

Bundle BCU People and Culture Committee 12 June 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC25/49 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PC25/50 Declarations of Interest - Verbal (Chair)
- 1.3 09:33 - PC25/51 Unconfirmed Minutes of Meeting held on 10.04.25 - Attached (Chair)
PC25.51 Minutes from P&C Committee 10.04.25 V0.02 Unconfirmed (Public)
- 1.4 09:35 - PC25/52 Matters Arising & Action Log - Attached (Chair)
PC25.52 Action Log P&C Committee - Public (Updated 05.06.25)
- 2 09:40 - STAFF STORY
- 2.1 09:40 - PC25/53 Staff Story - Paper (Head of Employee Experience and Engagement)
PC25.53 Staff Story 12.06.25 Coversheet Final
PC25.53.1 Staff Story Final v3 GR Approved
- 3 10:00 - STRATEGIC PRIORITIES
- 3.1 10:00 - PC25/54 Strategic Occupational Health and Safety Report - Presentation (Director of Environment and Estates)
PC25.54 Presentation - Strategic Occupational Health and Safety Report (Final Draft)
- 3.2 10:30 - PC25/55 People Operations Report - Paper (Deputy Director of People)
PC25.55 People Operations Report Coversheet (Final Version)
PC25.55.1 People Operations Report BCU Final
- 3.3 10:50 - PC25/56 Fair Work Element of the Well-being Objectives - Paper (Deputy Director of People)
PC25.56 Fair Work Elements of Well-Being Objectives GR v1
PC25.56.1 Detailed Fair Work Action Plan (App 2)
- 3.4 11:05 - BREAK
- 4 11:15 - GOVERNANCE
- 4.1 11:15 - PC25/57 Corporate Governance Report - Paper (Director of Corporate Governance)
PC25.57 Corporate Governance Report
PC25.57.1 Cycle of Business for the P&C Committee 2025-26 V0.1
PC25.57.2 P&C Committee Annual Report - 2024-2025 V0.1
PC25.57.3 People & Culture Committee Self Assessment Presentation 12.06.25
- 4.2 11:30 - PC25/58 Corporate Risk Register - Paper (Director of Corporate Governance)
PC25.58 Corporate Risk Register Report P&C Committee June 2025 PW
- 5 11:40 - FOR INFORMATION
- 5.1 11:40 - PC25/59 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
PC25.59 P&C Private Session Items Reported in Public
- 5.2 11:41 - PC25/60 Committee Forward Workplan - Paper (Head of Corporate Affairs)
PC25.60 Workplan for P&C Committee (Live Version as at 05.06.25)
- 6 11:42 - CLOSING BUSINESS
- 6.1 11:42 - PC25/61 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 11:43 - PC25/62 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 11:45 - PC25/63 Date of Next Meeting - 14.08.25
- 6.4 11:45 - 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 10 April 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

| Committee Members Present | |
|----------------------------------|---|
| Name | Title |
| Dyfed Jones | Independent Member (Chair of People & Culture Committee) |
| Karen Balmer | Independent Member (<i>part meeting</i>) |
| Clare Budden | Independent Member |
| In Attendance | |
| Tehmeena Ajmal | Chief Operating Officer |
| Jason Brannan | Deputy Director of People |
| Nesta Collingridge | Head of Risk Management (<i>via Teams – part meeting</i>) |
| Dyfed Edwards | Chair of the Health Board |
| Dave Harries | Head of Internal Audit (<i>via Teams</i>) |
| Eleri Hughes-Jones | Head of Welsh Language Services (<i>part meeting</i>) |
| Stuart Keen | Director of Environment & Estates (<i>via Teams</i>) |
| Teresa Owen | Executive Director of Allied Health Professionals & Health Science |
| Georgina Roberts | Senior Associate Director People Services |
| Katie Sargent | Associate Director – Employee Experience & Engagement (<i>part meeting</i>) |
| Carol Shillabeer | Chief Executive |
| Pam Wenger | Director of Corporate Governance |
| Committee Support | |
| Philippa Peake-Jones | Head of Corporate Affairs |
| Laura Jones | Acting Corporate Governance Manager |

| Agenda Item |
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| OPENING BUSINESS |
| PC25/25 Welcome and Apologies |
| Apologies were noted for Billy Nichols and Nick Graham. |
| PC25/26 Declarations of Interest |
| No declarations of interest were raised. |
| PC25/27 Unconfirmed Minutes of Meeting held on 03.03.25 |
| It was agreed that the minutes of the meeting held on 03.03.25 were a true and accurate record. |
| PC25/28 Matters Arising & Action Log |

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

STAFF STORY

PC25/29 Staff Story

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

- The theme for the staff story was based around Welsh language and focused on a Paediatric Speech and Language Therapist who works across Anglesey with children that require support with communication.
- The Therapist had some basic Welsh language skills and made steps to improve these skills to allow herself to provide services to the children she works with in their native language. This service is fundamental and vital to those families whose primary language is Welsh.
- Support has been provided for the Therapist to access and attend Welsh language courses within the Health Board and improve her skills.
- The benefits of staff learning Welsh is important across the Health Board, within all services to allow a better experience for patients.

In discussing the staff story, the Committee:

- Acknowledged the importance of the ability for staff to speak Welsh, in particular within the Speech and Language teams as this is key for some young children who speak in Welsh from day one.
- Agreed on the need to encourage staff to utilise the courses and support available as this has an impact and benefit on service delivery and provision.
- Highlighted the link to the Welsh language story shared at the Board meeting and the importance of encouraging staff to use their Welsh language skills to help others reach a level of fluency.
- Queried whether the Health Board could develop a minimum Welsh language expectation for all staff such as pronouncing names of people and places correctly.
- Stated this links to the work being completed around the induction programme and whether staff appointed into particular roles and grades should be enrolled on Welsh language courses when they start working for the Health Board. It was agreed that from an organisation perspective, this is a unique selling point.
- Suggested the Board are encouraged to speak more Welsh during the Board meetings as this is important in terms of leadership of the organisation and also links in to the Integrated Medium-Term Plan.
- Referred to the work that has been completed by Wrexham University around Welsh culture confirming that the Health Board are linking in to this.
- Confirmed that this aligns with the values and behaviours work and the identity of the Health Board to become a bi-lingual organisation.

It was resolved that the Committee:

- **NOTED** the themes raised in the story around the use of the Welsh Language across the Health Board.

- **CONSIDERED** what action might be taken to learn from and emulate what colleagues like Lucy and teams like the Speech and Language Therapy Team (West) are undertaking.

STRATEGIC PRIORITIES

PC25/30 Welsh Language Standards Compliance Paper

In presenting the report, the Executive Director of Allied Health Professionals and Health Science highlighted:

- The report is a baseline paper focusing on compliance, Welsh language standards and how the organisation can create a bi-lingual approach to Welsh language.
- The paper provides a high-level overview of Welsh language legislative compliance across all three Integrated Health Communities (IHCs) within the Health Board.
- The main areas of concern were classed as 'front-line services' where patients access services for the first time, either over the phone or at reception areas. This is an area that has been raised by the Welsh Language Commissioner as part of their Concerns and Investigations Procedures.
- The Welsh Language Team are working to identify actions and provide support for individual teams and services over the next twelve months to develop tailored training for reception staff, create a bilingual skills procedure and produce additional Standard Operating Procedures for specific service areas.
- General issues were also highlighted around lack of clarity of what is required in terms of Welsh language for example holding meetings bilingually.
- An increase in use of the Welsh language links in with increased visibility to normalise the use of Welsh language across the organisation rather than it being seen as an additional area.

In discussing the report, the Committee:

- Suggested the need to test whether staff are engaging with the offer to learn Welsh and using this within the working environment. It was confirmed that the Team do conduct quarterly mystery shopper exercises where they target front line services to ensure Welsh speakers are available and bilingual signs and posters are being displayed. This is reported to the Welsh Language Strategic Forum on a quarterly basis. An Annual Report is also developed to highlight progress throughout the year and a review of letters is taking place to ensure all general letters are bilingual.
- Confirmed that in terms of electronic communication, there has been a focus from the Welsh Language Commissioner on the Health Board's website and work has taken place with the Communications Team in this area.
- Queried whether an action plan is being developed to address the issues highlighted in the report and it was confirmed that this is currently being produced.
- Highlighted the use of Artificial Intelligence and how this could be utilised to offer more services using the Welsh language. It was confirmed that the Corporate Governance Directorate are reviewing how technology can be utilised in the corporate space to streamline ways of working.
- Suggested that an action plan focusing on compliance as well as reference to the Board meetings and translation requirements would be useful to provide assurance going forward.

- Agreed to continue to monitor progress in this area at the People & Culture Committee.

It was resolved that the Committee:

- **RECEIVED** the report for assurance

PC25/31 Strategic Occupational Health and Safety Group Chair's Report

In presenting the report, the Deputy Director of People highlighted:

- The update identified a number of key risks.
- There are currently long waits for access to counselling services, the Team are currently working to provide other areas of access such as telephone consultation to reduce waiting times.
- A business case is being developed to address how the organisation deliver Restrictive Physical Intervention (RPI) which links to training requirements for the Health and Safety Team.
- There are currently issues in relation to Manual Handling Training and an action plan is being developed to address this and increase compliance.
- The Health and Safety Executive will be making two site visits in the next quarter to both the Ablett Unit and Hergest relating to ligature and assault.
- There has been a vacancy in the Head of Staff and Well-being post, an experienced Clinical Psychologist has now been appointed to lead the Staff and Well-being Team.

In discussing the report, the Committee:

- Noted that the report had not been agreed by the Chief Executive Officer who was the Chair of the Group and that future reports would provide a more comprehensive overview of the progress and the risks;
- Highlighted the significant amount of work that needs to be completed in terms of Health and Safety, leadership and management in this area. The Director of Environment and Estates is making progress, this is included in the three-year plan and going forward, there is a need to assess the biggest risks that need to be addressed.
- Suggested the approach requires a more strategic paper highlighting risks and actions to allow the Committee to have a valuable discussion and receive assurance in this area.
- Agreed that a strategic paper is presented to the next Committee.

Action:

- **PC25/31.1** Bring a strategic paper back to the Committee which addresses the key issues, risks and actions.

It was resolved that the Committee:

- **NOTED** the update.

PC25/32 People Operations Report

Members received the report and noted the progress. In presenting the report, the Deputy Director of People highlighted:

- The report continues to develop and provide further data.
- The turnover rate has remained steady over the last three months however this is down 0.6% on the same period last year for Registered Nursing staff groups.
- The Health Board continue to have the lowest reported sickness absence levels across NHS Wales however sickness remains a challenge and there is a need to have a tight focus in this area.
- Level 1 mandatory training compliance remains above target and there is currently a focus on challenges accessing manual handling training.
- The time to recruit meet the target of 58.4 days across February 2025 and this is comparative with other Health Boards.
- The report will develop further as the Team work closely with the values and behaviours workstream.
- There is a need to review further areas including flexible working, partial retirement and rosters.
- Over the past twelve months, the Team have been focussing on employee harm through the conduct process and there has been a significant reduction in the number of staff going through the disciplinary process.

In discussing the report, the Committee:

- Requested that the data being presented in the report is as current as possible.
- Referred to PADR's and suggested there is a shift in focus to the outcomes of the reviews in terms of opportunities to discuss career progression and getting staff on career pathways.
- Queried the international recruitment data and suggested further information is provided. It was confirmed that more work is needed in this area to understand the data in more detail.
- Suggested the Committee do a deep dive into sickness at the next meeting and focus on specific themes going forward to allow the Committee to have detailed discussions to enable progress in specific areas.
- Discussed the culture dashboard in relation to performance, it was confirmed that there is a need to start addressing the outcomes in line with the workforce plan and triangulating this work to link in with PADR's.
- Confirmed that the Director of Performance and Commissioning will be addressing performance across all areas and this will align with the integrated performance framework. There is a need to set different targets across the organisation for different areas as some will be unable to reach a certain percentage.

Action:

- **PC25/32.1** Arrange a deep dive into sickness for the next meeting in June 2025 and going forward, focus on specific themes at each meeting to enable detailed discussion.

It was resolved that the Committee:

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

PC25/33 NHS Wales Staff Survey 2024

The Committee received the report and the Associate Director of Employee Experience and Engagement highlighted:

- The Committee have previously discussed the response rate and how to encourage more staff to participate in the survey and this has been reflected in the report.
- The quantitative data was received at the end of January 2025 and the qualitative data was received at the end of February 2025 along with over 1000 separate comments received from staff.
- There has been some positive feedback where staff feel valued by their teams and line managers. There has also been some negative feedback in terms of poor leadership and management as well as poor behaviour not being challenged.
- Further work is required to collate themes that have been raised.
- The results have been shared with staff survey leads who have access to the dashboards to inform local action plans and respond to issues within local teams.

In discussing the report, the Committee:

- Acknowledged the need to address leadership and management noting the need for this to filter down from the top of the organisation and stating that an informal Executive session is being held to focus on the approach.
- Stated that line managers will need to be provided with support to ensure issues are addressed locally and staff can see their input is making a difference.
- Agreed that the report is complex, the Team are collating the required information for services and managers and a suite of documentation is being developed to provide support.
- Highlighted that the response rate of 17% shows that 83% of the workforce have not shared their views therefore a higher response rate is needed to gain a wider understanding.
- Suggested the need to focus on the change in scores for the organisation rather than compare to the All-Wales figures.
- Noted areas of improvement but also recognised that the Health Board are in a period of major change therefore there is a need to keep track of improvement trends as we move forward.
- Discussed the importance of how the information is fed back to staff and noting the bigger context for the Board to report back to the front line.
- Stated that a communication plan is vital to ensure the results are shared internally and externally in a timely manner including a response from the Board stating how this link to the values and behaviours workstream. It was suggested this could be done via the May Board meeting.
- Queried the data relating to harassment and bullying and the need to review this in further detail to gain an understanding in this area.

Action:

- **PC25/33.1** Include the Staff Survey on the agenda for the Board meeting in May 2025.

It was resolved that the Committee:

- **NOTED** the results and themes raised by over 3,500 staff who completed the survey in November 2024.
- **CONSIDER** what action might be taken in response to what colleagues are telling us and how local ownership of acting on results can be achieved.

Katie Sargent left the meeting

PC25/34 Foundations for the Future Programme

The Chief Executive provided a verbal update highlighting:

- Foundations for the Future is one of the four current major programmes in the organisation and the aim is to enable the organisation to become highly effective.
- The discovery phase was published in November 2024 and highlighted seven key themes including structures, accountability and responsibility.
- The design phase has now commenced and is based around five key pillars, senior leads have been identified for each pillar and are highlighted below:
 - Strategic (to include 10-year strategy, IMTP, high strategy intent) Interim Executive Director of Transformation & Strategic Planning
 - Culture (to include culture change programme, team working and organisational approach to change) Deputy Director of People
 - People (to include organisational development tools and skills) Executive Director of Nursing & Midwifery
 - Structures (to include remit and function) Executive Director of Allied Health Professionals & Health Science
 - Process (to include audit and governance pathways) Director of Corporate Governance and Executive Director of Finance
- The pillars focus more broadly than structures as there are additional elements that also need to be taken into consideration to allow for strategic change.
- A clear scope and high-level approach have been developed focussing on benefits realisation and the aim is to take a high-level design outline to the Board in May 2025.
- Further detail will be developed throughout the Summer to ensure a clear message is being delivered across the organisation.

In discussing the report, the Committee:

- Recognised the significant amount of work in this space and the support required from the Board going forward.
- Suggested the core structure proposals are socialised as soon as possible.
- Referred to the design workshops that have been taking place and the need for further consultation with staff as requested during the workshop sessions.
- Acknowledged that the core function of this programme is to enable the Health Board to deliver better services for the population of North Wales.

It was resolved that the Committee:

- **NOTED** the update.

Carol Shillabeer and Teresa Owen left the meeting

GOVERNANCE AND ASSURANCE

PC25/35 Audit Wales Workforce Planning Review

Members received the report and the Deputy Director of People highlighted:

- The previous iterations of the review have been to the Committee and this is the final version.
- When the Health Board went into Special Measures, there was no specific workforce planning function in place. This has now been addressed and a workforce planning manager and workforce planning analyst have now been appointed.
- The Team have completed the recommendations included in the review and adopted the All-Wales HEIW workforce planning toolkit.
- There are now resources in place to support the IHCs and Divisions to develop their workforce plans.
- The Audit Committee will monitor progress, the recommendations will remain open until Audit Wales are satisfied that the actions have been completed and assurance on progress will be reported via the People and Culture Committee.

It was resolved that the Committee:

- **NOTED** the current update provided and progress against the actions to date.
- **PROVIDED** feedback and observations regarding the update shared at this time.

PC25/36 Board Assurance Framework

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

- The Board Assurance Framework was approved by the Board in January 2025.
- The Team are now starting to score levels of assurance against levels of risk and propose ratings to the Committee.
- Limited assurance ratings are common for the majority of risks and this outlines a more cautious approach.
- To achieve a reasonable rating, the Committee would need to be satisfied that the majority of gaps in controls have been addressed.

In discussing the report, the Committee:

- Agreed with the assessment but queried the number of actions that are delayed suggesting realistic timeframes need to be implemented.
- Confirmed that this will be reviewed in further detail once the new plan has been approved by the Board.
- Noted that the Committee accepted the ratings but requested further detail at the next meeting.

It was resolved that the Committee:

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

Nesta Collingridge left the meeting

PC25/37 Committee Governance

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

- The Terms for Reference for all Committees are being reviewed, the document is in a different format and follows the model template.
- A Self-Assessment for each Committee is being developed and circulated to allow members to share their views and provide feedback.

In discussing the Terms of Reference, the Committee:

- Suggested reference is made to employee relations, employee engagement and social partnerships.
- Noted that Welsh Language should be separate to equality and diversity.
- In relation to 3.12, this should be for all registrants, not just professionals.
- Referred to Welsh culture and how that sits within the Terms of Reference.

It was resolved that the Committee:

- **APPROVED** the Terms of Reference.

FOR INFORMATION

PC25/38 Summary of Business to be Reported from Private

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

PC25/39 Committee Forward Workplan

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

CLOSING BUSINESS

PC25/40 Agree Items for Referral to Board / Other Committees

It was agreed to alert the Board that the Committee received the NHS Wales Staff Survey 2024 results and these will be received at Board in May 2025.

PC25/41 Review of Meeting Effectiveness

As part of the discussion, the Committee:

- Agreed there had been valuable input into the discussion around the focus of the Committee.
- Suggested deeper focus may be required in certain areas for example basing the People Operations Report on specific themes for discussion.

PC25/42 Date of next meeting

Thursday 12th June 2025, 9.30-12.30pm

Resolution to Exclude the Press and Public

'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be



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transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'

Unconfirmed

People & Culture Committee Action Log (Public)

Updated 05.06.25

| Open Actions | | | | | | |
|--------------|-------------|----------|--|---|---|--|
| Action No. | Minute Ref. | Date | Agreed Action | Lead | Timescale | Status |
| 1 | PC25/31.1 | 10.04.25 | Strategic Occupational Health & Safety Group Chair's Assurance Paper Bring a strategic paper back to the Committee which addresses the key issues, risks and actions. | Stuart Keen | June 25 Revised timescale August 25 | Remain Open 05.06.25 An initial presentation outlining the approach to Health & Safety has been included on the agenda for the June meeting, suggest a strategic paper comes back to a future meeting and is aligned to the CoB under item 1C – Responding to Legislative Requirements. |
| 2 | PC25/32.1 | 10.04.25 | People Operations Report Arrange a deep dive into sickness for the next meeting in June 2025 and going forward, focus on specific themes at each meeting to enable detailed discussion. | Jason Brannan Georgina Roberts | June 25 Revised timescale August 25 | Remain Open 05.06.25 This is in progress and the Deputy Director of People will provide an update during the meeting. |
| 3 | PC24/100.1 | 19.12.24 | On-Call Arrangements - Final Internal Audit Report Final Internal Audit Report on On-Call Arrangements including the recommendations to come back to the Committee with a more comprehensive update and response plan. | Jason Brannan Pam Wenger Angela Wood Andrea Orme | April 2025 Revised timescale June 2025 | Remain Open 05.06.25 This item has been put forward for the August 25 meeting. 24.03.25 A comprehensive update and response plan will be presented to the Committee |



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| | | | | | | <p>at the next meeting in June 25. 29.01.25 This work remains ongoing. People & OD colleagues are working with Emergency Preparedness, Planning and Response (EPPR) colleagues within the Executive Director of Public Health's department to draft an on-call management policy. Training sessions have been introduced for all on-call managers. Work is now commencing on reviewing posts included on the on-call rota and those that should be. Information will be shared at the Operational Leadership Team meeting, (chaired by the Chief Operating Officer) to help gain clarity on the most efficient way to enable discussions to commence with colleagues as necessary. An update on the response plan recommendations will be prepared for the June 2025 meeting.</p> |
| ACTIONS PROPOSED FOR CLOSURE | | | | | | |
| 1 | PC25/33.1 | 10.04.25 | NHS Wales Staff Survey 2024 Include the Staff Survey on the agenda for | Jason Brannan Georgina | June 25 | Action proposed for closure 05.06.25 A paper was |



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| | | | the Board meeting in May 2025. | Roberts | | presented to the Board in May 25. |
| 2 | PC25/05.1 | 03.03.25 | Staff Story The Chair to write and thank staff who have shared their experience. | Dyfed Jones Pam Wenger | April 2025 Revised timescale June 2025 | Action proposed for closure 05.06.25 Thank you letters have been drafted and sent to those who have shared their stories, this process will continue to take place on a regular basis. 03.04.25 A letter of thanks is being drafted and a template will be developed for future use. |
| 3 | PC25/07.2 | 03.03.25 | Foundation for the Future Programme The Chief Executive to produce a video update on the Foundation for the Future Programme to update staff within the organisation. | Carol Shillabeer | April 2025 Revised timescale June 2025 | Action proposed for closure 15.04.25 A video was produced by Carol and the Comms Team and shared as part of the Consultation Events. 03.04.25 This is in progress. |
| 4 | PC25/10.1 | 03.03.25 | Education & Training Plan 2026/27 Arrange a P&C Committee Development session to focus on Medical Education and Training. | Pam Wenger Laura Jones | June 2025 | Action proposed for closure 05.06.25 This will now align to the CoB under Strategic item 5 – Effective environment for learning and skills development. 03.04.25 Discussion ongoing between Director of Corporate Governance and Chief Executive to discuss whether this is a wider programme of |



| | | | | | | work. |
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| 5 | PC24/80.1 | 10.10.24 | Review of Meeting Effectiveness The fair work element of the Well-being Objectives being presented to the PPHP Committee to be included on the agenda for the People & Culture Committee. | Pam Wenger Paolo Tardivel | Dec-2024 Revised timescale June 2025 | Action proposed for closure 05.06.25 A paper on this item has been included on the agenda. 03.04.25 An email regarding the Well-being Objectives has been circulated to the P&C Committee. The outcome from the review will be presented to the Executive Committee on 02.04.25, PPHP on 01.05.25 and submitted to Board for approval on 29.05.25. A paper will be scheduled for the P&C Committee on 12.06.25 to provide assurance on the progress against the Fair Work element. 25.11.24 This has been included on the P&C Committee forward workplan. A review of the Well-being objectives will also be considered by the PPHP Committee. |
| Closed Actions (as agreed at meeting on 10.04.25) | | | | | | |
| Action No. | Minute Ref. | Date | Agreed Action | Lead | Timescale | Status |
| 1 | PC25/06.1 | 03.03.25 | Equality Update Report Email Clare Budden and Karen Balmer | Georgina Roberts | April 25 | 17.03.25 Email sent to the relevant IMs and feedback |



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| | | | requesting feedback on the report. | | | received. |
| 2 | PC25/07.1 | 03.03.25 | Foundation for the Future Programme Arrange a briefing session with Independent Members to discuss the design around the Foundations for the Future Programme. | Pam Wenger | April 25 | 03.04.25 This has been included on the Board Development Programme. |
| 3 | PC25/09.1 | 03.03.25 | Culture Organisational Development and Engagement Update Share induction video with the Committee outside of the meeting. | Katie Sargent | April 25 | 03.04.25 The link to the staff induction video has been shared with the Committee via email. |
| 4 | PC25/11.1 | 03.03.25 | Corporate Risk Register Report Invite Stuart Keen, Director of Environment & Estates to join the Committee to advise on the remit of Health & Safety. | Philippa Peaker- Jones Laura Jones | April 25 | 24.03.25 Email sent to Stuart Keen to confirm the request for Stuart to join the Committee, meeting invites have also been forwarded on to Stuart. |
| 5 | PC25/12.1 | 03.03.25 | Final Internal Audit Report on Consultant Job Planning Include the Consultant Job Planning review on the forward workplan. | Pam Wenger Laura Jones | April 25 | 24.03.25 The Final Internal Audit Report on Consultant Job Planning has been included on the forward workplan and will report to the Committee in June 25. |
| 6 | PC24/93.2 | 19.12.24 | Equality Report Provide an update to the Committee on the Strategic Equalities Plan for assurance. | Jason Brannan Ceri Harris | Feb 2025 | 29.01.25 An update has been provided as part of the Equality Update Report presented to the Committee at the Feb 25 meeting. |
| 7 | PC24/93.3 | 19.12.24 | Equality Report Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance. | Jason Brannan Ceri Harris | Feb 2025 | 29.01.25 Report shared with the Committee and update / progress to be reported at the Feb 25 meeting. |
| 8 | PC24/95.1 | 19.12.24 | People Operations Report With regards to the new format of the paper, | Nick Graham | Feb-2025 | 01.04.25 This data has been included in the report for the |

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| | | | include what is being done about the issues raised in the report and include the mapping on where the workforce is recruited from. | | Revised timescale April 2025 | April 25 meeting. 29.01.25 Issues have now been added to the report. Work has progressed on where our workforce is recruited from, as of yet we do not have enough data. This will be added to future reports once we have collated this over a reasonable time period. |
| 9 | PC24/96.2 | 19.12.24 | Culture, Leadership and Engagement Update Bring the Staff Survey including the results to a future Committee linking into Staff Engagement. | Jason Brannan Katie Sargent | June 2025 | 21.03.25 This item has been included on the agenda for the April meeting. 29.01.25 In progress - we anticipate receipt of the HEIW dashboard with quantitative data by the end of this month. A plan to distribute the data amongst staff survey leads locally is in place and findings will inform action to address issues and to promote the positive findings. The qualitative data (the free text comments) is expected to be available to us by the end of March. We await confirmation from HEIW on the national reporting of overall 2024 results. |
| 10 | PC24/97.1 | 19.12.24 | Values & Behaviours Engagement Plan | Jason Brannan | June 2025 | 17.03.25 The Values & |



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



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| | | | | | | be considered. |
| 12 | PC24/73.1 | 10.10.24 | Audit Wales Workforce Planning Review Update In relation to R2 on the Audit Wales Workforce Planning Audit Action Plan - Audit Service level workforce planning – bring this back to Committee in a wider form to include looking at workforce needs for the organisation for the next ten years. | Nick Graham | Dec-2024 Revised timescale April 2025 | 25.03.25 This has been included on the agenda for the April 25 meeting. 14.01.25 An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25. 12.12.24 A report will be scheduled for a future meeting of the Committee. |



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| Teitl adroddiad: Report title: | Staff story - the experience of long term sickness on the employee and the importance of supportive managers |
| Adrodd i: Report to: | People and Culture Committee |
| Dyddiad y Cyfarfod: Date of Meeting: | Thursday, 12 June 2025 |
| Crynodeb Gweithredol: Executive Summary: | <p>Sickness absence levels tell us about the physical and psychological health and wellbeing of a workforce and relate to a huge array of factors.</p> <p>Research has highlighted its relationship with season, infectious disease outbreaks, job satisfaction and employee engagement, workload, effort-reward imbalance, socioeconomic status and gender. Therefore, the solutions needed to reduce high levels of sickness absence are likely to be numerous.</p> <p>Sickness absence in the NHS has a significant impact, affecting patient care, service capacity and costs. Health reasons are also increasingly a cause for staff to leave the NHS.</p> <p>We are committed to doing all we can to protect the physical and mental health of our staff.</p> <p>The sickness policy WP11 sets out our approach for supporting employees returning to work following a period of sickness absence and supporting to staff sustain attendance at work. The policy is a key element in the Welsh Partnership Forum's joint commitment to deliver policies which will have a positive impact on staff.</p> <p>Our storyteller's experience of sickness absence resulted from mental health issues, which are a significant problem among NHS workers, with high rates of stress, burnout, and other mental health conditions like anxiety and depression.</p> <p>Our staff do a hugely challenging job every day, often dealing with traumatic events most people would never encounter. The nature of this work can have a detrimental impact on mental health, and stigma can prevent colleagues from talking about it.</p> <p>Our NHS Wales staff survey results, though based on a response rate of just 17.4 per cent of our workforce, show that almost 40 per cent of respondents felt unwell as a result of work-related stress during the last year, which is slightly below the NHS Wales benchmark.</p> |

| | | | | |
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| | The report contains further insight into staff wellbeing, gleaned from responses to the NHS Wales staff survey for the Committee to reflect upon. | | | |
| Argymhellion: Recommendations: | <p>The Committee is asked to note the themes raised in this story and consider the impact of sickness, including mental health illness, on staff members and teams.</p> <p>The importance of support, compassion and understanding from people managers is also highlighted in this story and the Committee is asked to reflect on the work underway to improve leadership and promote our new organisational values as an expectation of all employees.</p> <p>The Committee will receive reports on workforce-related matters, including staff wellbeing, and will have an opportunity to discuss the organisational approach and action in this area.</p> | | | |
| Arweinydd Gweithredol: Executive Lead: | Jason Brannan, Deputy Director of People Services | | | |
| Awdur yr Adroddiad: Report Author: | Katie Sargent, Assistant Director – Employee Experience and Engagement | | | |
| Pwrpas yr adroddiad: Purpose of report: | I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input type="checkbox"/> | |
| Lefel sicrwydd: Assurance level: | Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |
| Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i> | | | | |
| Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s): | The wellbeing of our employees is crucial to the delivery of all our strategic objectives, as we cannot achieve the excellence we aspire to without a healthy, engaged and committed workforce. | | | |
| Goblygiadau rheoleiddio a lleol: Regulatory and legal implications: | N/A | | | |

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| <p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p> | <p>No.</p> <p>Our approach to hearing from staff through staff stories is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.</p> |
| <p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p> | <p>No.</p> <p>N/A</p> |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p> | <p>N/A</p> |
| <p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p> | <p>There is no additional financial cost attached to this proposal.</p> |
| <p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p> | <p>N/A</p> |
| <p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p> | <p>This story will be presented to an upcoming meeting of the Local Partnership Forum and shared with the People Managers Forum membership.</p> |
| <p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p> | <p>N/A</p> |
| <p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p> | <p>N/A</p> |
| <p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Following up on any actions requested by the Committee in response to this story and preparing the next staff story, which will be aligned to the Committee's business.</p> | |
| <p>Rhestr o Atodiadau:</p> | |

Dim

List of Appendices:
None

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| Staff story title | Staff story – the experience of long term sickness on the employee and the importance of supportive managers |
| Staff story format | Written and video |
| Consent received to share staff story | <p>Yes</p> <p>Consent Level: All levels consented</p> <p>Level 1 – Any health and social care professionals within BCUHB</p> <p>Level 2 – Researchers for service evaluation and improvement beyond BCUHB</p> <p>Level 3 – Meetings and conferences with anyone present including public and journalists</p> <p>Level 4 – Anyone including online</p> <p>Any special considerations: None</p> |

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| Staff story background |
| <p>Sickness absence levels tell us about the physical and psychological health and wellbeing of a workforce.</p> <p>Sickness absence rates are known to relate to a huge array of factors. Research has highlighted its relationship with season, infectious disease outbreaks, job satisfaction and employee engagement, workload, effort-reward imbalance, socioeconomic status and gender. Therefore, the solutions needed to reduce high levels of sickness absence are likely to be numerous. However, there is UK and international evidence on interventions to address, for example, long-term sickness absence and reduce risks of recurrence.</p> <p>Sickness absence in the NHS has a significant impact, affecting patient care, service capacity and costs. High levels of absence can disrupt service delivery, increase the reliance on agency staff and contribute to staff burnout and turnover,</p> |

ultimately impacting continuity of care and adding to financial strain. Health reasons are also increasingly a cause for staff to leave the NHS.

Staff story transcript

Daniel French – the importance of sharing my story

It feels important to share my story because mental health issues are very real for many of us. There is nothing to feel ashamed about and anything could trigger it. Mental ill health is an invisible enemy and I have been open and honest with my managers about it. I feel I have been well supported at work by my managers and occupational health colleagues.

I've learned I am not alone in facing these challenges. If someone goes off ill, there is a reason. We spend a significant portion of our lives at work, with colleagues who become like family.

My dark days are behind me and sharing my story has brought a sense of comfort and satisfaction, knowing that I have persevered. I've reached a point where I can be positive, open-minded, and able to help and guide others toward their own goals.

We all are all here for the same reason in the end – all pulling together to look after the patient. It's a good place to be.

Early career

I've always been active and enjoyed a range of sports in school. My ambition was to be an RAF pilot but childhood health issues relating to meningitis and asthma meant this career path was not to be for me.

I have always looked up to my Dad, who served 14 years in the Royal Navy. He is a very proud man and we share the same work ethic. He's always said I am his shadow. From a young age, it was drilled into me that you don't struggle or show emotions.

I completed a sports and recreation course at college and I worked as a lifeguard for four years. During this time, I met my now ex-wife and moved to Anglesey. When we learned that we were expecting our first child, I wanted more job security and stability, as I was on a zero hours contract at that time.

A role in the Health Records department at Ysbyty Gwynedd came up and I was successful at interview and started in November 2017.

Joining the Health Board

This new role, though very different to my previous jobs, presented a welcome challenge and a step forward in my professional life. The team were great and I was made to feel welcome.

However, this progress coincided with significant mental health challenges stemming from my personal life in 2018.

My managers were very understanding and had an open door policy and I felt able to talk to them. They listened and tried to help me. I quickly learned that the organisation possessed a deeper understanding and support system than I initially anticipated. I had never had mental health challenges before, so this was all new and I didn't understand what was happening to me.

At first, my attendance record suffered with days off sick here and there over a period. Then my periods of absence got longer as my mental health deteriorated. The longest period of sickness absence was about six months in 2018 when I was going through my darkest moments as a result of the breakdown of my marriage and divorce. I was at this point living alone in a flat with the curtains drawn. I didn't want to see anyone, not even my children.

My absence from work led to a series of informal and formal warnings in line with the policy. The culmination was a meeting with HR and my manager, where I feared dismissal. To my surprise, the panel demonstrated empathy and a willingness to help. They listened to my story and offered support, wiping my attendance record clean, which significantly impacted my perception of the organisation.

Support from the organisation

During a period of absence, during which time my work was covered by my 16 colleagues at Ysbyty Gwynedd, I received counselling facilitated by my manager. Utilising flexi-time, I was able to attend one-hour sessions while working at both Ysbyty Gwynedd and later, Ysbyty Glan Clwyd. This arrangement enabled me to manage work commitments while prioritising personal well-being.

I accessed counselling through Occupational Health following a referral from my line manager and spoke to Mind and Pebbles.

I transitioned to a different role in the preparation side of Health Records, focusing on preparing patient notes for clinics. The demanding nature of the work proved a welcome distraction, providing a much-needed sense of focus.

I also met a new partner at work in Ysbyty Gwynedd and if it wasn't for her, I wouldn't be here today. She supported and encouraged me and showed me how important it is to have people around you.

The road to recovery

Despite my new role, my mental health continued to be a struggle. I was very emotional and spoke to a colleague in Occupational Health, who was very reassuring and very concerned about my welfare. She gave me advice about going to A&E if I felt very bad.

In 2017, I experienced a mental health crisis culminating in a visit to A&E due to suicidal ideation and pre-planning. My Band 5 manager demonstrated significant concern by remaining with me in A&E, providing a sense of safety and support until the assessment by the Hergest Unit staff from Ysbyty Gwynedd. This marked the beginning of my recovery.

A crisis point was reached at Christmas in 2021, driven by personal circumstances, culminating in more communication with Occupational Health. The Occupational Health colleague contacted me in the New Year to check I was OK and I think she was relieved when I answered the phone.

I engaged in regular counselling and maintained open communication with my managers, who were consistently supportive. During this period at Ysbyty Gwynedd, I began searching for positions closer to my new home in Colwyn Bay, ultimately securing a role in Health Records at Ysbyty Glan Clwyd. This significantly reduced my daily commute, freeing up valuable time.

While Ysbyty Glan Clwyd presented a fresh start with new colleagues and surroundings, my mental health challenges persisted, again impacting my attendance. Further counselling and occupational health appointments followed, in an attempt to regain control. Unfortunately, the nature of the work in Health Records and Prep continued to exacerbate the situation.

I began exploring other opportunities and discovered Coding. Despite my initial unfamiliarity with the field, it proved to be the stabilising force I desperately needed. I was initially integrated with the rest of the department but later offered a unique opportunity: working independently to create my own workflows and systems while still fulfilling my job responsibilities.

The team proved to be exceptional, and I forged genuine connections. My manager has been particularly supportive, demonstrating an understanding that has been instrumental in my well-being.

