

Bundle BCU People and Culture Committee 4 December 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC25.122 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PC25.123 Declarations of Interest - Verbal (Chair)
- 1.3 09:32 - PC25.124 Unconfirmed Minutes of Meeting held on 16.10.25 - Attached (Chair)
PC25.124 Minutes from P&C Committee 16.10.25 V0.2 (Public) Draft
- 1.4 09:35 - PC25.125 Matters Arising & Action Log - Attached (Chair)
PC25.125 Action Log P&C Committee - Public (Updated 25.11.25)
- 2 09:40 - STAFF STORY
- 2.1 09:40 - PC25.126 Staff Story - Video and Paper (Head of Employee Experience and Engagement)
PC25.126 Staff Story
PC25.126.1 Staff Story
- 3 09:55 - STRATEGIC PRIORITIES
- 3.1 09:55 - PC25.127 Management of Health and Safety Mid-Year Progress Report - Paper (Director of Environment and Estates)
PC25.127 Management of Health and Safety Mid-Year Progress Report
- 3.2 10:10 - PC25.128 Identifying Posts as 'Welsh Essential' and Supporting Training Framework - Paper (Executive Director of Allied Health Professionals & Health Science)
PC25.128 Identifying Posts as 'Welsh Essential' and Supporting Training Framework - WL and WOD Joint Paper
- 3.3 10:25 - PC25.129 People Operations Report - Paper (Interim Executive Director of People Services and Organisational Development)
PC25.129 People Operations Report Coversheet - Final Version
PC25.129a People Operations Report - BCU - Final
PC25.129b Corporate Workforce Analysis - Final JE slide added
PC25.129c Vacancy Analysis - Final
- 3.4 10:40 - PC25.130 Sickness Actions Deep Dive - Paper (Interim Executive Director of People Services and Organisational Development)
PC25.130 Sickness Actions Deep Dive V.6.0
- 3.5 10:50 - PC25.131 Organisational Strategic Workforce Planning Framework - Verbal (Interim Executive Director of People Services and Organisational Development)
- 3.6 11:00 - PC25.132 Education and Training Discovery Report - Paper (Chief Executive / Interim Executive Director of People Services and Organisational Development)
PC25.132 Education and Training Draft Discovery Report - v0.13 - P&C Committee
- 3.7 11:15 - BREAK
- 4 11:25 - GOVERNANCE AND ASSURANCE
- 4.1 11:25 - PC25.133 Consultant Job Planning - Paper (Executive Medical Director)
PC25.133 Committee Coversheet - Consultant Job Planning JP PC v4
PC25.133a BCU-2526-27 Final Internal Audit Report Consultant job plan followup
- 4.2 11:40 - PC25.134 On-Call Arrangements: Final Internal Audit Report June 2022 – Progress Report - Paper (Chief Operating Officer / Executive Director of Public Health)
PC25.134 P&C re On-Call Arrangements Updated 20.11.2025
- 4.3 11:55 - PC25.135 Board Assurance Framework - Paper (Head of Risk Management)
PC25.135 P&C Board Assurance Framework December 2025 v2
- 4.4 12:00 - PC25.136 Corporate Governance Report - Paper (Head of Corporate Governance)
PC25.136 Corporate Governance Report (Cover paper)

PC25.136a Workplan for P&C Committee (Live Version as at 25.11.25)

- 5 12:05 - CLOSING BUSINESS
- 5.1 12:05 - PC25.137 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 5.2 12:06 - PC25.138 Review of Meeting Effectiveness - Verbal (Chair)
- 5.3 12:08 - PC25.139 Date of Next Meeting - 12.02.26
- 5.4 12:09 - 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 16 October 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Dyfed Jones	Independent Member (Chair of Committee)
Bill Nichols	Independent Member
Clare Budden	Independent Member
In Attendance	
Jason Brannan	Deputy Director of People
Nesta Collingridge	Head of Risk Management (<i>part meeting</i>)
Dave Harries	Head of Internal Audit
Fflur Jones	Performance Audit Lead, Audit Wales
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgia Roberts	Interim Executive Director of People Services and Organisational Development
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PC25/98 Welcome and Apologies</p> <p>Apologies were noted for Carol Shillabeer, Dyfed Edwards and Tehmeena Ajmal.</p>
<p>PC25/99 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PC25/100 Unconfirmed Minutes of Meeting held on 14 August 2025</p> <p>It was agreed that the minutes of the meeting held on 14 August 2025 were a true and accurate record subject to noting apologies for Billy Nichols.</p>
<p>PC25/101 Matters Arising & Action Log</p> <p>Members received the action log and noted progress against the actions.</p> <p>Progress on Consultant Job Planning Internal Audit Report</p> <ul style="list-style-type: none"> In relation to action PC25/82.1 it was confirmed that this will be a substantive item at the Audit Committee in December 2025 once it has been to the People and Culture Committee also during December 2025. The report will align with the follow up Internal Audit review that has been completed and provide an update on progress.

On-Call Arrangements - Final Internal Audit Report

- In relation to action PC24/100.1 it was confirmed that the intention was for the Committee to receive an update on progress against the report. The Chief Operating Officer and Executive Director of Public Health have now been assigned to take this forward and will commence a full review of on call arrangements. It was agreed that the action will remain open and progress will be presented at a future meeting.

It was resolved that the Committee:

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

STAFF STORY

PC25/102 Staff Story

The Committee received the staff story and the Interim Executive Director of People Services and Organisational Development and Deputy Director of People highlighted:

- The staff story focusses on the Culture Change Programme and the development of Culture Change Leaders.
- There are currently 79 Culture Change Leaders across the organisation with the aim of reaching 150 Leaders to include representatives from all professions and sites to ensure there is voice being heard for all staff.
- The Leaders meet on a quarterly basis and provide support on a wide range of elements including the Staff Survey and development of the Culture and Leadership Programme.
- The programme follows an evidence based model which has been established by Professor Michael West from the King's Fund to connect personally with staff to achieve changes in this area of work.
- A People and Change Group has been established in each of the Integrated Health Communities which the Leaders link in to and provide feedback, direction and shared information. This area of work has helped to drive forward the synthesis report with input from a wide range of Leaders.

In discussing the staff story, the Committee:

- Acknowledged that the Board are on a journey to address some of the issues being raised and the story provides a good example of a team speaking about the value of the Culture Change Programme.
- Recognised the breadth of Culture Change Leaders and confirmed the need to ensure staff on the ground are included to provide valuable feedback and experiences from colleagues working in challenging environments. It was confirmed that there is a need to ensure staff working in certain roles who have scheduled rotas can be released to take part in the relevant discussions and the need for Trade Union representatives to reinforce this message.
- Stated that a Culture Design Group has been established to ensure a wide range of staff are involved and identify where there are underrepresented groups. Going forward the team can then target specific areas to enlist staff as Culture Change Leaders.

- Noted that Leaders are being trained with toolkits which allow them to acknowledge the team values and share this information locally to see how culture is being represented across the organisation.
- Highlighted that both stories shared raise issues of concern around lack of support in particular around attendance at the Coroner's Court and queried how assurance can be provided to ensure these issues are being managed. It was confirmed that in relation to the Coroner's Court, work is taking place in relation to legal services and further information can be provided to the Committee.
- Suggested further work is required to ensure staff stories being shared align with the strategic priorities of the Health Board. It was confirmed that this is the aim when developing agendas however a wider discussion would be valuable.

Actions:

- **PC25/102.1** Director of Corporate Governance to provide information on the work being completed by Legal Services to provide support to staff including those who are requested to attend Coroner's Court.
- **PC25/102.2** Director of Corporate Governance and Interim Executive Director of People Services and Organisational Development to facilitate a wider discussion on aligning the strategic priorities of the Health Board with the content of the Staff Story.

It was resolved that the Committee:

- **NOTED** the themes raised by the two storytellers about their experiences which led them to want to be part of a change to the culture of the organisation.
- **CONSIDERED** the points raised by each storyteller.

STRATEGIC PRIORITIES

PC25/103 People Operations Report

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

- The Health Board have the lowest sickness rate across Wales however stress, anxiety and depression remain the highest reasons for sickness absence.
- Mandatory training continues to be above the target and the team are focussing on the staff areas where an increase in compliance is required.
- The vacancy rate remains high however specific posts may be being held at this point in time and this is an area that is being continuously reviewed.

In discussing the item, the Committee:

- Requested an understanding of why posts may not be being filled, it was confirmed that some services are redesigning structures when staff leave and some posts are also being held due to the Foundations for the Future Programme.
- Referred to the high figures relating to staff absence due to stress and queried whether systemic issues and patterns are being highlighted to identify any hot spot areas. It was confirmed that the team review this information on a regular basis and target specific areas with interventions.
- Stated that the current Performance Appraisal Development Review (PADR) documentation does not refer to career development and succession planning. It was confirmed that the new PADR system is being developed in line with the values

and behaviours workstream which will include a focus on succession planning, career aspirations and development. This is due to launch in the next six months however it will be two to three years before the full impact will be recognised.

It was resolved that the Committee:

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

PC25/104 Job Evaluation Update

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

- The information included in the paper regularly into both the Workforce Partnership Group and the Local Partnership Forum as well as forming part of the People Operations Report.
- The paper includes an update on the management actions that have been undertaken as a result of the Job Evaluation Internal Audit that was completed at the beginning of 2025.
- As a result of the Internal Audit, a new Job Evaluation Policy has been established which came into effect on 1 August 2025. The new policy sets out the process for writing, submitting and reviewing job descriptions to ensure this is more effective and standardised across the organisation.
- Going forward the reporting of job evaluation will form part of the People Operations Report.

In discussing the report, the Committee:

- Queried how the new policy has had an impact from a Trade Union perspective. It was confirmed that the policy is working well, previous concerns were raised around the rebanding process and the new policy includes clear information in relation to this process.
- Referred to new systems that have been developed and requested assurance around employees being asked to pick up additional tasks which may lead to the rebanding of specific posts. It was confirmed that the policy now provides more control, a range of national job profiles are coming into the organisation and this provides assurance that jobs have been scoped at a certain levels on a national scale which is helpful when agreeing establishments.
- Confirmed that this work has been completed in partnership with Trade Unions and staffside colleagues to bring the Health Board in line with the rest of Wales noting that where decisions are made to reband posts, the responsibility for this is to be funded through local budgets.
- Highlighted the audit recommendations that have now passed their agreed timescales and queried whether the required evidence has been signed off by Internal Audit. The Interim Executive Director of People Services and Organisational Development agreed to follow this up with Internal Audit outside of the meeting to provide assurance to the Committee.

Action:

- **PC25/104.1** Interim Executive Director of People Services and Organisational Development to make contact with Internal Audit to check whether the required evidence relating to the audit recommendations has been provided and approved.

It was resolved that the Committee:

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

PC25/105 Management of Fixed Term Contracts

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

- There have been ongoing issues across the organisation with the management of fixed term contracts and work has been taking place to address this issue.
- A number of recommendations were agreed by the Executive Team in May 2024 to reduce the number of fixed term contracts being used.
- Robust arrangements have now been implemented and over the past 15 months, this volume of fixed term contracts has reduced by 26%.
- The process has been managed in line with employment legislation and during that period, there has only been one redundancy payment made due to an individual not being able to be redeployed.
- Work continues on a monthly basis to prevent the use of fixed term contracts unless requests meet the required criteria, the team are suggesting the use of secondments to address short term issues.
- Further work is required to link in with workforce planning and provide further education to managers. Regular reports will continue to be provided to the Executive Committee and a cultural shift is required in the level of accountability of managers.

In discussing the report, the Committee:

- Acknowledged the controls that have been put in place and the decrease in the number of fixed terms contracts being used.
- Queried how the approval process has changed from previous practice. It was confirmed that this now forms part of the external control process to allow the relevant teams to identify whether requests meet the required criteria.

It was resolved that the Committee:

- **NOTED** the recommendations outlined in the paper to further strengthen the management of fixed term contracts and safeguard against future contractual and financial risks, building on what has previously been endorsed by the Executive Team.

PC25/106 Workforce Race Equality Standard (WRES) Report

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

- The Annual Equality Report 2023/24 was approved by the Board in March 2025 and the team committed to present the report at an earlier stage during 2025/26.
- As part of the work, a strategic equality plan has been developed in line with the Workforce Race Equality Standard (WRES) report that was introduced by Welsh

Government. The report links to the Anti-racist Wales Action Plan which includes data and key themes that need to be reviewed in this area.

- The report highlights a number of areas that need to be addressed which include inequality of progression of staff, lack of diversity of Board members, ethnic minority staff not being appointed after shortlisting and poor levels of declarations of ethnicity.
- A Workforce Race Equality Standard (WRES) Task and Finish Group has been established to provide a strategic recruitment review of the processes based on the latest report recommendations.
- A Culture, Education and Training Lead for Equality has been appointed to provide support, share lived experiences through staff engagement and identify whether there are any fundamental issues that need to be reviewed.

In discussing the report, the Committee:

- Suggested the Committee need to review the action plan that has been developed to address the issues raised to provide assurance. It was agreed that there is a need to see progress and this should come back to a future meeting of the Committee.
- Noted that the organisation feels more diverse than the figures show in the report suggesting there may be a high proportion of non-declarers. It was confirmed that the Health Board aim to have a diverse workforce and will continue to encourage staff to declare their ethnic status.
- Referred to the information relating to minority staff in higher positions, it was suggested that there is a need to promote opportunities and the team are completing a deep dive in this area.

Action:

- **PC25/106.1** The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.

It was resolved that the Committee:

- **NOTED** the content of the report and how this aligns to the strategic equality plan.

PC25/107 Gender, Race and Disability Pay Gap Reports

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

- As part of the Health Board's duties there is a legal requirement to produce and publish a Gender Pay Gap Report on an annual basis.
- New reporting requirements have also been introduced by Welsh Government in relation to race and disability pay gap reporting. It was noted that during March 2025, the Health Board published its first Race Pay Audit and this year, a Disability Pay Gap report has been developed to sit alongside the other pay gap reports.
- In relation to gender, the majority of NHS organisations continue to have a gender pay gap and within the Health Board the current pay gap is 24% therefore further work is required in this area.

In discussing the report, the Committee:



- Noted that the Committee papers have been published on the website therefore there is a need for the reports to be published bi-lingually, and this will be noted in the Chair's Assurance Report to the Board.
- Highlighted concerns that the Health Board continue to have a gap in pay. It was noted that there is a need to track progress suggesting that doctors have a big impact on the figures as the majority are male however more women are now progressing through the system and the Foundations for the Future Programme may help to reduce the gap.

Action:

- **PC25/107.1** Deputy Director of People to ensure the Race and Gender Pay Gap Reports are published on the website bi-lingually.

It was resolved that the Committee:

- **APPROVED** reporting of the Race and Gender Pay Gap Reports for each area as appropriate.

GOVERNANCE AND ASSURANCE

PC25/108 Item Withdrawn

PC25/109 Corporate Risk Register Report

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

- The report is presented for assurance and it was noted that two Executive Committee Development Sessions have taken place to review the risks in more detail. It was agreed as part of the Development Sessions to consolidate the 26 risks into a more strategic Corporate Risk Register.
- The risks for the Committee now focus on Future Demand and Sustainable Workforce as well as Leadership and Operating Model. The scores remain the same and reference to the old risks will be removed going forward.

In discussing the report, the Committee:

- Queried whether the current controls are sufficient or if additional measures are required. It was confirmed that while the expectation is to start seeing downward trends, there remain areas of weakness that require corresponding actions to provide assurance.
- Specific reference was made to sickness absence and whether further controls are needed to address this risk. It was noted that the Health Board can support staff within the workplace; however, additional work is required to manage sickness absence more effectively

It was resolved that the Committee:

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

PC25/110 Corporate Governance Report

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

- The report is provided to note the summary of business considered in private and the forward workplan.

In discussing the report, the Committee:

- Highlighted that discussions are taking place around how the Committee can assess the use of apprenticeships, support for young people and promote careers via school settings to ensure this is in the strategic space. It was also noted that this will also be discussed further at an informal Executive Committee.

It was resolved that the Committee:

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

CLOSING BUSINESS

PC25/111 Agree Items for Referral to Board / Other Committees

It was agreed that the Gender, Race and Disability Pay Gap Reports are referenced in the Chair's Assurance Report for onward reporting to the Board.

PC25/112 Review of Meeting Effectiveness

It was agreed that there had been good discussion and the Committee is developing well.

PC25/113 Date of next meeting

Thursday 4 December 2025, 9.30am

Resolution to Exclude the Press and Public

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

People & Culture Committee Action Log (Public)

Updated 25.11.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25/106.1	16.10.25	Workforce Race Equality Standard (WRES) Report The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.	Georgina Roberts	Feb 26	Remain Open 27.10.25 This is being taken forward with the Head of Equality and Human Rights.
2	PC25/107.1	16.10.25	Gender, Race and Disability Pay Gap Reports Deputy Director of People to ensure the Race and Gender Pay Gap Reports are published on the website bi-lingually.	Jason Brannan	Dec 25	Remain Open 24.11.25 The documents are in the process of being translated and will be published on the website in due course.
ACTIONS PROPOSED FOR CLOSURE						
1	PC25/102.1	16.10.25	Staff Story Director of Corporate Governance to provide information on the work being completed by Legal Services to provide support to staff including those who are requested to attend Coroner's Court.	Pam Wenger Matt Joyes	Dec 25	Action proposed for closure 25.11.25 A briefing note has been circulated to members outside of the meeting.
2	PC25/104.1	16.10.25	Job Evaluation Update Interim Executive Director of People Services and OD to make contact with Internal Audit to check whether the	Georgina Roberts	Dec 25	Action proposed for closure 27.10.25 This has been reviewed and all recommendations have been completed.



			required evidence relating to the audit recommendations has been provided and approved.			
3	PC25/102.2	16.10.25	<p>Staff Story Director of Corporate Governance and Interim Executive Director of People Services and OD to facilitate a wider discussion on aligning the strategic priorities of the Health Board with the content of the Staff Story.</p>	Pam Wenger Georgina Roberts	Dec 25	<p>Action proposed for closure 25.11.25 Work is taking place to align the staff stories to the cycle of business. At the October meeting there was a focus on culture change and the December meeting will have a focus on implementing Health and Safety standards aligned to the Health and Safety Mid-Year Progress Report that is being presented.</p>
4	PC25/73.1	14.08.25	<p>Staff Story The People Managers Forum to review real life scenarios and explore the support that can be provided for staff and managers in terms of training, support and learning from staff experience to align with the culture approach and discuss how this can be managed going forward.</p>	Georgina Roberts	Dec 25	<p>Action proposed for closure 27.10.25 This is being actioned by the Team after each Staff Story has been presented to the P&C Committee, where permission from the storyteller is provided. 09.10.25 This is being taken forward with the People Managers Forum.</p>
5	PC25/74.1	14.08.25	<p>Sickness Deep Dive Report An action plan relating to the sickness deep dive to come back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.</p>	Nick Graham Georgina Roberts	Dec 25	<p>Action proposed for closure 24.11.25 The sickness deep dive action plan has been included on the agenda for the December meeting. 09.10.25 The action is on track and will be presented to the Committee in December 25.</p>



6	PC25/75.1	14.08.25	<p>People Operations Report A detailed report to come back to a future meeting of the Committee in relation to the increase in vacancy rates to provide an understanding of vacancies across the organisation.</p>	Nick Graham	Dec 25	<p>Action proposed for closure 24.11.25 A Vacancy Analysis Report has been included as an appendix to the People Operations Report. 09.10.25 The action is on track and will be presented to the Committee in December 25.</p>
7	PC25/82.1	14.08.25	<p>Progress on Consultant Job Planning Internal Audit Report Progress on Consultant Job Planning to be reported back to the Committee for onwards submission and assurance to the Audit Committee.</p>	Clara Day	Dec 25	<p>Action proposed for closure 24.11.25 A paper on Consultant Job Planning has been included on the agenda for the meeting in December 2025. 07.10.25 This will be a priority area of focus for the new Executive Medical Director and will be reported to the Committee in December 2025.</p>
8	PC25/31.1	10.04.25	<p>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.</p>	Stuart Keen	<p>June 25 Revised timescale Dec 25</p>	<p>Action proposed for closure 24.11.25 A Management of Health and Safety Mid-Year Progress Report has been included on the agenda for the meeting in December 2025. 07.10.25 The Director of Environment and Estates is developing a strategic paper to be presented to the Committee in December 2025. 29.07.25 The Committee received a presentation on the Strategic</p>



						<p>Occupational Health & Safety Report at the meeting in June 25. The Health & Safety Improvement Plan will be presented to the Committee in December 25 in line with item 1C on the CoB.</p> <p>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.</p>
9	PC24/100.1	19.12.24	<p>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.</p>	Jason Brannan Pam Wenger Angela Wood Andrea Orme	April 2025 Revised timescale Dec 25	<p>Action proposed for closure</p> <p>25.11.25 The On-Call Arrangements: Final Internal Audit Report June 2022 – Progress Report has been included on the agenda for the December 25 meeting.</p> <p>07.10.25 A report has been included on the agenda for the October 25 meeting for discussion and agreement of the most appropriate route for progress of the required actions going forward.</p> <p>12.07.25 Work continues, a draft on call policy has been prepared and will be shared with colleagues and</p>



					<p>staffside for review in the next few weeks. 150 managers have attended training sessions for on call managers to date. IHC Directors are reviewing those posts that are not on the on call rota to understand the rationale. Discussions will be taking place with post holders to ask if they would consider joining the rota to increase numbers. Longer term there may need to be an organisational change process to include the requirement to participate on the on call rota to be included in job descriptions. Corporate Directors have also been approached about posts that might be considered for the on call rota. This is due to come to the Committee in October 25.</p> <p>24.03.25 A comprehensive update and response plan will be presented to the Committee at the next meeting in June 25.</p> <p>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-</p>
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						<p>call management policy. Training sessions have been introduced for all on-call managers. Work is now commencing on reviewing posts included on the on-call rota and those that should be. Information will be shared at the Operational Leadership Team meeting, (chaired by the Chief Operating Officer) to help gain clarity on the most efficient way to enable discussions to commence with colleagues as necessary.</p> <p>An update on the response plan recommendations will be prepared for the June 2025 meeting.</p>
Closed Actions (as agreed at meeting on 16.10.25)						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25/73.2	14.08.25	<p>Staff Story Head of Employee Experience and Engagement and Director of Corporate Governance to discuss staff access to relevant information and providing guidance for policy management.</p>	<p>Pam Wenger Katie Sargent</p>	Oct 25	<p>06.10.25 A Staff Stories hub has been developed and is live on BetsiNet where the staff stories and accompanying films are available for staff to access as well as providing further information, guidance and signposting for staff and managers. NB not all storytellers are comfortable sharing their story beyond the P&C committee (as per August's story) so those will not feature.</p>



2	PC25/73.3	14.08.25	<p>Staff Story Deputy Director of People to circulate the current interactive toolkit that is available to provide support to staff.</p>	Jason Brannan	Oct 25	<p>15.08.25 The Deputy Director of People circulated the link to the Living Well, Working Well Handbook to members outside of the meeting for information.</p>
3	PC25/55.2	12.06.25	<p>People Operations Report Workshop session to take place to refocus the Committee agenda, discuss what areas can be reported via the Performance Report and what Key Performance Indicators need to be measured and monitored by the Committee to provide assurance.</p>	Pam Wenger	Oct 25	<p>14.08.25 It was agreed during the meeting that the approach to Performance reporting is being reviewed in relation to the level of information being shared at both Board and Committee level. This will be addressed by action 25/139.1 from the Board held on 31 July 2025 and therefore it was agreed to close this action. 29.07.25 A date for this session is being arranged to take place in September / October 25.</p>
4	PC25/56.2	12.06.25	<p>Fair Work Element of the Well-being Objectives Fixed term contracts to be reviewed in further detail to provide assurance to the Board.</p>	Georgina Roberts	Oct 25	<p>07.10.25 An item on the management of fixed term contracts has been included on the agenda for the October 25 meeting. 06.08.25 Significant work on fixed term contracts has already taken place. A report on the findings will come to P&C in October 25.</p>



Teitl adroddiad: <i>Report title:</i>	Staff story – the journey of shared ownership for Health and Safety in the Health Board
Adrodd i: <i>Report to:</i>	People and Culture Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 04 December 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>We know that improving how we manage risk and embedding a culture of safety amongst staff will lead to improved patient safety – we are committed to looking after our staff so that they can look after our patients.</p> <p>A 2025/2026 Annual Delivery Plan progress report from Lynne Bushell, Head of Health, Safety and Security will be presented to the Committee today.</p> <p>This paper complements it as we hear first-hand of the experiences of a member of the Health and Safety Team and an operational manager in navigating a new, collaborative approach to embedding the NHS Employers Workplace Health and Safety Standards.</p> <p>The standards were introduced across BCUHB in April 2025 and recognise that partnership working ensures the best outcomes for patients and staff in protecting their health, safety and wellbeing.</p> <p>Over recent months, the Health and Safety team has undertaken work to encourage local ownership of workplace health and safety by collaborating with and supporting colleagues to make improvements locally. This has involved targeted engagement with teams and individuals to deliver a fundamental change in how the organisation uses tools to secure local accountability for health and safety.</p>
Argymhellion: <i>Recommendations:</i>	The Committee is asked to note the themes raised by the two storytellers about their experiences of working differently, and together, to change to approach to Health and Safety in the organisation.
Arweinydd Gweithredol: <i>Executive Lead:</i>	Georgina Roberts Interim Executive Director of People
Awdur yr Adroddiad: <i>Report Author:</i>	Katie Sargent Employee Experience and Engagement

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 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>	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: <i>Regulatory and legal implications:</i>	N/A			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No. 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.			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	No. N/A			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	N/A			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There is no additional financial cost attached to this proposal.			

<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: Dim</p> <p>List of Appendices: None</p>	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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

Staff story background

There is strong evidence linking patient safety, patient experiences and the quality of care with the safety, health and wellbeing of the workforce.

Health and safety is a shared responsibility across the Health Board, led by the Board, to senior management to local managers, all of whom have defined duties.

Safe service delivery is the priority of the Health and Safety team and over recent months, team members have been working to embed health and safety into the core business of teams across the Health Board.

The Health and Safety team is responsible for a wide range of issues, from dealing with day to day matters such as slips and trips and exposure to hazardous substances, to writing and ensuring that policies are followed and developing and delivering training to staff so they are competent in this key area.

The team's role is predominantly advisory, supporting managers to understand and implement health and safety protocols in their areas of responsibility. This may include helping to identify hazards, assess risks, implement control measures, and monitor their compliance.

The Health and Safety team has undertaken work to encourage local ownership of workplace health and safety by collaborating with and supporting colleagues to make improvements locally. This has involved targeted engagement with teams and individuals to deliver a fundamental change in how the organisation uses tools to secure local accountability for health and safety.

The team has worked very hard on changing perceptions so that it isn't seen as a clipboard-brandishing faceless force that induces fear in managers.

The NHS Employers Workplace Health and Safety Standards

The standards were introduced across BCUHB in April 2025. These standards recognise that partnership working ensures the best outcomes for patients and staff in protecting their health, safety and wellbeing and intends for the guidance to be implemented with the same partnership approach. This is what the Health and Safety team is endeavouring to do.

Using a framework and terminology that the Health Board was already familiar with, these standards were rolled out in the form of a Health and Safety Self-Assessment as follows:

- Cohort one: April 2025 - East IHC, Central IHC, West IHC (DGHs only), Environment and Estates, Radiology, and MHLD.
- Cohort two: October 2025 – Cancer Services, Womens and Maternity Services, Community Services, Pan Services, Corporate Services, and Primary Care.

The collation of returns from cohort two is currently underway.

The bi-annual Health and Safety Self Assessment template has been updated to combine legal requirements and guidance to help us comply with 'goal setting' health and safety legislation.

Health and Safety Advisors are on hand to answer questions from colleagues during completion and a series of tool box talks are offered. The collation of responses allows services to assess and scrutinise their level of compliance to inform a position statement that identifies the work required to improve compliance where gaps and weaknesses are identified.

The self assessment is owned by each service and respective Directors are accountable for the completion of the self assessment tool with openness and transparency, its return and the ongoing maintenance in the wards/departments/services that fall under their responsibility.

Staff story transcript

Sam Newitt, Corporate Health and Safety Advisor

Challenges before changes came into effect

Before the establishment of the new standards, there was still a programme of annual reviews undertaken by our service, however, this was based on a short question and answer set. Engagement amongst staff was mixed and whilst there was follow-up built into any non-compliance identified, the 'loop' in the 'Plan, Do, Check, Act' model endorsed by the Health and Safety Executive wasn't closed.

Even though the policy, process and framework hasn't materially changed, the tools we are using have evolved significantly.

Assurance for health and safety compliance has been traditionally gathered by the health and safety team's annual reviews but inconsistent engagement meant we couldn't always rely on services to provide the required assurance, as they often didn't see it as their responsibility.

A fundamental part of the transition to shared ownership is about basic education – some managers don't know what a risk assessment really is, for example.

How we have improved support and engagement

We have attempted to make ourselves more accessible. There's a number of things we have been doing: increasing the training on offer and, for the past year or so we've adopted the NHS Employers Health and Safety Standards, providing a more assured framework and toolkits for managers. We've boosted the guidance available to people.

We don't want people just filling out spreadsheets in isolation, we want them to be helped through that. Then they are able to turn that into locally-owned action for managing their health and safety business.

We want to be accessible, approachable and for the difference to be tangible so colleagues can use the tools day-to-day wherever they're working. We want them to have the confidence to take their own bit of ownership.

We've ensured all the resources are there on our BetsiNet pages in a way that they weren't before – things are signposted properly and we have increased the visibility of the advisers so people know that we're there. We have built that in a co-ordinated way through the divisional and IHC networks.

The way it works best is when people have the tools that they need and are taking ownership locally with their teams and working with us so we can provide the support and advice that they need.

They can then communicate effectively on matters relating to health and safety with their teams, meaning the teams will be better engaged. This reduces the mythology around health and safety as something to be scared of.

The impact on my role and the team

In the past week, I have had two consultations with managers who have reached out as they didn't know where to start. They just needed some guidance but had been anxious about being overloaded with more work. I was able to reassure them and separate out things that need to be escalated and advise them on how to approach other things that they can't do anything about.

It's about trying to build health and safety into day-to-day business and supporting managers to evidence what they're doing through the correct documentation. Sometimes, a nudge in the right direction is all colleagues need. It's just about understanding expectations and being able to build working relationships definitely helps with this. I tell people not to panic!

Making ourselves much more accessible for questions and queries from colleagues has inevitably generated more work for us – we've established workshops to help address the demand for guidance and support and this has helped us to ensure the information we are disseminating is consistent.

