported and not suffer detriment as a result.	**Limited**

Speaking Up Safely (SUS) arrangements are established and accessible through multiple routes, including Datix, line managers, People Services (Workforce), colleagues, Trade Union representatives, and the Working in Confidence anonymous platform. As noted above, several measures are in place to support accessibility, including posters and SUS Champions.

Concerns are logged within the Working in Confidence platform and are accessible only to the SUS Multi-Disciplinary Team (MDT) or Guardian and the staff member raising the concern, supporting confidentiality.

The NHS Wales Speaking up safely framework (Autumn 2023) requires that cases are closed, and outcomes communicated to staff within twenty-eight (28) days. Management information indicates that between 1 January 2024 and 31 December 2025, two hundred and fifty-three (253)

concerns were raised and logged within the Working in Confidence platform. However, average time to close cases as of 31 December 2025 was sixty-five (65) days, significantly exceeding the national target of 28 days.

We reviewed fifteen (15) cases; whilst there was evidence of proactive engagement by the Lead Guardian and management during the case lifecycle, seven (7) cases (47%) exceeded the twenty-eight (28) day target, with closure times ranging from thirty-four (34) to one hundred and fifty-two (152) days. Extended case durations were observed across a range of themes, including leadership and management, bullying and harassment, and sexual safety.

A significant issue identified through our review of information was the absence of recorded staff feedback following case closure. In thirteen (13) of the fifteen (15) cases reviewed (87%), there was no documented evidence that staff members had confirmed whether their concern had been resolved to their satisfaction, although we do note this is often due to staff members not responding.

In the absence of staff feedback, cases might be closed administratively rather than concluded substantively. Closure does not always equate to resolution, and this limits assurance that underlying cultural, behavioural, or safety concerns have been fully addressed.

The NHS Wales Staff Survey (2024) indicated that for the theme of 'speaking up', and sub-theme of 'raising concerns', 57.8% of that staff who completed the survey answered positively, which is an increase in the previous year (56%), but below the NHS Wales average of 60.7%.

Improving oversight of cases exceeding twenty-eight (28) days and ensuring systematic capture of staff feedback is critical to improving assurance, staff confidence, and learning from concerns raised.

	Key Findings	Risk & Impact	Agreed Management Action
2	**Prolonged Case Durations & Limited Capture of Staff Feedback** Speaking Up Safely case closure does not consistently demonstrate that concerns have been resolved to staff members' satisfaction. In the sample of 15 cases reviewed, 13 cases (87%) had no recorded staff feedback following closure, and seven cases (47%) exceeded the 28-day target for communicating outcomes. Average time to close cases as of 31 December 2025 was 65 days, significantly exceeding the national target of 28 days. The combination of prolonged case durations and limited capture of staff feedback reduces the organisation's ability to confirm effective resolution and embed organisational learning. While evidence of engagement and commitment to the Speaking Up Safely process was observed, overall assurance is reduced.	The absence of timely case closure and documented staff feedback creates a risk that concerns are reported as closed without confirmation of effective resolution. This reduces organisational assurance, constrains learning from concerns raised, and increases the likelihood that unresolved issues persist or re-emerge. Over time, this may	**Agreed Action:** The actions below address prolonged Speaking Up Safely case durations and the limited capture of staff feedback, which reduce assurance that concerns are resolved effectively, within national timescales, and to the satisfaction of those raising them. 1. Agree and approve documented Speaking Up Safely case-closure criteria through the People & Culture Delivery Group. 2. Define resolution standards, clearly distinguishing substantive resolution from administrative closure. 3. Set minimum mandatory actions required prior to case closure, including documentation and decision sign-off. 4. Specify escalation triggers, including circumstances requiring extended timescales or senior review. 5. Embed mandatory staff feedback as a prerequisite to case closure. 6. Define escalation routes for cases exceeding the 28-day national target, with clear accountability. 7. Implement reporting to monitor case duration against the 28-day target.

		undermine staff confidence in the Speaking Up Safely process.	8. Identify and escalate overdue or complex cases through routine performance reporting. 9. Undertake trend analysis of prolonged cases and recurring causes of delay to inform service improvement. 10. Provide regular assurance reporting to Executive Team via People and Culture Delivery group and relevant Committee. Collectively, these actions will strengthen assurance over timely case resolution, improve confirmation of effective outcomes, and support organisational learning while maintaining staff confidence in the Speaking Up Safely process.
			Expected Evidence of Implementation: Documented Speaking Up Safely case-closure criteria, approved by the appropriate governance group, clearly defining: ▪ What constitutes "resolution" (as distinct from administrative closure). ▪ Minimum actions required before a case can be closed. ▪ Circumstances that require escalation or extended timescales. ▪ Mandatory steps for seeking staff feedback prior to closure. ▪ Defined escalation routes for cases exceeding the 28-day national target. ▪ Management information and performance reports demonstrate monitoring of case duration against the 28-day target; identification and escalation of overdue or complex cases; and trend analysis of prolonged cases and common causes of delay.
		High Priority	**Officer:** Head Of Organisational Development Speaking Up Safely Lead Guardian **Target Implementation Date:** 31 October 2026
	Theme: Communication & Engagement	Control Design	

Objective 3: Designated contacts responsible for the handling of staff concerns are aware of their responsibilities and have received adequate training to deal with the concerns appropriately.	**Limited**

The Health Board has established multiple routes through which staff can raise concerns and access advice, guidance, and wellbeing support. These routes include Occupational Health and Wellbeing, People Services and Organisational Development, Trade Unions, line management, and centrally available resources such as the Living Well, Working Well Handbook. In addition, all staff are required to complete a corporate induction programme, which provides an overview of organisational values, processes, and routes for raising concerns, including Speaking Up Safely, supporting early awareness for new starters.

Extracts from the Speaking Up Safely Framework for the NHS in Wales highlight the organisation's responsibility to ensure that individuals responding to concerns, particularly managers, are appropriately trained and supported. The framework also requires organisations to ensure

that suitable training is delivered across leaders, managers, and staff as part of leadership and management development arrangements. At present, the Health Board is unable to demonstrate compliance with these requirements.

Management confirmed that a range of training is available to support a Speaking up culture, including All Wales Duty of Candour training and "Listen Up" training for managers. Duty of Candour training supports statutory requirements introduced from April 2023, while the Listen Up programme focuses on creating environments that encourage speaking up, promote effective listening, and address barriers to raising concerns.

However, while training provision exists, the audit identified limitations in the Health Board's ability to evidence compliance with training expectations. Speaking Up Safely and Duty of Candour training are not currently mandated and, as a result, management is unable to produce comprehensive compliance figures. In addition, refresher training requirements are not clearly defined, and completion rates are not routinely monitored or reported.

Key Findings		Risk & Impact	Agreed Management Action
3	**Training** The Health Board cannot demonstrate compliance with Speaking Up Safely training requirements. Training is not mandated, and there is no consistent monitoring or reporting of completion or refresher training for staff and managers. This position is not aligned with the Speaking Up Safely Framework for the NHS in Wales, which states an organisations requirement to *'Ensure that appropriate training to deliver a Speaking Up Safely culture is rolled out to leaders, managers and staff throughout the organisation, as part of leadership and management development arrangements'*. As a result, the Health Board cannot provide assurance that staff and managers—particularly those responsible for receiving and responding to concerns—have received appropriate and timely training.	Increased risk that concerns are not escalated or are poorly managed. The Board lacks assurance that organisational practice aligns with the Speaking Up Safely Framework for the NHS in Wales.	**Agreed Action**: The agreed actions below address the lack of Speaking Up Safely training and associated monitoring arrangements, which limits assurance that staff and managers are equipped to manage concerns effectively and increases the risk of misalignment with the Speaking Up Safely Framework for the NHS in Wales. 1. Develop and approve a workforce training framework setting out mandatory Speaking Up Safely and Duty of Candour training requirements for all staff involved in managing concerns. 2. Define target staff groups and roles, including minimum training standards and responsibilities. 3. Implement compliance monitoring, with routine reports showing training completion rates across staff groups. 4. Establish refresher training cycles to maintain ongoing competence and compliance. 5. Produce information to provide assurance on training uptake, compliance trends and gaps. 6. Embed Board/Delivery Group/Committee oversight through regular reporting and escalation where compliance falls below agreed thresholds. Implementation of these actions will provide improved assurance to the Board that Speaking Up Safely training arrangements are compliant with the NHS Wales framework and support the effective management and escalation of concerns. **Expected Evidence of Implementation:**

			▪ An approved training framework confirming mandatory Speaking Up Safely and Duty of Candour training requirements for those dealing with concerns. ▪ Compliance reports showing completion rates across staff groups. ▪ Defined refresher training cycles; and management information demonstrating oversight at Board or committee level.
		High Priority	**Officer:** Head Of Organisational Development Speaking Up Safely Lead Guardian **Target Implementation Date:** 31 January 2027
	Theme: Training & Development	Control Design	

Objective 4: Concerns raised by staff are monitored, reviewed and analysed to identify recurring themes or trends, with issues escalated as appropriate. **Limited**

Speaking Up Safely is included within the People Services and Organisational Development (OD) Overview Update, which includes data on concerns received, categories and trends, as well as other relevant information, such as recruitment and learning. This report is presented to the Local Partnership Forum (LPF) which has defined responsibilities for workforce governance, employee relations, and assurance relating to staff concerns.

The LPF, as outlined in its Terms of Reference (TOR), is the formal mechanism enabling management and staff organisations to work together on workforce and health service priorities. It meets quarterly and has established links to the Board through Executive members and regular communication between the Board Chair and LPF Joint Chairs. Despite these structures, review of LPF minutes for February, August, and December 2025 found no documented discussion of Speaking Up Safely and no related actions recorded in the LPF action log. This indicates limited evidence of active engagement with, or oversight of the Speaking Up Safely process.

The People & Culture Committee's TOR require it to provide assurance to the Board on compliance with legislation, guidance and best practice across the People and OD agenda, including explicit delegated responsibility for whistleblowing and Speaking Up Safely. However, review of Committee papers and minutes for June, August, October and December 2025 similarly found no detailed information or discussions on Speaking Up Safely and no actions recorded in its action log, despite its formal oversight role.

Management reported that the Working in Confidence platform enables two-way communication with individuals raising concerns and provides an evaluation option once a case is closed; however, staff engagement with this feature during 2025 was very low (16 responses from 111 closed conversations), limiting the Health Board's ability to gather meaningful feedback on user experience. Management also advised that they are unable to evidence compliance with Section 47B of the Public Interest Disclosure Act (PIDA) 1998, which protects workers from detriment following a protected disclosure. Although the WP4a *"Procedure for Staff to Raise Concerns"* clearly outlines these legal protections, the low level of staff feedback means the Health Board is unable to demonstrate compliance in practice, as there is no reliable monitoring or assurance mechanism to evidence that these protections are being applied.

Key Findings		Risk & Impact	Agreed Management Action
4	**Lack of Documented Oversight of Speaking Up Safely by LPF and P&C Committee** Although Speaking Up Safely is routinely included within the People Services and OD Overview Update Report to the LPF, there is no evidence of meaningful scrutiny or discussion by the LPF. The report to the People & Culture Committee does not include information on Speaking Up Safely. Reviews of meeting minutes and action logs across 2025 showed no recorded debate, challenge, or actions relating to Speaking Up Safely, despite both groups having explicit responsibilities for workforce governance, employee relations and whistleblowing assurance.	Without clear oversight, there is reduced visibility of staff concerns, limited assurance on whether emerging risks are being identified or addressed and missed opportunities to strengthen organisational culture and staff confidence in raising concerns.	**Agreed Actions:** The agreed actions below are intended to address the lack of documented oversight and assurance of Speaking Up Safely at the Local Partnership Forum and the People & Culture Committee, and to strengthen governance arrangements in line with their workforce and whistleblowing responsibilities. 1. Embed Speaking Up Safely as a standing item at the Local Partnership Forum, with routine reporting and documented discussion. 2. Include Speaking Up Safely assurance as a standing section in the People Operations Report to the People & Culture Committee. 3. Ensure governance minutes and action logs evidence scrutiny, challenge and decisions relating to Speaking Up Safely. These actions directly address the absence of documented scrutiny and assurance, increasing visibility of staff concerns and strengthening confidence that emerging risks are identified, challenged and addressed through appropriate governance arrangements.
			Expected Evidence of Implementation: Evidence that Speaking Up Safely metrics and outcome data is considered regularly at the Local Partnership Forum. Speaking Up Safely assurance is included as a standing item in the People Operations Report presented to the People & Culture Committee.
		High Priority	**Officer:** Head Of Organisational Development Speaking Up Safely Lead Guardian **Target Implementation Date:** 31 August 2026
	Theme: Governance	Control Operation	
5	**Inability to Demonstrate Compliance with Public Interest Disclosure Act and Low Staff Feedback** Management reported very low engagement with the *Working in Confidence* platform's evaluation function during 2025, significantly limiting insight into staff experience of the	Staff may experience detriment without detection, exposing the organisation to	**Agreed Actions:** The agreed actions address the lack of assurance over compliance with the Public Interest Disclosure Act (PIDA) 1998 and the limited insight into staff experience arising from the fully anonymous nature of the Speaking Up Safely platform, which restricts the

	Speaking Up Safely process. At the same time, management confirmed they cannot evidence compliance with Section 47B of the Public Interest Disclosure Act (PIDA) 1998, which protects staff from detriment after raising a concern. Although the organisation's WP4a procedure clearly outlines these protections, the low level of staff feedback prevents meaningful assessment of whether these protections are being upheld in practice. Additionally, the organisation lacks a systematic monitoring or assurance mechanism to track potential detriment, limiting its ability to identify patterns, intervene early, or provide assurance to governance forums.	legal and reputational consequences. Low confidence in Speaking Up Safely may discourage staff from raising concerns, reducing organisational learning and safety.	organisation's ability to identify potential detriment and assess whether protections are effective in practice. 1. Define and implement a proportionate assurance framework for PIDA compliance, setting out how protection from detriment will be monitored and evidenced within the constraints of an anonymous reporting system. 2. Strengthen encouragement of voluntary staff feedback within the Speaking Up Safely platform, clearly communicating the value of feedback while recognising that responses cannot be mandated. 3. Improve management information derived from available platform data, including case progression, timeliness, themes, and repeat concern indicators, to support proxy assurance where direct feedback is not available. 4. Establish alternative assurance mechanisms to identify potential detriment, such as triangulation with workforce data, employee relations activity, grievances, and staff survey intelligence. 5. Define escalation triggers and review arrangements where indicators suggest potential detriment, repeat concerns, or reduced confidence in the Speaking Up Safely process. 6. Implement routine reporting to the Executive Team and relevant Committees on PIDA assurance, feedback levels, potential detriment indicators, and mitigating actions. Combined, these actions will strengthen assurance of PIDA compliance and protection from detriment, while recognising the limitations of a fully anonymous system and improving confidence in the Speaking Up Safely arrangements.
			Expected Evidence of Implementation: Management information evidence systematic monitoring of potential detriment following protected disclosures, use of the Working in Confidence evaluation function, and documented follow-up where feedback is not provided.
		High Priority	**Officer:** Head Of Organisational Development Speaking Up Safely Lead Guardian **Target Implementation Date:** 31 December 2026
	Theme: Communication & Engagement	Control Operation	

Appendix A

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of Betsi Cadwaladr University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of Betsi Cadwaladr University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership]

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Partneriaeth Cydwasanaethau
Gwasanaethau Archwilio a Sicrwydd
Shared Services Partnership
Audit and Assurance Services

People and Culture Committee

WELSH LANGUAGE SERVICES ANNUAL MONITORING REPORT 2025-2026

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	**Eleri Hughes-Jones,** Head of Welsh Language Services
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	**Teresa Owen** Executive Director of Allied Health Professions and Health Science

Pwrpas yr Adroddiad **Report Purpose**	For Approval

Crynodeb Gweithredol
Executive Summary

The Welsh Language Services Annual Monitoring Report 2025-2026 addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

The report reflects the requirements and content as stated within Standard 120 of the Standards:
This Annual Monitoring Report provides assurance that Betsi Cadwaladr University Health Board has continued to strengthen its compliance with the Welsh Language Standards and advance the ambitions of the Welsh Government's 'More than just words' framework during 2025–2026. The report fulfils the Health Board's statutory duty under Standard 120 to report annually on:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

Overall, the Health Board has delivered significant progress against its objectives, demonstrating a mature and proactive approach to embedding Welsh language considerations within governance, service delivery, workforce development and organisational culture. Compliance monitoring, strengthened governance arrangements and targeted improvement programmes have contributed to measurable improvements across a range of Welsh Language Standards, while also improving the experiences of Welsh-speaking patients, families and communities.

Key achievements during the reporting period include:

- Strengthened statutory compliance through a comprehensive self-assessment and monitoring programme.
- Continued implementation of the five-year Standard 110 Clinical Consultations Plan, increasing organisational capacity to provide consultations through the medium of Welsh.
- Improved visibility of the Welsh language across Health Board services through enhanced bilingual communications, signage and corporate identity.
- Increased participation in Welsh language training, with over 1,000 staff accessing learning opportunities during the year and all targets associated with the Welsh Government-funded *Work Welsh* programme successfully achieved.
- Expanded engagement with schools, universities and future healthcare professionals to promote Welsh language skills as an essential professional competency within healthcare.
- Successful delivery of cultural, promotional and engagement activities which strengthened awareness of the Welsh language and reinforced its importance in delivering person-centred care.

Governance and accountability arrangements remain robust. The Welsh Language Strategic Forum continues to provide executive oversight, supported by an active risk management framework. All Welsh language-related risks remained within moderate or minor tolerance levels throughout the year and required no escalation.

Monitoring activity has demonstrated substantial improvements in compliance levels across services. Comparative reviews showed a marked movement from mixed compliance towards consistently high performance, with significant improvements in telephony services, recording language preference, meetings and engagement processes, documentation, reception services and the promotion of Welsh language services. Monitoring findings also identified opportunities for further improvement, particularly regarding “Active Offer” visibility and first-point-of-contact interactions within acute clinical settings.

Progress in workforce development remains a significant organisational strength. Welsh language skills are now recorded for 96.34% of the workforce, an improvement on the previous year. Staff uptake of Welsh language training increased to 1,037 participants, and the Health Board continued to work in partnership with the National Centre for Learning Welsh to enhance bilingual capability across services. New initiatives, including the *Building Confidence / Codi Hyder* programme, are supporting the development of a more confident bilingual workforce.

The Translation Team continued to play a critical role in supporting statutory compliance and equitable access to information, translating over 4.6 million words during the year and providing simultaneous interpretation services for meetings, events and recruitment activity. The team also continued to generate external income through translation service agreements with partner organisations.

Looking ahead, the Health Board will focus on further embedding Welsh language considerations within service design and delivery, increasing the use of Welsh in clinical settings through the Standard 110 programme, expanding targeted workforce development initiatives, and strengthening compliance assurance arrangements. These priorities support the Integrated Medium-Term Plan 2026–2029 and will help ensure that Welsh-speaking patients across North Wales can consistently access safe, high-quality and person-centred care in their language of choice.

An additional report is also presented as part of the Welsh Government's 'More than just words' Five-Year Plan reporting requirements. The 'More than just words' Update Report 2024-2025 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives.

Therefore, the content of both reports are aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.

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

Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Committee	12/08/26	Approved

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

Supporting Papers:

Appendix 1 – Welsh Language Services Annual Monitoring Report 2025-2026
Appendix 2 – 'More than just words' Progress Report 2025-2026

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience The report supports strategic priorities by improving equitable access to services, enhancing quality and safety of care through better communication, and strengthening patient experience by enabling individuals to receive care in their preferred language. It also contributes to a positive organisational culture where staff feel supported to deliver person-centred, bilingual services.
Yr Egwyddorion Dylunio Design Principles	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	N/A

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A

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

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** Culture and Valuing People Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	**A Healthier Wales** Supports better communication between staff and patients, leading to safer, more effective care and improved health outcomes. **A More Equal Wales** Ensures Welsh speakers can access services in their preferred language, reducing inequality and promoting fair access to healthcare. **A Wales of Cohesive Communities** Strengthens community connections by valuing and promoting the Welsh language within local healthcare settings. **A Wales of Vibrant Culture and Thriving Welsh Language** Actively promotes and normalises the use of Welsh in everyday healthcare, supporting its growth and sustainability. **A Prosperous Wales** Develops a skilled and confident bilingual workforce, supporting sustainable public services.	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data? **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Cyfreithiol **Legal**	Yes (Include further detail below)	
	The Health Board has a legal duty to comply with the Welsh Language (Wales) Measure 2011 and the associated Welsh Language Standards. These standards require the organisation to ensure that the Welsh language is not treated less favourably than English and that services can be delivered in Welsh. This includes: • Providing bilingual services, communications, and signage • Enabling patients to use Welsh without having to request it (Active Offer) • Supporting staff to deliver services in Welsh • Meeting the requirements set out in the organisation's compliance notice issued by the Welsh Language Commissioner	
Enw Da **Reputational**	Yes (Include further detail below)	
	Failure to meet these obligations may result in regulatory action and reputational risk, making compliance a statutory requirement for the Health Board.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Welsh Language Services

Annual Monitoring Report 2025-2026

Author: Eleri Hughes-Jones

Content	Page

Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

The report reflects the requirements and content as stated within Standard 120 of the Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also addresses compliance with Welsh Government's Five-year plan, 'More than just words'. An overview of progress is provided, including service developments and key achievements from April 2025 to March 2026.

What has been achieved

In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goals.

Some of these key accomplishments include:

- improved statutory compliance through an intense and comprehensive self-assessment approach;
- roll-out of the Standard 110 clinical consultations plan to increase capacity to deliver consultations in Welsh;
- improved overall compliance in creating a bilingual corporate identity and language visibility;
- increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support;
- expanded university and future workforce partnerships, delivering Welsh-language awareness sessions to future healthcare professionals at Wrexham University, North Wales Medical School, and at various schools across North Wales;
- conducting successful activities and engagement events to promote the Welsh language and increase visibility;

This report will elaborate on what has been achieved and how this has been done.

The achievements delivered over the past year are not only organisational milestones—they are making a meaningful difference to the experiences of patients and families across North Wales. The following patient stories outlines how these actions are being delivered, and felt, on the ground.

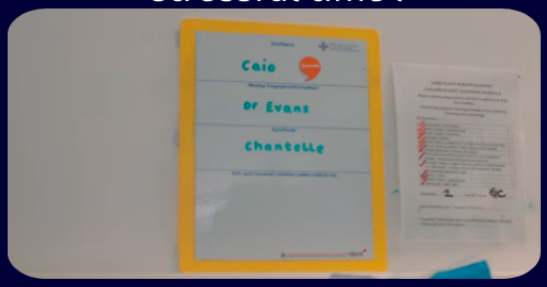
Bringing Patient Stories to Life

This year we got the chance to share two positive Welsh language patient stories, one from the Stroke Department at Deeside Community Hospital and the other from the Childrens Ward at Ysbyty Glan Clwyd.

The first patient story we shared highlighted the profound impact of hearing the Welsh language following a stroke. The gentleman was left unable to communicate and feeling increasingly frustrated. His granddaughter described the sense of relief the family felt when members of staff at Deeside hospital spoke Welsh. She explained that it not only provided comfort and reassurance to them as a family, but also had a remarkable positive effect on her grandfather. Seeing his reaction when he heard Welsh for the first time since his stroke was incredibly moving, his eyes “lit up”, demonstrating the powerful connection between language and care.

We shared how staff in Deeside support Welsh speaking patients by pairing them with Welsh speaking staff wherever possible, using Welsh words and phrases in everyday interactions, and ensuring the language is heard on the ward. Staff see first-hand how hearing Welsh provides comfort, reassurance and clarity, helping patients feel more at ease during what can be an extremely distressing time.

The other focused on Cai, a young boy whose experience of receiving a diabetes diagnosis was made easier and more reassuring through staff communicating with him and his family in Welsh on the Children’s Ward at Ysbyty Glan Clwyd. This highlighted the positive impact of care delivered in a patient's preferred language can have in reassuring the patient and family during what could have been a stressful time .



Whilst on the ward, Cai’s preferred language (Welsh) was clearly identified in his medical notes and above his bed using the orange ‘Welsh’ magnet. This made the whole experience much easier, as all ward staff were aware that Cai and his family preferred to communicate in Welsh. It removed the pressure of having to repeatedly request care in Welsh and ensured that information relating to his diabetes diagnosis could be explained in their first language, making it easier to understand and absorb during a challenging time.

The Health Board was selected by Welsh Government as the focus of two short videos showcasing the More than Just Words framework in practice. To view them click here

Background and Service Model

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how the service is designed to address the needs of the population.

The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support mechanisms required to mainstream language requirements into service planning. It also provides a network of support on an operational level to ensure all written correspondence is provided bilingually, and that there is a structure in place to develop the workforce to improve their language skills.

It consists of four services that support the organisation to both deliver legislative requirements and to address patients' needs.

1. Legislative Compliance
   Ensuring that the organisation is supported to deliver its obligations under the Welsh Language (Wales) Measure 2011.

2. Promotion and Engagement
   In line with the operational elements of delivering the 'More than just words' Five-year plan, services are actively supported and projects and schemes initiated to increase understanding and awareness of culture, and the impact on patient care.

3. Training Provision
   The Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provide by the 'National Centre for Learning Welsh' with the Welsh Government-funded 'Work Welsh' Agreement.

4. Translation Services
   The Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Governance and Self-regulation

Structural accountability is provided through the Welsh Language Strategic Forum (the Strategic Forum), chaired at Executive Director level, with the Health Board's Chairman appointed as Board-level Welsh Language Champion. The Strategic Forum establishes internal governance arrangements. The Terms of Reference steers the strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance to the People and Culture Committee, as well as annually reporting to the Board on compliance and achievements.

Welsh Language Services Risk Register

It is essential that the Health Board recognises potential areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the "Active Offer" principle in line with 'More than just words', and delivering the 'Bilingual Skills Policy and Procedure'.

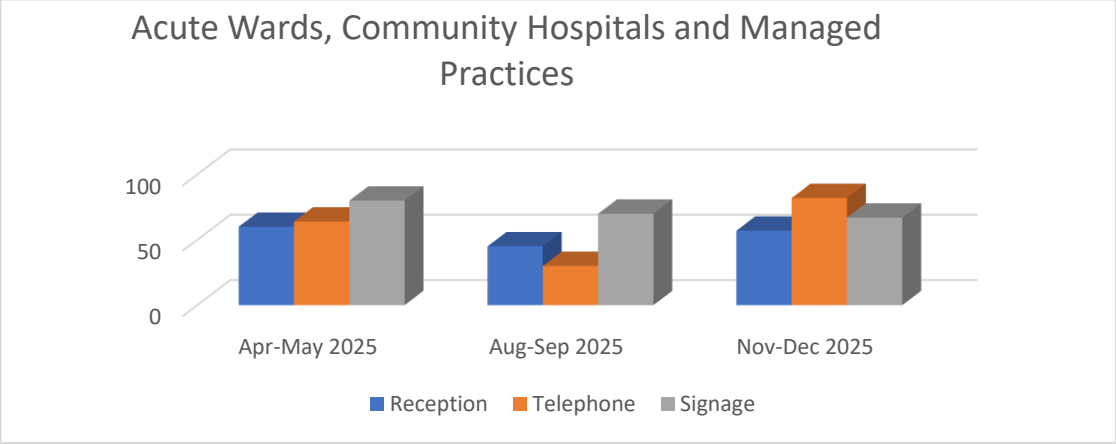
All risks have been reviewed during 2025-2026, with all three risk ratings currently at moderate or minor. In assessing current position, no risks required escalation.

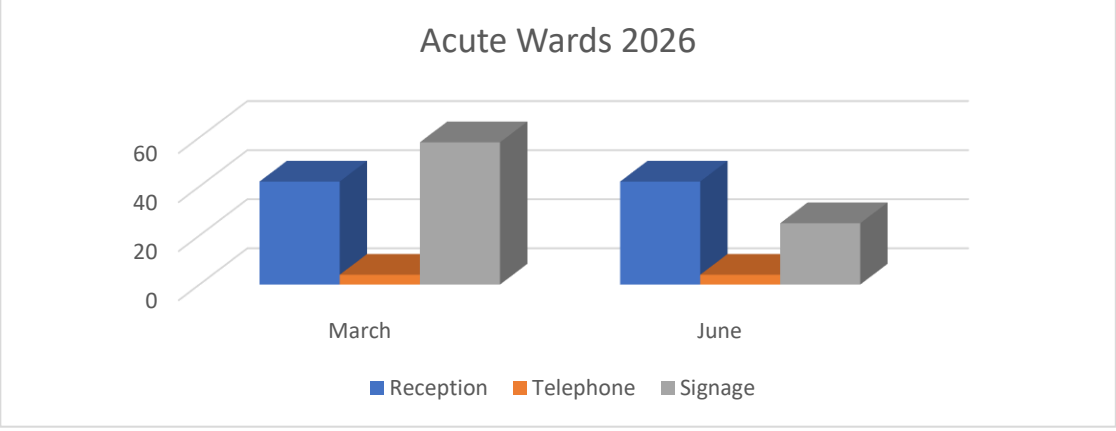
The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

The Health Board's self-regulation approach continued with the Mystery Shopper Monitoring Programme with the aim of providing strong assurance of the organisation's commitment to deliver high-quality Welsh-language services and maintaining compliance with the Welsh Language Standards. Monitoring results confirmed that Welsh-language signage remains a significant organisational strength, with consistently high levels of compliance across sites, demonstrating sustained commitment to a visible and accessible bilingual environment.

The programme also offered valuable insight into areas where further improvement can be targeted, specifically reception interactions, telephone contact, and the visibility of the "Active Offer".





Lower scores in acute wards must be viewed in context as it is clinical staff, rather than dedicated reception teams, often managing first-point-of-contact interactions while prioritising direct patient care. This operational reality explains some variation and highlights the unique challenges of delivering consistent bilingual communication in busy clinical settings.

Overall, the programme has strengthened the Health Board's understanding of where targeted support will have the greatest impact. The monitoring programme demonstrates that the Health Board has robust arrangements in place to assess Welsh language service delivery and identify areas for improvement. Strong performance in signage compliance provides evidence of sustained commitment to the Welsh Language Standards, while the findings from acute ward settings have offered valuable insight into the challenges faced within clinical environments. The organisation will use these findings to strengthen awareness, improve consistency of service delivery and enhance the visibility of the "Active Offer" during 2026-27, ensuring that Welsh-speaking patients continue to receive an increasingly positive experience when accessing services.

Welsh Language Standards

The Welsh Language Standards (the Standards) have been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the implementation of the Standards, monitoring compliance and providing organisation-wide directive.

Monitoring Compliance

Monitoring activity against the Standards is progressing well across the organisation. Several Divisions have now completed a second cycle of review, enabling clear measurement of improvement from the original baseline. Notably, the East Integrated Health Community has demonstrated substantial progress since the first round, supported by the effective implementation of a wide range of remedial actions.

The example below highlights the improvements achieved within Children's Services in the East, illustrating how targeted actions are translating into meaningful and sustained change.

A Progress Summary Report was developed for Children's Services, comparing the findings of the initial monitoring work in 2024-2025 to the follow-on progress during 2025-2026. The overall position noted:

- significant improvements in compliance across all standards
- majority of standards now fully compliant or near full compliance

Compliance Level	2024-2025	2025-2026
≥90% compliant	71	107
≥70% compliant	16	2
≤50% compliant	14	1

There has been a clear shift from **mixed compliance** to **consistently high compliance,** and the key improvements were seen in these areas:

1. Telephony

- Major improvement in offering Welsh language services over the telephone
- Standard Operating Procedures introduced, with staff guidance issued and spot checks implemented
- Standard 9, relating to informing a caller that a Welsh service is available moved from non-compliant to fully compliant

2. Capturing Language Preference

- Now routinely recorded via WPAS and referral forms
- Staff reminders issued and process embedded
- Shift from inconsistent to a systematic approach

3. Meetings & Engagement

- Language preference now routinely asked for meetings
- Translation provision planned proactively
- Previously non-compliant areas now fully compliant

4. Documents & Forms

- Key documents now available in Welsh as standard
- Emergency contact forms fully translated and in use
- Transition from development stage to full implementation

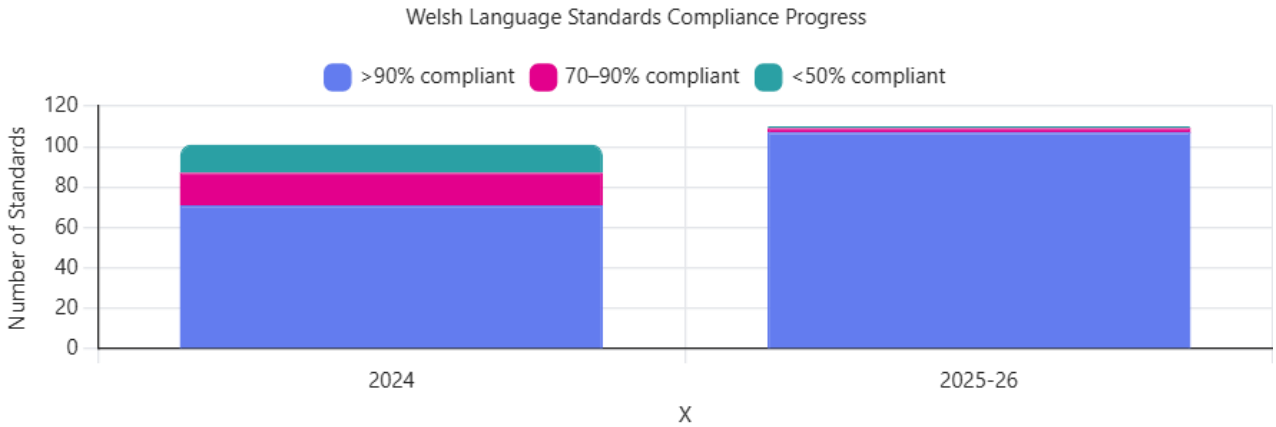
5. Reception & Public-Facing Services

- Welsh language signage and badges now in place
- Staff visibility and access to Welsh improved
- Fully compliant within these service areas

6. Promotion of Welsh Language Services

- Services clearly promoted as available in Welsh
- Information consistently bilingual across platforms

This demonstrates that significant efforts have been made across all areas which can be viewed in the compliance progress chart below:



This demonstrates that ongoing monitoring activity has driven notable improvements in compliance with the Welsh Language Standards, with several areas now demonstrating strengthened and more consistent adherence. This enhanced compliance is already having a positive, tangible

impact on patient experience, particularly through increased availability of Welsh-language communication and more responsive, culturally aligned services.

These developments highlight how systematic monitoring is not only supporting statutory compliance but also delivering meaningful benefits for patients and communities across our services.

Increasing the Health Board's capacity to deliver services in Welsh in line with Standard 110

The five-year programme to enhance compliance with Standard 110 entered its second year during the reporting period. Standard 110 requires Health Boards to publish a plan for each five-year period setting out the extent to which they are able to offer to carry out a clinical consultation in Welsh, and the proposed actions to increase the ability to do so.

This year's activity centred on developing a comprehensive "Active Offer" Toolkit designed to support wards, departments and services in consistently offering Welsh-language care to patients. The toolkit includes visual prompts such as orange magnets to place above a patient's bed, stickers and badges, alongside posters, an information leaflet and guidance on implementing a 'Buddy Scheme'.

The toolkit has already been introduced to the Stroke Team at Deeside Community Hospital, identified as the pilot site. Staff engagement has been highly positive, with the team demonstrating strong commitment to meeting patients' linguistic needs alongside their clinical requirements.

Engagement with senior clinical leaders has continued to strengthen organisational awareness of Standard 110. Presentations were delivered to both the Senior Nurses meeting and the Dietetics Senior Leadership Team, outlining the five-year plan and reinforcing expectations around compliance with the Welsh Language Standards.

Early exploratory discussions have also taken place with a Consultant in Elderly Care at Ysbyty Gwynedd regarding the feasibility of recording whether clinical consultations are actively offered in Welsh. While the concept was welcomed, practical challenges were identified, particularly given the high proportion of Welsh-speaking patients and the increasing volume of mandatory clinical documentation.

The Welsh Language Team again supported the Dementia Team at Ysbyty Gwynedd in promoting the "Active Offer". The Dementia Team continues to champion the importance of providing Welsh-language care for vulnerable patients, and information was displayed for staff and the public highlighting the critical role of language in delivering safe, person-centred care for people living with dementia.

Standard Operating Procedures

Standard Operating Procedures (SOPs) have been produced on specific Standards, providing detailed guidance for staff to ensure accurate understanding and compliance. SOP development prioritised areas of concern that were highlighted either by external concerns or through monitoring arrangements.

SOPs have been created for:

- Corresponding with the public (Standard 7)
- Answering the telephone (Standards 8, 9 and 10)

- Meetings not open to the public (Standards 21, 22, 22a and 22ch)
- Conducting Case Conferences in Welsh (Standard 25)
- Reception Services (Standards 50, 52 and 53)
- Assessing the need to offer courses in Welsh (Standard 63)
- Arrangement of Interviews (Standard 108)
- Translation Guidelines (Overall Compliance with the Standards)

All SOPs have been published on the Health Board's intranet site, 'BetsiNet'. Work will continue during the next reporting year to create further SOPs to include all Standards.