Returning to work

I've never had a negative return to work. Don't get me wrong, it does feel strange being back – it's a bit like when we were kids and we had six weeks off for summer and you returned to school after the holiday was over and you couldn't remember how to write!

I've always had a welcoming return from colleagues. There is always the slight nerves but its normal I think. My advice to colleagues who have a team member

returning to work after a period of absence would be to be understanding because some day you may be in the same position. Just have a positive thought for the person returning, make them feel welcomed again or even better make it feel like they never left to go off sick.

A fulfilling work life

In the seven and a half years since joining Betsi Cadwaladr, I've become a Mental Health and Well-being Champion, guiding staff towards resources and fostering a deeper understanding of my own challenges.

I've also become a part of the ND (Neurodiversity) Network, promoting inclusivity and understanding of neurodiversity within the organisation.

I'm also an Armed Forces Champion, supporting veterans and members of the armed forces within Betsi Cadwaladr. I am also a volunteer for the Royal Air Force Air Cadets.

My journey has been filled with twists and turns, and I still face ongoing challenges. However, I've learned to recognise triggers and manage my struggles, rather than battling them daily. This has made a significant difference. I owe my progress to the people I've met along the way.

I am feeling very well at the moment and I've got meaning again. I have a reason to be here and I want to give back and I want to better myself.

Staff story - organisational reflections

We are committed to doing all we can to protect the physical and mental health of our staff.

The sickness policy WP11 sets out our approach for supporting employees returning to work following a period of sickness absence and supporting to staff sustain attendance at work. The policy is a key element in the Welsh Partnership Forum's joint commitment to deliver policies which will have a positive impact on staff.

Sickness definitions

Short Term Sickness Absence is regarded as any period lasting less than 28 calendar days.

Long Term Sickness Absence is regarded as any continuous period of 28 calendar days or longer.

Planned Sickness Absence is a health condition that requires an operation or treatment programme which may have a recognised period of expected recovery or duration.

A Sickness Day is when an employee becomes unwell and has been unable to undertake their daily hours of work / shift. Where an employee has carried out more than half their daily hours of work / shift, but is unable to complete the day / shift, this day will not count as a sickness day as far as sick pay is concerned. It must, however, be recorded as part of the Return-to-Work Meeting and may be taken into account when considering any accumulated pattern of sickness.

A toolkit is available to all staff to support the All Wales Managing Attendance at Work Policy and a range of resources including template letters for managers to send to direct reports is also accessible on [BetsiNet](#).

Our sickness absence rate

Although above the NHS Wales sickness absence target rate of 4.2 per cent, our sickness rate at 6.1 per cent is the lowest rolling rate of the six largest Health Boards and the NHS Wales average of 6.3 per cent.

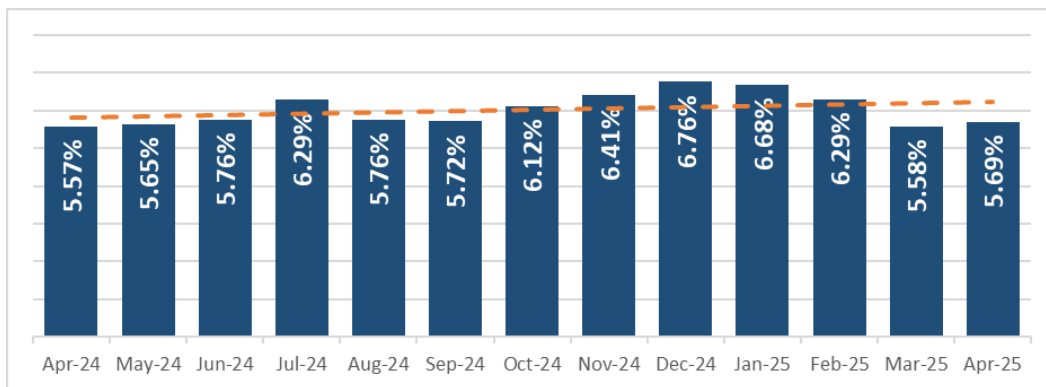


Figure 1 – BCUHB sickness absence rates by month

Absence levels in BCUHB 2023-2025

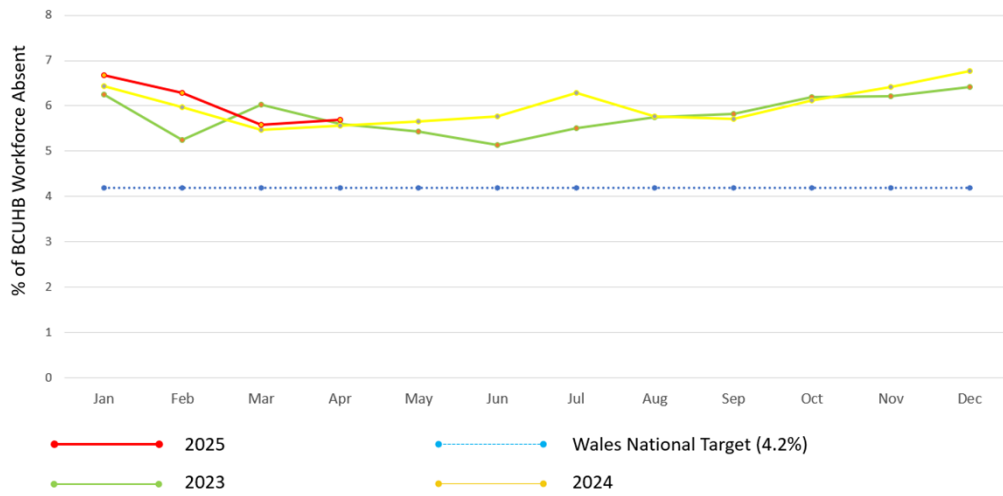


Figure 2 – BCUHB sickness absence 2023-2025

Our storyteller's experience of sickness absence resulted from mental health issues, which are a significant problem among NHS workers, with high rates of stress, burnout, and other mental health conditions like anxiety and depression. This is impacting staff well-being, attendance, and potentially patient care.

Our staff do a hugely challenging job every day, often dealing with traumatic events most people would never encounter. The nature of this work can have a detrimental impact on mental health, and stigma can prevent colleagues from talking about it.

Our NHS Wales staff survey results, though based on a response rate of just 17.4 per cent of our workforce, shows that almost 40 per cent of respondents felt unwell as a result of work-related stress during the last year, which is slightly below the NHS Wales benchmark.

Responses to question '21c) During the last 12 months have you felt unwell as a result of work-related stress?' in the 2024 NHS Wales Staff Survey: Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

*For the purpose of benchmarking, organisations have been grouped as 'Health Board' organisations and 'Trust/Authority' organisations. Blank responses have been excluded.

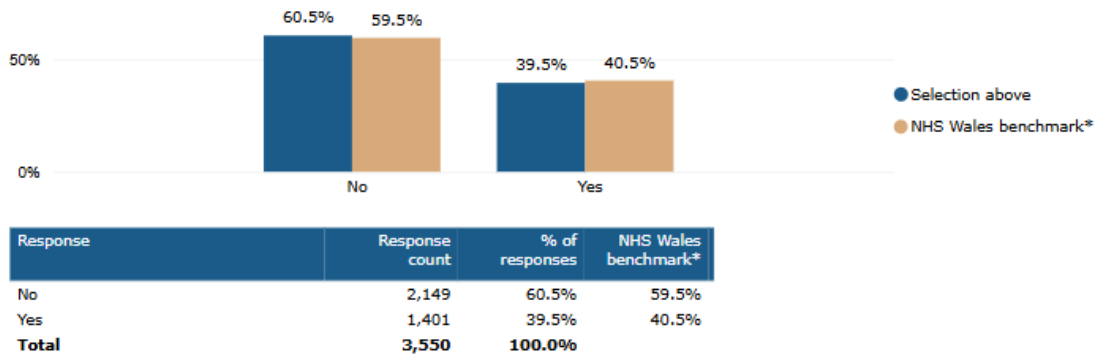


Figure 3 – NHS Wales staff survey responses from 3, 550 BCUHB employees

Over 300 staff who completed the survey told us they ‘always’ found their work emotionally exhausting, with 28 per cent (almost 1,000) saying they ‘often’ found this and over 42 per cent (1, 515) stating their work was ‘sometimes’ emotionally exhausting.

Responses to question '20a) How often, if at all, do you find your work emotionally exhausting?' in the 2024 NHS Wales Staff Survey: Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

*For the purpose of benchmarking, organisations have been grouped as 'Health Board' organisations and 'Trust/Authority' organisations. Blank responses have been excluded.

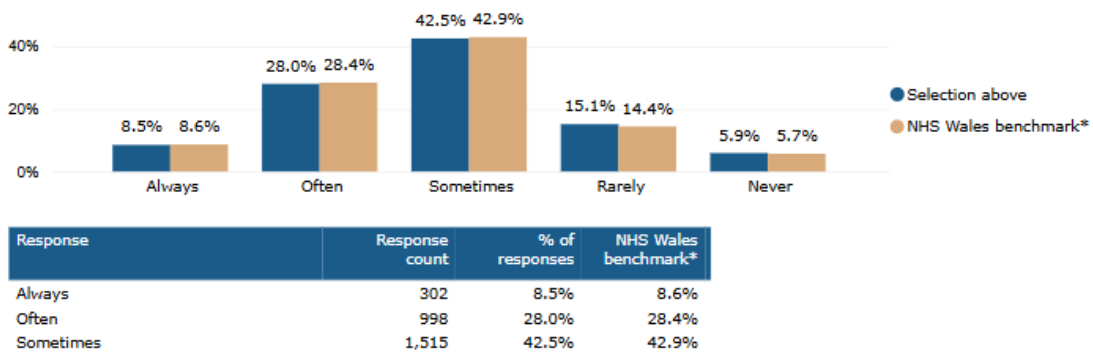


Figure 4 - NHS Wales staff survey responses to question on emotional exhaustion

The survey also shows that the majority of respondents (72.3 per cent) felt that their manager recognises the importance of their wellbeing.

Responses to question '04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.' in the 2024 NHS Wales Staff Survey: Betsi Cadwaladr University Health Board: All Tier 2: All Tier 3: All sites: All occupational groups

*For the purpose of benchmarking, organisations have been grouped as 'Health Board' organisations and 'Trust/Authority' organisations. Blank responses have been excluded.

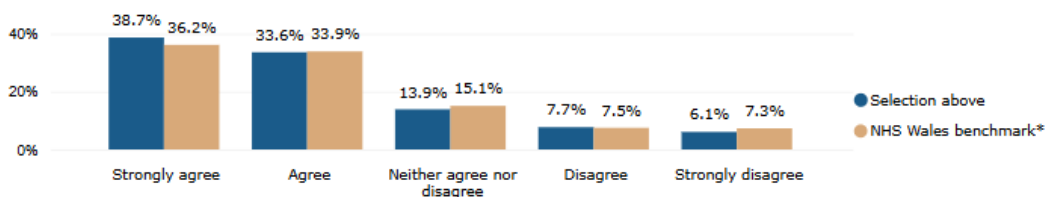


Figure 5 - NHS Wales staff survey responses on manager recognition of wellbeing

However, the survey findings suggest an issue with presenteeism as 62 per cent of respondents confirmed they had come to work despite feeling unwell. This figure has fallen since 2023.

The qualitative data provided by the survey includes a number of comments specifically about stress due to workload and a lack of support.

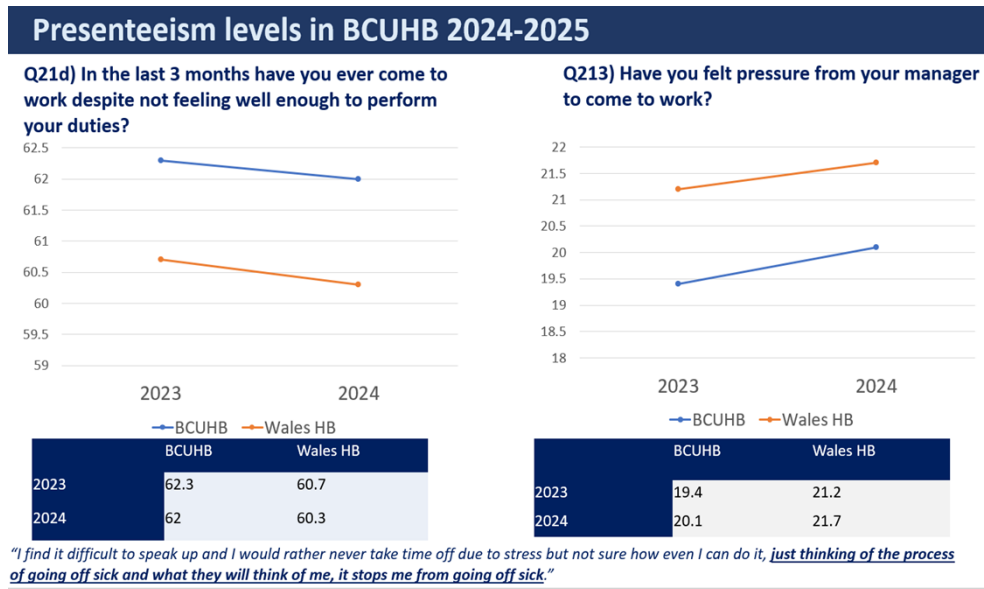


Figure 6 – NHS Wales staff survey questions relating to presenteeism

12th June 2025: People and Culture Committee

Strategic Occupational Health and Safety Report

Presented by:

Stuart Keen, Director of Environment and Estates

Lynne Bushell, Head of Health, Safety and Security



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Strategic Occupational Health and Safety Report

Contents:

- Health and Safety Self-Assessment: initial findings and planned approach going forward
- Manual Handling
- Fire Safety Training
- Overview of Health, Safety and Security Strategic Plan
- Health and Safety Audit Update (May 2024)
- Recommendations



Health and Safety Self-Assessment - Background

- Transition to NHS Employer Health and Safety Standards



Workplace
health and
safety standards

| |
|--|
| Standard A: The Management of Health and Safety |
| Standard A: The Management of Health and Safety. Do - Control |
| Standard A: The Management of Health and Safety. Do - Competence |
| Standard A: The Management of Health and Safety. Do - Risk Profiling and Assessment |
| Standard A: The Management of Health and Safety. Check - Measuring Performance, monitoring before events and investigate post events |
| Standard A: The Management of Health and Safety. Check - Reviewing Performance and act on lessons learnt |
| Standard B: Incident Reporting |
| Standard D: Slips and Trips |
| Standard E: Musculoskeletal Disorders/Manual Handling |
| Standard G: Violence and Aggression/Challenging Behaviour |
| Standard H: Lone Working |
| Standard I: Work-related Stress |
| Standard K: Hazardous Substances |
| Standard K: Management of Sharps |
| Standard L: Provision and Use of Work and Lifting Equipment |
| Standard L: Display Screen Equipment |
| Standard M: Legionella |
| Standard M: Asbestos Containing Materials (ACMs) |
| Standard M: The Workplace. Temperature |
| Standard M: The Workplace. Workplace Transport |
| Standard M: The Workplace. Noise |
| Standard M: The Workplace. Contractors and Subcontractors |
| Standard N: Radiation |
| Standard O: First Aid |

Source Ref.:

https://www.nhsemployers.org/system/files/2023-08/HSWPG%20workplace-health-safety-standards%20May%202022_Final.pdf



Health and Safety Self-Assessment - Checklist

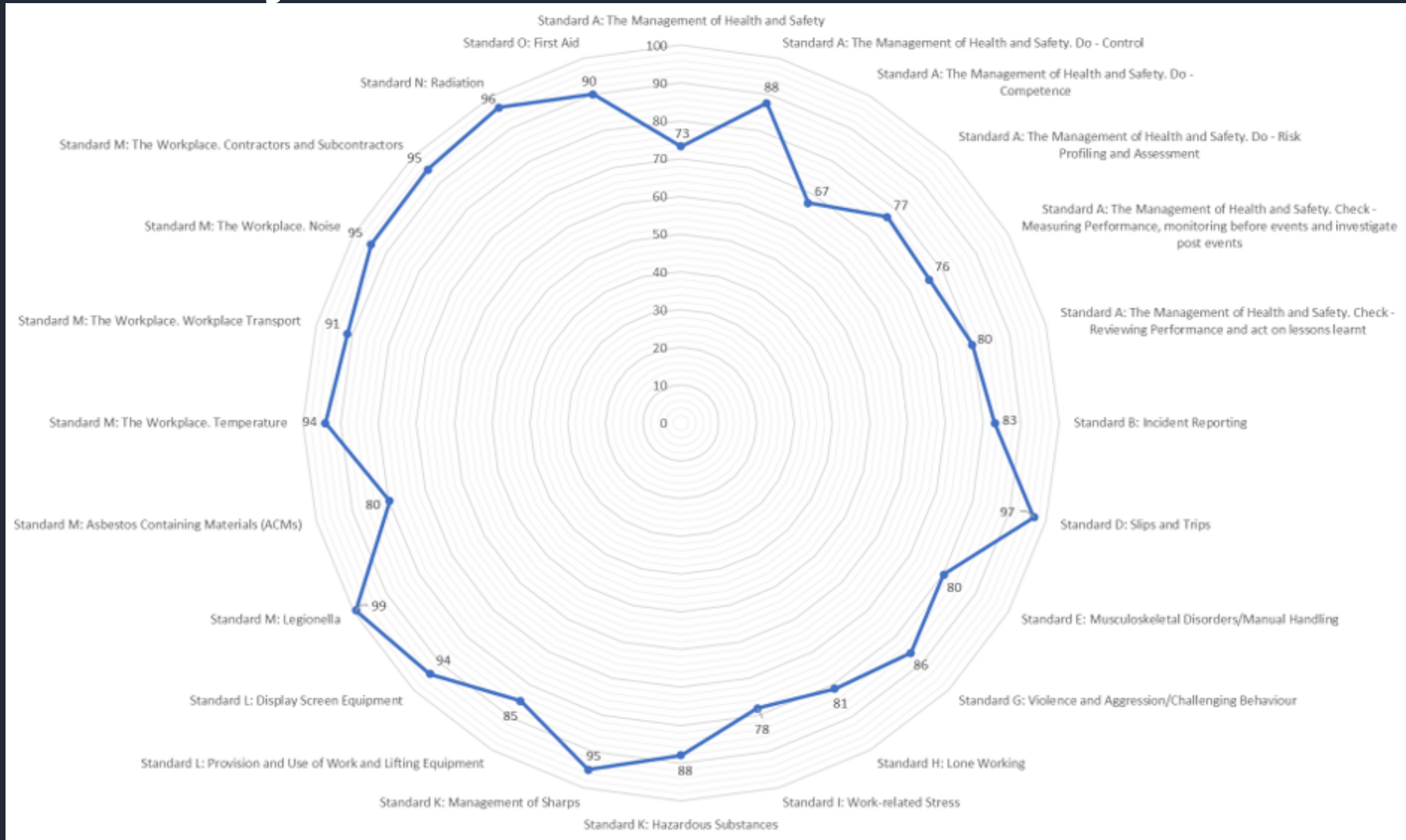
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| Health and Safety Self-Assessment Template (April 2025) | | | | | | | | | |
| Ward/Dept./Service: | | | | | | | | | |
| Service: | | | | | | | | | |
| Location: | | | | | | | | | |
| Date completed: | | | | | | | | | |
| Compiled By: | | | | | | | | | |
| Job Title: | | | | | | | | | |
| <p>Guidance: (for more detailed guidance see H&S Self-Assessment Guide (yellow tab))</p> <p>Please evidence all answers and rate your compliance for each question in Columns E-I:</p> <p>NC (non-compliant) - insufficient evidence, or no system in place or a system that requires improvement to achieve compliance against policy.</p> <p>C (compliant) - good strong evidence and a demonstrably functional system that is supported by effective risk management.</p> <p>N/A - not applicable to this ward, department, service</p> <p>Some questions cannot have an "N/A" score. Where "N/A" is selected, there should be a statement recorded in column J explaining why the question is not applicable.</p> <p>Actions required aligned to BCUHB Policies and Procedures, should be recorded to demonstrate how compliance can be improved.</p> | | | | | | | | | |

Health and Safety Self Assessment

| Indicator | Criteria/Theme | Legal Reference | Example of a key document / evidence | C | NC | N/A | Result | Evidence Observations (O) / Interview (I) / Document (D) | Actions |
|--|---|---|--------------------------------------|---|----|-----|--------|---|---------|
| Standard A: The Management of Health and Safety. Plan - Determining your Policy and Planning for Implementation | | | | | | | | | |
| Standard A: The Management of Health and Safety. Plan - Determining your policy and planning for implementation | Are the Senior Managers familiar with HS01 Occupational Health, Safety and Security Policy and know where it is located and how to access it? | Management of Health and Safety at Work Regulation 1999, Regulation 5 | Details of location of Policy | | | | | | |



Health and Safety Self-Assessment - Results



Health and Safety Self-Assessment - Findings

Areas of good compliance were indicated as follows (standards scoring 95 or above):

- Legionella Management (score 99)
- Slips and Trips (score 97)
- Radiation (score 96)
- Management of Sharps (score 95)
- Management of Contractors and Subcontractors (score 95)
- Noise (score 95)

Areas of weakness in compliance were indicated as follows (standards scoring 80 or below):

- The Management of Health and Safety (score range 73-88)
- Work-related Stress (score 78)
- Asbestos Containing Materials (score 80)
- Musculoskeletal Disorders and Manual Handling (score 80)

It is important to note that responses in relation to 'slips and trips' and the 'management of sharps' is not corroborated from incident data contained within the Health and Safety Annual Report.

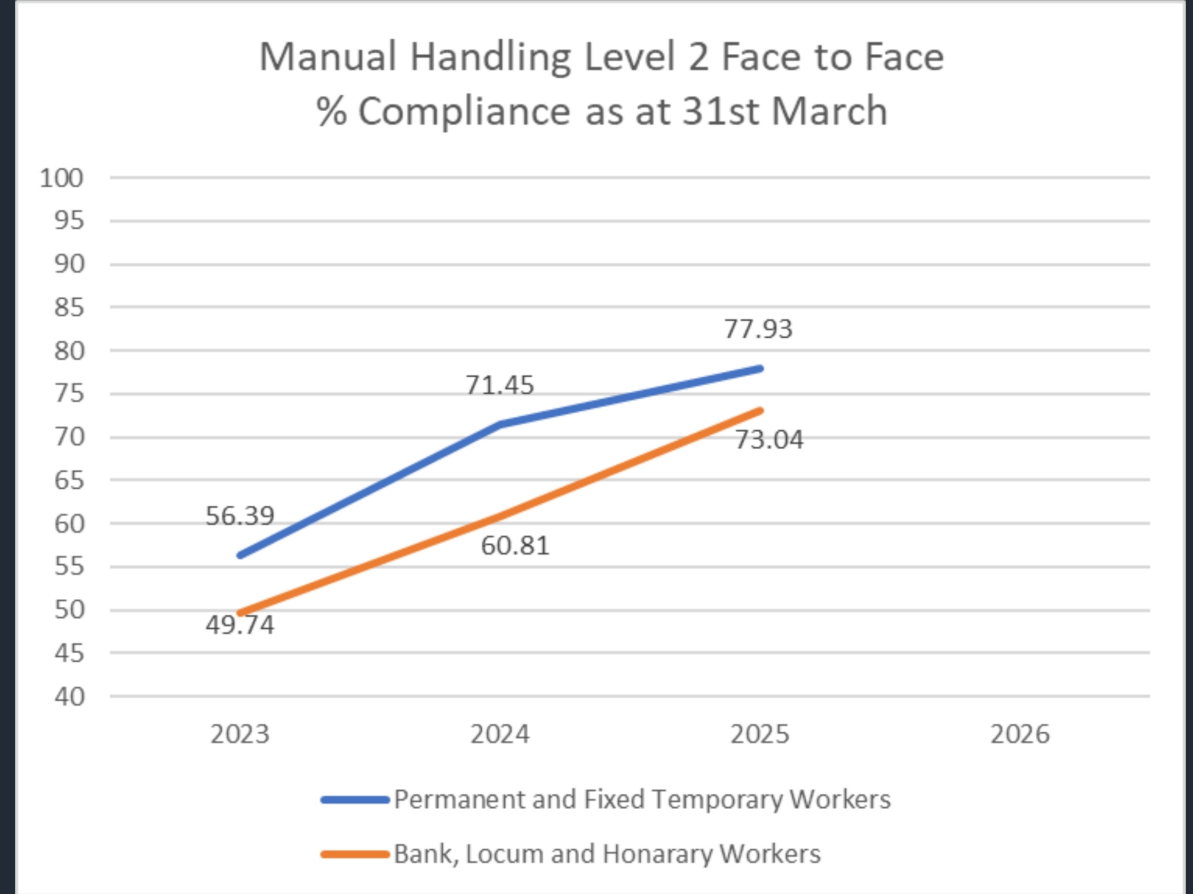
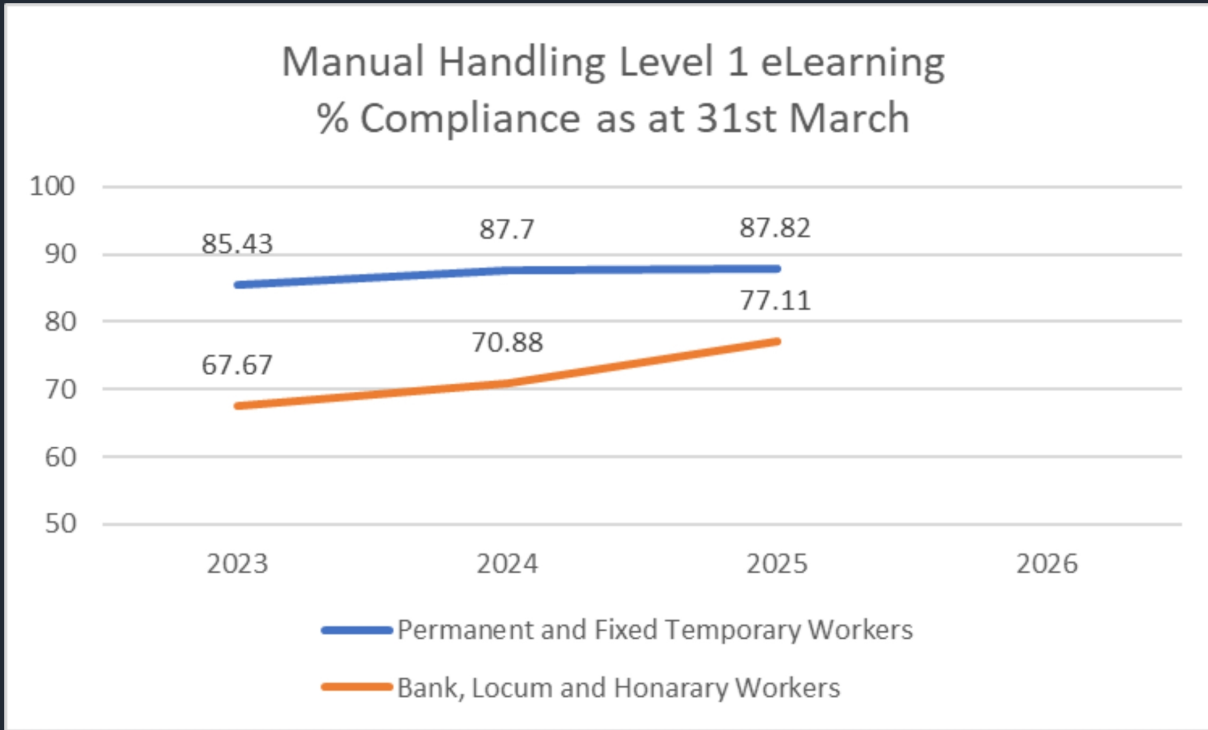


Health and Safety Self-Assessment – The Approach

1. Undertake a 1-day review and audit of Wards and Departments that scored less than 85.
2. Review processes, including training courses and communication for the Standards that scored less than 80 overall. Where subjects matters don't sit with the Corporate Health, Safety and Security Team, the findings will be transferred to the relevant service for action and future updates via the Strategic Occupational Safety and Health Group (SOSHG). This captures:
 - a. The Management of Health and Safety (score range 73-88) – Health and Safety
 - b. Work-related Stress (score 78) – Workforce and Organisational Development
 - c. Asbestos Containing Materials (score 80) – Environment and Estates
 - d. Musculoskeletal Disorders and Manual Handling (score 80) – Health and Safety
3. Audit the top 5% of responses from each region or service sector for accuracy and using their skills, knowledge and experience, the Corporate Health, Safety and Security Team will adjust/recalibrate the original response based on evidence and findings leading to a more true and accurate picture.
4. Deeper interrogation into standards where incidents reported don't corroborate responses submitted e.g. medical sharps and slips and trips.



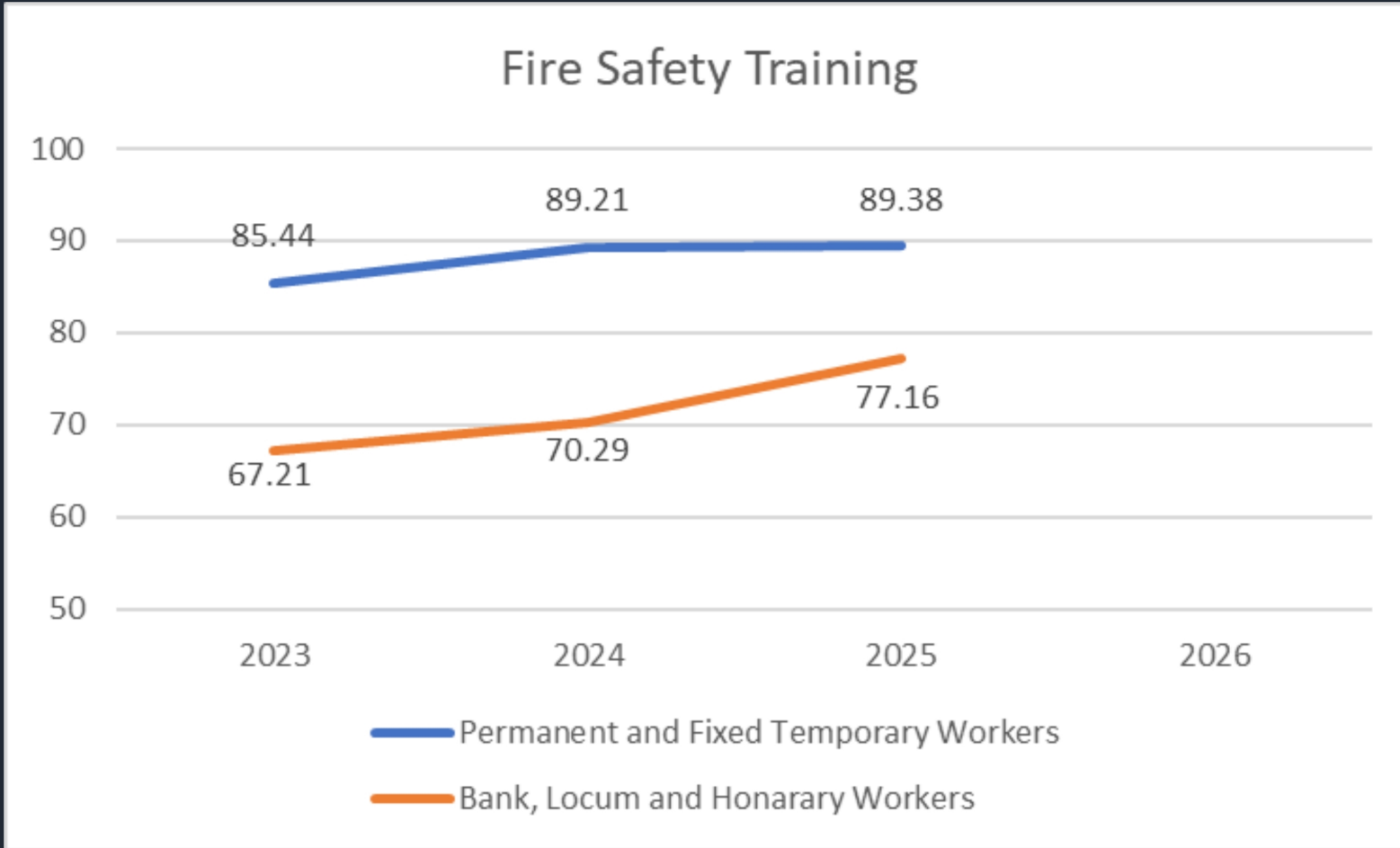
Manual Handling Training Compliance



Source: Workforce BI Dashboard.
All data correct as at 20/05/2025



Fire Safety Training Compliance



Source: Workforce BI Dashboard.
All data correct as at 20/05/2025



Overview of Health, Safety and Security Strategic Plan

POD Annual Delivery Plan 2024-25: Health, Safety & Security



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High level priorities

- Building an effective Organisation
- Developing strategy and longlasting change
- Compassionate Leadership and Organisational Development
- Improving quality, outcomes and experience
- Establishing an effective environment for Learning

Delivery of Special Measures requirements, BCUHB

3 Year Plan 2024 -27



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Health and Safety Audit (May 2024) Findings

- HS01: Occupational Health and Safety Policy was out of date and a small number of other procedures/ guidance papers.
- There was no Executive Lead in place for Occupational Health and Safety.
- There was no regular and consistent monitoring and reporting on health and safety matters through the appropriate governance structure.
- There was no annual Health & Safety report for 2022-23 presented at Health Board meetings.
- There was a lack of senior and executive level attendance at health and safety training.
- There was no consistent approach to reviewing and analysing findings of reviews undertaken by the Health and Safety team.
- The gap analysis, undertaken to identify areas of risk, was not current and last updated in January 2022.
- There was no consistent collation/review of self-assessments, with some areas not completing or returning any assessments..
- A review of the Estates action plans from Health and Safety reviews identified there was no regular review of implementation dates and progress to ensure agreed action(s) were on track etc.



Recommendations

- **Background to the Self-Assessment:** The Committee is requested to support the upskilling of the Health, Safety and Security Team to support the process.
- **Key Performance Indicators:** The Committee are kindly requested to debate and agree the overall scores to determine key performance indicators to help identify high, medium, and low priorities for Corporate focus.
- **The Approach:** The Committee are requested support the suggested approach and/or provide steer.
- **Manual Handling:** The Committee are asked to:
 - Support the identification of suitable training venues for the delivery of statutory and mandatory training. The venues used is impacting effective delivery.
 - Consider and agree to exploring the Introduction of a process for the recharge for workers who fail to attend/cancel booked training without appropriate notice and/or without a valid reason e.g. demonstrable ward based pressures.
- **Fire Safety Training Compliance:** The Committee are asked to support the proposed plan to undertake a review of the current fire safety training delivery against the guidance provided within the new document on publication (WHTM 05-03 Part A Training). The Fire Team will also use this opportunity to review the current reporting tools to ensure they reflect Policy and the needs of the Healthboard.



Diolch
Thank you

Any questions?





| | | | | |
|---|---|--|---|---|
| Teitl adroddiad: <i>Report title:</i> | People Operations Report | | | |
| Adrodd i: <i>Report to:</i> | People & Culture Committee | | | |
| Dyddiad y Cyfarfod: <i>Date of Meeting:</i> | Thursday, 12 June 2025 | | | |
| Crynodeb Gweithredol: <i>Executive Summary:</i> | <p>The purpose of this report is to outline the current workforce operational position as of beginning of May 2025.</p> <p>The report is still evolving following feedback from the committee and improvements around the content and information have been made for this report.</p> | | | |
| Argymhellion: <i>Recommendations:</i> | The Committee is asked to NOTE the current position provided and feedback any observations regarding ASSURANCE required as a result of the reported positions contained in the report. | | | |
| Arweinydd Gweithredol: <i>Executive Lead:</i> | Mr Jason Brannan, Deputy Director of People Services | | | |
| Awdur yr Adroddiad: <i>Report Author:</i> | Mr Nick Graham, Associate Director of Workforce Optimisation | | | |
| Pwrpas yr adroddiad: <i>Purpose of report:</i> | I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/> | |
| Lefel sicrwydd: <i>Assurance level:</i> | Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |
| Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i> | | | | |
| Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i> | Objective 1: Building an effective organisation | | | |
| Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i> | Not applicable | | | |

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

People Operations Report

May 2025

Jason Brannan

Deputy Director of People



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Executive Summary

- The vacancy rate has been increasing over recent months and currently stands at 8.9%. Increases to budget FTE and reductions in actual staff in post FTE have contributed to the deteriorating position. The People Services team continue to promote BCU as an employer of choice through multiple channels and hold frequent recruitment events targeting roles and services with high levels of vacancies.
- Turnover has remained steady at 7.9% over the last 5 months, however, it is down 0.6% on the same period last year with Registered Nursing staff group reporting the lowest turnover rate at 6%. BCUHB has a dedicated Staff Retention Lead, a role supported by HEIW as part of the national retention work programme; part of this work is to review the current processes surrounding Exit Interviews, to improve the volume of responses and the quality of the information captured. This is to ensure we fully understand the reasons why people leave the organisation to inform future interventions.
- BCUHB continues to have the lowest reported sickness absence levels across NHS Wales. In April 2025 rolling sickness absence was 0.2% higher than it was during same period last year with stress, anxiety and depression accounting for the largest proportion of absence. The people services teams continue to support managers in accordance with the Managing Attendance at Work policy.
- PADR compliance continues to improve, following a period of reducing rates through May 2024 to September 2024, and currently stands at 79.7% which is the highest figure reported by the health board over the last year. PADR is currently being promoted via the Betsinet homepage and the Weekly Bulletin to encourage staff to contact their manager where their PADR has not been completed.
- Level 1 mandatory training compliance remains above the target of 85% at 90.4%. There is a focus on compliance for bank staff and targeted intervention in departments that are failing to achieve the 85% target.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 60 days during April 2025, performing better than the NHS Wales average of 61.5 days. All of the KPIs have shown improvement from February 2024 with the only exception being T9b – Time to check references, which along with T4- Time to shortlist are the only KPIs above the target. Recent changes have been made to the Enhanced Establishment Control Process to streamline the process for managers and reduce delays in the recruitment process.