We want staff to be open, honest and transparent with us about their challenges – if they're not, we can't support them to get where they need to be. We wanted to take the fear out of health and safety visits. It's all about collaboration.

The response from staff

I was recently contacted by a new manager who was having a meltdown about inheriting a health and safety folder that had no information – nothing – in it. The fact that they reached out means that they wanted to take that first step, they wanted to do something to make improvements and take some ownership.

The first cohort of managers to have completed the self-assessment hopefully now see health and safety as business as usual. That it's just part of the job. Before, local ownership was mixed. But the historic misrepresentation has been clarified and we now have ambassadors who are spreading the word. They know they can just give us a call and we're there.

Staff story transcript

Ian Roberts, Estates Operations Manager, Ysbyty Gwynedd

My team

My role consists of having overall responsibility and accountability for the delivery of all Operational Estates functions in the West region of BCUHB.

This includes budget management and statutory legislation compliance and accountability for maintaining all Acute and Primary Care facilities to the required standards.

I lead a team of 76 staff of various technical and administrative groups which makes up the whole estates service structure for the West region.

Operational Estates West participated in the completion of the 2025-26 HS021 5.35 Health and Safety Self-Assessment Tool cohort 1 in April 2025. This Self-Assessment Tool had been updated to audit against the national NHS Employers Health and Safety Standards that had been developed in partnership with the HSE, the enforcing body for Health and Safety legislation.

Following the completion of this Tool, Operational Estates West became part of the Health and Safety Review Programme which impartially reviews the Health and Safety Self-Assessment Tool scores.

Challenges

The Corporate Health and Safety Team are and always have been a support entity to my Service. That support was there throughout the completion of my own Health and Safety Self-Assessment Tool and continued with Sam's review of it as part of the Health and Safety Review Programme. I have found participation in this process to be extremely positive.

It's an on-going journey and it will take time but we have taken the first steps now.

Our Estates Teams are working under operational pressure with constraints on resources and budgets. We have requirements to meet targets and a need for compliance across a range of statutory legislation and measures. Balancing all of this is a challenge.

However, Sam's supportive review has identified a variety of measures to support this challenge, I was able to take ownership of these and produce an action plan.

Participating in the self assessment and impartial review process helps you look at things objectively, and we were able to identify priorities on which we could focus resource and optimise the gains.

For example, Sam's review identified:

- major corrective actions such as more robust review of Risk Assessment Safe Systems of Work and Procedures;
- minor corrective actions such as improving our compliance to BCUHB procedures e.g.: HS01 Health and Safety Policy in relation to Datix reporting and investigation and compliance with Reporting of Injuries, Diseases and Dangerous Occurrences Regulation (RIDDOR) and engaging with service appropriate Health and Safety training e.g.: National Examination Board Occupational Safety and Health (NEBOSH) Certificate and Award;
- opportunities for improvements in hazard identification, auditing compliance with PPE, First Aid Provisions and Fit Testing.

Sam, together with this Health and Safety Team colleagues attend our local health and safety meetings and have been out to see team leaders. This supports networking and reinforced that health and safety responsibilities lie with all levels of workers from myself as Operational Lead, down through the various grades of employees. We all, despite our differing roles and responsibilities, share one goal to keep everyone safe and well in work and in our working environments. This has supported team building and a developing positive working together ethos.

We've had reassurance that we're not alone and that help and support is out there. The Corporate Health, Safety and Security Team have helped find a positive way out of where we were. I'll always say "phone a friend – phone Sam and his Team!"

Organisational reflections

Next steps

The collation of returns from cohort two is currently underway and this will help us build an accurate picture of the position. This process will help us to raise standards of workplace health, safety and wellbeing, promoting a safer working environment for all staff.

Learning

Improving how we manage risk and embedding a culture of safety amongst staff will lead to improved patient safety – we are looking after our staff so that they can look after our patients.

A key area of focus for the team has been supporting managers to ensure they have the right skills to address health and safety issues effectively. We are

working to equip managers with the right competencies to manage health and safety effectively, including:

- completing risk assessments
- developing, implementing and monitoring procedures
- investigating incidents
- providing appropriate support to staff as required.

We would encourage all managers to engage with this work by visiting the information pages on BetsiNet or making contact with the team.



Teitl adroddiad: <i>Report title:</i>	Management of Health and Safety Mid-Year Progress Report			
Adrodd i: <i>Report to:</i>	People and Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 04 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>This report aims to provide a progress update on the work undertaken to deliver against the 2025/26 Annual Delivery Plan, in response to:</p> <ul style="list-style-type: none"> Item 1C: Responding to Legislative Requirements, specifically 1C.4: "Implement the Health Board's Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology". 1C.7: "Develop a Health and Safety Improvement Plan ensuring Improvements are made to the Health Board's current Health and Safety Policy, guidance and practices". 			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to review the content of this report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Stuart Keen, Director of Environment and Estates			
Awdur yr Adroddiad: <i>Report Author:</i>	Lynne Bushell, Head of Health, Safety and Security			
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>	<p>Arwyddocaol <i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	1. Building an effective organisation			
Goblygiadau rheoleiddio a lleol:	Health and Safety Executive			

Regulatory and legal implications:	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	EqIA not considered necessary because health and safety should be all-inclusive regardless of any protective characteristics.
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	SEIA not considered necessary because health and safety should be all-inclusive regardless of any protective characteristics.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i>	There is one risk on the Corporate Risk Register linked to this area which is risk ID 5040 (CRR 24-15). This risk has a score of 20 and is progressing.
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There are currently no known financial implications associated with this paper.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are currently no anticipated workforce implications associated with this paper.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Paper to be presented to Formal Executive meeting and up to People and Culture Committee.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	There is one risk on the Corporate Risk Register linked to this area which is risk ID 5040 (CRR 24-15). This risk has a score of 20 and is progressing.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps: Implementation of recommendations</i>	
Rhestr o Atodiadau: Dim <i>List of Appendices: None</i>	

Management of Health and Safety Mid-Year Progress Report

1. Introduction/Background

This report aims to provide a progress update on the work undertaken to deliver against the 2025/26 Annual Delivery Plan, in response to:

- Item 1C: Responding to Legislative Requirements, specifically 1C.4: “Implement the Health Board’s Three-Year Plan based upon the Health and Safety Executive (HSE) HSG65 Plan, Do, Check, Act process methodology”
- 1C.7: “Develop a Health and Safety Improvement Plan ensuring Improvements are made to the Health Board’s current Health and Safety Policy, guidance and practices”,.

In June 2025 a paper was presented to the People and Culture Committee that set out the organisation’s transition to the NHS Employers’ Workplace Health and Safety Standards. These standards are recognised as a leading indicator of health and safety performance and are becoming a mechanism to monitor the Health Board’s Health and Safety Management Framework at various levels throughout the organisation.

Using a framework and terminology that the Health Board was already familiar with, these standards were rolled out in the form of a Health and Safety Self-Assessment as follows:

- Cohort 1: April - East IHC, Central IHC, West IHC (DGHs only), Environment and Estates, Radiology, and MHLD.
- Cohort 2: October – Cancer Services, Womens and Maternity Services, Community Services, Pan Services, Corporate Services, and Primary Care.

Cohort 2 is currently underway and returns are expected by the end of October, and in November collation of the results will begin.

2. Body of report

From the findings of Cohort 1, the following approach was agreed. This approach will be adopted for Cohort 2:







1. Undertake a 1-day review and audit of Wards and Departments that scored less than 85.

There were 30 areas that scored 85 or below. Appendix 1 sets out the areas where a 1-day review has taken place. All took part in the review and the majority welcomed and embraced this new process.

Of the 30 areas visited during 01/6/2025 and 31/10/2025, 15 validated reports have been issued but 15 remain under development due to a mixture of sickness and annual leave. Therefore, the detail provided under this heading is based on the 15 completed reports only.

The score validation process during the Health and Safety Review confirmed that the majority of areas developed an action plan where weaknesses were identified during the self-assessment and began working on these ahead of the 1-day review. This resulted in higher validated compliance scores following the review in a lot of cases.

From the 15 areas finalised, the greatest increase/decrease in the original response score from the self-assessments and the validated scores from the review/audit is as follows:

Full Health and Safety Review - 1 day x 30		
Ward/Department/Service	Self-Assessment Response Score (April 2025)	Validated Score following H&S Review
Maxillo Facial	8%	87% 
Surgical Assessment Unit	55%	87% 
Medical Administration Team - Medicine	73%	5% 
Memory Assessment Units	71%	49% 
Elidir Unit - Acute Renal Service	80%	62% 
Cardiology Investigations	68%	84% 

2. Review processes, including training courses and communication for the Standards that scored less than 80 overall. Where subject 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), as follows:

a. Standard A - The Management of Health and Safety (score range 73-88) – Led by Health and Safety

In December 2025 a paper will be presented to the Strategic Occupational Safety and Health Group (SOSHG) with a plan to address the 8 lowest scoring questions of the 6 elements that make up Standard A. Appendix 2 details the scores against each element and the proposed action plan:

- Plan
- Do - Control
- Do - Competence
- Do - Risk Profiling and Assessment
- Check - Measuring Performance, monitoring before events and investigate post events
- Check - Reviewing Performance and act on lessons learnt

b. Standard E - Musculoskeletal Disorders and Manual Handling (score 80) – Led by Health and Safety

In December 2025 a paper will be presented to the Strategic Occupational Safety and Health Group (SOSHG) with a plan to address the 2 lowest scoring questions that make up Standard E. Appendix 2 details the scores against each element and the proposed action plan.

c. Standard I - Work-related Stress (score 78) – Led by Workforce and Organisational Development

This standard has been handed over to Workforce and Organisational Development at SOSHG in August 2025. Updates will be provided at SOSHG as a standing agenda item specific to the questions in Standard I (see Appendix 2).

d. Standard M - Asbestos Containing Materials (ACMs) (score 80) – Led by Environment and Estates

This standard has been handed over to Environment and Estates at SOSHG in August 2025 and an update was provided at the October meeting. Updates will be provided at SOSHG as a standing agenda item specific to the question in Standard M (see Appendix 2).

The majority of services who responded did so successfully. The questions prompted requests from managers to the Senior Estates Officer for Asbestos Management for information on ACMs present in their areas of management. This also provided the opportunity to increase the number of people utilising the Micad Asbestos Portal for

their asbestos management needs, and as a consequence reached a much wider audience.

A review of the questions by the Senior Estates Officer for Asbestos Management, has indicated they should be reworded in the Health and Safety Self-Assessment Checklist 2026-27 prior to its circulation.

A paper will be presented to the Strategic Occupational Safety and Health Group (SOSHG) in December with an update aligned to the questions in Standard E. Appendix 2 details the scores against this standard and the proposed action plan.

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 truer and accurate picture.

There were 37 areas in the top 5% of submissions returned, of these 11 were identified to take part in a 1-day review.

Of the 11 areas visited during 01/6/2025 and 31/10/2025, 9 validated reports have been issued and 2 are under development. Therefore, the detail provided under this heading is based on the 9 completed reports only.

The score validation process during the Health and Safety Review confirmed that the all areas saw a reduction in their original compliance score.

Appendix 3 sets out the areas visited along with the original self-assessment score and the validated score post review/audit.

4. Deeper interrogation into standards where incidents reported don't corroborate responses submitted e.g. medical sharps and slips and trips.

Appendix 4 sets out the areas visited where a discrepancy was identified between the responses received and incidents reported. This deeper interrogation focused on medical sharps and slips and trips.

3. Budgetary/Financial Implications

There are currently no known budgetary implications associated with this paper.

4. Risk Management

There is one risk on the Corporate Risk Register linked to this area which is risk ID 5040 (CRR 24-15). This risk has a score of 20 and is progressing.

5. Equality and Diversity Implications

EqlA not considered necessary because health and safety should be all-inclusive regardless of any protective characteristics.

SEIA not considered necessary because health and safety should be all-inclusive regardless of any protective characteristics.

Appendix 1

Full Health and Safety Review - 1 day x 30			
	Ward/Department/Service	Self-Assessment Response Score (April 2025)	Validated Score following H&S Review
Days	IHC East		
1	Arrivals	87%	TBC
2	Ophthalmology	87%	98%
3	Orthopaedic Outpatients	82%	TBC
4	Maxillo Facial	8%	87%
5	Surgical Assessment Unit	55%	87%
	IHC Central		
6	Orthopaedic Administration Team	87%	Reviewed as the part of the IHC Central Surgical Directorate: TBC
7	Trauma and Fracture Prep (Orthopaedics) Administration Team	76%	
8	Anaesthetics Administration Team	82%	
9	ENT Administration Team	80%	
10	Ophthalmology Administration Team	87%	
11	Vascular Administration Team	68%	
12	Pain Administration Team	83%	
13	POAC Assessment Administration Team	84%	
14	Oral Maxillofacial Surgery Administration Team	80%	
15	Orthodontics Administration Team	80%	
16	Cardiology	75%	TBC
17	DVT Clinic	75%	77%
18	Dietetics YGC	34%	TBC
	IHC West		
19	Elidir Unit - Acute Renal Service	80%	62%
20	General Outpatients Department	84%	84%
21	Cardiology Investigations	68%	84%
22	Medical Administration Team - Medicine	73%	5%
	MHLD		
23	Wrexham's Community Learning Disability Team	84%	94%
24	Memory Assessment Unit - Bodnant	71%	Reviewed as a pan-BCUHB MHLD Service: 49%
25	Memory Assessment Unit - Bryn Hesketh	71%	
26	Memory Assessment Unit - Glan Traeth	71%	
27	Memory Assessment Unit - Ruthin	71%	
	Estates and Capital		
28	Operational Estates West	74%	84%
	Radiology		
29	Radiology - Pan BCUHB	69%	TBC
	Facilities		
30	Catering West	84%	87%

Health and Safety Self-Assessment Question set for:

	95 and above	Keep up the fantastic work. If you're not already there, it's not far to 100!
	90 - 94	Great effort but some tweaks needed to reach that next goal!
	80-89	A good attempt but some weaknesses found and further work needed. Keep going!
	79 and below	Several areas for improvement identified and more work needed to gain momentum and achieve success. You can do it!

Status	No.
	2
	2
	7
	10

The Management of Health and Safety (score range 73-88) – Led by Health and Safety

Standard A: The Management of Health and Safety. Plan - Determining your Policy and Planning for Implementation				
Question	Average Score	Regulation	Evidence Requested	Action Plan
Are the Senior Managers familiar with HS01 Occupational Health, Safety and Security Policy and know where it is located and how to access it?	86	Management of Health and Safety at Work Regulation 1999, Regulation 5	Details of location of Policy	
Are your Team, including temporary workers familiar with HS01 Occupational Health, Safety and Security Policy and know where it is located and how to access it?	73	Management of Health and Safety at Work Regulation 1999, Regulation 5	Details of location of Policy Staff signatures Meeting minutes Email trails	HS01 Health and Safety Policy is available on BetsiNet. To raise the profile: <ol style="list-style-type: none"> Utilise Weekly Bulletin and Division/ Directorate Local Health and Safety Groups to promote and inform staff about the policy and its location. Health and Safety Training Programs educate staff on the policy and its location. Attendance on Health and Safety Training courses has been encouraged during Health and Safety Reviews/Audits where this was an identified weakness.
Is there a local document which details the health and safety arrangements, roles and responsibilities of the Ward/Dept/Service and it is fully and appropriately completed?	66	Management of Health and Safety at Work Regulation 1999, Regulation 5	Local Health and Safety Procedure	Every Ward/Department/Service should have a Health and Safety Folder that all staff are aware of which is accessible. <ol style="list-style-type: none"> Division/ Directorate Local Health and Safety Groups to seek assurance of its completion and availability.
Are all your Team, including temporary workers aware of the local document which details the health and safety arrangements, roles and responsibilities of the Ward/Dept/Service.	49	Management of Health and Safety at Work Regulation 1999, Regulation 5	Local Health and Safety Procedure Details of location of Procedure Staff signatures Meeting minutes Email trails	Every Ward/Department/Service should have a Health and Safety Folder that all staff are aware of which is accessible. <ol style="list-style-type: none"> Utilise Weekly Bulletin and Division/ Directorate Local Health and Safety Groups

				to promote and inform staff about the Health and Safety Folder and its location. 2. Division/ Directorate Local Health and Safety Groups to seek assurance that it has been communicated.
Are bilingual HSE Health and Safety Law Posters displayed in areas where employees/workers can access them and are they completed correctly?	90	Management of Health and Safety at Work Regulation 1999, Regulation 5	Location of the Poster Details written on the Poster	
Are bilingual HSE Law Pamphlets available to employees/workers at request?	76	Management of Health and Safety at Work Regulation 1999, Regulation 5	Location of the Pamphlets	There is a cost to making available HSE Law Pamphlets in both languages. The question above indicates general good coverage of bi-lingual HSE Law Posters suggesting there is no requirement to also provide pamphlets. No further action proposed. For the 2026-2027 checklist this question will be merged with the one above.

Standard A: The Management of Health and Safety. Do - Control

Question	Average Score	Regulation	Evidence Requested	Action Plan
Is health and safety, including security, personal safety, manual handling and mask fit testing, a standing item at Ward/Dept/Service Meetings?	87	Management of Health and Safety at Work Regulation 1999, Regulation 5. Health and Safety at Work Etc Act 1974, Section 37	Terms of Reference Action Trackers Meeting Minutes	
Do the Ward/Dept/Service Meetings receive, discuss and scrutinise regular reports and updates on the management of health and safety, security, personal safety, manual handling and mask fit testing risks as per RM02 Risk Management Procedure?	94	Management of Health and Safety at Work Regulation 1999, Regulation 5. Health and Safety at Work Etc Act 1974, Section 37	Terms of Reference Risk Registers Action Trackers Meeting Minutes	
Do the Ward/Dept/Service ensures health and safety issues are integrated into the business planning processes and are appropriately actioned in a timely manner?	82	Management of Health and Safety at Work Regulation 1999, Regulation 5. Health and Safety at Work Etc Act 1974, Section 37	Risk Registers Action Trackers Meeting Minutes	

Standard A: The Management of Health and Safety. Do - Competence

Question	Average Score	Regulation	Evidence Requested	Action Plan
Has the Ward/Dept/Service Manager sufficient 'competency' i.e. trained persons to undertake specific health and safety roles and responsibilities for example support with developing	65	Management of Health and Safety at Work Regulation 1999, Regulation 7	Evidence of qualifications, CPD etc	Attendance on Health and Safety Training courses has been encouraged during Health and Safety Reviews/Audits where this was an identified weakness.

risk assessments and incident investigation?				Work has begun in developing a Health and Safety Training Needs Analysis which is anticipated to be completed during the FY 2026-27, and will align with the review of mandatory training and feed into the Education Steering Group as necessary.
Have all employees attended Induction/Orientation and are up to date with their mandatory compliance specific to: Health and Safety; Manual Handling; Personal Safety; Mask Face Fit Testing?	70	Management of Health and Safety at Work Regulation 1999, Regulation 5, 10 and 13	Induction/Orientation Mandatory Training Compliance	This is not an action the Health, Safety and Security Service can influence in isolation.
Standard A: The Management of Health and Safety. Do - Risk Profiling and Assessment				
Question	Average Score	Regulation	Evidence Requested	Action Plan
Are there safe systems of work, protocols or procedures developed where needed to control the risks: e.g., LocSSIPs, local rules and expectation documents, team SOPs etc as per HS03 General Risk Assessment Procedure?	84	Management of Health and Safety at Work Regulation 1999, Regulation 4. Health and Safety at Work Etc Act 1974, Section 2 and 3	Risk assessments Procedures/safe systems of work Risk registers Training Internal/external audit reports Meeting minutes Email trails	
Are risk assessments available for all foreseeable risks and they are reviewed as necessary e.g. if there are changes affecting the activity or new standards, H&S & Security review recommendations and audit action plans?	83	Management of Health and Safety at Work Regulation 1999, Regulation 3.	Risk assessments Procedures/safe systems of work Risk registers Training Internal/external audit reports	
Are risk assessments recorded and control measures to reduce the likelihood and severity of harm in place and shared with all appropriate employees/workers?	65	Management of Health and Safety at Work Regulation 1999, Regulation 5. Safety Representatives and Safety Committee Regulations 1977, Regulation 9 (2) a. Health and Safety (Communication with Employees) Regulations 1996	Risk assessments Procedures/safe systems of work Risk registers Training Internal/external audit reports Meeting minutes Email trails	Health and Safety Risk Assessment and Risk Management Procedure is to be developed to support the infrastructure from hazard identification through to mitigation of the risks.
Standard A: The Management of Health and Safety. Check - Measuring Performance, monitoring before events and investigate post events				
Question	Average Score	Regulation	Evidence Requested	Action Plan
Does the Ward/Dept/Service undertake hazard identification, inspections and audits on the effectiveness of control measures?	68	Management of Health and Safety at Work Regulation 1999, Regulation 5.	Checklists Inspection/Audit Reports Risk Register	A review of the Workplace Procedure and supporting checklist will be undertaken. This review has also been prompted following the Royal College of Psychiatry Review which made

E.g. Hazard Identification Checklist, workshop checklists, ward accreditation audits, IPC audits, hand hygiene audits etc				recommendations regarding MHLD workplace inspection.
Does the Ward/Dept/Service reports incidents on Datix and undertake investigations?	84	Management of Health and Safety at Work Regulation 1999, Regulation 5.	Datix investigation reports Evidence of sharing investigation findings, accident/injury trends, lessons learnt etc	
Standard A: The Management of Health and Safety. Check - Reviewing Performance and act on lessons learnt				
Question	Average Score	Regulation	Evidence Requested	Action Plan
Is the Ward/Dept/Service actioning the recommendations received from Health and Safety and Security Reviews and escalating any issues that cannot resolved locally through the Divisional processes?	80	Management of Health and Safety at Work Regulation 1999, Regulation 5.	Meeting minutes Action Plans Audit Reports	

Work-related Stress (score 78) – Led by Workforce and Organisational Development

Standard I: Work-related Stress				
Standard I: Work-related Stress	Are suitable pro-active and reactive stress risk assessments completed using the HSE Stress Management Standards approach as per WP33 Staff Mental Health, Wellbeing and Stress Management Procedure?	Management of Health and Safety at Work Regulation 1999, Regulation 3 and 5	Individual and Group Stress Risk Assessments Wellbeing Action Plans Team Meeting Wellness Agenda Item Meeting minutes	

Asbestos Containing Materials (score 80) – Led by Environment and Estates

Standard M: Asbestos Containing Materials (ACMs)				
Question	Regulation	Evidence Requested	Action Plan	
Are employees/workers aware of the existence of Asbestos Risk Registers and how to access them?	Control of Asbestos Regulations 2012, Regulation 4	Email trails Asbestos Risk Registers Meeting minutes	Question to be reworded in the Checklist 2026-2027 to ensure it is better aligned with what a Ward and Department Manager needs to be aware of.	
Has awareness training has been undertaken by employees/workers who have a role in preventing disturbances (e.g.; Ward/Dept Managers)?	Control of Asbestos Regulation 2012, Regulation 10	Training records	Question to be reworded in the Checklist 2026-2027 to ensure Ward and Department Managers are directed to the Asbestos Awareness Slides for all staff on the BetsiNet Health and Safety Page.	

Musculoskeletal Disorders and Manual Handling (score 80) – Led by Health and Safety

Standard E: Musculoskeletal Disorders/Manual Handling				
Question	Average Score	Regulation	Evidence Requested	Action Plan
Have suitable and sufficient generic risk assessments been undertaken which include the type and frequency of high-risk manual handling tasks, overall equipment needs, staff and the environment as per HS26 Manual Handling Procedure and WP56 Management of the Large Person Procedure?	65	Management of Health and Safety at Work Regulation 1999, Regulation 3 and 4 Manual Handling Operation Regulations 1992, Regulation 4	Risk Assessments Written Safe Systems of Work - SOPs etc	
Where appropriate, are suitable and sufficient individual patient risk assessments undertaken which assess individual needs and identify appropriate handling techniques, equipment and accessories?	98	Management of Health and Safety at Work Regulation 1999, Regulation 3 and 4. Manual Handling Operation Regulations 1992, Regulation 4	Risk Assessments Written Safe Systems of Work - SOPs etc	A meeting with the Welsh Nursing Care Record (WNCR) Team in the new year, will explore validating these responses.
Where handling equipment has been identified as a control measure, has it been provided e.g.; flat lifting equipment, electrical profiling beds, bariatric equipment?	98	Management of Health and Safety at Work Regulation 1999, Regulation 3 and 4. Manual Handling Operation Regulations 1992, Regulation 4 Provision and Use of Work Equipment Regulations 1998, Regulation 4, 5 and 6 Lifting Operations and Lifting Equipment Regulations 1998, Regulation 5, 6, 7, 8 and 9	Risk Assessments Asset Registers	
Have all staff who undertake manual and patient handling undertaken the necessary training?	59	Management of Health and Safety at Work Regulation 1999, Regulation 13. Manual Handling Operation Regulations 1992, Regulation 4 Provision and Use of Work Equipment Regulations 1998, Regulation 8 and 9 Lifting Operations and Lifting Equipment Regulations 1998, Regulation 4	Training Records	Manual Handling Manager is reviewing with Service Leads to ensure those identified on ESR as requiring this training is accurate. Proposal to upskill of Manual Handling Champions to support the Corporate Team with local delivery of refresher training, thereby reducing the number of colleagues attending a classroom-based refresher. In discussion with Wrexham University to provide the necessary 'train the trainer' accreditation to facilitate this; however, will be dependent on funding availability.

Appendix 3

Health and Safety Review - 1 day (Top 5%) x 5			
	Ward/Department/Service	Self-Assessment Response Score (April 2025)	Validated Score following H&S Review
IHC East = 1 Review			
	Domestics East	89%	87%
IHC Central - 1 Review			
	Ward 12 - Medicine	100%	TBC
IHC West - 1 Review			
	Acute Paediatric Service	100%	88%
MHLD - 2 Reviews			
	Mesen Fach - Learning Disability Assessment and Treatment Unit	100%	82%
	Lon Deg - Enhanced Care Residential Service, Holyhead	100%	Reviewed as a pan- BCUHB MHLD Service: 77%
	Green Meadows - Enhanced Care Residential Service, Wrexham	100%	
	Hafan Dawel - Enhanced Care Residential Service	100%	
	Hafanedd - Enhanced Care Residential Service	100%	
	Tawelfan - Enhanced Care Residential Service	100%	
	Y Maes - Enhanced Care Residential Service	100%	
	Bryn Hesketh Ward	100%	TBC

Health and Safety Review on Standard D (Slip, Trips and Falls) - 2hr review x 6		
	Ward/Department/Service	Specific Self-Assessment Response Score (April 2025)
IHC East = 2 Review - 2hr		
37	Surgical Assessment Unit	100%
IHC Central - 1 Review		
38	Ward 8 - Surgical	100%
IHC West - 1 Review		
39	Main Theatre	100%
	Catering West	100%

Standard D: Slips, Trips and Falls Self-Assessment Question	Average Self-Assessment Response Score (April 2025)
Has the Ward/Dept/Service suitable and sufficient risk assessments that assesses the risks from slips and trips and have adequate control measures been identified and are adhered to?	97%

H&S Review Tool: Management of Slips and Trips	Summary of General Findings
Has the Ward/Dept/Service suitable and sufficient risk assessments that assesses the risks from slips and trips and have adequate control measures been identified and are adhered to?	<ul style="list-style-type: none"> Risk Assessments in Health and Safety files. Checklists in place
If an inpatient setting, are there suitable and sufficient Multifactorial Risk Assessments in place?	<ul style="list-style-type: none"> 3x checked - 1 marginally out of date, minor detail issues fed back
Flooring – at the time of the safety tour floor coverings in all areas were found to be of good quality and suitable type i.e. non-slip flooring in kitchen and bathroom areas.	<ul style="list-style-type: none"> Theatre 12 YG has new flooring. Catering Dept YG flooring is on the risk register – numerous reported slip & trip incidents associated with it – see note below.
Is there evidence of defects being reported to the Estates Team and follow up undertaken as required?	<ul style="list-style-type: none"> Catering Dept YG flooring is on risk register and ongoing works is being undertaken by estates
Are there any incident themes or trends specific to slips and trips that need to be explored further?	Yes – as above
Action Plan and Recommendations made	
<ul style="list-style-type: none"> Monthly hazard identification checklist to be undertaken. Unsuitable flooring/flooring defects to be escalated - Theatres YG - hazard tape covering flooring defects – been reported to Estates numerous time – no resolution Mix of castor types on office chairs - recommend complete conversion to brake-when-unloaded. 	