Complaints' Procedures

The Welsh Language Commissioner undertook an Enquiry Line into organisational complaints procedures in late 2025. The purpose of this exercise was to assess the effectiveness of organisations' arrangements for receiving, managing and learning from complaints relating to the Welsh language.

As bodies subject to the Welsh Language Standards, organisations are required to maintain specific processes under the supplementary standards for recording and responding to such complaints. The Enquiry Line sought to evaluate the robustness of these arrangements, identify good practice, highlight areas requiring improvement, and provide recommendations to strengthen compliance.

In response to the Commissioner's findings, the Health Board has taken steps to enhance the visibility and accessibility of information relating to Welsh-language complaints. Updated content has been published on the Health Board's website, both within the Welsh Language pages and on the People's Enquiry and Resolution Service pages. This information clearly outlines the routes available for raising concerns regarding the provision of bilingual services and compliance with the Welsh Language Standards.

To support organisational learning and continuous improvement, Welsh-language complaints have now been established as a standing agenda item at the Regulatory Assurance Group. This ensures regular scrutiny at a senior level and promotes consistent oversight of compliance, themes arising from complaints, and opportunities for service improvement.

Overall, the reporting period reflects a year of substantial progress in strengthening compliance with the Welsh Language Standards and embedding bilingual practice across the organisation. Monitoring activity has driven measurable improvements, with a marked shift from mixed compliance to consistently high performance across standard areas.

Collectively, these achievements demonstrate that the Health Board is meeting its statutory responsibilities alongside steadily increasing its capacity to deliver safe, person-centred care in Welsh, ensuring that patients experience the benefits of improved bilingual communication and culturally aligned services across North Wales.

Workforce Development Programme

The Health Board's Welsh Language Training Team has continued to make significant progress in developing a confident, bilingual workforce through the delivery of a comprehensive programme of Welsh-language learning tailored to organisational needs.

During the reporting year, more than 1,000 members of staff participated in Welsh-language training, representing a 4 per cent increase compared with 2024–25. This upward trend reflects the strong and growing commitment among staff to developing their Welsh-language skills and applying them in practice to enhance the quality, safety and cultural appropriateness of services provided to patients across North Wales.

The Team has adopted a proactive and strategic approach to aligning learning provision with legislative requirements and organisational priorities. Regular assessments of learning needs across services have enabled the development of targeted courses for frontline staff, ensuring that priority groups receive focused support to strengthen the Health Board's capacity to deliver high-quality bilingual care.

This approach has been reinforced through continued partnership working with national bodies. The Health Board renewed its twelve-month contract with the National Centre for Learning Welsh under the Welsh Government-funded *Work Welsh* scheme, ensuring continuity of provision, collaborative working and the retention of the Welsh-language Support Officer. Over the past year, 798 members of staff accessed *Work Welsh* courses, further expanding the organisation's bilingual capability.

A notable development has been the introduction of the *Building Confidence / Codi Hyder* training scheme, delivered in partnership with the National Centre for Learning Welsh. The Health Board has worked closely with the Centre to pilot a bespoke programme within the Mental Health and Learning Disabilities Division, aimed at strengthening Welsh-language skills and supporting the 'More than just words' ambition of increasing bilingual service provision. This innovative initiative is expected to increase the number of confident Welsh-speaking staff within MHLD, ensuring that patients receive an enhanced and culturally aligned bilingual service.

Collectively, these developments demonstrate the Health Board's sustained commitment to building a future bilingual workforce and ensuring that Welsh-language capability remains a core component of high-quality, person-centred care.

The Health Board's Welsh Learner of the Year Award evening was held this year, and provides an important opportunity not only to celebrate the achievements of our learners and acknowledge their dedication to developing Welsh-language skills, but also to showcase the Health Board's leadership in this area across the Welsh public sector. The event highlights how our commitment to bilingual capability is setting a strong example nationally and demonstrates the organisation's ongoing investment in building a confident, skilled and culturally aligned workforce.

The following sections provide an overview of this year's event, capturing the celebrations, the achievements recognised on the night and the wider impact of the Health Board's continued investment in Welsh-language development.

Welsh Language Training Provision Data Analysis

BCUHB renewed a 12-month contract with the National Centre of Learning Welsh.
798 members of staff had access to the 'Work Welsh' courses, including self-study, residential and confidence-building learning opportunities.

238 members of staff attended the newly launched 'Cwrs Croeso/Welcome Course', which was developed in response to the objectives set out in the Welsh Government's Mwy na Geiriau / More than Just Words five-year plan.

The internal tutor supported over 230 members of staff in learning Welsh during the year, marking a 17.5% increase from 2024–25. Encouragingly, more than 70% of participants chose to continue their Welsh language studies after completing a course.

42 members of staff attended 5-day intense courses at Nant Gwrtheyrn, with four members of staff attending a course designed specifically for staff from overseas and 12 members of staff attended the Fast Track to learning Welsh residential courses.

BCU's Welsh Learner of the Year '24 winner, Leanne Parry reached the final round of the prestigious Welsh Learner of the Year competition at the National Eisteddfod. The team arranged a Welsh Learners trip to the Eisteddfod to support Leanne.

The 'Y Gymraeg yn Betsi' Facebook group continues to showcase examples of good practice and success stories, with 593 followers at present, which is a 22% increase since April 2025.

The Health Board's Welsh Learner of the Year Competition 2026

The Health Board's Welsh Learner of the Year Competition continues to play a significant role in supporting the Health Board's commitment to developing a bilingual workforce and improving services for Welsh-speaking patients and communities across North Wales.

This year, the competition received over 50 nominations from staff across the organisation, demonstrating strong engagement with Welsh language learning and reflecting the growing importance of bilingual skills within healthcare delivery. Following a robust judging process, six finalists were shortlisted across two categories: Entry/Foundation Level and Intermediate/Higher Level.

The awards ceremony, held at the Kinmel Hotel, Abergele, successfully celebrated the achievements of learners and was widely regarded as an enhancement on previous years.

Awards were presented to Bethany Frempong Jones (Entry/Foundation Level) and Dr Caroline Jones (Intermediate/Higher Level), while Mark Butler received the Tutor's Choice Award in recognition of his exceptional commitment to learning Welsh. The event was supported by sponsorship from Cymen and Nant Gwrtheyrn.

The competition continues to deliver clear organisational benefits by recognising learner achievement, encouraging participation in Welsh language training, promoting the practical use of Welsh in the workplace, and strengthening the Health Board's culture of bilingualism. The quality of nominations and finalists highlights the innovative developments in Welsh language training provision.

Overall, the Welsh Learner of the Year Competition remains an important event for promoting and normalising the use of Welsh within the Health Board and supports the Health Board's strategic commitment to delivering high-quality bilingual healthcare services.

Translation Services

The Translation Team plays a critical strategic role in enabling the Health Board to meet its statutory obligations under the Welsh Language Standards and to strengthen the organisation's wider commitment to delivering equitable, person-centred care.

By providing high-quality written translation and interpretation services across all divisions, the team ensures that bilingual communication is embedded as a core operational requirement rather than an adjunct activity. Sustained demand for translation reflects both the increasing visibility of the Welsh language across Health Board functions and the organisation's focus on improving patient experience through accessible, culturally aligned information.

The team's robust quality-assurance processes and prioritisation of time-sensitive materials support operational resilience, mitigate compliance risk, and ensure that staff and patients receive accurate information in their preferred language, thereby reinforcing the Health Board's strategic aim of delivering safe, inclusive and legally compliant services.

The Health Board continues to generate external income through the provision of specialist Welsh-language translation services. In 2024–2025, the Welsh Language Team entered into a Service Level Agreement with Aneurin Bevan University Health Board to deliver written translation support, reflecting confidence in the team's capability and professional standards.

The success of this arrangement led to a renewed agreement in 2025–2026, and both organisations have now confirmed continuation for a third consecutive year in 2026–2027. This sustained partnership demonstrates the high quality, reliability and reputation of the team's work, while contributing valuable recurring income to the Health Board.

The team has continued to modernise its operational approach by enhancing the use of Translation Memory technology, which has been embedded in daily workflows for several years. As part of a broader efficiency programme, the team has explored opportunities to further streamline processes, reduce duplication, and accelerate turnaround times for high-volume translation requests. This work has included investment in an upgraded Translation Memory system, 'Wordfast', which offers enhanced functionality, improved consistency controls, and greater capacity to support complex translation tasks. The adoption of this updated software represents a strategic step towards strengthening productivity, supporting demand growth, and ensuring that the Health Board maintains a resilient, high-quality bilingual communication service aligned with statutory and organisational priorities.

Urgent translation requests during the reporting period have included press releases, patient correspondence, annual reports, and time-critical public-health information for social media channels. The Translation Team consistently prioritises all public- and patient-facing communications to ensure that essential information is available bilingually within 1–2 working days, and, where capacity permits, within the same working day for high-urgency items. To further safeguard timely bilingual communication, an out-of-hours service remains in place for exceptional circumstances. This provision ensures that critical information can be issued simultaneously in Welsh and English, reinforcing the Health Board's commitment to treating the Welsh language on the basis of equality and maintaining compliance with statutory requirements.

Overall, the number of words translated during the reporting year was 4,622,786.
The services with the highest translation demand were:

Service	Number of Words Translated
Workforce and Organisational Development	1,024,588
Corporate Office	234,005
Speech and Language Therapy Services	127,844
Child and Adolescent Services	127,314
Communications	122,239

The Translation Team continues to offer support in the form of simultaneous translation provided either face-to-face or on the online platforms of 'Zoom' and 'Microsoft Teams'. A total of 43 requests were received with the majority requiring interpretation for stakeholder events, meetings and conferences, and interviews for applicants who wish to have their interviews in Welsh.

Activities and Promotional Events

Activities and promotional events such as national celebration days and events, as well as wider engagement campaigns play an important strategic role in helping the Health Board promote, normalise and celebrate the Welsh language among staff, patients and the public.

By participating in high-profile cultural events and marking national occasions, the organisation demonstrates visible leadership in championing Welsh language and identity, reinforcing its commitment to delivering services that reflect the culture and linguistic needs of the communities it serves.

National Eisteddfod in Wrexham
The Health Board attended the National Eisteddfod which was held at Wrexham, and this year, the stall was delivered as a collaborative effort, with different healthcare organisations attending on different days. Over four busy and successful days, colleagues from a range of Health Board services—including the Stroke Prevention Team, Speech and Language Therapy, Physiotherapy and the Help Me Quit programme—welcomed visitors, shared information and highlighted the breadth of services available across the Health Board, with a particular emphasis on the importance of Welsh-language services and their positive impact on patients, service users and families.

Everyone's involvement throughout the week helped to showcase the diversity and reach of Health Board services and created valuable opportunities for meaningful conversations with members of the public about accessing care and support through the medium of Welsh.

The Welsh Language Team was also invited to the Careers Wales stand to provide advice, guidance and information on career opportunities within the Health Board. In addition, the Team took part in a panel discussion with Wrexham University and Jeremy Miles MS, Cabinet Secretary for Health and Social Care, exploring how the Health Board can inspire, develop and support the healthcare workforce of the future in Wales.

National Celebration Days

To mark Diwrnod Santes Dwynwen, the Health Board delivered a highly visible and engaging campaign celebrating staff pride in working for the organisation. As part of the celebration, staff across all sites were invited to share why they love working for the Health Board, highlighting the values, teamwork and sense of purpose that underpin their roles.

To celebrate St David's Day, the Health Board delivered a series of high-profile engagement activities across its three acute sites. Mudiad Meithrin and Cymraeg i Blant were welcomed onto the children's wards at Ysbyty Maelor, Ysbyty Glan Clwyd and Ysbyty Gwynedd, where children—and staff—enjoyed interactive sessions featuring well-known Welsh nursery rhymes, creating a warm and culturally rich experience for families. The Health Board also announced the staff shortlisted for the 2026 Welsh Learner of the Year awards, launched the new 'More Than Just Words' videos, and introduced a digital form to streamline resource ordering.

Information stands were held at each acute site, providing opportunities to engage directly with staff, promote upcoming Welsh-language learning opportunities, and distribute resources. Collectively, these activities strengthened the visibility of Welsh language and culture across the organisation.

To mark International Women's Day, the Health Board celebrated the vital contribution women make across the organisation and the wider NHS. Women represent a significant proportion of the Health Board's workforce and have played an integral role in shaping healthcare delivery throughout history. The Health Board highlighted and honoured the achievements of women colleagues and volunteers from across all services, with particular recognition for those who provide bilingual care to patients in North Wales. This celebration reinforced the organisation's commitment to equality, visibility and cultural inclusion, while showcasing the dedication, professionalism and impact of the women who support the Health Board's mission every day.

These activities created opportunities for direct engagement, raising awareness of the Welsh language as a valuable workplace skill, and strengthen public confidence in the Health Board's dedication to bilingual care.

An additional highlight within this year's activities and promotional events was the introduction of the first Welsh-language oncology bell in Wales. Patients on the Children's Ward at Wrexham Maelor Hospital can now celebrate the completion of their cancer treatment with a meaningful touch of Welsh pride, following the installation of a bilingual end-of-treatment bell inscribed with a Welsh-language message. This development provides children and families with the opportunity to mark a significant milestone in their first language and reflects the Health Board's commitment to the visibility of Welsh within clinical environments. The arrival of the bell was warmly received and represents a positive step in enhancing patient experience through the integration of Welsh language and identity in care settings.

Welsh Language Week

Our eighth annual Welsh Language Week took place from 20–24 October, raising awareness of the importance of bilingual healthcare and celebrating the work of staff who support Welsh-language services across the Health Board. The week also provided opportunities for the Welsh Language Team to engage directly with staff.

Highlights included:

• Sharing a patient story through the launch of a video, highlighting the importance of the Welsh language on our Childrens wards.

• Dewin visited all three Childrens wards in partnership with Mudiad Meithrin and Cymraeg i Blant who sang and read books with the children on the ward.

• 'Turbo Charge your Welsh' course were available to staff, giving them the opportunity to improve their Welsh, gain confidence in using the Welsh language and also learn more about our Welsh language training opportunities.

• Information stalls at the three acute hospitals and community hospitals in Llandudno, Denbigh and Deeside to celebrate Shwmae Sumae day. The stalls gave us the chance to chat with staff and give advice and guidance on a range of topics relating to bilingual services. In addition, we encouraged staff to use their Cymraeg/Welsh on a day-to-day basis at work.

• A 'Welsh Pledge' competition was held at the stalls to give staff the opportunity to commit to doing one thing regarding the Welsh language, e.g. I promise to start every conversation in Welsh with my patients.

At the end of the week we selected a name at random, Sarah from Deeside Hospital won a hamper for Welsh language pledge.

• Launch of the 2026 Welsh Learner of the Year Awards.

• Radio interviews on Radio Ysbyty Gwynedd and Radio Ysbyty Glan Clwyd.

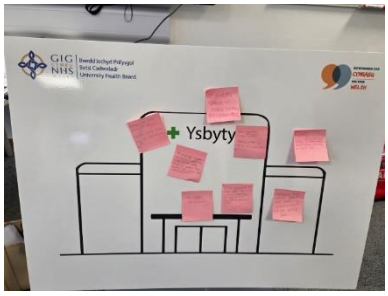
The week was a great success, celebrating the Welsh language, promoting bilingualism and encouraging staff to develop and use their Welsh-language skills.

Showcasing Welsh Language as a Professional Skill

The Health Board has strengthened its strategic partnerships with universities, schools and sector organisations to promote the Welsh language as a valuable professional skill and an essential component of a future bilingual workforce. Through this collaborative approach, the organisation is helping to embed the understanding that Welsh-language capability is integral to high-quality care and modern public-sector practice.

The Team has continued to work closely with Careers Wales on a range of engagement activities with learners across Ysgol Morgan Llwyd, Ysgol y Creuddyn, Ysgol Rhosnesni, Coleg Cambria and St Richard Gwyn Catholic High School and many more**.** These included Welsh in the Workplace sessions, carousel-style events where pupils, in small groups, had the opportunity to ask questions about the importance of the Welsh language in the workplace, as well as mock interviews for Year 10 pupils to help prepare them for their future careers. The Team also shared information and examples of good practice at careers fairs and other careers-related events.

These activities provided valuable opportunities to promote the use and importance of the Welsh language within healthcare settings and to raise awareness of the significant difference that Welsh-language services can make to patients, service users and their families. Through engagement with learners and young people, the Team highlighted the wide range of career opportunities available within healthcare and the importance of bilingual skills in delivering person-centred care.



It was encouraging to receive such positive feedback from school staff, with St Richard Gwyn Catholic High School commenting:

> *"It was great to have the Health Board's Welsh Language Team in school delivering again this year about the importance of Welsh in the workplace and in the medical sector. Having staff come in and deliver to pupils is extremely powerful in supporting the importance of being able to converse with patients in the language they are more comfortable with. This in turn supports the work of schools and student outcomes by helping to contextualise the importance of their learning and the subjects they study."*

Also, during the reporting period, the Health Board strengthened its partnership work with regional universities to support the development of a future bilingual workforce. The Welsh Language Team collaborated with Wrexham University as part of its new 20-credit 'Welsh in the Workplace 1' module for Health-Related Professions students, delivering Welsh-language and

language-awareness sessions designed to equip future clinicians with the confidence and skills to use Welsh in professional practice.

Similarly, the Health Board continued its engagement with Bangor University and the North Wales Medical School through the new Medicine Programme. The team delivered sessions outlining the organisation's strategic approach to promoting and embedding Welsh language and culture across clinical services, emphasising the importance of language choice in safe, person-centred care. One of the Health Board's Consultant in Care of the Elderly at Ysbyty Gwynedd provided a practitioner's perspective on the value of using Welsh daily in clinical interactions and the positive impact this has on patient experience.

The Health Board also took part in a question-and-answer session with Year 2 students at the North Wales Medical School to demonstrate the importance of speaking Welsh with patients, and the support offered by the Health Board once on placement.

These collaborations form an important component of the Health Board's long-term strategy to build a confident, bilingual clinical workforce and ensure that future generations of healthcare professionals are equipped to meet the linguistic needs of the population.

Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- ***Number and percentage of the organisation's employees whose Welsh language skills have been assessed across the organisation.***

Count of Employee Number	2023/24		2024/25		2025/26	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	9645	46.25%	10217	48.33%	10271	49.02%
1 - Entry/ Mynediad	2781	13.34%	2739	12.96%	2828	12.93%
2 - Foundation / Sylfaen	1371	6.57%	1394	6.59%	1426	6.52%
3 - Intermediate / Canolradd	1438	6.9%	1472	6.96%	1555	7.11%
4 - Higher / Uwch	1588	7.62%	1600	7.57%	1613	7.38%
5 - Proficiency / Hyfedredd	2743	13.15%	2778	13.14%	2926	13.38%
Total	19,566	93.8%	20,200	95.54%	20,619	96.34%
Total number of staff	20,852		21,142		21,871	

2025 / 2026 Data:

96.34 per cent of the entire workforce had recorded their Welsh language skills on ESR

2024 / 2025 Data:

95.54 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level.***

2025 / 2026 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 1037

This total equates to 4.9 per cent of the Health Board's current workforce.

2024 / 2025 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 995

This total equates to 4.7 per cent of the Health Board's current workforce

Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

2025 / 2026 Data:

- **Welsh language skills are essential - 274 (6.9%)**
- **Welsh language skills are desirable - 3631 (91.1 %)**
- **Welsh language skills to be learnt - 69 (1.7%)**
- **Welsh not a required skill - 10 (0.3%)**
- **Total number of vacancies advertised - 3984**
-

2024 / 2025 Data:

- **Welsh language skills are essential - 301 (6.5 per cent)**
- **Welsh language skills are desirable - 4238 (92.2 per cent)**
- **Welsh language skills to be learnt - 49 (1.1 per cent)**
- **Welsh not a required skill - 8 (0.17 per cent)**
- **Total number of vacancies advertised - 4596**

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Standards***

  The Health Board received four new complaints relating to compliance with the Welsh Language Standards during the reporting year, three through the Welsh Language Commissioner and one through the Complaints Team.

  One complaint was referred to the status of an investigation by the Welsh Language Commissioner, and concerned delays in answering a Welsh telephone line. Evidence was provided stating that there were delays on the Welsh and English lines for a period of one hour while the call centre was moving from Bangor to Caernarfon.

  The other two complaints were dealt with by the Welsh Language Commissioner in full after the initial letter, and were not escalated to the status of an investigation. One complaint related to a failure to arrange a job interview through the medium of Welsh. The second concerned English-only signage in a Children's Outpatient Department.

  The complaint sent directly to the Health Board related to a lack of Welsh language service in a Dental Centre. The dentist was reminded of the six duties that primary care services need to comply with support offered from the Welsh Language Team.

  All complaints were addressed in full in accordance with the Welsh Language (Wales) Measure 2011 complaints timetable or under the Putting Things Right Regulations.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- improving the quality of care provided through the language of choice.
- increasing compliance with legal and statutory requirements.
- identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care.
- improving organisational development in terms of how the workforce is supported to deliver services through the medium of Welsh.

However, the Health Board is looking towards the initiatives and opportunities in development for the next reporting year through its three-year approach to service planning. There will be a focus on embedding Welsh language in Service Design and Delivery, enhancing the “Active Offer” across clinical settings through the implementation of the Standard 110 Five-year plan, and scaling successful initiatives across services to ensure consistent bilingual service delivery.

Setting the ambition for 2026-2027

Looking ahead, the Health Board's Integrated Medium-Term Plan 2026–2029 sets a clear vision for strengthening Welsh-language capability across services, and the coming year will focus on consolidating these foundations.

Key priorities will include:

- developing a clinical-focused plan to increase the use of Welsh in line with Standard 110;
- expanding targeted training for staff working with vulnerable groups;
- further enhancing governance arrangements to monitor compliance and progress.

Work will also continue to identify priority patient and workforce groups requiring additional support, alongside a renewed emphasis on increasing the visibility and everyday use of Welsh through staff engagement, social presence and the introduction of a Language Champions' Programme.

These actions will help embed Welsh more deeply within core functions and promote wider cultural ownership across the organisation, ensuring sustained progress and a stronger bilingual service for the people of North Wales.

Delivering the actions in the More than just words Plan 2022-27: For the period April 2024 – March 2025

Organisation	**Betsi Cadwaladr University Health Board**

Completed by:	**Eleri Hughes-Jones, Head of Welsh Language Services**	**Date: 31.7.25**

PLEASE NOTE: All statistics / data documented within this report will cover the period of 1 April 2024 to 31 March 2025.

KEY DATA: **When citing any statistics / data, please provide a corresponding reporting date / time period.**

Welsh Language Skills of staff

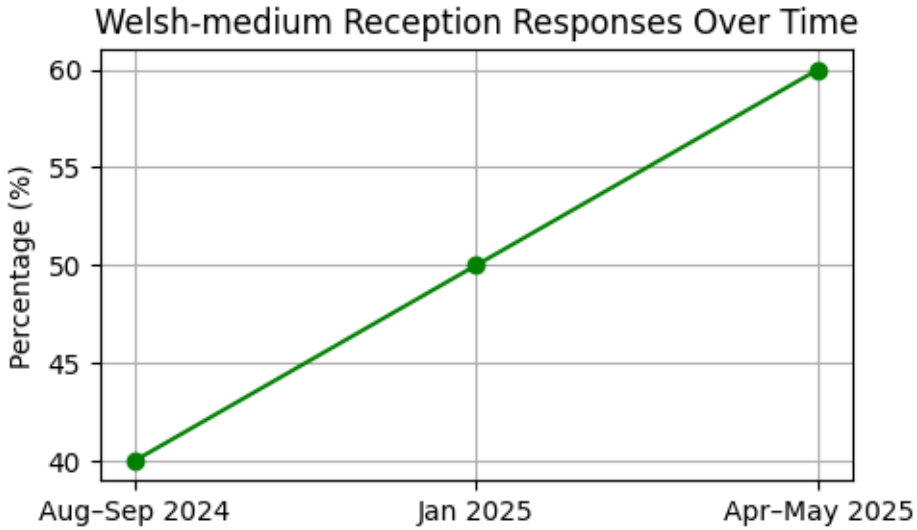
Count of Employee Number	2022/23		2023/24		2024/25	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	9101	46.9%	9645	46.25%	10217	48.33%
1 - Entry/ Mynediad	2914	15%	2781	13.34%	2739	12.96%
2 - Foundation / Sylfaen	1410	7.3%	1371	6.57%	1394	6.59%
3 - Intermediate / Canolradd	1456	7.5%	1438	6.9%	1472	6.96%
4 - Higher / Uwch	1700	8.7%	1588	7.62%	1600	7.57%
5 - Proficiency / Hyfedredd	2829	14.6%	2743	13.15%	2778	13.14%
Total	19,410	91%	19,566	93.8%	20,200	95.54%
Total number of staff	21,326		20,852		21,142	

Number of staff completing training

Courtesy Course: 125 since 1 April 2025
Confidence Building Course: 18 (course limited to Speech and Language Therapy Services. Demand across the Health Board would have significantly superseeded this).
Welsh Language Awareness Course: 19,831 (92.3%)

Patient / Service User Surveys e.g.

Mystery Shopper Monitoring Survey
The Health Board undertakes quarterly mystery shopper exercises to determine compliance with front-line Services. Please see detailed report below.

secret shopper surveys	This report presents a combined analysis of the Bilingual Services Mystery Shopper exercise conducted across Health Board settings over the reporting year, including acute sites, community hospitals, specialist services and managed practices. The assessments focus on front-line services and creating a bilingual environment through the monitoring of: • Reception Services • Telephone Services • Signage It is pleasing to note that the findings reflect the Health Board's commitment to providing inclusive, bilingual services to patients and visitors. The percentage of reception areas providing full Welsh-medium responses demonstrates a steady improvement, reflecting an increase in awareness and capacity amongst front-line staff to deliver services in Welsh. There is consistent effort in greeting patients and visitors, with many sites offering neutral or bilingual greetings.  *Figure 1: Percentage of reception areas providing full Welsh-medium responses.*

There has been a marked increase telephone services, demonstrating improved compliance and staff training.

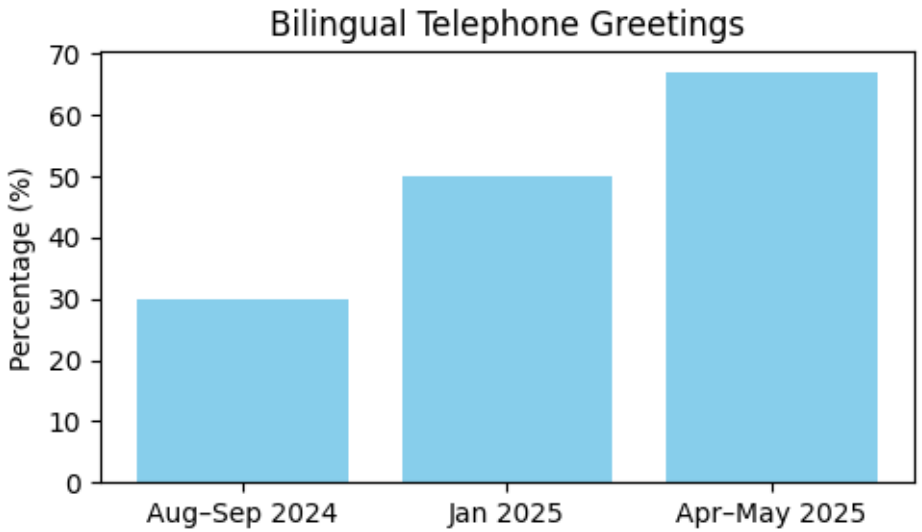


Figure 2: Proportion of telephone calls greeted bilingually.

The ability to deal with calls fully through the medium of Welsh has improved, with more staff either responding directly or transferring to Welsh-speaking colleagues. Bilingual answerphone messages were also apparent, maintaining standards across the organisation.

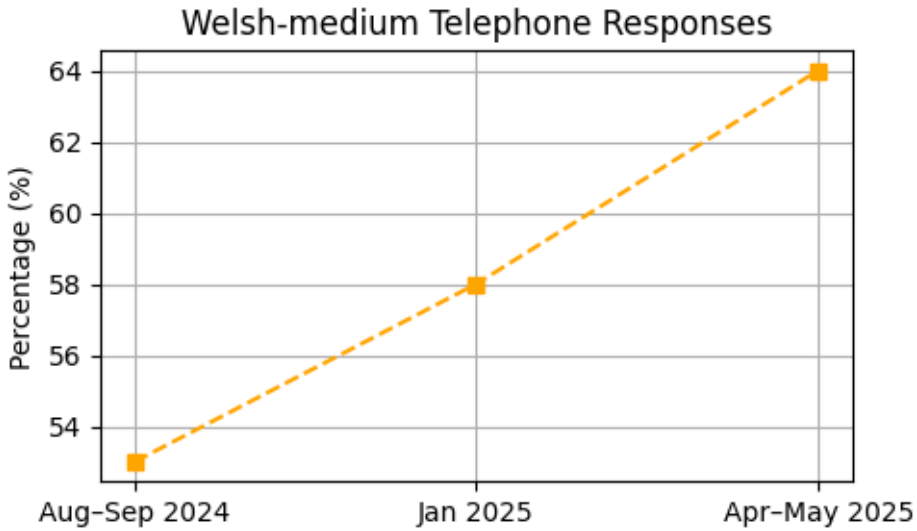


Figure 3: Percentage of telephone enquiries handled in Welsh.

Temporary signage compliance with the Welsh Language Standards has shown positive progress, with several sites achieving full compliance. Permanent signage across nearly all sites were fully bilingual and displayed equal prominence.

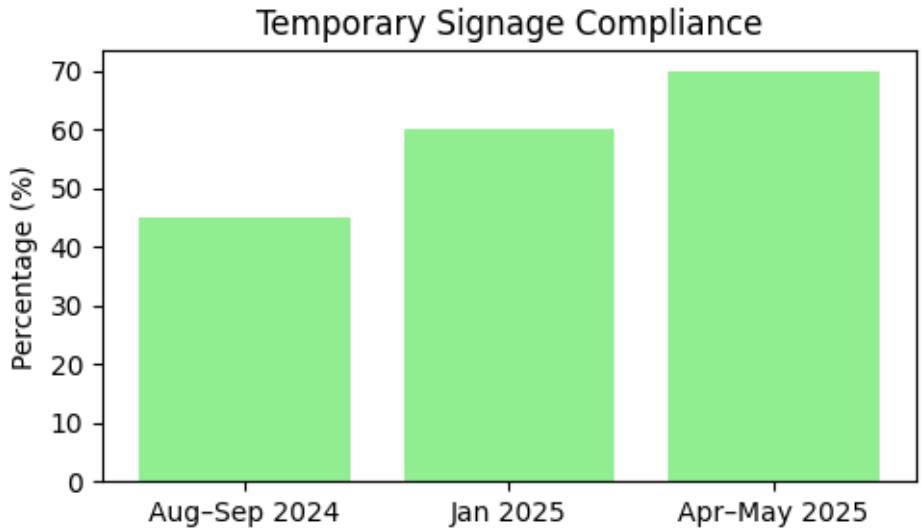


Figure 4: Compliance of temporary signage with Welsh Language Standards.

In conclusion, the combined results from all reporting periods indicate a positive trajectory in the Health Board's bilingual service provision to comply with Welsh Language Standards. Whilst there are still areas for development, the overall picture is one of dedication, demonstrating a growing commitment to embed the Welsh language into everyday healthcare interactions. This ensures that the Health Board aligns with statutory obligations, fostering a more inclusive and culturally respectful environment.

Patient Feedback
The Health Board has been capturing patient feedback, and has reported on a positive Experience at one of its main acute sites.

A positive patient story was shared widely within the Health Board to share learning as part of the 'Use your Welsh' campaign. Delyth Roberts shared her experience of being able to access Welsh-medium care when her seriously ill six-year old daughter was admitted to the Children's Ward at Ysbyty Glan Clwyd.

Reflecting on this story, it establishes what services strive to achieve:

	• an environment where patients and the public are assured that their language choice are taken into consideration • a care setting where language choice is actively offered • an improved package of care that takes into account the wider context and needs of patients What arrangements had the Children's Ward at Ysbyty Glan Clwyd put in place to deliver this: • recording language of choice, and acting upon this • placing orange 'Welsh' magnets above the patient's bed to ensure the wider clinical workforce were aware of their language choice when approaching the patient • Welsh-speaking staff identified with the orange 'Welsh' logo on their uniforms • creating a bilingual enviroment with Welsh books, activities and toys • non-fluent members of staff using whatever Welsh they had As a result, the outcomes achieved were positive, as was the overall experience: • mother and child felt more comfortable in an extremely distressing situation • the mother felt their needs were listened to, and implemented • better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene • took the pressure off them of having to ask for any aspect of the care in Welsh By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey: Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'

Ref	Description of Short Term and Medium Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25?	Examples of good practice / work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). *(Short term)*	This was a short term action. There are now requirements in place for the Chairs of NHS Boards and the Directors of Social Services to have specific objectives in relation to supporting the implementation of Mwy na geiriau and the Active Offer. Health bodies / social services do not need to provide an update for the 2024/25 report (unless there are specific developments they wish to share as good practice) as Welsh Government will	Welsh Government for 2024/25.		

		review progress against objectives at the end of the year.			
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. (*Short to medium term*)	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this action, and good practice they want to share regarding the promotion of the Welsh language across all settings.	Welsh Government / HEIW / SCW		
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all	Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make	Chairs and Chief Executives of health and social care bodies		

	aspects of our work to using what levers we have to increase its use. *(Medium term)*	a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.			
Theme 1: Welsh language planning and policies including data					
5	Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard) (*Medium term*)	Welsh Government will shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress. Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such as Mystery Shopper etc.	Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks	Please see section above on patient and service user experience.	

		Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. (*Long term*)	Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh. Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social Care and Early years Group to help embed to help embed the	Welsh Government / Health and social care bodies	Specific work has been undertaken in strengthening policy documents to ensure that there are positive effects, or increased positive effects on opportunities for persons to use the Welsh language, and for treating the Welsh language no less favourably than the English language. The Equality Impact Assessment (EQIA) and the wider Integrated Assessment Screening Tool have been updated to ensure a more robust process of considering	Work has also continued to provide advice and support to the organisation with various aspects of complying with the Welsh Language Standards, while continuing to mainstream Welsh Language requirements into every day business of the Health Board. Advice was provided recently to the Programme Manager for the development of the Royal Alexandra Hospital (RAH), Rhyl. A group

		Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW. Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.		the requirements of the Welsh Language Standards. A guidance document has been developed, providing detailed advice on completing the Welsh language section of the EqIA. This will facilitate policy developers to fully consider the Welsh language when forming a new policy, large-scale transformation projects or newly-established services.	was convened to identify social value for elements of the project to underpin the Economic section of the business case which was to be presented to Welsh Government. Discussions were had around mapping benefits/scope against the wellbeing goals for Wales which includes - 'A Wales of vibrant culture and thriving Welsh language'. During the reporting year, a member of the Welsh Language Team was invited to sit on an All-Wales E-Rostering Project Board, to look at Welsh Language specifications for the potential procurement of a new e-rostering

					system. This required looking at technical specifications for a fully bilingual system which also identified language preference of users. A similar process is underway for a new 'All ages Mental Health system' – with Welsh Language requirements being included in the tender specifications. The Welsh Language Standards Compliance Officer scored the Welsh Language elements following a demonstration by potential suppliers. This is a joint project with Cwm Taf Health Board. As Digital services progresses, it is essential that the Welsh Language is considered fully in the development

					stages. Discussions are underway regarding a new E-triage system for Emergency Departments. A bilingual system is currently unavailable, and discussion have been held with the Digital Team and the Welsh Language Commissioner's office on the best way forward. Advice and support have also been provided recently for the Learning Disability Services, who are currently overseeing a service transformation project. An integrated assessment screening tool (IAST) was completed which identified that a Welsh language consultation was required. The ECRS transformation will

					reduce out of area placement of individuals with learning disabilities by providing an intermediate care service in North Wales. At present, many patients who require rapid, crisis response care are sent out of area in the UK. By establishing this provision in North Wales, patients are more able to receive care through the medium of Welsh if required. Transforming the service to provide intermediate care within North Wales will increase opportunities to identify the preferred language of patients/service users in line with the Welsh Language Standards. A

					meeting was subsequently arranged to discuss the next steps.
7	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments. *(Short term)*	Welsh Government will provide the update for this action. Welsh Language is included in the National Planning Guidance for Health Boards. Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on More than just words priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.	Welsh Government	The Health Board has adopted the national guidelines in mainstreaming Welsh language requirements into the health Board's IMTP 2025-2028. Please see column to the right which outlines the objectives for 2025-2026.	2025-2026: • 3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings. • 3D.2 - Adopt the Language Choice Scheme to a specific vulnerable

					patient group. • 3D.3 - Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce. • 3D.4 - In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services,

<table>
<tr><td></td><td></td><td></td><td></td><td></td><td>which have been identified as a priority workforce group.
• 3D.5 – Promote the use of Welsh language within the organisation.</td></tr>
<tr><td>8</td><td>An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh (Medium term)</td><td>Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).</td><td>HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.</td><td colspan="2">Recording language skills is mandatory on ESR. Details of current position with a 95.54% compliance level.
<table><tr><td>umber</td><td>2022/23</td><td></td><td>2023/24</td><td></td></tr><tr><td>Level</td><td>Total</td><td>%</td><td>Total</td><td>%</td></tr><tr><td>liau</td><td>9101</td><td>46.9%</td><td>9645</td><td>46.25%</td></tr><tr><td></td><td>2914</td><td>15%</td><td>2781</td><td>13.34%</td></tr><tr><td>en</td><td>1410</td><td>7.3%</td><td>1371</td><td>6.57%</td></tr><tr><td>olradd</td><td>1456</td><td>7.5%</td><td>1438</td><td>6.9%</td></tr><tr><td></td><td>1700</td><td>8.7%</td><td>1588</td><td>7.62%</td></tr><tr><td>redd</td><td>2829</td><td>14.6%</td><td>2743</td><td>13.15%</td></tr><tr><td></td><td>19,410</td><td>91%</td><td>19,566</td><td>93.8%</td></tr><tr><td></td><td>21,326</td><td></td><td>20,852</td><td></td></tr></table></td></tr>
<tr><td>9</td><td>An annual report will be prepared by an appropriate body to bring together the data</td><td>Welsh Government will work with HEIW and</td><td>HEIW/SCW, health and social care bodies</td><td></td><td></td></tr>
</table>

	relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards. *(Short/medium term)*	SCW to provide the update for this action. Welsh Government has commissioned OB3 to draft the MTJW Annual Report 2024-25. As noted above: Welsh Government will also shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify key data gaps in relation to monitoring outcomes, impact and progress. Health bodies / social services do not need to provide an update on this action for the 2024/25 report.			
10	That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance	The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been	HEIW / Social Care Wales		

	should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate (*Short term*)	used across different settings / policies.			
11	The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies. *(Short term)*	Welsh Government will update on this action. The Duty of Quality has been introduced and the importance of the Active Offer was included in the statutory guidance published in April 2023.	Welsh Government		
12	The importance of the Welsh language in planning and	Welsh Government will update on this action.	Welsh Government		

	delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the More than just words accountability arrangements including the dashboard. *(Medium term)*	Work on the outcomes framework has been paused. As noted above: Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on Mwy na geiriau priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.			
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. *(Medium term)*	Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.	Health and social care bodies, HEIW and SCW	Gaps identified on a service level. e.g gaps identified in SALT services, and training has been targeted at various levels to address needs. 'Bilingual Skills Policy and Procedure' outlines recruitment and retention activities, including the advertisement of posts deemed as Welsh Essential. Four categories of front-line posts have been identified as 'Welsh Essential (ward clerks, receptionists, switchboard staff and patient appointment booking centre staff). If Welsh speakers are not recruited, there is a proviso that the successful candidate will need to learn Welsh.	