People



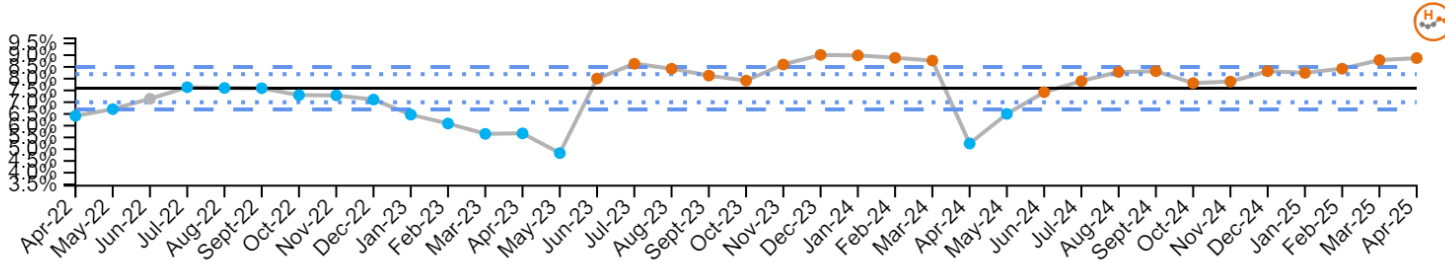
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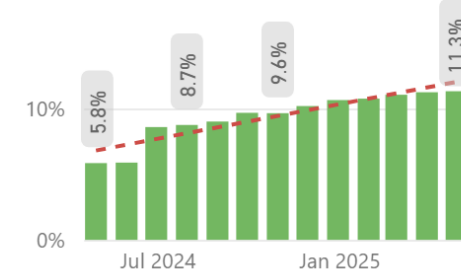
Vacancy % by IHC

BCU Data as at April 25

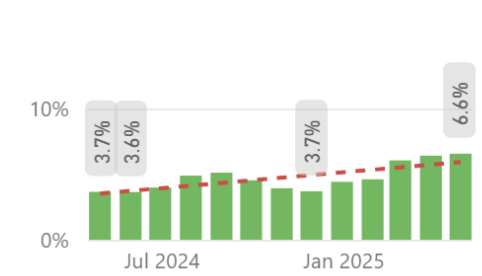
Betsi Cadwaladr



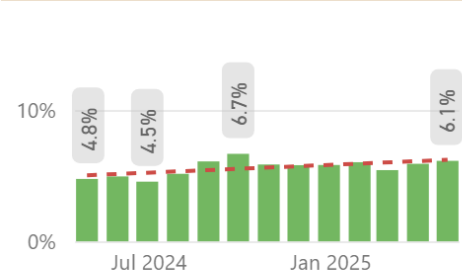
IHC Centre



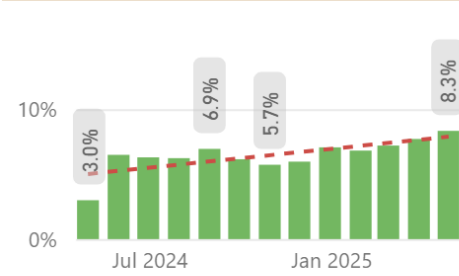
IHC East



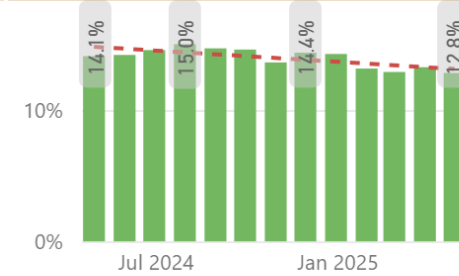
IHC West



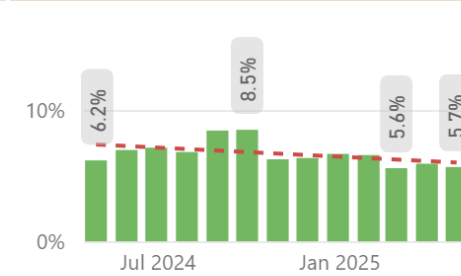
Cancer/Diagnostics



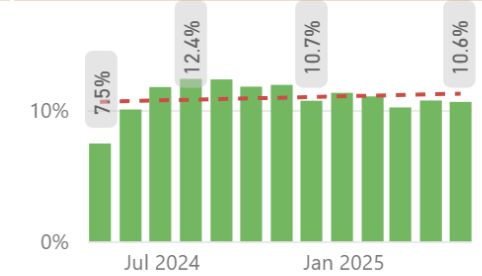
Mental Health & LDS



Midwifery & Womens



Corporate Services



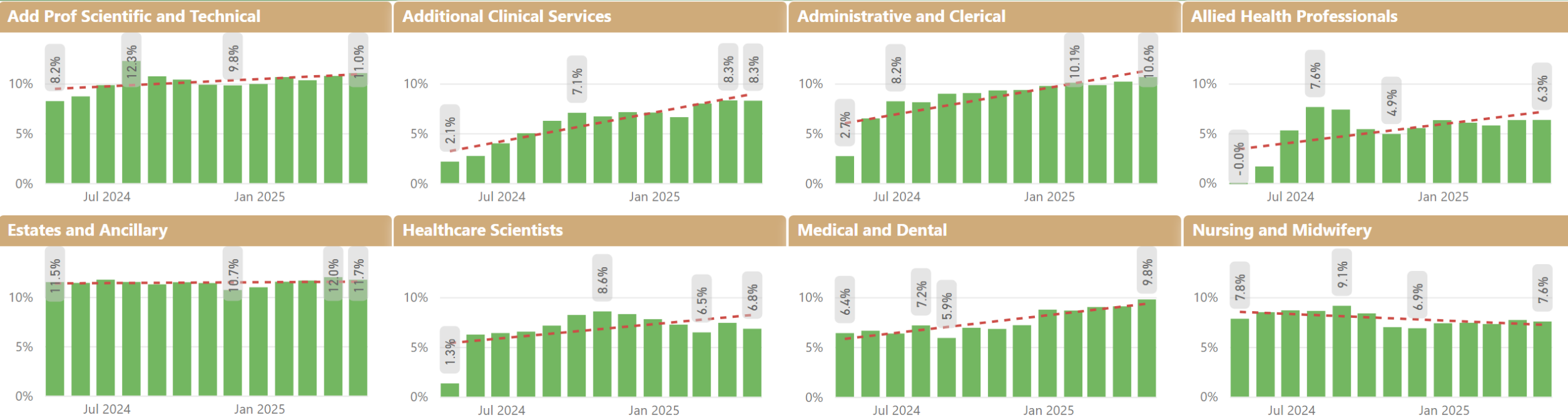
Analysis : The vacancy rate has been increasing over recent months and currently stands at 8.9% with 793.1 vacancies. Over the last 12 months, the vacancy rate has increased by 3.6% following an increase in budget of 922.7 FTEs whilst actual staff in post grew by just 129.5 FTEs. MHL D currently has the highest vacancy rate at 12.8% equating to 299 FTE vacancies, however, the trend shows an improving position with the rate 1.3% lower than it was a year ago. IHC Centre has the second highest vacancy rate at 11.3% equating to 565.3 FTE vacancies and the position here is deteriorating with the rate 5.5% higher than was in April 2024, with Scheduled Care and Regional CAMHS holding the greatest numbers of vacancies at 148.4 FTEs and 81.1 FTEs respectively. There are 234.1 FTE vacancies within Corporate Services, 50 FTE of which are within People Services. Midwifery and Womens are showing an improving trend over the 12 month period and currently have the lowest vacancy rate 5.7%. IHC East and IHC West have relatively low vacancy rates at 6.6% and 6.1% respectively.

Challenges : High volumes of applications are being received for many jobs, impacting on the time taken to shortlist and interview. The enhanced Establishment Control process is also causing delays in the recruitment of vacancies. The Home Office right to work regulations and Certificate of Sponsorship is impacting recruitment to band 3 roles where applicants do not meet the salary threshold of £25k.

Progress : The services and POD teams are supporting a number of recruitment events locally to try to improve the position, in addition for our harder to fill vacancies social media campaigns with advertising are being promoted. Attendance at the RCN Congress to promote BCU as an employer of choice and to promote current BCU vacancies. Recruitment teams are sending regular reminders to recruiting managers to improve time to hire and where resources allow, teams are providing support to managers to shortlist to minimise delays. Recent changes to the EEC process, specifically around the QIA, have been implemented to streamline the process and reduce delays.

Vacancy % by Staff Group

BCU Data as at April 25



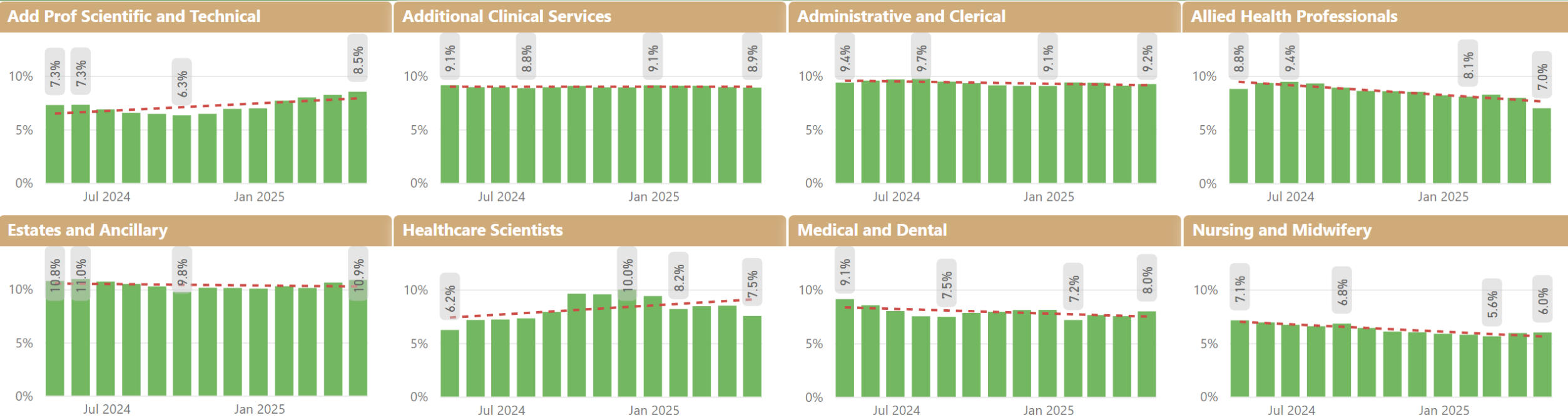
Analysis : Vacancy rates are showing an increasing trend over the last 12 months across all staff groups with the exception of Nursing and Midwifery. Estates and Ancillary have the highest vacancy rate at 11.7% (equivalent 175.9 FTE vacancies). Areas with particularly high numbers of vacancies include YGC Domestics where there are currently 18.9 FTE vacancies, YMW with 11.89 vacancies and UGC Portering with 11.4 FTE vacancies. Add Prof Scientific and Technical staff group has a vacancy rate of 11%, equating to 96.1 FTE vacancies, 57.4 FTEs of which are Clinical psychologists, 30.4 FTE Pharmacists and 13 FTE Social Workers. A&C vacancies have increased significantly over the last 12 months with the rate increasing by 7.9% to 10.6% and vacancy FTEs currently standing at 427.8 FTEs. The Medical & Dental vacancy position is also deteriorating, growing by 3.4% year on year to 9.8% in April 2025. There are currently 178.2 FTE M&D vacancies across the organisation, 58.4 of which are within IHC Centre. The Registered Nursing vacancy rate for April 2025 reflective of the rate in April 2024 with increases to actual staff in post numbers keeping pace with budget increases over the last 12 months.

Challenges : There were higher levels of Nurse retirements in some areas over the winter period which has impacted progress with reducing nurse vacancies. Consultant recruitment remains a challenge in some specialties.

Progress : Recruitment teams continue to work with departments to explore the difficulties in recruiting consultants and devise local plans to support. Teams are also working with Nursing leads to plan July recruitment events to improve the nurse vacancy position. Review of hotspot areas is ongoing along with development of plans to support recruitment to hard to fill posts. There is a focus on targeting roles with high numbers of vacancies, such as HCSW and Facilities, through engagement with local Job centre to attract higher numbers of relevant candidates and use of social media to promote hard to fill posts. Bank workers actively been encouraged to apply for substantive posts through display of posters in wards with high numbers of vacancies.

Turnover % by Staff Group

BCU Data as at April 25



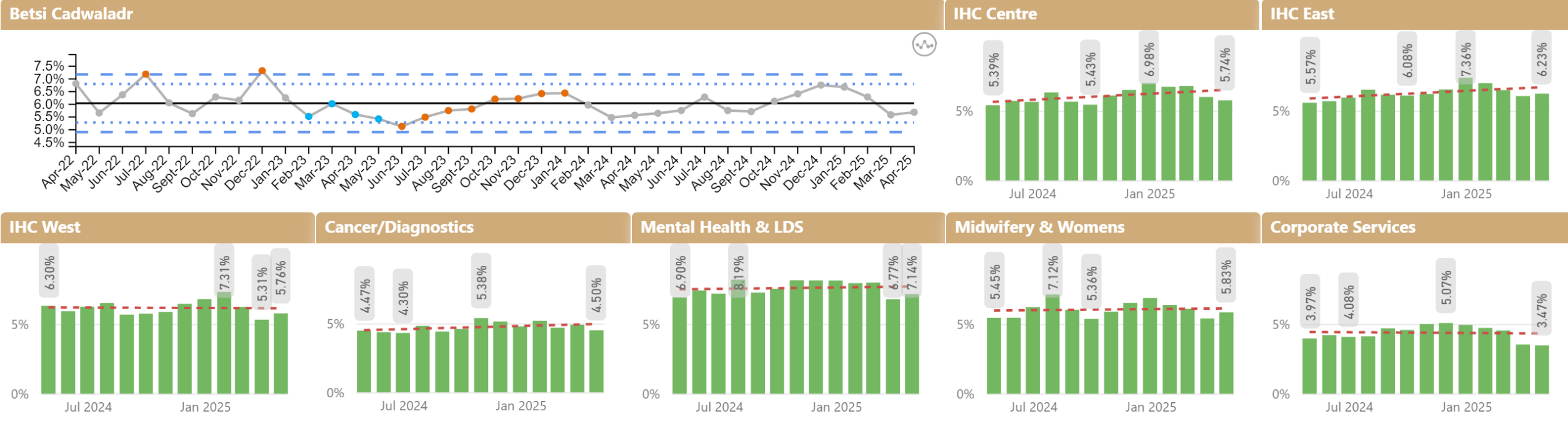
Analysis : Most staff groups show either an improving or largely static trend over the last 12 months and only Add Prof Scientific and Technical and Healthcare Scientists are showing a deteriorating trend. Healthcare Scientist turnover rate has increased by 1.3% over the last 12 months, and of the 24.5 FTE leavers over the period, 49% were retirements. Add Prof Scientific and Technical staff group turnover increased by 1.2% across the 12 months period, however, once trainee posts are excluded, the turnover rate shows an improving trend with the rate for April 2025 standing at 7.2%. Allied Health Professionals staff group saw the greatest improvement in turnover, reducing by 1.8% over the 12 month period, followed by Medical and Dental and Registered Nursing both reducing by 1.1%. The turnover rate for Medical and Dental has reduced by 4.5% to 17.6% in Midwifery and Womens and by 3.8% in IHC East to 6.1%. Midwifery and Womens also saw a reduction of 4.5% in the registered nursing turnover rate to 4%.

Challenges : Flexible working and partial retirement requests in general have increased which alongside full retirements specifically within the nursing staff group is impacting on retention profiles.

Progress : Services with significant gaps in staff groups are being targeted with awareness-raising sessions to promote retention opportunities to ensure their position doesn't worsen.

Monthly Sickness % by IHC

BCU Data as at April 25



The charts above report the monthly sickness rate for BCU.

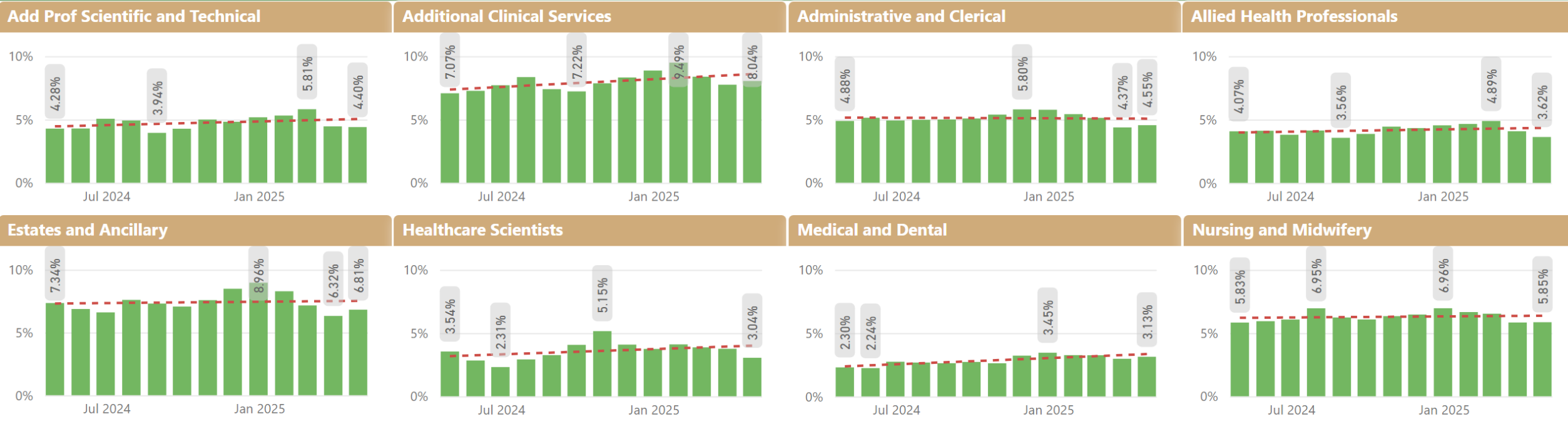
Analysis : The BCU monthly sickness rate is currently 5.69% and shows no special causes for concern or improvement based on the trend of previous months, however, it is 0.1% higher than it was during April 2024. The rolling absence is 6.1%, an increase of 0.2% on the same period in the previous year. MHLDS has the highest sickness rate at 7.1% with stress and anxiety sickness absence currently standing at 2.5% compared to the BCU average of 1.6%. All areas, with the exception of IHC West and Corporate, have seen an increase in sickness rates when compared to the same period last year. East IHC has seen the greatest increase in the monthly sickness rate over the last 12 months, increasing by 0.7% to 6.2%. Corporate Services has the lowest sickness absence rate at 3.5%.

Challenges : Frequent absence episodes remains a challenge to manage, as does the large number of long term absences and there is a low uptake of return to work discussions.

Progress : Monthly reports on both long and short term sickness continue to be shared with IHCs and hot spot areas are discussed with relevant managers at monthly HR drop in sessions. In addition absences continue to be discussed at monthly meetings with the Senior Leadership Teams. People Business Partners have been set targets as part of their PADR to reduce sickness in the areas they support and action plans are being developed to support delivery of these targets. Teams actively support line managers with long term sickness review meetings in accordance with the MAAW policy and are providing guidance around implementation of the MAAW policy to support management of frequent absence episodes.

Sickness % by Staff Group

BCU Data as at April 25

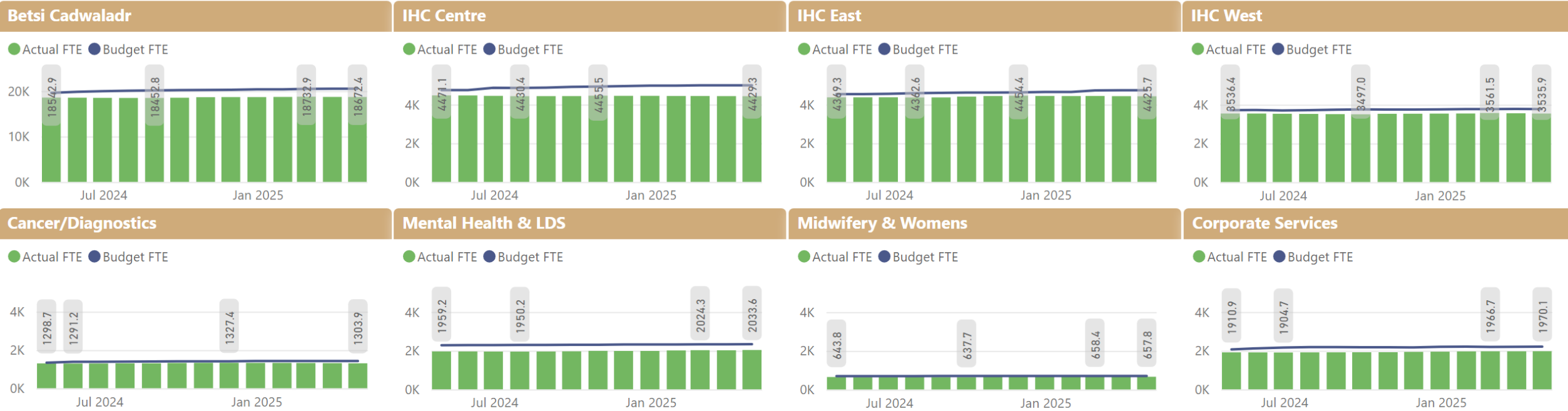


The charts above report the monthly sickness rate for BCU.

Analysis : Additional Clinical Services staff group currently has the highest monthly sickness rate at 8%, an increase of 1% on the same period last year, with 2.3% attributed to stress and anxiety related absence. Estates and Ancillary has the second highest monthly sickness rate at 6.8%, however, this is an improvement on the same period last year when the rate was 0.5% higher. Stress and Anxiety absence levels are lower within Estates and Ancillary at 1.3% compared to the BCU rate of 1.6%, within this staff group there are higher rates of absence related to musculoskeletal/back problems, injury and fracture, heart and circulatory problems, tumours and cancers and chest and respiratory illness. Nursing and Midwifery absence has remained fairly static over the period at 5.85%. Medical and Dental sickness absence is 0.8% higher than it was during the same period last year, increasing steadily across the period, and this is likely the result of better recording of absence within electronic systems. Admin and Clerical, Add Professional Scientific and Technical, Healthcare Scientist and AHP staff groups all have monthly sickness rates under 5%.

Budget v Actual FTE by IHC

BCU Data as at April 25



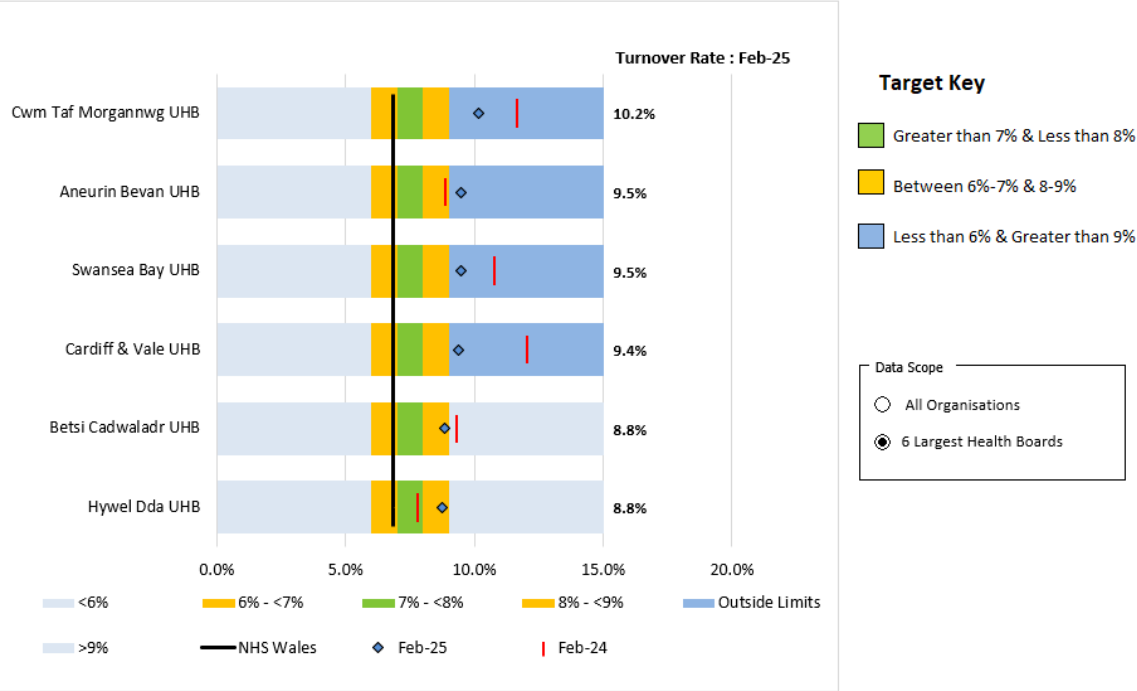
Analysis : Budgets continue to increase across all areas of the Health Board, with a combined increase of 922.7 FTEs over the last 12 months compared to an increase in actual staff in post of just 129.5 FTEs. IHC Centre saw the greatest increase in budget over the last 12 months growing by 245.9 FTEs whilst actual FTE reduced by 41.8 FTEs, causing a 5.5% increase in the vacancy rate on the same period last year. IHC East saw budget growth of 201.5 FTEs and actual staff in post growth of 56.5 FTEs. MHLDS saw the greatest increase in staff in post, growing by 74.4 FTEs over the last 12 months whilst the budget grew by just 51.8 FTEs, leading to a 1.3% reduction in the vacancy rate. Growth in Cancer/Diagnostics budget of 83.6 FTEs along with increase in actual FTE of just 5.2 FTE caused the vacancy rate to grow by 5.3% to 8.3%. Midwifery and Womens remained fairly static with budget growth of 11.2 FTEs and actual FTE increasing by 14 FTEs.

Challenges : Ensuring the organisation is clear on where substantive posts should be is still work that is ongoing, Foundations for the Future will resolve elements of this with the review of structure going forward. It is also important to ensure as we increase budgets due to making previously temporary posts substantive that recruitment to those posts happens in a timely manner.

Progress : Budgetary alignment has greatly improved over the last 12 months with the introduction of EEC but there is still work to do on ensuring recruitment to those budgets moves at a pace, work across teams is ongoing to ensure this and the recent streamlining of the EEC process in terms of administration should make the filling of vacancies easier.

Workforce Comparators

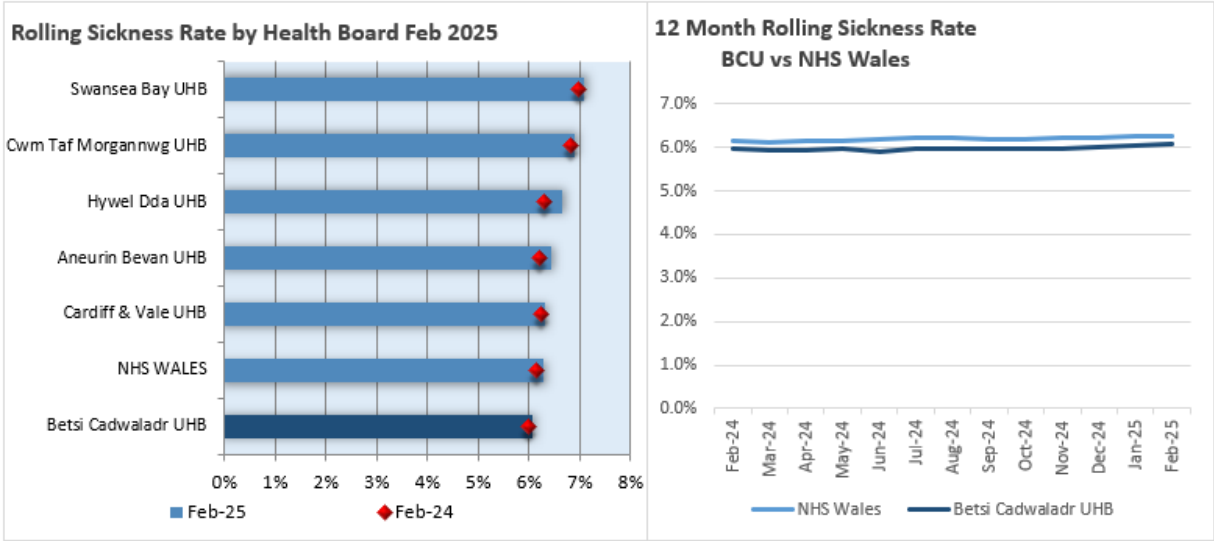
Turnover %



Of the 6 largest Health Boards in Wales, BCU had the joint lowest turnover rate in February 2025 at 8.8%.

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 includes locally employed junior medical grades whereas locally these are excluded.

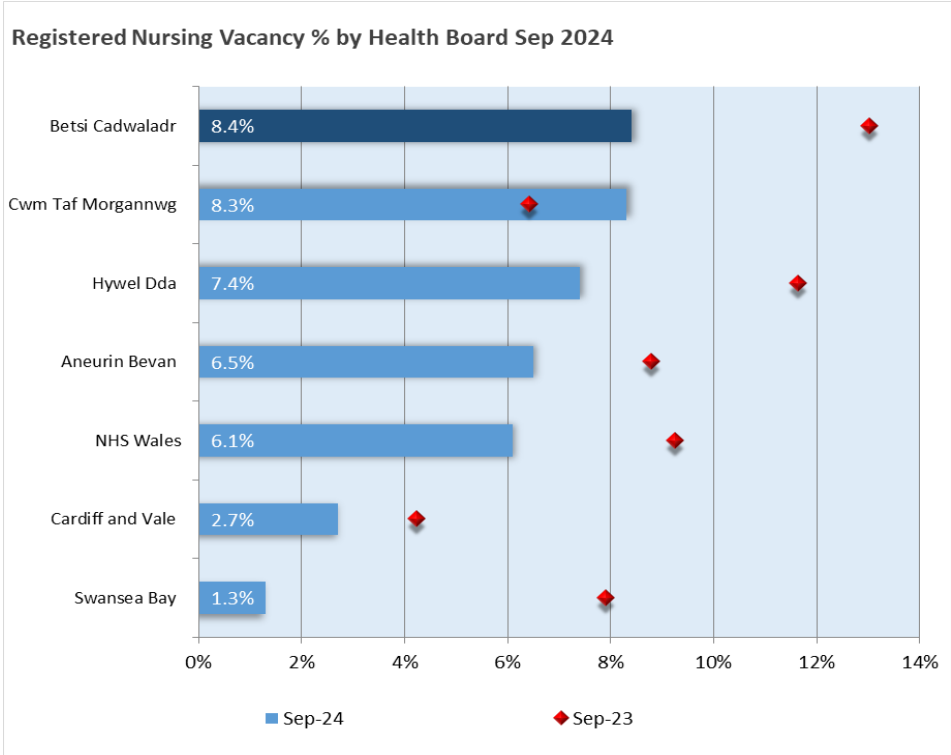
Sickness %



During February 2025, BCU had the lowest sickness rate of the 6 largest health boards at 6.1% and lower than the NHS Wales overall rate of 6.3%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.9%.

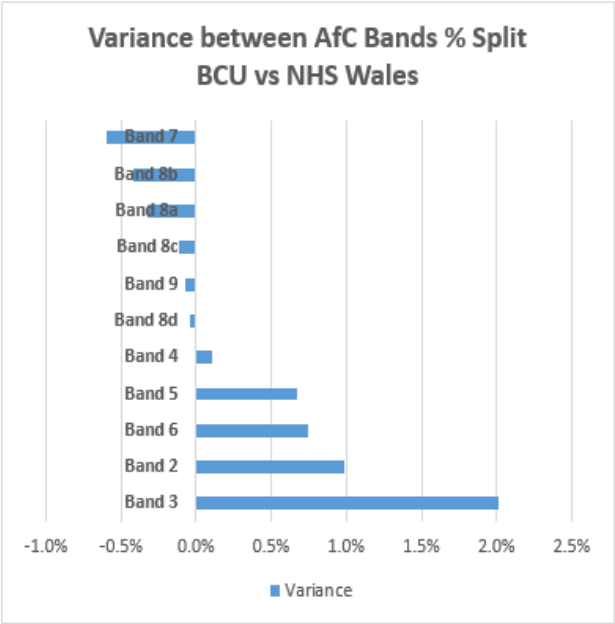
Workforce Comparators

Vacancy %



The BCU Registered Nursing Vacancy rate 2.3% above the NHS Wales average in September 2024 and was the highest rate of the 6 largest health boards.

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



| AfC Band | BCU % Staff in Post FTE Feb 2025 | NHS Wales % Staff in Post FTE Feb 2025 | Variance | BCU Staff in Post FTE Feb 2025 |
|----------|----------------------------------|--|----------|--------------------------------|
| Band 3 | 14.0% | 12.0% | 2.0% | 2547.7 |
| Band 2 | 17.3% | 16.4% | 1.0% | 3161.7 |
| Band 6 | 17.3% | 16.5% | 0.7% | 3145.6 |
| Band 5 | 20.0% | 19.3% | 0.7% | 3638.6 |
| Band 4 | 8.6% | 8.4% | 0.1% | 1558.8 |
| Band 8d | 0.4% | 0.4% | 0.0% | 67.4 |
| Band 9 | 0.2% | 0.3% | -0.1% | 34.5 |
| Band 8c | 0.8% | 0.9% | -0.1% | 150.7 |
| Band 8a | 3.6% | 4.0% | -0.3% | 661.6 |
| Band 8b | 1.1% | 1.6% | -0.4% | 205.2 |
| Band 7 | 10.2% | 10.8% | -0.6% | 1868.0 |

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

BCU AfC workforce has a greater proportion of bands 3, 2 and 6 than NHS Wales, band 3s account for 14% of the BCU AfC workforce compared to 12% of the NHS Wales AfC workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.4% vs 18%).

Highlighted Areas

| Org L6 | Actual FTE | Vacancy % | Monthly Sickness % | PADR % | Mandatory Training % | Turnover % |
|-------------------------------------|------------|-----------|--------------------|--------|----------------------|------------|
| ☐ Hospital Management YGC (HX22) L6 | | | | | | |
| 2024-07 | 81.3 | -0.8% | 4.22% | 65.9% | 83.6% | 4.4% |
| 2024-10 | 79.5 | 5.8% | 5.37% | 55.3% | 82.6% | 5.5% |
| 2025-01 | 77.5 | 7.3% | 6.74% | 53.8% | 82.4% | 5.4% |
| 2025-04 | 72.9 | 12.8% | 8.55% | 52.6% | 82.1% | 7.7% |
| ☐ NW Cancer Mgmt & Admin (HXQG) L6 | | | | | | |
| 2024-07 | 93.8 | 2.7% | 5.62% | 69.4% | 80.8% | 13.1% |
| 2024-10 | 91.7 | 4.0% | 9.26% | 63.2% | 76.8% | 11.7% |
| 2025-01 | 89.0 | 13.3% | 9.05% | 62.6% | 76.6% | 15.0% |
| 2025-04 | 88.7 | 12.7% | 10.82% | 52.5% | 75.7% | 11.0% |
| ☐ Palliative Care (AX54) L6 | | | | | | |
| 2024-07 | 77.8 | 6.8% | 8.75% | 80.5% | 92.5% | 6.1% |
| 2024-10 | 76.1 | 9.0% | 3.96% | 64.0% | 89.6% | 13.2% |
| 2025-01 | 77.7 | 6.7% | 6.00% | 53.2% | 89.4% | 13.9% |
| 2025-04 | 75.7 | 9.1% | 7.92% | 60.5% | 90.7% | 16.3% |
| ☐ Childrens West (AX07) L6 | | | | | | |
| 2024-07 | 362.0 | 7.9% | 5.24% | 82.8% | 91.0% | 4.5% |
| 2024-10 | 352.2 | 10.0% | 4.99% | 81.1% | 90.5% | 6.0% |
| 2025-01 | 363.8 | 10.1% | 6.31% | 80.5% | 90.8% | 6.2% |
| 2025-04 | 357.5 | 10.4% | 7.08% | 78.9% | 90.0% | 7.3% |

Analysis :

The Hospital Management Team in YGC is showing an increasing vacancy rate over recent months and currently stands at 12.8%. Sickness is also high at 8.6%. Both PADR and Mandatory level 1 training compliance are below the 85% target.