Health and Safety Review on Standard K (Medical Sharps) - 2hr review		
	Ward/Department/Service	Specific Self-Assessment Response Score (April 2025)
IHC East = 2 Review - 2hr		
40	Critical Care	100%
	Mason Ward - Trauma and Orthopaedics	100%
	Pasteur - Day Care Surgery	100%
41	Samaritan Ward	100%
	Surgical Assessment Unit	100%
	U5 Ward - Elective Orthopaedic	100%
42	Childrens Ward and SCUBU Acute	100%
	Theatres WMH	100%
IHC Central - 1 Review		
	Ward 1 - Care of the Elderly	100%
43	Critical Care	100%
	Ward 2 - Medicine	100%
	Ward 6 - Respiratory Medicine	100%
44	Ward 10 - Diabetes / Respiratory	100%
	Ward 11	100%
	Ward 12 - Medicine	100%
45	Ward 7 - Orthopaedics	100%
	Ward 5 - Urology/ENT/Max Fax	100%
	Ward 8 - Surgical	100%
	Ward 3 - Vascular	100%
IHC West - 1 Review		
46	Gogarth Ward - AMU	100%
	Hebog Ward - Renal	100%
	Enlli Ward - Orthopaedics	100%
47	Theatres	100%
	Acute Paediatric Service	100%
	Dulas Ward - ENT	100%
	Elidir Unit - Acute Renal Service	100%
48	Critical Care	100%
	CCU	100%
	Glyder Ward - Cardiology	100%
49	Ogwen Ward	100%
	Conwy Ward	100%
	Tudno Ward - DOSA	100%
50	Emergency Department	100%
	Ophthalmology Theatre	100%

Standard K: Management of Sharps Self-Assessment Questions	Average Self-Assessment Response Score (April 2025)
Has the Ward/Dept/Services has taken steps to prevent or adequately control exposure to injuries involving medical sharps using risk hierarchies?	100%
Are all sharps' containers always taken to the point of use to ensure safe disposal of contaminated sharps?	100%
Are there adequate arrangements in place to manage exposure to bodily fluids and/or puncture wounds from contaminated sharps in a timely manner as per IPC07 Occupational Exposure Management, including Needlestick (or Sharps) Injuries/Bodily Fluid Contamination Procedure?	100%
Are all incidents involving exposure to bodily fluids (splashes and puncture wounds) recorded on Datix and adequately investigated to prevent a recurrence?	100%
Is information, instruction and training provided to those likely to be exposed to a risk of injury from sharps instruments	100%

H&S Review Tool: Management of Sharps	Summary of General Findings
Are there written arrangements for managing the risks associated with sharps injuries, i.e. sharps policy, infection control policies, Exposure Protocol IPC07?	IPC07 policy is in the Health & Safety folder. Also the HSE Sharp instruments guidance in Health care.
Are Safety-Engineered Devices (SEDs) used, or risk assessments undertaken where this is not possible?	Sharps without SEDs have been found on the wards (namely patient own insulin needles)
Are employees trained in how to use the safety devices correctly?	No official training in place
Are employees provided with written instructions on the safe disposal of medical sharps?	Some areas have HABITs posters displayed as reminders
Are Sharps boxes correctly assembled, signed and dated?	Mostly yes, but there have been instances of unclosed, undated and unsigned sharps boxes found
Are sharps boxes correctly and fully labelled as appropriate?	As above
Upon inspection, do the contents of sharps boxes not exceed the 'fill line'?	As above
Upon inspection, is the temporary closure activated when not in use, and permanent closer engaged when full?	As above
From observation, is the sharps container taken to the point of use?	Yes, in almost every instance of observation
Are employees who are exposed to a risk of injury from medical sharps provided with suitable information with regards to:	<ul style="list-style-type: none"> - Orientation/mandatory training - Clinical competencies - HABIT posters etc
<ul style="list-style-type: none"> • <i>The first aid procedure to be administered to a sharps' wound.</i> 	As above
<ul style="list-style-type: none"> • <i>The risk of injury from medical sharps.</i> 	As above
<ul style="list-style-type: none"> • <i>Legislative requirements relating to the protection of persons at work from the risks to health and safety from medical sharps, including duties on employers and employees.</i> 	IPC07 policy in the Health & Safety folder. Staff signature lists in place to evidence awareness – but many lists are not up to date
<ul style="list-style-type: none"> • <i>Good practice in preventing injury from medical sharps</i> 	H&S Alerts etc displayed and disseminated
Are employees up to date with vaccinations including Hep B?	Not usual information for a line manager to hold – many unaware of their staffs' status. Records held by OH
Are all sharps' incidents reported on Datix and investigated?	Mostly yes and most clinical areas could provide evidence of this
Have the sharps incidents within the department been audited on a departmental level?	IPC sharps audits undertaken. Some individual areas locally audit but not a widespread action
Have the findings from the audits be disseminated to the employees as 'Learning'.	Evidence of advice being given to staff from Datix incidents, IPC audits, HABIT posters etc
Action Plan and Recommendations made	
<p>To undertake risk assessments when medical sharps with no SEDs are in place.</p> <p>Review SOPs and staff competencies.</p> <p>Display HABIT posters that cover safe use and disposal.</p> <p>To audit safe use of sharp bins.</p> <p>To reflect on sharps injuries and identify potential training shortfalls/ equipment type / staff groups that may be relevant to help support improvements</p>	



Teitl adroddiad: Report title:	Identifying Posts as 'Welsh Essential' and Supporting Training Framework
Adrodd i: Report to:	People and Culture Committee
Dyddiad y Cyfarfod: Date of Meeting:	Thursday, 04 December 2025
Crynodeb Gweithredol: Executive Summary:	<p>The Health Board operates within a legislative framework for Welsh language, in the form of compliance with Welsh Language Standards under the Welsh Language (Wales) Measure 2011.</p> <p>The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.</p> <p>The Operational Standards pertains directly to workforce planning and development. Standard 106 stipulates that when assessing requirements for a new or vacant post, the Health Board must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply:</p> <ul style="list-style-type: none">(a) Welsh language skills are essential;(b) Welsh language skills need to be learnt when appointed to the post;(c) Welsh language skills are desirable; or(d) Welsh language skills are not necessary <p>In addition, the Health Board is required to:</p> <ul style="list-style-type: none">• assess the Welsh language skills of its employees;• provide opportunities during working hours for employees to receive basic Welsh language lessons;• provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills; <p>The Bilingual Skills Policy and Procedure has been implemented to deliver on these Operational Standards. The Policy is designed to enable effective workforce planning and the recruitment of staff to ensure the delivery of bilingual services through the medium of Welsh and English, according to individual choice and the needs of the population in the area.</p> <p>This paper provides an overview of current arrangements in place to address statutory duties in relation to workforce planning and development.</p> <p>The paper also outlines operational constraints within the current process, and proposes options to address the issues,</p>

	<p>It also provides an opportunity for wider discussion on introducing Welsh language skill requirements within other areas of the Health Board.</p> <p>This paper has had previous scrutiny and discussion at the Informal Executive Committee meeting on 19 November 2025.</p>			
Argymhellion: Recommendations:	<p>The Committee is asked to support the four recommended actions:</p> <ol style="list-style-type: none"> 1. Strengthen the current process by setting clear expectations for staff appointed to posts designated as 'Welsh to be learnt'; 2. Review language skills of staff within priority-based groups to inform designation of language requirement when recruiting to vacant posts; 3. Formalise the pilot established with positions at Pay Band 8c and above; 4. Consider capacity and resource allocation to ensure that the infrastructure is in place to implement in the long term. 			
Arweinydd Gweithredol: Executive Lead:	Teresa Owen, Executive Director of Allied Health Professionals and Health Science			
Awdur yr Adroddiad: Report Author:	Eleri Hughes-Jones, Head of Welsh Language Services Beth Jones, Welsh Language Tutor Workforce and Development Systems' Team			
Pwrpas yr adroddiad: Purpose of report:	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: Assurance level:	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>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>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):		<ul style="list-style-type: none"> • Building an effective organisation • Developing strategy and long-lasting change • Creating compassionate culture, leadership and engagement • Improving quality, outcomes and experience • Establishing an effective environment for learning 		

<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.</p> <p>This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.</p> <p>The Measure also:</p> <ul style="list-style-type: none"> • created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”) • established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance • gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language <p>The Commissioner is the main official regulatory body for scrutinising compliance. Any areas deemed as non-compliant are at risk of potential financial penalties.</p>
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>N/A</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>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>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the Welsh Language Services local Risk Register.</p> <p>Risks are focused on legislative non-compliance, patient experience, and workforce planning and development:</p> <ul style="list-style-type: none"> • Potential for legislative non-compliance (CS3 1005) • Inability to provide language-appropriate care (CS3 2292) • Constraints in delivering the WP51 Bilingual Skills Policy and Procedure (CS3 2293)

	<p>Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and reported upon bi-annually to the Welsh Language Strategic Forum for consideration.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no immediate financial implications.</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 immediate workforce implications.</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: (or links to the Corporate Risk Register)</i></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>Next Steps:</p> <ul style="list-style-type: none"> Action recommendations accordingly 	
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: None</p>	

Identifying posts as 'Welsh Essential' and Supporting Training Framework

This paper provides an overview of current arrangements in place to address statutory duties in relation to workforce planning and development.

The paper also outlines operational constraints within the current process, and proposes options to address the issues,

It also provides an opportunity for wider discussion on introducing Welsh language skill requirements within other areas of the Health Board.

1. Background

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

The Health Board also operates in line with the Welsh Government's Strategic Framework for Welsh Language Services in the Health and Care sector, 'More than just words'.

The Operational Standards pertains directly to workforce planning and development. Standard 106 stipulates that when assessing requirements for a new or vacant post, the Health Board must assess the need for Welsh language skills, and categorise it as a post where one or more of the following apply:

- (a) Welsh language skills are essential;
- (b) Welsh language skills need to be learnt when appointed to the post;
- (c) Welsh language skills are desirable; or
- (ch) Welsh language skills are not necessary

In addition, the Health Board is required to:

- assess the Welsh language skills of its employees;
- provide opportunities during working hours for employees to receive basic Welsh language lessons;
- provide opportunities for employees who have completed basic Welsh language training to receive further training, free of charge, to develop their language skills;

The Bilingual Skills Policy and Procedure has been implemented to deliver on the Operational Standards. The Policy is designed to enable effective workforce planning and the recruitment of staff to ensure the delivery of bilingual services through the medium of Welsh and English, according to individual choice and the needs of the population in the area.

The Policy addresses the advertisement of posts where the ability to speak Welsh is an essential criteria (at Level 3 and above on the Electronic Staff Record), in addition to addressing wider training opportunities across the Health Board.

2. Situation

2.1 'Welsh Essential' Posts

With regards to posts being advertised as 'Welsh Essential', i.e. Welsh language skills are an essential criteria, the Bilingual Skills Policy and Procedure states that front-line posts will be advertised as such:

5.3 WELSH ESSENTIAL POSTS

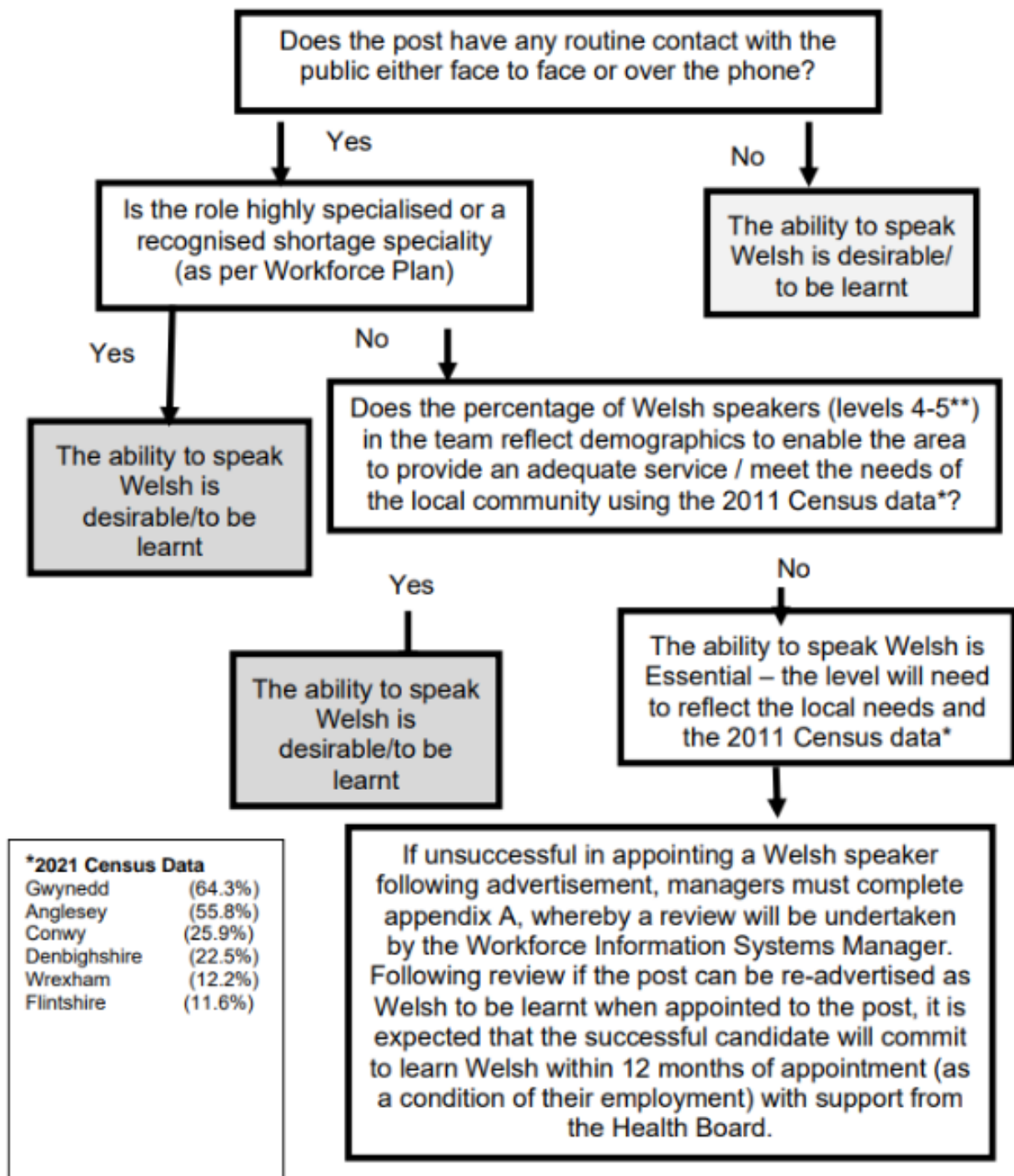
In line with the Welsh Language (Wales) Measure 2011 and 'More than just words', the posts listed below have been deemed roles for which Welsh language skills are essential within BCUHB:

- *Switchboard Staff,*
- *Patient Booking/Call Centre Staff,*
- *Ward Clerks*
- *Receptionists*

To ensure that the Health Board can take account of such posts, all new posts advertised within this Staff Group will be automatically set up as 'Welsh language Skills Essential'. This is for monitoring purposes within the Electronic Staff Record (ESR). In addition to the above posts, further consideration should be given as to advertising Administrative and Clerical posts as to whether the posts can be advertised as Welsh language skills are essential or for which Welsh language skills will need to be learnt upon appointment.

With regard to all other posts, in line with the Policy, an assessment should be undertaken to review current capacity within the team. This information is to be compared against the percentage of Welsh speakers within the relevant area. The process that managers should follow when preparing to advertise a new post for vacancy is detailed in the 'Welsh Language Skills Requirement flowchart' (page 3).

**Betsi Cadwaladr University Health Board
Welsh Language Skills Requirement Flowchart**



***2021 Census Data**

Gwynedd	(64.3%)
Anglesey	(55.8%)
Conwy	(25.9%)
Denbighshire	(22.5%)
Wrexham	(12.2%)
Flintshire	(11.6%)

2.2 Monitoring the Process

The Workforce Systems Team has put controls in place to monitor the process.

If an appointing manager has advertised a post as 'Welsh Essential', but failed to attract applicants with the requisite linguistic abilities on two consecutive occasions, a review of the Welsh language requirements can be requested prior to the position being advertised for a third occasion.

This process is managed through rigorous checks by the Team, consisting of:

- Welsh Language Assessment request received via email and Teams;
- Ensure request includes evidence of two consecutive adverts e.g., two Trac reference numbers;
- Locate initial vacancy via Trac;
- Ensure that second vacancy was advertised consecutively to the initial advert and that the vacancy has been shortlisted and moved to 'non to offer';
- Application questions of all applicants to be reviewed on both vacancies
- Consideration to be given to:
 - Does the applicant meet the Welsh language requirements?
 - Review Employment History of Welsh speaking applicants i.e., do they hold transferable skills required for the role
 - Were all Welsh applicants shortlisted for interview

Note: Process can take up to 10 minutes per application

- Request to be approved if sufficient evidence present that the appointing manager has advertised on two occasions, and failed to attract applicants with the requisite linguistic abilities;
- When selecting approve, either via the email request or teams, a note is to be added to confirm that the request has been approved as 'Welsh to be learnt' or 'Welsh Desirable';
- Once approved, manager and shared services to receive automatic email of decision made where NWSSP will readvertise the role based on the decision made;
- Request to be rejected, if there is insufficient evidence present of the above, or if appointing managers have failed to invite all Welsh speakers to interview;
- When selecting reject, either via the email request or teams, a reason for the rejection is to be added;
- Once rejected, manager will receive an automatic email of decision made. This will also include an appeals link, if they feel that they have sufficient grounds to challenge the decision.

Note: *Appointing manager must seek local DMT and Executive Director approval prior to submitting an appeal. All appeals are submitted and reviewed directly by the Head of People and Business Intelligence, who will base decisions on clinical risk*

It currently takes approximately 20/30 minutes to review a vacancy based on the current process held within the systems team as a full shortlisting process is required to assess the Welsh Language levels within the applications. If there is an appeal to the decision this then takes a further 5/10 minutes for the team and is reviewed again by the Head of People Systems and Business Intelligence. The team are looking at ways to streamline this existing process whereby the option of adding a filtering question to the applications are being considered.

2.3 Failure to recruit to a 'Welsh Essential' post

If a post is advertised as being 'Welsh Essential' and the service is unable to fill it on that basis, the Policy provides alternative options (Section 6.7 'Failing to Recruit):

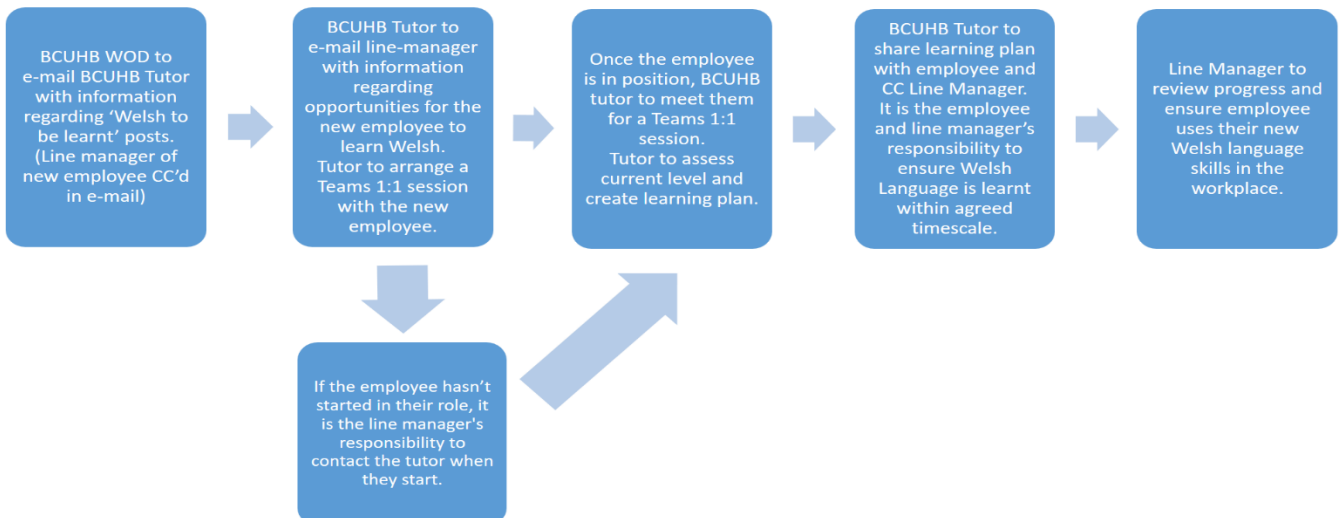
- *If the post has only previously been advertised as an internal post, you would now need to advertise to external candidates*
- *If external recruitment fails to secure a Welsh speaker for a 'Welsh essential' position, the appointment of a non-Welsh speaker may be considered, but with the provision that the successful applicant gives a firm commitment to 'learn the language to the required level within a reasonable [and specified] period of time'.*

At this stage, the Health Board must then provide support, to help the successful applicant to accomplish this condition of employment.

3 Support as part of the Recruitment Training Framework

The Welsh Language Training Team has created a pathway for 'Welsh to be learnt' applicants. The pathway has been developed to ensure adequate support to members of staff who have been appointed to roles which specify that the Welsh language is to be learnt.

The pathway is designed to simplify the process and keep the learner, their line manager, and the Health Board's Welsh Language Training Team in communication, ensuring the learner makes progress with their Welsh language skills.



As part of the process, once the Welsh Language Training Team have contacted the new employee (Step 1 and 2), the Training Team will meet the employee via Teams to assess their current level and create a learning plan.

The learning plan will have detailed information regarding types of courses and deadline dates. The plan will be kept on record by the Training Team and shared with the employee

and their line manager. It is the line manager's responsibility to ensure the employee is given adequate time to attend Welsh language courses.

After an agreed timescale, the line manager and employee will meet to review the 'Welsh to be learnt' process by completing a review form. A copy of the review form will be sent to the Welsh Language Training Team and kept on file.

The employee's Welsh language skills will be reviewed by the Welsh Language Training Team and the learning plan will be updated to include further training courses until they reach level 3 / intermediate level. The line manager and employee will be asked to complete a review form every 6 months or until the learner has reached level 3 / intermediate level.

This Framework has been piloted with staff entering the workforce at Pay Band 8c and above. Individuals appointed to these positions must complete a courtesy 10-hour Welsh language course. This is provided on a 1:1 basis by the Welsh Language training Team, with an assessment on completion. This has demonstrated leadership within the organisation, setting a strong example to the wider workforce to engage in learning, using, and enhancing Welsh language skills within the workplace.

4 Health Board Training Priority

Welsh language training has been identified as a key priority to ensure sufficient capacity within the Health Board to deliver services bilingually.

Staff must therefore be allocated time to attend Welsh Language Training in accordance with section 1.2 of the Health Board's Study Leave Policy (WP52), which states:

'Welsh Language Training – It should be noted that all requests from individuals who request study leave to attend Welsh language training will be considered as compulsory and as such will be fully supported by the line manager'.

Before undertaking training, the learner and manager must complete the necessary study leave form and a learning agreement (WP54, Appendices 1 and 2).

It is important that managers ensure that staff are given adequate time to attend courses. Line managers should also review the progress of staff regularly as part of the performance review process.

Ultimate responsibility for staff training and development lies with the manager of the service.

5 Assessment

A review of the process was undertaken, looking at evidence of 'Welsh to be learnt' posts between 1 April 2024 and 31 March 2025, with data provided below.

24 'Welsh to be learnt' posts advertised. Data collated from Shared Services.
Welsh Language Training Team received 20 e-mails from WOD with information regarding 'Welsh to be learnt' posts. E-mails include line manager's contact details.
Welsh Language Training Team sent an e-mail to all line managers offering support.
9 line-managers responded to the Welsh Language Training Team's e-mail.
1 of the positions had been withdrawn.
1 position was filled by a fluent Welsh speaker (ESR LEVEL 5)
7 new employees e-mail addresses were sent to the Welsh Language Training Team.
Welsh Language Training Team created a Welsh language learning plan for 5 members of staff.

The data shows a disparity between the number of positions filled as 'Welsh to be learnt' and the number of individuals completing Welsh language training.

By scrutinising above cases, the variation in data was primarily due to limited communication or non-response from line managers to the Welsh Language Training Team's emails offering support.

6 Additional Statutory Considerations

A baseline data exercise has been undertaken to review the language skills of staff on a more detailed level. This information was requested by the Welsh Language Commissioner as organisations move towards the statutory requirement of increasing their capacity to deliver clinical consultations in Welsh (Standard 110):

You must publish a plan for each 5-year period setting out - (a) the extent to which you are able to offer to carry out a clinical consultation in Welsh; (b) the actions you intend to take to increase your ability to offer to carry out a clinical consultation in Welsh; (c) a timetable for the actions that you have detailed in (b)

These have also been identified as priority areas within 'More than just words', where putting the needs of the individual at the centre of care provision is not just a matter of choice, but also a matter of need.

There are seven priority groups:

- children and young people
- older people
- people living with dementia
- people accessing stroke services
- people accessing speech and language therapy services
- people with learning disabilities
- mental health service users

As a result, there is now a greater focus on outcomes to help ensure that organisations understand what the framework means to them, with the 'Active Offer', meaning providing a service in Welsh without someone having to ask for it, a core element of person-centred care.

This data is collated on the ESR system, where staff identify their language skill level based on the Level 0 to Level 5 Framework (Association of Language Testers in Europe Training Framework). At present, 95.81 per cent of the workforce have recorded their language skill level, therefore there is a comprehensive baseline of data to work with.

The findings demonstrate that there is currently an underrepresentation of Welsh speakers within key priority service areas. For example, two priority groups were reviewed and targeted for support:

- 60.36 per cent of the Speech and Language Therapy workforce are at Level 0-2;
- of these, 37.36 are at Level 0;
- 73.6 per cent of the Mental Health and Learning Disability workforce are at Level 0-2;
- of these, 45.9 per cent are at Level 0;

This highlights a significant skills gap in services that frequently engage with individuals for whom Welsh is their first language.

Whilst the Welsh Language Training Team has worked closely with these groups to support the development of language skills, current team capacity limits the extent to which training alone can meet service needs in the short to medium term. Designating additional posts as '*Welsh Essential*' would help strengthen the linguistic capability of these services, improve patient experience, and promote compliance with statutory and organisational commitments to providing services in the language of choice.

7 Conclusion and Recommendations

In considering its compliance with legislative requirements, the Health Board needs to take into account whether at present it is delivering to a satisfactory level.

To ensure continued progress in meeting Welsh language commitments, four key actions are recommended:

1. Strengthen the current process by setting clear expectations for staff appointed to posts designated as 'Welsh to be learnt';
2. Review language skills of staff within priority-based groups to inform designation of language requirement when recruiting to vacant posts;
3. Formalise the pilot established with positions at Pay Band 8c and above;
4. Consider capacity and resource allocation to ensure that the infrastructure is in place to implement in the long term.

Overall, the report highlights the need to strengthen Welsh language capacity across the organisation through clearer expectations, targeted reviews, and effective resource planning. Implementing these actions will enhance compliance with statutory duties and support the delivery of high-quality bilingual services.



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, 04 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of end of October 2025.</p> <p>The information requested for corporate and vacancies from the previous meeting has been added as appendices.</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>	Georgina Roberts, Interim Director of Workforce & OD			
Awdur yr Adroddiad: <i>Report Author:</i>	Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<p>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>				
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: <i>People Operations Report, Corporate Workforce Analysis, Vacancy Analysis</i></p>	

People Operations Report December 2025

George Roberts

Interim Executive Director of People Services and OD



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NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

- The vacancy rate currently stands at 7.8%, showing no change against the position during the same period last year. Clinical staff groups such as Registered Nursing, Add Professional Scientific and Technical and Allied Health Professionals are seeing positive reductions in vacancy FTE over the last year, however, increases in Add Clinical Services, Admin and Clerical, Estates and Ancillary and Medical and Dental are causing the vacancy rate to remain fairly static. The People Services team continue to promote BCU as an employer of choice through a number of channels and hold frequent recruitment events targeting roles with high levels of vacancies.
- Turnover stands at 7.7% and continues its downward trend from 10% in December 2022. Healthcare Scientists staff group are reporting the lowest turnover rate at 5.2%, whilst Estates and Ancillary see the highest rates of 12%. BCUHB has a Staff Retention Lead in post, a role commissioned by HEIW as part of the non-pay elements of the 2022-4 collective agreement; This line of work has reviewed and revised processes surrounding Exit Interviews, to improve the volume and quality of the information captured.
- BCUHB continues to have the lowest reported sickness absence levels in Wales NHS, however, in October 2025 rolling sickness absence was 0.15% higher than during same period last year with stress, anxiety and depression accounting for the largest proportion of absence. The People services operations teams continue to support managers in accordance with the Managing Attendance at Work policy and local audits are underway to better understand the underlying factors in current Stress, Anxiety and Depressions absence cases to inform options available to better support individuals.
- PADR shows a very slight decrease in recent months but the overall trend is still positive with compliance currently standing at 81.2% and just 3.8% off the 85% target. The PADR process is currently being reviewed to bring more of a focus on staff wellbeing and performance and align PADR to the new BCUHB values and behaviours framework. This process will also provide the opportunity to highlight talent across the organisation as we focus on Talent Management and Succession Planning. Rollout to pilot areas will commence over coming weeks.
- Level 1 mandatory training compliance remains above the target of 85% at 91%. There is a focus on compliance for bank staff, medics and targeted intervention in departments that are failing to achieve the 85% target.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 62.1 days during October 2025. Time to shortlist is the only KPI metric showing above the target for October 2025. 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



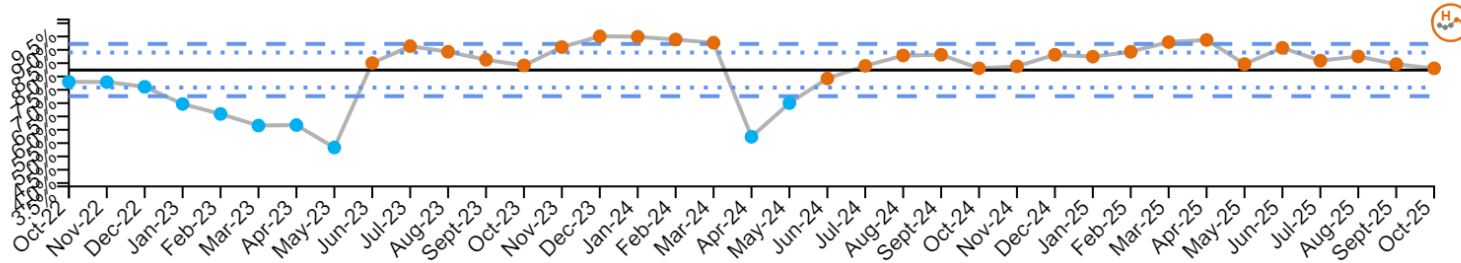
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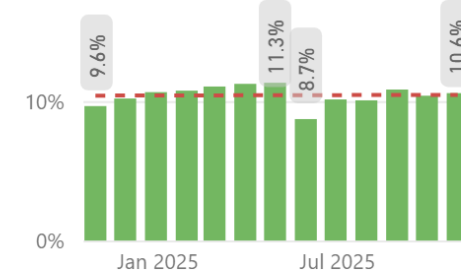
Vacancy % by IHC

BCU Data as at October 25

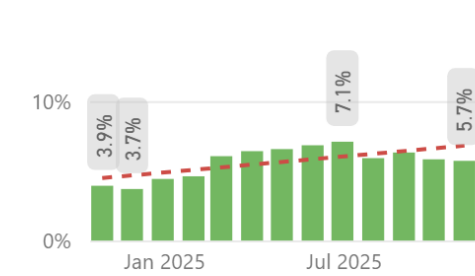
Betsi Cadwaladr



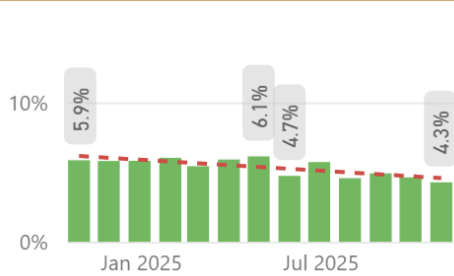
IHC Centre



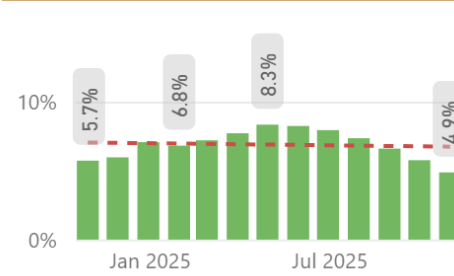
IHC East



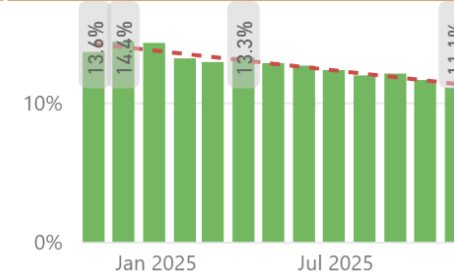
IHC West



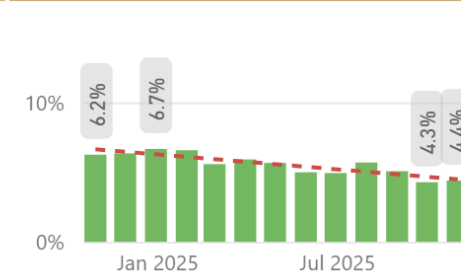
Cancer/Diagnostics



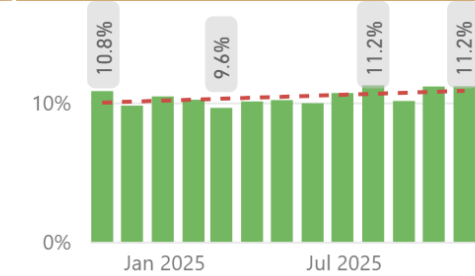
Mental Health & LDS



Midwifery & Womens



Corporate Services



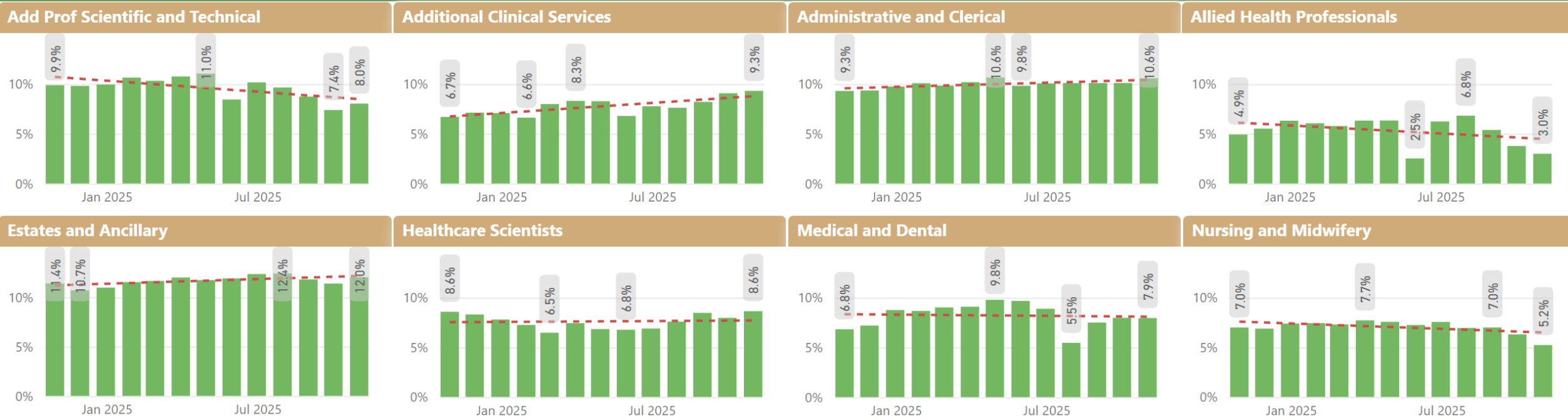
Analysis : The vacancy rate has reduced in previous months and currently sits at 7.8%. Corporate Services now has the highest vacancy rate at 11.2% equating to 265.1 FTE vacancies, followed by MHLD at 11.1%. However, the trend for MHLD shows an improving position with the rate 2.5% lower than it was a year ago. IHC West shows the lowest vacancy rate at 4.3%, which equates to 159.3 FTE. IHC Centre and East are both showing deteriorating trends within the previous 12 months increasing by 1% and 1.8% respectively. This can be attributed to an increasing Budget FTE within IHC Centre whilst the Actual FTE has slightly declined. IHC East has seen the highest increase in Budget FTE since the previous year with an additional 117.5 FTE which has driven up the vacancy rate.