				Please note, Learning Pathways have been developed to address this. Swyddi Cymraeg Hanfodol / Welsh Essential Posts (Please note: If details are not accessible, Word copies can be provided).
14	We'll expect all NHS and social care colleagues to follow a language 'awareness 'course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training. *(Medium term)*	Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.	Health and social care bodies	In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board. Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.

				Comp Matrix - Default  Division Health Community Centre (HCCX) Health Community East (HCEX) Health Community West (HCWX) Integrated Clinical Delivery - Primary Care (ICDP) Integrated Clinical Delivery - Regional Care (ICDR) Mental Health & LDS (MX00) Midwifery and Womens Services (WXXX) Corporate Services **Total**
15	The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored	National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes. Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.	Welsh Government / National Centre for Learning Welsh	The Health Board has entered into its sixth 'work Welsh' agreement with the National Centre for Learning Welsh. Priority groups have been targeted (SALT), and a dedicated programme has been developed for 25-26. The National Centre for Learning Welsh funds a Support Officer post which has been strategically aligned to address current gaps in provision within the organisation. A copy of the agreement, targets and management areas can be provided.

	provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. (*Medium term*)			
16	Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities *(Medium term – guidance to be developed and shared in the short term)*	All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.	Health and social care bodies	Already in place. Please see Policy below.  WP51 - Bilingual Skills Policy .pdf Please see details below with regard to the number of posts being advertised as Welsh Essential / Welsh Desirable / Welsh to be learned: **2024 / 2025 Data:** - **Welsh language skills are essential - 301 (6.5 per cent)**

				- **Welsh language skills are desirable - 4238 (92.2 per cent)** - **Welsh language skills to be learnt - 49 (1.1 per cent)** - **Welsh not a required skill - 8 (0.17 per cent)** **Total number of vacancies advertised - 4596**
17	Gradual introduction of a minimum "courtesy" level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. *(Short term- introduction)*	National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations. Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) and delivered locally, and key data on take up.	National Centre for Learning Welsh Health and social care bodies	**Fframwaith sgiliau laith / Welsh language skills framework -** It's also encouraging to see an increasing number of Board members are now engaging in Welsh language learning with the support of the internal tutor, reflecting a strengthened commitment to promoting bilingualism at all levels of the Health Board. *''I have really enjoyed my lessons with Beth. Welsh is such a beautiful language but I was daunted by how different some of the sounds are and how long some of the place names are! Beth has helped me build up from words to phrases, and to gain confidence in trying out what I have learned in meetings and with colleagues. Last week I even opened a meeting in Welsh, which felt amazing!''* Tehmeena Ajmal, BCU Chief Operating Officer Currently teaching 9 Board Members. 4 have successful passed the courtesy Welsh language exam. The others are preparing to sit the exam.

				Gwersi wythnosol Gofal Gorau 1 / Gofal Gorau 1 Weekly Welsh lessons This course is launched three times a year (January, May and September) and runs for a total of 12 weeks, one hour per week. Learners learn basic and courtesy level Welsh language during these sessions and have the option to continue their studies and attend the Gofal Gorau 2 course. 22 members of staff are currently completing the Gofal Gorau 1 course (started in May 2025) **Welsh to be learnt posts** New BCU starters with 'Welsh to be learnt' as part of their contract are mentored by BCU Welsh language training team to ensure they progress with their Welsh language skills. A learning plan is created and staff members attend a one to one session focusing on courtesy language, how to answer the phone bilingually, how to greet patients bilingually face to face and how to give directions. Currently 5 members of staff are completing the programme. Learners who complete the initial programme are encouraged to continue to learn Welsh by attending in-house weekly lessons or the self-studying on-line courses.
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of	Health and social care bodies	**Standard 110** A plan for the next five-year period for Standard 110, which requires us to increase our ability to offer to carry out clinical consultations in Welsh, has been approved by the Welsh Language Strategic

	those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) *(Medium term)*	Welsh across clinical settings.		Forum recently. The new plan will continue to develop bilingual services for our patients, focussing on recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. Work has continued with one of our vulnerable groups, dementia services. The Welsh Language Team recently supported the Dementia Team during Dementia Action Week, with one element of the week-long activities promoting the 'Active Offer' for providing Welsh language services to patients, which is a core element of the Welsh Government's Strategic Framework 'More than Just Words'. The ability to offer services through the medium of Welsh, particularly for this group of vulnerable patients, is extremely important as part of their core care. A copy of the plan can be provided.
19	Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of	Welsh Government has commissioned a suite of films (based in different health and social care settings) and an overarching animation to promote the aims of Mwy na geiriau and the active offer. These will be launched at the	Welsh Government/ SCW and HEIW	 **'Use Your Welsh' Campaign** During March, the Welsh Language Services Team held a campaign with the aim to highlight the importance of offering services through the

	Welsh has in improving outcomes for individuals. *(Medium term)*	National Eisteddfod, Wrecsam. Health and social care bodies to provide information on promotion campaigns they are also delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language.		Welsh language to our patients. Report on the campaign attached.  Use Your Welsh Campaign - BCUHB.d Case studies of learners – can share numerous case studies. Four case studies were developed as part of the 'Use your Welsh' campaign. All individual case studies can be shared. Shortlisted for NHS Wales Award 'Equitable care' for Language Choice Scheme at 2024 awards.
20	Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. *(Short/medium term)*	HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions. Careers Wales to provide information on initiatives promoting the importance of Welsh language skills	Careers Wales / HEIW and SCW / health and care bodies	Report attached on activities undertaken with Careers Wales in schools across North Wales to promote the importance and advantages Welsh as a skill at work. Report attached.  Gweithdai Gyrfa Cymru.docx In addition, numerous sessions and workshops have been held with the North Wales Medical School as part of the new Medical course. Sessions have also been

		in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions. Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.		delivered with a focus on linguistic skills with heath care students at Wrexham University. The Health Board has developed a booklet entitled 'working Bilingually in the Health Sector' which has been shared with secondary schools and higher education providers across North Wales. Attaching English and Welsh electronic versions.  BCUHB - A5 Booklet - ENGLISH.pdf  BCUHB - A5 Booklet - CYMRAEG.pdf	
21	HEIW, MEDR and SCW to monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/ or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the	HEIW / MEDR / SCW to provide data on the numbers of bilingual students being trained as health and social care professionals.	HEIW / MEDR / SCW		

	dashboard development set out under Section 4 *(Short term)*				
22	Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4. *(Short term)*	Welsh Government will include the latest data in the MNG Annual Reports for 2023-24 and 2024-25.	Welsh Government		
23	Welsh Government / MEDR have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School. HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study	Coleg Cymraeg Cenedlaethol to update on the number of undergraduate courses in the areas of health and care. This to include information on health and social care courses where students cannot study one third of the course in Welsh.	HEIW / SCW / Coleg Cymraeg Cenedlaethol		

	one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training. *(Short term)*				
24	Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce. *(Short term)*	Welsh Government is collating information on incentives currently available to students including bursaries.	Welsh Government		
25	Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply	The Doctoriaid Yfory Scheme has now been extended to more general health and social care career including dentistry. Welsh Government will consider opportunities for further promoting the scheme. Coleg Cymraeg Cenedlaethol to	Welsh Government / Coleg Cymraeg Cenedlaethol		

	successfully to study medicine and other subjects. *(Short term)*	provide latest data on take up.			
26	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans. *(Short term)*	HEIW and Coleg Cymraeg Cenedlaethol to provide an update on work being taken forwards to progress this action.	Welsh Government / Coleg Cymraeg Cenedlaethol / HEIW		
27	Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments. *(Short term)*	Welsh Government will provide the update for this action in collaboration with HEIW and SCW.	Welsh Government / SCW / HEIW		
28	Coleg Cymraeg Cenedlaethol is tasked with undertaking a review	Coleg Cymraeg to provide information on	Coleg Cymraeg Cenedlaethol		

	of bilingual provision in health and social care across the FE and apprenticeship sector and making recommendations as appropriate as to further steps required to develop bilingual skills amongst level 2 and 3 learners *(Medium term)*	progress with the review.			
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. *(Short term)*	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb Iaith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and explain why if they haven't.	Welsh Government / Welsh language officers	Information shared for Good Practice Hub. Additional information shared as part of the first 'More than just words' newsletter. It was encouraging to see so many of our articles had been included.	
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user	Health and social care bodies should provide specific examples of where and how the principles of the	DHCW / health and social care bodies		

	interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. *(Short term)*	Bilingual Toolkit has been used.			
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. *(Short term)*	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	See 29 above.	
33	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters *(Medium term)*	Welsh Government will provide the update on this action. The first stage of the survey was completed in December 2024 and results are being analysed. Further qualitative research is being undertaken by an external contractor. This work will report in Autumn 2025.	Health Boards and Primary Care Clusters		

		Health boards Health bodies / primary care clusters do not need to provide an update on this action for the 2024/25 report.			
34	Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia. *(Long term)*	Welsh Government will provide the update on this action. However – as noted for Action 6: Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups. Welsh Government to collate diagnostic assessments and resources that should be available in Welsh. The next step for the longer term would be to prioritise which assessments need to be available in Welsh.	Welsh Government		
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh	Welsh Government / DHCW / health and social care bodies	Staff are provided with the option to have the 'Cymraeg' logo on their uniforms (Nursing and HCSWs).	

	belonging. We'll extend the Iaith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing Iaith Gwaith badges or lanyards. We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (*Short term*)	speaking staff – including any work in relation to digital systems locally. DHCW to update on work happening at a national level to support this agenda.		This information is also monitored and captured as part of the Health Board Mystery Shopper scheme where face-to-face reception services' visits cover whether Welsh speaking staff were identified as such with the 'cymraeg' logo / badges / lanyards. This is reported upon quarterly to the Health Board's Welsh Language Strategic Forum.	
36	We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use	DHCW to update on actions being taken forward to deliver this commitment. DHCW also to provide data on the numbers accessing / using the Welsh language options in the App, if this is possible.	Welsh Government/ DHCW		

	and understand in Welsh and English. *(Medium term)*				
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. *(Short term- joint working on developing standard terms)*	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources.	Welsh Government / health and social care bodies / NWSSP	In progress.	Additional resources have been developed during the year to support staff to use their Welsh. A vocabulary card on using welsh in meetings has been developed, with a QR code linking to a video on the Health Board's YouTube channel to aid pronounciation. Previously developed resources (keyring vocabulary) were reproduced in readiness for the 'Use your Welsh' campaign as uptake and demand for these resources has increased over the year as a result of internal engagement events and activities.

38	We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice. *(Medium term)*	CIW and HIW to provide information on guidance and training for inspectors to support reporting on Welsh language and culture, and the Active Offer. CIW and HIW to also provide relevant inspection data on compliance/non-compliance with Welsh language requirements.	Regulation and Inspection Bodies		
39	Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress. *(Short term)*	Welsh Government will provide the update on this action. This commitment links directly to Action 5 and Welsh Government plans to shortly commission a contractor to identify key data on Welsh Language in health and social care.	Welsh Government		
40	Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify data gaps that would further help measure progress.	Welsh Government will provide the update for this action. This will become possible once the data mapping and review exercise has been	Welsh Government		

	(Develop initial indicators – Short term Identify data gaps – Short term *Fill data gaps where possible – Medium term)*	completed (see Action 5).			
41	Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting. *(Establish working group Short term* *First dashboard publication Medium Term* *Summit to share dashboard with data owners Medium term)*	This will become possible once the data mapping and review exercise has been completed (see Action 5).	Welsh Government		
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	Completed.	
43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis *(First Annual Report – Summer 2023)*	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan	Completed.	

44	Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress. *(Annual advisory report 2023 Advisory report to include reflection on dashboard data from 2025)*	Welsh Government will provide the update on this action. The Advisory Board for Mwy na geiriau has been in place since August 2023.	Welsh Government		
45	Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required. Statement on progress to be shared with Senedd Members annually. *(First Annual Progress Meeting – Autumn 2023 First Statement to Senedd Members – Autumn 2023*	Welsh Government will provide the update on this action. Plans are in place to organise a stakeholder event for 9 October 2025.	Welsh Government		

	From 2025 the progress report to include the performance data dashboard)				

Completed form to be returned by no later than: 1 September 2025

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

People and Culture Committee

HEALTH, SAFETY AND SECURITY ANNUAL PERFORMANCE REPORT 2025-2026

Date of Meeting	13 August 2026
Publication Status	Open/ Public
	Business Sensitive
Report Author name and title	Lynne Bushell Head of Health, Safety and Security
Lead Executive Team Member name and title	Stuart Keen Director of Environment and Estates

Report Purpose	For Approval

Executive Summary

This paper presents the Health, Safety and Security Annual Performance Report for 2025-2026 and provides the Committee with an overview of organisational performance, key risks, positive areas of progress and strategic priorities for 2026-2027.

Recognising the Health Board is on a journey, and whilst the overall assurance position remains partial assurance, the report demonstrates significant progress in the maturity of the Health Board's health and safety management arrangements over the last three years. The organisation has moved from addressing fundamental governance and assurance weaknesses identified through Internal Audit and organisational gap analysis in 2023-2024, to establishing a structured Health and Safety Management Framework supported by assurance, audit and validation processes in 2025-2026.

Over the last three years the Health Board has delivered a significant programme of improvement. In 2023-2024 the organisation was responding to a Limited Assurance Internal Audit and undertaking a comprehensive review of its governance and assurance arrangements. By 2024-2025 the majority of Internal Audit actions had been completed, governance arrangements had been strengthened and improvements in incident performance and manual handling compliance were being demonstrated. During 2025-2026 the organisation implemented a formal Health and Safety Management Framework, introduced NHS Health and Safety Standards, established audit and validation processes and

developed a structured assurance model. Collectively these developments represent a significant increase in organisational maturity and provide stronger assurance regarding health and safety performance than was available three years ago.

The direction of travel over the last 36 months, has been to:

- Establish clear Executive and Board oversight arrangements for health and safety.
- Implement a formal Health and Safety Management Framework aligned to recognised NHS standards.
- Introduce the NHS Health and Safety Standards self-assessment programme across the organisation.
- Develop structured audit, validation and data triangulation processes to improve assurance.
- Strengthen the Strategic Occupational Safety and Health Group (SOSHG) and supporting governance arrangements.
- Progress and completed the majority of Internal Audit actions arising from the 2024 Limited Assurance review.
- Develop a comprehensive Health and Safety Training Needs Analysis to support a risk-based approach to competence assurance.
- Improve incident reporting quality and organisational understanding of risk.

The report demonstrates sustained improvement across several key performance areas, including:

- Staff accident and injury incidents reduced from 1,044 in 2023-2024 to 985 in 2025-2026.
- Manual Handling Level 2 compliance increased by 44% over four years and reached approximately 81% during 2025-2026.
- Mandatory Health and Safety training compliance continues to exceed 85% across most service areas.
- The majority of Internal Audit recommendations arising from the 2024 Limited Assurance review have been completed.
- Introduction of self-assessment, audit validation and data triangulation processes has significantly improved organisational understanding of compliance and risk.
- The organisation is now able to identify gaps between perceived and actual compliance and target improvement activity accordingly.
- Importantly, many of the gaps identified within the report reflect improved organisational scrutiny, greater transparency and a more mature approach to assurance rather than deterioration in performance. The Health Board is increasingly able to identify, measure and address areas requiring improvement through evidence-based assurance processes.

The Committee is asked to:

- Note the Annual Health, Safety and Security Performance Report 2025-2026.

- Take assurance from the progress made in health and safety governance, assurance and organisational oversight over the last three years.
- Note the overall Partial Assurance position but recognise we are on a journey but continue making significant strides.
- Endorse the strategic priorities identified for 2026-2027.
- Support continued development of organisational health and safety systems, governance arrangements and workforce capability.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome, Evidence and Data**
Strategic Occupational Safety and Health Group (SOSHG)	Ongoing	Regular oversight of health and safety risks, governance, audit monitoring and policy development.
Executive Committee	July 2026	Consideration of Annual Performance Report and assurance position.
People and Culture Committee	Current	Receipt of annual assurance report and consideration of strategic priorities.

Acronyms / Glossary of Terms	
COSHH	Control of Substances Hazardous to Health
HSE	Health and Safety Executive
OSHMS	Occupational Safety and Health Management System
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
SOSHG	Strategic Occupational Safety and Health Group
TNA	Training Needs Analysis

HEALTH, SAFETY AND SECURITY ANNUAL PERFORMANCE REPORT 2025-2026

1. SITUATION

This report provides assurance regarding the Health Board's performance in relation to health, safety and security during 2025-2026 and highlights both the progress achieved and the areas requiring continued focus.

2. BACKGROUND

The Health Board has a statutory duty under the Health and Safety at Work etc. Act 1974 to ensure the health, safety and welfare of staff, patients, visitors and others affected by its activities.

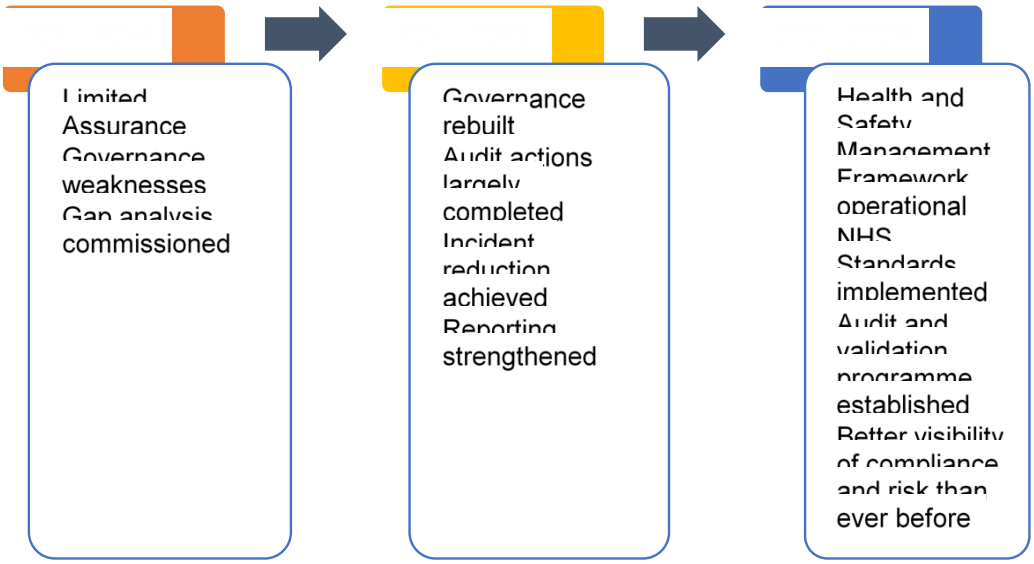
The last three years have represented a significant period of change and improvement for health and safety management within Betsi Cadwaladr University Health Board.

In 2023-2024 the organisation was responding to a Limited Assurance Internal Audit together with identified weaknesses in governance, policy management, reporting and organisational assurance arrangements. A comprehensive gap analysis was subsequently completed and informed a programme of improvement.

During 2024-2025, the organisation focused on strengthening governance arrangements, progressing audit recommendations, rebuilding service capacity, improving reporting mechanisms and developing the NHS Health and Safety Standards self-assessment programme. Significant progress was made and the majority of Internal Audit actions were subsequently completed.

During 2025-2026, this work matured further through implementation of a Health and Safety Management Framework, structured audit and validation programmes, and starting to develop a Training Needs Analysis and improved assurance arrangements. These developments have established stronger organisational foundations. Next steps are to improve understanding of risk across the Health Board.

3. THE JOURNEY



4. SPECIFIC MATTERS FOR CONSIDERATION

The Committee is asked to consider:

- Progress achieved against the three-year improvement journey.
- The implementation and effectiveness of the Health and Safety Management Framework.
- Outcomes from the NHS Health and Safety Standards self-assessment process, including the audit, validation and assurance findings.
- Performance trends relating to workforce safety, incident reporting and training compliance.
- Strategic priorities identified for 2026-2027.

5. KEY RISKS / MATTERS FOR ESCALATION

Despite progress, several significant risks remain:

- Violence and aggression towards staff continues to represent a significant organisational risk.
- Health and safety risk management arrangements require further maturity and digital support. The committee is asked to support this requirement.
- Training and competence assurance requires continued development through implementation of the Training Needs Analysis once finalised and approved.
- Workforce capacity pressures continue to impact delivery in several service areas.
- Governance effectiveness and organisational engagement require further strengthening to ensure consistent assurance.

6. RECOMMENDATIONS

The People and Culture Committee is asked to:

- **NOTE** the Health, Safety and Security Annual Performance Report 2025-2026.
- Take assurance from the progress made in strengthening governance, assurance and organisational oversight not only over the last 12-months but also the 36-months.
- **RECOGNISE** the significant improvement journey undertaken following the 2024 Internal Audit and health and safety gap analysis.
- **ENDORSE** the strategic priorities for 2026-2027 including:
  - Development of a Health and Safety Risk Management Framework;
  - Implementation of a digital risk management solution;
  - Implementation of the Health and Safety Training Needs Analysis;
  - Strengthening of incident investigation arrangements;
  - Further development of SOSHG governance and accountability arrangements.
- **SUPPORT** continued organisational focus on workforce safety, particularly violence and aggression prevention.

ASSESSMENT	
Link to Strategic Intentions	4.Create a Modern, People Centred Healthcare System
	If more than one applies, please list below:
Design Principles	People First If more than one applies, please list below:
Corporate Risks and Board Assurance Framework	Health and Safety Compliance and Governance Risk (CRR 25-10), current risk score 16. Related risks include Manual Handling Compliance and Security Services risks.
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	This report is for assurance only and does

		not introduce new policy or service change.
Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	Assurance Report Only
Quality *Have you undertaken a Quality Impact Assessment Screening?*	**Enablers of Quality** Learning, Improvement & Research	**Domains of Quality** Safe
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No direct impact
Data Protection Impact Assessment *Have you undertaken a Data Protection Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No personal data
Counter Fraud Impact Assessment *Have you considered the counter fraud impacts*	Yes: ☐	No: ☒
	Outcome:	
	If no, please include rationale:	No specific impact
Legal	Yes (Include further detail below)	

	Statutory duties under Health and Safety Legislation
Reputational	Yes (Include further detail below)
	Failure to address issues may impact organisational reputation.
Resource Impact *(People / Financial)*	Yes (Include further detail below)
	Workforce capacity and need for investment in systems and staffing identified.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health, Safety and Security Annual Performance Report

Report Presented to:

People and Culture Committee

Date of Meeting: 13th August 2025

Period Report Covers: 01/04/2025 – 31/03/2026

Report Presented by:

Stuart Keen, Director of Environment and Estates

Report Prepared and Presented by:

Lynne Bushell, Head of Health,Safety and Security
With contributions from the Health, Safety and Security Team

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Cyfarfod a dyddiad: Meeting and date:	Executive Committee						
Cyhoeddus neu Breifat: Public or Private:	Private						
Teitl yr Adroddiad Report Title:	Summary Annual Health and Safety Report 2025-2026						
Cyfarwyddwr Cyfrifol: Responsible Director:	Stuart Keen, Director of Environment and Estates						
Awdur yr Adroddiad Report Author:	Lynne Bushell, Head of Health, Safety and Security With contributions from the Health, Safety and Security Team						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	**x**	**Ar gyfer Trafodaeth For Discussion**		**Ar gyfer sicrwydd For Assurance**		**Er gwybodaeth For Information**	
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable						**N**	

Contents

Executive Summary

This report provides the Board with an overview of the Health Board's performance in relation to health, safety and security for the period 1 April 2025 to 31 March 2026, including key risks, areas of improvement, and priorities for 2026–2027.

Overall Assurance Position

The Health Board can demonstrate partial assurance in relation to compliance with its statutory health and safety duties.

While there is clear evidence of progress in strengthening governance arrangements, audit processes, and the development of a structured Health and Safety Management Framework, significant gaps remain in the consistent implementation of risk management, alignment of training to risk, and the maturity of supporting systems.

These gaps present moderate to high organisational risk, particularly in relation to workforce safety, patient safety, and regulatory compliance and align to the corporate risk.

Key Performance Overview

- Incident reporting remains high, with persistent risk themes consistent with previous years:
  - Sharps injuries
  - Slips, trips and falls
  - Violence and aggression

- There has been improvement in the quality and accuracy of incident reporting, particularly in relation to the classification of violence and aggression.

- Reporting under RIDDOR remains a concern, with:
  - Increased scrutiny of incidents
  - Ongoing challenges in meeting statutory reporting timelines

- Violence and aggression incidents remain a significant and sustained risk to staff, with:
  - High volumes of reported incidents
  - Increasingly accurate recording of physical assaults

- Manual handling compliance continues to improve, but remains below target and is challenged by capacity pressures and workforce constraints.

Key Risks to the Organisation

The most significant health and safety risks identified during the reporting period are:

1. Violence and aggression towards staff
   - Sustained high levels of incidents
   - Risk of physical and psychological harm
2. Lack of a mature health and safety risk management system
   - Absence of a digital solution
   - Inconsistent identification, recording and escalation of risk
3. Training misalignment and gaps in competence assurance
   - No fully embedded Training Needs Analysis
   - Limited ability to demonstrate a risk-based approach
4. Manual handling capacity and compliance challenges
   - Workforce and training capacity constraints
   - Persistent DNA rates
5. Governance and assurance inconsistency
   - Variable engagement at Strategic Occupational Safety and Health Group (SOSHG)

- Gaps in local reporting and escalation

Key Areas of Progress

During 2025–2026, the Health Board has made measurable progress in several areas:

- Implementation of a formal Health and Safety Management Framework aligned to NHS standards
- Introduction of a structured self-assessment and audit programme, including validation and data triangulation
- Development of a Training Needs Analysis, providing the foundation for a more coherent and risk-based approach to competence
- Improved incident data quality, particularly in relation to violence and aggression
- Progress in addressing findings from the internal audit, with the majority of actions now complete

Key Areas Requiring Improvement

Despite this progress, a number of critical areas remain underdeveloped:

- Risk management systems and processes are not yet sufficiently embedded
- Training provision is not fully aligned to organisational risk
- RIDDOR reporting timeliness remains inconsistent
- Governance effectiveness, particularly SOSHG engagement and quoracy, requires strengthening
- Workforce capacity continues to limit service delivery in key areas, including manual handling

Strategic Priorities for 2026–2027

The Health Board will prioritise the following actions:

- Implementation of a Health and Safety Risk Management Framework, supported by an appropriate digital system
- Completion and implementation of the Training Needs Analysis
- Development of a Health and Safety Incident Investigation Framework
- Strengthening of Strategic Occupational Safety and Health (SOSHG) governance arrangements, including accountability and reporting
- Targeted action to address violence and aggression, aligned with national standards
- Review of the Health, Safety and Security service structure to ensure it is sufficient to meet organisational needs

Conclusion

The Health Board has made meaningful progress in strengthening its approach to health and safety during 2025–2026. However, the organisation remains on a journey, with important structural and system-wide improvements still required.

Without continued focus and investment, the Health Board remains exposed to ongoing risks associated with workforce safety, violence and aggression, and inconsistent risk management practices.

Recommendations to the Board

The Board is asked to:

1. Note the overall position of partial assurance
2. Endorse the strategic priorities for 2026–2027
3. Support the development of:
   - A digital risk management solution
   - A fully implemented Training Needs Analysis
4. Agree the need to strengthen governance and accountability through SOSHG
5. Consider the future resourcing requirements of the Health, Safety and Security service

1. Introduction

This summary Health and Safety Annual Report covers the period 1st April 2025 – 31st March 2026.

The report outlines key developments and the work that has been undertaken during this reporting period and is an opportunity to consider work planning and the objectives for the year ahead.

The Health and Safety at Work etc. Act 1974, and associated regulations, provide a legislative framework to promote, stimulate and encourage excellent health and safety at work standards. The purpose is to ensure the health, safety and welfare of employees and anyone who may be affected by the Health Board's work activities.

In particular, the act requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment, including provision and maintenance of access to and egress from premises.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training and supervision, as necessary.
- Adequate welfare facilities.

At Betsi Cadwaladr University Health Board (here in referred to as 'the Health Board') overall responsibility for health and safety sits with the Chief Executive Officer; however, nominated responsibility is assigned to the Director of Environment and Estates.

2. Service Strategy

The Management of Health and Safety at Work Regulations requires the Health Board to appoint one or more competent persons to assist in achieving compliance with the relevant health and safety statutory requirements. The Health Board fulfils its responsibility for health and safety by:

- Maintaining a team of professionals to provide advice and support in relation to health and safety matters.
- Offering and facilitating a range of health and safety training courses in addition to the mandatory eLearning modules.
- Measuring compliance with health and safety policies through Health and Safety Reviews and other monitoring mechanisms such as monthly and quarterly performance reports.
- Consulting, in various ways, with the workforce in relation to health, safety and welfare, including via the Strategic Occupational Safety and Health Group (SOSHG).

The Health and Safety Team comprises of the following services:

- Health and Safety
- Manual Handling
- Mask Fit Testing
- Security including Violence and Aggression

Collectively, the team have built on and continue to further embedded proactive systems designed to raise awareness, and as far as is reasonably practicable, prevent or reduce the risk of harm occurring. These included introducing or reviewing several policies and procedures, including:

  - HS09 Control of Noise at Work Procedure and associated supporting documents
  - HS17 DSE Procedure and associated supporting documents
  - HS23 CCTV and Body Worn Video Procedure
  - HS33 Suspect Packages and Bomb Threat Procedure
  - HS34 Lockdown Policy
  - RIDDOR Flowchart
  - Managing COSHH in Offices

3. Occupational Safety and Health Management System (OSHMS)

3.1. BCUHB Health and Safety Standards – Self-Assessment Programme

In the Health and Safety Strategic Plan and Gap Analysis aligned to the Health and Safety Executives 'Plan, Do, Check, Act' model, taken from HSG65: Managing Health and Safety, the Corporate Health, Safety and Security Team committed to implementing the NHS Employers Workplace Health and Safety Standards, which were developed with the support of the Health and Safety Executive.

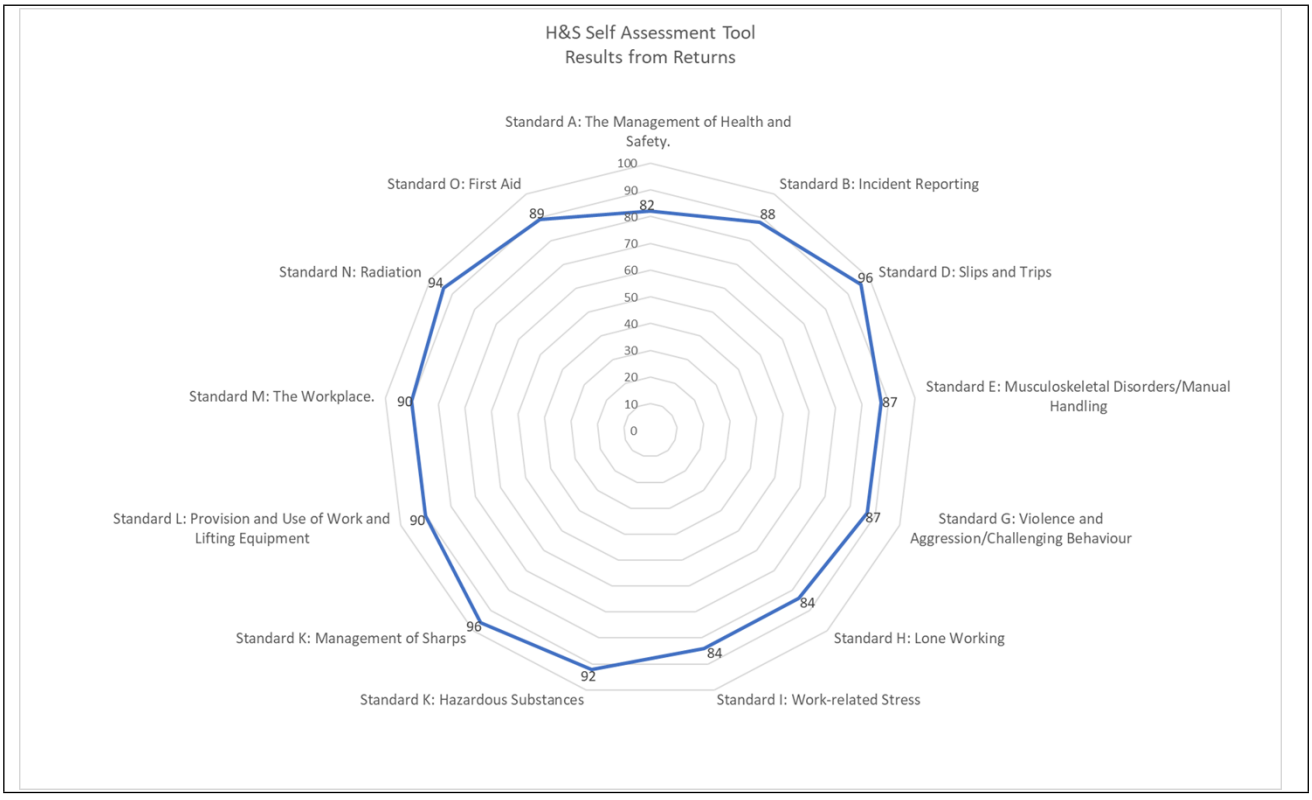
The standards are recognised as a leading indicator of health and safety performance and will be a mechanism to monitor the Health Board's Health and Safety Management Framework from Ward to Board.

In compliance with the Health Board's Health and Safety Policy, the annual Health and Safety Self-Assessment Tool was circulated for completion at ward and department level. This was the first step in the transition over to the standards

The self-assessment was rolled out as set out below.

- Cohort 1: April - East IHC, Central IHC, West IHC (DGHs only), Environment and Estates, Radiology, and MHLD.
- Cohort 2: October – Cancer Services, Womens and Maternity Services, Community Services, Pan Services, Corporate Services, and Primary Care.

Collation of the responses from this self-assessment tool have been used to identify areas of risk and this will allow mitigations to be implemented for a stronger more robust safety management system going forward. The Radar graph below shows the self-assessment results from a pan-BCUHB perspective for the full financial year 2025-2026 inclusive of both cohorts. Further analysis of these findings can be found in section 7.3 of this report: Audit, Monitor and Review.



3.2. Health and Safety Risk Assessment and Risk Management

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. To support this compliance, the Health and Safety Team continued provide advice and guidance in the development of health and safety risk assessments.

There is one risk on the Corporate Risk Register linked to health and safety, which is risk ID 5040 (CRR 25-10). This risk has a score of 16, and is progressing. Significant progress has been made in strengthening governance, including the implementation of a Health and Safety Management Framework aligned to NHS Health and Safety Standards, enhanced Board-level oversight, and a structured programme of self-assessment. Key improvement actions remain in progress, particularly in relation to workforce capacity, digital risk management systems, and training. These actions are directly aligned to internal audit recommendations and are expected to further strengthen assurance and reduce organisational risk during 2026–27 subject to time and investment.

Other associated risks on the Risk Register are:

- Risk ID: 3893 - Manual Handling Training Compliance. This has a risk score of 16.
- Risk ID: 5041 - Security Services. This has a risk score of 12.