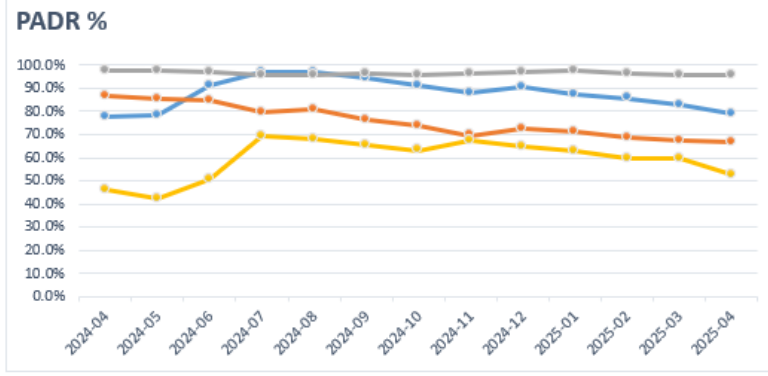
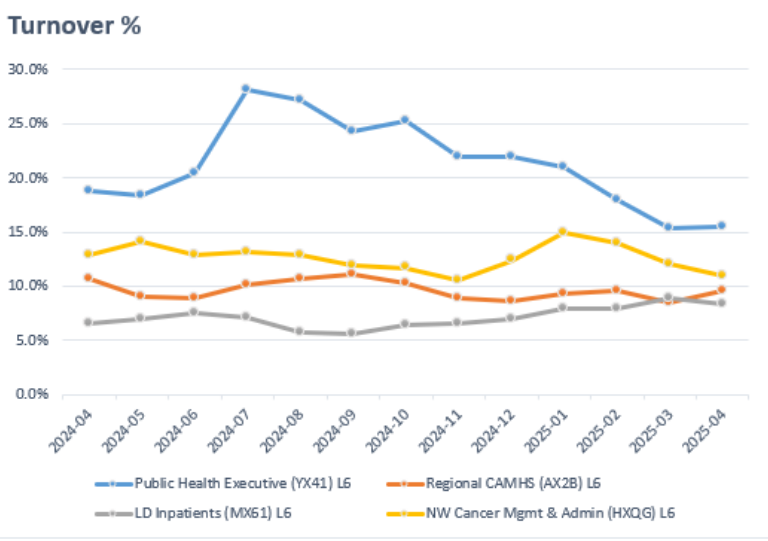
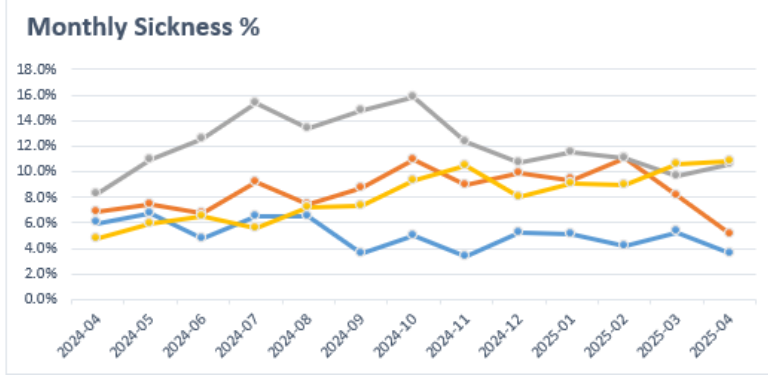
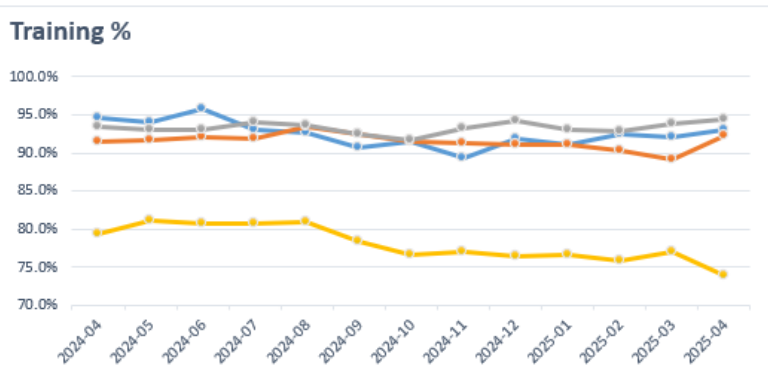
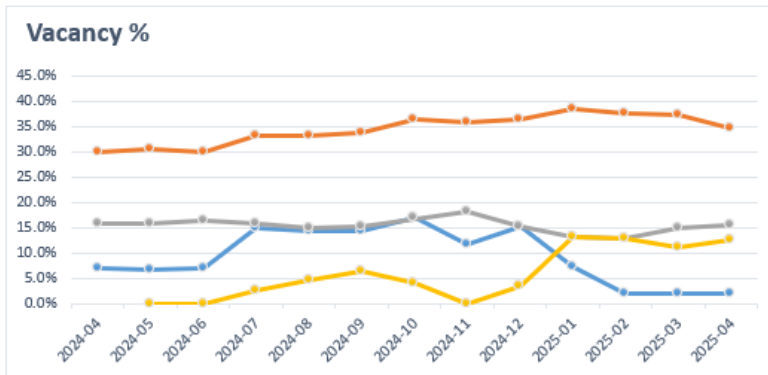
Cancer Management and Admin have high sickness, vacancy and Turnover rates and PADR and Mandatory level 1 training compliance are below the 85% target.

Palliative Care has high turnover at 16.3% and vacancies and sickness are also above the BCU average at 9.1% and 7.9% respectively. PADR compliance fails to meet the 85% target.

Childrens West have seen deteriorations across all measures. Vacancies are high at 10.4% and sickness is above the BCU average at 7.1%.

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

Highlighted Areas Trends – November 2024



The charts on the left show the progress against the highlighted areas reported in the November 2024 pack in order to track whether there has been improvement in these areas since they were initially flagged.

Analysis :

From the Highlighted Areas in the November 2024 report Public Health Executive have seen improvements in all the metrics with the exception of PADR % which is down 12% and currently stands at 78.9%.

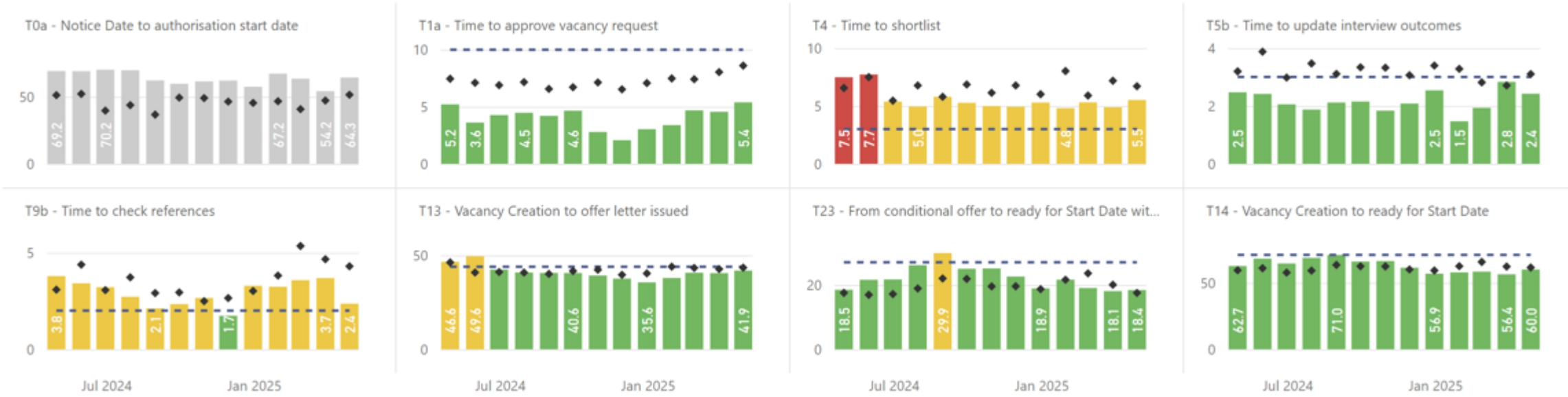
Regional CAMHS have seen improvements in sickness and Training compliance in recent months . The vacancy rate is showing improvement in April 2025 but remains high at 34.6%. PADR compliance continues to fall and is currently 66.5%.

LD Inpatients continue to report high levels of sickness at 10.6%, however, rates are down 5.2% compared to November. Vacancies also remain high at 15.7%. Training compliance is improving and PADR has remained fairly static.

NW Cancer Mgmt & Admin have shown an increasing vacancy and sickness rates, the vacancy rate currently stands at 12.7% and sickness at 10.8%. PADR Training have also declined, PADR is down 10.7% to 52.5%. Turnover is higher than the BCU average at 11%.

Recruitment KPIs

● Average of Lapse time ● Measure Target ◆ NHS Wales



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

Analysis : Most of the KPIs have shown improvement from April 2024 with the only exception being Time to approve vacancy request. Currently, only Time to check references and Time to shortlist fail to achieve the target KPI. Time to shortlist took an average of 5.5 days in April 2025 compared to the NHS Wales average of 6.7 days. Time to check references took an average of 2.4 days with BCU outperforming the NHS Wales average of 4.3 days. BCU met the 71 day KPI for Vacancy creation to ready for start date, taking 60 days on average during April 2025 ahead of the NHS Wales average of 61.5 days.

Challenges : High volumes of applications are being received for many jobs, impacting on time to shortlist and in some cases requiring the recruitment teams to provide support to managers with shortlisting where resources allow to minimise delays. The enhanced Establishment Control process is causing delays in the recruitment of vacancies.

Progress : Local recruitment teams are identifying and targeting areas where KPIs are not being met to understand the difficulties that services are facing and provide guidance around methods to improve compliance.

Leadership and Development



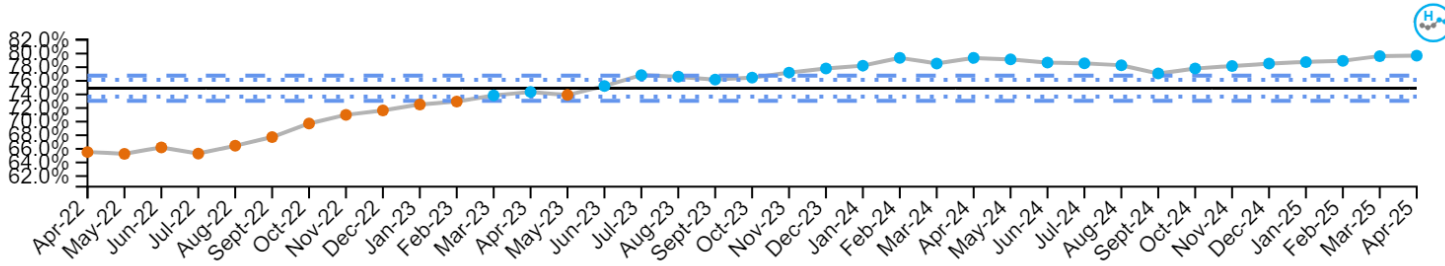
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

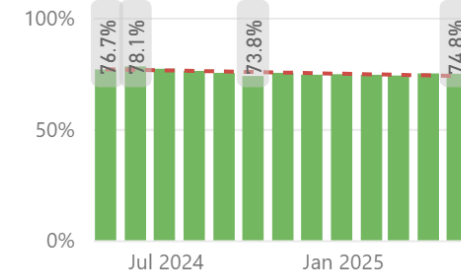
PADR % by IHC

BCU Data as at April 25

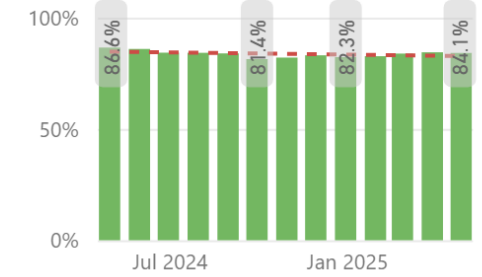
Betsi Cadwaladr



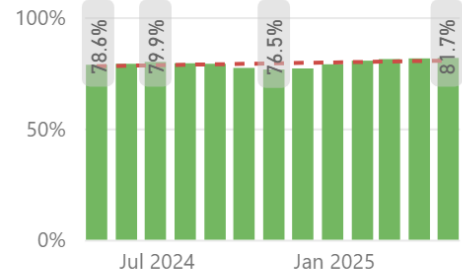
IHC Centre



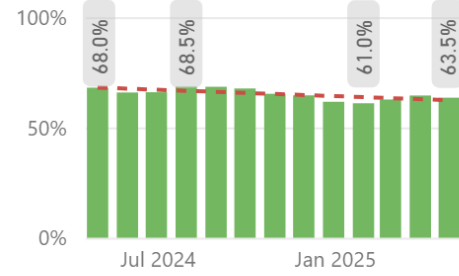
IHC East



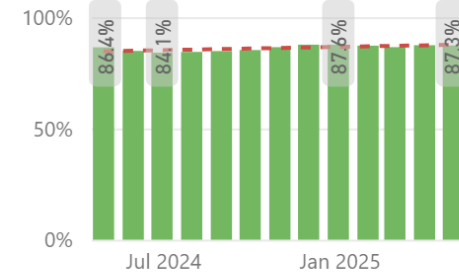
IHC West



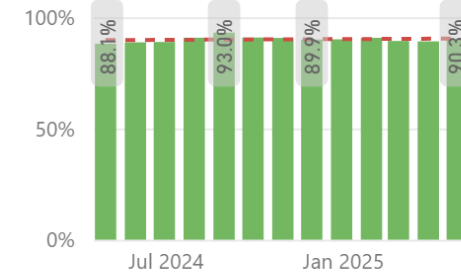
Cancer/Diagnostics



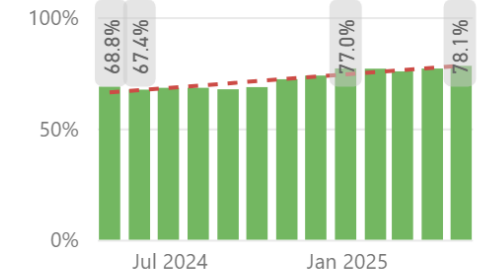
Mental Health & LDS



Midwifery & Womens



Corporate Services



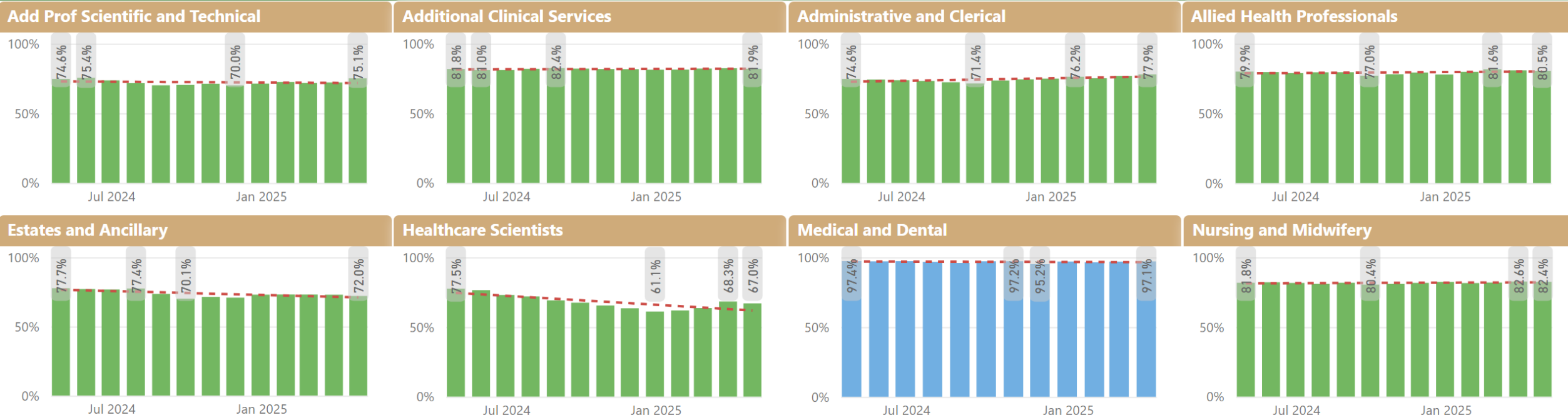
Analysis : PADR compliance currently stands at 79.7%, the highest figure reported for BCU, however, progress over the last 12 months has been slow with just a 0.3% increase on the same position last year as a result of a period of deteriorating compliance between April 2024 to September 2024. At present, only MHDL and Midwifery and Womens meet the 85% target KPI and have maintained compliance across the 12 month period. Cancer/Diagnostics has seen a reduction in compliance of 4.5% compared to the same period last year and is currently the worst performing area with a compliance rate of 63.5%. IHC Centre and IHC East have also seen a deterioration in performance, reducing by 1.9% and 2.4% respectively. Corporate Services has seen the biggest improvements in PADR compliance, improving by 9.4% to 78.1%. IHC West has made steady progress across the period, improving compliance by 3.1% and now remain just 3.3% off the target of 85%.

Challenges : Maintaining PADR rates over the next period needs focus with an aim to gain further improvement. Current service pressures mean a focus on ensuring current PADRs do not move to out of date is a priority.

Progress : Monthly reports are issued to IHCs and Senior Leadership Teams are asked to continue the reviews within their departments and maintain interventions to improve the compliance. The Director of Allied Health Professionals has written to all managers where the PADR compliance rate is below the 85% target requesting a plan as to how they intend to up their rates and by when. PADR compliance is being promoted with the Values and Behaviours Framework at local forums and service meetings, and is being tracked through the People and Culture LDGs. Hot spot areas are identified by the Business Partner and discussed with relevant HOP within the division and targeted support is currently being provided to areas of low compliance to develop a plan for reaching the 85% target.

PADR/MARS % by Staff Group

BCU Data as at April 25



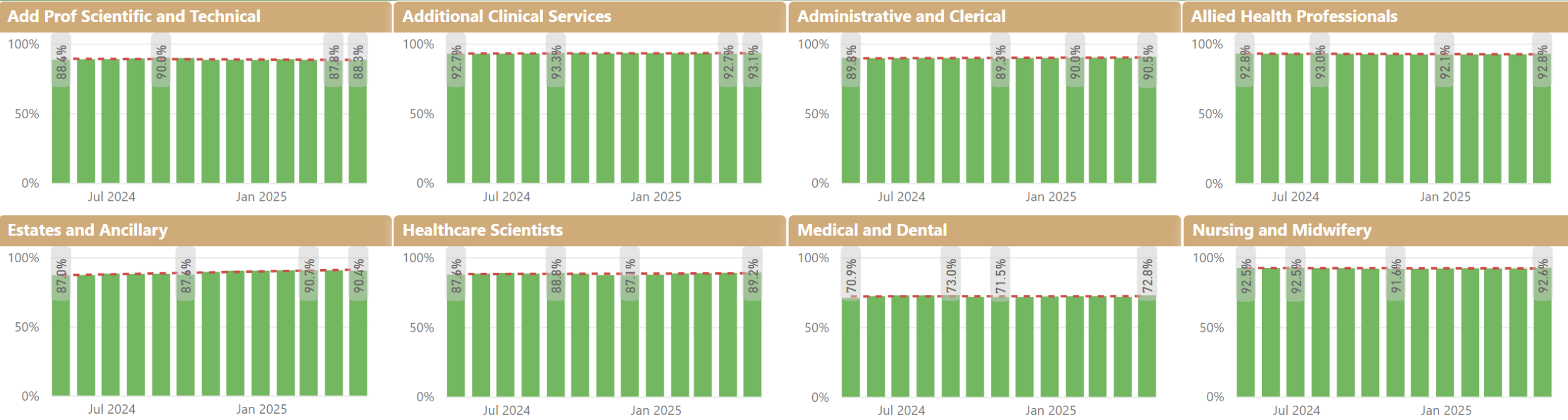
Analysis : No staff group is currently compliant with the 85% PADR target. Registered Nursing is the best performing staff group with 82.4% compliance, a 0.6% improvement on the same period last year. Additional Clinical Services is the second best performing staff group at 81.9%, however, there has been little improvement on the position 12 months ago of 81.8%. Healthcare Scientist staff group has seen the greatest deterioration in PADR compliance over the last 12 months, reducing by 10.5% to 67%. Estates and Ancillary is also down 5.7% on the same period last year. Admin and Clerical staff group has seen the greatest improvement in rates, increasing by 3.3% to 77.9% over the 12 month period; largely the result of progress within Corporate Teams and IHC West. The Medical Appraisal Rate (MARS) remains fairly static at 97.1%.

Challenges : Maintaining PADR rates over the next period needs focus with an aim to gain further improvement. Current service pressures mean a focus on ensuring current PADRs do not move to out of date is a priority.

Progress : Monthly reports are issued to IHCs and Senior Leadership Teams are asked to continue the reviews within their departments and maintain interventions to improve the compliance. The Director of Allied Health Professionals has written to all managers where the PADR compliance rate is below the 85% target requesting a plan as to how they intend to up their rates and by when. PADR compliance is being promoted with the Values and Behaviours Framework at local forums and service meetings, and is being tracked through the People and Culture LDGs. Hot spot areas are identified by the Business Partner and discussed with relevant HOP within the division and targeted support is currently being provided to areas of low compliance to develop a plan for reaching the 85% target.

Mandatory Training % by Staff Group

BCU Data as at April 25



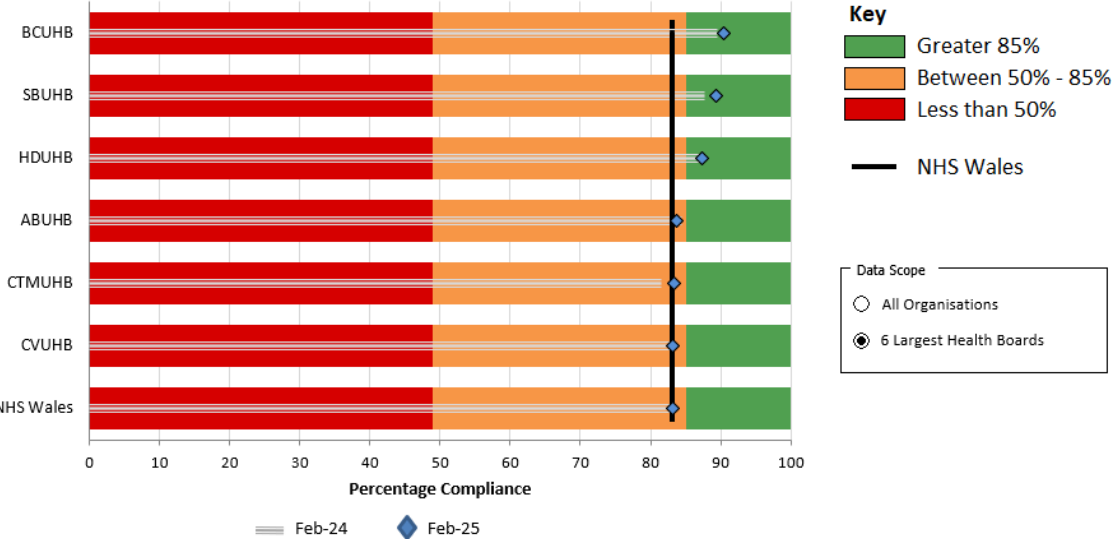
Analysis : All staff groups are compliant with the 85% target for level 1 mandatory training, and have maintained compliance across the 12 month period, with the exception of Medical and Dental staff group.

Challenges : There are no major challenges at this time across all staff groups with the exception of Medical and Dental

Progress : Monthly reports are circulated to Senior Leadership Teams and Business Partners work closely with the HOPs to identify hot spot areas of low compliance and agree support measures to increase compliance. In addition the divisional Training and Development group continue to meet on a monthly basis with mandatory training compliance being a standard item agenda. There is active engagement with departments that are failing to achieve the 85% target though development of plans to improve compliance and monthly catchups where the benefits of high levels of training compliance is communicated. Medical & Dental is a specific focus across this work.

Statutory & Mandatory Training %

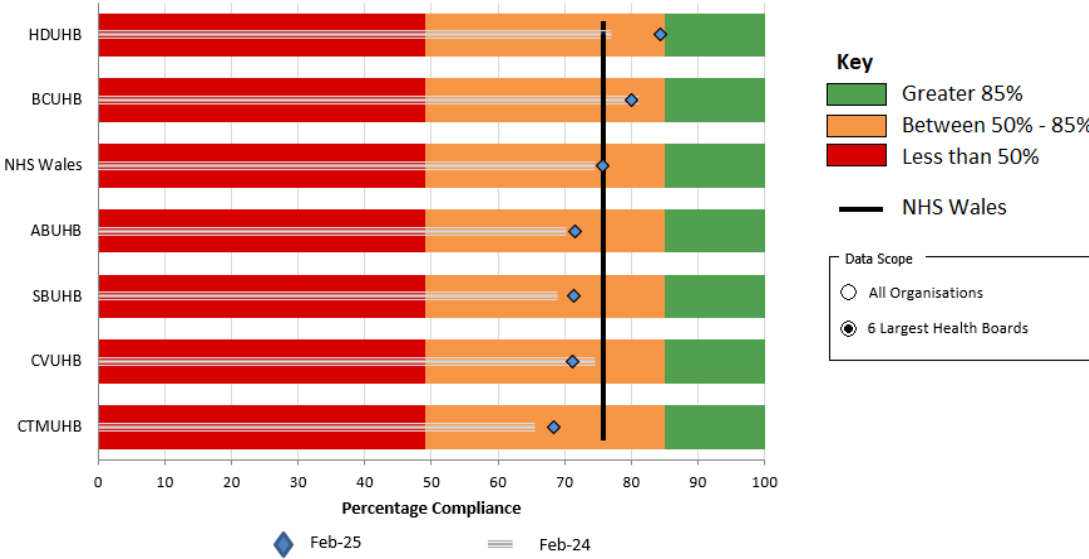
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in February 2025 and was 7.2% higher than NHS Wales average of 83.2%.

Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups

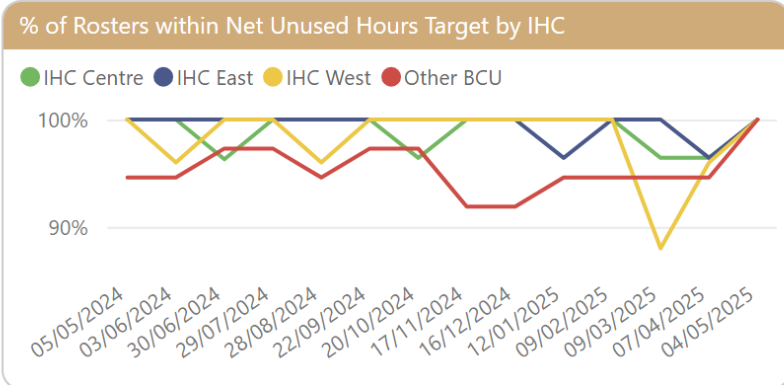
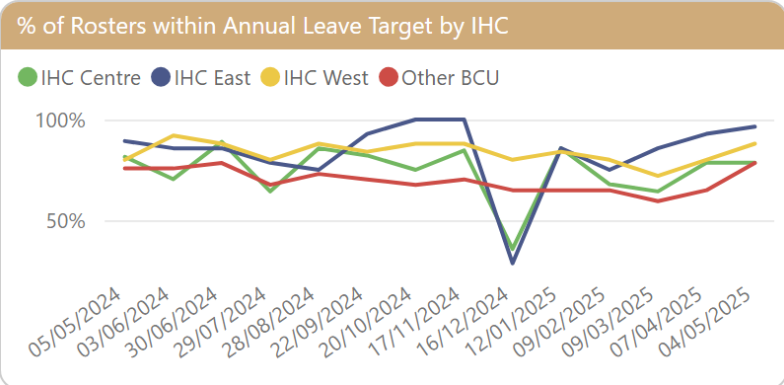
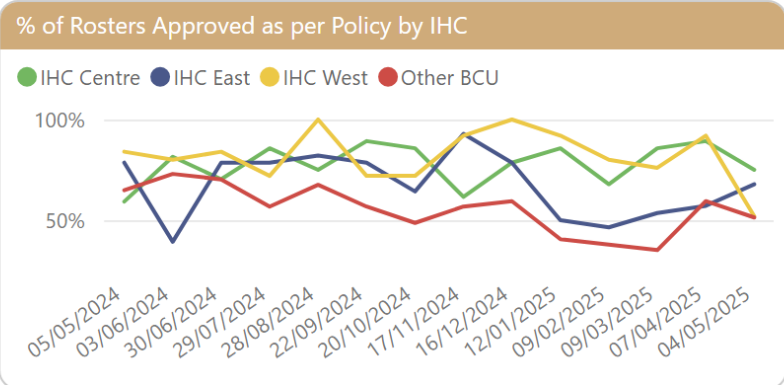


BCU had the second highest appraisal compliance rate out of the 6 largest health boards in February 2025 with a combined AfC and Medical Appraisal rate of 80.1% compared to the NHS Wales average of 75.8%.

Summary

| | 05/05/2024 | 03/06/2024 | 30/06/2024 | 29/07/2024 | 28/08/2024 | 22/09/2024 | 20/10/2024 | 17/11/2024 | 16/12/2024 | 12/01/2025 | 09/02/2025 | 09/03/2025 | 07/04/2025 | 04/05/2025 |
|----------------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Approved in Policy % | 71% | 68% | 75% | 72% | 80% | 73% | 66% | 74% | 77% | 64% | 56% | 60% | 73% | 61% |
| Annual Leave % | 81% | 80% | 85% | 72% | 80% | 81% | 81% | 84% | 53% | 79% | 71% | 69% | 78% | 85% |
| Net Unused Hours % | 98% | 97% | 98% | 99% | 97% | 99% | 98% | 97% | 97% | 97% | 98% | 95% | 96% | 100% |

IHC Summary



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

Analysis : The percentage of Rosters approved as per the policy has declined over previous months and is 10% lower than it was during the same period in the previous year. IHC West and Other BCU have declined by 32% and 14% respectively whilst IHC Centre saw an improvement of 16% across the period. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance lower levels of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year. The percentage of net unused hours within target shows a positive picture with 100% of rosters compliant and has remained consistently high through the previous year.

Challenges : The review of rosters is currently ongoing and areas that have yet to be reviewed may not be compliant across the 3 metrics. In some areas managers are finding management of annual leave challenging and there are delays caused by past discrepancies which take time to resolve.

Progress : Teams continue to work with managers to review rosters, resolve past discrepancies and progress the utilisation of staff hours prior to back filling with bank and agency. Reminders are regularly issued to managers regarding annual leave management and arrangements for carry over of leave. There are plans nationally to develop an All-Wales rostering policy which will support consistent and best practice.

Culture and Engagement



GIG
CYMRU
NHS
WALES

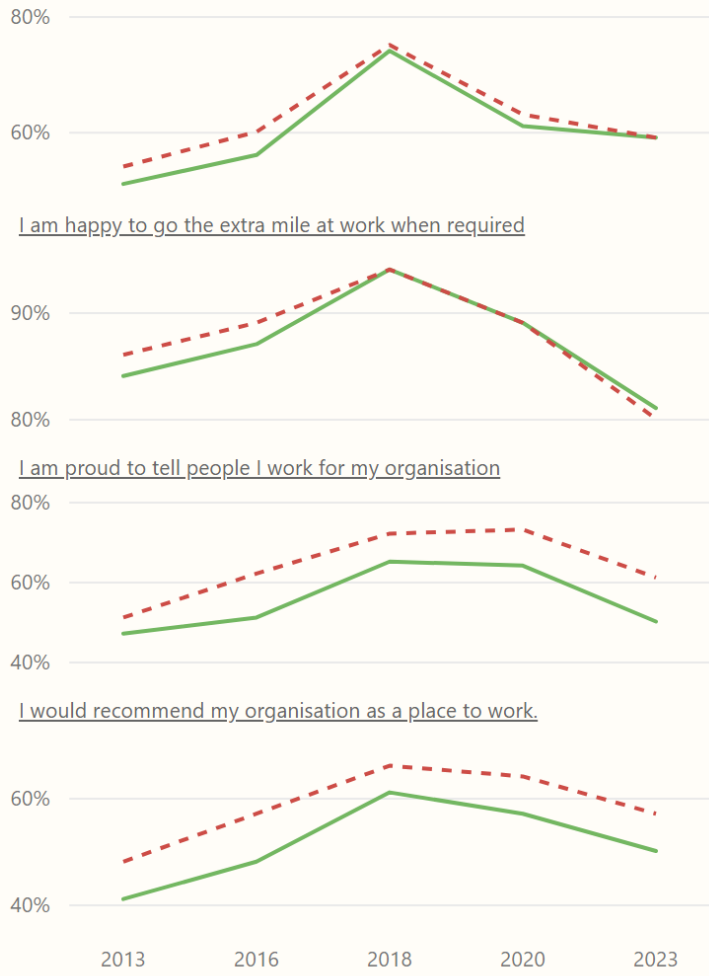
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

Staff Survey

Org ● BCUHB ● NHS Wales

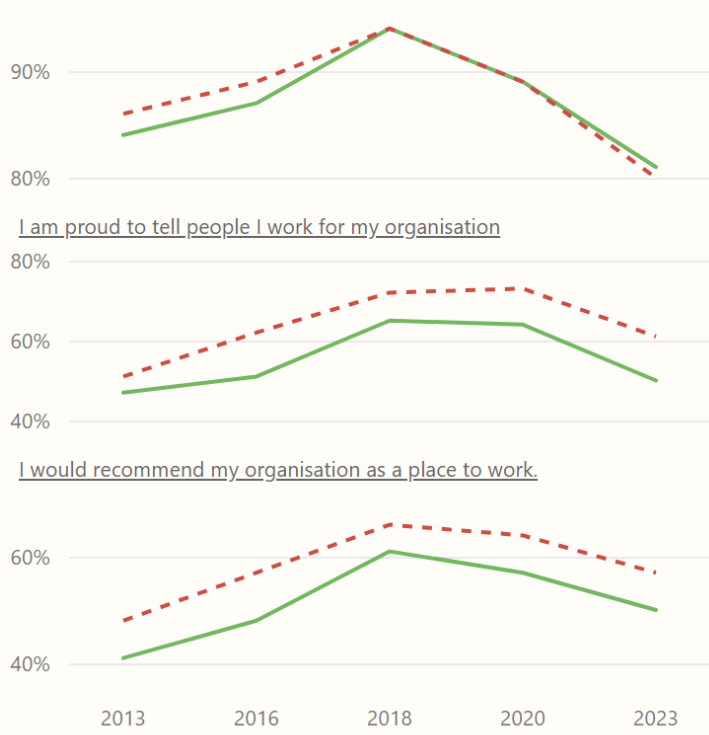
I am able to make improvements in my area of work.



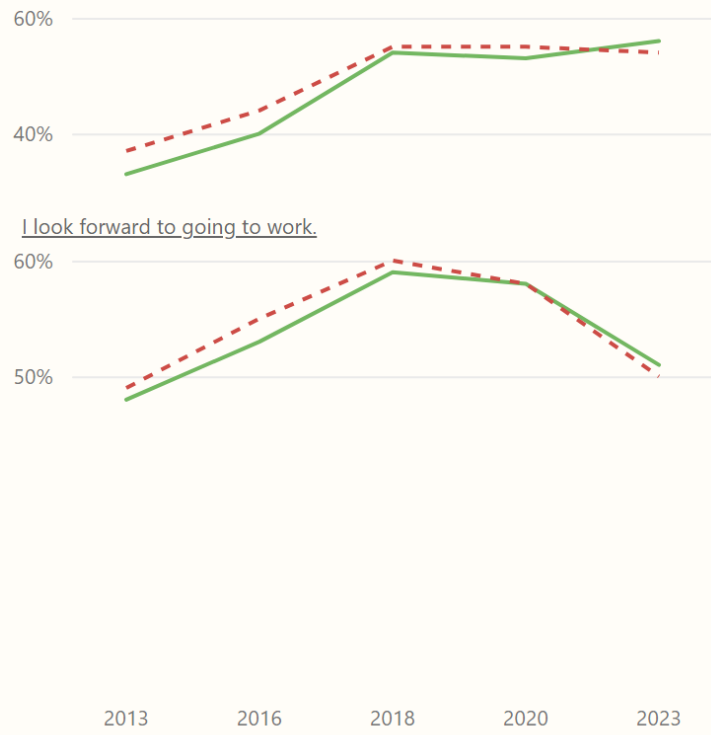
I am enthusiastic about my job.