Challenges : Issues throughout the recruitment process are causing delays in reducing vacancies in a timely manner. Timescales to approve a post for advert are delayed by EEC processes, and further restrictions on band 8b and above roles is impacting with recruitment to patient facing business critical roles. The overall vacancy rate is steadily declining, as reductions in clinical vacancies are offset by increases across non-clinical and medical staff groups. Recruitment to vacant posts is adversely impacted by the volume of applicants for advertised posts and declining quality of applicants along with more prevalent use of AI in the application process.

Progress : Recruitment activity remains strong, with ongoing efforts to position BCU as an employer of choice, particularly for hard-to-fill roles. Over recent months, targeted initiatives such as strengthened employer branding, enhanced recruitment events, and closer collaboration with operational teams have contributed to a gradual reduction in vacant posts across key staff groups. While some areas still face challenges in attracting candidates, the overall direction of travel indicates increasing stability within the workforce. It is hoped that the use of filter questions within the recruitment process will reduce volumes of unsuitable applicants requiring shortlisting.

Vacancy % by Staff Group

BCU Data as at October 25



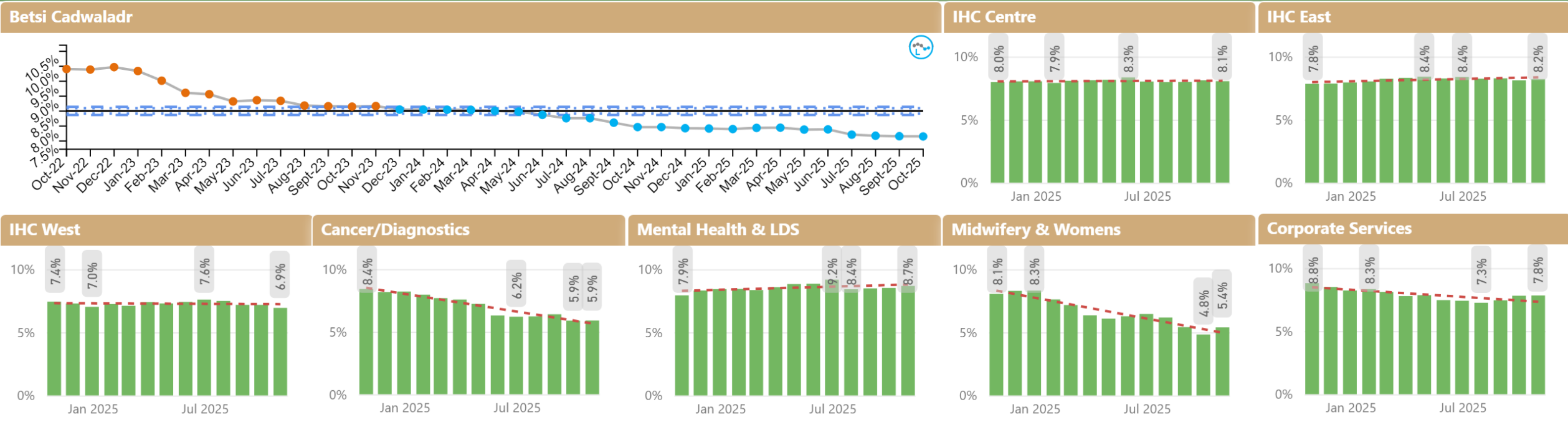
Analysis : Vacancy rates within Additional Clinical Services, Admin & Clerical and Medical & Dental have all increased by over 1% since the previous year. The largest increase being seen within Additional Clinical Services which is 2.6% higher than October 24. It currently has 395 FTE vacancies with 171.8 FTE of these being within IHC Centre. Medical and Dental vacancy rates have increased 1.1% in the previous year, largely down to Budget FTE increases within IHC East which has not been matched with an increase in Actual FTE. Estates and Ancillary have the highest vacancy rate at 12% (equivalent 180.2 FTE vacancies). Nursing and Midwifery vacancy rates continue to improve and currently stand at 5.2% which is an improvement of 1.8% from October 2024.

Challenges : Estates and Ancillary vacancy rates remain a challenge as rates continue to deteriorate within this staff group. Increases in the Admin and Clerical vacancy rate are, in part, due to cost savings schemes and delays caused by the EEC process. Consultant vacancies remains a cause for concern and the escalated bed base continues to contribute to the cost and demand of medics. Ongoing recruitment pressures from high application volumes, low-quality submissions, and operational delays in approvals, FTE adjustments, and pre-employment check delays. Some vacancies are attracting more than 400 applicants, particularly HCA roles, which takes a significant time to shortlist and impacts on overall time to hire.

Progress : Within West IHC, there has been successful recruitment to bank with increases in all areas but most noticeably with 26 external RNs started to date in 2025 against a total of 10 in 2024. There will be push on the “Join our Bank” message as we head into winter pressures. There has also been a decrease in drop outs during the onboarding process following changes to the selection process and the frequency of contact with our workers during key stages.

Turnover % by IHC

BCU Data as at October 25



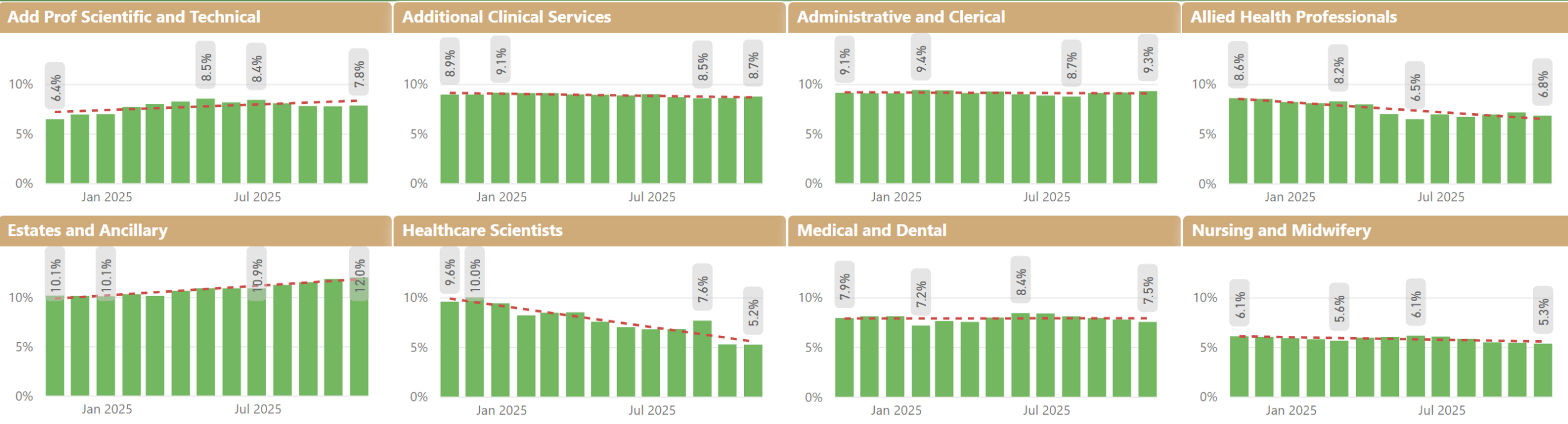
Analysis : Turnover has been on an improving trend over the last 3 years and currently stands at 7.7%. All areas show either an improving or largely static trend. MHLD currently has the highest turnover rate at 8.5% followed by IHC East has the second highest turnover rate at 8.3%. Midwifery and Womens has seen the largest decrease in turnover over the previous 12 months, falling by 3.3% to a rate of 5.4% as at August 2025. IHC Centre has the highest number of leavers over the past 12 months, losing 30.7 FTEs per month on average followed by IHC East at 30.1 FTEs.

Challenges : Despite gradual improvement in the turnover rates overall, there is variation between staff groups and departments. Exit interview data remains difficult to collect and limited insight can be gained from the small numbers submitted. In addition to external turnover, some areas have a significant amount of internal movement which is not captured in the external turnover rates above.

Progress : The Recruitment and Retention group are looking at exit interviews with a view to collecting more insightful data around the drivers for high turnover. It is anticipated that changes to the PADR process will strengthen retention. People and Resourcing Teams will be working with areas with higher levels than expected turnover levels to review exit interview information to identify areas for concern with a particular focus on the reasons provided by those who choose to leave BCUHB within 2 years.

Turnover % by Staff Group

BCU Data as at October 25



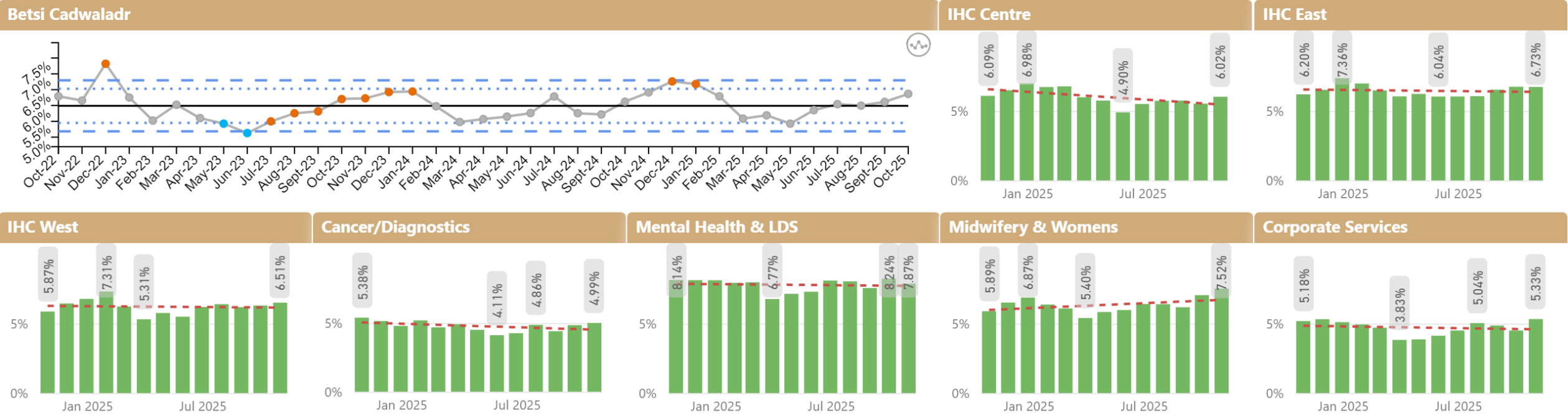
Analysis : Turnover rate within Estates and Ancillary has increased by 1.9% when compared to October 2024 with increases of 3.3% and 3.1% being seen within IHC West and IHC East respectively. Add Prof Scientific has also seen an increase of 1.4%. Healthcare Scientists saw the greatest improvement in turnover, reducing by 4.4% over the 12 month period. Followed by Allied Health Professionals which has reduced by 1.8%.

Challenges : Retention within Estates and Facilities, Admin and Clerical and Additional Clinical Services staff groups remains a challenge, however, there is also a significant amount of internal turnover within registered nursing staff group which is also detrimental to the stability within services.

Progress : Teams are using staff survey local plans to add to interventions to support staff retention. Further review of exit interviews and deeper dives are ongoing to better understand the reasons for turnover.

Monthly Sickness % by IHC

BCU Data as at October 25



The charts above report the monthly sickness rate for BCU.

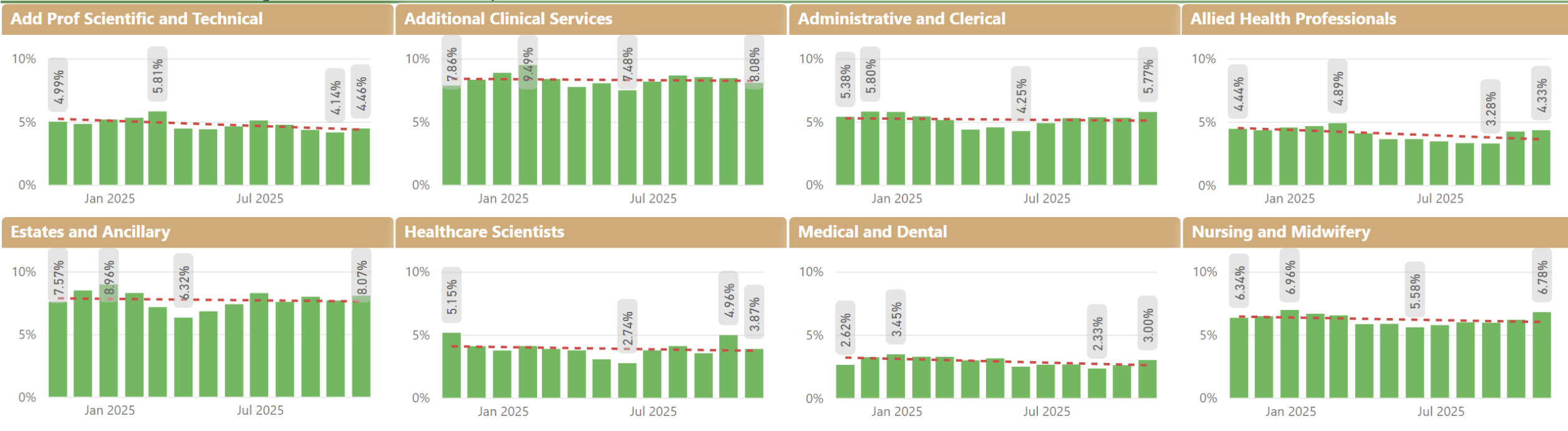
Analysis : The BCU monthly sickness rate shows no significant variation from recent trends, but it is 0.25% higher than October 2024. This slight increase means the rolling absence rate continues to deteriorate, now at 6.10%, up from 5.95% last year. MHL has the highest sickness rate at 7.87%, with stress and anxiety-related absence at 2.92%, compared to the BCU average of 1.92%. Stress and anxiety absence overall continues to rise, with the October 2025 rolling rate at 1.85%, an increase of 0.41% on the previous year. Rates have also risen compared to last year in IHC East, IHC West, Midwifery & Women’s Services, and Corporate Services.

Challenges : The All Wales tolerance level for absence is 4.5%; the average UK absence is 4.1%. BCUHB at 6.5% shows our concerning level of staff absence. Stress, Anxiety and depression remain the top reason for absence. There are high numbers of open long term absence for which the People Teams must provide support.

Progress : Local audits and targeted managerial support aim to better understand and address the drivers of stress, anxiety, and depression, which remain the leading cause of sickness absence. Managers are asked to notify the People Team of new absences commencing for this reason to ensure appropriate support is put in place. Any manager who has a staff member commence sickness leave for this reason must complete a referral to OH and complete a Stress Risk Assessment with Employee. HR have also asked to meet with manager and staff member prior to day 28 of absence to prevent absence escalating to a long-term sickness episode. Teams continue to deliver Managing Attendance at Work training sessions both virtually and in person. Enhancement of sickness absence data to include hot spot areas is helping People Teams to focus on areas of high or deteriorating sickness in line with the Healthy Workforce workstream.

Sickness % by Staff Group

BCU Data as at October 25



The charts above report the monthly sickness rate for BCU.

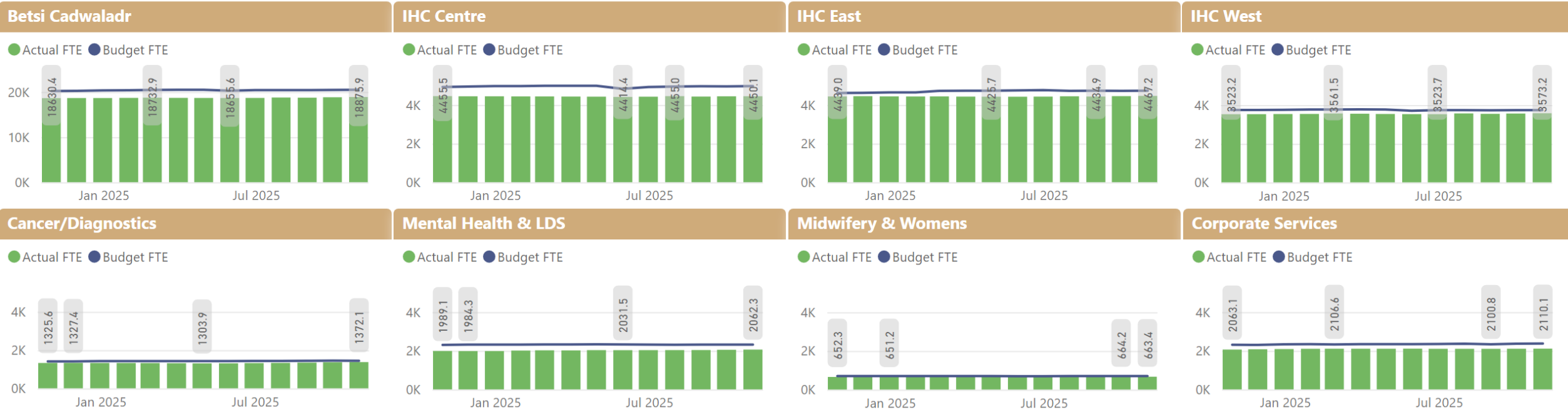
Analysis : Additional Clinical Services currently records the highest monthly sickness rate at 8.08%, up 0.22% from the same period last year, with stress and anxiety-related absence increasing by 0.55%. Estates and Ancillary follows closely at 8.07%, reflecting a 0.50% year-on-year rise. Nursing and Midwifery sickness has also increased by 0.44% compared to October 2024, now at 6.78%. While Medical and Dental absence is 0.38% higher than last year, it remains below the national target at 3.00%. Other staff groups, Additional Professional, Scientific & Technical, AHPs, and Healthcare Scientists, maintain rates under 4.5%. Administrative and Clerical has seen a notable increase from its lowest rate of 4.25% in May to 5.77%, primarily driven by stress and anxiety-related absence. The largest increases in rolling sickness absence rates are seen in Estates & Ancillary and Additional Clinical Services, both up by 0.6% compared to last year. For Estates & Ancillary, this rise is primarily linked to significant increases in heart, cardiac & circulatory problems and benign & malignant tumour, cancers reasons. Within Additional Clinical Services, the main areas showing these increases are Midwifery & Women’s and IHC East.

Challenges : Additional Clinical Services and Estates and Ancillary staff groups remain areas of concern where sickness is consistently high.

Progress : Teams are working with all services to address stress and anxiety absence as soon as notification is received, to ascertain whether work-related or personal, in order to prevent further delays in managing the issue as well as the absence, rather than wait for it to become a long-term sickness. Communication has been a key focus, particularly where managers have expressed concerns around approaching employees whilst signed off sick. Plans to continue this roll out with short, sharp training sessions.

Budget v Actual FTE by IHC

BCU Data as at October 25



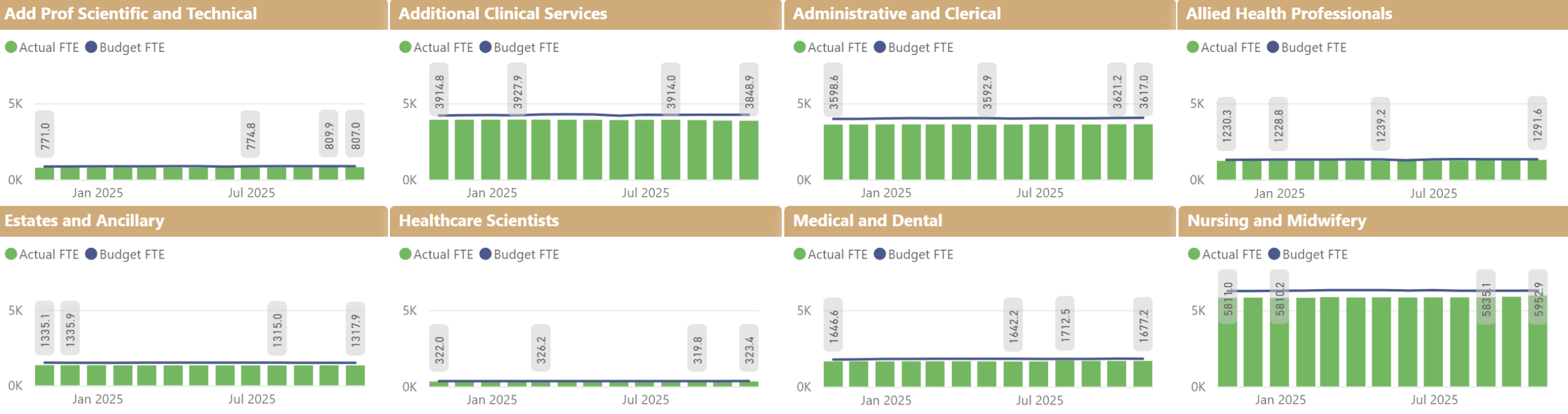
Analysis : Budgets continue to increase across the Health Board, with a combined increase of 265.7 FTEs over the last 12 months compared to an increase in actual staff in post of 245.5 FTEs. IHC East saw the greatest increase in budget over the last 12 months growing by 117.5 FTEs with actual FTE increasing by 28.2 FTEs; this has been the increase of SLE medical posts and NSA for RNs, with minor increase too for AHP staff. MHLD saw the greatest increase in staff in post, growing by 73.2 FTEs over the last 12 months whilst the budget grew by just 15.8 FTEs, leading to a 2.6% reduction in the vacancy rate. IHC West and Midwifery & Womens were the only IHCs to see a decrease in Budget FTE meaning that the vacancy position improved in both as the Actual FTE grew.

Challenges : There is still challenges in some areas where historic budgets are misaligned to current resource requirements.

Progress : The EEC process has driven better budgetary alignment in many areas but there is more work to do in this area.

Budget v Actual FTE by Staff Group

BCU Data as at October 25



Analysis : Administrative and Clerical staff group saw the biggest increase in budget FTE between October 2024 and October 2025, growing by 76.9 FTEs. Medical and Dental budget increased by 54.9 FTEs. Additional Clinical Services saw the largest increase in vacancy FTE of 114.3 with an increase in budget FTE and actual FTE decreasing by 66. The biggest improvement in vacancy FTE can be seen in Nursing and Midwifery. This staff group decreased by 108.6 which can be attributed to the increase of 141.8 in actual FTE.

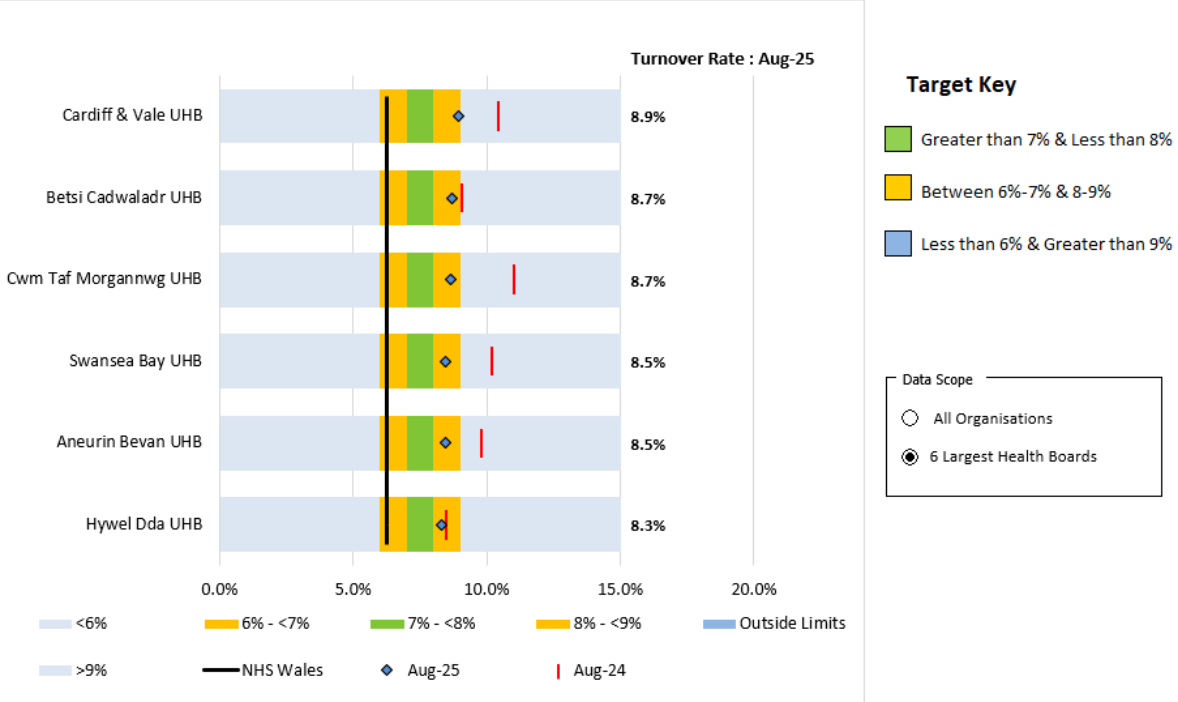
Challenges : There is still challenges in some areas where historic budgets are misaligned to current resource requirements.

Progress : The EEC process has driven better budgetary alignment in many areas but there is more work to do in this area.

Workforce Comparators

Turnover %

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

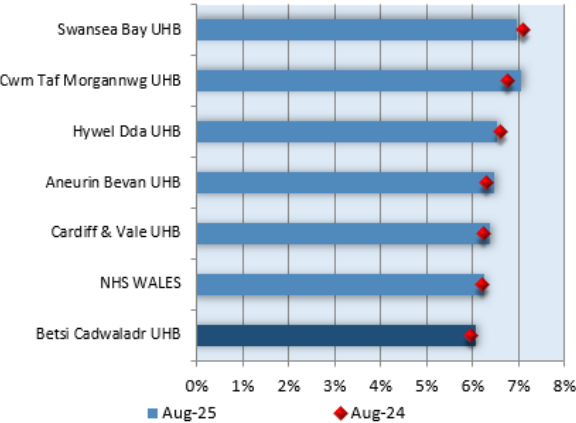


Of the 6 largest Health Boards in Wales, BCU had the 2nd highest turnover rate in August 2025 at 8.7%.