The management and oversight of operational health and safety risks remains a key area for improvement. This was identified as a priority workstream for 2025–2026 within the Health and Safety Strategic Plan and the gap analysis undertaken in September 2024.

Progress in this area has not yet commenced during the reporting period. Delivery requires organisational support, investment in an appropriate technology solution, and close collaboration with the Corporate Risk Management function to ensure alignment with wider risk management processes.

A structured plan has been developed to support progression, providing a clear framework to initiate and sustain improvement. This includes the temporary support of an experienced Risk Advisor to establish the approach and build momentum. In the longer term, it is hoped that this will be supported by the appointment of a permanent, full-time Risk, Health and Safety Manager to provide dedicated capacity and leadership for this workstream.

4. Communication and Consultation

4.1. Strategic Occupational Safety and Health Group (SOSHG)

The Strategic Occupational Safety and Health Group (SOSHG) continues to provide the primary forum for the oversight of health and safety across the Health Board. The Group is chaired by the Director of Environment and Estates, meets bi-monthly, and is accountable to the People and Culture Committee, with escalation to the Board where required.

SOSHG retains responsibility for monitoring the development, implementation and effectiveness of the Health Board's health and safety management arrangements. This is supported by a number of specialist sub-groups, including Asbestos, Fire, Water, Electrical and Security, designed to provide focused assurance in key risk areas.

During 2025–2026, a draft Health and Safety Meetings Governance Framework, including revised Terms of Reference and a standardised reporting structure, has been developed to strengthen governance arrangements and improve clarity of roles, responsibilities and escalation routes. However, this framework remains subject to consultation and formal approval.

Whilst SOSHG continues to discharge its core functions, progress in strengthening its effectiveness during the reporting period has been limited. Challenges have included inconsistent

attendance, with quoracy not always achieved, and variable levels of engagement from Divisions and service areas.

Addressing these issues continues to be a priority for 2026–2027. Planned actions include formal approval and implementation of the governance framework, reinforcement of accountability for attendance and reporting, and improved alignment between divisional governance structures and corporate health and safety arrangements. These actions are expected to strengthen organisational oversight, improve assurance, and support more effective management of health and safety risks across the Health Board.

4.2. Health and Safety Intranet Pages on BetsiNet

Work to update the Health and Safety Intranet Pages continues to ensure that it is a functional and informative resource available for use by all employees across the Health Board.

5. Training and Competence

The Health and Safety at Work etc. Act 1974 places a duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by its activities. This includes the provision of appropriate information, instruction, training and supervision. Managers and supervisors play a key role in meeting these duties, including ensuring staff are adequately supported to work safely and that robust arrangements are in place for monitoring and compliance.

During 2025–2026, significant progress has been made in strengthening the organisation's approach to training and competence. Central to this has been the development of a Training Needs Analysis (TNA), which is now nearing completion and will be presented to the Strategic Occupational Safety Steering Group (SOSHG) later this year. The TNA represents a key milestone in establishing a more structured, risk-based approach to health and safety training, ensuring that staff receive training appropriate to their role, responsibilities, and work environment.

The TNA has been developed in the context of Health Education and Improvement Wales (HEIW) reviewing statutory and mandatory eLearning requirements, and it will provide clarity on the level and type of training required across the organisation. This work addresses a previously identified gap, whereby critical responsibilities, such as risk assessment and incident investigation, which are not aligned to mandatory training requirements. The implementation of the TNA will therefore strengthen assurance that legal duties, including the requirement for suitable and sufficient health and safety risk assessments, are supported by appropriate competence of those assigned to their development.

During the reporting period, a range of health and safety training programmes have been delivered to support organisational capability. These have included the NEBOSH Award and NEBOSH Certificate qualifications, alongside targeted courses in risk assessment, control of substances hazardous to health (COSHH) and reporting of injuries, diseases and dangerous occurrences (RIDDOR). In addition, a new one-day course, Working Safe, Working Strong, has been developed, modelled on IOSH Managing Safely principles. This course is designed to provide a practical, accessible foundation in health and safety principles and will be launched in the 2026–2027 financial year.

Looking ahead, the training programme for 2026–2027 will focus on quality, consistency and alignment with the forthcoming TNA. As part of this, the existing risk assessment, COSHH and RIDDOR courses will be reviewed and overhauled to ensure they remain current, relevant and aligned to organisational needs and legislative requirements. During this review period, the delivery of these courses will be scaled back to enable redevelopment and quality improvement.

Work has also been undertaken to explore the development of apprenticeship pathways aligned to roles within the Health, Safety and Security portfolio. Engagement with HEIW to date has not

yet resulted in an agreed framework; however, this remains an area of strategic interest. Ongoing dialogue will continue, and contributions have been made to HEIW's broader strategy development, including attendance at national engagement events.

Overall, the organisation has made measurable progress in strengthening its approach to training and competence, moving towards a more structured and evidence-based model. The completion and implementation of the Training Needs Analysis in 2026–2027, once approved, will be a key enabler in ensuring that staff at all levels have the knowledge, skills and competence required to work safely and to meet both organisational and legal requirements.

5.1. Health and Safety Training

The table below shows compliance with statutory and mandatory Health and Safety Level 1 eLearning training broken down by service as at 31/03/2026.

eLearning Mandatory Training	DIVISION / DIRECTORATE						
	Cancer Services	Diagnostics & Clinical	IHC Central	IHC East	IHC West	MHLD	Womens and Midwifery
Health, Safety & Welfare 25-26	376 84.49%	1131 90.41%	4899 90.09%	5160 92.81%	4126 91.28%	2160 93.79%	759 88.46%
Trajectory		⬆	⬆	⇔	⇔	⬆	⬇
Health, Safety & Welfare 24-25	376 87.85%	1001 83.70%	4867 89.47%	5158 92.84%	4070 91.34%	2076 92.47%	780 91.66%

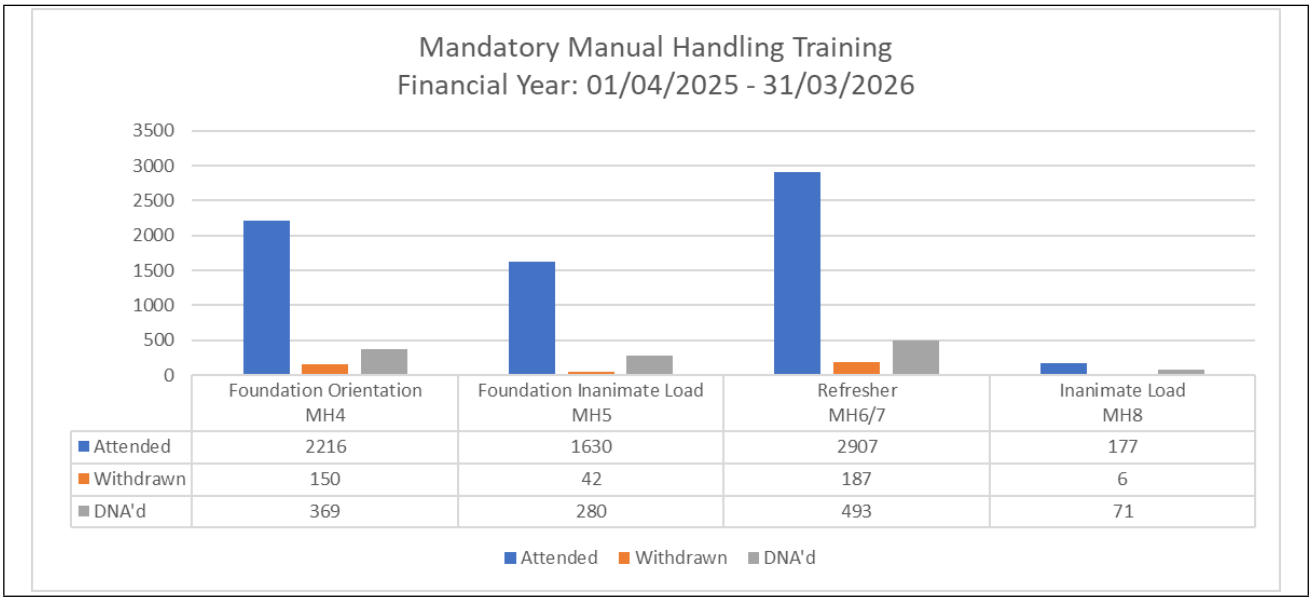
New to this year's annual report are:

eLearning Mandatory Training	DIVISION / DIRECTORATE			
	Corporate Services	Environment and Estates	ICD – Primary Care	ICD – Regional Care
Health, Safety & Welfare 25-26	10,478 87.94%	251 91.27%	237 90.46%	1507 88.86%
Trajectory	⬆	⬇	⇔	⇔
Health, Safety & Welfare 24-25	10,466 83.43%	257 93.45%	250 91.58%	1437 88.49%

The table below shows health and safety training courses run and attendance across the services for the financial year 2025/2026.

	HEALTH AND SAFETY TRAINING								
	Cancer Services	Corporate Services	DSCSS	Environment & Estates	IHC Central	IHC East	IHC West	MHLD	Midwifery and Womens
BESPOKE	0	0	0	13	6	21	29	0	1
COSHH AWARENESS	1	31	18	8	53	54	59	13	2
HS01 HEALTH AND SAFETY SELF-ASSESSMENT TOOL BOX TALK	1	41	2	11	45	12	55	5	0
ORIENTATION/MANDATORY HEALTH AND SAFETY TRAINING (CLASSROOM)	0	0	0	0	13	5	4	0	0
NEBOSH HEALTH AND SAFETY AT WORK AWARD	0	27	8	9	26	11	28	12	3
RIDDOR AWARENESS	0	45	15	16	41	32	50	15	2
RISK ASSESSMENT MADE EASY	0	34	16	13	43	51	51	20	2
TOTAL	2	137	59	48	234	191	279	212	57

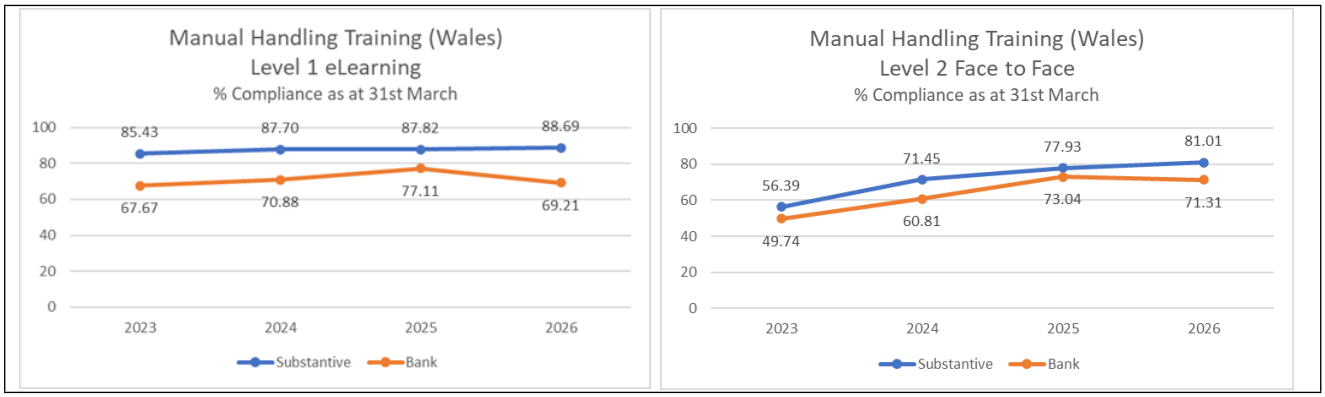
5.2. Manual Handling Training



The graph above shows the breakdown of courses by attendance etc., which demonstrates demand for all the courses remains strong but capacity pressure is evident from the number of DNAs and withdrawals recorded.

Course	No. of DNAs	%
Foundation Orientation MH4	369	16.65%
Foundation Inanimate Load MH5	280	17.18%
Refresher MH6/7	493	16.96%

DNA rates are a key issue as levels are significant across all courses, as can be seen below. However, it is important to note that the percentage is consistent and systemic. This is not course supply issue, instead indicates a 'booking -v- release -v- engagement' issue likely to be driven by organisational pressures in the clinical and non-clinical environment.



Source: Workforce BI Dashboard. All data correct as at 25/06/2025.

Manual handling training compliance for Level 2 has seen a 44% increase in compliance over the last 4-years as well as a steady increasing trend year on year. In comparison to the last financial year, Level 2 training is up by 4%. This demonstrates that the targeted intervention using ESR data is working. However, the loss of two trainers is reducing course availability and placing pressure on the manual handling service to maintain performance when coupled with the team's student training commitment.

In addition to this increase, training delivered to university students taking up placements with BCUHB, is around an additional 700 training places.

Focus is needed in reducing the number of DNAs. Attendance on all mandatory courses, but specifically those designed to provide the tools and techniques to prevent harm, sits with line manager. However, in addition to this, during this financial year, a review of 'positional numbers' commenced with the ESR Team. Positional numbers are intrinsically linked to the Job Description and Person Specification. If these are not allocated accurately at recruitment stage, it is likely to lead to complications and inconsistencies in the future. Where a positional number is shared across multiple staff members, and some require Level 2 training while others do not, the Level 2 requirement remains attached to that positional number to ensure consistency.

Based on the review undertaken at the time of writing, it is not anticipated that adjustments to positional numbers will have a significant impact on overall compliance levels and staff who are currently allocated Level 2 training but believe it is not required, will continue to be recorded as non-compliant unless they attend the training. Ways to improve compliance and reduce the need to remove Level 2 requirements from positional numbers, will continue to be explored in the new financial year.

Providing more bespoke training would ensure that staff are equipped with the appropriate skills for their specific work environment, while also enabling them to recognise and challenge poor practice where it is observed. As a consequence, in this financial year, the Manual Handling Service began exploring the upskilling of manual handling champions to support with bespoke and/or refresher training.

The loss of key trainers has impacted delivery and recruitment has been further impacted due to the vacancy freeze. Without this, the upward trends we have seen in recent years may plateau or reverse.

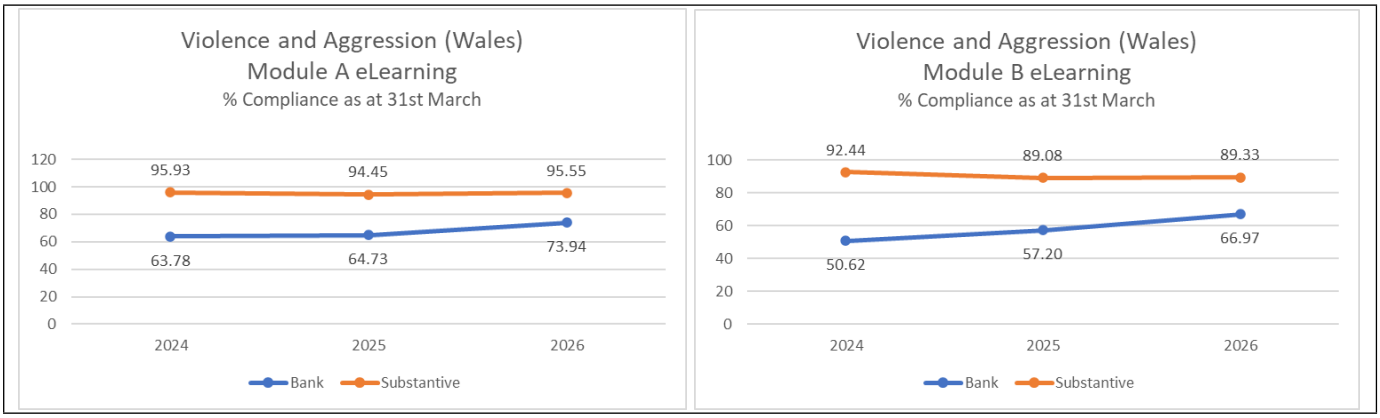
5.3. Violence and Aggression and Personal Safety Training

Training associated with violence and aggression and personal safety follows the All-Wales Violence and Aggression Passport, which is broken down into four modules:

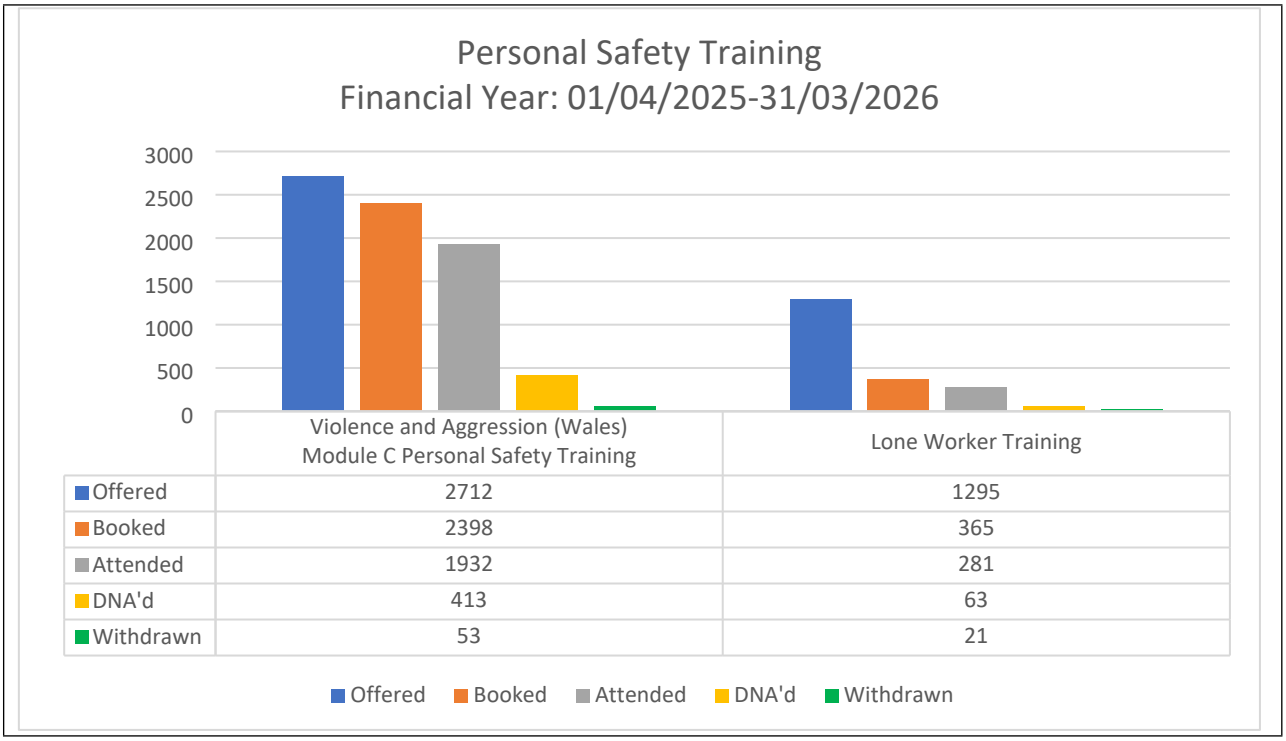
Module A – Awareness
Provides basic awareness of violence and aggression, including recognising early warning signs, personal safety, and reporting/escalation. The target audience is all staff as a foundation level for all employees.

Module B – De-escalation
Develops communication and behavioural skills to prevent and de-escalate conflict, including recognising triggers and managing challenging situations safely. The target audience is staff with regular interaction with patients, visitors, or the public, including most frontline clinical and support roles.

Compliance for these modules for substantive staff are routinely above the Health Boards target of 85%; however, further work is required for Bank and Locum colleagues, particularly those who work in higher risk areas such as Emergency Department, Assessment Units, Community Locations.



Module C – Breakaway Techniques and Lone Working
Provides practical training in safe disengagement (breakaway) techniques and managing physical aggression within legal and safety frameworks. The target audience is staff working in higher-risk environments where there is a foreseeable risk of physical aggression e.g. Emergency Departments, Security Roles, some Community Services. Neither of these courses are mandated, attendance is driven through the findings from the risk assessment developed by the various services. Currently the Security Team are unable to break down the training figures into Division, Directorate or service area, but work is underway to try to



The table above shows that Module C training is well utilised and that this course is relevant and necessary. Most staff who do book Module C also attend, which is positive; however, there is still a 20% attrition rate between booking and attendance.

As with Manual Handling Level 2 training, the number of DNAs is significant and the likely attributable factor is operational pressures or bookings are being made without release to attend being secured with the manager.

Lone worker training on the other hand shows that supply is high but demand is relatively low with only 28% of available places being booked.

The absence of service-level data and the ability to link training to risk assessments means that the organisation is currently unable to determine whether training provision is aligned to

organisational risk, or whether staff working in environments with a foreseeable risk of violence and aggression are consistently receiving appropriate training.

This lack of visibility limits the ability to:

- Provide assurance of compliance
- Demonstrate a risk-based approach to training provision
- Evidence that resources are being targeted appropriately to areas of greatest need

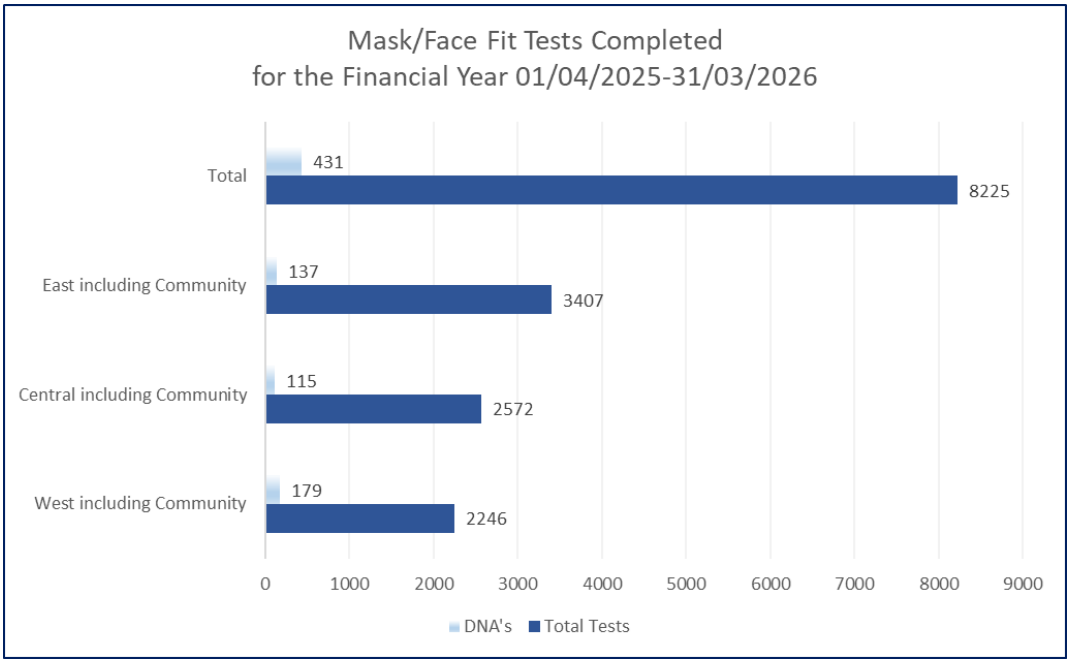
The development of ESR reporting functionality and the implementation of a electronic centralised risk assessment system will be critical in enabling a more targeted, risk-based approach to training delivery, and in providing meaningful assurance regarding compliance and workforce safety.

Module D – Advanced Restrictive Interventions
Covers specialist skills in managing high-risk violent situations, including the use of restrictive interventions in line with legal, ethical, and least-restrictive practice principles. The target audience is staff in specialist Mental Health and Learning Disability services, or other high-risk areas where restrictive interventions may be required.

Module D is not managed by the Health, Safety and Security Team. It is led and governed by Mental Health and Learning Disability services, reflecting its clinical and specialist nature.

Manual Handling Level 2 and Violence and Aggression Module C Training:
The Health Board entered into a 3-year contract with the University of Wrexham to provide statutory and mandatory training for students specific to Level 2 Manual Handling and Module C Personal Safety Training.

5.4. Mask/Face Fit Tests



Work is underway to transition from a legacy, blanket approach to face fit testing, implemented during the COVID-19 pandemic, to a risk-based model aligned to COSHH and respiratory protection requirements. A structured triage questionnaire is being developed, requiring line managers to assess their teams against defined risk criteria (including exposure to aerosol-generating procedures, airborne infections, and hazardous substances). This enables staff to be categorised into four risk tiers, ensuring that fit testing is targeted to those with a demonstrable occupational need, rather than applied universally.

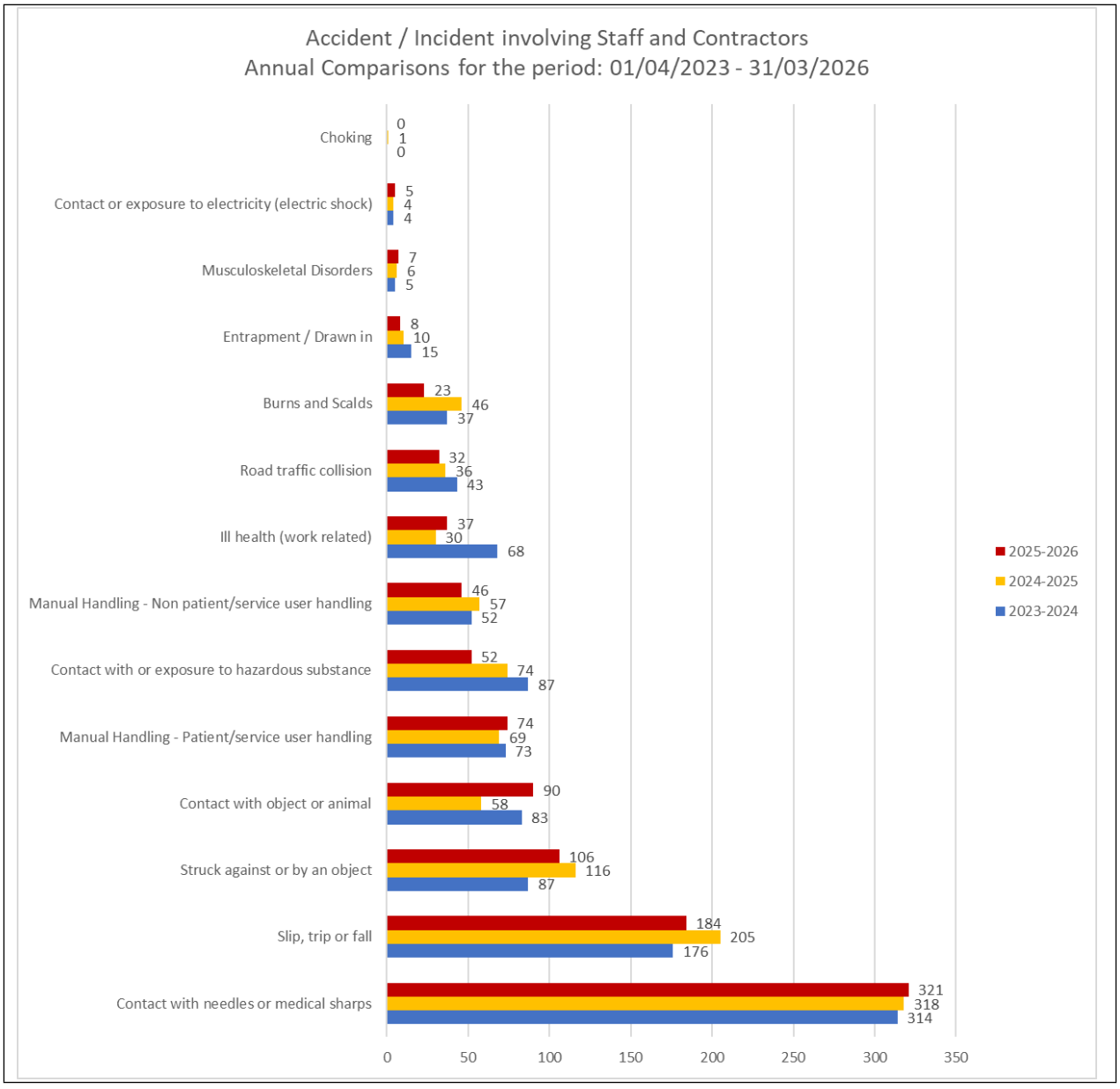
The proposed model was presented to the Strategic Occupational Health and Safety Group (SOHSG) in April 2026 and approval for the new approach is now being sought from clinical services. Once agreed, it will be implemented through a phased rollout, including manager engagement, data collection, validation, and the development of a targeted fit testing programme.

This approach is expected to improve data accuracy, strengthen managerial understanding of risk, and ensure resources are prioritised effectively.

6. Incident Reporting

6.1. Accident / Injury Incidents Reported

The tables below show the number of reported incidents for the past 3-consecutive years: 2025/2026, 2024/2025, 2023/2024 for comparison by 'Category'.

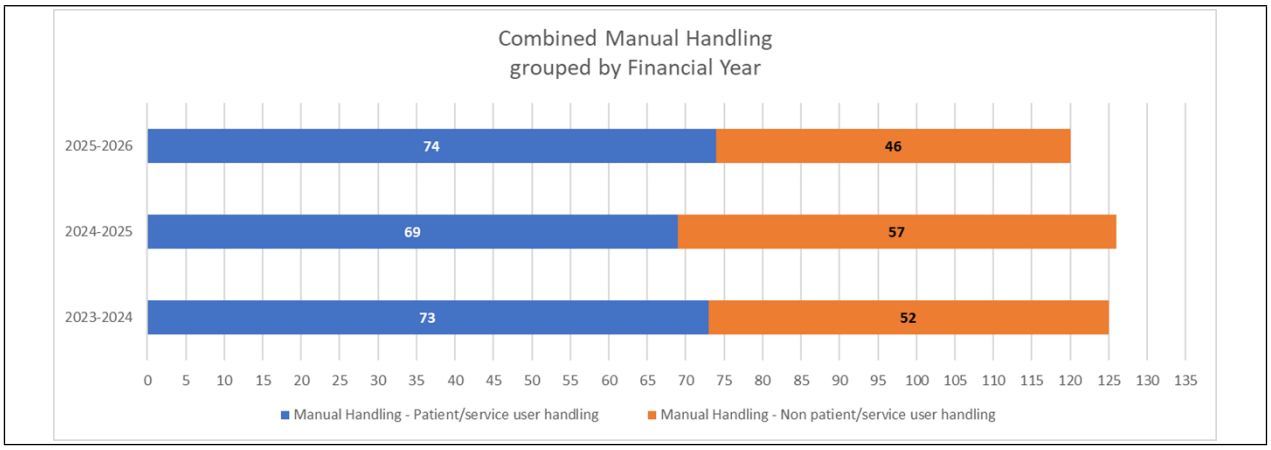


It can be seen from the graph above that the analysis of staff and contractor accident and injury data over the three-year period demonstrates a gradual reduction in total incidents, from 1,044 in 2023–2024 to 985 in 2025–2026.

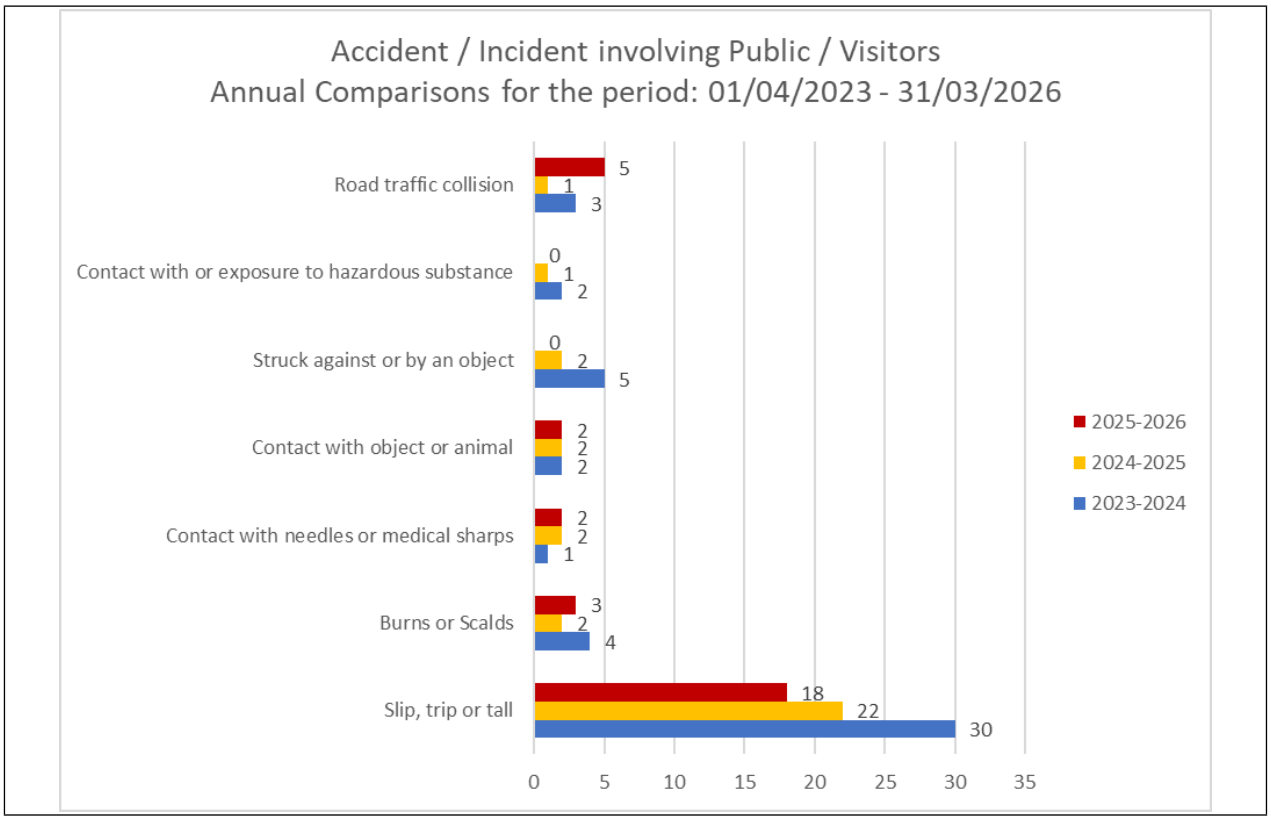
This indicates a positive overall trend and suggests that health and safety controls are having a sustained impact across a number of risk areas. However, the data also highlights that risk remains concentrated within a small number of key categories, most notably:

- Sharps injuries, which remain the single largest cause of incidents and have remained stable over the period
- Slips, trips and falls, which continue to represent a high proportion of incidents
- Struck against/by object incidents, which have increased compared to baseline levels

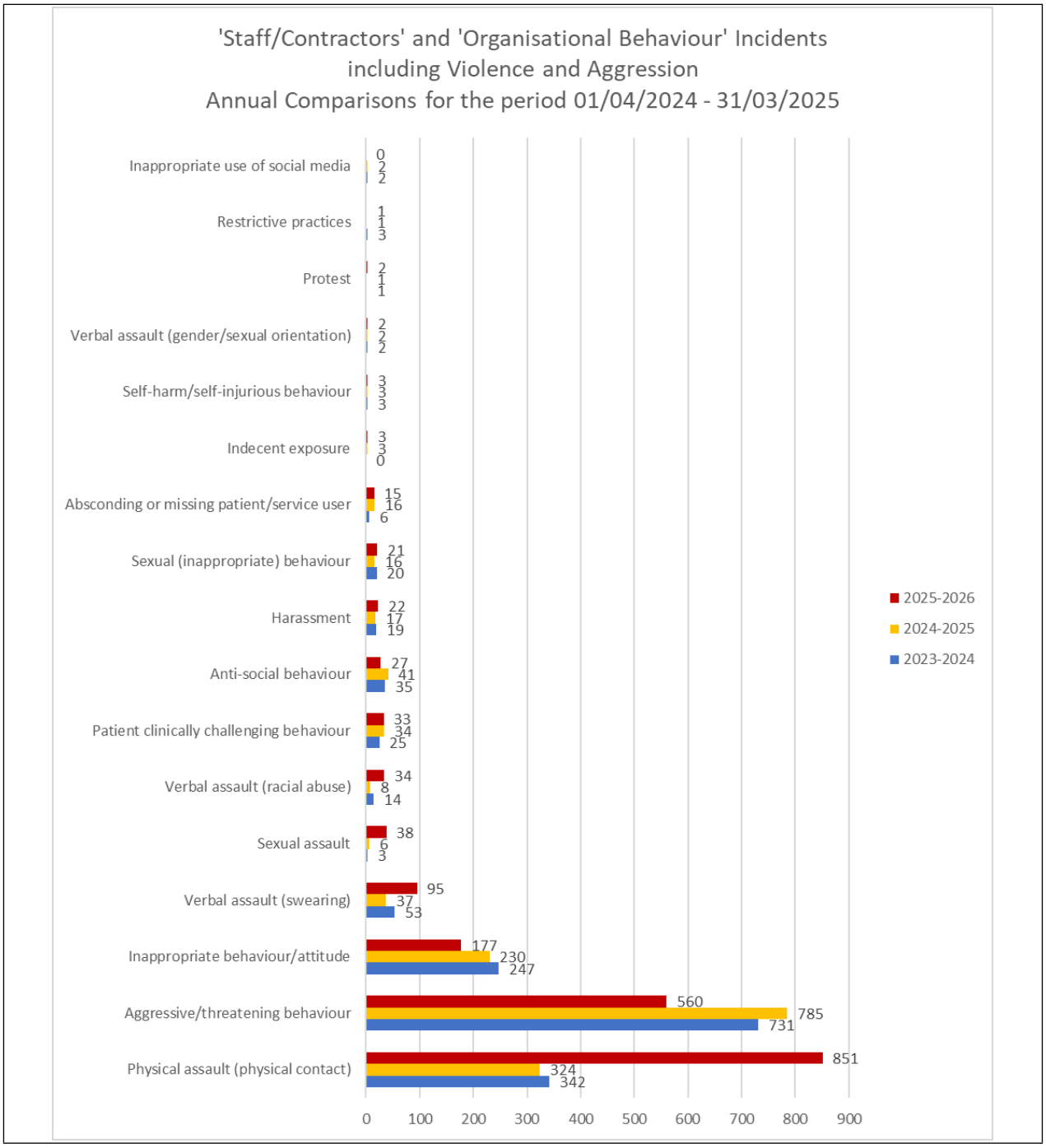
The category of manual handling incidents is split between patient and non-patient handling. If these were combined to provide an overall picture of harm associated with manual handling, this would place manual handling as the third highest cause of harm to staff.