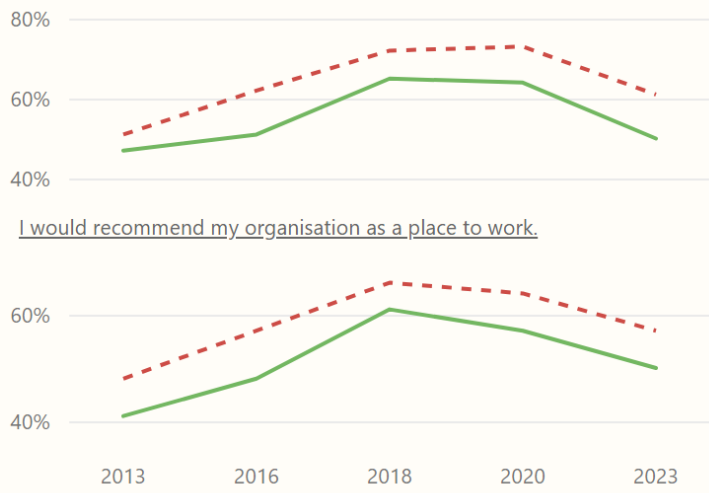
I am happy to go the extra mile at work when required



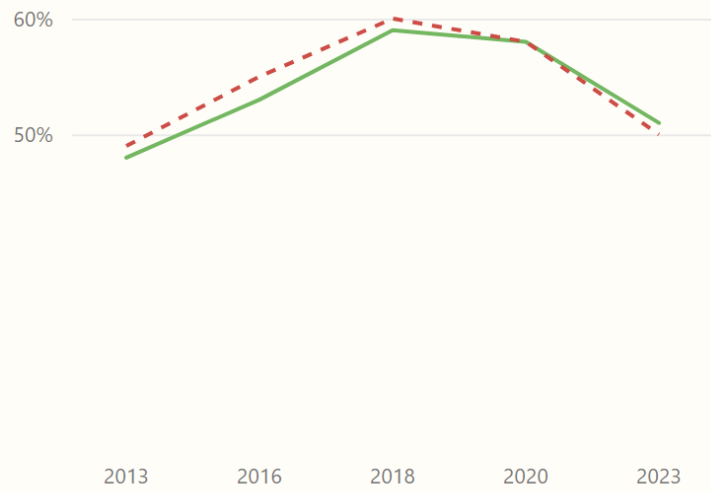
I am involved in deciding on the changes that affect my work of my tea...



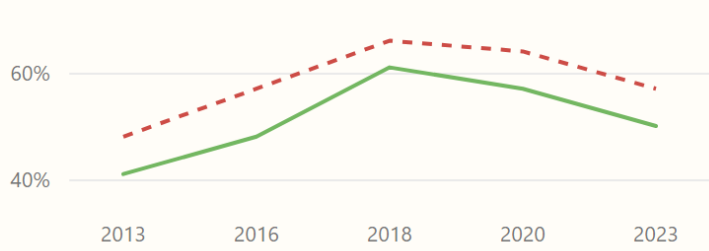
I am proud to tell people I work for my organisation



I look forward to going to work.



I would recommend my organisation as a place to work.



The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 10 years.

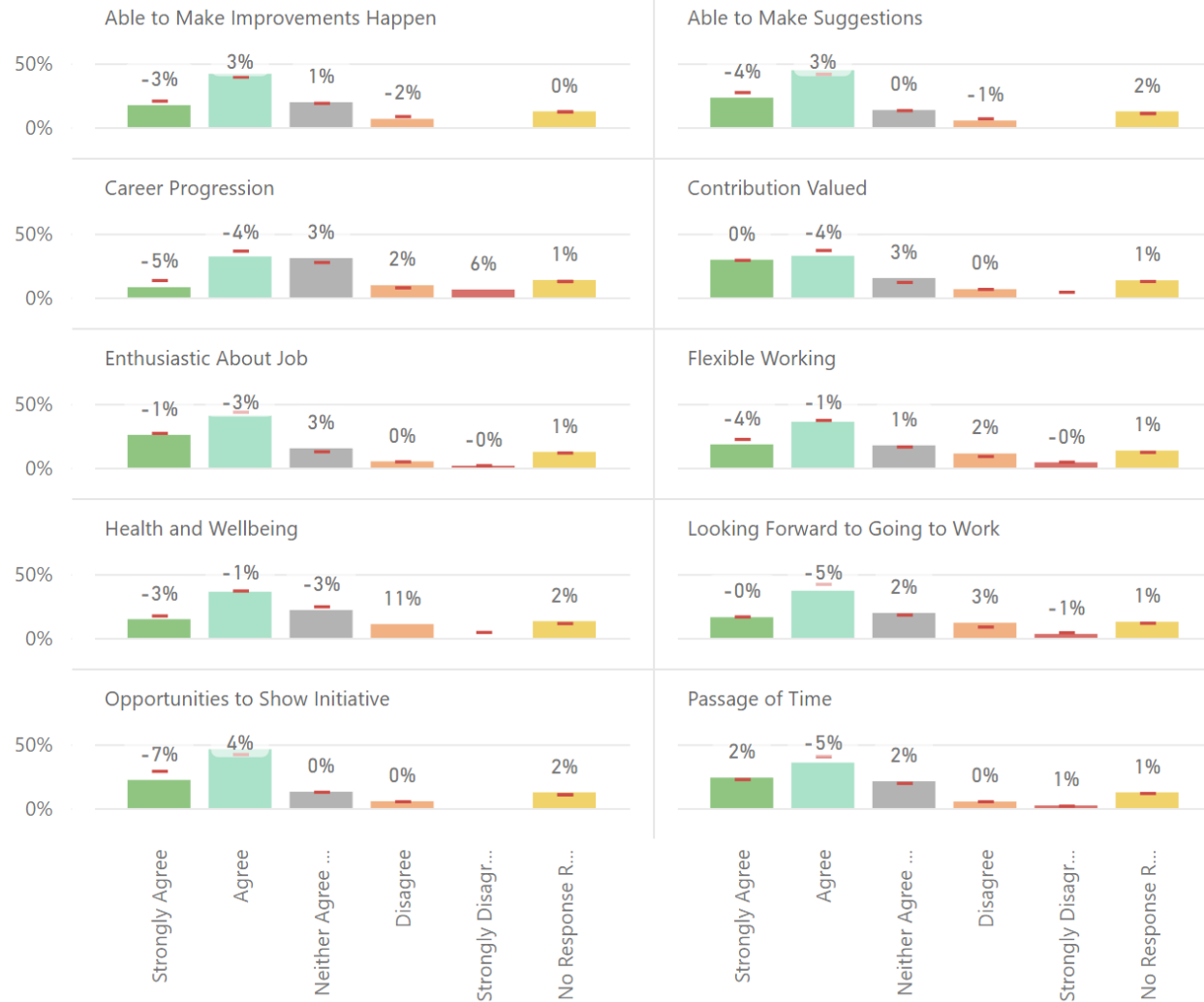
Analysis : Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018, with the exception of the question relating to decision making involving an employee’s own work.

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

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

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

● Exit Interview Response % ● Previous Year



Exit Questionnaire Questions

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

Analysis : Exit Interviews responses are generally more positive than negative, however, when compared to the previous year, the latest 12 month period shows a 9% decrease in positive responses for Career Progression and 5% for Flexible Working.

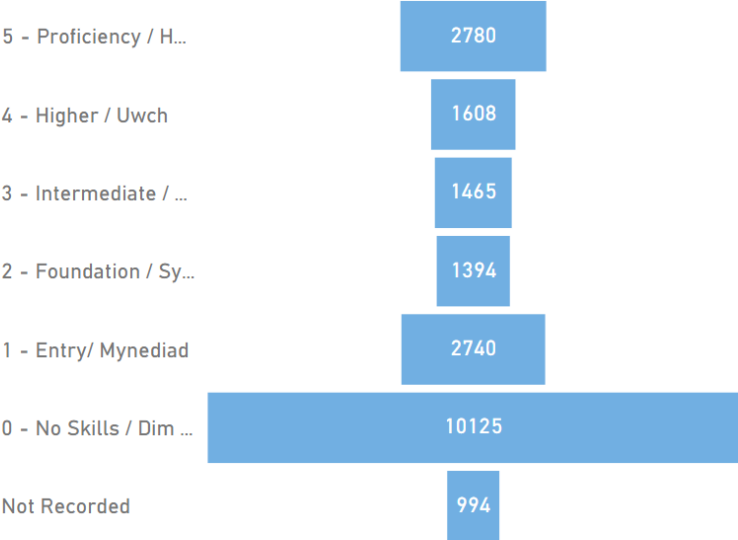
Challenges : The small number of responses in this area makes it difficult to fully determine current issues

Progress: Work is underway as part of the staff journey programme to increase the numbers of exit interviews completed and the quality of information supplied.

Welsh Language Skills

BCU Data as at April 25

| Org L4 | Not Recorded | 0 - No Skills / Dim Sgiliau | 1 - Entry/ Mynediad | 2 - Foundation / Sylfaen | 3 - Intermediate / Canolradd | 4 - Higher / Uwch | 5 - Proficiency / Hyfedredd | Total |
|--|--------------|-----------------------------|---------------------|--------------------------|------------------------------|-------------------|-----------------------------|--------------|
| Health Community Centre (HCCX) L4 | 326 | 2647 | 771 | 363 | 350 | 194 | 362 | 5013 |
| Health Community East (HCEX) L4 | 214 | 3566 | 598 | 189 | 193 | 122 | 192 | 5074 |
| Health Community West (HCWX) L4 | 169 | 743 | 399 | 310 | 412 | 752 | 1245 | 4030 |
| Integrated Clinical Delivery - Primary Care (ICDP) L4 | 15 | 192 | 59 | 22 | 30 | 27 | 71 | 416 |
| Integrated Clinical Delivery - Regional Care (ICDR) L4 | 97 | 675 | 202 | 93 | 96 | 102 | 206 | 1471 |
| Mental Health & LDS (MX00) L4 | 49 | 998 | 325 | 172 | 182 | 170 | 288 | 2184 |
| Midwifery and Womens Services (WXXX) L4 | 40 | 388 | 80 | 55 | 41 | 61 | 119 | 784 |
| Corporate Services | 84 | 916 | 306 | 190 | 161 | 180 | 297 | 2134 |
| Total | 994 | 10125 | 2740 | 1394 | 1465 | 1608 | 2780 | 21106 |



Analysis : The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 1028 in February 2025 to 994 in April 2024. 4.7% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 4.9% reported previously. 48% of the workforce do not hold any level of Welsh Language skills.

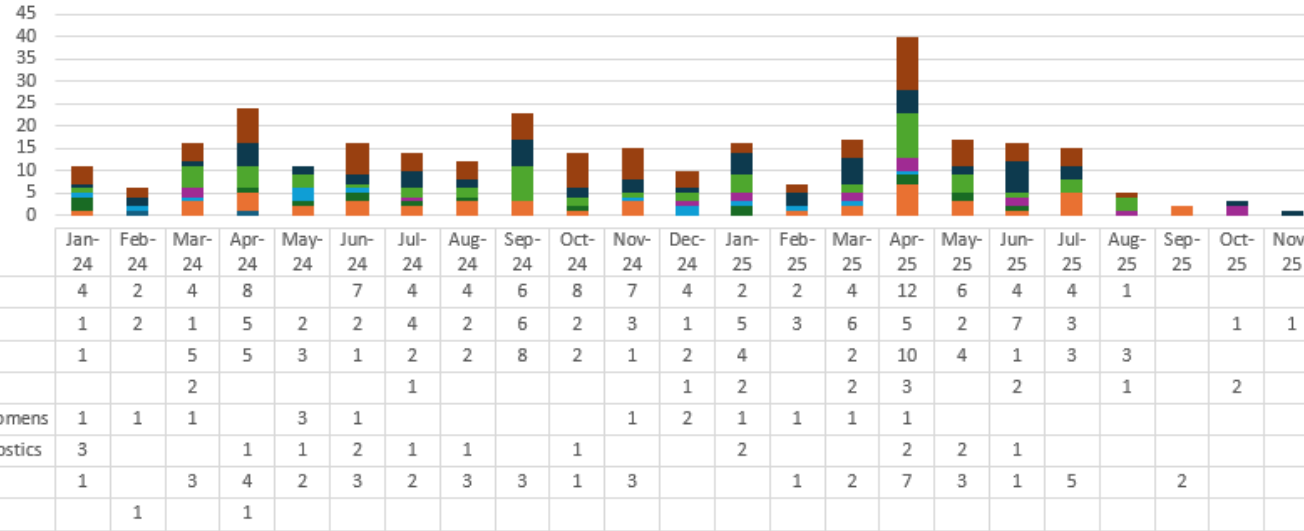
Progress : Work is been ongoing across the Health Board with the Welsh Language Standards along with the work ongoing with the Bilingual Skills Policy. There continues to be issues with the recruitment of Welsh Speakers, to alleviate the issues, a SOP has been developed whereby delegated authority has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

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

The People Services teams continue to work collaboratively with services to raise awareness and promote the Welsh language training within the Health Board. Welsh Language courses are promoted via the ESR Portal carousel, ensuring that new starters are aware of local offerings to improve their Welsh Language skills.

Partial Retirement Requests

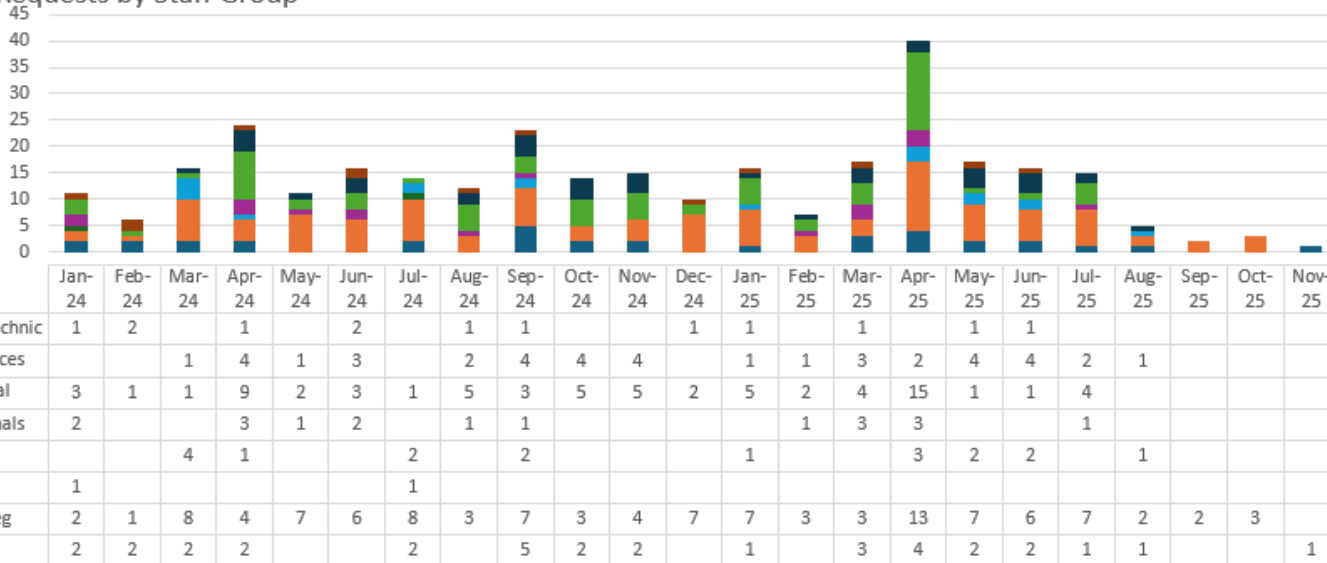
Partial Retirements Requests by IHC



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

Over the last 12 months, IHC Centre has had the most partial retirement requests with a proposed effective date between May 2024 and April 2025, 60 requests in total. Over the next few months 15 employees in IHC Centre will be taking partial retirement, subject to the requests reaching completion stage.

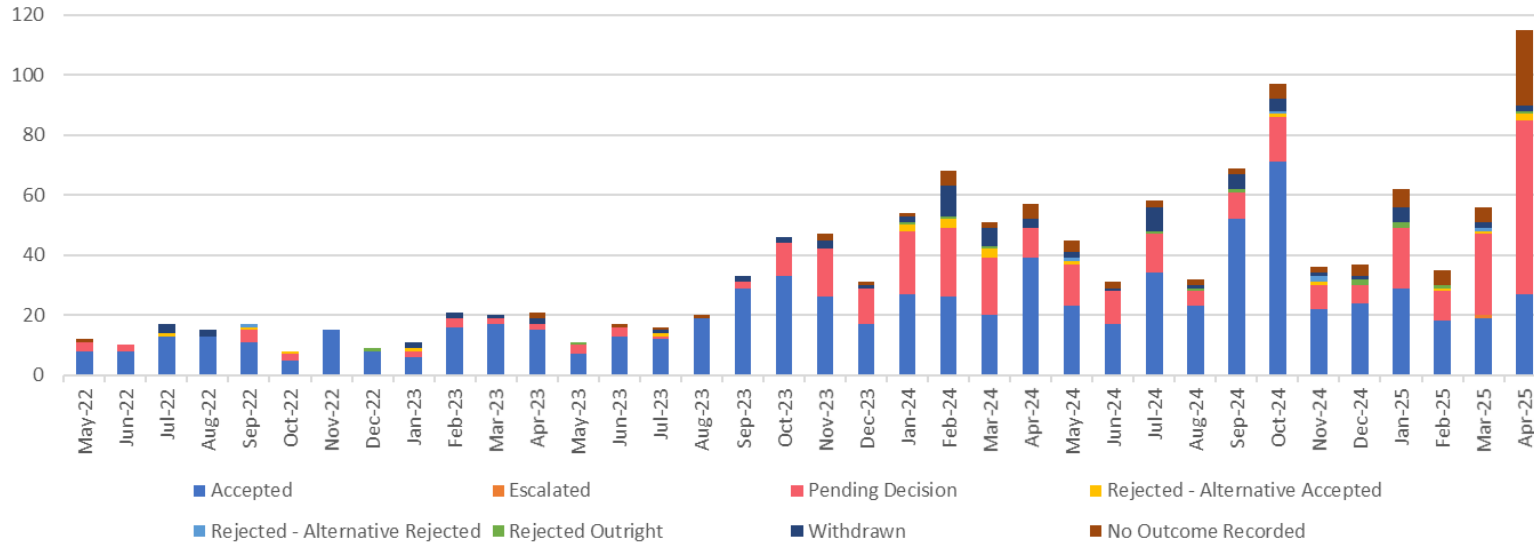
Partial Retirements Requests by Staff Group



Nursing and Midwifery staff group has had the highest volume of partial retirement requests over the last 12 months at 71 requests and a further 27 employees have requested partial retirement, due to take effect over coming months, again subject to the requests reaching completion stage.

Flexible Working Requests

ESR Flexible Working Requests by Date Submitted

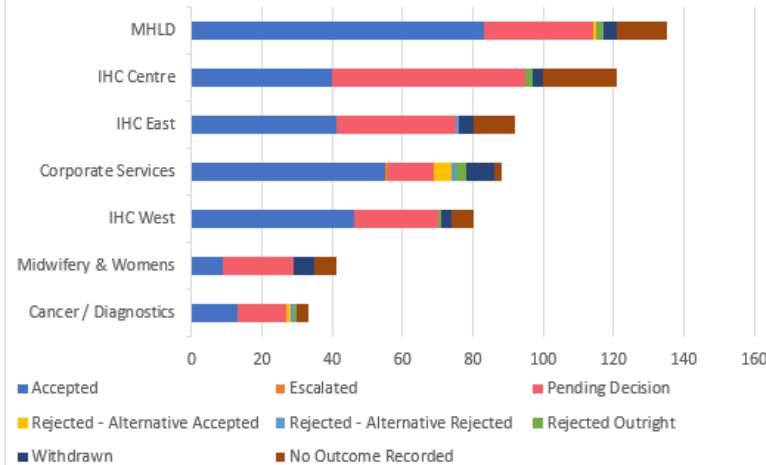


Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the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

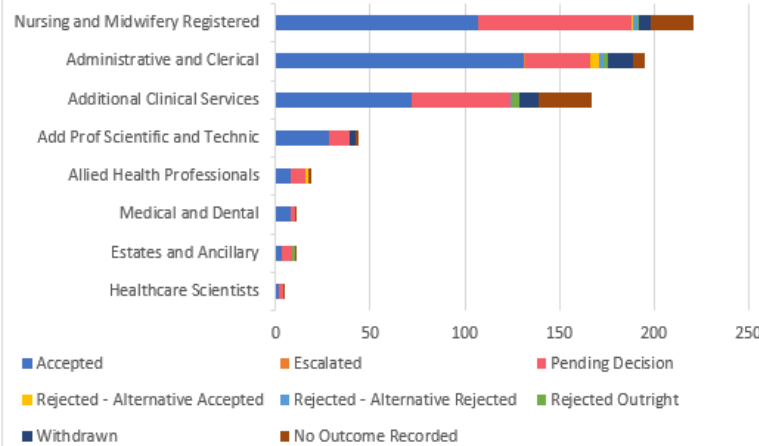
Requests are reported by the date the request was submitted. There are a large number of requests submitted more than 6 months ago which are 'pending decision' suggesting that data held in ESR is incomplete.

Over the last 12 months there were 673 flexible working requests submitted, 359 were accepted, 196 are pending decision, 1 has been escalated, 64 have no outcome recorded, 32 were withdrawn, and 21 were rejected.

ESR Flexible Working Requests by IHC submitted
May 2024 to April 2025



ESR Flexible Working Requests by Staff Group submitted
May 2024 to April 2025

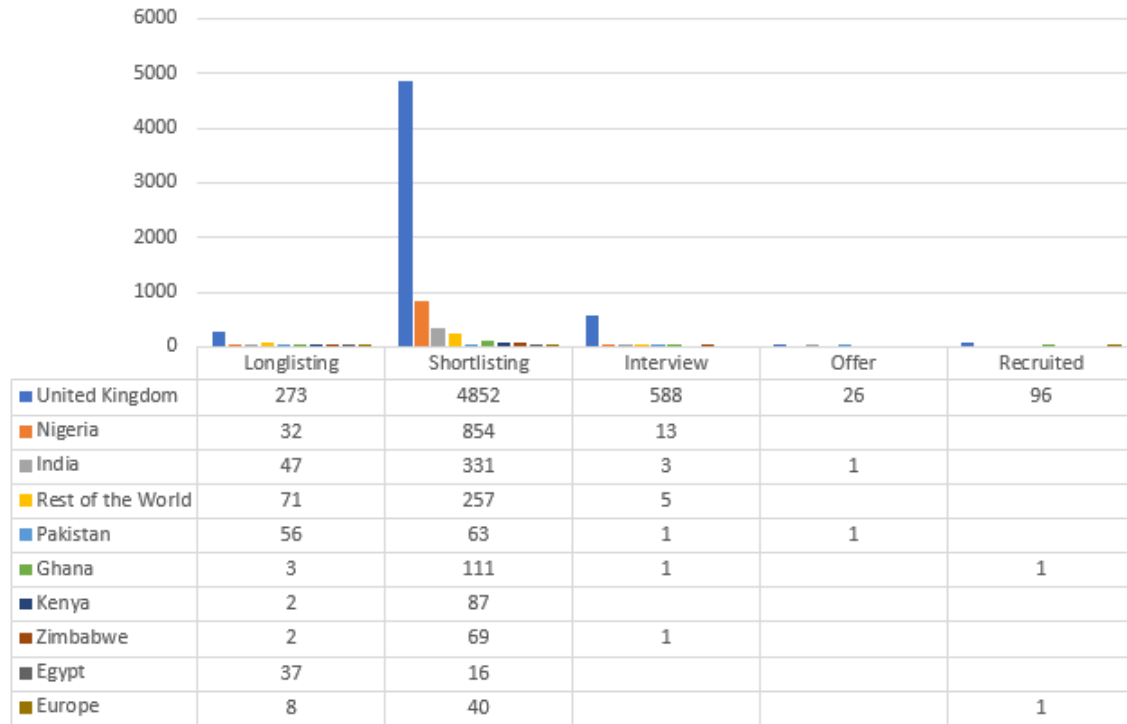


MHL has the greatest number of flexible working requests recorded in ESR, and has the greatest number of successful requests with 61.5% of requests accepted over the last 12 months. Within Corporate Services 62.5% of requests submitted were accepted over the last 12 months.

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

Overseas Recruitment

Applicant Recruitment Stage by Country of Residence



| Country Group | Longlisting | Shortlisting | Interview | Offer | Recruited |
|-------------------|-------------|--------------|-----------|-------|-----------|
| United Kingdom | 4.68% | 83.15% | 10.08% | 0.45% | 1.65% |
| Nigeria | 3.56% | 94.99% | 1.45% | 0.00% | 0.00% |
| India | 12.30% | 86.65% | 0.79% | 0.26% | 0.00% |
| Rest of the World | 21.32% | 77.18% | 1.50% | 0.00% | 0.00% |
| Pakistan | 46.28% | 52.07% | 0.83% | 0.83% | 0.00% |
| Ghana | 2.59% | 95.69% | 0.86% | 0.00% | 0.86% |
| Kenya | 2.25% | 97.75% | 0.00% | 0.00% | 0.00% |
| Zimbabwe | 2.78% | 95.83% | 1.39% | 0.00% | 0.00% |
| Egypt | 69.81% | 30.19% | 0.00% | 0.00% | 0.00% |
| Europe | 16.33% | 81.63% | 0.00% | 0.00% | 2.04% |

The Overseas Recruitment data is sourced from TRAC. The data provides a count of external applicants, and the stage in the vacancy process that they reached, for vacancies that were moved to outcome during April 2025. Only applicants for vacancies that closed on or after 1st October 2024 are included in these figures as data collection for applicant country of residence at application date commenced at this time.

For the 265 vacancies that were moved to outcome during April 2025, there were 7949 external applications, 5% of which withdrew at various stages of the recruitment process. 27% of these applicants were based outside of the UK, across 76 countries. Of the external applicants, only 98 were successful at interview, 96 of whom were UK based at the point of making the application.



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|-------------------------------|--|--|--|---|
| Teitl adroddiad: | Update on Well-Being Objectives (Including Fair Work Progress) | | | |
| Report title: | | | | |
| Adrodd i: | People and Culture Committee | | | |
| Report to: | | | | |
| Dyddiad y Cyfarfod: | Thursday, 12 June 2025 | | | |
| Date of Meeting: | | | | |
| Crynodeb Gweithredol: | The purpose of this paper is to: <ul style="list-style-type: none"> Summarise the process to refresh the Health Board's well-being objectives and to set out the resultant proposed objectives, especially in relation to the fair Work element. | | | |
| Executive Summary: | | | | |
| Argymhellion: | The Committee is asked to: <ul style="list-style-type: none"> Note the Health Board's well-being objectives (2025) (approved at May Board 2025) Note and offer feedback the proposed actions and initiatives in relation to the Fair Work agenda | | | |
| Recommendations: | | | | |
| Arweinydd Gweithredol: | Jason Brannan, Deputy Director of People and OD | | | |
| Executive Lead: | | | | |
| Awdur yr Adroddiad: | Wendy Hooson, Head of Health Strategy and Planning. | | | |
| Report Author: | | | | |
| Pwrpas yr adroddiad: | I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/> | |
| Purpose of report: | | | | |
| Lefel sicrwydd: | Arwyddocaol <i>Significant</i> <input type="checkbox"/> | Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> | Rhannol <i>Partial</i> <input type="checkbox"/> | Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> |
| Assurance level: | Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing</i> | Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol | Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol | Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |

| | | | |
|--|---|--|---|
| | <i>mechanisms/objectives</i> | <i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> |
| <p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> | | | |
| <p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p> | <p>The items covered in this paper align to the following the Health Board strategic objectives:</p> <p>Objective 2 - Developing strategy and long-lasting change.</p> <p>Objective 4 – Improving quality, outcomes and experience.</p> | | |
| <p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p> | <p>Well-being objectives</p> <p>In July 2023, the Minister for Social Justice and Chief Whip wrote to Health Boards confirming changes to the Social Partnership and Public Procurement (Wales) Act 2023 (SPPP Act), which places social partnership duties on public bodies and substitutes 'fair work' for 'decent work' in the 'A Prosperous Wales' well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WCFG Act).</p> <p>Health Boards were advised to plan for a general review of their well-being objectives, noting that this should consider how their objectives contribute to 'fair work'. The fair work provisions commenced on 1st April 2024.</p> | | |
| <p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p> | <p>Yes (with regards to the well-being objectives)</p> | | |
| <p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> | <p>Yes (with regards to the well-being objectives)</p> | | |

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|--|--|
| <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p> | |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p> | <p>Failure to fulfil the statutory duties as per the SPPP and WCFG Acts (with regards to the well-being objectives)</p> |
| <p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p> | <p>N/A</p> |
| <p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p> | <p>N/A</p> |
| <p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p> | <p>N/A</p> |
| <p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p> | <p>Well-being objectives links to the following corporate risks:</p> <p>CRR 24-01: People, Culture and Well-being: There is a risk that BCU does not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care.</p> <p>CRR 24-16: Leadership: There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation.</p> |
| <p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p> | <p>N/A</p> |
| <p>Camau Nesaf: <i>Next Steps:</i> As described in the accompanying report.</p> | |

Rhestr o Atodiadau:

List of Appendices: Appendix 1 – Table summarising the development of the Health Board’s Well-being objectives (2025)

Appendix 2 - Detailed Fair Work Action Plan

Update on Well-Being Objectives (including Fair Work Progress)

▪ Introduction

The purpose of the report is to provide an overview of the amended Health Board well-being objectives, which have been approved by the Board and to update on the work being undertaken in the “Fair Work” element of the objectives.

▪ Changes to Health Board well-being objectives

Introduction

In July 2023, the Minister for Social Justice and Chief Whip wrote to Health Boards confirming changes to the [Social Partnership and Public Procurement \(Wales\) Act 2023](#) (SPPP Act), which places social partnership duties on public bodies and substitutes ‘fair work’ for ‘decent work’ in the ‘A Prosperous Wales’ well-being goal within the Well-being of Future Generations (Wales) Act 2015 (WCFG Act).

Health Boards were advised to plan for a general review of their well-being objectives, noting that this should consider how their objectives contribute to ‘fair work’. The fair work provisions commenced on 1st April 2024.

Whilst the primary focus of the review has been on fair work and socially responsible procurement and contracting, consideration has also been given to the broader well-being objectives to ensure that they remain fit for purpose and in accordance with an audit of the process for reviewing the Health Board’s objectives which formed part of the scope of the Auditor General’s review carried out in August 2024.

Engagement

A Well-being Task and Finish Group was established in July 2024 to oversee the work to review the well-being objectives. In order to ensure a structured and proportionate approach to reviewing the objectives, discussions have taken place with:

- Welsh Government
- Office of the Future Generations Commission
- Other Health Boards (Swansea Bay University Health Board and Hywel Dda University Health Board)
- Trade Union representatives

In addition:

- A public and staff survey was published on social media and in the staff bulletin.
- Questionnaires were distributed to each of the three Public Services Boards in North Wales.
- Progress updates have been provided to the PPHP Committee in August and October 2024 and the Workforce Partnership Group in November 2024.
- A briefing paper was shared with the Stakeholder Reference Group in October 2024 with a link to the public and staff survey provided.

The proposed well-being objectives were presented to and endorsed by PPHP Committee on the 1st May 2025 and at Board on 29th May 2025. Feedback from PPHP Committee has been included in this report, see next steps section and Appendix 1 respectively.

Key areas of work

In addition to the engagement work described above, the review has been informed by evidence gathered from:

- An assessment of current 'fair work' practice and socially responsible 'procurement and contracting'. Gaps have been identified and actions to advance fair work, procurement and contracting have been agreed
- Health Board and partnership well-being activities that address health inequalities, prevention, the wider determinants of health and decarbonisation
- A BCUHB summary of the non-pay parts of the 2022 – 2024 Collective Agreement

This work, along with the engagement feedback, has provided the basis upon which the well-being objectives have been reviewed and helped to identify gaps in alignment with the seven sustainable development principles described in the WBF Act (2015).

The Health Board's current well-being objectives (2018 – 2024)

- Improve physical, emotional and mental health and well-being for all.
- Target our resources to those with the greatest needs and reduce inequalities.
- Work in partnership to support people – individuals, families, carers, communities – to achieve their own well-being.
- Improve the safety and quality of services.
- Respect people and their dignity.
- Listen to people and learn from their experience.

Proposed well-being objectives (2025)

(See also Appendix 1 for details of the changes)

Further to a review of the evidence and engagement feedback the proposed well-being objectives, as set out in the box below, were developed which:

- Align with the Health Board's Values and Behaviours Framework

- Seek to maximise the Health Board’s contribution to all seven of the sustainable development goals described within the WCFG Act (2015)
- Strengthen the wording of three of the current well-being objectives and add two new objectives in direct response to Welsh Government legislation. Two of the current wellbeing objectives have not changed

Proposed Health Board well-being objectives (2025)

- Improve physical, emotional and mental health and well-being for all.
- Target our resources to those with the greatest needs and reduce inequalities.
- Work in partnership to support people and develop communities to manage their health and prevent ill health.
- Continuously improve the quality and safety of services.
- Listen and learn from people’s experience.
- Workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected.
- Contribute to the environmental, economic, social and cultural well-being of north Wales.

Finance

There are no cost implications or budget required for implementation in respect of this paper.

Workforce

There are currently no workforce implications associated with implementation of this paper. Any workforce requirements relating to the Social Partnership Duty and the Procurement Act 2023 will be determined as the impact of the new regulations become known. Actions to advance fair work and the non-pay parts of the 2022 – 2024 Collective Agreement are being undertaken within existing resources or in partnership with Local Authorities, Higher Education or the Third Sector.

Risks

Individual service areas are accountable for ensuring any risks within their specific areas of delivery are identified and recorded, and mitigations set in place as far as is feasible

Equality and Diversity

An Integrated Equality Assessment and Socio-Economic Impact Assessment have been completed and no unintended consequences were identified. Respect, quality and safety are embedded in the proposed well-being objectives and the Health Board’s Strategic Equality Plan (SEP). The overarching objectives in the SEP resonate and support BCUHB’s proposed well-being objectives.

Next steps

- A paper was shared for information with the Local Partnership Forum in May 2025 and will be shared with the People and Culture Committee in June 2025.
- As part of the broader engagement on the development of the Health Board's long-term strategy - a further review of the well-being objectives will be undertaken with partners and stakeholders that is aligned to timescales for engagement on the 'strategic intent for North Wales' (Q4 2025 / 26). This will include consideration of the messages contained in the report '*No time to lose: Lessons from our work under the Well-being of Future Generations Act*' published by Audit Wales in April 2025.
- The development of the Health Board's long-term strategy (timescales to be confirmed) will bring together the strategic objectives, well-being objectives and key strategic plans into one place, setting out a framework for the Integrated Medium-Term Plan. This will include measurable improvements against an agreed set of indicators that will be aligned to the strategic vision and set against the well-being objectives and national outcomes frameworks.

Appendix 2 contains a summary of the "Fair work" elements of the Well-being Objectives.

Recommendations

The Committee is asked to:

- **NOTE** the approved Health Board well-being objectives (2025) and
- **NOTE AND OFFER FEEDBACK** on the proposed actions and initiatives in relation to the Fair Work agenda

Development of proposed Health Board Well-being objectives (2025)

| The Health Board has: (Additions in response to feedback from PPHP Committee are in bold) | PROPOSED WELL-BEING OBJECTIVES (Changes to current objectives are in bold italics): | Alignment with the sustainable development well-being goals |
|---|---|--|
| Not made changes to two of the current well-being objectives: | <p>Improve physical, emotional and mental health and well-being for all</p> <p>Target our resources to those with the greatest needs and reduce inequalities</p> | <p>A Healthier Wales</p> <p>A more equal Wales</p> |
| Strengthened the wording of three of the current well-being objectives: | <p>Work in partnership to support people <i>and develop communities to manage their health and prevent ill health</i></p> <p><i>Continuously</i> improve the safety and quality of services</p> <p>Listen <i>and learn from people's experiences</i></p> | <p>A Wales of more cohesive communities</p> <p>A Healthier Wales</p> <p>A Healthier Wales</p> |
| Added an objective that ensures compliance with changes made to the WCFG Act (2015) which substitutes fair work for decent work in the 'a Prosperous Wales' well-being goal. | <i>Workers are fairly rewarded, heard and represented, secure and able to progress in a healthy, inclusive working environment where rights are respected</i> | A Prosperous Wales |
| <p>Added an objective that ensures compliance with the SPPP Act (2023) and the WCFG Act (2015) by:</p> <ul style="list-style-type: none"> - Strengthening the Health Board's procurement, contracting and commissioning processes - Embedding social partnership - Promoting the Health Board's role as an anchor organisation - Collaborate with partners to maximise bio-diversity and green space | <i>Contribute to the environmental, economic, social and cultural well-being of North Wales</i> | <p>A resilient Wales</p> <p>A Wales of vibrant culture and thriving Welsh language</p> <p>A globally responsible Wales</p> |

| The Health Board has: (Additions in response to feedback from PPHP Committee are in bold) | PROPOSED WELL-BEING OBJECTIVES <i>(Changes to current objectives are in bold italics):</i> | Alignment with the sustainable development well-being goals |
|--|--|--|
| <ul style="list-style-type: none"> - Implementation of the Decarbonisation Action Plan - Promoting and protecting the Welsh language | | |

1 What is fair work?

- 1a Enabling workers to meet their basic living costs and deliver wider benefits such as sick pay and pensions.
Offering workers the opportunity and choice to be represented collectively, ensuring workers are informed about proposed decisions that may affect them, and providing workers with the means to participate in and influence those decisions.
- 1b Providing work and income security, including in relation to hours and earnings and affording workers the opportunity to work flexibly to secure a good work-life balance.
- 1c
- 1d Delivering inclusive opportunities to obtain work, to acquire and develop skills and learning, and to progress in work.
- 1e Ensuring work is carried out within a safe and healthy environment, where bullying, harassment and all forms of discrimination are tackled.
- 1f Guaranteeing that rights and obligations are recognised and adhered to at all times.