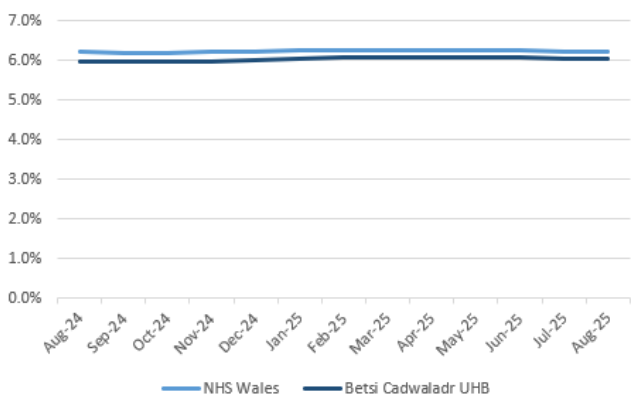
Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

Sickness %

Rolling Sickness Rate by Health Board Aug 2025



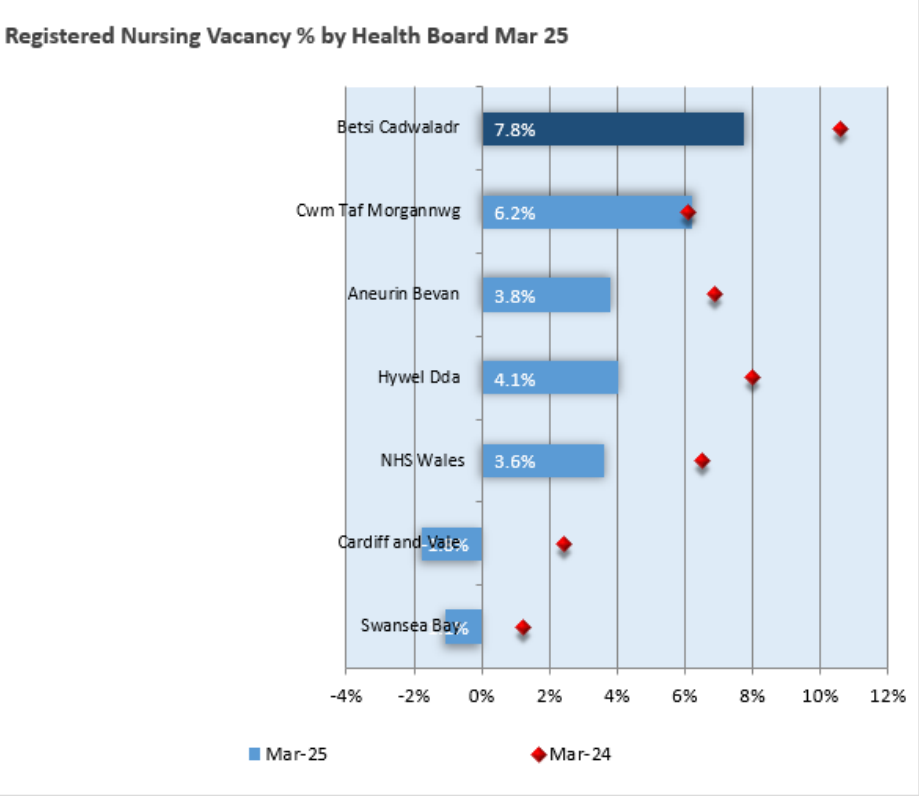
12 Month Rolling Sickness Rate BCU vs NHS Wales



During August 2025 , BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.1% and lower than the NHS Wales overall rate of 6.2%. Swansea had the highest sickness rate at 7%.

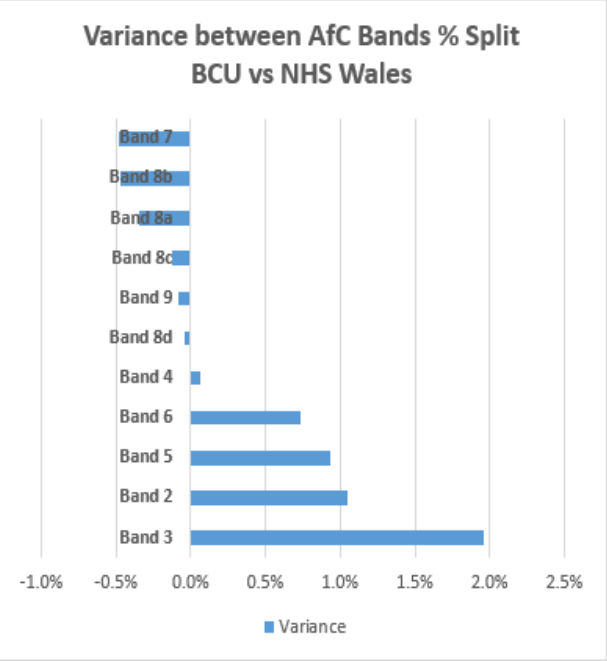
Workforce Comparators

Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 4.2% above the NHS Wales average in March 2025 and was the highest rate of the 6 largest health boards. However, the rate is 2.8% lower than the previous year.

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



AfC Band	BCU % Staff in Post FTE Aug 2025	NHS Wales % Staff in Post FTE Jun 2025	Variance	BCU Staff in Post FTE Aug 2025
Band 3	13.9%	11.9%	2.0%	2523.5
Band 2	17.2%	16.2%	1.0%	3126.9
Band 5	20.0%	19.1%	0.9%	3639.2
Band 6	17.3%	16.5%	0.7%	3137.4
Band 4	8.4%	8.4%	0.1%	1534.7
Band 8d	0.4%	0.4%	0.0%	70.6
Band 9	0.2%	0.2%	-0.1%	31.4
Band 8c	0.8%	1.0%	-0.1%	150.9
Band 8a	3.6%	4.0%	-0.3%	657.7
Band 8b	1.1%	1.6%	-0.5%	201.6
Band 7	10.5%	11.0%	-0.5%	1913.8

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 3-6 than NHS Wales, band 3s account for 13.9% of the BCU AfC workforce compared to 11.9% of the NHS Wales AfC workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.7% vs 18.2%).

Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Facilities Catering - West (RX55) L6						
2025-01	82.2	14.4%	6.56%	50.5%	85.3%	8.3%
2025-04	81.6	15.0%	7.23%	43.5%	84.4%	9.2%
2025-07	83.1	13.5%	11.59%	41.3%	82.1%	10.5%
2025-10	82.2	14.4%	6.76%	40.2%	78.8%	9.7%
COVID 19 Vaccination (AX75) L6						
2025-01	141.6	-3.5%	7.88%	73.4%	93.9%	13.1%
2025-04	135.1	3.0%	9.59%	65.8%	95.8%	10.1%
2025-07	126.8	15.9%	10.73%	63.6%	95.3%	10.2%
2025-10	126.5	16.0%	10.38%	59.9%	97.0%	11.0%
GMS Central (AX31) L6						
2025-01	116.5	13.6%	7.10%	78.5%	85.3%	5.9%
2025-04	112.7	16.4%	3.82%	75.6%	84.6%	6.8%
2025-07	111.9	9.2%	5.78%	71.7%	87.0%	7.0%
2025-10	112.6	8.9%	5.24%	66.7%	83.9%	8.9%
Centre OPMH (MX32) L6						
2025-01	114.4	11.4%	10.19%	93.7%	94.3%	4.6%
2025-04	113.3	12.3%	11.68%	93.6%	92.9%	4.9%
2025-07	112.5	12.6%	9.37%	96.8%	94.8%	6.5%
2025-10	110.9	14.0%	10.57%	95.9%	96.5%	7.0%

Analysis:

Facilities Catering in West has become the poorest-performing area against key metrics this month, despite some improvement in sickness and turnover since it was first flagged for concern. Mandatory Training has dropped significantly by 6.5% since the start of the year, alongside a 10.3% decline in PADR rates, with no improvement in vacancy rate.

COVID-19 Vaccination, GMS Central, and Centre OPMH appear on the report for the first time this year. High turnover in COVID-19 Vaccination has driven vacancy levels up, while sickness rates remain well above the 4.2% target, potentially impacting PADR compliance, which has fallen by 14.5% this year.

GMS Central appears due to consistent quarterly declines in turnover and PADR, with mandatory training also falling over the year. However, improvements include a 1.86% reduction in sickness and a drop in vacancy rates from 13.6% to 8.9%, partly due to an 11 FTE reduction in budgeted staffing.

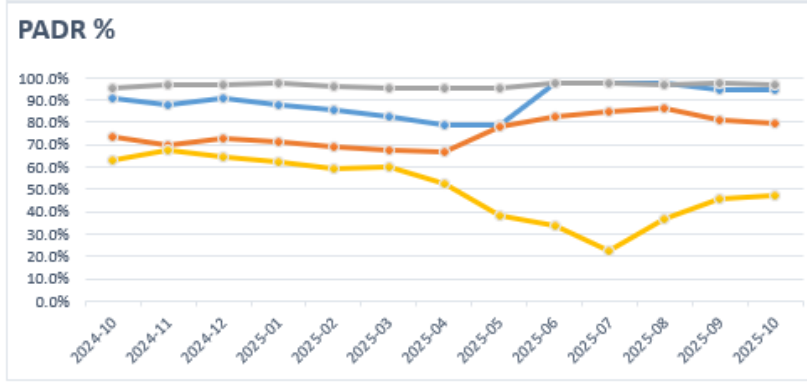
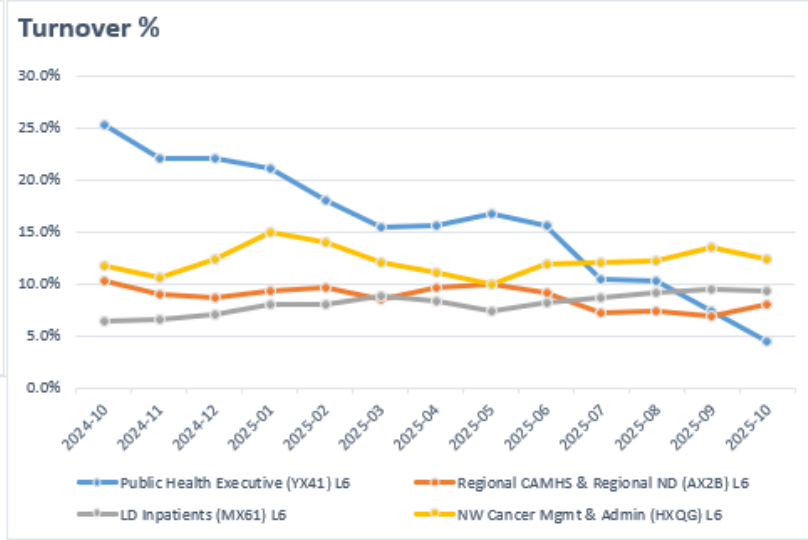
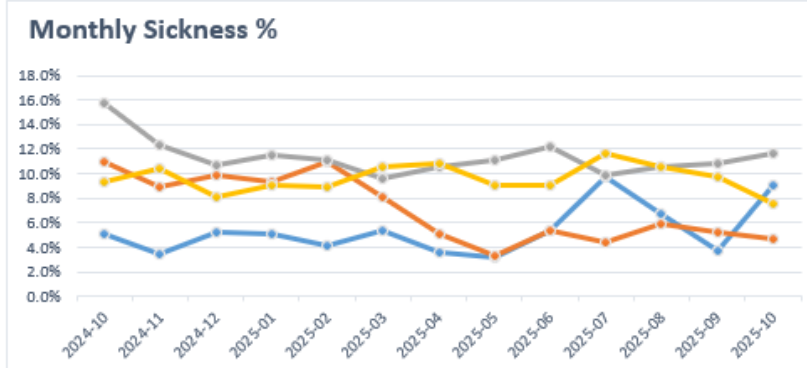
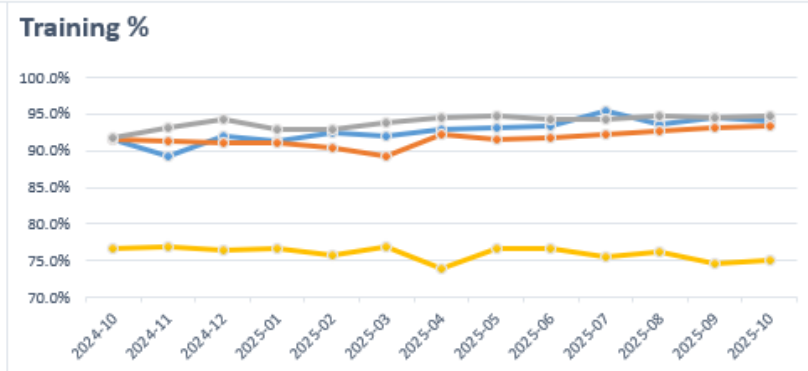
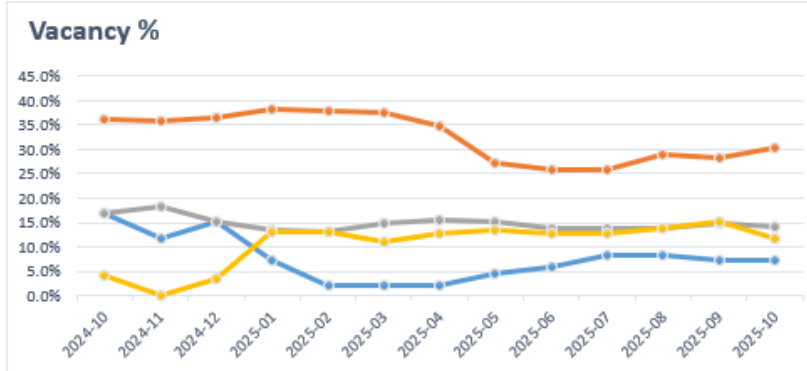
Centre OPMH maintains above-average PADR and mandatory training compliance but continues to experience high sickness rates. Vacancy and turnover have both increased at similar rates, indicating overall deterioration, even though turnover remains comparable to the BCU average.

Challenges : Catering in West remains a challenge across all measures.

Progress: Within Catering in West, significant effort has been made to improve PADR compliance. Overall compliance is up from 60% in May to 80% overall, however catering remains a huge concern at only 40%. Focus on sickness management and ensuring processes are being followed in a timely manner. Review to be undertaken of sickness prompts to ensure that they are being managed in line with policy, in addition to sickness action tracker.

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 has shown improvements across all metrics except monthly sickness, which has risen sharply from 3.13% in May to 9.10% in October 2025.

Regional CAMHS has improved overall since November, although this month both turnover and vacancy rates have worsened, with vacancies remaining high at 30.2%.

LD Inpatients also report improvements in most measures; however, sickness remains elevated at 11.71%, and vacancies are still significant at 14.2%.

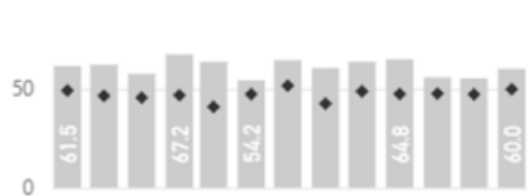
NW Cancer Management & Admin continues to perform poorly across all metrics. While monthly sickness has improved to 7.6%, its lowest level in the past year, this area remains the poorest-performing.

Recruitment KPIs

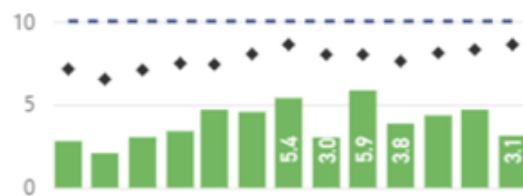
BCU Data as at October 25

● Average of Lapse time ● Measure Target ◆ NHS Wales

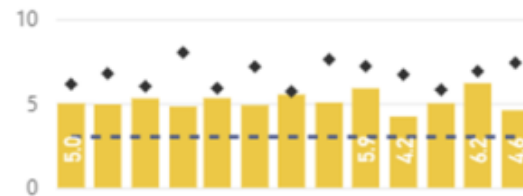
T0a - Notice Date to authorisation start date



T1a - Time to approve vacancy request



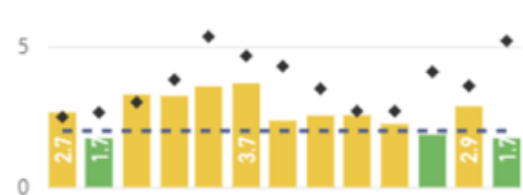
T4 - Time to shortlist



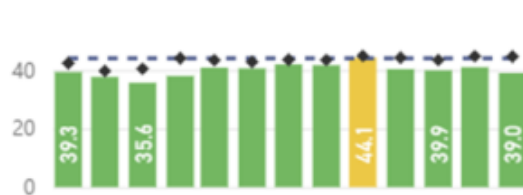
T5b - Time to update interview outcomes



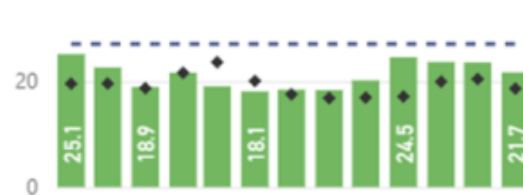
T9b - Time to check references



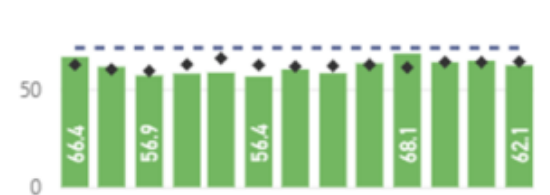
T13 - Vacancy Creation to offer letter issued



T23 - From conditional offer to ready for Start Date with...



T14 - Vacancy Creation to ready for Start Date



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 : Time to check references achieved the target in the latest month meaning that all KPIs with the exception of Time to shortlist are below the target KPI. Time to shortlist took an average of 4.6 days in October 2025 compared to the NHS Wales average of 7.4 days. From conditional offer to ready for Start Date showed improvement on the same period in the previous year, down 3.4 days on average. BCU met the 71 day KPI for Vacancy creation to ready for start date, taking 62.1 days on average during October 2025, below the NHS Wales average of 64 days.

Challenges : Challenges are still being presented by high volumes of applications for some vacancies which affect the longlisting, shortlisting and interview parts of the process. HCA posts are regularly attracting in excess of 400 applicants which can be a significant drain on resources. A recent change in recruitment processes has once again mandated the checking of references and qualifications prior to start date which may negatively impact the time to check references KPI going forward where documents are delayed.

Progress : Resourcing Teams are supporting managers with shortlisting, particularly where there are a high volume of applicants, and with the checking of references. The introduction of filter questions to the recruitment process will reduce the volume of applicants that hiring managers need to shortlist.

Leadership and Development

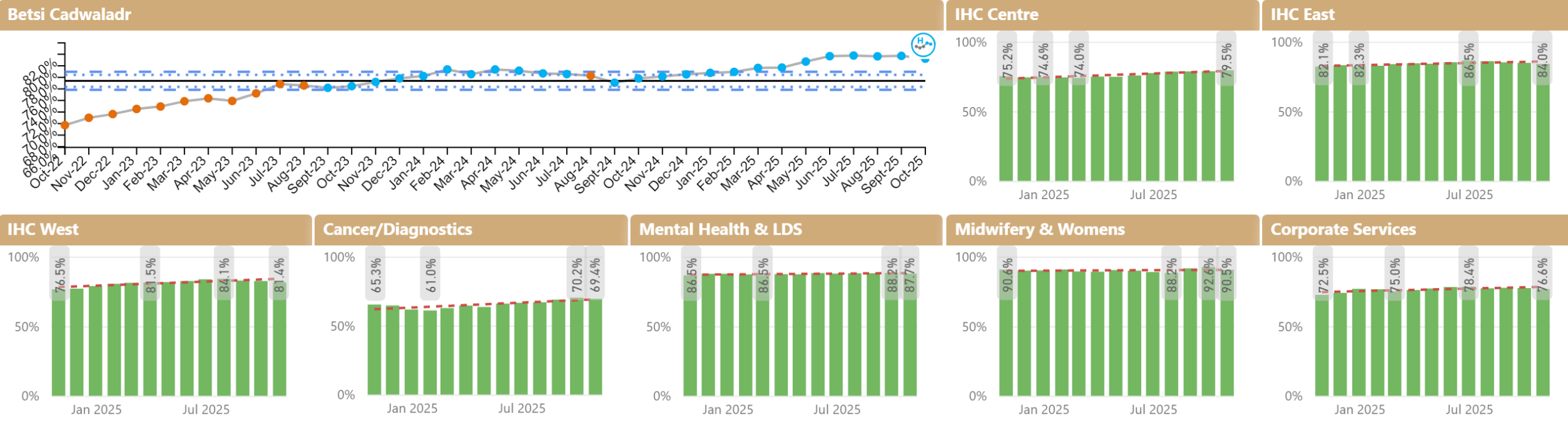


GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PADR % by IHC

BCU Data as at October 25



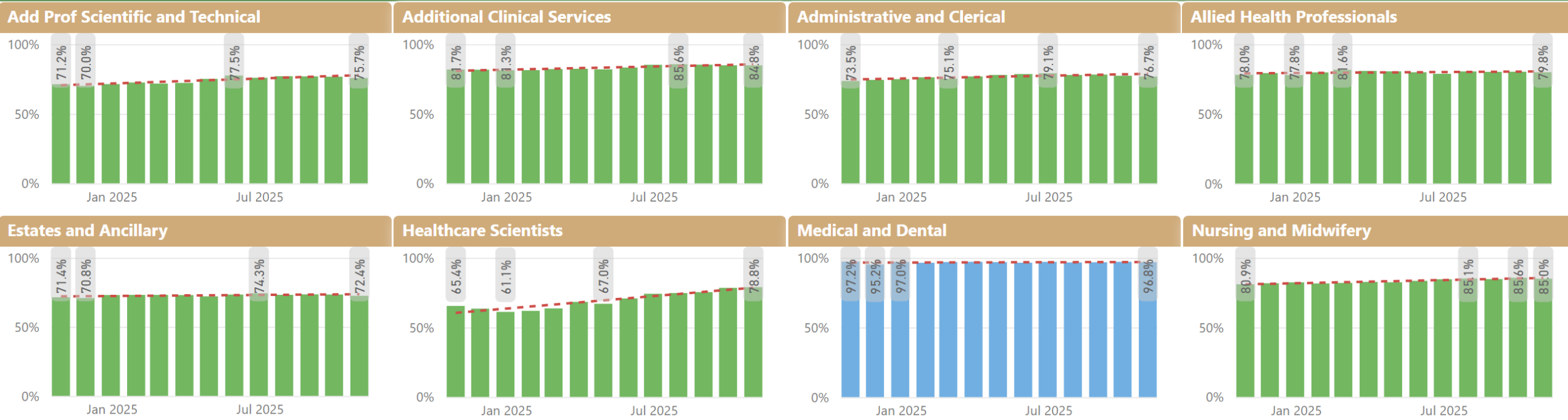
Analysis : PADR compliance currently stands at 81.2%, a 3.4% increase on the same period in the previous year. At present MHL and Midwifery and Womens meet the 85% target KPI after IHC East recently fell back to 84% compliant. Cancer/Diagnostics is currently the worst performing area with a compliance rate of 69.4%. Nearly all areas have seen varying levels of improvement on the previous year with IHC West seeing the biggest improvements in PADR compliance, improving by 4.9% to 81.4%. Midwifery & Womens are the only area to see a very slight decrease from October 2024. However, they are still the best performing IHC currently standing at 90.5%.

Challenges : PADR compliance fell by 0.5% in October 2025, highlighting the difficulty in maintaining high levels of compliance.

Progress : A refreshed PADR approach has been introduced with greater emphasis on wellbeing, performance, values, and talent development. People Teams circulate monthly PADR compliance reports amongst the SLTs. PADR rates are reviewed in monthly workforce meetings where hot spot areas are identified and targeted support requirements agreed. Detailed breakdowns of areas of non-compliance are shared to support areas in improving their compliance rate along with other support measures including guidance on understanding the reasons for non-compliance and ensuring that PADRs are accurately recorded on ESR.

PADR/MARS % by Staff Group

BCU Data as at October 25



Analysis : All non-medical staff groups have seen improvements in their rates when compared to the same period in the previous year. Nursing and Midwifery are currently the only staff group to achieve the 85% target. Additional Clinical Services are the next best performing staff group with an 84.8% compliance, a 3.1% improvement on the same period last year and only being 0.2% off the target. Healthcare Scientists staff group has seen the greatest improvement in rates, increasing by 13.4% to 78.8% over the 12 month period. The Medical Appraisal Rate (MARS) has decreased by 0.4% on the previous year and now stands at 96.8%

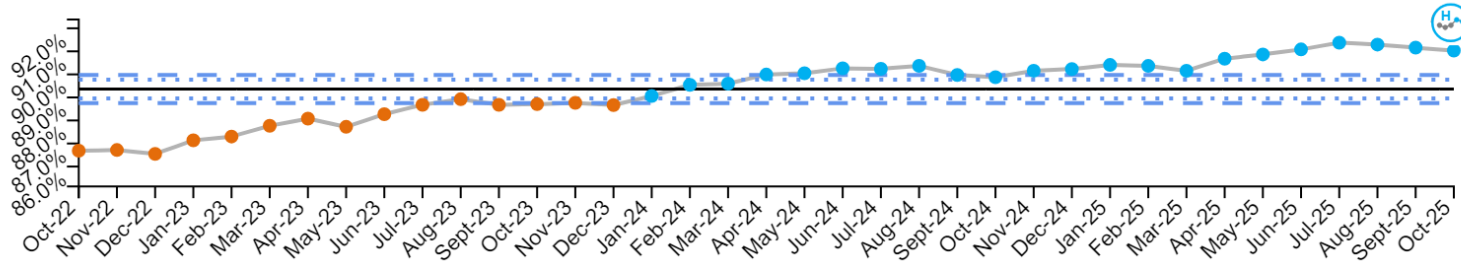
Challenges : Whilst compliance is improving overall, there remain to be large numbers of employees who have never had a PADR, circa 349, which excludes starters within 12 months

Progress : Teams continue to identify areas of low compliance, providing targeted support to managers where there are large numbers of staff who have never had a PADR.

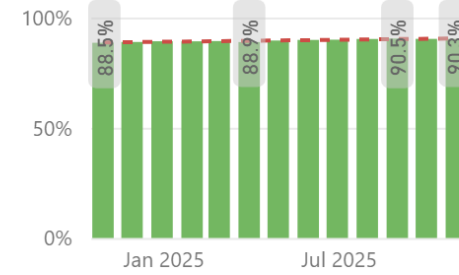
Mandatory Training % by IHC

BCU Data as at October 25

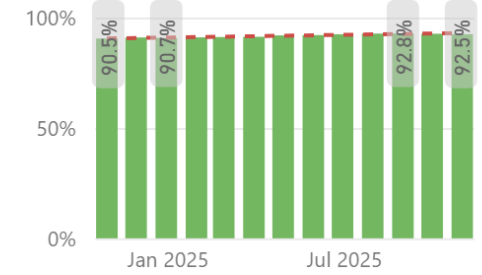
Betsi Cadwaladr



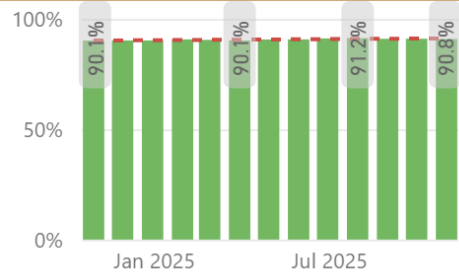
IHC Centre



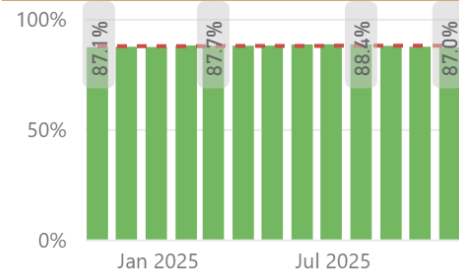
IHC East



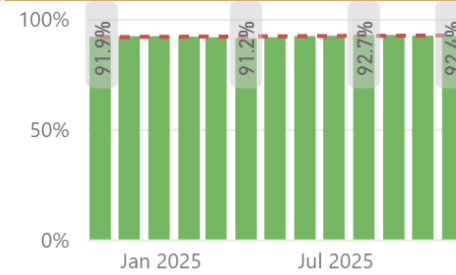
IHC West



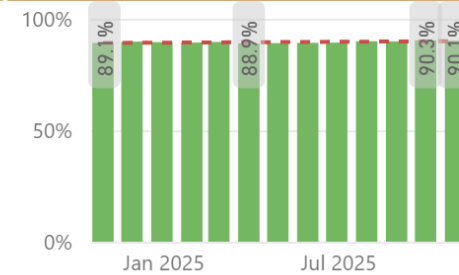
Cancer/Diagnostics



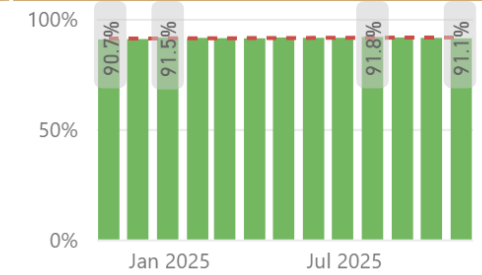
Mental Health & LDS



Midwifery & Womens



Corporate Services



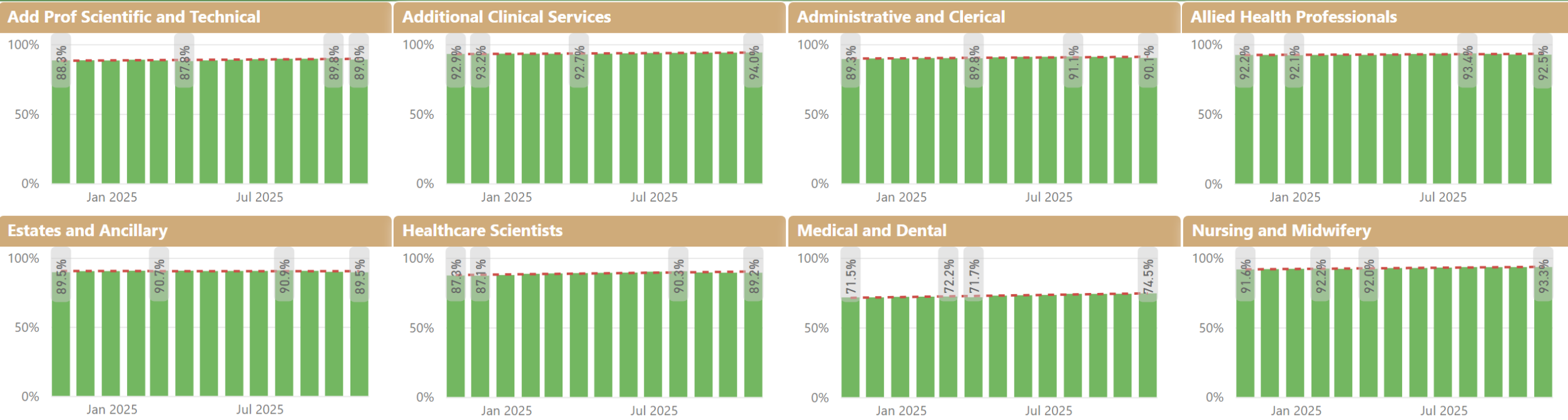
Analysis : All areas are compliant with the 85% target for level 1 mandatory training and have maintained compliance across the 12 month period. All level 1 competencies currently meet the 85% target. Mandatory level 2 training currently stands at 88.2% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 81.8% and 84.1% respectively. Across the IHCs. Overall compliance for East IHC is excellent with rates continuing to improve over the past 12 months. The overall level 1 rate of 92.5% compares to 90.3% in Centre and 90.8% in West.