Overall, the data indicates that while general safety performance is improving, there remain persistent and systemic risks, particularly in relation to sharps management and environmental hazards that are leading to slips and trips and staff being struck by or against objects. Notably, environmental hazards leading to slips and trips are contributing harm to the public or visitors as can be seen from the graph below.



6.2. Behaviour including Violence and Aggression



It can be seen from the graph above that the analysis of Datix incident data shows an overall increase in reported Violence and Aggression incidents in 2025–26.

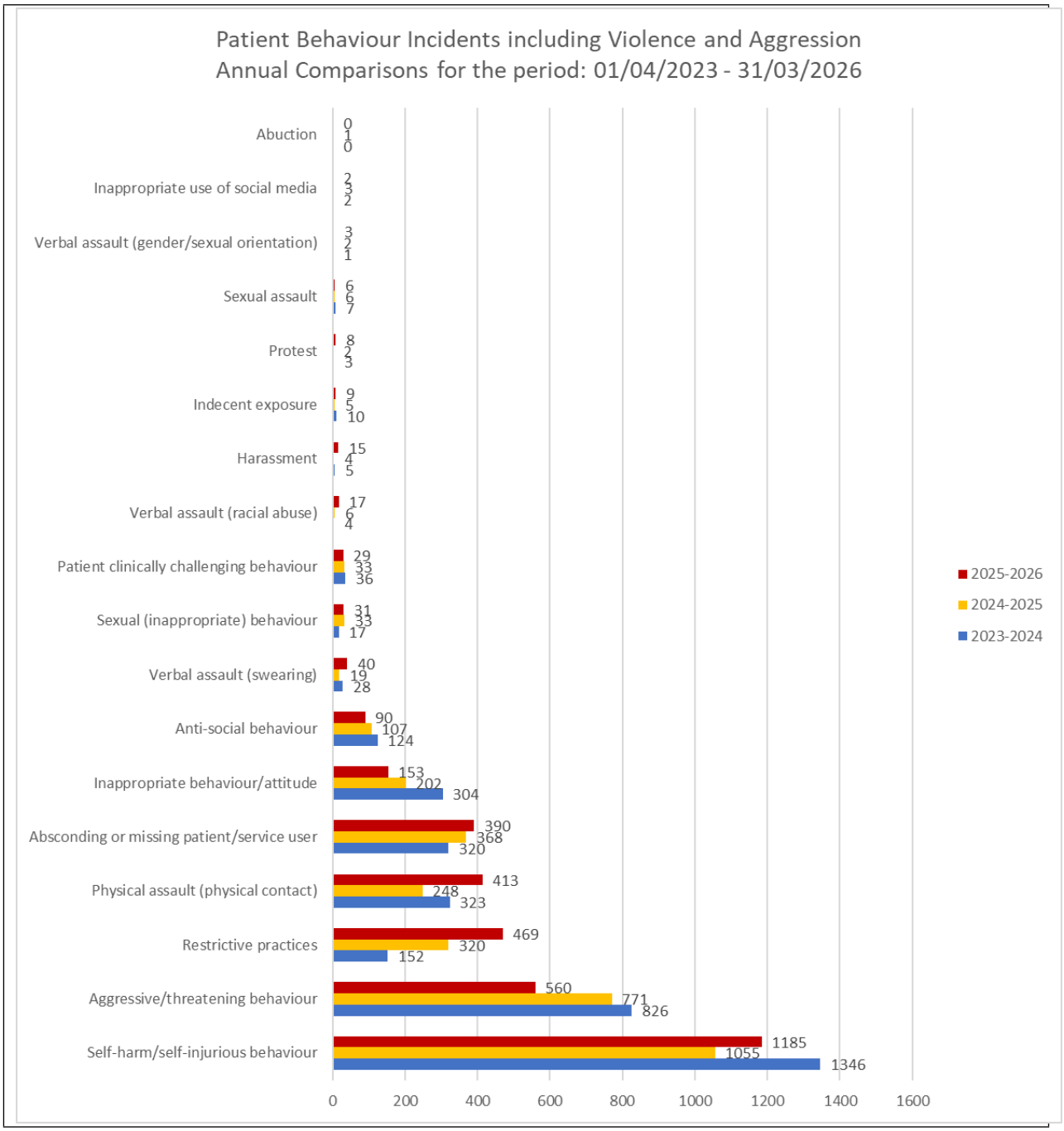
A key driver of this increase is the validation and reclassification of this type of incident, which identified that a proportion of events previously recorded as aggressive or threatening behaviour should have been categorised as physical assaults. This has resulted in:

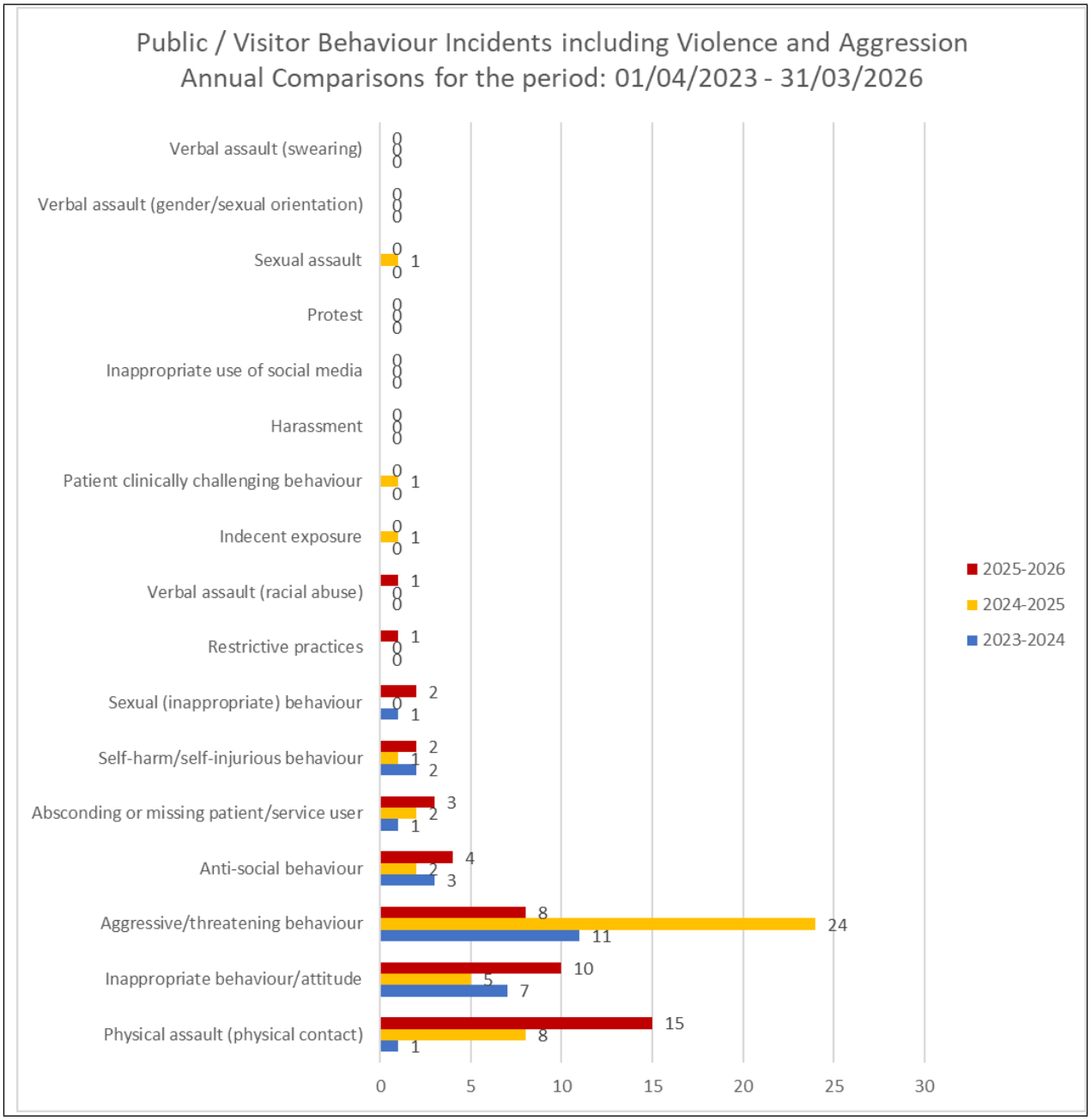
- A significant increase in recorded physical assaults
- A corresponding reduction in aggressive/threatening behaviour categories

This reflects improved accuracy in reporting rather than a direct increase in occurrence. However, even following this reclassification, aggressive and threatening behaviour remains high, representing a substantial proportion of all incidents. This indicates an ongoing and significant

demand on staff to manage challenging behaviours, with a continued risk of escalation into physical violence.

To support improved reporting and consistency at the incident submission stage, the Security Team has developed and implemented a ‘How to …. Guide’ for completing Violence and Aggression incidents, aimed at standardising categorisation and improving data quality across the organisation. In addition to this, the quality checking exercise when an incident is submitted remains in place by the Security Team.





Note: All of the above data is produced from incident data available to the Health, Safety and Security Team and may be subject to change due to permission levels within Datix.

Across the three-year period, incidents involving patient behaviour remain significantly higher in volume than those involving the public or visitors, with consistent patterns in the types of behaviours reported. The most prevalent categories for patient-related incidents are self-harm/self-injurious behaviour, aggressive/threatening behaviour, restrictive practices, and physical assault, all of which reflect the clinical complexity and acuity of the patient population.

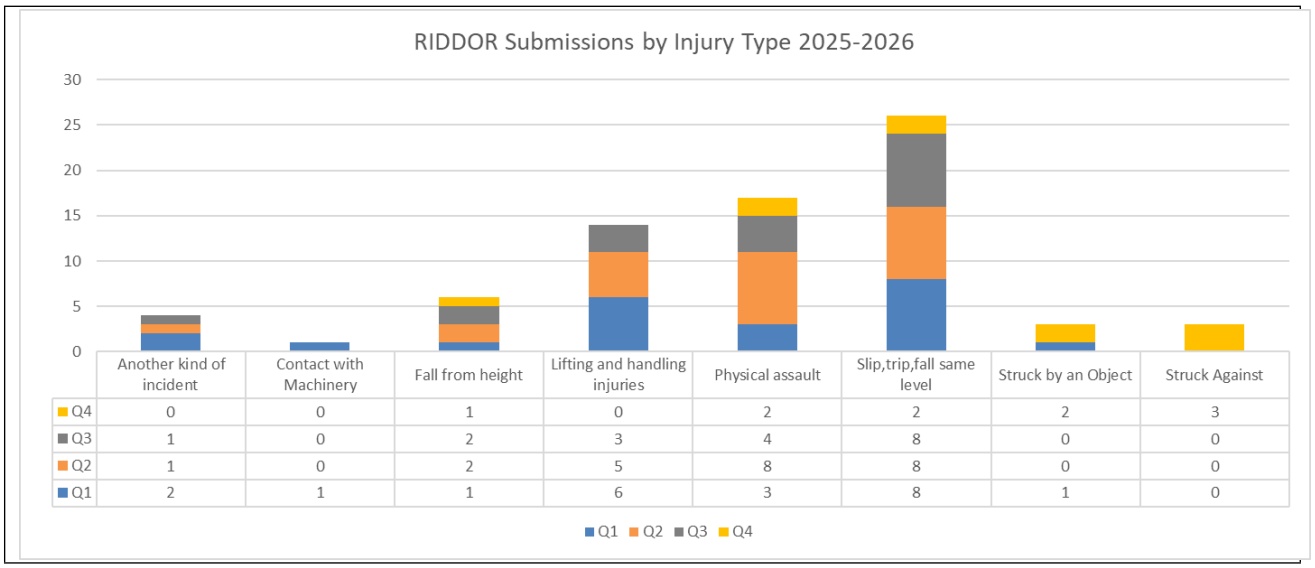
Encouragingly, several of these categories show a gradual reduction over time (notably self-harm, aggressive behaviour, and anti-social behaviour), which may indicate improvements in management strategies, staff training, or reporting practices.

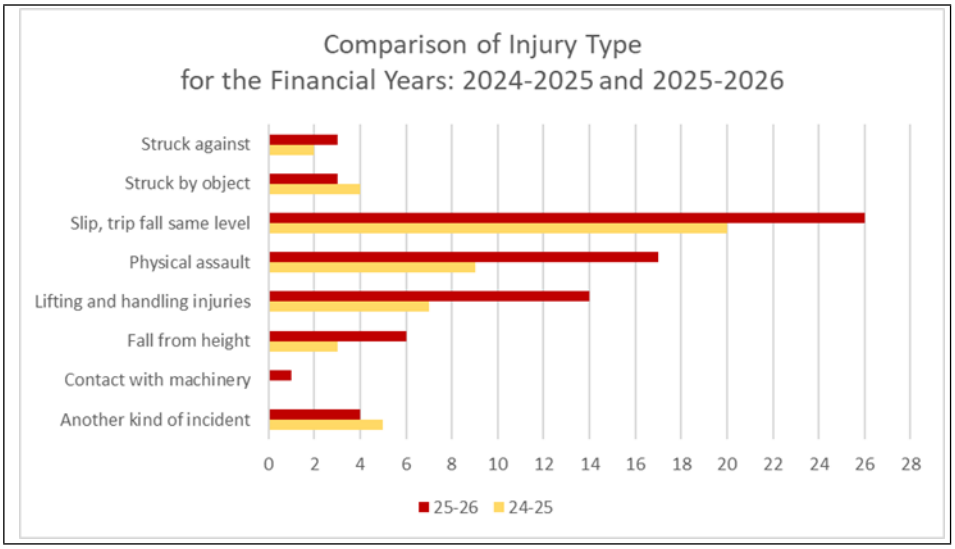
The rise in physical assaults and the continued high use of restrictive practices, suggest ongoing pressures within clinical environments and the need for continued focus on prevention, de-escalation, and safer care approaches.

6.3. **RIDDOR** (Reporting of Injuries, Diseases, and Dangerous Occurrences)

There have been 74 RIDDOR reportable incidents in the financial year 2025-2026, broken down as per the table and graphs below. This is an increase of 30% in compared to the previous year, which returned 57.

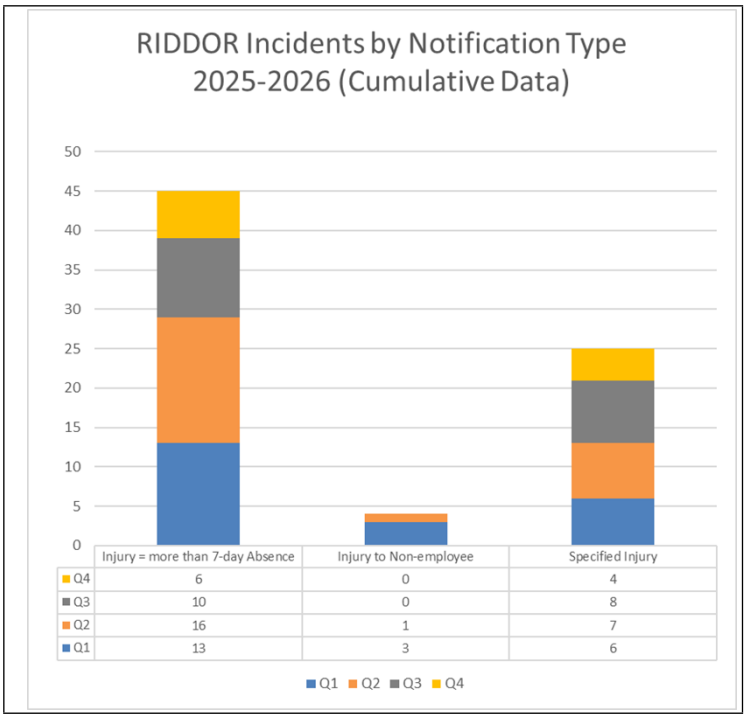
	RIDDOR INCIDENTS REPORTED THIS QUARTER								
	Cancer Services	Corporate Services	DSCSS	Environment & Estates	IHC Central	IHC East	IHC West	MHLD	Midwifery and Womens
RIDDOR INCIDENTS REPORTED THIS QTR (Staff and Public)	0	3	0	3	15	9	10	14	0
No. of Patient RIDDOR Reports incl. Suicide	1	1	0	0	10	5	1	2	0
NUMBER REPORTED OUTSIDE TIMESCALES (Staff and Public)	0	4	0	2	18	10	6	8	0
% Reported Late	**0**	**100%**	**-**	**67%**	**72%**	**71%**	**55%**	**50%**	**-**





The data indicates that slips, trips and falls continue to represent the most significant cause of injury, with a year-on-year increase observed. There have also been notable increases in physical assaults and manual handling injuries, both of which are key areas of organisational risk and contributors to staff harm.

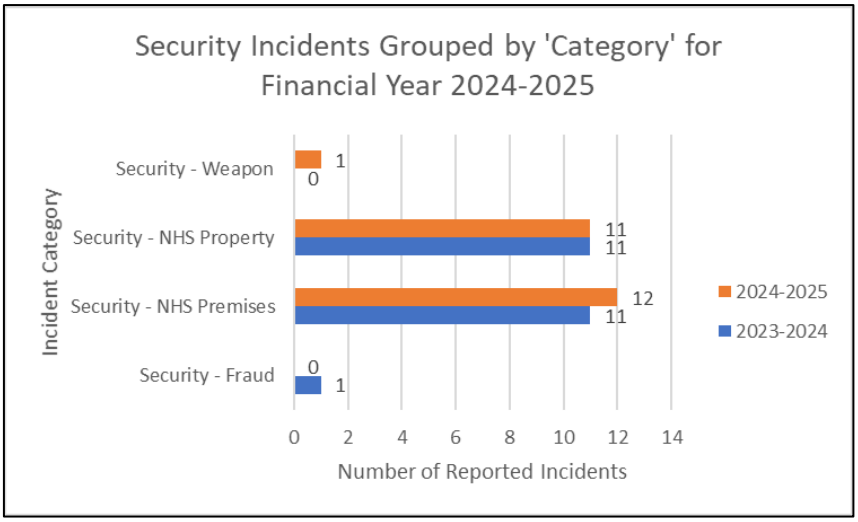
While some lower-frequency incident types remain stable, the overall trend highlights the need for continued focus on targeted risk reduction strategies, particularly in relation to workplace violence, safe systems of work for manual handling, and environmental controls to reduce slip and trip hazards.

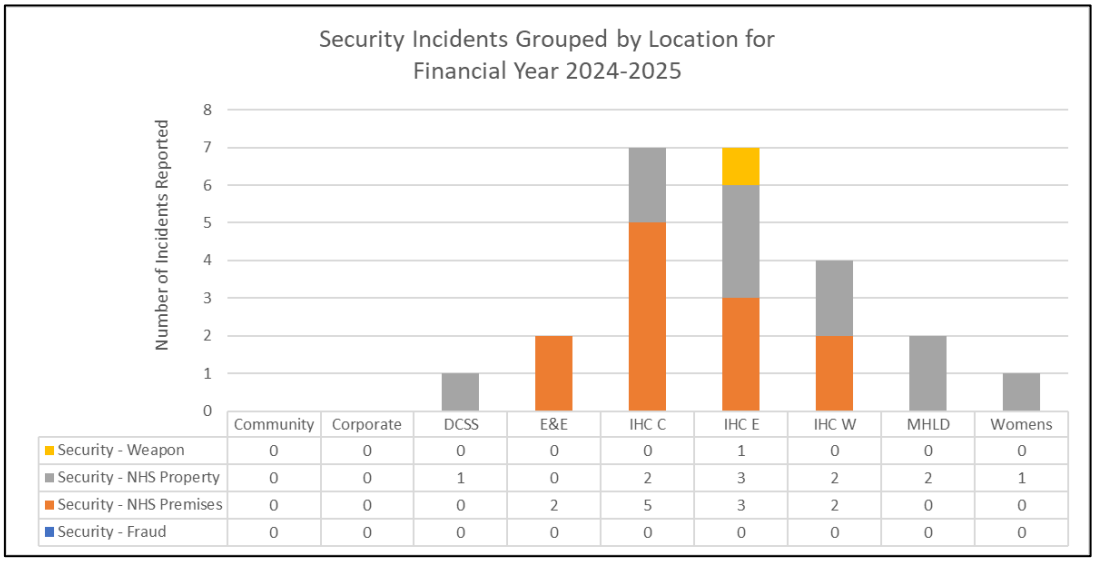


The Health and Safety Team deliver RIDDOR Awareness Training. Where incidents are notified as being RIDDOR reportable outside of the statutory timeframe set, managers will be requested to attend the training.

6.4. Security Incidents

The category NHS Property generally relates to the loss or theft of a Health Board item e.g. ID Badge whereas NHS Premises generally relates to security of premises such as intruders, lost off keys, vandalism etc.





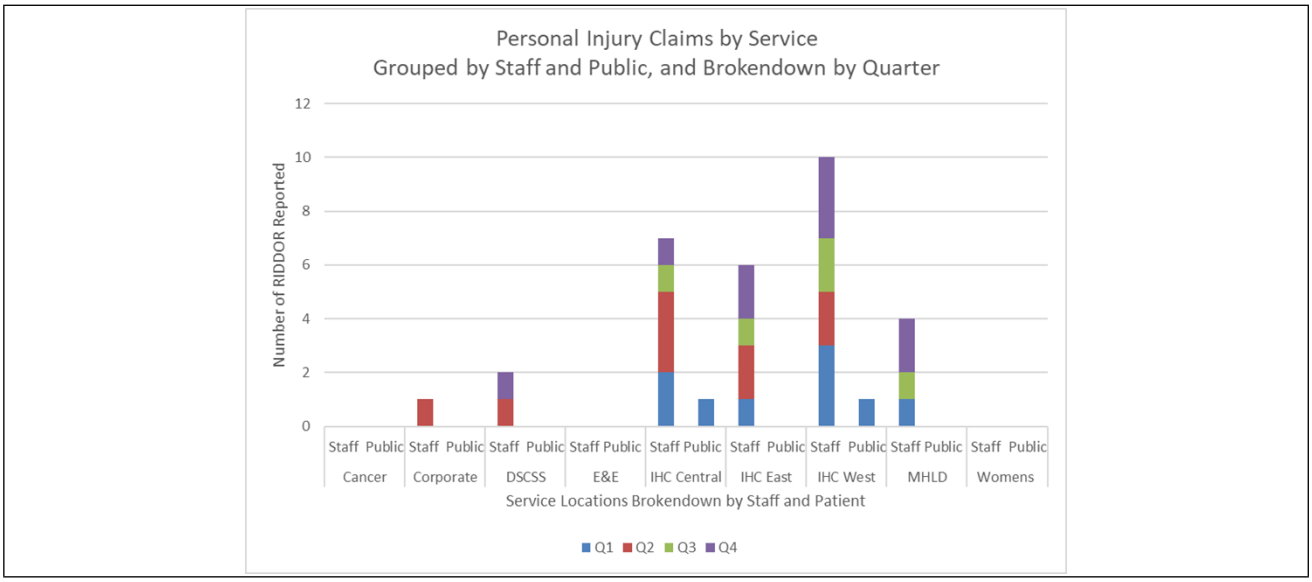
	Community	Corporate	DCSS	E&E	IHC C	IHC E	IHC W	MHLD	Womens
Security - Weapon	0	0	0	0	0	1	0	0	0
Security - NHS Property	0	0	1	0	2	3	2	2	1
Security - NHS Premises	0	0	0	2	5	3	2	0	0
Security - Fraud	0	0	0	0	0	0	0	0	0

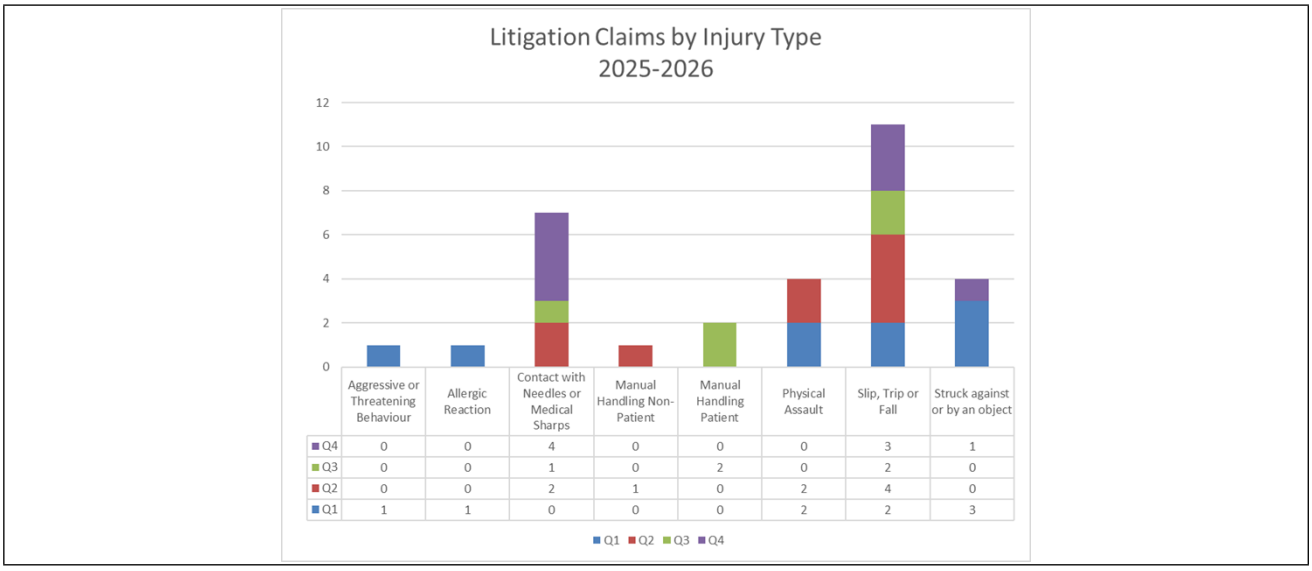
Of the incidents reported in this financial year, the highest recorded subcategory was the loss of ID Badges.

There was one incident relating to a weapon. This was reported by the Community Resources Team (CRT) following an assessment of a patient in their own home during which 2 rifles observed underneath a curtain in the lounge and the bedroom, and a hand gun in a drawer.

6.5. Personal Injury Claims

There were 32 Personal Injury Claims made during the reporting year. Broken down as follows:





Analysis of litigation data alongside incident and injury reporting demonstrates a consistent organisational risk profile, with slips, trips and falls, physical assault, and manual handling injuries representing the primary sources of harm. These themes are evident across all datasets, indicating that claims predominantly arise from known and recurring hazards within the workplace.

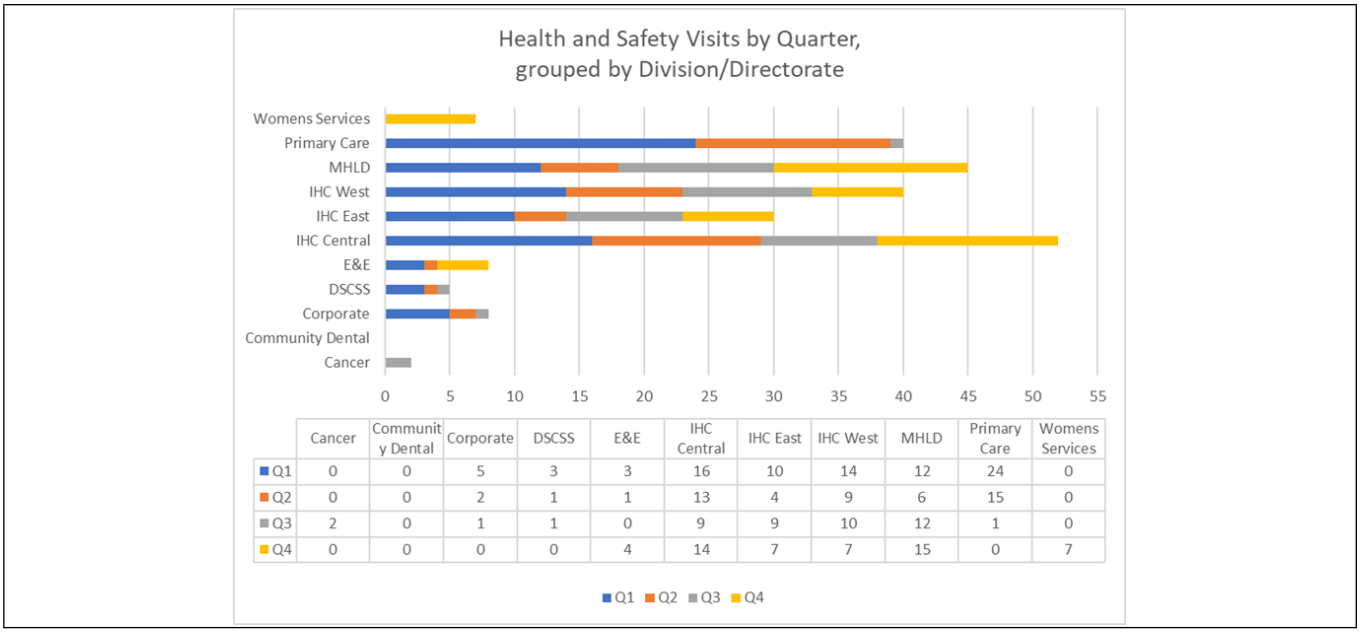
While reporting provides good visibility of these risks, the persistence of associated injury and litigation outcomes suggests that further focus is required on the effectiveness and targeting of preventative controls. In particular, work-related violence and aggression continues to present both a safety and organisational risk, with evidence of increasing harm and associated claims.

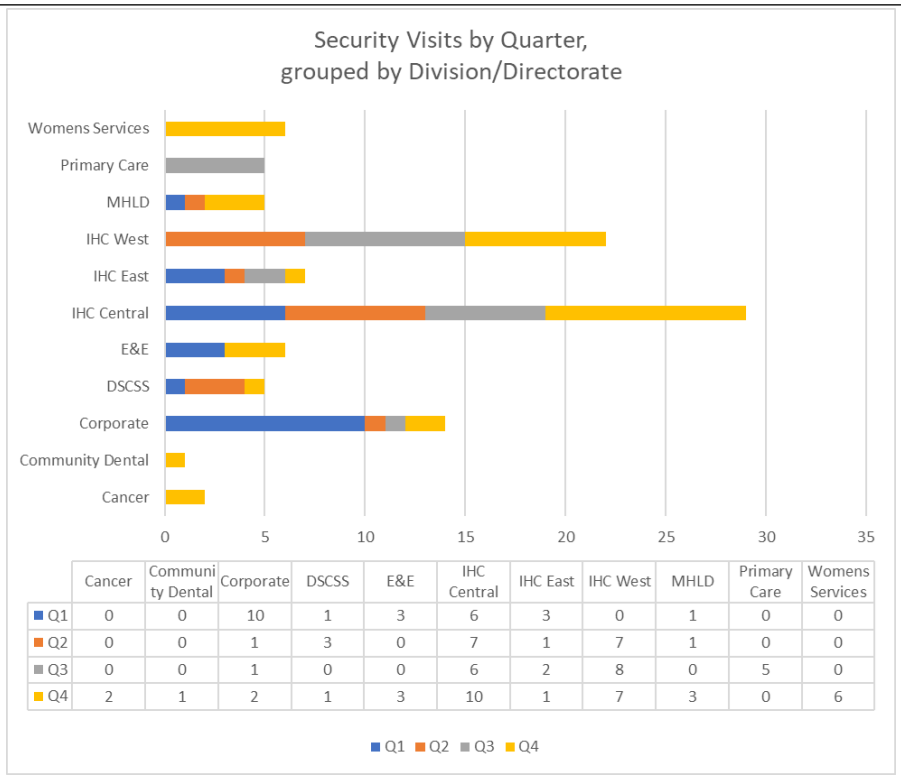
Equally, the datasets show that not all incident types lead to claims, for example, needlestick injuries are high in number but generate relatively fewer claims.

An objective for the new financial year will be to focus on the ‘big three’ risk areas, specifically looking at risk assessments, training and investment e.g. Module D RPI training for elements of the wider-workforce outside of MHLD.

7. Measuring Performance

7.1. Health, Safety and Security Reviews / Assessments / General Visits





	Cancer	Community Dental	Corporate	DSCSS	E&E	IHC Central	IHC East	IHC West	MHLD	Primary Care	Womens Services
Q1	0	0	10	1	3	6	3	0	1	0	0
Q2	0	0	1	3	0	7	1	7	1	0	0
Q3	0	0	1	0	0	6	2	8	0	5	0
Q4	2	1	2	1	3	10	1	7	3	0	6

7.2. Health, Safety and Security Performance Reports

The Health, Safety and Security Service produced quarterly reports for discussion and action as required at the Local Health, Safety and Risk Meetings. These reports look at general health, safety and security performance from a local IHC perspective.

Linked to section 4.1 of this report with reference to SOSHG, further engagement is required in the new financial year with the Chairpersons, to improve the link between the Local Health, Safety and Risk meetings and escalation to SOSHG. This continues to be an area of weakness in the governance and leadership requirements of HS01.

7.3. Audit, Monitoring and Review

During 2025–2026, the Health Board has made significant progress in establishing and implementing a structured approach to audit, monitoring and review, aligned to the “Check” and “Act” elements of the Occupational Health and Safety Management System.

Following the 2024 Internal Audit, which provided limited assurance, a comprehensive action plan was developed and is monitored via the Strategic Occupational Safety and Health Group (SOSHG). Building on this, the introduction of the NHS Health and Safety Standards self-assessment framework has enabled a more systematic approach to measuring performance across the organisation.

Importantly, this has been supported by a programme of targeted audit and validation activity, which has now been implemented in practice, with full participation from identified areas:

Targeted audits
These reviews validated self-assessment findings and, in many cases, identified material differences between perceived and actual compliance, with some areas demonstrating significant increases or decreases in validated scores.

Validation of high scores
In addition, a risk-based validation process has been applied to high-performing areas, with a sample of the top 5% of self-assessment returns subject to review/audit. This process almost consistently

identified reductions in compliance scores when tested against evidence, highlighting a tendency towards overestimation in self-reported performance.

Data triangulation

A further key development has been the introduction of data triangulation, whereby self-assessment findings are cross-referenced with incident reporting data. Targeted reviews were undertaken in areas where discrepancies were identified, specifically in relation to slips and trips and sharps management. This approach has strengthened organisational insight and demonstrated a clear gap between perceived and actual compliance.

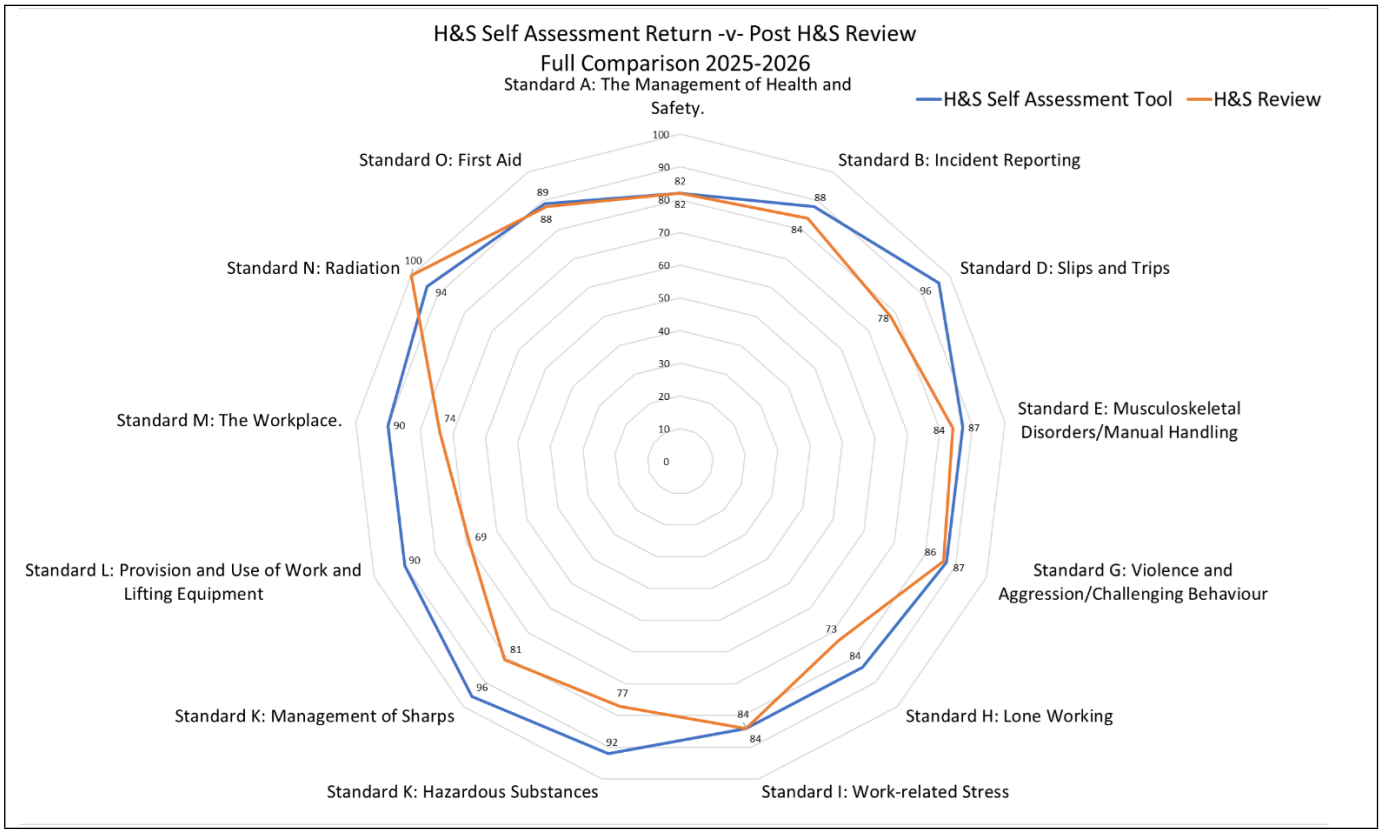
Thematic review of low-scoring standards (<80%)

The findings from audit and monitoring activity are informing thematic reviews and improvement plans, particularly in standards scoring below 80%, with ownership allocated to relevant services and progress tracked through SOSHG. This represents a shift towards a more proactive, risk-based and evidence-driven approach to assurance.