2 Recruitment and retention

3 Workforce development, engagement, and productivity

4 Workforce Physical and Mental Health

5 Organisational reputation

6 Fair reward

- 6a The organisation has a wage floor which means it pays all workers an hourly rate that is at least equivalent to the Real Living Wage (RLW), has attained RLW accreditation or the organisation has actively committed to working toward paying all workers at least the RLW.
The organisation provides wider benefits such as annual leave, sick pay and pensions that are higher than statutory minimum requirements.
- 6b

7 Employee voice and collective representation

- 7a The organisation allows or will agree to allow physical and digital access to trade unions so that they can meet with workers, discuss unionisation, and recruit members.
- 7b The organisation recognises a trade union(s) and has a collective bargaining agreement in place.
The organisation has effective arrangements in place to ensure individual and collective employee voice is heard and has established safe, effective, and trusted channels which enable workers to have their say, raise issues, and participate in shaping the decisions that affect them.
- 7c

8 Security and flexibility

- 8a The organisation does not unilaterally impose non-guaranteed (zero hours) contracts upon workers and workers are given sufficient notice of shift patterns and any changes.
The organisation, where possible, uses flexibility in job-design, working hours and remote working to promote inclusion and better work-life balance.
- 8b
- 8c The organisation has obtained Living Hours accreditation and empowers workers with choices in relation to flexible and/or remote ways of working.

9 Opportunity for access, growth and progression

- 9a The organisation ensures that good quality and relevant learning and development is accessible to all workers, and workers are encouraged and supported to take up learning and development opportunities.
- 9b The organisation supports workers with wider opportunities for growth, such as facilitating access to volunteering opportunities.
The organisation takes an inclusive approach to recruitment and workforce development – such as applying the social model of disability and removing barriers to participation and progression.
- 9c

10 Safe, healthy and inclusive working environment

- 10a The organisation collects data to track and improve its workforce equality, diversity and inclusion. The organisation commits to actions aimed at addressing under-representation across the protected characteristics at all levels of the organisation and to narrowing gender, ethnicity and disability pay gaps.
- 10b The organisation has effective processes in place to tackle workplace bullying, harassment, and discrimination.

10c The organisation has effective health and safety measures, and these are communicated and regularly reviewed in consultation with workers and trade union representatives.

11 Rights are respected

11a The organisation abides by all statutory obligations to its workers, does not seek to circumvent them and ensures its workers have access to information about their rights.

11b The organisation has put steps in place to eradicate unlawful and unethical practices from its supply chains and is a signatory to the Welsh Government's Ethical Code.

| Enabling workers to meet their basic living costs and deliver wider benefits such as sick pay and pensions. | | | | | | |
|---|--|---|---------------------|--|--|---------------------------|
| BCUHB Well-being Objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 1a | Improve physical, emotional and mental health and well-being for all. | Wagestream | Clair Tipton | National initiative to enable employees to access benefits such as build a pot, financial advice along with ability to access their wages earlier (20%). Added benefit for bank workers to enable them to access 50% once shift is locked. | Need further publicity along with other staff benefits. Also update or ESR Benefit page | End Q4 |
| | Improve physical, emotional and mental health and well-being for all. | Staff Benefits | Steve Gregg-Rowbury | Nationally available benefits such as the NHS Pension scheme or Blue Light retail discount card. Access to benefits local to North Wales include local retail discounts, savings schemes and childcare vouchers. | Staff benefits and contracts with existing suppliers are monitored regularly to ensure they represent good value for our employees. An All Wales approach is being planned which will offer a wider scope of benefits that are more consistently accessible when working in Health Board's across Wales. | On-going |
| | Improve physical, emotional and mental health and well-being for all. Target our resources to those with the greatest needs and reduce inequalities. | Salary Sacrifice Schemes e.g. cars, computers, bikes | Steve Gregg-Rowbury | A range of schemes are in place that enable staff to access goods and services through payments from their salary, which is intended to save costs when compared to the equivalent retail price. | Ongoing review of schemes in operation to ensure employees are not subject to inflated prices. An All Wales approach is being planned which is intended to lower purchase or leasing costs even further. | On-going |
| | Work in partnership to support people - individuals, families, carers, communities - to achieve their own well-being. Target our resources to those with the greatest needs and reduce inequalities. | Financial Well-being for staff e.g. financial well-being support, how to access money saver advice, how to access credit unions | Gavin Jones | All part of the Well-being programme, details of which can be found on BetsiNet and in the Living Well handbook which was launched at the beginning of the year | Review web pages and supporting documentation to ensure accuracy and provide updates as and when required. Ensure all staff can access the relevant information required | On-going |
| | Offering workers the opportunity and choice to be represented collectively, ensuring workers are informed about proposed decisions that may affect them, and providing workers with the means to participate in and influence those decisions. | | | | | |
| 1b | BCUHB Well-being Objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | Listen to people and learn from their experiences. | Trade Union Partnership Working | Kay Hannigan | Monthly Workforce Partnership Forum jointly chaired by Chair of Trade Union Partners and AD People Services to discuss all people related issues and to manage OCP processes. Informal meeting between the Senior Trade Union Partners and Deputy and AD People Services to raise any issues of concern on a fortnightly basis. Trade Union Partners fully engaged in OCP activity and processing of Industrial Injury claims. Local Partnership Forum Board Committee - partnership invites to local IHC management meetings. | Revision of facilities agreement to encompass principles of social partnership. Event to raise importance of social partnership working. Joint people services and trade union training for OCP. | Dec-24 |
| | Listen to people and learn from their experiences. | Staff engagement | Katie Sargent | A staff listening and engagement approach is in development to support the culture and leadership programme. | Feedback from the leadership conference attendees on 'values and behaviours' will be collated and help inform next steps. | End Q4 |
| | Listen to people and learn from their experiences. Improve physical, emotional and mental health and well-being for all. | Pulse Surveys, Health Needs Assessments etc. | Gavin Jones | Gather staff feedback about how we develop services, programmes and targeted work in line with the planning for the future staff health and wellbeing strategy. Health Needs Assessment (HNA) report has now been reviewed and completed with results being shared with specific groups within wellbeing and workforce. A communications bulletin will be sent out to up-date the health board on the results | Recommendations report has been drafted to consider the next steps for operational planning and delivery. Linking in the results of the HNA with the wider culture and leadership work going on within POD to align actions and strengthen outcomes. | 30/11/2024 Ongoing |

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| | <p>Listen to people and learn from their experiences.</p> <p>Improve physical, emotional and mental health and well-being for all.</p> | NHS staff survey | Joy Lloyd | The annual NHS staff survey collects feedback from employees working in NHS Wales. It aims to understand their experiences, perspectives, and insights related to their work environment, job satisfaction and overall well-being. | Findings from the staff survey will influence the work going forward. Action plans will be created in response to the findings. The next annual survey will take place Oct 2024. | On-going throughout the year |
|--|--|------------------|-----------|--|--|------------------------------|

| | | | | | | |
|---|--|--------------------------------------|----------------|--|---|--|
| Providing work and income security, including in relation to hours and earnings and affording workers the opportunity to work flexibly to secure a good work-life balance. | | | | | | |
| 1c | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | All Wales flexible working policy | George Roberts | The All Wales Flexible Working Policy has been launched. The Policy was agreed in partnership with the Trade Unions and was part of the non-pay element of the pay negotiations around the right to request to work flexibly. | A work programme for implementation has been developed. Education and training of the Policy will be undertaken. | End Q4 |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | Health Needs Assessment | Gavin Jones | All Wales developed guidance toolkit identifying evidence base and best practice approaches for health and well-being management and engagement. The framework will ensure that the Health Board can identify areas for improvement. | To review the impact of the framework toolkit in line with the HEIW national roll out plan | Apr-25 |
| | <p>Respect people and their dignity. Improve physical and mental health and well-being for all.</p> | Dying to Work Charter | Ceri Harris | Dying to Work charter aims to alleviate some of the stress and financial worries for employees with end of life / palliative conditions by providing a choice about how they want to proceed at work. Some employees may want to continue to work a long as they can for well-being or financial reasons, or because they wish their family to obtain their Death in Service Pension Scheme Dependent benefits. | Revised paper to go back to Execs for approval, awaiting date for paper to be re-added | 24-Dec |
| | <p>Improve the safety and quality of services.</p> | Increased staff access to job banks | Nick Graham | Widening access to staff banks allows more staff to get access to the available additional shifts that are available across the organisation | Further recruitment to the medical and nursing staff banks and an AHP bank to be established in the future | Ongoing for recruitment and end of Q4 for AHP bank |
| | Delivering inclusive opportunities to obtain work, to acquire and develop skills and learning, and to progress in work. | | | | | |
| 1d | BCU Well-being Objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | <p>Target our resources to those with greatest needs and reduce inequalities.</p> | Apprenticeships | Mandy Hughes | Increase the number of apprenticeships available for recruitment | Provide information to area teams around the benefits of apprenticeships and the recruitment process. Support for JD development. Support for apprentices in post. Raise awareness of how apprenticeships can be used to re-profile vacant posts. Attend careers events, work with schools and colleges. Support people who have undertaken a widening access programme to access an apprenticeship relevant to their need. Support staff in post to develop through access to an apprenticeship framework. | On-going |
| | <p>Target our resources to those with greatest needs and reduce inequalities. Respect people and their dignity.</p> | Step into Work | Mandy Hughes | BCUHB offers work placements for those furthest from the employment market. The scheme offers a managed, programme that includes placement opportunities, work experience and training. On successful completion the participant is able to apply for HB vacant posts, using their experience on placement as their evidence of suitability for the post and the manager from the placement as referee. The scheme has supported over 400 people back into employment. | Continue to work with all external partners to identify people who wish to access the programme. Work with partners to ensure fair and equitable routes into the scheme. Continue to offer at least 3 Icebreaker/ mentorship circles 3 times a year. Work with managers internally to ensure that there are sufficient placements and support opportunities. | Ongoing. Three internship sites in place (YG, YGC, Flintshire). Fourth site (Wxm Maelor) introduced Sept 25. |
| | <p>Target our resources to those with greatest needs and reduce inequalities. Respect people and their dignity.</p> | Supported internships/Project SEARCH | Mandy Hughes | There are currently 3 supported internship / Project SEARCH sites in BCUHB. The programme offers workplace internships to young adults who have a learning disability and / or autism. The programme has run for several years across the Health Board. People with a learning disability are significantly less likely to be in employment, with employment rates sitting at less than 6%. This scheme supports young people into employment. The Health Board employment rate for the programme stands at 70%. | Work is ongoing for the 2024/ 25 cohorts across all 3 sites. Plans for a fourth site are underway with a start date of 2025 | Ongoing. Three internship sites in place (YG, YGC, Flintshire). Fourth site (Wxm Maelor) introduced Sept 25 |
| Ensuring work is carried out within a safe and healthy environment, where bullying, harassment and all forms of discrimination are tackled. | | | | | | |

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| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
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| Listen to people and learn from their experiences. | Speak Up Safely platform | Gareth Evans | BCUHB works with an independent provider 'Work in Confidence' to provide access to an anonymous conversation platform where staff can raise concerns and interact to seek resolution with a member of the Speaking Up Safely Team. | Continue developing the Speaking Up Safely offer and ensure its wide promotion across the organisation | On-going |
| Listen to people and learn from their experiences. | Speak Up Safely guardians | Gareth Evans | BCUHB has three Speaking Up Safely Guardians who staff can link in with to raise concerns. Staff can do so anonymously via the Work in Confidence platform, a dedicated phone number, a Guardian in-box or in person. The Guardians act as a conduit for ensuring concerns are signposted to people within BCIBJ who can support with their resolution. | Continue developing the Speaking Up Safely Guardian offer and ensure its wide promotion across the organisation | On-going |
| Improve physical, emotional and mental health and well-being for all. Improve the safety and quality of services. | The Staff Health and Wellbeing Guideline Toolkit | Gavin Jones | An All Wales developed guidance toolkit identifying evidence base and best practice approaches for health and well-being management and engagement. The framework will ensure that the Health Board can identify areas for improvement. | Review the impact of the framework toolkit in line with the HEIW national roll out plan | Apr-25 |
| Improve physical, emotional and mental health and well-being for all. | Sexual Safety and Preventative Duty Work | Ceri Harris | Establishment of a Sexual Safety Task and Finish Group to look at what actions and initiatives are needed to ensure we meet the legal duty as well as provide support to all our staff. | Action plan of work to be developed. | 24-Oct |
| Respect people and their dignity. Improve physical, emotional and mental health and well-being for all. Improve the safety and quality of services. | Active Bystander | Ceri Harris | Active Bystander training has been offered to staff to support them with the tools they need to tackle poor behaviour or discrimination. | More dates are being added and it is hoped more resources to ensure the roll out of training reaches all areas of the Health Board. | On-going throughout the year. |
| Improve the quality and safety of services. Respect people and their dignity. | Just Culture | Andrea Orme | As part of the culture change work within the Health Board we will work with colleagues from Aneurin Bevan Health Board to implement their training on avoidable employee harm through employee relations processes. This work will begin with awareness raising and training and we will then look at how we are able to consider this compassionate leadership approach in all that we do. | AB will provide a half day training event for POD and staff side colleagues in September followed by two Health Board face to face events in November where over 200 staff and managers will be invited to help change and influence behaviours when dealing with employee relations cases. Dates are still in the process of being agreed. | September, November and ongoing throughout the year. |
| Respect people and their dignity. Improve the quality and safety of services. | Compassionate Leadership | Nia Thomas | An evidence based approach to culture change is being commenced which focuses on compassionate, inclusive and collective leadership. | Culture and Leadership Programme to commence | On-going throughout the year |
| Respect people and their dignity. Improve the quality and safety of services. | Compassionate Leadership pledge | Nia Thomas | An All Wales pledge for each Health Board to personalise and commit to. | The pledge has been agreed by the CEO. It will go to Execs week commencing 01/07/24 and will then go to the Board for sign off. | Sign off at September Board meeting |
| Listen to people and learn from their experiences. Improve the quality and safety of services. | Staff Networks | Ceri Harris | Staff Networks are the vehicle for us to find out the pulse of what's happening in different areas and whether there are hotspots of negativity, bullying and harassment. | Re-launch of the networks and training to be provided to support chairs | Nov re-launch and training by May 25 |
| Improve physical, emotional and mental health and well-being for all. Improve the quality and safety of services. | Corporate Induction | Tracey Eccles | Corporate induction slides feature our values, equalities, smoking policy and signposting to information on BetsiNet e.g. Policies, Health & Well-being Handbook, Speak out safely etc. | PowerPoint slides will be updated regularly to include specific requests and/or changes within the organisation. | On-going |
| Guaranteeing that rights and obligations are recognised and adhered to at all times. | | | | | |
| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |

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| 1f | <p>Target our resources to those with the greatest needs and reduce inequalities. Respect people and their dignity.</p> | Equal Opportunities policy | Ceri Harris | The Health Board's Equality Policy sets out the values and behaviours as well as the legislative framework of support under the Equality Act. | Ensure wider awareness of the policy and support available | On-going |
| | <p>Target our resources to those with the greatest needs and reduce inequalities. Respect people and their dignity.</p> | Access to Work and reasonable adjustment information on BetsiNet | Ceri Harris | The Health Board provides information and support on access to work and reasonable adjustments to staff. | Ensure that information is regularly updated. | On-going |
| | <p>Target our resources to those with the greatest needs and reduce inequalities. Respect people and their dignity.</p> | Resources on Equality pages on Intranet around rights and obligations | Ceri Harris | The equality page on the intranet is regularly updated with information on legislation and responsibility as well as awareness raising across the protected characteristics. | Signpost managers and staff to the resources available. | On-going |
| | <p>Target our resources to those with the greatest needs and reduce inequalities. Respect people and their dignity.</p> | Training for Managers on equality legislation | Ceri Harris | The equality team respond to requests for management training and work closely with departments to develop bespoke training when required. | | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all. Improve the quality and safety of services.</p> | ASIM e.g Health & Well-being module | Rebecca Testa/Gavin Jones | Our Mynydd Mawr (ASIM) programme supports leaders at a foundation level, and provides the basic management support modules, including modules on health and well-being, respect and resolution, how to lead well etc. | Signpost managers and staff to the resources available. | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | Duty as Managers and Workers | Gavin Jones | To ensure that health and well-being is part of all delivery planning and support for staff across BCUHB. Linking in with the evidence based tools, health assessments and support available to improve health and well-being outcomes for our workforce | To review the engagement and delivery by managers at a local level to ensure fair work is supported by proactive health and well-being planning | Mar-25 |
| | <p>Improve the quality and safety of services. Respect people and their dignity.</p> | Manadatory Training modules | Tracey Eccles/Rebecca Hubbard | Relevant equality modules are recognised within BCUHB as mandatory and offered in a variety of methodologies for all staff groups | Modules continue to be reviewed by owning SME to ensure contents are valid and up to date | On-going |

2 Recruitment and Retention

| Enabling workers to meet their basic living costs and deliver wider benefits such as sick pay and pensions. | | | | | | |
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| BCU Well-being Objective | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 2 Improve the quality and safety of services | International Recruitment programme | Nick Graham | There is targeted work linked in with the All Wales programme for nursing and medics which is currently a rolling programme. Further work is being looked at with a view to other clinical staff groups. | Review current programme of work, develop opportunities for other staff groups | On-going | |
| Improve the quality and safety of services | Strategic Recruitment team | Nick Graham | Strategic Recruitment Team is now in place to recruit to strategic roles across the organisation for medical consultants and senior staff across the organisation | Targeted work to ensure hard to fill vacancies are recruited to | On-going | |
| Improve the quality and safety of services | Appointment of BCUHB retention lead | Rebecca Testa/James Johnson | Retention lead post funded by HEIW for a 2 year period (until March 2026). Initial focus on nurse retention via use of HEIW's Nurse Retention Self-Assessment Tool and development of BCUHB's Nurse Retention Plan. Creation of Retention Community of Practice, together with Gwella Retention Hub and National Retention Dashboard. | Lead now in place. | Completed | |
| Improve the quality and safety of services | National Retention programme across all Wales | Rebecca Testa/James Johnson | Focus on quality improvement retention interventions using ESR BI data, research, surveys, exit interviews, 'stay conversations', flexible working opportunities, staff engagement and workforce well-being resources. Time limited support and project development for services presenting with particular retention needs, including Mental Health and Learning Disabilities and Endoscopy services. | HEIW Initiative commenced in March 2024 | 26-Feb | |
| Improve the quality and safety of services. Respect people and their dignity. | Culture work will support retention | Nia Thomas | An evidence based approach to culture change is being commenced which focuses on compassionate, inclusive and collective leadership | Culture and Leadership programme commenced | On-going | |

| Workforce development, engagement, and productivity | | | | | | |
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| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 3 | Improve the quality and safety of services. | Workforce Planning Function | Nick Graham | A centralised workforce planning function is now being established in the organisation to develop and support a consistent approach to strategic and service workforce planning across the organisation | Setting up of the function and delivery of the actions outlined in the organisations annual plan | End Q4 |
| | Improve the quality and safety of services. | Workforce Value and Sustainability | Nick Graham | Potential reduction in temporary staffing usage and putting sustainable solutions in place to reduce agency usage and provide opportunities for existing staff to support services through the staff banks model | Programme of work to reduce reliance on agency supply across medical, nursing and AHP staff groups through the V&S workforce programme | On-going |
| | Improve the quality and safety of services. | Wider productivity work around clinical variation | Neil Windsor | | | |
| | Listen to people and learn from their experiences. | Staff Engagement | Katie Sargent | Develop an organisational approach to listening to staff, including a range of mechanisms for colleagues to feed back, including staff surveys, bespoke focus groups and a description of the role of leaders in this endeavour. | Draft and share engagement approach for feedback | End Q4 |
| | Respect people and their dignity. Improve the quality and safety of services. | Leadership for all - Integrated Leadership and Development Framework | Joy Lloyd | The Integrated Leadership and Deveopment Framework (ILDF) is currently in development. It provides a range of both informal and formal pathways to support leaders and leadership development across BCUHB. The ILDF will be supported by a BCUHB hub on the 'Gwella' leadership portal, to provide access to leadership and management resources and programmes. | The ILDF Mynydd Mawr (Foundations) - programmes commenced end of June, together with development of the BCUHB hub, followed by the aspiring programmes and the launch of a People Managers Forum in the coming months, a space for people managers to come together to collaborate and share best practice and gain insight and new knowledge on various topics to support practice. | On-going |
| | Improve the quality and safety of services. | Corporate Induction | Tracey Eccles | Slides featured in the induction signposting to information on BetsiNet, e.g. Front Page News, Weekly Bulletin, Training/Events Bulletin, so colleagues are aware of developments within the Health Board and know where to find development opportunities. | PowerPoint slides will be updated regularly to include specific requests and/or changes within the organsiation. | On-going as changes are required |
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| Workforce Physical and Mental Health | | | | | |
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| BCUHB Well-being Objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| Improve physical, emotional and mental health and well-being for all. Listen to people and learn from their experiences. | Emotional Well-being Roadshows | Gavin Jones | Delivering roadshow / promotional events across BCUHB so staff can see what is available and talk to specialist practitioners on all aspects of health and well-being. | Continue the roll out of the programme across targeted locations within BCUHB | Mar-25 |
| Improve physical, emotional and mental health and well-being for all. Listen to people and learn from their experiences. | Bespoke engagement with staff across BCUHB | Gavin Jones / Kate Shakespeare | Bespoke training workshops and well-being sessions in development as requested by departments / managers. Roadshow events and reactive supportive work on health and well-being issues. Supported well-being planning to help teams who need to focus on well-being improvement | Continue to support managers and teams with bespoke requests for support. Development of integrated team request pathway for multidisciplinary response to team requests across Organisational Development, Occupational Health, People Services, Staff Well-being and Clinical Psychology. Continue to promote services and support available across the Health Board. | On-going |
| Improve physical, emotional and mental health and well-being for all. | Work on lifestyle, health and well-being regarding physical activity in the workplace | Gavin Jones | In collaboration with Public Health colleagues and Bangor University, design a physical activity programme of support to staff to encourage increased movement and physical activity across BCUHB | Review the delivery plan and roll out of training and support to staff | Dec-24 |
| Improve physical, emotional and mental health and well-being for all. | Staff Well-being and Support (SWSS) resources, awareness sessions, workshops and training | Gavin Jones / Kate Shakespeare | Promote a range of lifestyle and emotional health and well-being topics in line with an evidence base approach. Identify topics to deliver support and educational sessions to staff to encourage individual responsibility for their own health and well-being whilst in work. | Continue to review the well-being offer and identify new topic areas to deliver for staff need. | Mar-25 |
| Improve physical, emotional and mental health and well-being for all. | Launch of the staff well-being fund | Gavin Jones | The 'Betsi Cadwaladr University Health Board (BCUHB) Staff Well-being Grant Scheme' will assist with the long-term health and post pandemic recovery of BCUHB staff and volunteers by funding a transformational programme of special projects that make a positive contribution to staff well-being. | To review applications for suitability and support the introduction of health and well-being programmes across BCUHB. Consider fundraising schemes to maintain the Staff Well-being Grant | Dec-24 |
| Improve physical, emotional and mental health and well-being for all. | Documentation on stress, risk management, stress risk assessments / Wellness action planning | Gavin Jones | Up-date and promote the use of stress risk assessments, wellness action plans and stress management approaches across the Health Board. | Review the use of toolkits and identify a need to develop and deliver the stress management standards workshops to managers across BCUHB | Mar-25 |
| Improve physical, emotional and mental health and well-being for all. | Tailored work with staff who approach Occupational Health for bespoke support in developing well-being planning | Gavin Jones | Review all requests received by Occupational Health for bespoke health and well-being support and work with managers and their teams to identify a well-being plan to support with health and well-being improvement | Ongoing work as received by teams across BCUHB | On-going |
| Improve physical, emotional and mental health and well-being for all. | Linking with teams to understand their needs and how we develop their workforce planning more efficiently and effectively to look at things around sickness, absence reduction and stress reduction in the workplace. | Gavin Jones | Linked to the above work around bespoke support and planning. | | On-going |
| Improve physical, emotional and mental health and well-being for all. | Staff Well-being Support Service (SWSS) | Gavin Jones / Kate Shakespeare | SWSS is an integrated model which brings together a range of services focussed on the health and well-being of BCUHB staff. This is laid out in the People Plan (2022 - 2025). This model encompasses Occupational Health and Well-being, Clinical Psychology, Coaching, Wellness Work and Us and workshops for staff via the Self Care Team. This model oversees the strategic and operational provision of information for how BCUHB as an employer can take steps to safeguard and improve the health and welfare of the workforce and access support services when needed. This work is overseen by the SWSS Operational Group (interim chair Kate Shakespeare). The Group represents all SWSS stakeholders, equalities and staff side representatives and feeds into the Strategic Occupational Health and Safety Group (SOHSG). | To continue running the SWSS integrated model and recruit the BCUHB strategic lead for staff well-being (interviews November 14th). Increase the staffing capacity to offer more comprehensive individual and systemic support and intervention across BCUHB - including WOD colleagues in Culture & Leadership, Learning and Development and intervention arms of work. SOHG to oversee the integrated pathway for team requests to increase capacity to work more systemically - see point above. | On-going |

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| 4 | <p>Improve physical, emotional and mental health and well-being for all.</p> | Trauma Risk Management (TRIM) | Gavin Jones / Kate Shakespeare / Safeguarding Team | Trauma Risk Management (TRIM) is a peer-led process which identifies and assesses the psychological risk of experiencing psychological trauma while at work. This service is hosted by Corporate Safeguarding | Continue to roll out support for trauma incidents across the BCUHB workforce | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | Individual psychological work within SWSS | Gavin Jones / Kate Shakespeare | Current psychological intervention across SWSS, which includes Occupational Health and Wellness Work and Us counsellors is focused on mild to moderate presentations and offers in most cases very limited sessions, approximately six. One time consultation via Clinical Psychologists offer an opportunity for a more complex assessment and working formulation to help plan and signpost individuals or highlight areas of unmet needs for staff support. This work focuses on individual, team and systems issues with varying complexity. It is vital any individual work also acknowledges the impact of working conditions or systemic issues which undermine the health and well-being of the workforce and does not situate all responsibility for change in the individual. | Continuation of psychological intervention for mild to moderate presentations via counselling services. Make a case to increase the capacity of the psychological workforce to offer interventions beyond mild to moderate and address more complex presentations including trauma informed psychological work. This will be facilitated by the appointment of the BCUHB Strategic Lead for staff well-being | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | Crisis Pathway | Gavin Jones / Kate Shakespeare | Signpost staff with urgent care needs to the right place, first time within a structured and approved crisis referral pathway. This pathway was approved and signed off as a collaboration between SWSS and Mental Health Head of Operations across BCUHB, and psychiatric liaison in acute sites. It is a guide for colleagues to support staff whether at home or in acute and community sites. Support and work with NHS 111 to support people with emotional health, mental illness and / or well-being issues to access a mental health worker directly 24/7. | The crisis pathway is continually monitored and reviewed within the SOG programme as part of the delivery plan for health and well-being and links with colleagues to ensure the pathway continues to operate in a safe and effective way. | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> | Menopause support including Menopause cafes | Ceri Harris | The Health Board introduced workplace menopause cafes for staff in July 2023. These are sessions for staff to talk and share their menopause experiences | Menopause champions involved in the cafes. Run more face-to-face and welsh language sessions. | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> <p>Respect people and their dignity.</p> <p>Listen to people and learn from their experiences.</p> | Neurodiversity Network | Ceri Harris | The equality team supports staff via the staff network and intranet pages | Continue to build on the resources available. | On-going |
| | <p>Improve physical, emotional and mental health and well-being for all.</p> <p>Respect people and their dignity.</p> <p>Listen to people and learn from their experiences.</p> | Pride | Ceri Harris | The equality team is present at Pride events across North Wales and work with other departments to get them involved as well as members of celtic pride and wider as allies. | Continue to demonstrate support, understanding and awareness of Pride and other equality areas so staff can bring their whole authentic self to the workplace. | On-going |

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| <p>Improve physical, emotional and mental health and well-being for all. Listen to people and learn from their experiences.</p> | Schwartz rounds | Kate Shakespeare | <p>Schwartz Rounds have been hosted in BCUHB for three years. We have a license to run Schwartz rounds from the Point of Care Foundation. Schwartz rounds provide a structured forum where all staff come together to share stories pertaining to the emotional, psychological and social aspects of working in healthcare. The rounds aim to promote compassion, cohesion and empathy between BCUHB staff. They are evidence based and organisations with Schwartz rounds experience greater empathy, reduced inactivity, greater patient satisfaction and reduced morbidity and mortality. Rounds are held every 4 - 6 weeks, virtually and face to face in acute sites. Schwartz rounds are led by Dr Melany McKenna, Clinical Psychologist, SWSS who also chairs the Steering Group made up of professionals from across BCU interested in promoting compassionate practices.</p> | <p>Continue to increase the engagement of Schwartz rounds across BCUHB with specific targetting of under represented staff groups Use feedback gathered from each round to plan 2025 programmes. Plan and book in virtual and face to face rounds for 2025 and promote these via communications channels. Develop a promotional video to promote Schwartz rounds and increase Steering Group membership. This video has backing from Professor Michael West and the Executive Team.</p> | <p>Mar-25</p> |
| <p>Improve physical, emotional and mental health and well-being for all. Improving the quality and safety of services.</p> | Corporate Induction | Tracey Eccles | <p>Induction slides feature our Values, Equalities, Smoking policy and signposting to information on BetsiNet, e.g. Policies, Health & Well-being Handbook, Speak Up safely, etc.</p> | <p>PowerPoint slides are updated regularly to include specific organisational requests and/or changes within the organisation.</p> | <p>On-going</p> |

| Organisational Reputation | | | | | |
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| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| Target our resources to those with greatest needs and reduce inequalities. Respect people and their dignity | Deaf and BSL Users | Ceri Harris | A press release has been issued in relation to the work carried out with Bangor University to address barriers faced by Deaf and BSL users in accessing health care and will take into consideration wider health inequalities. An Action Plan is currently being developed in partnership with the University. | First took place on the 28th June. Contracts for funding were completed in Sept 24. | The project is funded for 3 years and is due to be completed by 2026/27 |
| | Florence Nightingale sponsored Nurse | Ceri Harris | Florence Nightingale Foundation's Leadership Scholarships are a once-in-a-lifetime opportunity to develop a nursing or midwifery career whilst improving clinical and health outcomes. The scholarships are open to nurses and midwives working at NHS Agenda for Change (or equivalent) band 7 and above. In BCUHB a nurse has been awarded the scholarship next year. | Continue to support staff to apply for personal development opportunities such as the Florence Nightingale Foundation Leadership Scholarship. | On-going |
| Improve the safety and quality of services. | Kings Birthday Honours | Source: BetsiNet | Two members of staff were recognised in HM The King's Birthday 2024 Honours list. Wrexham Maelor-based Consultant Anaesthetist Anna Williams, and Rakesh Kumar - a Clinical Specialist Physiotherapist at the Hergest Unit, at Ysbyty Gwynedd. Anna was awarded a British Empire Medal for services to Environmentally Sustainable Healthcare at Wrexham Maelor Hospital. Anna has worked with colleagues to significantly reduce carbon emissions, including efforts to crack down on plastic water bottle use across the site and switching off gas supplies to reduce leaks. As well as delivering a first-class clinical service she has developed and chaired the Hospital Green Group. Rakesh has been awarded an MBE for his valuable services to Black, Asian and Minority Ethnic (BAME) communities. Rakesh is a hugely inspirational colleague who is devoted to supporting his community, patients and colleagues. He is creative and innovative in his approaches to bringing people of diverse backgrounds together and reducing inequality. | N/A | N/A |
| | Culture work | Nia Thomas | An evidence based approach to culture change is being commenced which focuses on compassionate, inclusive and collective leadership | Culture and Leadership programme is underway | On-going |

| The organisation has a wage floor which means it pays all workers an hourly rate that is at least equivalent to the Real Living Wage (RLW), has attained RLW accreditation or the organisation has actively committed to working toward paying all workers at least the RLW. | | | | | | |
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| 6a | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | | Target our resources to those with the greatest needs and reduce inequalities. | WG has committed to mirroring the Real Living Wage through its pay policy | Kay Hannigan | Pay circulars are applied in a timely manner and the real living wage top up has been applied to bank workers. Staff entering the organisation through TUPE or appointment are placed on the NHS Wales real living wage rate. | Living wage uplift agreed for all staff covered by the pay circular including bank staff. Pay for bank staff will be implemented in July 2024. Monitor and implement new pay circulars in a timely manner. |

| The organisation provides wider benefits such as annual leave, sick pay and pensions that are higher than statutory minimum requirements. | | | | | | |
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| 6b | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | | Target our resources to those with greatest needs and reduce inequalities. | Implementation of national terms and conditions of employment | Kay Hannigan | NHS national terms and conditions of employment provide for annual leave, sick pay and pension schemes which are considerably above the national minimum requirements. | Staff who have entered into the NHS via TUPE arrangements will have their contracts evaluated and where possible if they plan to remain in the Health Board for a period exceeding 12 months they will have the option to transfer to national terms and conditions. |

| The organisation allows or will agree to allow physical and digital access to trade unions so that they can meet with workers, discuss unionisation, and recruit members. | | | | | | |
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| 7a | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | | | Trade Union Facilities | Kay Hannigan | Facilities are made available for release of trade union members. Trade union reps are allowed to use Health Board digital facilities for trade union duties. Rooms are made available for trade union reps to meet with their members. | Trade Union Facilities Agreement is in the process of being revised |
| The organisation recognises a trade union(s) and has a collective bargaining agreement in place. | | | | | | |
| 7b | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | Improve the safety and quality of services | Welsh Partnership Forum | Kay Hannigan | The collective agreement is in place on an NHS Wales basis. This agreement is complied with on a local basis. | Monitor implementation | On-going |
| The organisation has effective arrangements in place to ensure individual and collective employee voice is heard and has established safe, effective, and trusted channels which enable workers to have their say, raise issues, and participate in shaping the decisions that affect them. | | | | | | |
| 7c | BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | Listen to people and learn from their experiences. Respect people and their dignity. | Staff Networks | Ceri Harris | Staff networks exist to provide a space for staff to raise issues and get involved in policy and service developments on issues that affect them. | The networks will be further supported to be more effective. | On-going |

| The organisation does not unilaterally impose non-guaranteed (zero hours) contracts upon workers and workers are given sufficient notice of shift patterns and any changes. | | | | | | |
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| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 8a | Improve the quality and safety of services. | Bank working | Kay Hannigan | The organisation offers bank contracts to workers who do not want the contractual duties and obligations of a standard employment contract. | Bank staff are advised of permanent job contracts available for application and are supported to apply for fixed term contracts bringing with it the benefits of national terms and conditions. However there are staff who do not want any obligation and prefer the flexibility of being able to choose where and when they work. | On-going |
| The organisation, where possible, uses flexibility in job-design, working hours and remote working to promote inclusion and better work-life balance. The organisation has obtained Living Hours accreditation and empowers workers with choices in relation to flexible and / or remote ways of working. | | | | | | |
| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 8b | Improve physical, emotional and mental health and well-being for all. | Employee Terms and Conditions | Kay Hannigan | National terms and conditions provide for a generous annual leave entitlement and supports staff to take regular paid breaks. In addition there is occupational sick pay and maternity pay provision that is designed to ensure that paid leave is available when needed. The terms and conditions focus on a 37.5 hour week and staff have the ability to request part time working. Carer breaks and study leave is also available alongside an opportunity to purchase additional annual leave. | Continue to monitor changes in terms and conditions promoting the flexibilities within the system. | On-going |
| | Improve physical, emotional and mental health and well-being for all. | Flexible Working policy | Steve Gregg-Rowbury | BCUHB has adopted the new all Wales flexible working policy that was released in Spring 2024. | Monitor the effective application of the new policy | On-going |
| | Improve physical, emotional and mental health and well-being for all. | Remote working | Steve Gregg-Rowbury | The Health Board has in place a remote working guidance pack to help each department assess and utilise remote working appropriately and effectively. | The remote working guidance will be reviewed and updated alongside the decarbonisation programme. | Mar-25 |

| The organisation ensures that good quality and relevant learning and development is accessible to all workers, and workers are encouraged and supported to take up learning and development opportunities. | | | | | | |
|--|--|--|---------------------------|--|--|----------|
| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 9a | Improve the safety and quality of services. | Leadership for all - Integrated Leadership and Development Framework | Joy Lloyd | The ILDF is currently in development, with the framework providing a range of both informal and formal pathways to support leaders and leadership development across BCUHB. The ILDF will be supported by a BCUHB hub on the 'Gwella' leadership portal, to provide access to a range of leadership and management resources and programmes. | The ILDF Mynydd Mawr (Foundations) - programmes will commence end of June, together with development of the BCUHB hub, followed by the aspiring programmes and the launch of a People Managers Forum in the coming months, a space for people managers to come together to collaborate and share best practice and gain insight and new knowledge on various topics to support practice. | On-going |
| | Improve the safety and quality of services. Listen to people and learn from their experiences. | Reverse Mentorship | Ceri Harris | An initiative that places a senior/exec member with a more junior member of staff / staff networks and the senior member works with them and learns from the junior member the life experiences, barriers etc. | The initiative to be revised and re-introduced. | 25-Apr |
| | Improve the safety and quality of services. | WULF (Wales Union Learning Fund) | Rebecca Testa / Joy Lloyd | The Wales Union Learning Fund supports training projects across Wales and are designed to work in partnership with us to support and underpin workplace development, learning and skills. They have provided a range of training courses and the funding to support them e.g. minute taking, various literacy and numeracy courses. | On-going partnership and support | On-going |
| | Improve the safety and quality of services. | Corporate Induction | Tracey Eccles | Slides featured in the induction signposting to information on BetsiNet, e.g. Front Page News, Weekly Bulletin, Training/Events Bulletin, so colleagues are aware of developments within the health board and know where to find development opportunities. | PowerPoint slides are updated regularly to include specific organisational requests and/or changes within the organisation. | On-going |

| The organisation supports workers with wider opportunities for growth, such as facilitating access to volunteering opportunities. | | | | | | |
|---|---|--|-------------|---|---|----------|
| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 9b | Improve the safety and quality of services. | Reducing external agency and interim staff provides acting up opportunities for staff within the organization. | Nick Graham | To be less reliant on senior agency staff to support the organisational stability and to give opportunities to ensure staff within the organisation can develop and be supported through succession planning and talent management. | Work to reduce the number to single figures has progressed and is still monitored through the existing teams. Wider work to look at secondments and acting up opportunities are ongoing | On-going |
| | | | | | | |

| The organisation takes an inclusive approach to recruitment and workforce development – such as applying the social model of disability and removing barriers to participation and progression. | | | | | | |
|---|--|------------------------------|--------------|--|---|----------|
| BCUHB Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date | |
| 9c | Target our resources to those with the greatest needs and reduce inequalities. | Disability Confident Scheme | Ceri Harris | The Health Board is a level 3 leader organisation in the Disability Confident Scheme. The scheme is a government initiative designed to encourage employers to recruit and retain disabled people and those with health conditions. It replaced the previous 2 tick symbol system and organisations at level 3 are audited to demonstrate the work that they are doing to support staff with a disability /impairment work and stay in work. | Continuation of the scheme and initiatives that are a part of it. | On-going |
| | Target our resources to those with the greatest needs and reduce inequalities. | Stonewall Diversity Champion | Ceri Harris | This is an employer's programme for ensuring all LGBTQ+ staff are free to be themselves in the workplace. It provides the Health Board with expertise and guidance on different areas of LGBTQ+ inclusion. | Funding for this years membership to be completed | On-going |
| | Target our resources to those with the greatest needs and reduce inequalities. | Access to Work | Mandy Hughes | Access to work funding is sourced when a staff member with additional needs requires specific occupational coaching from a supported employment agency to support them to achieve their work place job requirements | Ensure that managers are aware of the access to work funding and the process for application through external providers and the DWP | On-going |

| | | | | | |
|--|---|--------------------------------|---|--|-----------------|
| <p>Improve the safety and quality of services.</p> | <p>Coaching and mentoring programme</p> | <p>Rebecca Testa Lloyd</p> | <p>Joy BCUHB has its own internal Coaching Network which provides peer support, CPD and coaching supervision. The Network meets quarterly and is growing in numbers. We are also aligned with the Academi Wales Coaching Network who provide a range of resources and an opportunity for coaches to coach more broadly across the public sector</p> | <p>A similar mentoring network will be developed within the next 12-18 months to support individuals across the organisation who are already mentoring informally.</p> | <p>On-going</p> |
| <p>Target our resources to those with the greatest needs and reduce inequalities.</p> | <p>Open days</p> | <p>John Martin</p> | <p>Supports people to complete application forms and prepare for interviews e.g Facilities posts</p> | | |