Challenges : There are been a slight gradual decline in mandatory training level 1 compliance over the last 4 months, highlighting the difficulty in maintaining high levels of compliance.

Progress : The People teams are working with all areas to ensure action plans are in place to improve mandatory training compliance levels and focus is given to this in SLT meetings and People and Culture groups. We have started to see compliance in some of the focused areas increase. Managers are encouraged to develop plans to support individuals returning to work following absence to ensure update of training is a priority.

Mandatory Training % by Staff Group

BCU Data as at October 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. The exception to this is Medical and Dental staff, however improvements have been made in the last year with the rate increasing by 3% to stand at 74.5%. There are pockets of staff where compliance fails to meet the 85% target, such as Estates and Ancillary in IHC Centre.

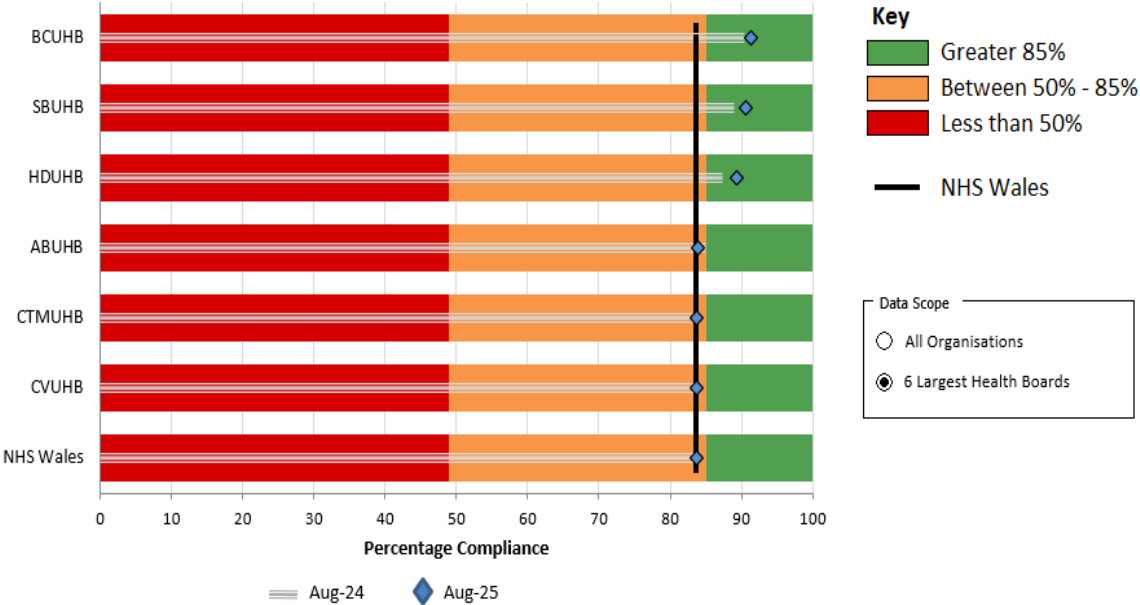
Challenges : Medical and Dental Training Compliance remains a challenge. At level 2 mandatory compliance, Infection Prevention and Moving hand handling fall short of the 85% target.

Progress : The People teams are working with all areas to ensure action plans are in place to improve mandatory training compliance levels and focus is given to this in SLT meetings and People and Culture groups. We have started to see compliance in some of the focused areas increase. Managers are encouraged to develop plans to support individuals returning to work following absence to ensure update of training is a priority. In an attempt to improve compliance amongst Medical & Dental staff, as of 1st January 2026 anyone who is not at least 80% compliant with their mandatory training will not be allocated any locum on-call shifts.

Workforce Comparators

Statutory & Mandatory Training %

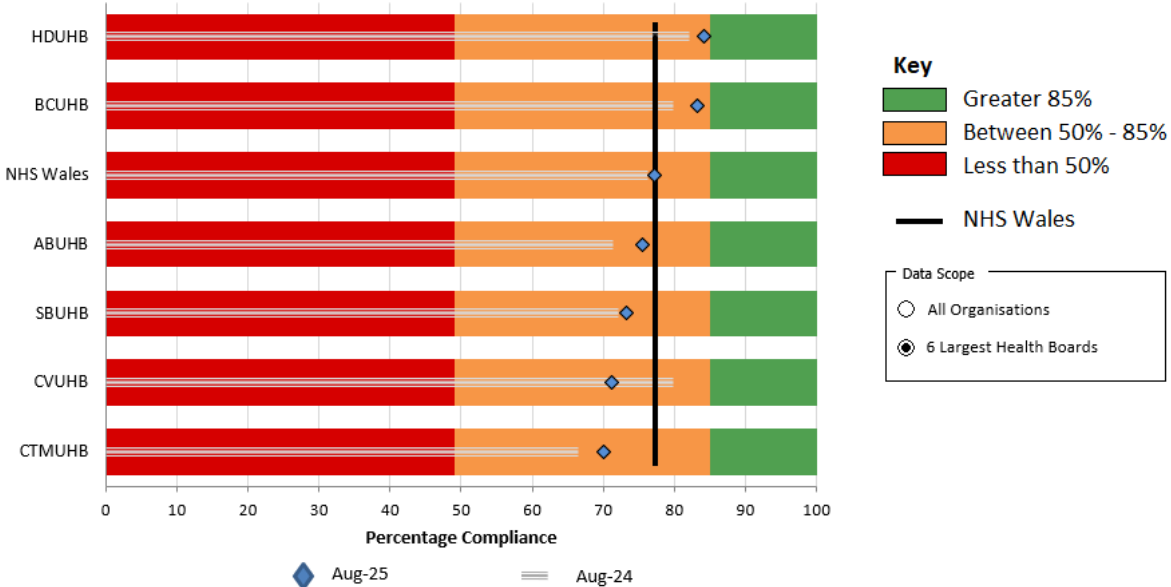
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in August 2025 and was 7.8% higher than NHS Wales average of 83.6%.

Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups

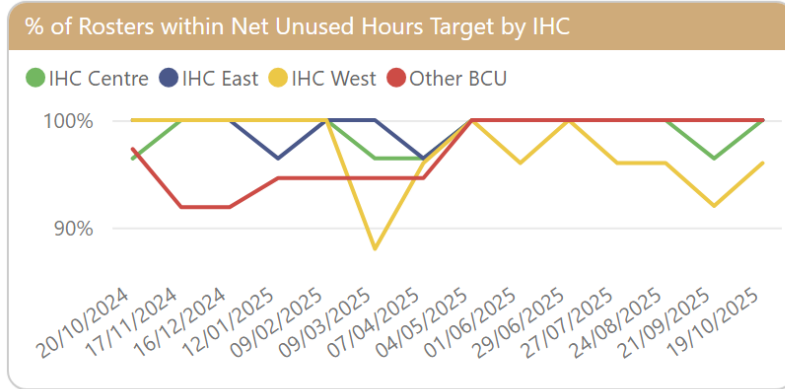
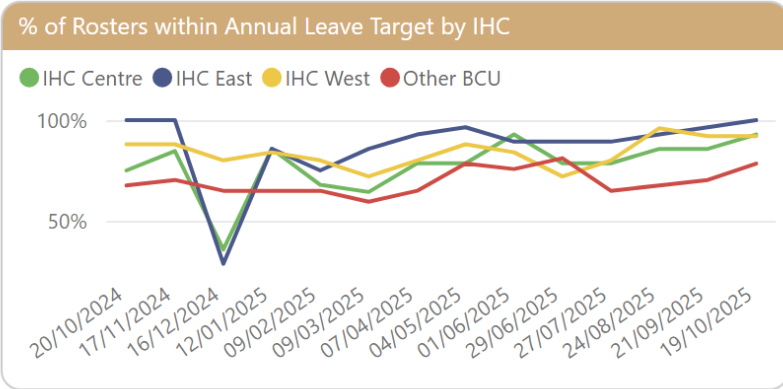
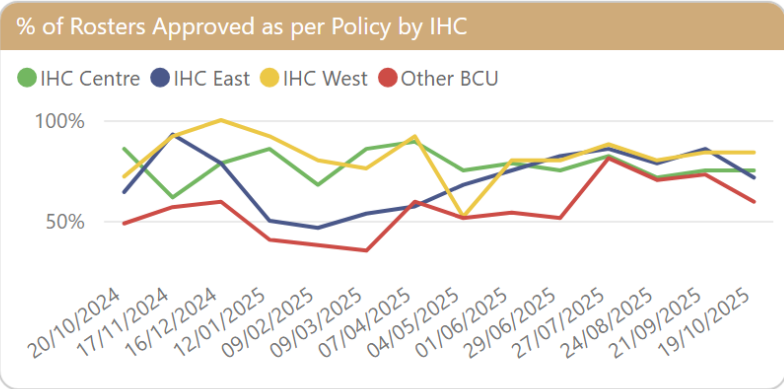


BCU had the second highest appraisal compliance rate out of the 6 largest health boards in August 2025 with a combined AfC and Medical Appraisal rate of 83.2% compared to the NHS Wales average of 77.2%.

Summary

	20/10/2024	17/11/2024	16/12/2024	12/01/2025	09/02/2025	09/03/2025	07/04/2025	04/05/2025	01/06/2025	29/06/2025	27/07/2025	24/08/2025	21/09/2025	19/10/2025
Approved in Policy %	66%	74%	77%	64%	56%	60%	73%	61%	70%	70%	84%	75%	79%	71%
Annual Leave %	81%	84%	53%	79%	71%	69%	78%	85%	85%	81%	77%	84%	85%	90%
Net Unused Hours %	98%	97%	97%	97%	98%	95%	96%	100%	99%	100%	99%	99%	97%	99%

IHC Summary



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

Analysis : The percentage of Rosters approved currently stands at 71% and is 5% higher than it was during the same period in the previous year. IHC Centre has fallen by 11% within the period to stand at 75%, whilst IHC East and West have each improved by 7.1% and 12% respectively. 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 99% of rosters compliant and has remained consistently high through the previous year.

Challenges : Some rosters still not hitting approval deadline which decreases time for Bank fill and potentially increases agency demand. Sickness recording is still causing issues where additional instances are being added rather than unlocking and extending existing sickness period.

Progress : Work continues to cleanse health roster in preparation for ESRGO which will soon be implemented during the next 1 quarter. Temporary Staffing teams are providing monthly E-roster training sessions to support new managers, individuals on secondment and those requiring refresher training. Roster review meetings, take place every 4 weeks in line with the roster publication deadline, continued support to ensure best rostering practice with overall compliance as units are held accountable for their general staffing.

Culture and Engagement



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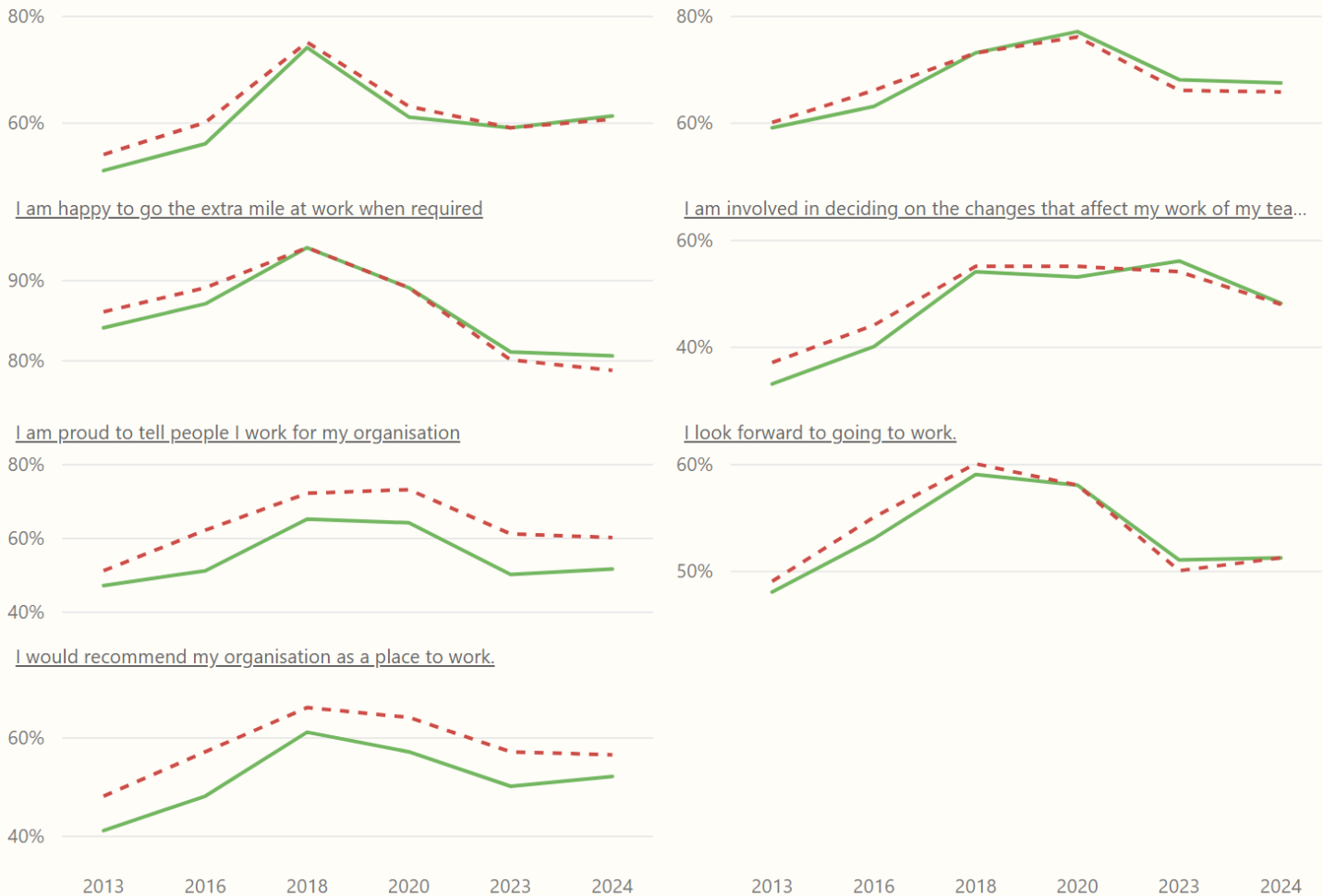
Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

Staff Survey

Org ● BCUHB ● NHS Wales

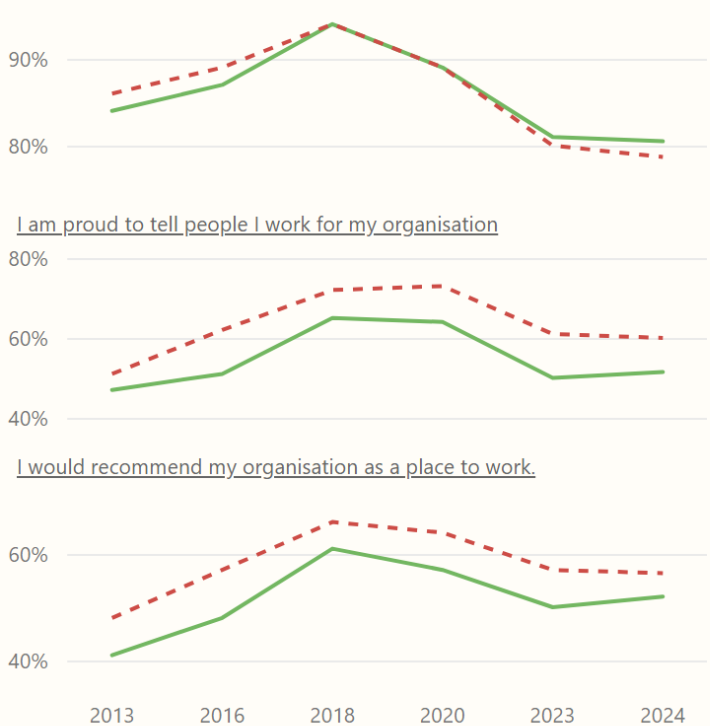
I am able to make improvements in my area of work.



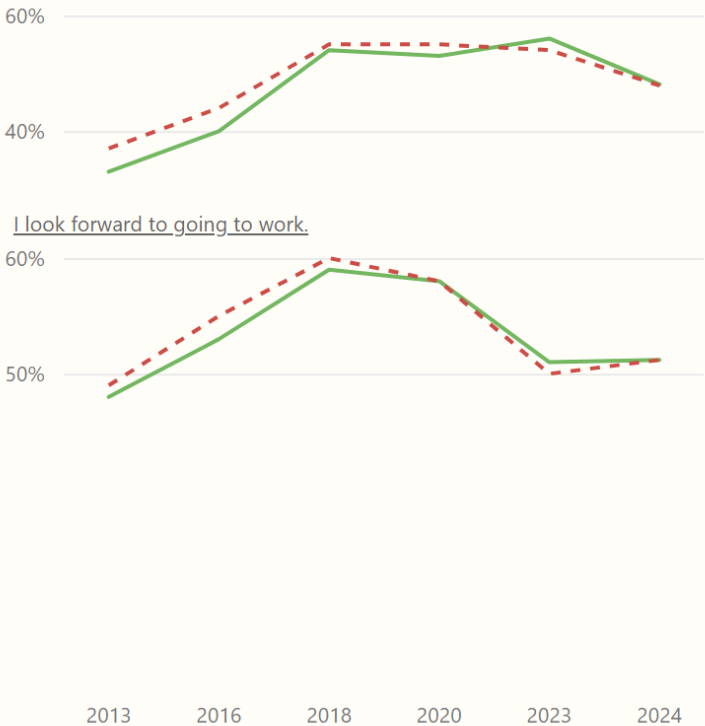
I am enthusiastic about my job.



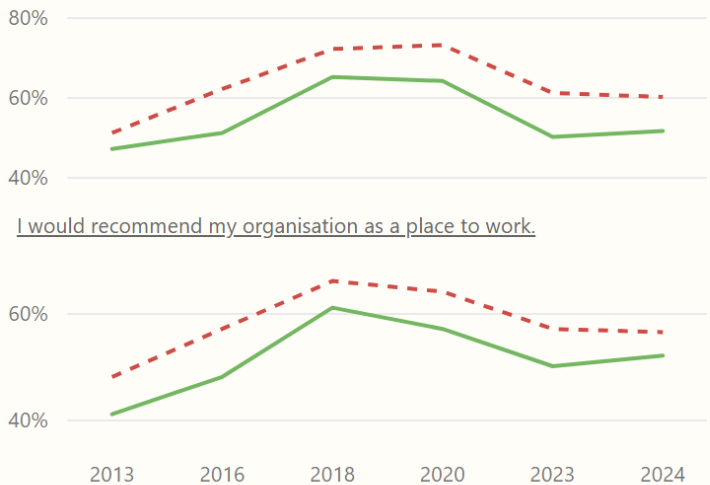
I am happy to go the extra mile at work when required



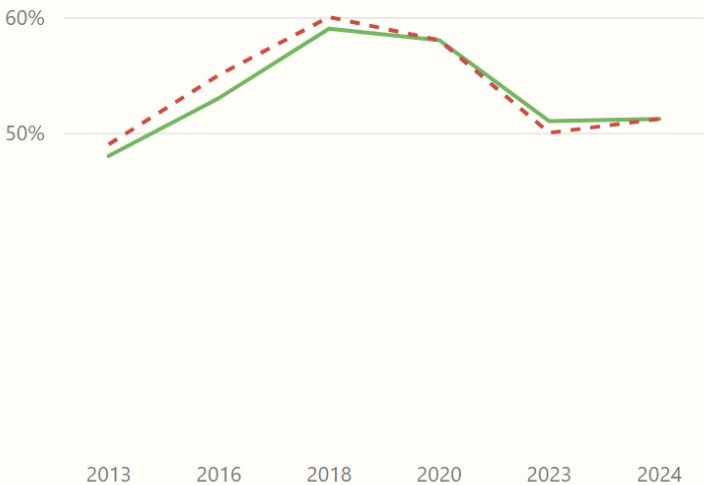
I am involved in deciding on the changes that affect my work of my tea...



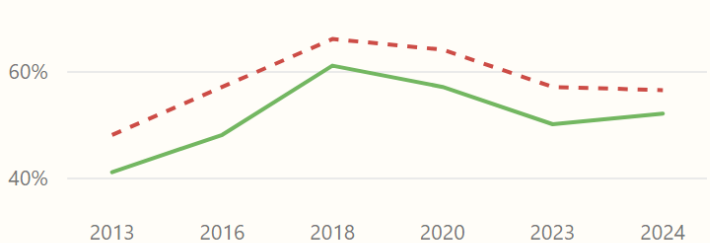
I am proud to tell people I work for my organisation



I look forward to going to work.



I would recommend my organisation as a place to work.

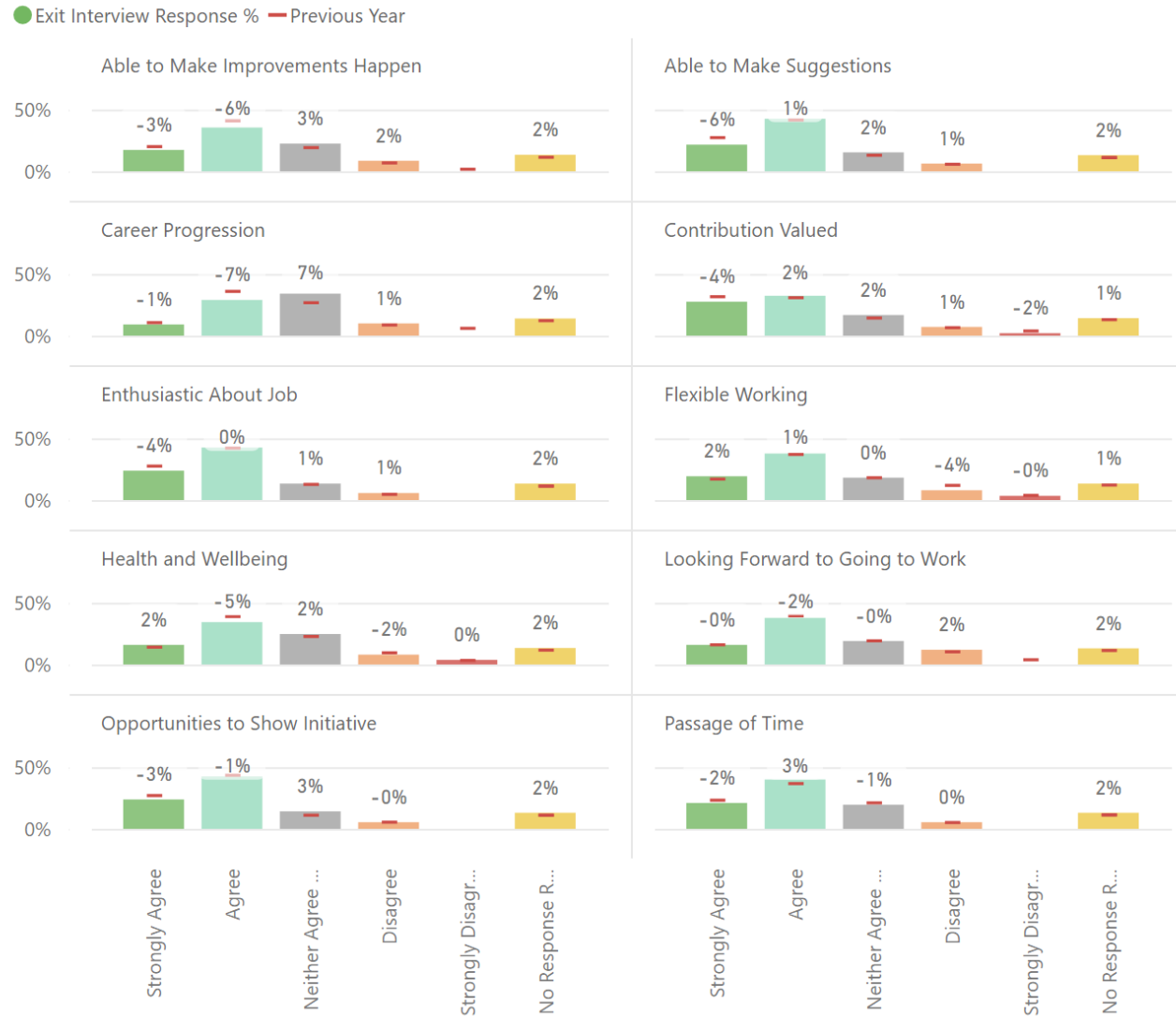


The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 11 years.

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

Progress : The local actions plan seeks to address staff moral and wellbeing in some form which is a positive focus. The local plans comprise of seeking enhanced communication with staff, introduction of listening forums, a focus on roster management, review of exit interview data through to reviewing the state of equipment used by the teams. The local action plans will be reviewed regularly in P&C.

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



Exit Questionnaire Questions

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

Analysis : Exit Interviews responses are generally more positive than negative, however, when compared to the previous year, the latest 12 month period shows a 9% decrease in positive responses for Able to Make Improvements Happen and 8% for Career Progression.

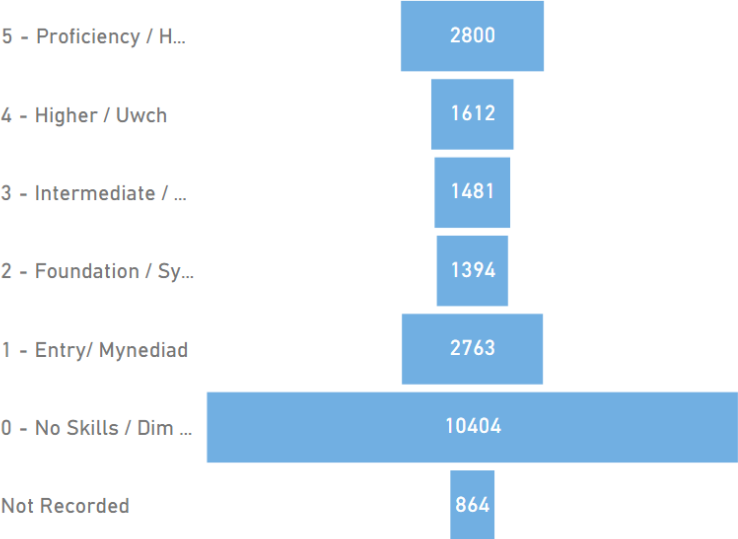
Challenges : With on 20% of leavers completing and Exit Interview questionnaire in October 2025, data from which insight can be drawn is limited.

Progress: Work is ongoing to better understand the reasons behind both internal and external turnover. The Recruitment and Retention group is currently exploring methods of capturing more detailed intelligence around leave reasons and to improve exit interview completion rates.

Welsh Language Skills

BCU Data as at October 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	264	2721	770	364	356	202	367	5044
Health Community East (HCEX) L4	169	3640	612	187	191	129	188	5116
Health Community West (HCWX) L4	155	781	400	309	417	743	1269	4074
Integrated Clinical Delivery - Primary Care (ICDP) L4	14	95	27	8	22	13	36	215
Integrated Clinical Delivery - Regional Care (ICDR) L4	99	728	209	97	95	103	209	1540
Mental Health & LDS (MX00) L4	51	1021	325	175	187	172	290	2221
Midwifery and Womens Services (WXXX) L4	35	390	76	58	41	61	125	786
Corporate Services	77	1028	344	196	172	189	316	2322
Total	864	10404	2763	1394	1481	1612	2800	21318

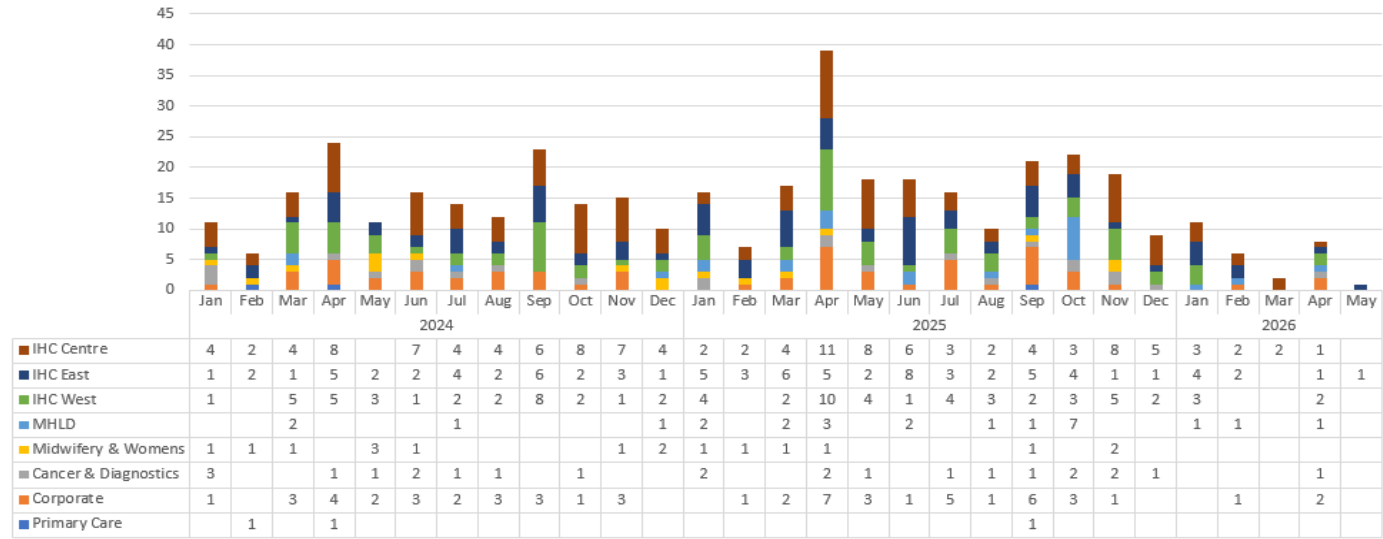


Analysis : The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 896 in August 2025 to 864 in October 2025. 4.1% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 4.2% reported previously. 48.8% of the workforce do not hold any level of Welsh Language skills.