Whilst these arrangements demonstrate significant progress in strengthening audit, monitoring and review processes, variability remains in the consistency of local monitoring activity, including inspections and assurance processes at ward and departmental level. Strengthening these elements will be a key focus for further development of the health and safety management system.

Processes, training and communications were reviewed. Where ownership sat outside Corporate Health, Safety and Security, findings were escalated to the relevant service via the Strategic Occupational Safety and Health Group (SOSHG).

The radar graph below provides a pan-BCUHB picture of health and safety compliance for the standards set out, for the financial year 2025-2026. The blue line is the self-assessment returns and the orange line is the recalibrated score following the Health and Safety Review/Audit process.



The biggest gaps from the data are:

Standard	Self-Assessment (%)	H&S Review/Audit (%)	Gap
L: Work and Lifting Equipment	90	69	-21
D: Slips and Trips	96	78	-18
K: Hazardous Substances	92	77	-15
M: The Workplace	90	74	-16
H: Lone Working	84	73	-11
K: Sharps	96	81	-15

Overall, this shows the organisation is demonstrating good awareness of health and safety requirements through self-assessment; however, the health and safety review/audit findings show a consistent gap between perceived and actual compliance. This indicates that while systems and policies are in place, their implementation, consistency, and evidencing are not yet fully embedded.

The next phase will focus on closing the gap between perceived and actual compliance. This will be achieved through:

- The move from a manual labour-intensive self-assessment process to an electronic approach using Power BI and SharePoint. When ready to launch, this will introduce a formal validation step which will require evidence upload or sign off.
- Improvement Plans which will be developed for the standards with the largest variance and named accountable leads. The improvement plans will be tracked through SOSHG.
- Strengthen training gaps which are likely to be contributing to non-compliance. This will be further supported by the Health and Safety Training Needs Analysis as well as local leadership accountability.

In addition to the above, the self-assessment questions for the second-year cycle, 2026-2027, have been reviewed and updated following the first-year cycle, 2025-2026, which produced the above results. It was found that some questions were ambiguous or were not appropriately 'pitched' to test actual practice. In the new iteration of the self-assessment, questions are more direct, and operationally and evidence-based focused, which now better mirrors the health and safety review/audit approach. These changes may lead to a drop in scores, which isn't necessarily an indication of worsening performance but a more accurate picture of compliance and endeavours to ensure assurance reflects real-world practice and drives measurable risk reduction.

However, further analysis of the self-assessment and review process that demonstrates learning and growth of the safety management system, three additional 'audit, monitor and review' approaches will be added for the financial year 2025-2026. These are being worked through, but subject to approval, will focus on ensuring:

- Services with a low or no return rate are part of the review process.
- Community Hospitals have a programme in their own right.
- A percentage (to be calculated) of IHC Inpatient Wards across all 3 acute sites will have a review regardless of the self-assessment score returned.

8. HSE Contact, Enforcement, Legislation

8.1. HSE Contact

The HSE investigation in relation the inspection of Tegid Ward in the Ablett Unit, which resulted in 2x Improvement Notices in relation to ligatures and mental health procedures continued into this reporting period, and a series of 'fee for intervention' invoices have been issued by the HSE to MHLD in this regard. The outcome of the HSE investigation is outstanding.

The HSE have also requested further information in relation to a number of RIDDOR reportable incidents. These were:

Datix ID	Affected	Brief Summary	Outcome
143630	Patient	Fall resulting in fracture	No further action
153712	Patient	Fall resulting in fracture	No further correspondence
160835	Patient	Fall resulting in fracture	No further correspondence
168084	Staff	Collison with an object resulting in fracture	No further correspondence

8.2. Legislation

Staying ahead of legislation and adapting to new regulations is essential if the Health Board seeks to achieve compliance and avoid penalties. Proactively tracking legislative updates demonstrates the Health Board's commitment to safety, building trust with employees and workers.

Criminal Justice and Immigration Act (Assaults on Emergency Workers) – Wales (January 2026)

In January 2026, the introduction and strengthening of provisions under the Criminal Justice and Immigration framework further reinforced protections for NHS staff as emergency workers, particularly in relation to assaults. This legislative position supports a zero-tolerance approach to violence and aggression and aligns closely with existing organisational priorities.

During the reporting period, the Health Board has continued to strengthen incident reporting, investigation processes, alongside working with partners such as the Police to ensure appropriate escalation and enforcement. The increasing trend in physical assaults identified within incident and injury data highlights the ongoing relevance of this legislation and the need to ensure consistent application and awareness across services.

The application of CJIA is part of an Internal Audit plan to review Violence and Aggression in the financial year 2026-2027.

Terrorism (Protection of Premises) Bill ("Martyn's Law")

The proposed Terrorism (Protection of Premises) Bill, commonly referred to as Martyn's Law, introduces a framework for enhancing preparedness and protective security measures within publicly accessible locations. Although not yet fully enacted during the reporting period, the Health Board has begun to consider the implications of the legislation, particularly in relation to its estate, security infrastructure, and operational resilience. Existing arrangements, including site security measures, lock-down procedures, and emergency preparedness planning, provide a strong foundation; however, the legislation will require a more formalised approach to risk assessment, staff awareness, and preparedness for hostile threats, proportionate to the scale and nature of healthcare environments.

8.3. Enforcement

The table below shows enforcement activity in Healthcare by the Health and Safety Executive for the Financial Year 2025-2026.

Notice Number	Recipient's Name	Notice Type	Issue Date	Act or Regulation Breached	Summary
315013158	Betsi Cadwaladr University Health Board	Improvement Notice	24/04/2025	Health and Safety at Work Act 1974 / 3 / 1	Failed to implement reasonably practicable measures identified within ligature risk assessment, required to control the risks arising from an act of self-harm by patients on the Ablett Unit, Ysbyty Glan Clwyd.
315082217	South Warwickshire NHS Foundation Trust	Improvement Notice	27/05/2025	Health and Safety at Work Act 1974 / 2/ 1 Health and Safety at Work Act 1974 / 3/ 1 Health and Safety (Sharps Instruments in Healthcare) Regulations 2013 /5/	Failed to ensure the use of non-safe medical sharps in the Adult Intensive Care Unit of Warwick Hospital are avoided where reasonably practicable, where use of non-safe medical sharps are avoidable they should ensure safer sharps are used and that policies, procedures and arrangements are to be reviewed at suitable intervals to eliminate to minimise the associated risks of serious personal injury and ill health from sharps injuries and blood borne viruses so far as reasonably practicable.
315091065	Betsi Cadwaladr University Health Board	Improvement Notice	30/05/2025	Health and Safety at Work Act 1974 / 3/ 1 Management of Health & Safety at Work Regulations 1999 / 5 /	Failed to effectively manage in-patients' health and Safety risks, which arose as part of their undertaking, in relation to helping prevent self-harm acts, within Tegid Ward of the Ablett Unit, Ysbyty Glan Clwyd
315176238	The Royal Orthopaedic Hospital NHS Trust	Improvement Notice	04/07/2025	Health And Safety at Work Act 1974 / 2/ 1 Health and Safety (Sharp Instruments in Healthcare Regulations 2013 / 7 /	Failed to ensure that the line managers carry out a suitable investigation following an injury from a medical sharp's device.
315190632	Rossie Young Peoples Trust	Improvement Notice	13/07/2025	Health and Safety at Work Act 1974 /2 /1 Health and Safety at Work Act 1974 /3 /1 Control of Asbestos Regulations 2012 /4 /	Failed to prepare a written asbestos Management Plan which sets out measures to be taken to manage the risks from ACMs. They failed implement suitable measures for monitoring the condition of any Asbestos Containing Materials within their promises.
31519498	Rossie Young Peoples Trust	Improvement Notice	13/07/2025	Health and Safety at Work Act 1974 /2 /1 Health and Safety at Work Act 1974 /3 /1 Control of Asbestos Regulations 2012 /4	Failed to prepare a written asbestos Management Plan which sets out measures to be taken to manage the risks from ACMs. They also failed implement suitable measures for monitoring the condition of any Asbestos Containing Materials within their promises.

Notice Number	Recipient's Name	Notice Type	Issue Date	Act or Regulation Breached	Summary
				Control of Asbestos Regulations 2012 /4	
315251111	North Bristol NHS Trust	Improvement Notice	07/08/2025	Health and Safety at Work Act 1974 / 2 Health and Safety at Work Act 1974 / 3 Control of Substances Hazardous to Health Regs 2002 / 3 Control of Substances Hazardous to Health Regs 2002 / 9	Failed to ensure the health, safety and welfare at work of its employees and others not in their employ. Specifically, the current arrangements for the maintenance, testing, calibration or validation (as relevant) of your preventative and protective measures necessary to minimise the risk of exposure of your employees and others to hazard group 3 biological agents are inadequate.
315563694	Conan Doyle Medical Practice	Improvement Notice	08/01/2026	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Substances Hazardous to Health Regs 2002 / 7 Control of Substances Hazardous to Health Regs 2002 / 9	Failed to ensure the health, safety and welfare of all employees and failed to conduct your undertaking in such a way as to ensure that persons not in your employment, who may be affected, are not exposed to risks to their health or safety due to failure to devise and implement a written scheme to control the risk of exposure to Legionella from hot and cold-water systems.
315565108	Conan Doyle Medical Practice	Improvement Notice	08/01/2026	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Substances Hazardous to Health Regs 2002 / 12 / 4	Failed to ensure the employer's duties specific to those appointed to carry out work had not received and suitable and sufficient information, instruction and training to carry out their duties in relation to control of risks from legionella.

Notice Number	Recipient's Name	Notice Type	Issue Date	Act or Regulation Breached	Summary
315251111	Great Ormond Street Hospital for Childrens NHS TRUST	Improvement Notice	10/02/2026	Health and Safety at Work Act 1974 /2/1 Health and Safety at Work Act 1974 /3/1 Management of Health and Safety at Work Regulations 1999 / 5 / 1	Failing to ensure the health, safety, and welfare of employees and others by failing to implement appropriate arrangements for the effective planning, organisation, control, monitoring and review of your preventive and protective measures for the inactivation of Containment Level 3 waste which may contain Hazard Group 3 biological agents.
315304064	Dr N Clancy & Dr J Ewen	Improvement Notice	24/02/2026	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 /3/1 Control of Substances Hazardous to Health Regs 2002 /7/ Control of Substances Hazardous to Health Regs /9	Failed to ensure the health, safety and welfare at work of all employees and failed to conduct your undertaking in such a way as to ensure that persons not in your employment, who may be affected, are not exposed to risks to their health or safety as a result of not having and implementing a written scheme to control the risk of exposure to Legionella from hot and cold-water systems.
315658053	Dr N Clancy & Dr J Ewen	Improvement Notice	24/02/2026	Health and Safety at Work Act 1974/ 2/1 Health and Safety at Work Act 1974 /3/1 Control of Substances Hazardous to health Regs/12/4/	Failed to ensure the health, safety and welfare at work of all employees and failed to conduct your undertaking in such a way as to ensure that persons not in your employment, who may be affected, are not exposed to risks to their health or safety in that you have failed to ensure any person (whether or not his employee) who carries out work in connection with the employer's duties under these Regulations has suitable and sufficient information, instruction and training in that your appointed person has not received suitable training to carry out their duties in relation to control of risks from legionella bacteria.
315485117	Barking, Havering & Redbridge University Hospital NHS Trust	Improvement Notice	04/03/2026	Management of Health & Safety at Work Regulations 1999 / 5 / 1 Health and Safety at Work 1974/2/1	Failed to ensure the health, safety, and welfare of employees by failing to have suitable arrangements for the effective planning, organisation, control, monitoring and review of your preventive and protective measures for the provision of relevant clinical details for samples which may contain Hazard Group 3 biological agents.

Defendant's Name	Hearing Date	Result	Total Fine £	Costs awarded to HSE £	Summary
Central Scotland Healthcare (St Andrews) Ltd	Sept. 2025	Guilty	£45,000	Not specified	Resident choked on food and was pronounced dead at the scene.
HC-One Ltd	Oct. 2025	Guilty	£1,800,000	Not specified	A 96-year-old resident choked to death after being left unsupervised while eating, despite a care plan requiring close supervision. Agency staff were unfamiliar with care plans, and staffing pressures resulted in the resident being left alone for up to 20 minutes. HSE found failures in communication of care needs and safe supervision arrangements.
Chester Park Care Home	Aug. 2025	Guilty	£50,000	Not specified	A 77-year-old resident with dementia left the premises unnoticed and died outside. Staff failed to follow monitoring requirements and did not carry out a headcount after a door was found insecure. Records were falsified, and there was no effective system to manage wandering risk.
Lab 21 Healthcare Ltd	Sept. 2025	Guilty	£52,000	£26,000	Company handled high-hazard pathogens (e.g. Salmonella typhi) without notifying HSE as required under COSHH. Safety-critical equipment was poorly maintained, increasing risk of exposure to workers and the public. Failures were described as “foreseeable and avoidable”
Omega Diagnostics Ltd	May. 2025	Guilty	£35,000	Not specified	Predecessor operator of the same high-containment lab also failed to notify HSE and maintain safe containment systems. Shared systemic failings in managing biological hazards and plant integrity.
Riverside Care Ltd	Mar. 2026	Guilty	£16,000	Not specified	Resident with dysphagia died after being served food not prepared to required texture-modified diet. Failure of system controlling preparation and serving of food.

People and Culture Committee

BOARD ASSURANCE FRAMEWORK 2026-2027

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Jody Evans Assistant Head of Risk Management
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Assurance

Crynodeb Gweithredol
Executive Summary

The Board Assurance Framework (BAF) consists of five principal strategic risks aligned to the Health Board's Strategic Intentions and Integrated Medium-Term Plan (IMTP). The People & Culture Committee has oversight responsibility for BAF 26_04 (4A Foundations for the Future, 4F Education and 4J Workforce).

The refreshed Board Assurance Framework has been developed to provide a clearer line of sight between the Health Board's strategic objectives, delivery plans, operational performance and Board assurance arrangements. Significant progress has been made in identifying strategic risks, controls, sources of assurance, assurance gaps and mitigating actions across the priorities within the Committee's remit.

However, the Committee should note that the overall assurance position remains predominantly one of **Limited Assurance**. This does not reflect an absence of activity or governance arrangements. Rather, it reflects the relative maturity of the refreshed framework, the ongoing development of controls and assurance mechanisms, and the limited availability of outcome-based evidence demonstrating that mitigating actions are resulting in measurable and sustained improvements.

Across the priorities within the Committee's remit, substantial work is underway to strengthen organisational culture and leadership, support workforce sustainability, develop education and workforce capability, and deliver the Foundations for the Future transformation programme. Whilst governance structures, improvement programmes and monitoring arrangements are largely in place, further work is required to strengthen independent assurance, benefits realisation reporting, outcome measures and evidence of impact. Until this evidence matures, assurance ratings are expected to remain limited in a number of areas.

The most significant assurance gaps relate to demonstrating sustained improvement in workforce outcomes, evidencing the impact of transformation activity, validating the effectiveness of mitigating actions and strengthening outcome-focused measures across the framework. Addressing these gaps will be critical to increasing assurance levels over time and providing confidence that strategic risks are reducing as intended.

The Committee is asked to:

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

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Executive Directors	June – July 2026	Draft BAF risks circulated for review, challenge and validation.
Risk Scrutiny Group	20 July 2026	Draft BAF reviewed and endorsed subject to completion of outstanding Executive Director feedback and amendments.
Transformation and Improvement Team	Ongoing	Collaboration continuing to develop the BAF within the Portal

		and explore future reporting integration opportunities.

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
BAF	Board Assurance Framework
IMTP	Integrated Medium Term Plan
ADP	Annual Delivery Plan
EC	Executive Committee

BOARD ASSURANCE FRAMEWORK 2026-2027

1. Y SEFYLLFA
SITUATION

The Board Assurance Framework (BAF) has been refreshed to align with the Health Board's Strategic Intentions and Integrated Medium Term Plan (IMTP), providing a clearer line of sight between strategic objectives, delivery plans, operational performance and Board assurance. The People and Culture Committee has responsibility for oversight of BAF 26_04 (4A Foundations for the Future, 4F Education and 4J Workforce).

Whilst progress has been made in developing the refreshed framework, the current assurance position across these priorities remains predominantly **Limited Assurance**. This reflects the ongoing development of controls, assurance measures and outcome-based evidence required to demonstrate that mitigating actions are delivering sustained improvement and reducing strategic risk.

The Committee is asked to review the proposed assurance ratings, consider the identified assurance gaps and support ongoing work to strengthen assurance evidence, benefits realisation and risk management arrangements.

2 Y CEFNDIR
BACKGROUND

The refreshed Board Assurance Framework has been developed following approval of the Health Board's revised Strategic Intentions and Integrated Medium Term Plan (IMTP). A programme of work has been undertaken to review existing strategic risks, align risks to strategic priorities and identify associated controls, sources of assurance, assurance gaps and mitigating actions.

The People and Culture Committee's priorities focus on organisational culture, leadership, workforce sustainability, education and workforce development, together with workforce capability to support improvements.

3 MATERION PENODOL I'W HYSTYRIED
SPECIFIC MATTERS FOR CONSIDERATION

The Committee is asked to note:

- Progress made in developing the refreshed Board Assurance Framework risks relating to 4A Foundations for the Future, 4F Education and 4J Workforce.
- The identified strategic risks, key controls, sources of assurance, assurance gaps and mitigating actions.

- That assurance across these priorities remains predominantly **Limited Assurance**, reflecting the need for further outcome-based measures, benefits realisation evidence and independent assurance.
- Ongoing work to strengthen assurance measures, reporting arrangements and oversight through the Risk Management Portal.

Cross-Cutting Assurance Themes

A review of the refreshed framework has identified a number of recurring themes:

- Workforce sustainability, recruitment, retention and succession planning.
- Leadership development, organisational culture and staff engagement.
- Delivery of the Foundations for the Future programme.
- Workforce education, training and capability development.
- Workforce capability to support services.
- Limited availability of outcome-based assurance and independent validation.
- The need for stronger evidence of sustained improvement and benefits realisation.

These themes help explain the current **Limited Assurance** position and will continue to inform refinement of the Board Assurance Framework and future assurance reporting.

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

The Committee should note that the most significant risks within its remit relate to the Health Board's ability to deliver organisational transformation whilst maintaining workforce sustainability, capability and resilience. Key areas of focus include the delivery of the Foundations for the Future programme, workforce planning, recruitment and retention, leadership development and workforce productivity.

There is also a risk that workforce capacity, capability and training requirements may impact the delivery of improvements and wider transformation programmes. Continued development of workforce pipelines, education and training arrangements will be important in supporting future service requirements.

Whilst significant activity and mitigating actions are in place across all priorities, assurance remains predominantly **Limited Assurance**. This reflects the ongoing development of outcome-based measures, benefits realisation reporting and independent sources of assurance. Demonstrating sustained improvement and evidencing risk reduction will be critical to strengthening assurance as the framework matures.

5 ARGYMHELLION

RECOMMENDATIONS

a. Gofynnir i'r Pwyllgor

The Committee is asked to:

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

Appendices:

- Appendix 1 – BAF Dashboard
- Appendix 2 – BAF Risks Relevant to Committee
- Appendix 3 – Mapped Open Actions from Extant BAF 2024-2025 (Open actions from the previous Board Assurance Framework have been reviewed and mapped to the refreshed framework to ensure continuity of oversight and delivery where appropriate).

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	4.Create a Modern, People Centred Healthcare System If more than one applies, please list below:
Yr Egwyddorion Dylunio Design Principles	Simplify, Standardise, and Adopt Best Practices
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	This paper relates directly to the Board Assurance Framework and supports the Health Board's strategic risk management arrangements through the development and implementation of a refreshed BAF aligned to the IMTP.

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

	Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative Report
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒ Administrative report
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Galluogwyr Ansawdd Enablers of Quality Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Administrative report.
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant	A Healthier Wales	

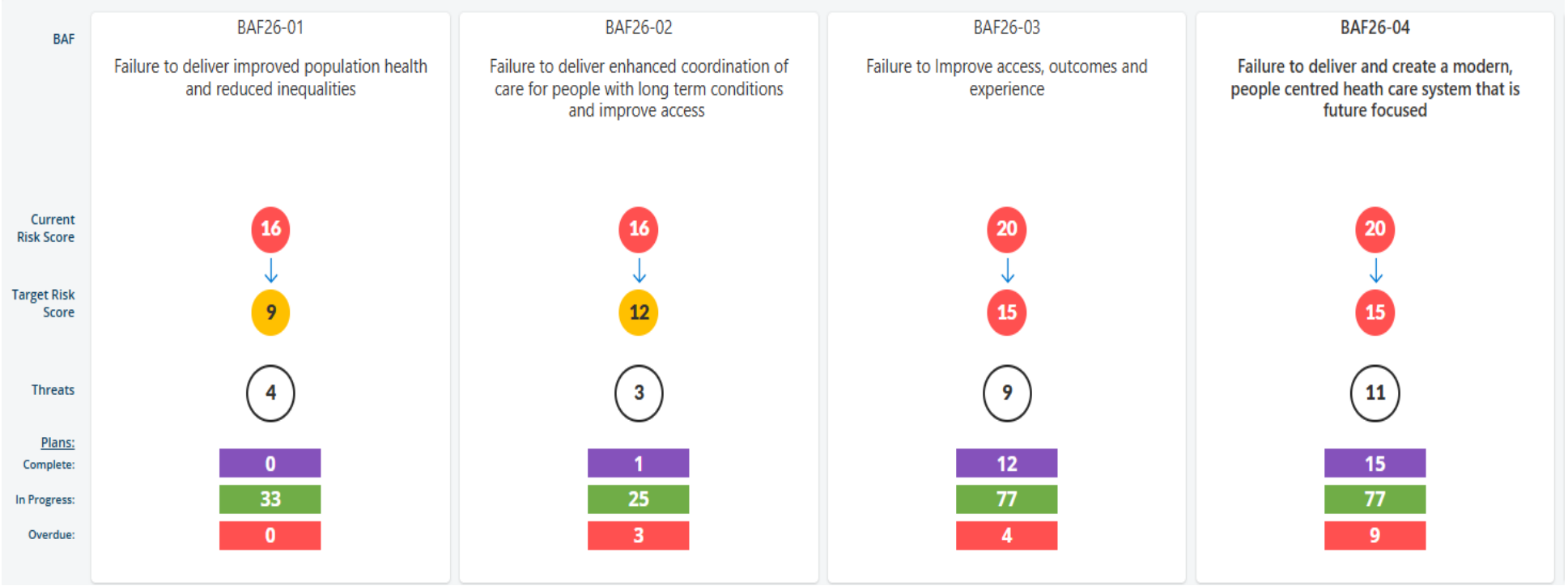
Wellbeing of Future Generations Act – Wellbeing Goals		
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Administrative report.
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Positive impact through improved Board oversight, assurance and transparency regarding strategic risk management.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Existing resources have been utilised to undertake the BAF refresh. Future efficiencies are anticipated through integration with Portal reporting arrangements and alignment with ADP reporting processes.	

Appendix 1 – Dashboard View

The People and Culture Committee has oversight for the following strategic priorities:

BAF Risk 26_04 - Failure to Deliver and Create a Modern, People-Centred Healthcare System that is Future Focused:

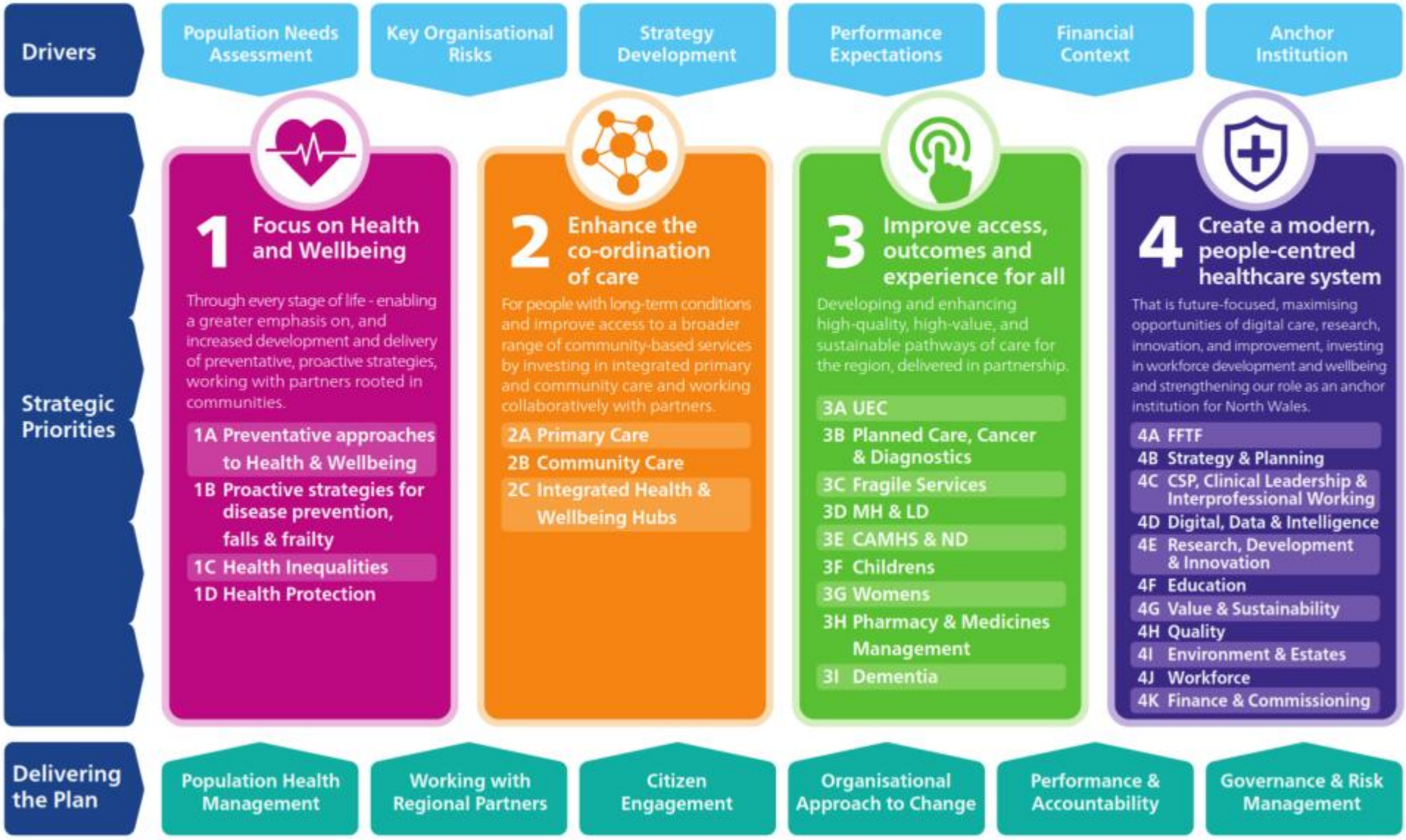
- 4A Foundations for the Future
- 4F Education (jointly with Planning, Population Health and Partnerships Committee)
- 4J Workforce




GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board
Board Assurance Framework 2026-29

Plan on a Page

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board



People and Culture Committee – August 2026

APPENDIX 1

Key to lead committee assurance ratings:

 **Substantial Assurance**	The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.
 **Reasonable Assurance**	The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.
 **Limited Assurance**	The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.
 **Unsatisfactory Assurance**	The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

4 **Create a modern, people-centred healthcare system that is future-focused**, maximising opportunities of digital care, research, innovation, and improvement, investing in workforce development and wellbeing and strengthening our role as an anchor institution for North Wales.

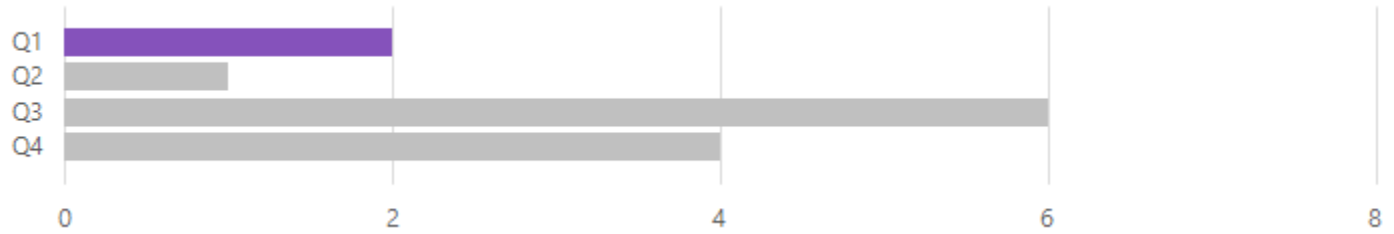
Principal risk (What could prevent us achieving this strategic objective)	**Failure to deliver and create a modern, people centred heath care system that is future focused** *There is a risk that the Health Board is unable to deliver a modern, people-centred and future-focused healthcare system due to capacity constraints, workforce pressures, financial and infrastructure limitations, dependency on national programmes and funding, and the scale and complexity of transformation required across digital, estates, workforce, planning, quality and governance.* *Failure to modernise the system risks unwarranted variation in care, reduced workforce sustainability and resilience, loss of public confidence, increased scrutiny, and delayed Special Measures de-escalation.*		
Lead Commitee	**Planning, & Population Health and Partnerships Committee, Performance, Finance & Information Governance Committee, Quality, Safety & Experience Committee, People & Culture Committee**	**Risk Type**	*Strategic*
Risk Leads	**Executive Director of People Services & OD** **Executive Director of Nursing** **Executive Director of Transformation and Strategic Planning** **Executive Medical Director** **Chief Digital & Information Officer** **Director of Corporate Governance** **Director of Partnerships** **Executive Director of Finance** **Director of Estates**	**Risk Appetite**	*Open*
Related Corporate Risks:	**CRR2 Future Demand & Sustainable Workforce, CRR4 Modernising Digital Infrastructure, CRR5 Strategic Change Impacting Care & Staff Delivery, CRR6 Value Delivery & Financial Sustainability , CRR7 Leadership & Operating Model , CRR8 Non-Compliance with Regulatory & Legislative Requirements, CRR9 Safe Environment, CRR10 Health & Safety, CRR11 Cyber**		

Risk Rating			**Review Dates**	
	Current Exposure	**Target**		
Consequence	**5**	**5**	**Initial assessment**	**19/07/2026**
Likelihood	**4**	**3**	**Last Committee review**	
Risk Rating	**20**	**15**	**Last Executive Review**	

Priority:	4A Foundations for the Future			
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to establish a coherent, effective and agile operating model due to challenges in organisational culture, workforce capability, governance, and process alignment. This may lead to inconsistent decision-making, lack of accountability, fragmented service delivery, and reduced organisational performance, impacting the delivery of high-quality, sustainable healthcare services.				
Responsible:	Executives	**Accountable:**	Executives	
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Implementation of Culture, Leadership and Engagement programme (4A.1) Transition to new organisational structure and service groups (4A.2, 4A.7–4A.8) Development of leadership and competency frameworks (4A.3–4A.4) Improvement of governance, business case and ECR processes (4A.5–4A.6) Implementation of revised governance model and operating framework (4A.9–4A.11) Partner engagement to align operating model across system (4A.12) Development of organisational approach to change framework (4A.13)	G1: Risk of over-focus on structural change at expense of culture, people and processes G2: Workforce uncertainty and reduced morale during transition periods G3: Delays in implementation due to complexity of consultation and change processes G4: Limited maturity of governance and decision-making processes under new model G5: Limited organisational capability in delivering large-scale change consistently G6: Dependency on partner alignment and system-wide adoption of operating model	**Management Assurance** IMTP monitoring of 4A deliverables (4A.1–4A.13) Programme governance (Foundations for the Future Programme Board) Performance measures: Staff engagement index Evidence of team effectiveness and collaboration **Risk & Compliance Assurance** Governance reviews and internal audit of processes Alignment with: Workforce frameworks Governance and accountability frameworks Monitoring of implementation of new operating model **Independent Assurance** Welsh Government oversight (Special Measures framework)	A1: Limited assurance of sustained impact of organisational change on outcomes A2: Limited independent validation of cultural and leadership improvements A3: Limited real-time insight into impact of transition on service delivery A4: Limited evidence linking operating model changes to improved performance A5: Limited assurance of consistency across divisions and services A6: Limited assurance of workforce stability and engagement during transition	

		External audit and governance reviews Staff survey benchmarking		

Plans to improve control :



Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive	Status of Action
4A.1	Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29. The delivery plan is structured into five areas. 1. Vision and Values, 2 Goals and Performance, 3. Learning and Innovation, 4. Support and Compassion, 5. Teamwork. Year one focusses on embedding systems and processes in these areas to improve leadership quality, employee engagement, psychological safety and practically embedding the agreed values and behaviours.	G1, G2, G5	A1, A2, A6	Exec Director People	**Q4 (No Update provided during this reporting cycle)**
4A.2	Complete the transition to new senior posts and establish new service groups and corporate directorates, supported by cross-functional operating agreements and ongoing team and leadership development.	G2, G4	A3, A5	Exec Director Nursing	**Q4 (No Update provided during this reporting cycle)**
4A.3	Complete the revised Integrated Leadership Development Framework.	G5	A2, A6	Exec Director Nursing	**Q1 (Complete)**
4A.4	Complete Competency Frameworks, which includes the competencies and skills required for particular roles by banding, equipping staff with the skills to deliver their roles.	G4	A5	Exec Director Nursing	**Q1 (Complete)**
4A.5	Review and improve the Establishment Control Review (ECR) process, to ensure it is more streamlined and fully supported.	G4	A5	Director Corporate Governance	**Q3 (No Update provided during this**

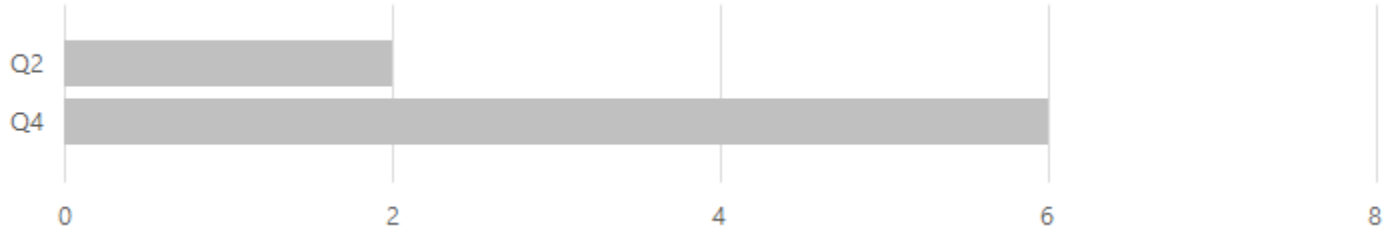
					reporting cycle)
4A.6	Review and improve the process for creating, reviewing, and approving business cases.	G1, G2, G4	A3, A5	Director Corporate Governance	**Q3 (No Update provided during this reporting cycle)**
4A.7	Implement the Foundations for the Future design and thereby establish a clear organisational structure led by an effective and complete executive team with the leadership capacity and capability to deliver high quality, sustainable care.	G3, G5	A1, A3	Exec Director People	**Q3 (No Update provided during this reporting cycle)**
4A.8	Complete the design of Phase 2. This will include reviewing the structures of the organisation at bands 8b and below, a plan for the effective integration of Mental Health and Learning Disabilities, and a rapid review of phase 1 implementation across all 5 pillars of the Programme.	G4	A1, A5	Exec Director People	**Q4 (No Update provided during this reporting cycle)**
4A.9	Implement a new governance model as part of the revised operating model, ensuring sharper accountability, fewer/streamlined meetings, focusing on delivery and transparency.	G3, G5	A1, A4	Director Corporate Governance	**Q2 (No Update provided during this reporting cycle)**
4A.10	Publish to BCUHB Board the collated lessons learned from Phase 1, including outcomes from the consultation process, evaluation of performance and benefits measurement and how FFTF supports de-escalation by improving governance and accountability.	G3, G5	A1, A4	Exec Director People	**Q3 (No Update provided during this reporting cycle)**
4A.11	Publish the Operating Framework, including how business partnering will operate with the Service Groups, and the directory of services reflecting the new organisational model.	G4	A4, A5	Exec Director People	**Q3 (No Update provided during this reporting cycle)**
4A.12	Engage with partners (JCC, NWAS, Local Government, Third Sector) to review the operating model and identify changes to	G6	A5	Director Partnerships	**Q4 (No Update provided**

	the ways we operate and define operating policies and/or updated MOUs where applicable.				**during this reporting cycle)**
4A.13	Co-produce with staff and partners an organisational approach to change framework that supports teams to successfully design, deliver and sustain change.	G5	A2, A6	Exec Director Transformation	**Q3 (No Update provided during this reporting cycle)**