Safe, healthy and inclusive working environment

The organisation collects data to track and improve its workforce equality, diversity and inclusion. The organisation commits to actions aimed at addressing under-representation across the protected characteristics at all levels of the organisation and to narrowing gender, ethnicity and disability pay gaps.

| BCUHB's Well-Being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
|--|---|-------------|---|---|--|
| <p>Improve physical, emotional and mental health and well-being for all. Targeting our resources to those with greatest needs and reduce inequalities.</p> <p>Improve physical, emotional and mental health and well-being for all. Target our resources to those with greatest needs and reduce inequalities.</p> | Annual Equality Monitoring Data Report | Ceri Harris | The Health Board is legally required to publish an Annual Report on equality data of its staff. The data is used internally to identify areas of support needed and can help identify initiatives, plans and policies. | This is a legal requirement | The Equality data report was published March 23. Work on the next years report to go through governance by Dec 24. |
| | Workforce Race Equality Standard (WRES) | Ceri Harris | The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains, Leadership & Progression, CPD & Training, Discipline & Capability, Bullying, Harassment and Discrimination. It will highlight where there are disparities in the experience of Black, Asian and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues. Improving workforce experience for Ethnic Minority staff will improve the experience of all staff, and in turn will improve patient and public outcomes, supporting the quadruple aims of 'A Healthier Wales: Our Plan for Health and Social Care'. | Recommendations and actions from the WRES reports will be incorporated into the Strategic Equality Action Plan. Following a meeting with WG leads it was agreed that the HB will focus on the inequitable likelihood of ethnic minority staff going through capability processes and poor levels of declaration. Staff reminders to update equality data will go in Jan 25 pay slips and an information film created by the North Wales Shared Services Partnership will be placed on the Equality Intranet page. | 25-Sep |
| <p>Target our resources to those with greatest needs and reduce inequalities. Improve physical, emotional and mental health and well-being for all.</p> | Gender Pay Gap Audit | Ceri Harris | The Health Board is legally required to publish its Gender Pay gap. The data is used internally to identify areas of support needed and can help identify initiatives, plans and policies. | This is a legal requirement | The Gender Pay Gap Report for 22/23 was published in March 24. Next years report will go through governance by Dec 24. |
| <p>Target our resources to those with greatest needs and reduce inequalities. Improve physical, emotional and mental health and well-being for all.</p> | Race Pay Gap Report | Ceri Harris | The Health Board has developed its first race pay audit, which will complement the work under the Welsh Government's Anti-racist Wales Action Plan | The data will inform areas of work within the Health Board along with the WRES | The next report will be published by March 25. |

The organisation has effective processes in place to tackle workplace bullying, harassment, and discrimination.

| BCUHB's Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
|-------------------------------|-------------------|---------------------|--|---|-----------------|
| | Relevant policies | Steve Gregg-Rowbury | BCUHB applies the all wales respect and resolution policy to address related concerns. | Continued monitoring, training and oversight of the application of related policies | On-going |

| | | | | | |
|---|-----------------------------|---------------|--|---|----------|
| Listen to people and learn from their experiences. | Speak out safely | Gareth Evans | BCUHB has developed a comprehensive Speak Out Safely process, including working with an independent provider, Work in Confidence to provide access to an anonymous conversation platform where staff can raise concerns and interact to seek resolution to these with a member of the Speaking Out Safely Team, having three Speak Out Safely Guardians in post, an experienced MDT group of senior clinicians and corporate staff who support staff, and a network of Speak Out Safely Champions who can provide information and signposting in local work areas. In addition, the Speak Out Safely team link in with colleagues in our Equality and HR team to ensure there is awareness of Speak Out Safely across our staff networks and work at ensuring equity of access and support | Continue to raise awareness of Speak Out Safety and work to ensure fair access and equity of support | On-going |
| Listen to people and learn from their experiences. Respect people and their dignity. | Occ Health Support Advisors | Gavin Jones | Refer individuals to any relevant organisations, internal or external for support around bullying, harassment, discrimination, etc. Provide confidential advice and information for support to staff and linking with our emotional well-being teams to provide support where appropriate | Continuation of service support and reviewing case load and referrals to identify need across BCUHB | On-going |
| Improve the quality and safety of services. Respect people and their dignity. | Corporate Induction | Tracey Eccles | Slides featured in the induction on our values, equalities, occupational health services and signposting to information on BetsiNet, e.g. Policies, Health & Well-being Handbook, Speak out safely, etc. | PowerPoint slides are updated regularly to include specific organisational requests and/or changes within the organisation. | On-going |

The organisation has effective health and safety measures, and these are communicated and regularly reviewed in consultation with workers and trade union representatives.

| BCUHB's Well-being objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
|--|------------|--------------------|--|---|-----------------|
| Improve the safety and quality of services. | | David Maslen-Jones | <p>The Health and safety team have updated the gap analysis action plan this year with the commencement of an in-depth review of the management of Health and safety at work. The areas that sit within Estates including Working at Height, Fire Safety, Water Safety, Electrical Safety, Asbestos Management, Gas Safety, Control of Vibration, Confined Spaces and the Management of Pressure Systems which have all been fully reviewed and action plans created that are monitored under specific Estates meetings. In addition, a further review of the management of the risk of Hand Arm Vibration within the Estates Team was completed and the action plan is updated as a standing item on the Pan BCUHB Estates H&S Meeting.</p> <p>Each IHC across the Health Board has an individual Health and Safety Advisor supported by Health & Safety fit testing managers who deliver a rolling programme of site visits and safety inspections monitored by set KPI's. Managers are responsible for individual risk assessment for their areas and a number of corporate risks are held by Health & Safety.</p> <p>The Health board has a bi monthly Strategic Occupational Health and Safety group which is chaired by the Chief Executive and requires Staff side Health & Safety representation to remain quorate. This group considers policy review and receives H&S reviews from different areas and strategic estates groups in relation to the Hazards identified above.</p> <p>The Health and Safety team have fortnightly informal meetings with staff side and bi monthly meetings with Health and Safety leads across the organisation all of which ensure that staff side are involved in the delivery of Health and safety and informed of any issues arising.</p> | Continue to monitor and update action plans, and continue to work with all relevant stakeholders including trade union representatives. | Ongoing |

11 Rights are respected

| The organisation abides by all statutory obligations to its workers, does not seek to circumvent them and ensures its workers have access to information about their rights. | | | | | | |
|--|---------------------------|---|-------------------|---------------------|--|--|
| 10a | BCU Well-being Objectives | Initiative | Contact | Description | Next Steps/Actions to Take Forward | Action due date |
| | | Improve the safety and quality of services. | Relevant policies | Steve Gregg-Rowbury | Our People Services policies reference the associated legislation and regulation that applies to any given topic. All policies are designed and reviewed in partnership with Trade Union representatives and are located on the staff intranet site. Where any new policy is reviewed or implemented, all staff are asked to consult on them for a minimum three week period. Our People Service directorate help to ensure the organisation meets it's requirements in respect of employee and worker's rights. | On-going review and monitoring of policy effectiveness |



| | | | | |
|---|--|--|---|--|
| Teitl adroddiad: <i>Report title:</i> | CORPORATE GOVERNANCE REPORT | | | |
| Adrodd i: <i>Report to:</i> | People and Culture Committee | | | |
| Dyddiad y Cyfarfod: <i>Date of Meeting:</i> | Thursday, 12 June 2025 | | | |
| Crynodeb Gweithredol: <i>Executive Summary:</i> | The objective of this report is to provide the Committee with an update on key Corporate Governance matters and to provide an update to the Committee on a range of corporate governance matters as well as assurance. | | | |
| Argymhellion: <i>Recommendations:</i> | Members are asked to: <ul style="list-style-type: none"> • APPROVE the People and Culture Cycle of Business 2025-2026; • APPROVE the Committee Annual Report • NOTE and DISCUSS the Committee Self-Assessment | | | |
| Arweinydd Gweithredol: <i>Executive Lead:</i> | Pam Wenger – Director of Corporate Governance | | | |
| Awdur yr Adroddiad: <i>Report Authors:</i> | Philippa Peake-Jones – Head of Corporate Governance | | | |
| Pwrpas yr adroddiad: <i>Purpose of report:</i> | I'w Nodi <i>For Noting</i> <input type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input type="checkbox"/> | |
| Lefel sicrwydd: <i>Assurance level:</i> | Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of</i> | Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of</i> | Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |

| | <i>existing mechanisms / objectives</i> | <i>existing mechanisms / objectives</i> | |
|--|--|---|--|
| <p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> | | | |
| <p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p> | <p>This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.</p> | | |
| <p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p> | <p>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.</p> <p>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.</p> | | |
| <p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p> | <p>This is not applicable for this report.</p> | | |
| <p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p> | <p>This is not applicable for this report.</p> | | |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p> | | | |
| <p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p> | <p>The effective management of Governance has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality and less waste</p> | | |

| | |
|---|--|
| <p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p> | <p>Failure to have effective Corporate Governance can impact adversely on the workforce.</p> |
| <p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p> | <p>Not applicable</p> |
| <p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p> | <p>BAF24-01 Building an Effective and Accountable Organisation</p> <p>CRR-16 – Leadership/Special Measures</p> |
| <p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p> | <p>Not applicable</p> |
| <p>Next Steps:</p> <ul style="list-style-type: none"> To continue to improve and report on Corporate Governance | |
| <p>List of Appendices:</p> <p>Appendix 1 The People and Culture Cycle of Business 2025-2026 Appendix 2 The Committee Annual Report Appendix 3 the Committee Self-Assessment</p> | |

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

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

2. ANNUAL BUSINESS CYCLE 2025-26 (Formal, Informal and Board Development)

The Business Cycle for the People and Culture Committee for 2025-26 is attached at **Appendix 1**

3. DRAFT COMMITTEE ANNUAL REPORT

Under Standing Order 10.2.3, each Committee of the Board is required to submit an annual report “setting out its activities during the year and detailing the results of a review of its performance”. This first annual report from the People & Culture Committee details the activities and performance for the Committee for the reporting period 2024-2025.

4. COMMITTEE SELF ASSESSMENT

The results of the Committee Self-Assessment are available in Appendix 3 of the report.

5. RECOMMENDATIONS

Members are asked to:

- **APPROVE** the People and Culture Cycle of Business 2025-2026;
- **APPROVE** the Committee Annual Report
- **NOTE** and **DISCUSS** the Committee Self-Assessment



Betsi Cadwaladr University Health Board

People and Culture Committee

Cycle of Business (1 April 2025 – 31 March 2026)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Committee Cycle of Business cover the period 1 April 2025 to 31 March 2026.

The Committee Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the People and Culture is set out in the Terms of Reference which is available here: [Insert here]

| | | | |
|--|---|---|---|
| <p>Committee Chair Dyfed Jones</p> <p>Committee Vice Chair William Nichols</p> | <p>Independent Members Karen Balmer Clare Budden</p> | <p>Executive Members Carol Shillabeer (Chief Executive) Teresa Owen (Executive Director of Allied Health Professionals & Health Sciences) Tehmeena Ajmal (Chief Operating Officer)</p> | <p>In Attendance Jason Brannan (Deputy Director of People Services) Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment & Estates)</p> |
|--|---|---|---|

| Item of Business | Executive Lead | Reporting period | Q1 | | | Q2 | | | Q3 | | | Q4 | | | 2026-27 | |
|--|---|----------------------|------------|----------|-----------|-----------|----------|----------|----------|----------|----------|----------|----------|----------|------------|----------|
| | | | April 2025 | May 2025 | June 2025 | July 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 | Jan 2026 | Feb 2026 | Mar 2026 | April 2026 | May 2026 |
| Leadership Development Report (3B) | Executive Director of People Services | All Regular Meetings | R | | R | | R | | R | | R | | R | | R | |
| Welsh Language and Culture (3D) | Executive Director of Allied Health Professionals & Health Sciences | December | | | | | | | | R | | | | | | |
| Volunteer Programme | Executive Director of Nursing & Midwifery | Q4 | | | | | | | | | | R | | | | |
| Strategic Item 2 - Developing Strategy and Long-Lasting Change | | | | | | | | | | | | | | | | |
| People Operations Report <ul style="list-style-type: none"> Workforce Planning Health Education & Improvement Wales (HEIW) Workforce Commissioning | Executive Director of People Services | All Regular Meetings | R | | R | | R | | R | | R | | R | | R | |
| Workforce Planning and Development (2F) | Executive Director of People Services | | | | | | | | | | | | | | | |
| Organisational Strategic Workforce Planning Framework (2F.4) | Executive Director of People Services | Quarter 3 | | | | | | | R | | | | | | | |
| Development of Therapy Services Plan (2F.6) | Executive Director of Allied Health Professionals & Health Sciences | Quarter 3 | | | | | | | R | | | | | | | |
| Governance Framework to guide the HEIW Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales (2F.7) | Executive Director of Allied Health Professionals & Health Sciences | Quarter 4 | | | | | | | | | | R | | | | |
| Job Planning Report (2F.9) | Executive Director of People Services | Every other | | | | | | | | | | | | | | |
| Strategic Item - Building and Effective Organisation | | | | | | | | | | | | | | | | |
| Foundations for the Future Programme (1B) | Chief Executive | All Regular Meetings | R | | R | | R | | R | | R | | R | | R | |
| Strategic Item 5 - Effective Environment for Learning and Skills Development | | | | | | | | | | | | | | | | |
| University and Further Education Partnership Report (5A) | Executive Medical Director | Quarter 4 | | | | | | | | | | | R | | | |
| Academic Career Pathway Framework (5C) | Executive Director of Allied Health Professionals & Health Sciences | Quarter 4 | | | | | | | | | | | R | | | |

PEOPLE AND CULTURE COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB People and Culture Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Dyfed Jones
Chair of the People and Culture Committee

DRAFT

PEOPLE AND CULTURE COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in 11 April 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 - 25
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

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); and

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 Meeting Secretary develops the final agenda for the 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 to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the People and Culture Committee.
- 4.2 The new Committee Cycle of Business for People and Culture Committee is being presented for approval on 12 June 2025, however the agenda for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.

5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee 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 | (XX) Committee (out of xx possible meetings) |
|---|--|
| Cllr Dyfed Jones LA (Committee Chair) | Six out of six meetings |
| William Nichols Trade Union Representative | Four out of six meetings |
| Clare Budden | Five out of six meetings |
| Karen Balmer | Four out of six meetings |

- 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

- 6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;
 - a) Staff Story
 - b) Welsh Language
 - c) Health and Safety Updates
 - d) People Operations Report
 - e) Staff Survey
 - f) Foundations for the Future Programme
 - g) Corporate Risks and BAF Risks associated with the Committee

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the People and Culture Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- Hearing from the staff as part of a “Staff Story”
- The formation of the Committee
- The Monitoring of the People and Operational part of the organisation
- The work on the Organisational Values
- The Foundations for the Future Programme of work

8. Key Challenges

8.1 As indicated earlier in the report a focus for the committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 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.

9.2 A committee effectiveness questionnaire will be issued again circa February 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.

9. Reporting the Committee’s Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a ‘AAA Report’ to the Board.

9.2 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.

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](#)



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

People & Culture Committee Self-Assessment Results

Corporate Governance
June 2025



Purpose

- Present results of the 2024–25 People & Culture Committee self-assessment.
- Provide insights into strengths gaps, and opportunities.
- Recommend next steps for continuous improvement.

Following Special Measures: “**BCUHB is committed to strengthening governance, accountability, and decision-making**”

- This self-assessment ensures the Committee function effectively, driving continuous improvement and delivering better outcomes.

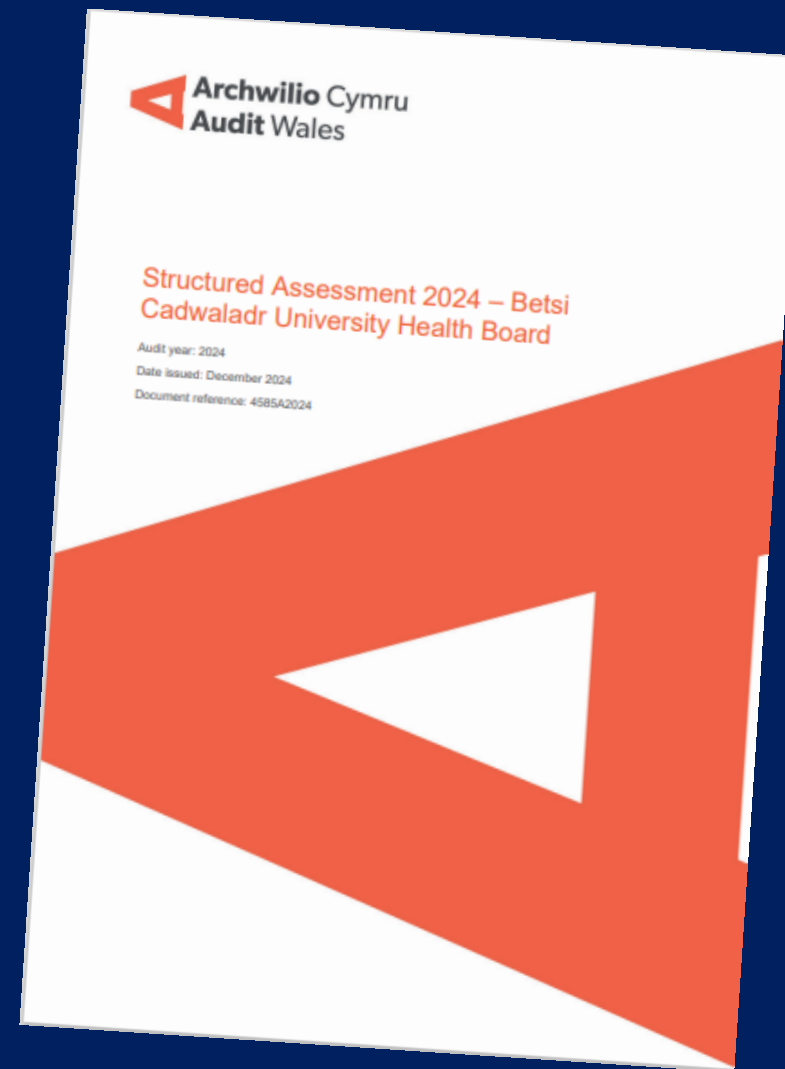
Why It Matters

- **Accountability & Assurance:** Strong governance builds trust and oversight.
- **Strategic Focus:** Ensures alignment with key priorities for improvement.
- **Continuous Learning:** Identifies strengths and areas needing development.
- **Sustained Progress:** Supports long-term transformation and cultural change.
- **By embedding effective governance, BCUHB can move forward with confidence, clarity, and impact.**



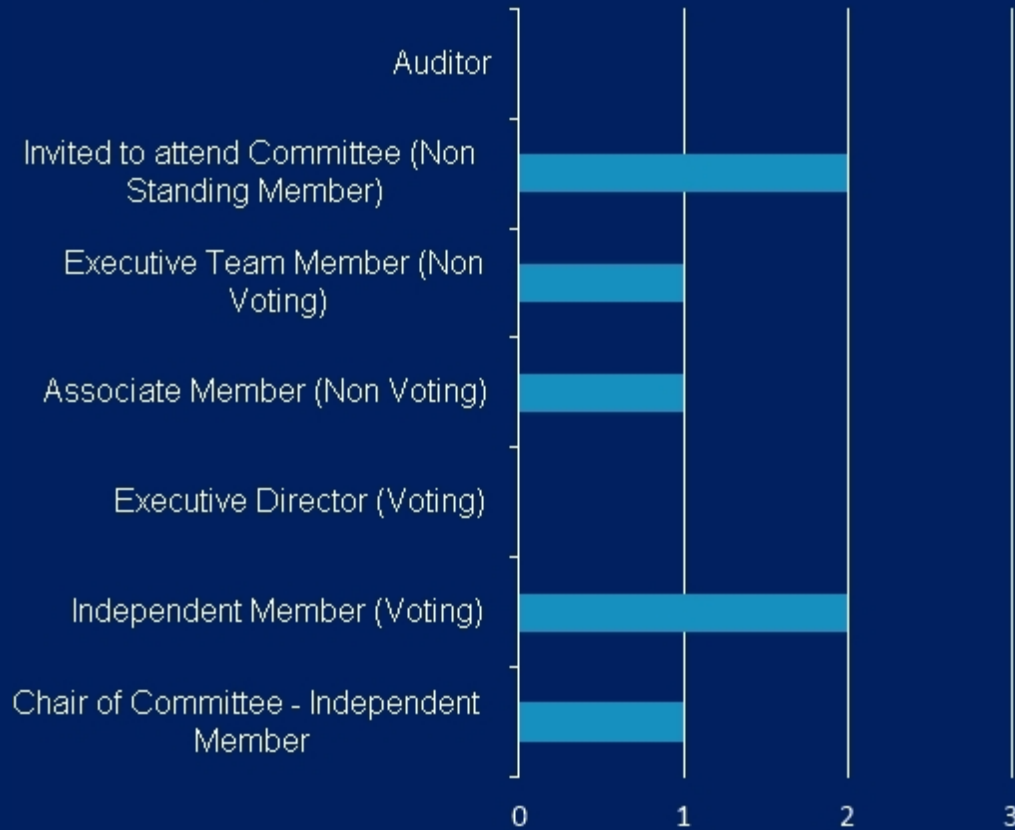
Ensuring ‘Sound Governance’

- “We found that Board and Committee meetings are conducted appropriately and effectively, but there is scope to further improve...”
- “Length & quality of papers”
- “...focus on more strategic issues”
- “Remuneration Committee... effectiveness”
- “Transparency of Board and Committee business, 2023 ongoing”

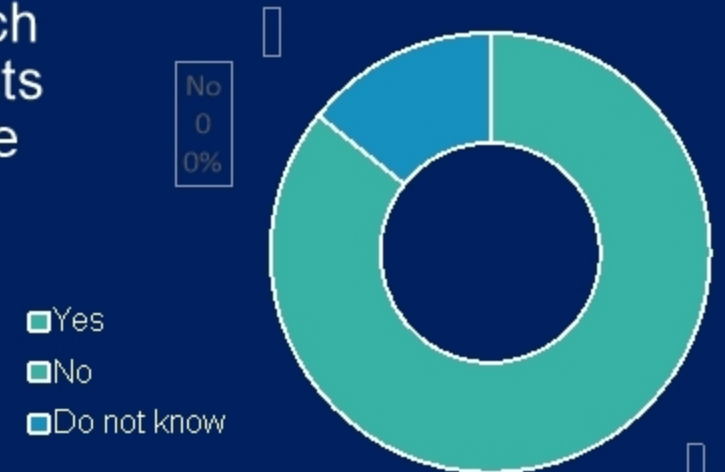


Role Response

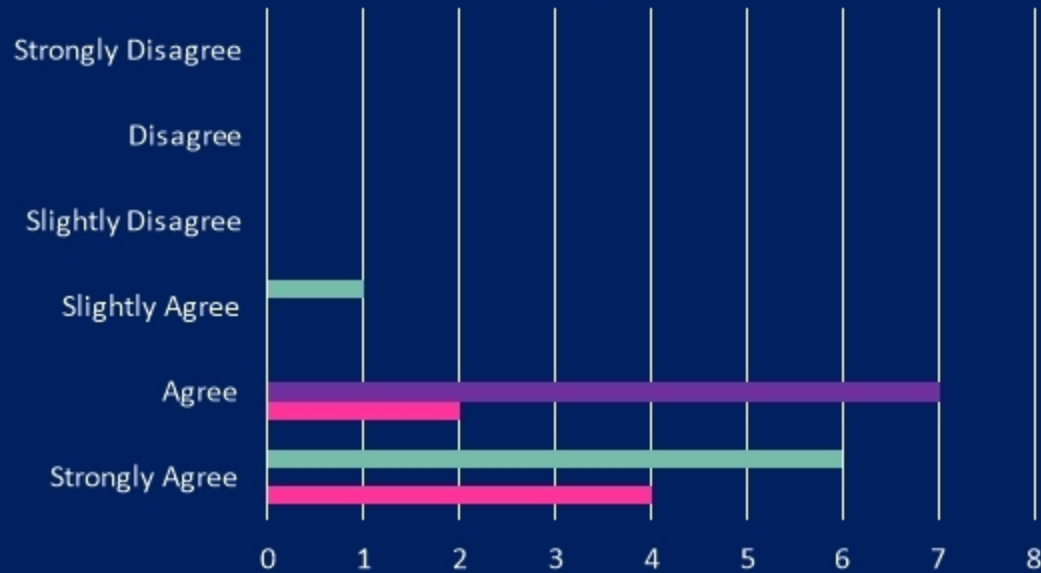
Role Response Breakdown



Does the Committee have written Terms of Reference, which adequately define its role in accordance with Welsh Government guidance?



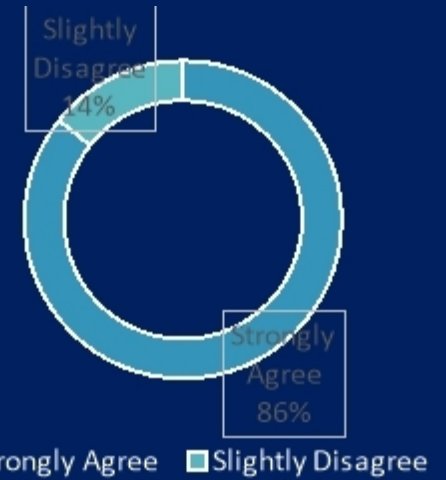
Role Response



- The atmosphere at Committee meetings are conducive to open and productive debate
- The Committee meets sufficiently frequently to deal with planned matters and enough time allowed for questions and discussions
- The Committee has been provided with sufficient authority and resources to perform its role effectively

The behaviour of all members and attendees is courteous and professional

| Response | Percentage |
|-------------|------------|
| Yes | 71% |
| No | 0 |
| Do not know | 29% |



Does the Committee prepare an Annual Report on its work and performance in preceding year, for consideration by the Health Board?

Has the Committee established a cycle of business to be dealt with across the year?

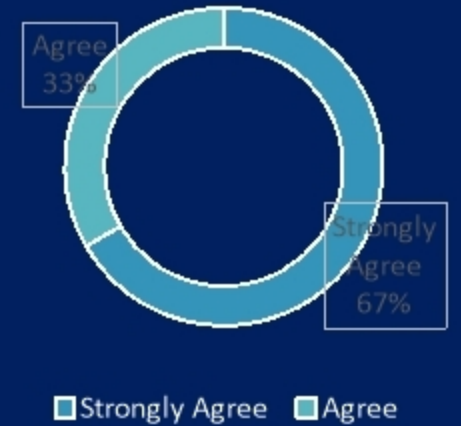
100%



Committee Response



Committee meetings are chaired effectively and with clarity of purpose and outcome?



Key Findings – Governance & Function

- 71% confirmed written Terms of Reference are reviewed annually taking into account governance developments and the remit of other Committees, 29% were unsure.
- Positive feedback was received relating to private meetings being used appropriately.
- It was agreed that meetings are chaired effectively, the Committee Chair provides clear information to the Board on the activities of the Committee and the Committee is adequately supported.
- The assessment highlighted slight uncertainty in relation to the Committee being adequately supported by the Executive Directors.

Key Findings – Information & Risk

- Agreement in terms of oversight of the risks for which the Committee is responsible for.
- Reports are generally timely and have the right format and content in relation to internal controls and risk management.
- The assessment highlighted slight uncertainty in relation to reviewing the robustness of the organisation's internal assurance system as well as monitoring the implementation of management actions from Audit Reports.

Key Findings - Training & Development

- Most members felt confident in fulfilling their role.
- Three individuals were unsure if additional training is required.

Improvements

Of 28 questions, there were...

| Response | Number of responses |
|-------------------|---------------------|
| Do not know | 12 |
| Slightly Disagree | 4 |
| Disagree | 1 |

Disagree The committee has a clear remit,
aligned with organisational priorities



Comments:

In relation to Committee Leadership & Support –

“There is scope to strengthen the connection between the Committee and the Board”

“Quality of papers and clarity on recommendations is improving but, still further to go”

In relation to Committee effectiveness –

“Some of the papers are still operational and need to be more focussed in terms of assurance”

“..better two way communication between the IHC People & Culture Group and the P&C Committee”

In relation to Internal Controls and Risk Management –

“Reports sometimes not been timely enough...”

In relation to Composition, Establishment and Duties –

“More clarity of the function on the Committee is required noting this is a new Committee and in its development”

“There is a need to ensure the major strategic items around People & Culture are discussed..”

“The Committee has been working effectively but would really benefit from having a substantive Executive Director to enable more efficient operation of the Committee”



**People & Culture Committee
Self-Assessment
Corporate Governance
June 2025**

Diolch yn Fawr



| | | | | |
|---|---|--|---|---|
| Teitl adroddiad: <i>Report title:</i> | Corporate Risk Register Report | | | |
| Adrodd i: <i>Report to:</i> | People and Culture Committee (P&C) | | | |
| Dyddiad y Cyfarfod: <i>Date of Meeting:</i> | Thursday, 12 June 2025 | | | |
| Crynodeb Gweithredol: <i>Executive Summary:</i> | <p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which the Committee has oversight.</p> <p>All 3 risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. All 3 risks remain within the risk tolerance level set within the risk appetite.</p> <ul style="list-style-type: none"> • CRR24-01 'People, Culture and Wellbeing' • CRR24-15 'Health and Safety' • CRR24-16 'Leadership' | | | |
| Argymhellion: <i>Recommendations:</i> | The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability. | | | |
| Arweinydd Gweithredol: <i>Executive Lead:</i> | Pam Wenger, Director of Corporate Governance | | | |
| Awdur yr Adroddiad: <i>Report Author:</i> | Nesta Collingridge Head of Risk Management | | | |
| Pwrpas yr adroddiad: <i>Purpose of report:</i> | I'w Nodi <i>For Noting</i> <input type="checkbox"/> | I Benderfynu arno <i>For Decision</i> <input type="checkbox"/> | Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/> | |
| Lefel sicrwydd: <i>Assurance level:</i> | Arwyddocaol Significant <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i> | Derbyniol Acceptable <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i> | Rhannol Partial <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i> | Dim Sicrwydd No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i> |
| Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: <i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i> | | | | |
| Cyswllt ag Amcan/Amcanion Strategol: | Links to the BAF detailed in respective CRR reports | | | |

| | |
|--|--|
| Link to Strategic Objective(s): | |
| Goblygiadau rheoleiddio a lleol: Regulatory and legal implications: | It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board. |
| Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqlA been identified as necessary and undertaken? | Not applicable for this report |
| Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary ben undertaken? | Not applicable for this report |
| Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR) | Links to the BAF detailed in respective CRR reports |
| Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations | The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims. |
| Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations | Failure to capture, assess and mitigate risks can impact adversely on the workforce. |
| Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation | Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting. |
| Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register) | See the individual risks for details of the related links to the Board Assurance Framework. |
| Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant) | Not applicable for this report |

Camau Nesaf:

Next Steps:

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board.

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 – Corporate Risk Dashboard – People & Culture Committee (P&C) - May 2025

Appendix 2 – Corporate Risk Register Report - People & Culture Committee (P&C) – May 2025



Corporate Risk Register





Corporate Risk Register Report

1.0 Purpose

The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-01 – People, Culture and Wellbeing
- CRR24-15 – Health and Safety
- CRR24-16 – Leadership

2.0 Key Highlights

- All 3 risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. All 3 risks remain within the risk tolerance level set within the risk appetite.

2.1 Changes in Score

None

2.2 New Risks

None

2.3 Overdue/Delayed Actions

None

2.4 Risks above Health Board 24/25 appetite

None

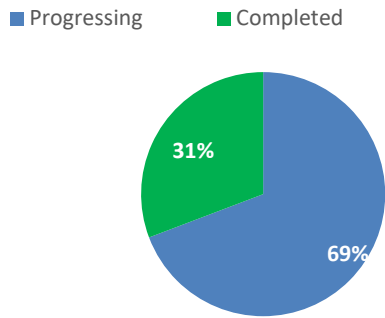
All three risks reported to committee score within the tolerance range set in the appetite.

| Risk Ref | Risks | Lead Exec Director | Current Risk Score | Risk Tolerance Range in Appetite Score |
|----------|-------------------------------|-------------------------------------|--------------------|--|
| CRR24-01 | People, Culture and Wellbeing | Executive Director of Workforce | 16 | Quality <16 |
| CRR24-15 | Health and Safety | Director of Environment and Estates | 16 | Regulatory 20-25 |
| CRR24-16 | Leadership | Executive Director of Workforce | 16 | Reputational 20-25 |



2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS



Out of the 3 corporate risks, 26 actions have been developed to mitigate the risks. 8 actions have been completed, 18 actions are progressing and on track (11 with revised dates), 1 new action and 2 actions yet to commence. No actions are currently overdue.

Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

Appendix 1 - Corporate Risk Register Dashboard - People & Culture Committee (P&C) – May 2025

| Lead | Ref | Risk Title | Current Score (Likelihood x Impact) | Risk Target Score | Appetite Main Risk Type | Lead Board Committee | Risk Management Commentary |
|------|----------|-------------------------------|--|-------------------|----------------------------|----------------------------|--|
| | | | | | Appetite Level | | |
| EDoW | CRR24-01 | People, Culture and Wellbeing | 4 x 4 = 16 ↔ | 8 | Quality Open <16 | People & Culture Committee | Opened Dec 23. 10 actions identified, 4 completed, 5 progressing with 4 progressing with revised due dates and 1 new action. |
| DoE | CRR24-15 | Health and Safety | 4 x 4 = 16 ↔ | 8 | Regulatory Seek 20-25 | People & Culture Committee | Opened Nov 2023. 10 actions identified, 2 completed, 6 progressing, 2 further revised actions |
| EDoW | CRR24-16 | Leadership | 4 x 4 = 16 ↔ | 8 | Reputational Seek 20-25 | People & Culture Committee | Opened Dec 23. 6 actions identified, 2 completed, and 4 progressing with 1 revised due date |

Key:

| | |
|-------------------------------------|------|
| Executive | |
| Executive Director of Workforce | EDoW |
| Director of Environment and Estates | DoE |

Appendix 2 – Corporate Risk Register Report - People & Culture Committee (P&C) – May 2025

| | | | |
|---|---|---|---|
| CRR 24-01 | Risk Title: People, Culture and Wellbeing | | Date Opened: 07/12/2023 |
| | Assuring Committee: People & Culture Committee | | Date Last Committee Review: 10/04/2025 |
| Date Last Reviewed: 06/05/2025 | Director Lead: Deputy Director of People & Organisational Development | Link to BAF: | Target Risk Date: 31/03/2026 |
| <p>There is a risk that BCU do not have a highly skilled, engaged and motivated workforce which could impact on safe delivery of care. This could be caused by staffing shortfalls, organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.</p> | | | |
| Mitigations/Controls in place | | Additional Controls required | |
| <ol style="list-style-type: none"> 1. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical & dental consultant appointments across the Health Board 2. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities. 3. The Recruiting well and Joining Well programmes in operation. 4. Organisational Retention lead in post for BCU linked with national retention work through Health Education Improvement Wales (HEIW) 5. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation 6. New All Wales Flexible working policy has been ratified and is in place 7. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation 8. Speak out Safely Multi Disciplinary Team in place 9. Work in Confidence platform for staff to safely raise concerns. 10. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board 11. The Culture Change Plan, which incorporated the results from the Staff Survey | | <ol style="list-style-type: none"> a) Implementation of the Employee Engagement plan and having a suite of clear indicators that measure employee engagement b) Development of a programme of work to ensure line manager's full involvement in employee engagement c) Feedback from the HEIW Nurse retention tool. d) Targeted management of sickness absence rates e) Engagement and operational effectiveness with Medical and Dental workforce f) an embedded workforce planning function | |

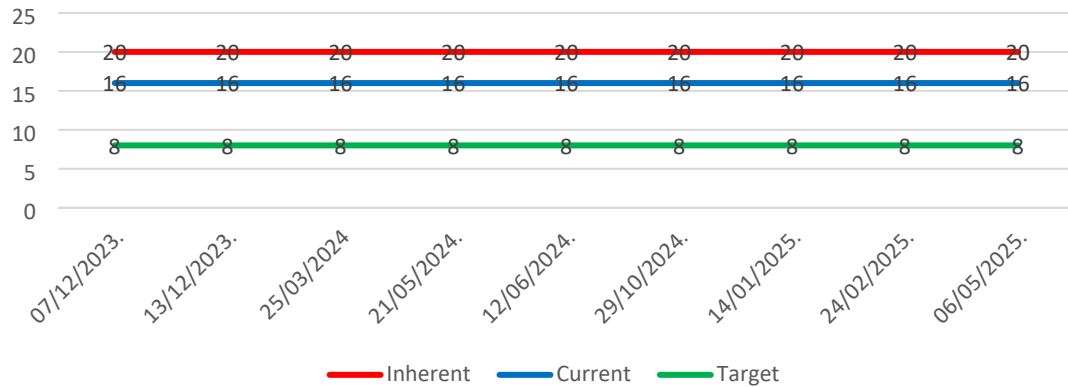


| <p>12. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts</p> <p>13. The key themes of the 2023 staff survey have been shared with the organisation</p> <p>14. Approval of the new culture change and Behaviours Framework (ref CRR24-16). This incorporates a detailed action plan of deploying the new V&B</p> <p>15. International recruitment drives, both local and all Wales</p> <p>16. People Managers Forums in place that include sessions on compassionate leadership and our values and behaviours framework</p> <p>17. A new Education Steering Group has been setup to oversee the development of education and training across the Health Board</p> <p>18. 2024 Staff Survey Results shared across the HB with ongoing work from services to address key issues identified</p> | | |
|---|------------|----------------------|
| Actions | Due Date | Progression Analysis |
| <p>REF Gaps in controls; A. Education and Learning Committee is being established as a control measure</p> <p>A Nursing specific educational and development group has been established. However, it has been identified that an Education Governance Group is required to oversee compliance and operational performance of Education. This is in development and a term of reference is expected to be ready by the end of October 2024</p> <p>Work to setup the Education Governance Group is still ongoing however, the Terms of Reference and membership is still to be agreed.</p> <p>Due to unforeseen absences in the People Service Leadership team this action was extended. Work is underway with the Nursing Leadership Team to establish this group.</p> <p>The Education Steering Group has been setup, and the first meeting has been held. Meeting bi-monthly, the group has been put in place to oversee the development of education and training across the health Board. See point 17 mitigation in place</p> | 30/04/2025 | Completed |
| <p>REF Gaps in controls; B 2024 NHS Staff Survey has not closed with a 17.2% response rate. Quantitative data is due by end of January which will be distributed out to the organisational staff survey leads. This will inform actions to address issues and promote positive findings</p> | 30/05/2025 | Completed |

| | | |
|--|------------|---|
| <p>The qualitative data of the 2024 survey will be shared with the organisation when they are available, likely to be late spring 2025. An update will be provided in May.</p> <p>See Mitigation point 18. The action to share the 2024 staff survey findings is now closed, they have been published on BetsiNet. The CEO wrote out to Directors before Easter outlining expectations for action around the survey results. Directors have been asked to share their action plans with in Q1 and once those are received an overarching action plan will be drawn together on key themes. HEIW will be publishing (on their website) a Wales-wide results report in Q1.</p> | | |
| <p>REF Gaps in controls; C. Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed</p> <p>The Discovery Report in Foundations for the future (FoTF) has been presented to the Board and the Organisation, it has now moved into the design phase. A series of workshops with senior leaders will take place in Dec 24 and Jan 25. The outputs from the workshops will produce design options to be tested in the organisation prior to final option paper going to Board in May 2025</p> | 01/06/2025 | Progressing (Revised date from 31/10/2024) |
| <p>REF Gaps in controls; B. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process. Culture World Café to take place at Leadership Conference 04.06.24</p> <p>Following extensive engagement over 5 months the Board formally approved our refreshed values and behaviours framework in November 2024. There is a Communication & Socialisation plan in place and a high-level Embedding Plan in place was agreed by ET and P&CC. A more detailed version of the Embedding Plan will be provided to the CEO for approval.</p> <p>A Design Group is in place which supports the co-production and co-design of all work related to Culture Development.</p> <p>A more detailed deployment plan to embed the values and behaviours has been drafted and will be submitted to the Executive Team in March 2025.</p> <p>Action Closed - See mitigation 14; Detailed deployment plan presented to Executive Team in April with operational leads to be allocated by each Executive to embed in their areas of responsibility. Deployment plan to be returned to Execs end of May and to include named operational leads and measures of success. Some actions within the plan</p> | 31/03/2025 | Completed |

| | | |
|---|------------|---|
| <p>have already been implemented or in progress including embedding in recruitment process, orientation, leadership development programmes, staff recognition</p> | | |
| <p>REF Gaps in controls; B, A toolkit on how to use the values and behaviours is in development</p> <p>This is progressing and is expected to be completed in March 2025</p> <p>The first draft of Values & Behaviours toolkit sent out for feedback in March. Changes applied with launch to organisation in May 2025.</p> | 31/07/2025 | Progressing (revised date from 31/03/2025) |
| <p>The Culture, Leadership & Engagement high level annual plan is in place for 2024/25. A subsequent plan for 2025/26 is in draft and will be finalised by March 2025</p> <p>This is on track to be completed in March, notwithstanding any requested changes.</p> <p>The quarterly plans have been drafted and are being reviewed DDPOD</p> | 31/07/2025 | (revised date from 31/03/2025) |
| <p>Ref Gaps in controls; E. A new risk specifically detailing actions to manage sickness absence, both physical and mental health related, has been drafted and will be ratified through People & Organisational Development (POD) leadership in February 2025.</p> <p>This will be discussed at POD leadership on 3rd March then will be added to Datix.</p> <p>The Absence risk has been added to Datix and the action plans will be monitored through the People Risk Group (PRG)</p> | 31/03/2025 | Completed |
| <p>Ref Gaps in controls; f. A Medical Staffing function will be re-introduced into the People Services directorate. Resource requirements will be identified in January/February with the intention to introduce the new function in Q1 2025/26</p> <p>A new Medical Staffing Specialist role is be advertised in early May with an anticipated start date in July, pending successful recruitment</p> | 30/06/2025 | Progressing |

| | | | | |
|---|------------|---|-----------------|-------------|
| <p>REF Gaps in controls; D. The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce.</p> <p>The programme for Recruiting Well, Joining Well, Leaving Well will now be incorporated into the Staff Journey programme of work.</p> <p>An illustrative map is currently being developed showing all areas within People Services and OD that employees typically encounter, from Hire to Retire'. Work is being undertaken to identify gaps in each of the services with regards to policies and procedures. This will enable the Staff journey programme plan, which will include timescales, to be drafted.</p> <p>The draft illustrative map is under review and analysis of gaps in policy and process are being identified through a number of workstreams. The initial focus is on <i>Corporate and Local Induction, Shortlisting timescales, Advertising in recruitment</i> and the <i>Leaving Well booklet</i>. These initial workstreams are planned to be completed by the end of December 2024.</p> <p>The mapping work to identify development opportunities for our People (WP) policies and procedures is underway which informs the annual schedule led by the corporate governance team. Furthermore, an operational group is in place to review and update the corporate and local induction policy.</p> <p>Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025</p> <ul style="list-style-type: none"> a. The leaving well booklet b. Improving shortlisting timescales c. Advertising well in recruitment | 31/12/2025 | Progressing (Revised date from 31/12/2024) | | |
| <p>REF Gaps in controls; G. A workforce planning lead was recruited earlier in 2024. A new Health Board approach to workforce planning is expected to be ratified in February 2025 and will be submitted in the 2025/26 IMTP. The new approach contains a series of milestones that will improve workforce planning skills and knowledge across the organisation, improve guidance and resources for service leads and will incorporate a detailed workforce plan for the 2026/27 IMPT</p> | 31/03/2026 | New action | | |
| | | Impact 4 | Likelihood 5 | Score 20 |



| | | | |
|---------------------|------|---|-------|
| Current Risk Rating | 4 | 4 | 16 |
| Target Risk Score | 4 | 2 | 8 |
| Risk Appetite | Open | | 15-19 |

Position & Intended Outcome for Risk

KPIs to that inform our risk in this area as at April 2025;

Overall Vacancy rate of 8.8%, risen from 8.2% since the last report. All staff groups have seen slight increases since last month. Although, the overall trend for Nursing are showing a positive downturn in vacancy rates compared to this time last year with effective international recruitment campaigns contributing.

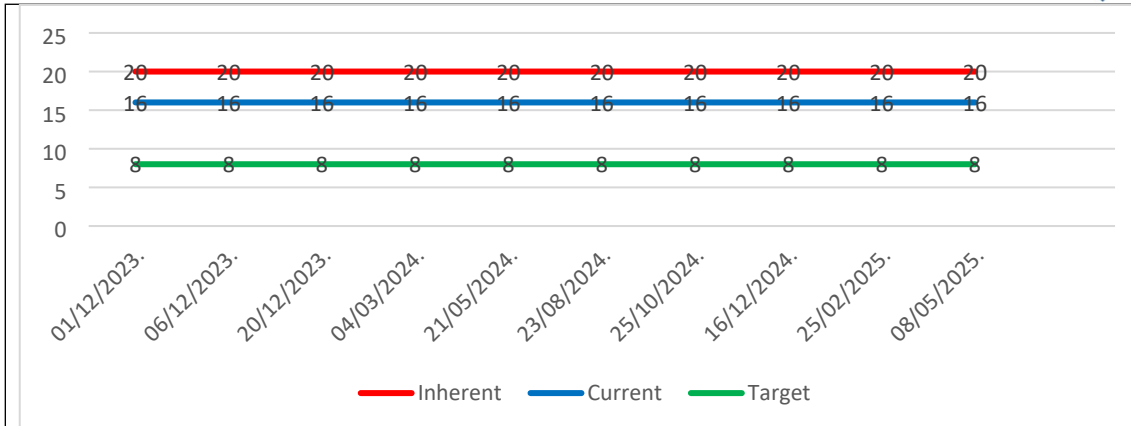
Turnover remained the same for March 25 compared to last month, maintaining a steady downward trend, currently our lowest score since January 2022, at 7.9% and down 0.6% in the last 12 months. Additional clinical services, AHPs and Healthcare scientists reporting increased turnover in the last 12 months. This is mirrored by a steady improvement in staff retention over the previous 12 months.

Rolling sickness absence spiked in December 2024 and has reduced in the last three consecutive months to 5.6%. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost.

KPIs to monitor how well our people are being treated; There has been a decline in the number of emergency salary payments in the past 12 months. Furthermore, E-rosters approved within policy timescales has improved in the last we months but work still needs to be done to meet the 80% KPI.

| | | | | |
|--|--|-------------------------|--|---|
| CRR24-15 | Risk Title: Health and Safety | | Date Opened: 01/12/2023 | |
| | Assuring Committee: People & Culture Committee | | Date Last Committee Review: 10/04/2025 | |
| Date Last Reviewed: 08/05/2025 | Director Lead: Director of Environment and Estates | Link to BAF: N/A | Target Risk Date: 31/03/2026 | |
| There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board. | | | | |
| Mitigations/Controls in place | | | Additional Controls required | |
| <ol style="list-style-type: none"> 1. Three-year Occupational Health, Safety and Security strategy. 2. Health and Safety Policies report into the Strategic Occupational Health & Safety Group (SOSHG). 3. Health and Safety eLearning and short courses in place. 4. Gap Analysis has been reviewed. Strategy and plan to March 2026. 5. Health and Safety Policies and Procedures are on BetsiNet. 6. Programme of Health and Safety Reviews are in place. 7. Programme of Health and Safety Self-Assessments are in place for completion twice yearly. 8. Health and Safety presentation delivered to Board members in February 2025, to raise awareness of requirements. | | | <ol style="list-style-type: none"> a. NHS Employer Health and Safety Standards are being developed b. A review of resources required following the internal audit. c. BCUHB Executive Team and Board of Directors to complete health and safety training. d. The business model aligned to the NHS Manual Handling Passport Scheme to be reviewed e. Investment in training venues is required for manual handling training delivery. f. Senior Leaders to nominate staff to support with Divisional delivery of manual handling refresher training. g. Review of health and safety policies within the next 12-24 months. h. A Health and Safety Risk Assessment and Management Framework needs developing. i. A pan BCUHB Health, Safety and Security Training Needs Analysis is required. j. Utilise the Violence Prevention and Reduction Standards to provide a framework for a safer environment. k. Intranet pages for Health, Safety and Security Services require development. | |
| Actions | | | Due Date | Progression Analysis |
| A new approach is required supplemented by a clear strategy and framework. | | | 31/12/2025 | Progressing (Revised date from 31/12/2024) |

| | | | | | |
|--|------------|----------------------|------------|---|-------|
| | | | | | |
| The Health and Safety Policies and procedures require a review. Compliance spreadsheet included in the SOSHG Agenda. | 31/03/2025 | | | Complete | |
| In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA and Technical specification awaiting sign off. | 31/07/2025 | | | Progressing (Revised date from 31/12/2024) | |
| Health and Safety presentation to be arranged for the Board. Presentation delivered on the 27/02/2025. | 31/03/2025 | | | Complete | |
| Updated strategy and plan developed with key service objectives identified to March 2026. | 31/12/2025 | | | Progressing (Revised date from 31/12/2024) | |
| A process to monitor and review department self-assessments is under development and will be issued in readiness for the April Self-Assessment Cycle. | 31/12/2025 | | | Progressing (Revised date from 31/12/2024) | |
| A review of resources within the Health, Safety and Security Service is required following the internal audit findings. 22/01/2025: Structure reviewed and remodelled. A business case to be developed. Target date extended. Newly appointed Director of Environment and Estates now manages HS&S Service and review will potentially include whole service. | 31/12/2025 | | | Progressing (Revised date from 31/03/2025) | |
| The BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to be reviewed. Target date extended. Following meeting with DDoNs and Service Leads, further meetings scheduled to discuss bespoke service requirements. Work is progressing. | 31/07/2025 | | | Progressing (Revised date from 31/03/2025) | |
| A Health and Safety Risk Assessment and Management Framework is needed. Work to commence FY 2025/26 | 31/03/2026 | | | Not Started | |
| An electronic document management system (EDMS) for reporting of health and safety compliance and risk management pan BCUHB. Risk Management software approved. Implementation 2026 | 01/01/2027 | | | Not Started | |
| | | Impact | Likelihood | Score | |
| | | Inherent Risk Rating | 4 | 5 | 20 |
| | | Current Risk Rating | 4 | 4 | 16 |
| | | Target Risk Score | 4 | 2 | 8 |
| | | Risk Appetite | Regulatory | | 20-25 |
| Position & Intended Outcome for Risk | | | | | |

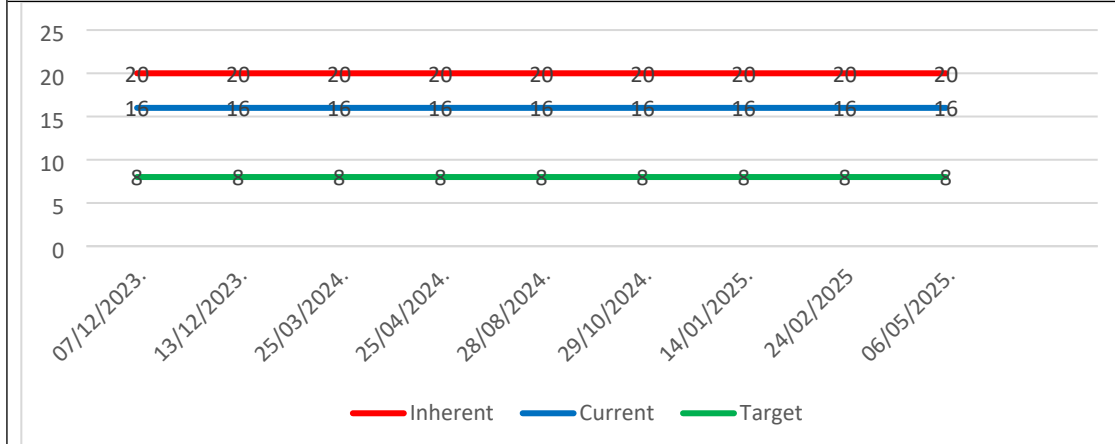


There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.

| | | | |
|--|---|---|---|
| CRR 24-16 | Risk Title: Leadership | | Date Opened: 07/12/2023 |
| | Assuring Committee: People & Culture Committee | | Date Last Committee Review: 10/04/2025 |
| Date Last Reviewed: 06/05/2025 | Director Lead: Deputy Director of People & OD | Link to BAF: | Target Risk Date: 31/03/2026 |
| <p>There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p> | | | |
| Mitigations/Controls in place | | Additional Controls required | |
| <ol style="list-style-type: none"> 1. Integrated Leadership Development Framework (ILDF) with a set of measurement metrics to assess the ongoing effectiveness of the programme 2. Culture change and Behaviours Framework. 3. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. Three conferences have been held so far with over 750 attendees 4. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board. 5. Full Board now in place and all committees now chaired and attended by full complement of Independent Members 6. Culture change agents in place across the organisation 7. The Board formally signed the NHS Wales' Compassionate Leadership Pledge in September 2024. 8. A compassionate behaviour resources, video co-produced with HEIW. 9. Compassionate leadership modules are now integrated into all leadership and management development programmes. 10. An approved Culture Leadership and Development Plan | | <ol style="list-style-type: none"> a. Further embedding of Integrated Leadership Development Framework. b. Implementation and measurement of compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours c. Formal Culture Change Plan and accompanying Comms and Engagement plan d. A Behaviours Framework (will be derived from the culture change workstream) e. Appropriately resourced Culture Change programme and realignment of resources within the OD function. f. Extended gaps in Executive Team | |

| 11. A reorganised OD team in place to support the delivery of the ILDF and Culture Change programmes | | |
|--|------------|--|
| Actions | Due Date | Progression Analysis |
| <p>REF Gaps in controls; A, Define the indicators (quantitative and qualitative) that will enable the organisation to measure the on-going effectiveness of the ILDF.</p> <p>Participation scores and feedback mechanisms are now in place for those attending ILDF courses which will help assess the content and course structure. The new Culture BI dashboard, used alongside the People Operations Report, provides a suite of KPIs to monitor the effectiveness of leadership in the organisation. The next step is to confirm the benchmarks for each of our KPIs that will determine the level of risk.</p> <p>Thematic analysis of the participant feedback received on programmes has been undertaken; this style of analysis will be used to inform the programme content for 2025/26. Used in conjunction with the new culture dashboard and related workforce data, the OD team are now well equipped to monitor the impact the ILDF is having ongoing. See point 1 in the mitigation section</p> | 31/03/2025 | Completed |
| REF Gaps in controls; A, The ILDF courses and development resources for mid-level management/leadership will be designed and implemented across 2025/26 | 31/03/2026 | Progressing |
| REF Gaps in controls; A, B, D, A suite of masterclasses and workshops will be launched in Q1 2025/26 which are aimed to give wrap-around support to our leaders across the organisation. | 30/06/2025 | Progressing |
| <p>REF Gaps in controls; B & C, A further Leadership conference will be held in Q1; the topic and content is currently being ratified and will be confirmed by March 2025</p> <p>In light of the three conferences in 2024 and further development of the topics to be covered, the next conference has been pushed back and will be held in the summer 2025.</p> | 30/09/2025 | Progressing (revised from 31/03/2025) |
| <p>REF Gaps in controls; E, Alignment of OD resource is still underway. The permanent structure is in place but a number of the non-recurrent posts remain vacant with ongoing discussion regarding funding. It is hoped to have the posts filled by Q1 2025/26.</p> <p>The funding allocation for posts has been completed, this action is closed. See point 11 in the mitigation section</p> | 30/06/2025 | Completed |

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|---|------------|-------------|
| <p>Whilst it is not unusual to have a vacant Executive position, there are a small number of posts that have not been filled substantively for some time which may impact the overall scoring of this risk; Executive Director of People & OD – agreed to progress to further advert Executive Director of Finance – Post filled Executive Medical Director – Appointment made</p> | 30/05/2025 | Progressing |
|---|------------|-------------|



| | Impact | Likelihood | Score |
|----------------------|--------------|------------|-------|
| Inherent Risk Rating | 4 | 5 | 20 |
| Current Risk Rating | 4 | 4 | 16 |
| Target Risk Score | 4 | 2 | 8 |
| Risk Appetite | Reputational | | 20-25 |

Position & Intended Outcome for Risk

KPIs to that inform our risk in this area as at [April 2025](#);

Staff retention is 90.6% In April 2025 compared to 90.2% last year.

PADR compliance showed improvement increasing to 9.6%

The number of Grievance cases has dropped in the previous three months to 3, from a spike of 17 in July 2024.

The percentage of stress & anxiety absences remains high at 1.6% [although has dropped 0.2% since January](#). Avoidable turnover has dropped from 5.9% to 4.5% compared to January 2023.

Speak out safely cases have [dropped from 9 to 6 since the last report in January 2025](#)



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|---|--|---|--|--|--|--|
| Cyfarfod a dyddiad: Meeting and date: | People and Culture Committee | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Public | | | | | |
| Teitl yr Adroddiad Report Title: | Summary of business considered in private session to be reported in public | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Pam Wenger, Director of Corporate Governance | | | | | |
| Awdur yr Adroddiad Report Author: | Philippa Peake-Jones, Head of Corporate Affairs | | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | | |
| Atodiadau Appendices: | None | | | | | |
| Y/N to indicate whether the Equality/SED duty is applicable | | | | | | N |
| Argymhelliad / Recommendation: | | | | | | |
| The Committee is asked to note the report. | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | | Ar gyfer Trafodaeth For Discussion | | Ar gyfer sicrwydd For Assurance | | Er gwybodaeth For Information ✓ |
| Sefyllfa / Situation: | | | | | | |
| To report in public session on matters previously considered in private session. | | | | | | |
| Cefndir / Background: | | | | | | |
| 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. | | | | | | |
| Asesiad / Assessment | | | | | | |
| The Committee considered the following matters in private session: | | | | | | |
| 10 April 2025 | | | | | | |
| <ul style="list-style-type: none"> Employee Relations (Senior Managers) Quarterly Professional Standards Report | | | | | | |

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

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

| Date of Request | Origin of Request | Requestor | Item Summary / Title | Nature of Request | Lead Officer | Executive Lead | Intended Meeting Date | Status |
|----------------------|---|-----------------------------------|--|---|---|-----------------------------------|-----------------------|---|
| 07.11.24 | Discussion at P&C agenda setting meeting | Committee | Partnership Arrangements (Private Session) | Health of Partnership Arrangements with Joint LNC and Trade Unions inc Job Planning policy | Jason Brannan | Jason Brannan | 14.08.25 | Checking with CS |
| 23.01.25 | Strategic Workforce Plan – CAMHS Request from Gareth Williams after the CAMHS Strategy Improvement & Development Group | Gareth Williams via P&C Committee | Approved establishment posts vacant Paper and presentation received from Louise Bell | Posts being advertised and having few or no applicants (MHLD, CAMHS and elsewhere) – presentation from CAMHS Strategy Improvement & Development Group | Louise Bell Steve Riley Nick Graham | Jason Brannan | 14.08.25 | This item is being discussed further with Tehmeena |
| 10.04.25 18.11.24 | Action from P&C Committee 10.04.25 Action from QSE Committee 24.10.24 – QSE24/120 (see email from PPJ 30.10.24) | P&C Committee QSE Committee | Strategic H&S Report H&S Update / Progress Report (to include Manual Handling Training) Discussed with PW & DJ 03.03.25 – focus to be an update on H&S Plans and outcome from HSE Prosecution from Stuart Keen | Strategic Paper on H&S that addresses the key issues, risks and actions. Refer the monitoring of Manual Handling Training to the P&C Committee. | Lynne Bushell David Maslen-Jones | Stuart Keen | 14.08.25 | Presentation to June meeting, further strategic paper to future meeting., |
| 20.01.25 | Suggestion from Pam via email 20.01.25 | Pam Wenger | Final Internal Audit Report on Consultant Job Planning | This is going to Feb meeting for info and Pam suggested a substantive update to the June meeting. | Nick Graham Sree Andole | Pam Wenger Jason Brannan | 14.08.25 | Put forward for Aug meeting. |
| 14.01.25 | Action PC24/100.1 from P&C Committee on 19.12.24 See email from GQ 13.05.25 to move this forward to Aug meeting | P&C Committee | On-Call Arrangements - Final Internal Audit Report See email from Andrea Orme 03.04.25 and copy Andrea into call for papers | Agreed at Dec meeting that this comes back to the Committee with a more comprehensive update and response plan. Suggested at agenda setting that this includes EPRR and On-Call. Andrea confirmed this is joint work with Sharon Scott. | Nick Graham Angela Wood Andrea Orme | Jason Brannan | 14.08.25 | Put forward for Aug meeting. |
| 20.03.25 | Suggestion from Georgina Roberts at agenda setting | Email from Gill Querci 20.03.25 | Social Partnership and Public Procurement Act Russ Caldicott suggested this is put forward for the August meeting. | Verbal update with a full paper to be received at the June meeting. | Kay Hannigan | Georgina Roberts Jason Brannan | 14.08.25 | Put forward for Aug meeting |
| 27.01.25 | Suggestion from Dyfed Edwards | Dyfed Edwards via email 27.01.25 | Workforce Data Feed into People Ops Report | Review detail of Workforce data and recruitment and discuss (as per Nick G and Dyfed E discussion) | Nick Graham | Jason Brannan | 14.08.25 | Checking this is covered in the People Ops report |
| 07.11.24 | Discussion at P&C agenda setting meeting and Action from Board 24/203 | Committee / Health Board | Welsh Language | Focus for April meeting - Strategic approach – position paper on compliance focussing on the three IHCs. Possible focus for August meeting - P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate the use of Welsh language. | Teresa Owen | Teresa Owen | 14.08.25 | |

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|----------------------|--|----------------|---|--|------------------|------------------------|-------------------|--|--|
| | | | | How are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare | | | | | |
| 27.03.25 | Action from Board 25/54.1 | Board | Equality Annual Report | People and Culture Committee to discuss the equality agenda in further detail and report back to the Board. | Jason Brannan | Pam Wenger Dyfed Jones | TBC | | |
| 27.03.25 | Action from Board 25/56.1 | Board | Request from Chair's Assurance Report from QSE Committee | People and Culture Committee to review the All-Wales Anti Sexual Harassment policy. | Jason Brannan | Pam Wenger Dyfed Jones | TBC | | |
| 27.03.25 | Action from Board 25/60.2 | Board | Staff Absence and Stress | People and Culture Committee to do a deep dive into the link between absence and stress for staff to determine whether the Health Board could do more to help staff in this area. | Jason Brannan | Pam Wenger Dyfed Jones | TBC | | |
| 18.11.24 | Action from Nov Board 24/204 | Health Board | Recruitment & Development of Young People Potential for Development Session | Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB. | Georgina Roberts | Jason Brannan | TBC | | |
| 18.02.25 | Action from PPHP Committee 18.02.25 PP25/05.1 | PPHP Committee | Volunteering Strategy | Discuss what is required at P&C Committee in terms of the Volunteering Strategy. | Angela Wood | Pam Wenger | 12.06.25 | CLOSED Align to item 3 on CoB | |
| 10.10.24 | Discussion at P&C Committee on 10.10.24 | P&C Committee | Fair Working **See email from Pam 03.04.25 to confirm assurance on the progress against Fair Work will go to the June meeting | Present the Fair Work Element of the well-being objectives to the P&C Committee. (The review of well being objectives is going to PPHP in May) | Paolo Tardivel | Jason Brannan | 12.06.25 | CLOSED Went to Comm 12.06.25 | |
| 11.09.24 | Request from Pam Wenger (see email from Pam W 11.09.24) | Pam Wenger | Medical Education Update This may form part of P&C Development Session - TBC | Following Pam's discussion with Emma Woolley it was agreed to add these items to the forward plan. | Emma Woolley | Pam Wenger | 12.06.25 | CLOSED Align to item 5 on CoB | |
| 19.12.24 | Action from P&C Committee 19.12.24 – PC24/93.3 | P&C Committee | WRES Report | Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance. | Ceri Harris | Jason Brannan | 10.04.25 | CLOSED Went to Comm 10.04.25 Include the WRES Report on the CoB | |
| 19.12.24 | Action from P&C Committee 19.12.24 – PC24/96.2 | P&C Committee | Staff Survey | Bring the Staff Survey including the results to a future Committee linking into Staff Engagement. | Katie Sargent | Jason Brannan | 10.04.25 | CLOSED Went to Comm 10.04.25 | |
| 16.12.24 14.01.25 | Action from P&C Committee PC24/73.1 and email from GQ Also suggestion from Pam and confirmation from Nick G | P&C Committee | Audit Wales Workforce Planning Report | An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25. | Nick Graham | Jason Brannan | 10.04.25 | CLOSED Went to Comm 10.04.25 | |
| 07.11.24 | Discussion at P&C agenda setting meeting – Action from Dec meeting PC24/97.1 Email from Nia T 17.03.25 | Committee | Values and Behaviours (Nia Thomas confirmed that the V&B Deployment Plan is now in place and updates on the plan will be provided as part of the CLE update report) | Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan (A paper highlighting next steps) | Nia Thomas | Jason Brannan | April / June 2025 | CLOSED See note from Nia Thomas | |

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|----------|---|---|--|---|---|------------------------------|----------|---|
| 21.11.24 | Email from PPJ / Pam / Gill Q (see email from PPJ 21.11.24) | Ceri Harris | Equality Annual Report (may also include Gender Pay report) | Included in one equality item: Presentation on key messages / update (if final report not available) | Ceri Harris | Jason Brannan | 13.02.25 | CLOSED Went to Comm 13.02.25 |
| 07.11.24 | Discussion at P&C agenda setting meeting | CEO | Strategic Equalities Plan | Included in one equality item: Focus on how this links to the biggest challenges, be clear on specific issues for focus (and so what?), how to position this for the Committee and include the new legislation. | Ceri Harris | Jason Brannan | 13.02.25 | CLOSED Went to Comm 13.02.25 |
| 07.11.24 | Discussion at P&C agenda setting meeting | Committee | Workforce Commissioning Numbers | This will be covered under the Education Training Plan item. Links to Medical Education | Jason Brannan | Jason Brannan | 13.02.25 | CLOSED Went to Comm 13.02.25 |
| 18.11.24 | Action from Board 24/199 | Health Board | Staff Turnover – this is included on the People Operations Report | Jason checking whether staff turnover is already included in the People Operations Report - Arrange for P&C Committee forward workplan to include Staff Turnover report. | Georgina Roberts | Jason Brannan | 13.02.25 | CLOSED Went to Comm 13.02.25 |
| 15.12.24 | Email from Gill Querci 15.12.24 | Gill Querci | Education Training Plan | Initial draft of the Education Training Plan to go to Committee for noting. | Nick Graham | Jason Brannan | 13.02.25 | CLOSED Went to Comm 13.02.25 |
| 09.10.24 | Email from Pam Wenger 09.10.24 | Pam Wenger | Worker Protection | Worker Protection (Amendment of Equality Act 2010) Act 2023 Covered in Equality Report to Dec meeting | Pam Wenger | Pam Wenger | 19.12.24 | CLOSED Went to Comm 19.12.24 |
| 10.10.24 | Discussion at P&C Committee on 10.10.24 | P&C Committee | Sexual Harassment | An overview of the risks and mitigating factors linked to the new duty in relation to sexual harassment. | Ceri Harris | Jason Brannan | 13.02.25 | CLOSED Went to Comm 19.12.24 |
| 13.06.24 | Request from Audit Committee & PC24/29.1 Action from June P&C Committee | Phil Meakin | Internal Audit Report – On-Call Arrangements | Original request from Audit Committee for report to be considered by P&C Committee | Andrea Orme discussing with Angela Wood | Jason Brannan | 19.12.24 | CLOSED Went to Comm 19.12.24 |
| 12.09.24 | Speaking Up Safely / Whistle Blowing Arrangements | Audit Committee | Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions | Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee | Jason Brannan | Jason Brannan | 19.12.24 | CLOSED Went to Comm 19.12.24 |
| 06.08.24 | Discussion with LJ and PPJ | Philippa Peake-Jones | P&C Committee.1 ToR | Amendments to P&C Committee ToR from RemCom | Pam Wenger | Pam Wenger | 10.10.24 | CLOSED Went to Comm 10.10.24 |
| 22.07.24 | Request from Gill Querci / Jason Brannan via email | Jason Brannan | DPA (Dental Practice Adviser) Salary | To be discuss in Private session | Maxine Wright | Jason Brannan | 10.10.24 | CLOSED Verbal update at Oct meeting |
| 08.08.24 | PC24/54 Committee Forward Workplan | Carol Shillabeer / Dyfed Jones | Additional items for future Committee meetings | Assessment of Special Measures Welsh Language Equality Health & Safety | Philippa Peake-Jones | Relevant Executive Directors | 10.10.24 | CLOSED For discussion at Development Session 19.11.24 |
| 11.04.24 | PC24/12.3 Action from April P&C Committee | Jason Brannan | Progress of the Audit Wales Report - Review of Workforce Planning Arrangement | Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress | Jason Brannan | Jason Brannan | 10.10.24 | CLOSED Went to Comm 10.10.24 with a focus on Q2 |
| 25.06.24 | Email on the Latest Bevan Commission Report – The Values and Value of the Third | Pam Wenger / Jason Brannan / Kirsty Thomson | Staff Wellbeing Grant Scheme | Update to the Committee – Kirsty Thomson pulling together a paper to | Kirsty Thomson | Jason Brannan | 10.10.24 | CLOSED Went to Comm 10.10.24 |

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|----------|--|----------------------|--|---|---------------|------------------|----------|--|
| | Sector (see email from Gill Q 22.07.24) | | | share with Angela, Helen & Jason – Philippa discussing with Pam | | | | |
| 13.06.24 | PC24/38.2 Action from June P&C Committee (Private) | P&C Committee | Health & Safety Annual Report | Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug meeting (public) before Board in Sept | Jason Brannan | Jason Brannan | 08.08.24 | CLOSED Pulled from Aug agenda, went to Board in Sept |
| 07.05.24 | Via Carol Shillabeer | Georgina Roberts | Discussion on Staff Recognition | Verbal update | Jason Brannan | Carol Shillabeer | 08.08.24 | CLOSED Went to Comm 08.08.24 |
| 02.05.24 | Action from RemCom | Philippa Peake-Jones | Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme | To close down action transferred from RemCom | Jason Brannan | Jason Brannan | 08.08.24 | CLOSED Went to Comm 08.08.24 |
| 18.06.24 | Gill Querci email / HEIW | Jason Brannan | Compassionate Leadership Pledge | Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report | Jason Brannan | Jason Brannan | 08.08.24 | CLOSED Went to Comm 08.08.24 |
| 18.06.24 | Gill Querci email | Jason Brannan | 'Time to Shortlist' Improvement Project | Request from Jason Brannan – links to discussion at June P&C | Jason Brannan | Jason Brannan | 08.08.24 | CLOSED Went to Comm 08.08.24 |