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

Partial Retirement Requests

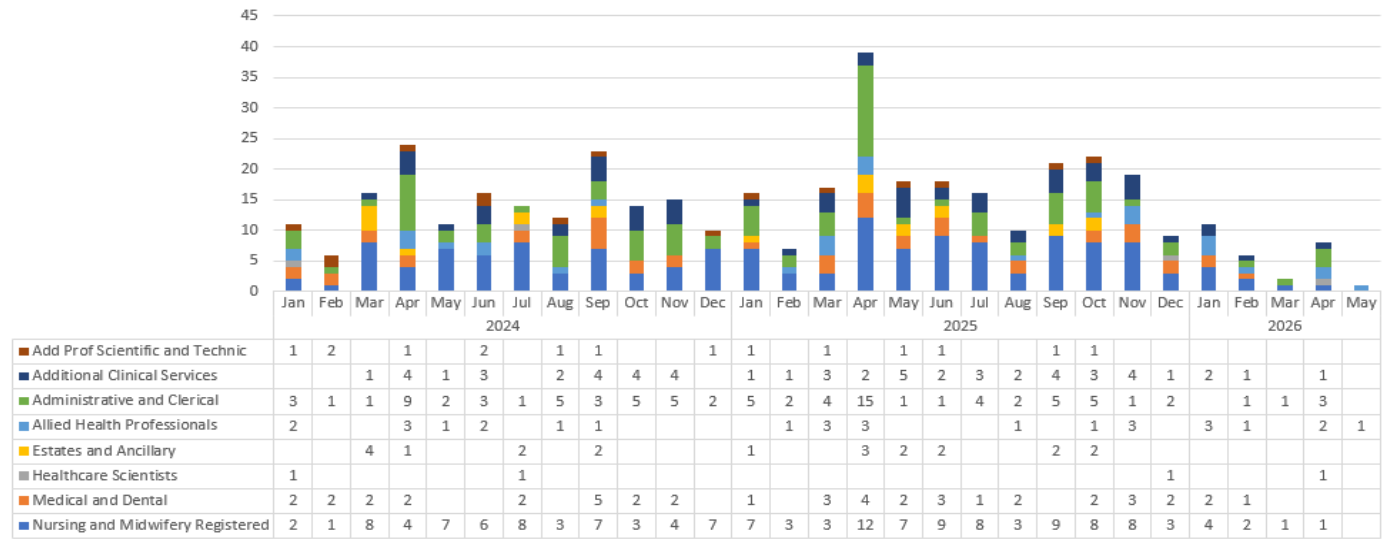
Partial Retirements Requests by IHC



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 November 2024 and October 2025, 56 requests in total. Over the next few months 21 employees in IHC Centre will be taking partial retirement, subject to the requests reaching completion stage.

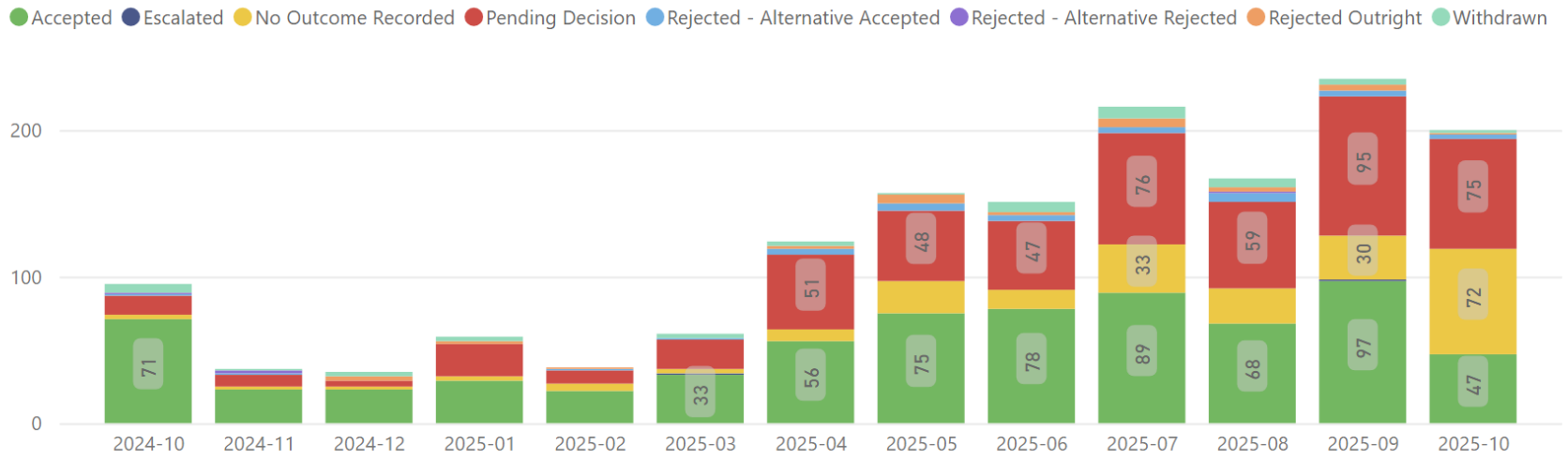
Partial Retirements Requests by Staff Group



Nursing and Midwifery staff group has had the highest volume of partial retirement requests over the last 12 months at 80 requests and a further 19 employees have requested partial retirement, due to take effect over coming months, again subject to the requests reaching completion stage.

Flexible Working Requests

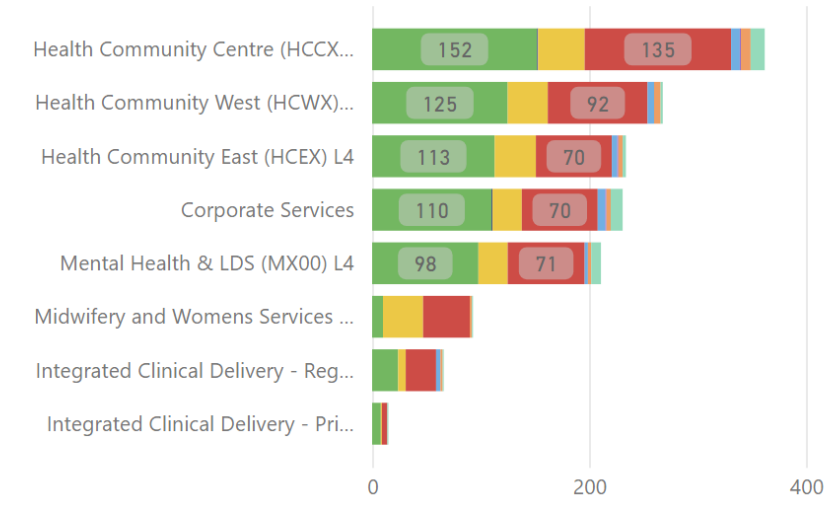
ESR Flexible Working Requests by Date Submitted



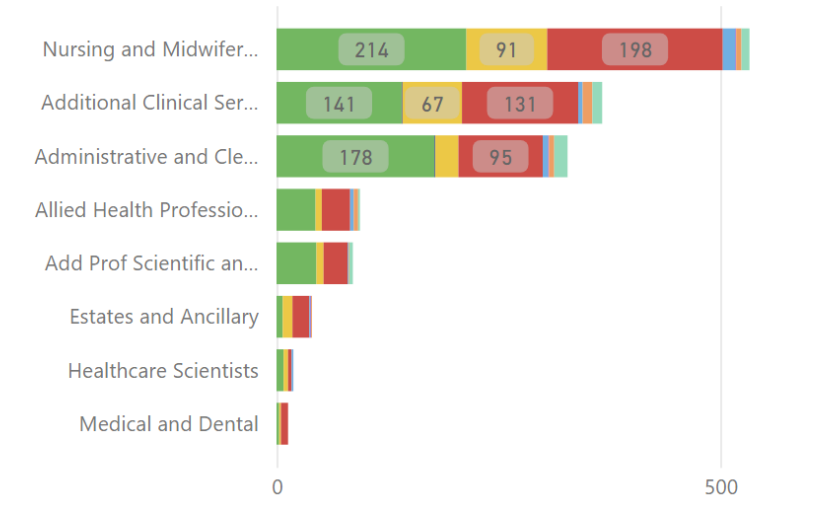
Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the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

ESR Flexible Working Requests by IHC Submitted Nov 2024 to Oct 2025



ESR Flexible Working Requests by Staff Group Nov 2024 to Oct 2025



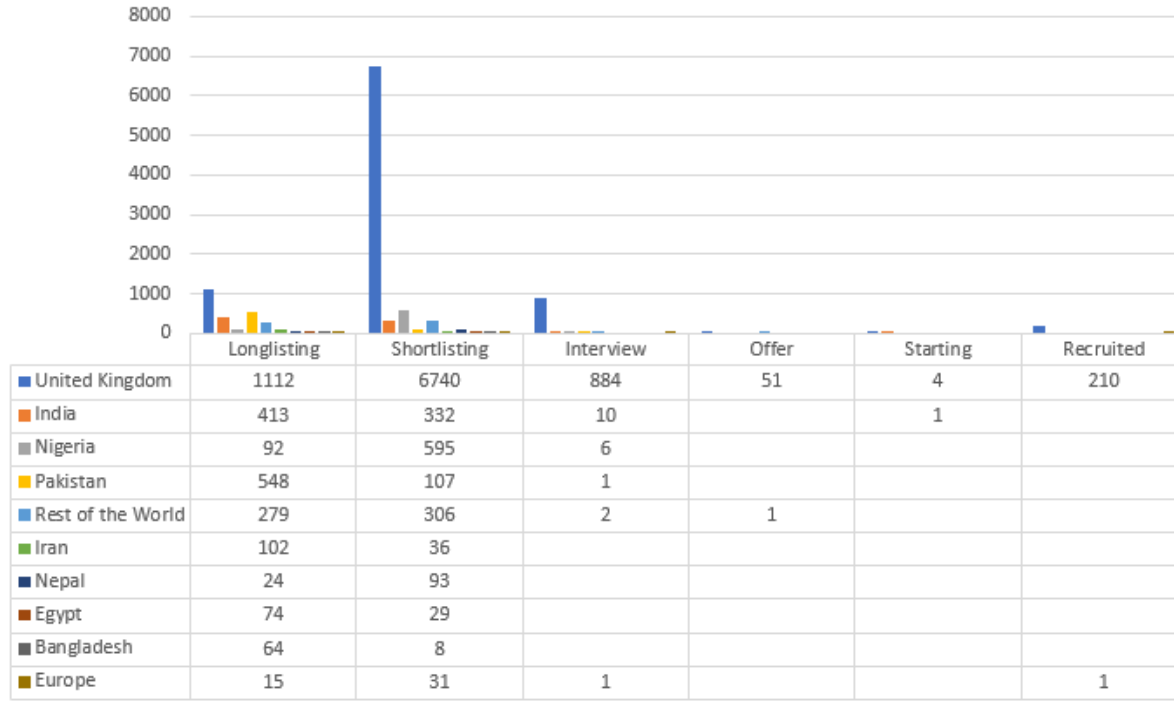
Over the last 12 months there were 1480 flexible working requests were submitted, 640 were accepted, 514 are pending decision, 2 have been escalated, 217 have no outcome recorded, 41 were withdrawn, and 30 were rejected outright.

IHC Centre has the greatest number of flexible working requests recorded in ESR with 362 in the previous 12 months with 47.6% having currently been accepted. IHC East has the greatest number of successful requests with 48.3% of requests 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



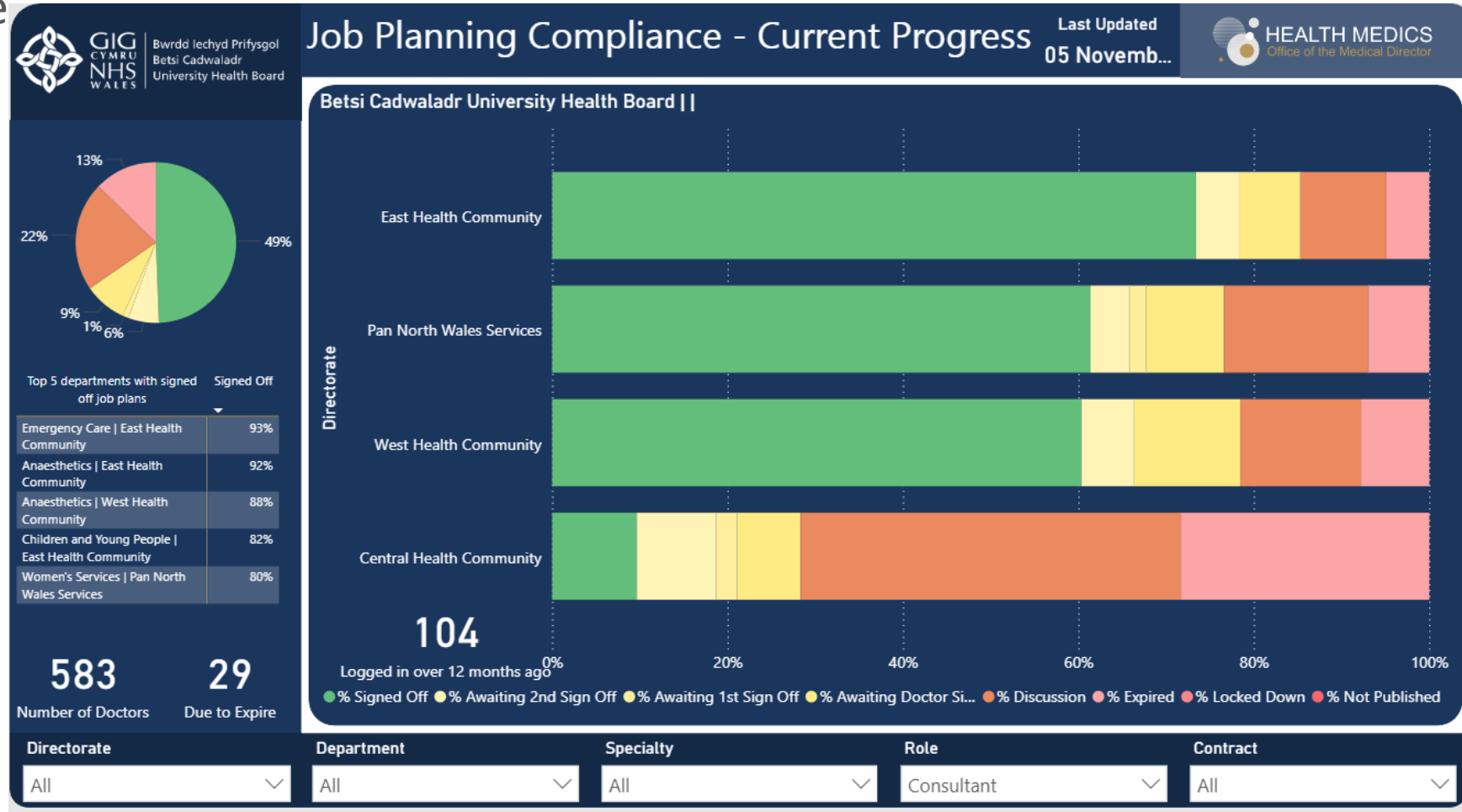
Country at Application	Longlisting	Shortlisting	Interview	Offer	Starting	Recruited
United Kingdom	12.35%	74.88%	9.82%	0.57%	0.04%	2.33%
India	54.63%	43.92%	1.32%	0.00%	0.13%	0.00%
Nigeria	13.28%	85.86%	0.87%	0.00%	0.00%	0.00%
Pakistan	83.54%	16.31%	0.15%	0.00%	0.00%	0.00%
Rest of the World	47.45%	52.04%	0.34%	0.17%	0.00%	0.00%
Iran	73.91%	26.09%	0.00%	0.00%	0.00%	0.00%
Nepal	20.51%	79.49%	0.00%	0.00%	0.00%	0.00%
Egypt	71.84%	28.16%	0.00%	0.00%	0.00%	0.00%
Bangladesh	88.89%	11.11%	0.00%	0.00%	0.00%	0.00%
Europe	31.25%	64.58%	2.08%	0.00%	0.00%	2.08%
Grand Total	22.37%	68.00%	7.43%	0.43%	0.04%	1.73%

The Overseas Recruitment data is sourced from TRAC. The data provides a count of external applicants, and the stage in the vacancy process that they reached, for vacancies that were moved to outcome during October 2025. Data collection for applicant country of residence at application date commenced at this time.

For the 13491 vacancies that were moved to outcome during October 2025, there were 12172 external applications. 26.1% of these applicants were based outside of the UK. Of the external applicants, only 211 have been recruited, 210 of whom were UK based at the point of making the application.

Consultant Job Planning

Compliance



Analysis : Job planning Compliance across the consultant grade is currently standing at 49% for BCU, which is improved from the September position where a figure of 42% was reported. IHC East are reporting the best performance at 73% and IHC Centre are the worst performing area at 10%.

Deep Dive Analysis

Corporate Workforce: A deep dive analysis has been carried out comparing the corporate workforce numbers in 2020 with the current numbers in 2025. The report has been attached as an appendix for ease of access.

Vacancies: the deep dive vacancy analysis looks at the current position across departments, areas and IHCs to try and provide a better understanding of where vacancies sit within the organisation. The report has been attached as an appendix for ease of access.

BCUHB People & Culture Committee

Corporate Growth Analysis

George Roberts

Interim Executive Director of People Services and Organisational Development

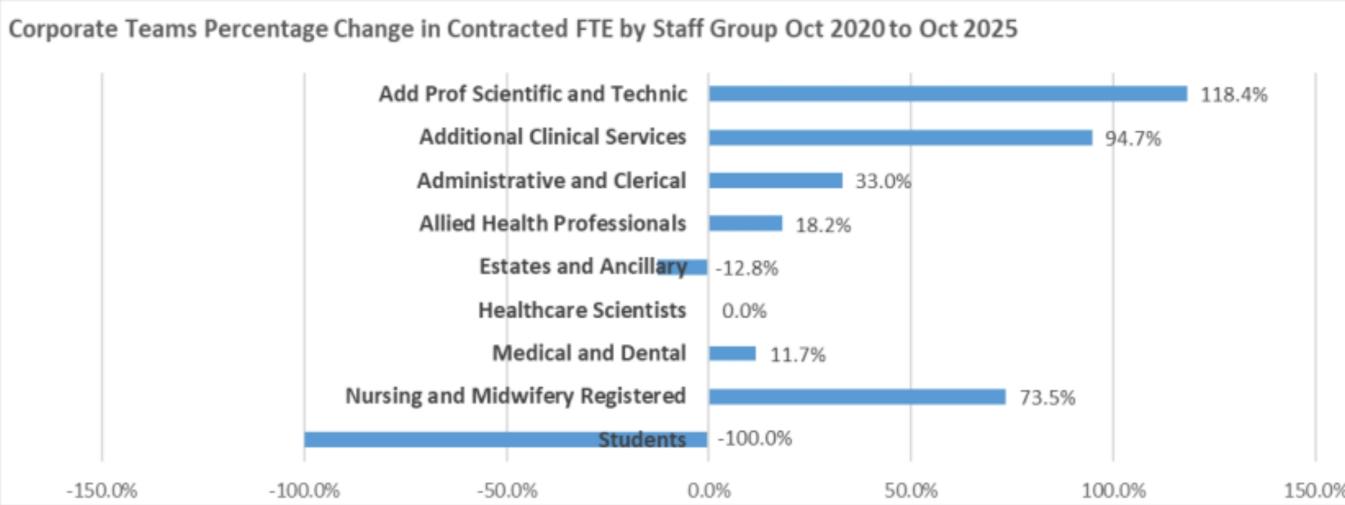
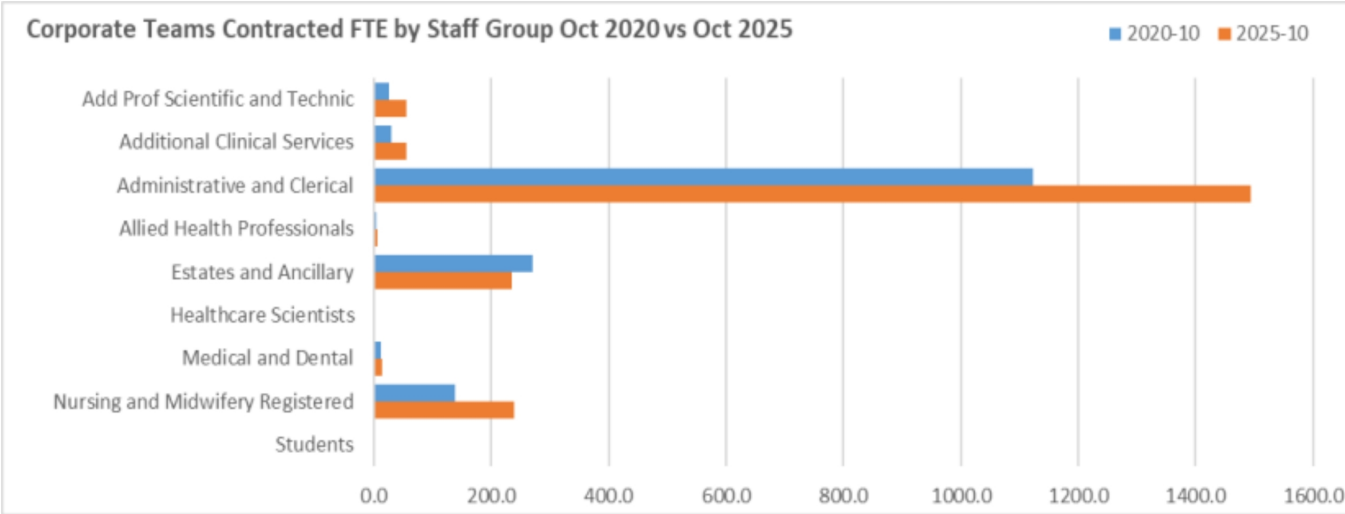


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BCU Corporate Teams Change 2020 to 2025 (all staff groups)

BCUHB Corporate Teams by Staff Group

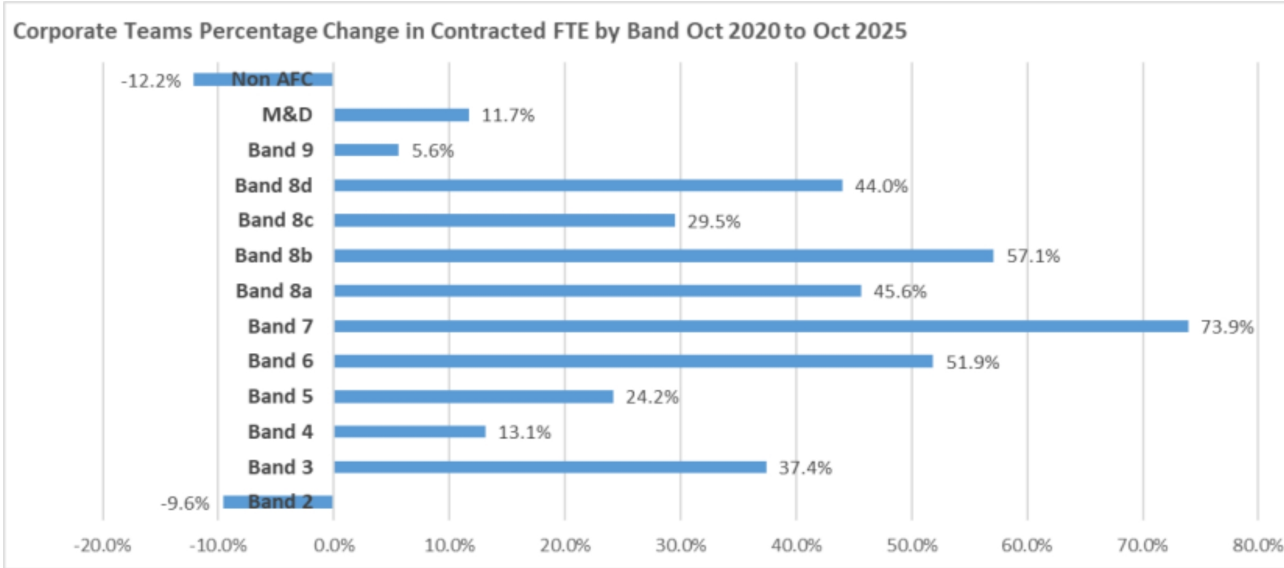
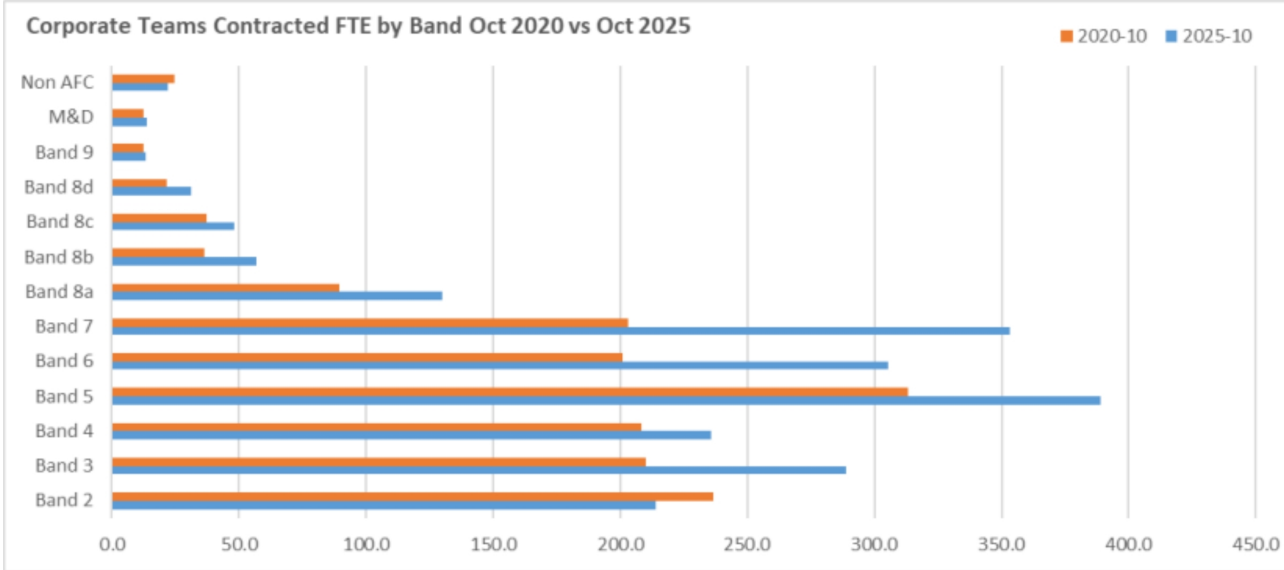


Staff Group	2020-10	2025-10	FTE Change	FTE % Change
Add Prof Scientific and Technic	25.6	56.0	30.3	118.4%
Additional Clinical Services	28.9	56.3	27.4	94.7%
Administrative and Clerical	1123.8	1494.3	370.6	33.0%
Allied Health Professionals	4.9	5.8	0.9	18.2%
Estates and Ancillary	270.6	235.9	-34.6	-12.8%
Healthcare Scientists	0.0	0.0	0.0	0.0%
Medical and Dental	12.5	13.9	1.5	11.7%
Nursing and Midwifery Registered	137.4	238.4	101.0	73.5%
Students	2.8	0.0	-2.8	-100.0%
Grand Total	1606.4	2100.6	494.2	30.8%

- Overall Corporate Services Teams have increased by almost 500 FTEs between 2020 and 2025
- Admin & Clerical staff form the bulk of Corporate staff and across the period, contracted FTE grew by 370.6 FTEs to 1494.3 FTEs.
- Registered nursing staff within Corporate Teams increased by 101 FTEs between 2020 and 2025.
- Estates and Ancillary staff reduced across the period in line with a reduction in budgeted FTE.

BCU Corporate Teams Change 2020 to 2025 (all staff groups)

BCUHB Corporate Teams by Pay Band



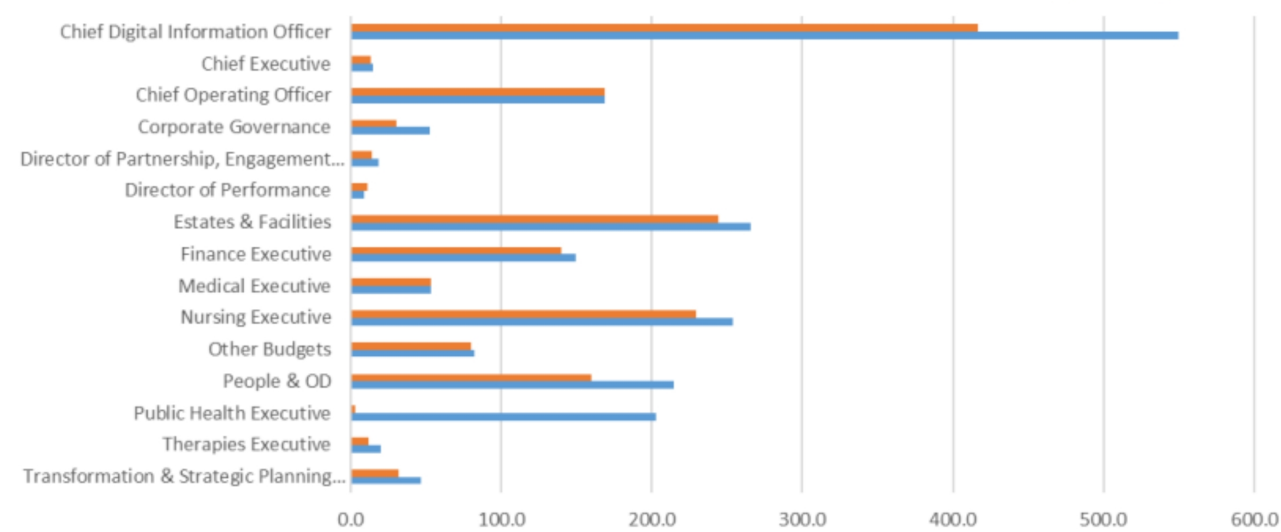
Payband	2020-10	2025-10	FTE	FTE %
			Change	Change
Band 2	236.7	214.0	-22.7	-9.6%
Band 3	210.1	288.7	78.6	37.4%
Band 4	208.3	235.6	27.3	13.1%
Band 5	313.1	388.8	75.7	24.2%
Band 6	201.0	305.2	104.2	51.9%
Band 7	203.1	353.3	150.1	73.9%
Band 8a	89.2	130.0	40.7	45.6%
Band 8b	36.3	57.0	20.7	57.1%
Band 8c	37.2	48.1	11.0	29.5%
Band 8d	21.6	31.1	9.5	44.0%
Band 9	12.5	13.2	0.7	5.6%
M&D	12.5	13.9	1.5	11.7%
Non AFC	24.8	21.8	-3.0	-12.2%
Grand Total	1606.4	2100.6	494.2	30.8%

- Across the Corporate Teams, there was significant growth in the number of Band 7s, within an increase of 150.1 FTE across the period to 353.3 FTEs.
- Band 6 positions also increased significantly from 201 FTEs to 305.2 FTEs.
- Band 8 posts increased by over 80 FTEs, Band 3s by 78.6 FTEs and Band 5s by 75.7 FTEs.
- The only areas where a reduction in contracted FTE occurred was within Band 2 posts (-22.7 FTEs) and Non AfC posts (-3 FTEs).