Priority:	**4J Workforce**			
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to deliver a sustainable, skilled and resilient workforce due to insufficient capacity and capability for workforce planning, continued reliance on agency staffing, and operational pressures. This may result in reduced workforce stability, increased costs, inability to deliver safe and effective care, and failure to support service transformation and strategic objectives.				
Responsible:	Executive Director of People Services & OD	**Accountable:**	Executive Director of People Services & OD	
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
Review and improvement of consultant job planning and workforce productivity (4J.1) • Reduction of agency spend through workforce planning and control frameworks (4J.2–4J.3) • Implementation of sickness absence improvement plans (4J.4) • Delivery of Culture, Leadership and Engagement programme (4J.5–4J.6) • Implementation of strategic workforce planning aligned to service transformation (4J.7) • Compliance with Social Partnership Duty and reporting requirements (4J.8)	G1: Insufficient dedicated capacity and capability to deliver job planning sustainably G2: Limited capacity and systems to reduce agency usage and reliance G3: Workforce planning not fully embedded across all services G4: Operational pressures impacting delivery of workforce initiatives G5: Limited workforce data integration and visibility for planning decisions G6: Culture and engagement improvements not yet fully embedded	**Management Assurance** • IMTP monitoring of 4J deliverables (4J.1–4J.8) • Workforce performance metrics (turnover, agency spend, sickness absence, job planning compliance) • Workforce planning and People & Culture Committee reporting • Delivery of workforce improvement programmes and action plans **Risk & Compliance Assurance** • Compliance with Welsh Health Circulars and workforce policies • Monitoring against national workforce targets and frameworks • Oversight through governance committees (People & Culture, Finance, Performance) **Independent Assurance** • Welsh Government oversight of workforce performance and IMTP	A1: Limited assurance that job planning improvements are sustainable and fully embedded A2: Limited visibility and assurance of sustained reduction in agency usage and spend A3: Limited assurance that workforce planning is consistently applied across organisation A4: Limited evidence linking workforce initiatives to improved service delivery outcomes A5: Limited assurance of workforce sustainability within financial and operational constraints	

		delivery • External benchmarking against NHS Wales workforce indicators • Audit and review of workforce planning and agency reduction programmes		

Plans to improve control :

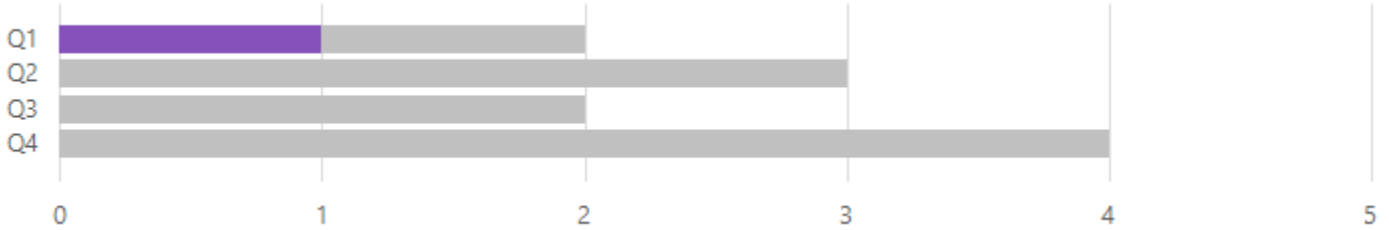


Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive	Status of Action
4J.1	Review of Consultant job plans – Operational Services to be targeted to reach >90% to ensure improved workforce productivity and alignment to demand and capacity. This will be measured through the Job Planning Dashboard and follows on from work undertaken in 2025/26.	G1, G3	A1, A3	Executive Director of People Services & OD	**Q2 (No Update provided during this reporting cycle)**
4J.2	Review of agency expenditure. Operational Services to be targeted with a 30% reduction in agency expenditure. All services to be targeted with no off-contract agency use and not Admin and Clerical, Estates and Ancillary and Health care Support Worker agency use through effective workforce planning, optimising the benefits of the newly insourced medical bank resource and management controls. This will be measured through the Value & Sustainability (V&S) Group.	G2, G3	A2, A3	Executive Director of People Services & OD	**Q2 (No Update provided during this reporting cycle)**
4J.3	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular by continuing to reduce agency requirements and incentivise substantive positions through flexible working, effective rostering and employee health and wellbeing programmes of work.	G2	A2, A5	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**

4J.4	Work with operational and corporate directors to implement and deliver the Health Board's sickness absence delivery plan to improve workplace attendance levels and to meet national sickness absence and local stretch targets. Progress will be monitored through the People and Culture Committee.	G4	A4	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**
4J.5	Implement and deliver the year 1 actions from the Culture, Leadership and Engagement 3-year Improvement plan 2026-29.	G6	A4, A5	Executive Director of People Services & OD	**Q4 (Moderate Delivery Confidence)**
4J.6	Review and respond to staff survey feedback to support an improvement in staff engagement and satisfaction.	G6	A4	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**
4J.7	Implement in partnership strategic workforce planning across the organisation, improving alignment with Clinical Service Plans, use of technology, Financial Plans linked to IMTP objectives. Progress will be measured through the Foundations for the Future programme board. Plans will proactively identify any workforce capacity, skills and talent gaps and set out initiatives to address these in order to meet organisational objectives.	G3, G5	A3, A5	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**
4J.8	Prepare the annual social partnership report outlining what the Health Board has done to comply with the Social Partnership Duty, agreeing it with Trade Unions and submitting to the Social Partnership Council (SPC) as soon as possible after the end of the financial year.	G3	A3	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**

Priority:	4F Education Partnership and Projects, Academic Careers and Strategic Alignment of Education			
Strategic Threat and Risks: Threat: There is a risk that the Health Board is unable to effectively develop and deliver its education partnerships, academic career pathways and strategic alignment of education due to dependency on national programmes, limited operational capacity for placements, and challenges in aligning education with service transformation. This may result in reduced workforce pipeline, limited development of academic careers, and failure to align education provision to future service and workforce needs.				
Responsible:	Executive Director of People Services & OD	**Accountable:**	Executive Director of People Services & OD	
Primary risk controls:	**Gaps in control:**	**Sources of assurance:**	**Gaps in assurance:**	**Assurance Rating**
• Engagement with Further and Higher Education partners to align education provision with Clinical Services Plan (4F.1) • Development and monitoring of Memoranda of Understanding (MoUs) and partnership delivery plans (4F.2, 4F.5) • Exploration of opportunities through regional partnerships including the Tertiary Alliance (4F.3) • Development of Academic Careers pathways and Community of Practice (4F.7–4F.8) • Establishment of governance structures for education aligned to workforce and service needs (4F.9) • Development of Strategic Education Plan aligned to HEIW and national priorities (4F.10) • Compliance with national legislative and education requirements (4F.11)	G1: Dependencies on national programmes and timelines impacting local delivery G2: Limited operational capacity to support student placements across services G3: Academic career pathways not fully embedded or developed G4: Inconsistent alignment between education provision and service/workforce needs G5: Limited coordination and oversight of partnerships and education delivery G6: Variable engagement across services in supporting education and training	**Management Assurance** • IMTP monitoring of 4F deliverables (4F.1–4F.11) • Education Steering Group and governance reporting • Monitoring of MoU delivery plans and partnership activity • Workforce and education metrics (placements, recruitment pipelines) **Risk & Compliance Assurance** • Alignment with HEIW strategies and national education frameworks • Compliance with statutory requirements (e.g. Additional Learning Needs Act) • Oversight of education governance and workforce planning alignment **Independent Assurance** • External partner feedback from universities and FE providers • National oversight through HEIW and Welsh Government • Evaluation of partnership effectiveness and student pipeline outcomes	A1: Limited assurance of alignment between education provision and future service needs A2: Limited visibility of placement capacity and impact on workforce pipeline A3: Limited evidence of effectiveness of academic career pathways A4: Limited assurance over consistency and quality of partnership delivery A5: Limited assurance of sustainability of education models within operational constraints	

Plans to improve control :



Ref	2026/2027 Deliverable	Improves Gaps in Control	Improves Gaps in Assurance	Executive	Status of Action
4F.1	Work with Further and Higher Education Partners to capture their contribution to the development of the Health Board's clinical services plan so that education provision across the region can reflect the future development of healthcare.	G4, G6	A1, A4	Executive Director of People Services & OD	**Q1 (No Update provided during this reporting cycle)**
4F.2	Review and set out proposals to the Health Board on requirements to meet Memoranda of Understanding with Further and Higher Education Partners and reflect in delivery plans aligned to national programmes and strategies, with agreed key metrics and baselines.	G5	A4	Executive Director of People Services & OD	**Q3 (No Update provided during this reporting cycle)**
4F.3	Review opportunities for BCUHB to support the Tertiary Alliance formed between Bangor University, Wrexham University, Grwp Llandrillo Menai and Coleg Cambria.	G1, G5	A4	Executive Director of People Services & OD	**Q3 (No Update provided during this reporting cycle)**
4F.4	Continue to support the development of the proposed Dental School and input into associated business cases.	G2, G6	A2	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**
4F.5	Submit an evaluation of progress against the aspirations set out in the Memoranda of Understanding with Further and Higher Education Partners, providing recommendations on how performance against key metrics may be enhanced.	G5	A4	Executive Director of People Services & OD	**Q4 (No Update provided during this**

					reporting cycle)
4F.6	Commence full business case for the North Wales Medical school in partnership with Bangor University.	G2, G5	A2, A4	Executive Director of People Services & OD	**Q1 (Complete)**
4F.7	Conduct an analysis as to the key barriers in establishing academic careers and update the pathway framework accordingly.	G3	A3	Executive Director of People Services & OD	**Q2 (No Update provided during this reporting cycle)**
4F.8	Having established an Academic Careers Community of Practice to bring together academics across BCUHB, develop a delivery plan which will outline how we should enhance their work and maximise its impact within BCUHB.	G3, G6	A3	Executive Director of People Services & OD	**Q2 (No Update provided during this reporting cycle)**
4F.9	Develop a proposal for an interprofessional governance structure setting out clear governance routes and alignment of education to strategic workforce planning and the quality, safety and experience of our services.	G4, G5	A1, A4	Executive Director of People Services & OD	**Q2 (No Update provided during this reporting cycle)**
4F.10	Progress to the Design Phase for education and training, agreeing priorities together with the development of an underpinning Strategic Education Plan which aligns to HEIW and local commissioning of education and training.	G4	A1	Executive Director of People Services & OD	**Q4 (No Update provided during this reporting cycle)**
4F.11	Collaboration with education colleagues to comply with the duties set out in the Additional Learning Needs and Education Tribunal (Wales) Act.	G2	A2	Executive Director of People Services & OD	**Q4 High Delivery Confidence**

BAF Risk	Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range	Status of Actions at mapping	Strategic intent Priority	Mapped deliverable	BAF 26_01 – Failure to deliver improved population health and reduced inequalities	BAF 26_02 – Failure to deliver enhanced coordination of care for people with long term conditions and improve access	BAF 26_03 – Failure to Improve access, outcomes and experience	BAF 26_04 Failure to deliver and create a modern, people centred heath care system that is future focused
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Senior Posts for reviewing Digital architecture and EHR. Funding for Architecture and EHR Teams is temporary and has been sourced from various non-recurrent budgets. Teams likely to have to stand down from April 2025 onwards and therefore progress halted (subject to budget setting process). NB. This is a 3-to-5-year piece of work. Activity which is required by 31st March 2025 will be completed. Senior Architecture posts in place but funded non-recurrently. These are resolving clinical system integration, which will also halt on the 31/03/2026 should recurrent funding not be secured.	Overdue	4D – Digital, Data & Intelligence 4C – Clinical Services Planning	• 4D.19 Review and update Digital Roadmap • 4D.15 Decommission legacy unsupported systems • 4D.16 Strategic Outline Case for digitisation of patient records • 4C.1–4C.4 CSP methodology & alignment of digital requirements				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Roll-out of key priority EHR transformation projects. No funding from April 2025 onwards, to progress EHR Programme and other augmentation projects to improve the current digital environment. NB. This is a 3-to-5-year piece of work. The Electronic Health Record (EHR) – Acute and Community, Outline Business Case (OBC) first draft was handed over from the external consultants in March 25, the OBC has been updated following engagement with legal, finance, procurement and DDaT. Currently, there is no funding to progress this further, and Welsh Government have asked all Health Boards to pause while they agree a national approach. The Mental Health EHR is progressing with the procurement evaluation complete. Once assurance activities have been completed the next step will be to finalise the Full Business Case (FBC) and award contract following board approval. A strategic outline case for the scanning plan is being prepared, with anticipated submission for formal approval in April 2026 via the appropriate governance board.	Progressing	4D – Digital, Data & Intelligence 3D – Mental Health & Learning Disabilities	• 4D.19 Digital Roadmap alignment to 10-year Strategy & CSP • 4D.11–4D.12 Population Health Management datasets • 3D.9 Mental Health EHR transformation			X	X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Transformation of the DDaT Operating Model. Proposals for 2025/26 onwards are being progressed for consideration. Due to significant digital inflation, plans have been put forward and are currently being considered in line with other inflationary pressures. Bids for growth are being revised to align with IMTP Planning processes Anticipated position and due date will be 30th April 2026	Delayed	4D – Digital, Data & Intelligence 4A – Foundations for the Future	• 4D.1 Demand & capacity tools for digital • 4D.19 Digital Roadmap alignment • 4A.1–4A.7 Foundations for the Future: new operating model design				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Proposals, (repeated from previous years) for 2025/26 onwards are being progressed for consideration. Cost Pressures and Growth proposals submitted to Executive Team for consideration. Only RIGA 1 additional funding resource received which doesn't take into consideration the required cost pressures or growth initiatives. Will continue to review funding gaps and available schemes.	Overdue	4K – Finance & Commissioning 4G – Value & Sustainability	4K.1 Financial control measures • 4K.2 Accountability agreements • 4G.12 Recurrent savings realisation • 4G.3 Address clinical variation & resource efficiency				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Expand the implementation of the Digital Training Academy enhancing the skills and understanding of clinical and non-clinical systems and O365 tools.	Progressing	4D – Digital, Data & Intelligence	• 4D.13 Digital Skills Assessment • 4D.14 Data literacy & "Making Data Count" training offer				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Implement and ensure Executive Decision and oversight of the Digital Prioritisation of projects and programmes in line with IMTP and Funding Arrangements.	Progressing	4D – Digital, Data & Intelligence 4B – Strategy & Planning	4D.19 Roadmap integration with Strategy & CSP • 4B.1–4B.3 Strategy Discovery & Design phases				X
BAF24-02: Not Delivering Strategic Development and Digital Transformation	Develop phase 2 of the Clinical Services Plan for implementation - a blueprint for services across North Wales	Progressing	4B – Strategy and Planning 4C - Clinical Services Planning	4B1, 2, 3 & 4B5 – 11 4C1, 2, 3, 4				X
BAF24-03: Not Achieving Long Term Financial Sustainability	Decarbonisation reporting of key objectives through to Committee (PPHP) completed, articulating goals and objectives through to Health Board. Revised NHS Wales decarb plan was published in 2025 and is currently under review. Health Board then to draft plan and an action plan.	Delayed	4I – Environment & Estates	• 4I.10 Development of BCUHB Climate Adaptation Plan • 4I.11 REFIT / carbon reduction grant funding access • 4I.12 Renewable energy implementation (e.g., PV array) 4I.7 4I.5				X
BAF24-03: Not Achieving Long Term Financial Sustainability	Ongoing development of Estates strategy to be informed by completion of a reduced facet survey (to reflect unallocated budget), a register of assets and most importantly clinical strategies (this review of estates is likely to take 12 months) and will be used to drive estate utilisation and rationalisation. At present, this is delayed pending clinical service plans.	Delayed	4I – Environment & Estates 4C – Clinical Services Planning	• 4I.5 Revised Estates Strategic Plan aligned to 10 year Strategy & CSP • 4I.7 Estate utilisation & rationalisation improvements • 4C.1–4C.4 Clinical Services Plan methodology, prioritisation & alignment				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Prioritise implementing the workforce planning framework across the Health Board, with initial prioritisation for 'challenged services'. This action is on-going as services become familiar with the templates and the governance arrangements for the framework are embedded throughout 2026/27.	Overdue	4J – Workforce 4F – Education Partnerships	• 4J.7 Strategic Workforce Planning implementation • 4J.1–4J.4 Workforce productivity, job planning & sickness absence reduction • 4F.9–4F.10 Governance alignment of education & workforce planning				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Support the implementation of measures to aid reducing agency usage and improve value and sustainability of workforce. Progress has been made in some staff groups and now a particular focus on M&D agency is needed throughout 2026/27. The action end date will need to be extended to the end of Q4 (from 31/03/2026).	Delayed	4G – Value & Sustainability 4J – Workforce	• 4G.1–4G.12 Value & Sustainability (clinical variation, workforce efficiencies) • 4J.2–4J.3 Reduce agency spend & improve workforce sustainability • 4J.7 Strategic Workforce Planning implementation				X

BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Implementing Values and Behaviours Framework. The V&B framework has been implemented, additional actions will be agreed to further embed and enhance its adoption, these will be added to the BAF in the coming weeks.	Overdue	4A – Foundations for the Future 4J – Workforce 4C – Clinical Leadership	• 4A.1 Culture, Leadership & Engagement programme • 4J.5–4J.6 Culture, engagement & behavioural improvement actions • 4C.9–4C.10 Interprofessional team working & leadership behaviours				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Embedding Integrated Leadership Development Framework. Three of the four programmes have already been written and launched. The remaining program pilot will be developed by the end of Q2 and the expected launch will be Q426/27. The ILDF framework will be reviewed by the Executive Committee in Q1 2026/27 to ensure it remains strategically aligned to the IMPT. The end date for action will be extended to end of September 2026 (from 31/03/2026).	Delayed	4C – Clinical Services Planning & Leadership 4A – Foundations for the Future 4J – Workforce	• 4C.5–4C.8 Clinical leadership roles, training & capability • 4A.1 Leadership culture & organisational development • 4J.5 Leadership & engagement improvement programme				X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Developing Anchor Institute Framework – ongoing, draft Anchor Charter developed with partners and being formally discussed at regional wellbeing and anchor charter event on 19.03.26.	Overdue	1C – Health Inequalities / Anchor Institute Partnership & Regional Collaboration	• 1C.6 Anchor principles & missions implementation (Environment, Communities, Housing, Employment, Food, Learning, Creative & Active Lifestyles) • Section 5 – Working with Partners: strengthening regional collaboration & social value frameworks	X			
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Citizen Engagement Plan being reviewed – the draft principles and framework developed – Co-production, Engagement and Consultation Toolkit developed, Principles and Framework to be discussed at Executive Group Meeting before end of April 2026.	Progressing	3B – Citizen Engagement 4A – Foundations for the Future 4B – Strategy & Planning	• 4A.12 Partner engagement in operating model • 4B.1–4B.4 Embedding engagement into IMTP & Strategy processes			X	X
BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Communications and engagement plan November 2025 to post Senedd election 2026 addressing progress to date and areas of Board focus in the months ahead – plan in development, overseen by the Chief Executive Officer.	Progressing	3B – Citizen Engagement 4A – Foundations for the Future 4B – Strategy & Planning	• 4B.2–4B.3 Strategic design & delivery – embedding public voice 4B.4, 4B7			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Learning Repository Development – A Project Group oversees governance, strategic alignment, and accountability for the wider rollout by 31st April 2026. (Delayed from 31/11/2025)	Delayed	4H – Quality	• 4H.13 Implementation of learning repository & embedding organisational learning				X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Harms review process to be approved for planned care activity.	Overdue	3B – Planned Care 4H – Quality 4C – Clinical Services Planning	• 4H.1–4H.3 Quality Management System & governance framework development			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Diabetes Pathway Programme – completion of case for change and next steps agreed - delay in appointing Clinical Lead however this has now gone out for expressions of interest. There have been some revisions to the plan as a result and also in keeping with wider priority programmes including Primary Care. Completion of the Diabetes Pathway Programme case for change has been completed however the overall implementation of the programme has been delayed in 25.26 due to dependencies, including the appointment of a Clinical Lead. The plan has been revised to align with wider priorities, and the completion date has moved from July 2025 to December 2026.	Delayed	1B – Disease Prevention 2A Primary Care 2B Community by Design 4G – Value & Sustainability 4C – Clinical Services Plan 4D – Population Health Management	• 1B.4–1B.7 Diabetes pathway (care processes, variation reduction, best practice) 2A.5 integrated primary & Community care 2B.1 -4 Community by Design (mapping, planning, delivery) • 4G.2 High Value/High Impact Diabetes Pathway • 4C.1-4 CSP alignment with disease pathways 4D.11-12 Population health intelligence	X	X		X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Deliver Primary Care based approaches to improving the compliance with NICE guidance. Awaiting update and revised date from Primary Care leads.	Overdue	2A – Primary Care 2B – Community by Design 1B – Disease Prevention 4H – Quality 4C – Clinical Services Plan	Incomplete improvement in NICE compliance; requires strengthened primary·community·secondary integration and clearer pathways.	X	X		X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Prevention embedded in Board Major Programmes.	Overdue	1A–1D – Prevention & Inequalities 4B – Strategy & Planning 4C – Clinical Services Plan 4G – Value Based Healthcare	• 1A–1D Prevention, Health improvement, Health Inequalities, Health Protection • 4B.1–4B.3 Strategy & IMTP alignment • 4C.1 CSP methodology – embedding prevention & PHM 4G.10 Respond to key population health intelligence	X			X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Development of Clinical Services Plan and Health Board Strategy recognises prevention as component part. Development of the Clinical Services Plan and Health Board Strategy, which incorporates prevention as a key component, has been delayed due to dependencies on preceding work. The completion date has moved from March 2025 to December 2026.	Delayed	1A-D Prevention & inequalities 4C – Clinical Services Planning 4B – Strategy & Planning 4D – Population Health Management 4I – Environment & Estates	1A-D Prevention, Health improvement, Health Inequalities, Health Protection • 4C.1–4C.4 Clinical Services Plan development & prioritisation • 4B.1–4B.3 10·year Strategy Discovery/Design/Delivery 4D.11-12 Population health intelligence • 4I.5 Estates Strategy alignment to CSP	X			X

BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Increased pathways with Primary care. Primary Care Service Transformation Delivery group has progressed with work completed outlining system challenges to inform next steps. On track but will be ongoing.	Delayed	3D MHLD 2A – Primary Care 4C – Clinical Leadership	• 3D.3 - Agree and develop with partners • 2A.5 Integrated primary & community pathways • 4C.9–4C.10 Interprofessional working		X	X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Electronic Health Record programme with MHLD as early adopter. Procurement concluded - assurance activity underway for award of contract. Implementation will be impacted by contract award timescales; this may impact the control completion date, but measures are being into place to mitigate this.	Overdue	4D – Digital, Data & Intelligence 3D – Mental Health & LD	• 4D.19 Digital Roadmap • 4D.6–4D.8 Coding, AI & data quality improvements • 3D.9 MHLD EHR programme rollout			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Enhanced Savings plans. OOA/ CHC remain the well documented risks here for delivery, but plans are progressing well.	Overdue	3D MHLD 4G – Value & Sustainability 4K – Finance & Commissioning	3D.5 - Deliver a material reduction 4G.1–4G.12 Value & Sustainability Programme 4K.1–4K.3 Financial control & commissioning improvements			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Capping OOA bed utilisation	Overdue	3D – Mental Health & LD 4G – Value & Sustainability	3D.5 Reduction in out-of area placements • 4G.12 Financial sustainability & reducing unwarranted cost variation			X	X
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Continued implementation of waiting list protocol to ensure patients are supported whilst waiting.	Progressing	3D MHLD	3D.3 agree & develop with partners a phrased open access MH service model			X	
BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Alignment with Learning Disabilities national programme- Improving Care Improving lives review. The LD transformation programme covers ECRS, Inpatient and Community Services and is fully aligned to the NHS P&I National improvement works. Improvements are project managed through service and divisional governance as well as the national programme. Progress to date includes successful roll out and uptake of Paul Ridd disability awareness training across BCU (not just LD services), introduction of the Health Equalities Framework (HEF) outcomes measure to support identifying health inequalities for people with a learning disability.	Overdue	3D – Mental Health & Learning Disabilities 4C – Clinical Services Planning & Interprofessional Leadership	3D.6–3D.7 MHLD improvement actions including health inequalities reduction, crisis response, • 4C.1–4C.4 CSP methodology & redesign of challenged services			X	X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Use of data analytics to identify high-risk populations (completed) and optimise resource allocation, as a part of workstream one, needs aligning to enhanced community care Priorities agreed for primary and community transformation led by DPH, EMD and COO.	Overdue	4D – Digital, Data & Intelligence 1B – Proactive Strategies for Prevention	• 4D.1 Demand & capacity modelling tools • 4D.11–4D.12 Population Health Management intelligence • 1B.1–1B.3 Population health & prevention roadmap	X			X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Deployment of live dashboards for real-time monitoring (complete) of performance and governance metrics. Standardise data collection and reporting processes to reduce variability in decision-making. Review of various dashboards to align input criteria and date. Data quality and alignment to data dictionary review ongoing. Dashboard designs work ongoing. Design phase to be complete by 31/07/2025. Once designed, build and deployment to take place with timescale tbc. Dashboard completed and information now used in UEC programme management, further work to continue moving forward as we develop SPoA This is on track. Due date extended to 30/09/2026 from June 2026.	Progressing	4D – Digital, Data & Intelligence	4D.13–4D.14 Digital & data skills improvement 4D.6–4D.8 Coding & data quality improvements 4D.19 Digital Roadmap alignment				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Strengthen digital capabilities to support service teams (such as e-triage, further roll out of home adaptations particularly rural areas, single patient tracking lists). Align digital plan to UEC plans. Alignment of plans consistent with revised prioritisation. Work underway to improve digital interface with UEC. WECDS has just been updated to enhance the data collection for ED's.	Overdue	4D – Digital, Data & Intelligence	4D.19 Digital Roadmap • 4D.15–4D.16 Legacy system reduction & digital records • 4D.5 RPA & automation opportunities				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Standardising care pathways across the Health Board. Current mapping exercise. Sits within clinical service strategy, community health pathways being rolled out for development in elective care. SPoA 'operational 'phase is commencing in Q1. There are clear performance metrics and expectations assigned to the developments into 2026/27	Overdue	3A – Urgent & Emergency Care 3B – Planned Care 4C – Clinical Services Planning	3A.4–3A.12 UEC care pathway redesign • 4C.1–4C.4 CSP methodology & service redesign 3B.2 Planned care 3B.5 Planned care			X	X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Re-enforce specialty level planning cycle through service line demand and capacity plan across the Health Board. Reinforced with services, complete. To be evidenced in April 2026 through Plans. Demand & capacity (D&C) planning session held in April to review core demand and capacity planning across specialties within Q1 to confirm the position for 2026/27. A further session is scheduled in May with a specific focus on Cancer and Diagnostics to enable more detailed discussions on demand and capacity for 26/27. This will be supported by a 'planned care sprint' to improve booking of long waiters into core capacity and transfers of care to appropriate services	Overdue	Outstanding for update as at 22/05/2026	Outstanding for update as at 22/05/2026				

BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Strengthened workforce planning for key areas linked to challenged services.	Overdue	4J – Workforce 4A – Foundations for the Future	• 4J.7 Strategic workforce planning • 4J.1–4J.4 Workforce productivity controls • 4A.1 Leadership, culture & engagement improvement				X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Telehealth care to strengthen out of hospital care including home systems and video facilitated care forms workstream 1 or 4 for UEC.	Overdue	2A – Primary Care 1B – Prevention 4D – Digital, Data & Intelligence	2A.8 Digital innovation in primary care (NHS app, virtual care) • 1B.3 Preventive digital interventions • 4D.19 Digital Roadmap	X	X		X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Continued efforts to further strengthen collaboration with local authorities and voluntary sectors for integrated care delivery models. Milestones to be reported. Operational workshop to be held in May with health & Social care partners to discuss development of a 12 month plan for implementation	Overdue		Outstanding for update as at 22/05/2026				
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Incorporate public health needs analysis to service planning (such as deprivation links to access for UEC, Planned Care, CAMHS and Womens services).	Overdue	1B.1–1B.3 PHM intelligence • 4B.1–4B.3 Strategy Discovery/Design/Delivery • 3A.1–3A.3 UEC prevention & falls pathways 4C.1-4C.4	• 1B – Population Health 4B – Strategy & Planning 4C Clinical Services Plan 3A – UEC	X		X	X
BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Regional improvement approach for Child and Adolescent Mental Health (CAMHS)and Childrens Neurodevelopmental Services. CAMHS Improvement Plan revised for 2026/27 to sustain delivery of the Mental Health Measure access targets which the HB achieved in 2026/27 for assessment and intervention. The Childrens ND 3-year improvement plan has been agreed with RPB to implement a needs-led Childrens ND delivery model across health, social care and education. Confirmation of WG funding allocation (£2m) 26-27 for ND assessments, received in April. Approval from Exec Committee & PFIG subsequently confirmed for the continued use and extension of the private provider contract for children's ND assessments to support delivery against WG expectations for 2026/27.	Overdue	3E – CAMHS & ND 3D – MHLD 4C – Clinical Leadership & CSP 1A - Preventative Approaches to Health & Wellbeing 4B - Strategy & Planning	3E.1–3E.6 CAMHS & ND redesign • 3D.9 EHR for MHLD • 4C.3 CSP alignment with challenged services 1A.3 Deliver approved Grant Funded Programmes of work (WSA) 4B.5 Draw on support for NHS P&I colleagues	X		X	X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Develop a model for Cancer Referrals and activity for single modality. Work is continuing with cancer services looking at breast pathways. Stage 1 demand for all tumour sites has been assessed against ringfenced capacity to incorporate into Referral to Treatment demand and capacity work, linked to workstream 6 of the Planned Care Programme. Due to operational challenges and the complexity of cancer pathways and associated data, current focus is on short term operational forecasting and we will with colleagues from NHS Performance & Improvement to develop longer term (annual and beyond) forecasting tools for the cancer pathways. Revised due date 30/06/2026 from 30/11/2025)	Delayed	3B – Planned Care, Cancer & Diagnostics 4D – Digital, Data & Intelligence	• 3B.7–3B.15 Cancer pathway optimisation & diagnostics modernisation • 4D.1 Demand & capacity modelling • 4D.10 Transition to cloud analytics			X	X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen collaborative research projects with university partners. Draft 'Research Strategy on a Page' developed with Bangor University for consideration by the BU & BCUHB Strategic Steering Group which is due to meet on 8th May 2026. Action delayed from 31/03/2025 to 31/05/2026	Delayed	4E – Research, Development & Innovation	• 4E.1–4E.5 Research, Development & Innovation strategic plan, joint appointments & academic partnerships				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen academic career pathways with universities Academic Careers Community of Interest Working Group has been established and draft framework developed. The community of Interest is to be established during 2026/27. The development of this is to be supported by focus groups and workshops approach. A paper for the consideration of Executive Committee was considered on 4th March 2026 and agreement reached regarding support pending a further paper with a business case approach describing anticipated benefits and costs. Delayed from 31/03/2025 to 31/05/2026.	Delayed	4F – Education Partnerships & Academic Careers	• 4F.7–4F.11 Academic careers framework; governance for strategic education planning; HEI partnerships				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Strengthen collaboration with Higher and Further Education partners across North Wales Memoranda of Understanding have been developed with Bangor and Wrexham Universities as well as Group Llandrillo Menai and College Cambria. Signing is complete apart from CC which is expected to take place in April/May. Strategic Steering Groups are in place with Bangor, Wrexham and GLIM with arrangements to follow with CC in April/May. The collaborative partnerships will progress and mature during the course of 2026/27.	Progressing	4F – Education Partnerships & Academic Careers	• 4F.1–4F.6 HE/FE partnerships; Medical School & Dental School collaboration; MoU implementation				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Increase R&D collaboration with industry and academic institutions. MoUs have been developed as described above. Collaborations with industry have resulted in a number of joint bid applications to i4i, Contracts for Innovation and NIHR. BCU staff have presented nationally at events such as BioWales London, Cancer innovation.	Overdue	• 4E.2–4E.5 Innovation Centre development; external funding; research activity expansion	4E – Research, Development & Innovation				X

BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Secure additional funding for healthcare innovation projects. A number of grant applications are being developed or are awaiting decision from funders. To date funding has been secured from Welsh Government Innovation and from Contracts for Innovation.	Overdue	• 4E.2 Innovation Centre & funding model • 4E.4 Growth of research studies and income	4E – Research, Development & Innovation				X
BAF24-08: Not Implementing Evidenced Based Improvement and Innovation	Increase the number of joint appointments between the Health Board and academic institutions. A number of honorary appointments have been awarded, and a joint research fellow post has been appointed to. A joint research fellow post in cardiology is in progress. We are awaiting decision regarding readvertising the joint post in cancer services.	Overdue	• 4F.7–4F.11 Academic careers pathways & joint roles • 4E.3–4E.5 Embedding research into clinical roles	4F – Academic Careers 4E – Research, Development & Innovation				X

People and Culture Committee

CORPORATE GOVERNANCE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	13 August 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Philippa Peake-Jones, Head of Corporate Governance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Pam Wenger, Director of Corporate Governance

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol **Executive Summary**
This report presents routine corporate governance matters for the Committee's consideration, including the annual review of the Committee's Terms of Reference, Annual Report and Self-Assessment. These documents support good governance, accountability, continuous improvement and assurance to the Board regarding the effectiveness of the Committee's operation and oversight arrangements.

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

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

CORPORATE GOVERNANCE REPORT

1. **Y SEFYLLFA**
SITUATION

1 The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this.

2 It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.

3 **Y CEFNDIR**
BACKGROUND

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

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

4.1 **Summary of Business Considered in Private**

4.1.1 Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.

4.1.2 The below items were considered in private at the meeting held on 11 June 2026:

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
PC26.78	High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report	It was resolved that the Committee: • **NOTED** the content of the report.	Business Sensitive
PC26.79	AAC Panel Consultant Appointments	it was resolved that the Committee:	Identifiable Information

Agenda Item	Subject (including narrative)	Committee Resolution	Rationale for item in Private
		• **AGREED** the consultant appointment made on behalf of the Health Board during the period of the report. • **NOTED** the AAC Panels which were stood down, or did not make appointments, during the reporting period. • **NOTED** the forthcoming AAC panels which will be reported at the next meeting of the Committee.	

4.2 **Committee Forward Work Plan**

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

4.3 **Committee Terms of Reference**

The Corporate Governance Team has undertaken a review of the Terms of Reference for the People and Culture Committee. The revised Terms of Reference include amendments to clarify responsibilities, strengthen assurance arrangements and improve consistency with the Health Board's wider governance framework. The revised Terms of Reference are attached at **Appendix 1** for consideration.

The key proposed changes include:

- Strengthening the Committee's purpose to provide assurance to the Board regarding workforce sustainability, organisational development, leadership, staff wellbeing and organisational culture.
- Clarifying the Committee's role in providing assurance on delivery of the Health Board's strategic people and culture priorities, including alignment with the Integrated Medium Term Plan and national workforce strategies.
- Enhancing oversight of workforce, organisational development and culture-related risks, including the review of risks within the Committee's remit and

recommendation to the Board of the acceptance of residual risks that remain above the Health Board's approved risk appetite or tolerance where further mitigation is not considered proportionate, practicable or achievable.
- Clarifying responsibilities for receiving assurance regarding equality, diversity and inclusion, Welsh Language Standards, partnership working and compliance with relevant statutory duties, including the Social Partnership and Public Procurement (Wales) Act 2023.
- Strengthening the Committee's oversight of arrangements for Speaking Out Safely, whistleblowing and organisational learning arising from workforce concerns.
- Clarifying the Committee's role in providing assurance on the workforce, organisational development and cultural aspects of major organisational change and transformation programmes, including Foundations for the Future.
- Improving overall clarity, consistency and readability through the removal of duplication, refinement of responsibilities and correction of formatting and governance provisions.

4.4 **Committee Annual Report 2025-2026**
The Committee Annual Report 2025-2026 is attached at **Appendix 2**. The report provides a summary of the Committee's activity and key areas of oversight during the year, together with an assessment of how the Committee has fulfilled its responsibilities on behalf of the Board

4.5 **Committee Self Assessment**
The Committee has completed its annual self-assessment, providing Members with an opportunity to review the effectiveness of the Committee's operation, governance arrangements and ability to provide assurance to the Board. The results and proposed areas for improvement are attached at **Appendix 3** for discussion and noting.

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

5.1 There are no matters for escalation.

6 ARGYMHELLION
RECOMMENDATIONS

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

- **NOTE** the matters considered in private at the meeting held on 11 June 2026.
- **NOTE** the Committee Forward Work Plan.

- **REVIEW and RECOMMEND** the revised Committee Terms of Reference to the Board for approval.
- **APPROVE** the Committee Annual Report 2025-2026.
- **NOTE** the outcome of the Committee Self-Assessment and **ENDORSE** the proposed actions to support continuous improvement in the Committee's effectiveness and governance arrangements.

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

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

Socio-Economic Impact Assessment *Have you undertaken a Socio-Economic Impact Assessment*	If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** All Apply	**Meysydd Ansawdd Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	

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

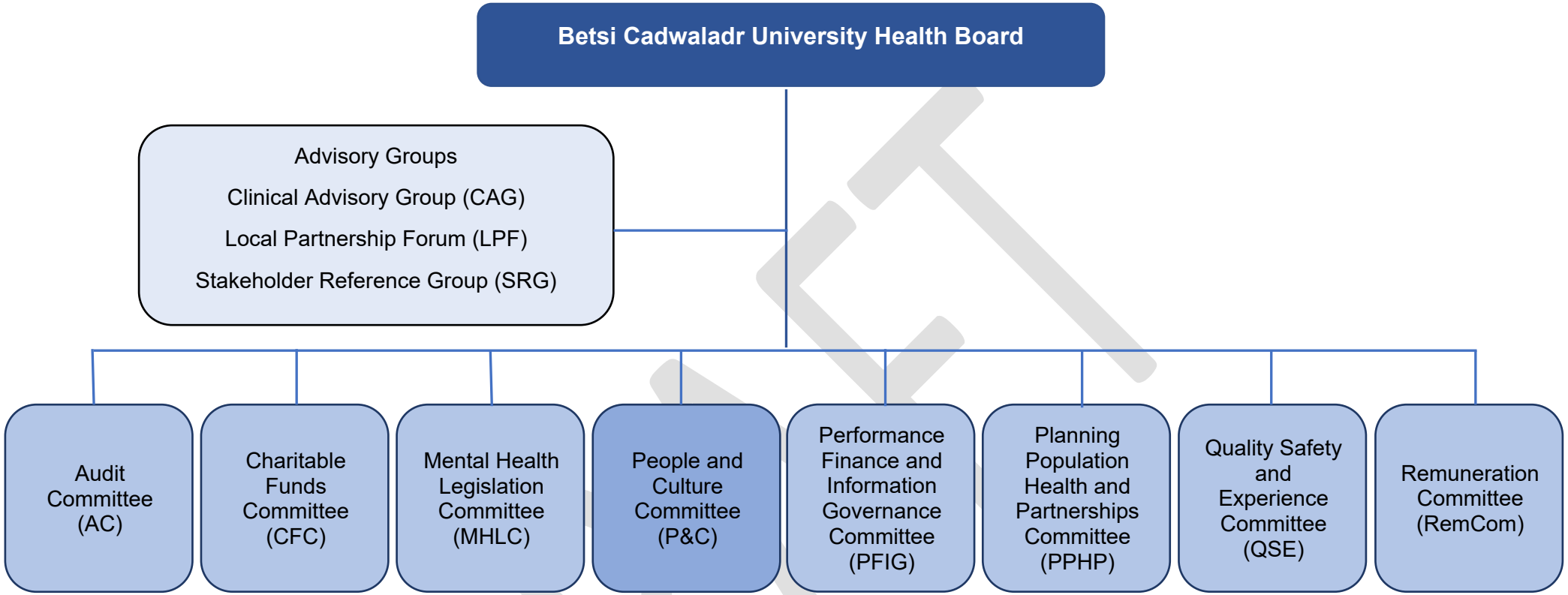
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: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

PEOPLE AND CULTURE COMMITTEE

Terms of Reference & Operating Arrangements

(Schedule 3.5 of the Standing Orders)

Date approved by Health Board:



Version Control

Version	Issued to	Date	Comments
V0.01	People and Culture Committee	10.04.25	Endorsed for approval at the May Board
V1.0	Board	29.05.25	Approved
V1.01	People and Culture Committee	13.08.26	Seek endorsement for submission to the Board

TERMS OF REFERENCE

1 INTRODUCTION

1.1 The Betsi Cadwaladr University Health Board (BCUHB) Standing Orders provide that "The Board may and, where directed by the Welsh Government must, appoint Committees of the Board either to undertake specific functions on the Board's behalf or to provide advice and assurance to the Board in the exercise of its functions. The Board's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by committees

1.2 In accordance with Standing Orders (and the BCUHB scheme of delegation), the Board shall nominate annually a committee to be known as the People and Culture Committee. The detailed terms of reference and operating arrangements set by the Board in respect of this committee are set in this document.

2 PURPOSE

2.1 ~~The purpose of the Committee is to act on behalf of the Board~~ The purpose of the Committee is to provide assurance to the Board regarding the effectiveness of the Health Board's workforce, organisational development and culture agenda, ensuring that the organisation has the leadership, capacity, capability and culture required to deliver its strategic objectives and provide high quality services.

The Committee will:

2.2 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:

- Foundations for the Future Programme
- Organisational Culture
- Leadership Development
- Engagement
- Workforce Planning
- Recruitment and Retention
- Wellbeing
- Welsh Language
- Employee Relations;

2.3 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium-Term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;

2.4 ~~provide assurance to the Board on the organisation's ability to create and manage a strong, high performance organisational culture for all its people (including~~ Provide assurance that the Health Board's people and culture agenda supports delivery of the organisation's strategic objectives, contributes to organisational performance and supports the delivery of safe, effective and sustainable services; and

~~and~~

2.5 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.6 approve the appointment of Consultants in accordance with the National Health Service (Appointment of Consultants) (Wales) Regulations 1996.

2.7 seek assurance on the Health Board plans to ensure the implementation of the Social Partnership and Public Procurement (Wales) Act 2023.

3 DELEGATED POWERS

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

3.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and OD agenda, learning from work undertaken nationally and internationally, ensuring the Health Board is continually improving;

3.2 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;

3.3 provide assurance through workforce performance indicators and outcome measures that demonstrate progress against strategic workforce objectives, including workforce supply, turnover, sickness absence, recruitment, retention, staff engagement, appraisal compliance, mandatory training and workforce productivity

~~3.2~~3.4

3.5 pro~~vide assurance to the Board on the implementation and monitoring of the Health Board's Equality, Diversity and Inclusion arrangements~~Provide assurance on compliance with statutory equality duties, Welsh Language Standards and broader inclusion objectives, including the impact of these arrangements on workforce experience, organisational culture and leadership development.

3.4 provide assurance that the organisation is discharging its functions and meeting its responsibilities with regard to the research and innovation activity carried out within the Health Board in relation to staff development;

3.5 provide assurance that there are appropriate arrangements to ensure education and commissioning meet future workforce needs;

3.6 receive assurance on delivery against all relevant People Planning Objectives;

3.7 recommend to the Board the acceptance of risks that cannot be managed within the Health Board's agreed risk appetite or tolerance, supported by evidence that all reasonable mitigating actions have been considered.

~~recommend acceptance of risks that cannot be brought within the Health Board's risk appetite/tolerance to the Board through the Committee Update Report;~~

3.8 receive assurance through any Committee Update Reports (that may be in existence or developed) and other management group reports that risks relating to their areas are being effectively managed across the whole of the Health Board's activities (including for hosted services and through partnerships and Joint Committees as appropriate);

3.9 assure the Board in relation to its compliance with relevant national practice, mandatory guidance, healthcare standards and duties, including Duty of Quality, Duty of Candour, Quality Standards and Quality Management ensuring the Board is supported to make strategic decisions from a quality perspective;

3.10 provide oversight, delivery and monitoring of Health and Safety strategies, planning, policies, performance and regulatory compliance; and

3.11 provide assurance regarding the effectiveness of arrangements for raising concerns, Speaking Out Safely and whistleblowing, including organisational learning, staff confidence, cultural indicators, trends and actions arising from concerns raised

~~have delegated powers to consider reports on the position in regard to whistleblowing and Speaking Out Safely.~~

3.12 Monitor compliance with issues of professional registration for all registered professionals.

3.13 Receive assurance regarding engagement with Trade Unions, professional representatives and workforce stakeholders, including compliance with the Social Partnership and Public Procurement (Wales) Act 2023 and associated partnership arrangements.

4 AUTHORITY

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

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

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

5 SUB-COMMITTEES

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

6 MEMBERSHIP

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

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

6.2 The following should attend Committee meetings:

IN ATTENDANCE
Executive Director of Workforce and Organisational Development (Executive Lead)
Chief Executive
Director of Environment and Estates
Executive Director of Allied Health Professions & Health Science~~Executive Director (with responsibility for Welsh Language)~~

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

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

5. COMMITTEE MEETINGS

5.1 Quorum

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

5.2 Frequency of meetings

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

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

5.2 Withdrawal of individuals in attendance

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

5.3 Meeting arrangements

- The agenda and papers will be distributed/published seven days in advance of the meeting.

- The Director of Corporate Governance is to hold an agenda setting meeting with the Chair and/or Vice Chair and the Executive Director of Workforce and Organisational Development at least six weeks before the meeting date.

- The agenda will be based on the Committee work plan, identified risks, matters arising from previous meetings, issues emerging throughout the year, and requests from Committee members.

6. REPORTING AND ASSURANCE ARRANGEMENTS

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

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

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

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

7. RELATIONSHIP WITH THE BOARD AND ITS COMMITTEES/GROUPS

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

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

7,2 The Committee, through its Chair and members, shall work closely with the Board's other committees, including joint (sub) committees and groups to provide advice and assurance to the Board through the:

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

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

7,3 The Committee will consider the assurance provided through the work of the Board's other committees and sub groups to meet its responsibilities for advising the Board on the adequacy of the Health Board's overall system of assurance.

7.4 The Committee shall embed the Health Board's corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

7.5 The Committee shall work collaboratively with the Remuneration Committee to provide assurance to the Board regarding leadership development, succession planning, talent management and workforce implications arising from executive and senior management arrangement

8. APPLICABILITY OF STANDING ORDERS TO COMMITTEE BUSINESS

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

- Quorum

9. REVIEW

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

10. CHAIR'S ACTION ON URGENT MATTERS

10.1 There may, occasionally, be circumstances where decisions which would normally be made by the Committee need to be taken between scheduled meetings. In these circumstances, the Committee Chair, supported by the Director of Corporate Governance as appropriate, may deal with the matter on behalf of the Board – after first consulting with **all** Members of the Committee. The Secretariat must ensure that any such action is formally recorded and reported to the next meeting of the Committee for consideration and ratification.

10.2 Chair's action may not be taken where the Chair has a personal or business interest in the urgent matter requiring decision.

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PEOPLE AND CULTURE COMMITTEE

Annual Report 2025-26

FOREWORD

I am pleased to present the 2025-26 Annual Report of the People and Culture Committee.

During the year, the Committee discharged its delegated responsibilities on behalf of the Board by scrutinising performance, risks, strategic programmes and statutory obligations relating to the people and culture agenda. In doing so, the Committee sought assurance that appropriate governance arrangements, controls and improvement plans were in place to support delivery of the Health Board's strategic objectives and to respond to emerging workforce and organisational challenges.

The Committee received regular reports on workforce planning, organisational culture, staff experience, leadership development, wellbeing, equality, Welsh language, health and safety and employment matters. It also maintained oversight of relevant risks within the Board Assurance Framework and Corporate Risk Register, together with the people and organisational development implications of the Foundations for the Future Programme.

Through its work, the Committee was able to provide assurance to the Board in a number of key areas whilst identifying matters that require continued scrutiny and oversight during 2026-27. These include workforce sustainability, organisational change, staff experience, organisational culture and the effective management of risks within the Committee's remit.

The remainder of this report summarises the assurance received, the challenge provided by Committee members and the key areas requiring continued attention.

Dyfed Jones
Chair of the People and Culture Committee

Annual Report 2025 - 2026

1. Introduction

1.1 This report provides the Board with an annual summary of the assurance received by the People and Culture Committee during 2025-26. It describes how the Committee discharged its delegated responsibilities on behalf of the Board and identifies the key areas of oversight, assurance and ongoing focus for 2026-27.

1.2 The Committee's work during the year was guided by its Terms of Reference and Cycle of Business, which supported the systematic consideration of key matters within its remit. The Committee considered reports and updates relating to workforce, culture, organisational development, staff experience, wellbeing, equality, Welsh language, health and safety, and the management of relevant risks.

1.3 Through its work, the Committee sought assurance that appropriate arrangements were in place to support delivery of the Health Board's strategic priorities relating to people and culture, including those set out in the Integrated Medium-Term Plan and relevant all-Wales workforce strategies.

2. Role and Responsibilities

2.1 The primary purpose of the Committee is to act on behalf of the Board to:

2.1.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:

- Foundations for the Future Programme
- Organisational Culture
- Leadership Development
- Engagement
- Workforce Planning
- Recruitment and Retention
- Wellbeing
- Welsh Language
- Employee Relations

2.1.2 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium-Term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales.

2.1.3 provide assurance to the Board on the organisation's ability to create and manage a strong, high performance organisational culture for all its people (including workforce, volunteers and stakeholders).

2.1.4 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee

and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.1.5 approve the appointment of Consultants in accordance with the National Health Service (Appointment of Consultants) (Wales) Regulations 1996.

2.1.6 seek assurance on the Health Board plans to ensure the implementation of the Social Partnership and Public Procurement (Wales) Act 2023.

3. Agenda Planning Process

3.1 The Chair of the Committee, in conjunction with the Executive Lead and the Corporate Governance Directorate develop the final agenda for Committee meetings.

3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.

3.3 The secretariat for the meeting is provided by Laura Jones.

3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an Executive Summary and guidance for the Committee on the action required.

4. Operating Arrangements

4.1 The Committee reviewed its Terms of Reference and operating arrangements during the year. A minor amendment was made to ensure the Committee's remit remained clear, current and aligned to the Board's assurance requirements.

4.2 The Committee also reviewed its Cycle of Business, which provided a structured framework for ensuring that key matters within the Committee's remit were scheduled for consideration during the year. The agenda remained sufficiently flexible to allow the Committee to consider emerging issues and areas requiring additional scrutiny.

5. Membership, Frequency and Attendance

5.1 The Terms of Reference state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on six occasions with member attendance as follows:

Name	Attendance
Councillor Dyfed Jones, Committee Chair (Local Authority)	Five out of six meetings
William Nichols, Committee Vice Chair (Trade Union Representative)	Four out of six meetings
Clare Budden	Six out of six meetings
Paul Lambert (Committee Member since 13.10.25)	Two out of three meetings
Karen Balmer	One out of two meetings

(Committee Member until 31.07.25)	

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity and assurance received

During 2025-26, the Committee considered a wide range of reports and updates aligned to its delegated remit. The Committee's business can be summarised under the following assurance themes:

6.1 Workforce planning, recruitment and retention

The Committee received regular assurance through the People Operations Report, Strategic Workforce Planning Framework and reports relating to recruitment, retention, sickness absence, consultant job planning and on-call arrangements. The Committee recognised that workforce capacity, capability and sustainability are critical to the Health Board's ability to deliver safe, effective and sustainable services. Through scrutiny of workforce performance, workforce risks and mitigating actions, the Committee sought assurance that appropriate plans were in place to attract, retain, develop and support the workforce, whilst addressing workforce pressures and organisational challenges.

6.2 Culture, leadership and engagement

The Committee received regular assurance on organisational culture, leadership development, staff engagement and employee experience through a range of reports and performance information. The Committee recognised these areas as critical enablers of organisational effectiveness and workforce wellbeing. Through scrutiny of progress against the Three-Year Culture, Leadership and Engagement Improvement Plan, staff survey findings and employee experience measures, the Committee was able to gain assurance that action was being taken to strengthen culture, improve engagement and support effective leadership across the Health Board, whilst recognising that continued focus will be required to embed sustainable improvement and realise the desired cultural change.

6.3 Staff Wellbeing

The Committee recognised staff wellbeing as a fundamental enabler of organisational performance, patient care and cultural improvement. During 2025-26, the Committee received assurance through a range of reports relating to workforce wellbeing, employee experience and sickness absence, seeking evidence that appropriate support mechanisms, interventions and improvement programmes were in place to support the physical, mental and emotional wellbeing of staff. The Committee considered the extent to which wellbeing initiatives were contributing to attendance, engagement, retention and staff experience, recognising that a healthy, supported and engaged workforce is critical to the delivery of safe, effective and compassionate services.

6.4 Welsh Language

The Committee received regular assurance on delivery of the Health Board's Welsh Language responsibilities through consideration of the Welsh Language Annual Report and other updates. The Committee sought assurance that Welsh language considerations remained embedded within workforce planning, staff development, organisational culture and service delivery, recognising the importance of the Welsh language to the Health Board's values, identity and strategic objectives.

6.5 Equality, Diversity and Inclusion

The Committee received assurance through consideration of the Strategic Equality Annual Report, Workforce Race Equality Standard (WRES) Report and Gender, Race and Disability Pay Gap Reports. Through these reports, the Committee scrutinised progress against statutory duties and strategic objectives, seeking assurance that actions were being taken to advance equality, reduce inequalities and foster a diverse, inclusive and fair organisational culture for staff and service users.

6.6 Health and Safety

The Committee received assurance through regular reports on the management of Health and Safety across the Health Board, including consideration of the Health and Safety Annual Report and associated performance information. The Committee recognised that maintaining a safe working environment is fundamental to staff wellbeing, organisational resilience and the delivery of high-quality patient care.

6.7 Foundations for the Future (Structures)

The Committee received regular updates on the Foundations for the Future Programme and was assured that appropriate governance arrangements were in place to support programme development. The Committee welcomed the introduction of an additional pre-engagement phase, recognising the value of early dialogue with staff in informing future proposals. Given the scale and significance of the programme, and the time taken to reach this stage of development, the Committee recognised that further assurance will be required during 2026-27 as proposals progress and the impact on staff, organisational culture and organisational development becomes clearer.

6.8 Risk and Board Assurance Framework

The Committee considered the principal risks assigned to it through the Corporate Risk Register and Board Assurance Framework and was able to gain assurance that arrangements were in place to identify, monitor and manage risks within its remit. Particular attention was given to risks relating to workforce capacity and capability, organisational culture, staff wellbeing and strategic change. The Committee recognised that effective management of these risks is critical to the delivery of the Health Board's objectives and agreed areas where continued assurance and scrutiny would be required during 2026-27.

7. Committee Effectiveness & Performance

7.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

7.2 A Committee effectiveness questionnaire will be issued in July 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

8. Reporting the Committee's Work

8.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.

8.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

9. Overall Assurance Opinion

During 2025-26, the People and Culture Committee discharged its responsibilities in accordance with its Terms of Reference and approved Cycle of Business, providing Board oversight of key people, culture and organisational development matters. The Committee considered a broad range of reports relating to workforce planning, organisational culture, leadership development, staff engagement, wellbeing, health and safety, equality, diversity and inclusion, Welsh language, organisational change and strategic workforce risks.

Through the reports received, the scrutiny undertaken and the challenge provided by Committee members, the Committee was able to gain assurance that appropriate governance arrangements were in place across the majority of areas within its remit. In particular, the Committee received assurance regarding workforce planning and sustainability, organisational culture and leadership development, staff wellbeing, health and safety, equality, diversity and inclusion, Welsh language and the management of risks allocated through the Corporate Risk Register and Board Assurance Framework.

The Committee also maintained oversight of the Foundations for the Future Programme, receiving regular updates on its development and the associated people, culture and organisational change implications. The Committee welcomed the introduction of an additional pre-engagement phase prior to formal consultation, recognising the importance of meaningful engagement with staff and stakeholders in shaping future proposals. Whilst assurance in relation to the programme will continue to develop as proposals progress, the Committee was assured that appropriate governance and oversight arrangements were in place and identified this as a key area for continued scrutiny during 2026-27.

The Committee recognises that workforce sustainability, organisational change, staff wellbeing, organisational culture and leadership development will remain important areas of focus during 2026-27. The Committee will therefore continue to seek assurance that the Health Board is effectively managing these priorities and associated risks in support of its strategic objectives and the delivery of safe, effective and compassionate care.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
Committees and Advisory Groups - Betsi Cadwaladr University Health Board

Trugaredd
Compassion

Agored
Openness

Parch
Respect

PEOPLE & CULTURE COMMITTEE SELF ASSESSMENT

2025-2026 Results Summary

Trugaredd
Compassion

Agored
Openness

Parch
Respect

People & Culture Committee Self Assessment 2025-26 Headline Feedback

- Overall feedback is positive, with all responses either agreeing or strongly agreeing across most areas
- Terms of reference, cycle of business, meeting culture, risk oversight, chairing and secretariat support show clear strengths
- Areas to clarify include annual reporting, Board Assurance Framework review, audit action monitoring and the link between Committee outcomes and Board decisions
- It was noted that agendas can often be too full, indicating an opportunity to streamline the work programme and protect discussion time

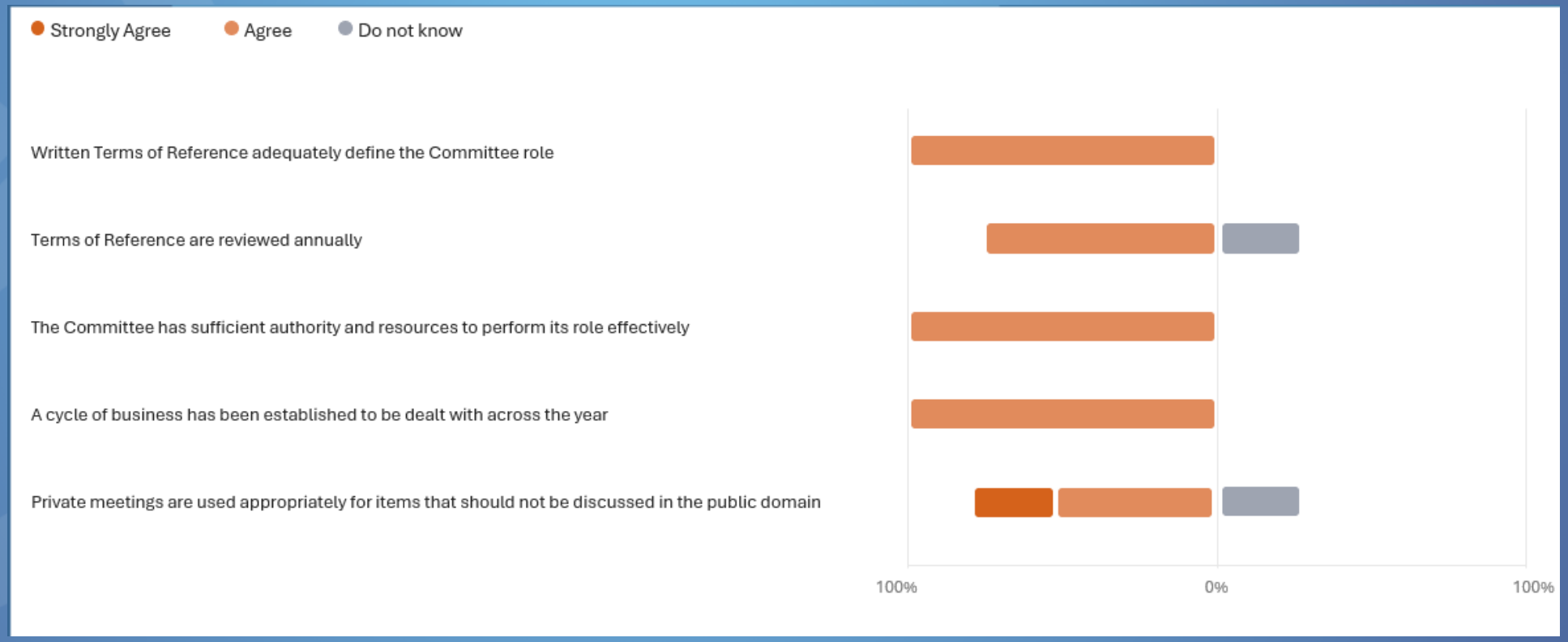
Trugaredd
Compassion

Agored
Openness

Parch
Respect

Composition, Establishment and Duties

- Clarity around written Terms of Reference and the annual Cycle of Business
- Ensure private meetings are utilised effectively



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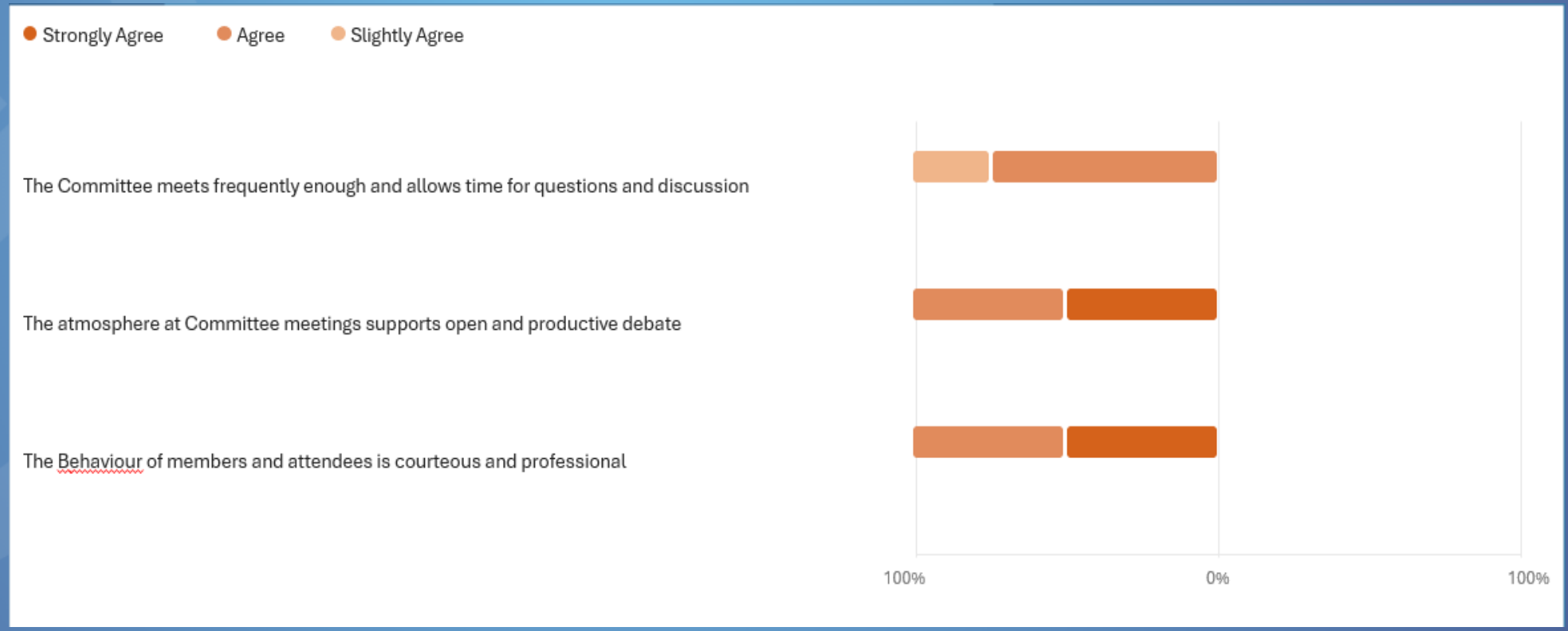
Openness

Parch
Respect

Meeting Culture and Effectiveness

- Meeting frequency and time for discussion was positive
- Meeting atmosphere and professional behaviour received a high level of agreement
- One comment highlighted the opportunity to further manage the volume of agendas



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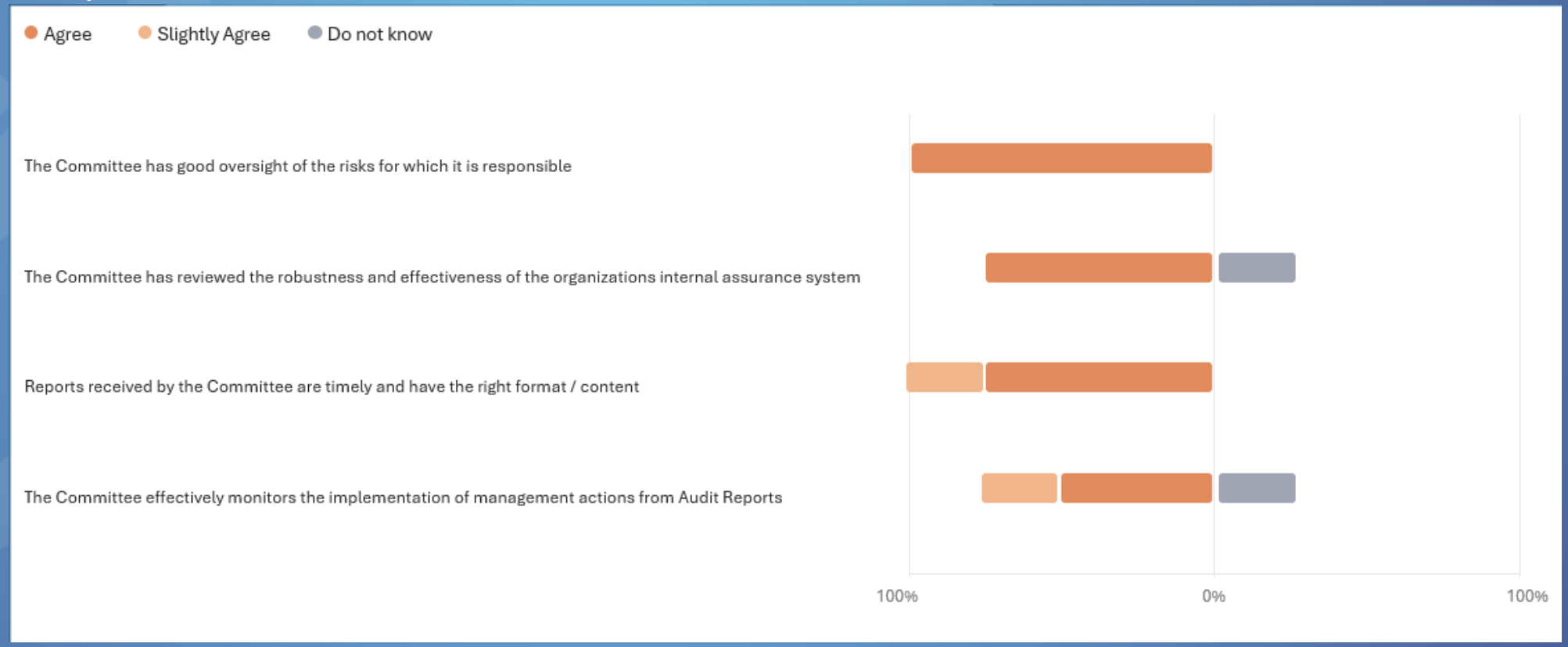
Internal Controls, Risk Management and Assurance

- Committee risk oversight was rated positively
- Responses indicate an opportunity to strengthen visibility and understanding of how audit actions are monitored
- The quality and content of reports were considered to be of good quality
- y



Committee Leadership and Support

- Chairing, secretariat support, remit and assurance focus were clear strengths
- Chair reporting to Board and evidence of influence on Board decisions showed more mixed response

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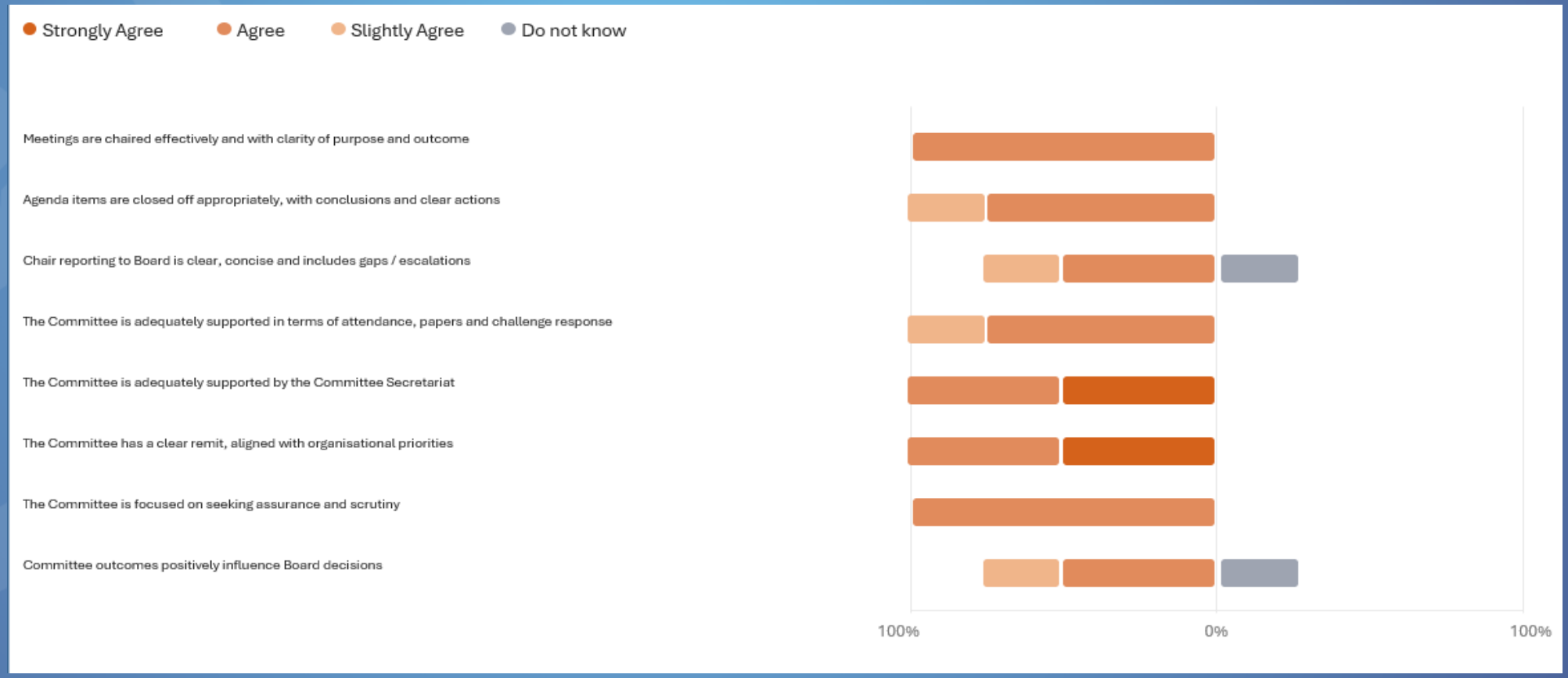

Overall Summary

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Overall Position:

- Clear Terms of Reference and Cycle of Business
- Positive meeting culture and professional behaviours
- Strong chairing and secretariat support
- Clear focus on assurance and scrutiny rather than operational detail
- The Committee is operating positively, with targeted opportunities to strengthen assurance visibility, Board reporting and agenda focus

Key areas for improvement:

- Ensure audit actions are monitored more clearly within the Committee work programme
- Further streamline agendas to ensure sufficient time for discussion
- Clarify how Committee outcomes and escalations influence Board decisions
- Opportunity to strengthen awareness of the Committee's Annual Reporting

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2026 – 31 March 2027)

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
22.06.26	Actions transferred from Audit Committee and discussed at agenda setting	Audit Committee	Fraud Cases (Private agenda)	Audit Committee have transferred the following actions to the P&C Committee: Provide a briefing paper to the P&C Committee regarding the two highlighted reports of staff committing Fraud on rehire. P&C Committee to review sickness absence in relation to whether there are areas of fraud or disciplinary activity taking place by staff during periods of sickness absence.	Debbie Eyitayo	Debbie Eyitayo	October 26	
22.06.26	Email between Debbie Eyitayo and Russ Caldicott	Debbie and Russ	Redundancy Report (Private agenda)	Email trail between Debbie and Russ around strengthening Governance in relation to redundancies and capturing the number of exits and the cost as a result of redundancies, to be reported to P&C in private if not already in place. At agenda setting for the August meeting, it was suggested this is covered as part of a report for the October meeting.	Debbie Eyitayo	Debbie Eyitayo	October 26	
31.07.25 18.11.24	Action from July 25 Board 25/129.1 Action from Nov 24 Board 24/204	Health Board	Recruitment & Development of Young People	25/129.1: People and Culture Committee to discuss opportunities to support young people into the workplace and report back to the Board. 24/204: Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB.	Katie Sargent	Georgina Roberts	~~April 26~~ December 26	GR and DJ agreed to move this forward as this needs to align with the FFTF Programme and also needs to report back to the Board.
28.05.26	Action from Board, May 26 26.102.1	Health Board	Proposal to becoming a Maethu Cymru / Foster Wales Partner and Foster Friendly Employer	The work to develop the Health Board to become a Foster Wales Partner and Foster Friendly Employer to progress via the Executive Committee and People and Culture Committee and report back to the Board in future.	Debbie Eyitayo	Debbie Eyitayo	December 26	