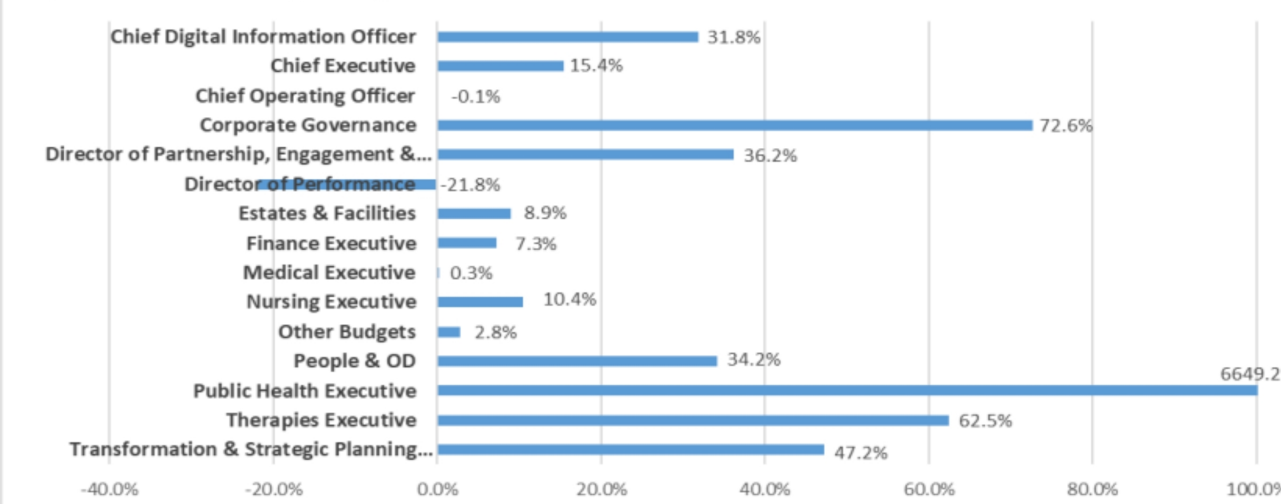
BCU Corporate Teams Change 2020 to 2025 (all staff groups)

BCUHB Corporate Teams

Corporate Teams Contracted FTE Oct 2020 vs Oct 2025



Corporate Teams Percentage Change in Contracted FTE Oct 2020 to Oct 2025



Corporate Team	2020-10	2025-10	FTE Change	FTE % Change
Chief Digital Information Officer	416.8	549.4	132.6	31.8%
Chief Executive	13.0	15.0	2.0	15.4%
Chief Operating Officer	168.8	168.7	-0.1	-0.1%
Corporate Governance	30.4	52.5	22.1	72.6%
Director of Partnership, Engagement & Comms	13.8	18.8	5.0	36.2%
Director of Performance	11.0	8.6	-2.4	-21.8%
Estates & Facilities	244.1	265.9	21.8	8.9%
Finance Executive	139.7	149.8	10.1	7.3%
Medical Executive	52.9	53.0	0.1	0.3%
Nursing Executive	229.5	253.4	24.0	10.4%
Other Budgets	79.9	82.1	2.2	2.8%
People & OD	159.6	214.2	54.6	34.2%
Public Health Executive	3.0	202.5	199.5	6649.2%
Therapies Executive	12.2	19.8	7.6	62.5%
Transformation & Strategic Planning Executive	31.8	46.9	15.0	47.2%
Grand Total	1606.4	2100.6	494.2	30.8%

- The transfer in of Public Health Teams accounts for a large proportion of the increase in Corporate Teams between 2020 and 2025 (199.5 FTEs)
- There was increase of 132.6 FTEs within Chief Digital Information Officer, taking the overall contracted FTE in this area to 549.4 FTEs.
- People & OD Teams grew by 54.6 FTEs to 214.2 FTEs.
- Increases in Estates & Facilities were largely A&C staff whilst changes in Nursing Executive were largely within Registered Nursing.

BCU Corporate Teams Change 2020 to 2025 (all staff groups)

BCUHB Corporate Teams FTE Change by Pay Band

Corporate Team	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AFC	Grand Total
Chief Digital Information Officer	15.20	11.11	-3.82	25.77	25.36	36.65	14.00	6.80	-0.96	2.00	0.00	0.52	0.00	132.63
Chief Executive	0.00	0.00	-1.00	-1.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00	2.00
Chief Operating Officer	-34.42	1.66	-0.87	2.49	3.91	5.44	9.40	2.23	1.32	4.40	1.00	4.30	-1.00	-0.13
Corporate Governance	-1.23	4.36	0.32	8.84	4.20	4.70	-0.08	1.00	0.00	0.00	0.00	0.00	-0.01	22.10
Director of Partnership, Engagement & Communications	0.00	0.00	0.20	1.00	1.00	3.00	0.00	0.00	-0.20	0.00	0.00	0.00	0.00	5.00
Director of Performance	0.00	-1.00	-1.00	-1.00	2.00	0.00	0.00	0.00	0.60	0.00	-1.00	0.00	-1.00	-2.40
Estates & Facilities	3.80	0.47	5.02	-21.96	26.03	7.48	0.00	1.00	1.00	0.00	-1.00	0.00	0.00	21.83
Finance Executive	4.12	1.16	-3.76	8.19	-4.61	5.55	0.49	-1.00	4.00	-2.00	1.00	0.00	-3.00	10.13
Medical Executive	0.75	-5.32	6.28	-3.67	0.65	5.05	-2.40	-1.00	1.00	0.00	-1.00	-0.20	0.00	0.14
Nursing Executive	-3.60	-5.00	3.03	5.65	2.05	22.29	1.17	1.07	-1.40	0.00	-0.30	0.00	-1.00	23.97
Other Budgets	-0.80	-1.01	-2.08	0.61	9.98	1.01	0.60	0.80	-1.00	-0.50	0.00	-5.39	0.00	2.23
People & OD	-8.47	15.39	5.18	4.19	5.31	18.71	5.30	2.80	2.60	3.00	1.00	-0.40	0.00	54.60
Public Health Executive	1.91	56.51	20.69	45.35	26.94	23.51	13.56	5.00	3.00	-1.00	2.00	2.00	0.00	199.48
Therapies Executive	0.00	0.00	1.00	2.00	1.44	1.56	-2.00	1.00	0.00	2.60	0.00	0.00	0.00	7.60
Transformation & Strategic Planning Executive	0.00	0.28	-1.91	-0.80	-1.04	15.17	0.69	1.00	1.00	1.00	-1.00	0.62	0.00	15.02
Grand Total	-22.74	78.61	27.29	75.66	104.21	150.13	40.74	20.71	10.96	9.50	0.70	1.45	-3.01	494.20

- Band 7 roles account for the largest proportion of growth within Corporate Teams with the greatest increase occurring within Chief Digital Information Officer. The transfer in of Public Health Teams added 23.5 FTEs to the band 7 workforce and within Nursing Executive there was an increase of 22.3 FTEs.
- The increase of 104.2 FTEs at band 6 is largely the result of movement of Public Health Teams into BCU, growth within Estates and Chief Digital Information Officer. The growth in band 6 FTEs in Estates is accompanied by a reduction in band 5 contracted FTEs.
- The overall reduction in band 2 contracted FTE across the period occurred as a result of FTE decreases within Chief Operating Officer and People and OD.

BCU Corporate Teams Job Evaluation, Re-Banding Applications

Year	Overall Number of Re-bandings and Review Requests Processed	Number of Requests Processed in Corporate Services
2019	156	32
2020	100	21
2021	132	28
2022	108	27
2023	175	58
2024	122	44
2025 (up to 21/11/25)	73	28

The table above identifies the number of approved re-banding applications in Corporate Services over the previous six years.

It is important to note that from 1st August 2025 the Job Evaluation policy and procedure was significantly changed to improve governance and oversight of the re-banding process. There have been 2 re-banding applications approved since August but these are outside Corporate Services.

BCUHB People & Culture Committee

Vacancy Analysis

George Roberts

Interim Executive Director of People Services and Organisational Development



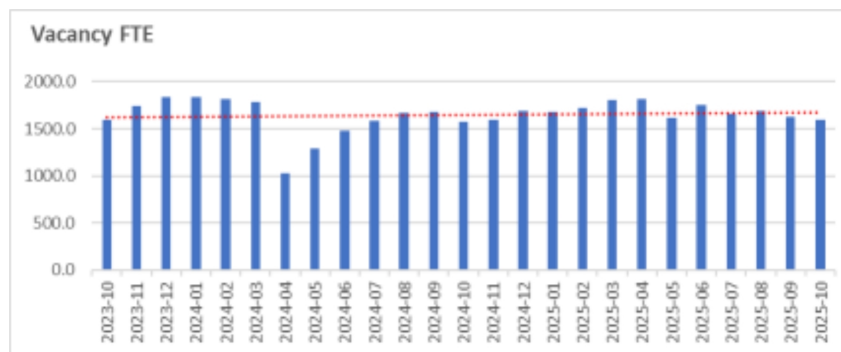
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WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

BCU Vacancies

Vacancy FTE by IHC

IHC	Vacancy FTE	Vacancy Rate
Health Community Centre	526.3	10.6%
Health Community East	270.9	5.7%
Health Community West	159.3	4.3%
Integrated Clinical Delivery - Regional Care	70.2	4.9%
Integrated Clinical Delivery - Primary Care	19.7	10.0%
Mental Health & LDS	256.4	11.1%
Midwifery and Womens Services	30.5	4.4%
Corporate	265.1	11.2%
Grand Total	1598.4	7.8%



Vacancy FTE by IHC and Staff Group

IHC	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Grand Total
Health Community Centre	27.9	171.8	76.7	19.4	52.2	4.4	52.0	126.9	-5.0	526.3
Health Community East	34.4	64.5	52.5	-4.4	53.8	0.8	24.8	53.6	-9.0	270.9
Health Community West	7.4	30.9	27.6	-0.3	56.5	1.5	7.9	31.4	-3.6	159.3
Integrated Clinical Delivery - Regional Care	0.0	17.4	14.8	-6.6		23.9	14.0	6.8		70.2
Integrated Clinical Delivery - Primary Care	-17.9	22.5	1.7		0.5		14.2	-1.3		19.7
Mental Health & LDS	22.1	83.2	42.2	28.5	0.0		17.7	62.6		256.4
Midwifery and Womens Services		10.7	4.2				8.5	7.2		30.5
Corporate	-3.4	-6.0	207.7	3.3	17.2		5.7	40.7		265.1
Grand Total	70.4	395.0	427.4	39.8	180.2	30.5	144.8	327.9	-17.6	1598.4

Vacancy FTE by IHC and Pay Band

IHC	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Health Community Centre	179.5	89.7	30.3	48.6	58.5	36.8	25.1	6.9	7.9	-2.8	0.0	52.0	-6.2	526.3
Health Community East	142.7	31.4	-11.7	31.8	21.5	12.9	8.5	4.1	2.4	1.0	-1.0	24.8	2.4	270.9
Health Community West	81.5	24.4	-7.8	16.5	15.6	-6.3	4.6	4.2	1.6	0.2	-0.8	7.9	17.6	159.3
Integrated Clinical Delivery - Regional Care	3.4	28.0	-1.3	0.0	19.1	8.6	-4.6	2.9	-0.3	1.6	-1.0	14.0	0.0	70.2
Integrated Clinical Delivery - Primary Care	3.7	2.4	17.5	-18.1	4.7	-6.0	0.4	0.0	0.0	1.0	0.0	14.2	0.0	19.7
Mental Health & LDS	15.7	81.4	22.5	31.3	41.1	26.1	13.1	4.7	1.5	0.4	1.0	17.7	0.0	256.4
Midwifery and Womens Services	9.4	5.9	-0.8	1.8	3.1	0.5	2.2	-1.0	1.0	0.0	0.0	8.4	0.0	30.5
Corporate	21.5	12.0	70.7	37.1	34.7	19.6	30.0	14.0	4.0	5.0	5.6	6.7	4.5	265.1
Grand Total	457.3	275.1	119.3	148.9	198.4	92.0	79.3	35.8	18.1	6.3	3.7	145.8	18.3	1598.4

- The BCU HB vacancy rate currently stands at 7.8% with 1598.4 vacancies across the organisation. The position is largely unchanged from October 2023.
- IHC Centre are holding the greatest number of vacancies, primarily across the registered and unregistered nursing workforce. Vacancies within these staff groups in Centre IHC are more than double the levels in any other IHC.
- There are also more than double the number of Medical & Dental vacancies in IHC Centre than any other area.
- There are a number of vacancies within the registered and unregistered nursing workforce in IHC East and MHL, however, levels are significantly lower than IHC Centre.
- Estates and Ancillary vacancies are in excess of 50 FTEs across the 3 IHCs.
- Admin and Clerical staff group has the highest number of vacancy FTEs At 427.4 FTEs, with 207.7 FTE of these vacancies falling with Corporate Teams.
- The majority of vacancies are at band 2 where 457.3 FTEs are vacant, with the majority falling within the 3 IHCs.
- IHC Centre and MHL are holding the majority of band 3 vacancies.

BCU Vacancies

Top 20 Departments with the largest vacancy FTE

IHC	Org L5	Org L6	Vacancy FTE	Vacancy Rate
Health Community Centre	Ysbyty Glan Clwyd (HX21) L5	Scheduled Care (HX25) L6	151.2	13.5%
Health Community Centre	Central Area (AX21) L5	Regional CAMHS & Regional ND (AX2B) L6	71.2	30.2%
Health Community West	Ysbyty Gwynedd (HX01) L5	Surgical YG (HX05) L6	64.3	7.3%
Health Community Centre	Ysbyty Glan Clwyd (HX21) L5	Medicine & Unscheduled Care YGC (HX23) L6	61.1	8.9%
Health Community Centre	Central Area (AX21) L5	Childrens Central (AX27) L6	52.2	9.2%
Corporate	Chief Digital Information Officer (YX40) L5	Informatics (EX48) L6	48.9	8.2%
Health Community East	East Area (AX41) L5	HMP Berwyn (AX57) L6	44.4	26.6%
Health Community East	Facilities East (HCEF) L5	Facilities East (RX52) L6	43.6	12.1%
Health Community Centre	Facilities Central (HCCF) L5	Facilities Central (RX51) L6	41.1	9.9%
Health Community East	East Area (AX41) L5	GMS East (AX51) L6	40.4	20.3%
Mental Health & LDS	Regional Specialist Services (MX16) L5	LD Inpatients (MX61) L6	35.2	14.2%
Health Community Centre	Central Area (AX21) L5	Intermediate Care Services & Specialist Medicine Central (AX24) L6	33.5	7.5%
Health Community East	East Area (AX41) L5	Childrens East (AX47) L6	32.7	6.3%
Health Community East	Ysbyty Maelor Wrexham (HX41) L5	Scheduled Care YMW (HX45) L6	32.6	3.7%
Health Community Centre	Ysbyty Glan Clwyd (HX21) L5	Emergency Care YGC (HX27) L6	31.7	9.3%
Health Community East	Ysbyty Maelor Wrexham (HX41) L5	Emergency Quarter YMW (HX50) L6	31.4	10.6%
Mental Health & LDS	Executive Director Therapies Psychology (MX20) L5	Executive Director Therapies Psychology (MX20) L6	28.9	14.2%
Health Community East	Ysbyty Maelor Wrexham (HX41) L5	Unscheduled Care YMW (HX43) L6	27.2	4.0%
Mental Health & LDS	Medical (MX11) L5	Medical Staff (MX03) L6	26.3	16.6%
Corporate	WF & OD Executive (YX31) L5	WF & OD Executive (YX31) L6	25.4	10.6%

- Departments within IHC Centre and IHC East feature most frequently in the top 20 departments with the largest vacancy FTE.
- Scheduled Care/Surgical across all 3 areas fall within the top 20.
- Vacancies with IHC Centre Scheduled Care ranks first in terms of high levels of vacancy, with over twice as many vacancies as the second placed department.
- Regional CAMHS and Childrens teams are performing poorly in regards to vacancy levels.
- There are a number of vacancies across East and Centre Unscheduled Care and Emergency Departments.
- Within MHL, LD teams are holding 35.2 FTE vacancies and there are 26.3 vacancies within medical staff.

BCU Vacancies

Top 20 Organisations with the largest vacancy FTE

IHC	Org L6	Organisation Name	Vacancy FTE	Vacancy Rate
Health Community Centre	Scheduled Care (HX25) L6	C YGC Major Theatre E-R (N243)	31.2	16.8%
Corporate	Informatics (EX48) L6	A Welsh Community Care Information System E-R (L122)	29.9	93.7%
Health Community Centre	Childrens Central (AX27) L6	C Tier 4 Medical (F105)	29.0	90.6%
Health Community East	Childrens East (AX47) L6	E CAMHS East (F153)	22.2	29.0%
Health Community East	GMS East (AX51) L6	W GP Out of Hours (C054)	19.4	60.2%
Health Community Centre	Regional CAMHS & Regional ND (AX2B) L6	C Regional CAMHS Bids (F200)	18.3	32.6%
Health Community Centre	Facilities Central (RX51) L6	C Y.G.C Domestic E-R (R453)	17.5	14.2%
Corporate	Health & Safety and Security (SX10) L6	A Health and Safety Team (T416)	17.2	42.6%
Corporate	Informatics (EX48) L6	A MHL Digital Solution Project (L127)	15.5	83.8%
Corporate	Director of Transformation (EX47) L6	A Improvement & Transformation Team (T559)	15.0	36.9%
Health Community Centre	Scheduled Care (HX25) L6	C YGC Vascular Medical Staffing (N063)	13.0	56.5%
Corporate	Health Protection Service (AX87) L6	A Health Protection Corporate E-R (T700)	13.0	59.5%
Mental Health & LDS	Non-operational Budgets (MX95) L6	A I CAN Primary Care (D720)	12.4	100.0%
Health Community Centre	Emergency Care YGC (HX27) L6	C YGC Accident & Emergency E-R (C070)	12.4	9.9%
Health Community East	HMP Berwyn (AX57) L6	E HMP Berwyn PC Nursing E-R (C163)	12.1	25.9%
Health Community West	Facilities Domestic - West (RX56) L6	W Housekeeping YG (R439)	11.7	12.2%
Mental Health & LDS	Executive Director Therapies Psychology (MX20) L6	A Adult MH Psychology (D100)	11.3	22.2%
Health Community East	Emergency Quarter YMW (HX50) L6	E Maelor A&E Nursing E-R (C061)	11.2	10.2%
Health Community West	Emergency Care YG (HX11) L6	W Gogarth AMU E-R (C747)	10.9	20.9%
Health Community West	Facilities Catering - West (RX55) L6	W Catering YG E-R (R332)	10.7	17.9%

- Theatres in YGC has the largest vacancy FTE at 31.2 FTEs.
- Childrens Services, in particular CAMHS teams have a high number of vacancies across 3 organisations.
- All 3 Emergency Departments have at least one organisation within it's structure with 10 or more vacancies.

BCU Vacancies

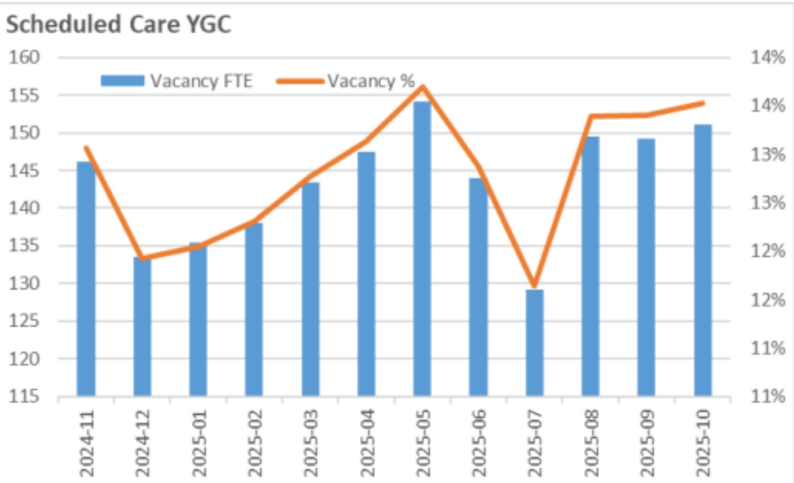
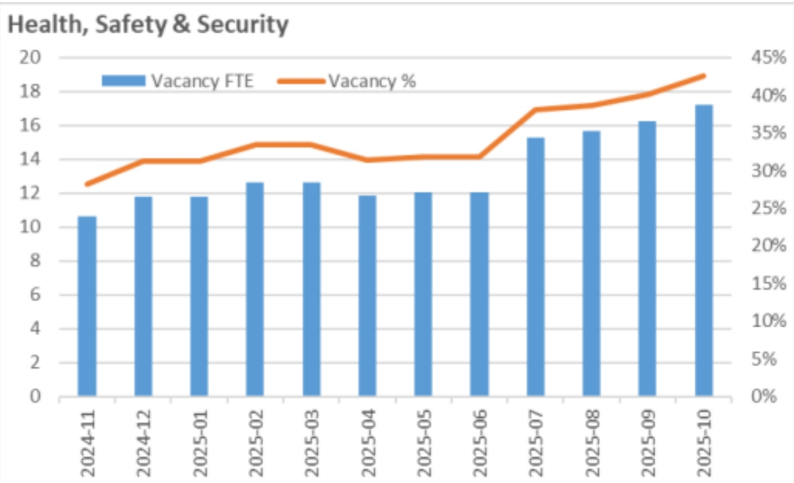
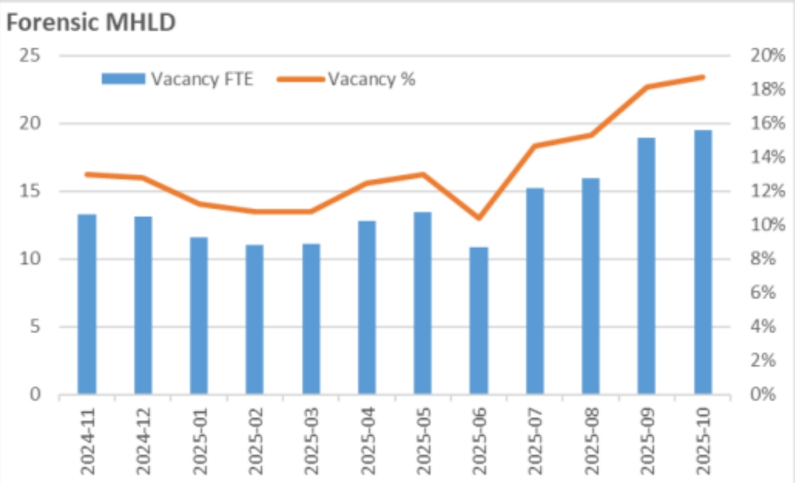
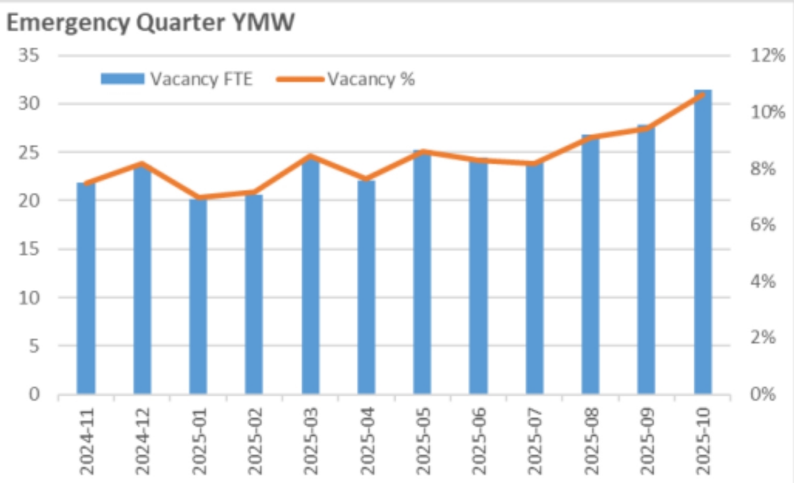
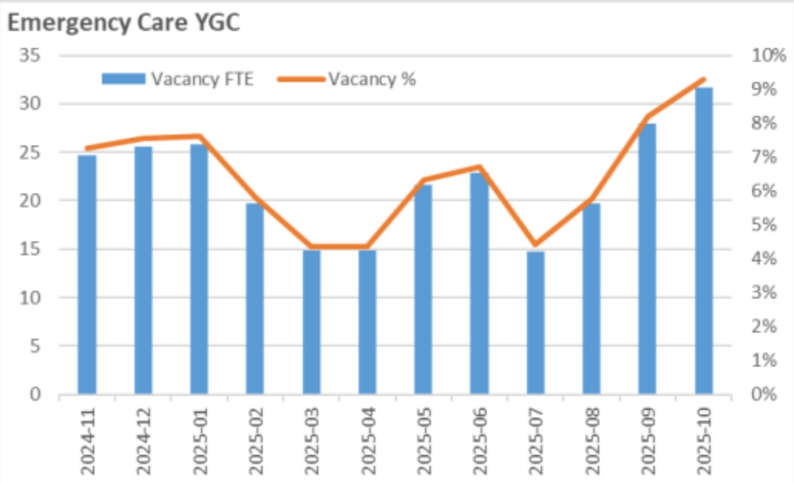
Top 20 Organisations and Staff Groups with the largest vacancy FTE

IHC	Org L6	Organisation Name	Staff Group	Vacancy FTE	Vacancy Rate
Corporate	Informatics (EX48) L6	A Welsh Community Care Information Syst	Administrative and Clerical	29.9	93.7%
Health Community Centre	Childrens Central (AX27) L6	C Tier 4 Medical (F105)	Medical and Dental	29.0	90.6%
Integrated Clinical Delivery - Primary Care	Community Dental Services (HXHD) L6	C Community Dental Service (CDS) E-R (N5)	Additional Clinical Services	20.0	34.9%
Health Community Centre	Facilities Central (RX51) L6	C Y.G.C Domestic E-R (R453)	Estates and Ancillary	17.5	14.4%
Corporate	Health & Safety and Security (SX10) L6	A Health and Safety Team (T416)	Administrative and Clerical	17.2	43.7%
Corporate	Informatics (EX48) L6	A MHL Digital Solution Project (L127)	Administrative and Clerical	15.5	83.8%
Corporate	Director of Transformation (EX47) L6	A Improvement & Transformation Team (T)	Administrative and Clerical	15.0	36.9%
Health Community East	Childrens East (AX47) L6	E CAMHS East (F153)	Add Prof Scientific and Technic	14.5	46.9%
Health Community Centre	Scheduled Care (HX25) L6	C YGC Major Theatre E-R (N243)	Allied Health Professionals	14.2	25.6%
Health Community Centre	Scheduled Care (HX25) L6	C YGC Vascular Medical Staffing (N063)	Medical and Dental	13.0	56.5%
Mental Health & LDS	Non-operational Budgets (MX95) L6	A I CAN Primary Care (D720)	Allied Health Professionals	12.4	100.0%
Health Community West	Facilities Domestic - West (RX56) L6	W Housekeeping YG (R439)	Estates and Ancillary	11.7	12.3%
Health Community West	Facilities Catering - West (RX55) L6	W Catering YG E-R (R332)	Estates and Ancillary	10.7	17.9%
Health Community East	GP Localities East (AX56) L6	A Help Me Quit (B478)	Add Prof Scientific and Technic	10.2	42.4%
Health Community Centre	Emergency Care YGC (HX27) L6	C YGC Accident & Emergency E-R (C070)	Nursing and Midwifery Registered	10.0	12.0%
Health Community East	GMS East (AX51) L6	W GP Out of Hours (C054)	Medical and Dental	10.0	85.5%
Health Community East	Facilities East (RX52) L6	E Maelor Domestic Services (R510)	Estates and Ancillary	10.0	7.7%
Mental Health & LDS	Medical Staff (MX03) L6	W MH Medical Staff (D012)	Medical and Dental	9.6	57.4%
Health Community Centre	Scheduled Care (HX25) L6	C YGC Vascular Ward NSA E-R (N142)	Additional Clinical Services	9.5	39.5%
Corporate	COVID 19 Vaccination (AX75) L6	W COVID 19 Mass Vaccination West (T335)	Administrative and Clerical	9.1	37.9%

- Admin & Clerical and Estates & Ancillary staff groups feature multiple times in the top 20 organisation and staff groups with the largest number of vacancies.
- Stricter controls around establishment control may be impacting recruitment to A&C posts whilst the aging workforce within E&A is impacting on higher turnover and poorer retention.
- The organisation and staff group with the largest number of vacancies falls within DDaT, followed by medical staff within Acute Paeds in Centre.
- Domestic team across all 3 IHCs are holding a large number of vacancies.

BCU Vacancies

Top 5 Departments with a deteriorating vacancy position



- The charts above show departments with month on month deteriorations in the vacancy position across the last 3 months (Aug 25 to Oct 25). The data excludes departments with fewer than 5 vacancies.

IHC Centre Vacancies

IHC Centre Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	6.1	-6.1	3.1	4.9	13.2	3.8	2.8	0.0	0.0	0.0	0.0	27.9
Additional Clinical Services	105.5	50.4	21.6	-0.6	-0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-5.1	171.8
Administrative and Clerical	31.8	29.4	2.5	2.0	5.1	4.0	0.7	1.5	2.8	-1.9	0.0	0.0	-1.1	76.7
Allied Health Professionals	0.0	0.0	0.0	-7.2	17.5	10.0	-2.5	1.6	0.0	0.0	0.0	0.0	0.0	19.4
Estates and Ancillary	42.2	9.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	52.2
Healthcare Scientists	0.0	0.0	0.0	0.0	1.4	1.2	1.0	0.0	0.8	0.0	0.0	0.0	0.0	4.4
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	52.0	0.0	52.0
Nursing and Midwifery Registered	0.0	0.0	0.0	64.6	32.5	16.6	12.7	0.0	1.4	-0.9	0.0	0.0	0.0	126.9
Students	0.0	0.0	0.0	-4.0	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-5.0
Grand Total	179.5	89.7	30.3	48.6	58.5	36.8	25.1	6.9	7.9	-2.8	0.0	52.0	-6.2	526.3

- IHC Centre has the highest vacancy rate of all of the IHCs, currently showing at 10.6% and 526.3 FTE vacancies. The vacancy FTE exceeds the combined total of East and West IHCs.

- This trend for the highest vacancy rates is consistent from 2023 onwards. The vacancy FTEs were at the highest in April and then began to reduce slightly between May and July and are now back up to nearly the peak.

IHC Centre Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Grand Total		
Area Management Central (AX22) L6			-1.0	-3.4			1.4	3.0		0.0		
Area Medical Specialties (AX26) L6			-1.3	2.0			1.6	-2.5		-0.2		
Central Clusters (AX29) L6			2.0			5.6		7.9		15.5		
CHC Staffing (AX30) L6				0.4		0.6		2.7		3.8		
Childrens Central (AX27) L6	5.3	15.3		6.4		3.3		-1.1	27.8	52.2		
Emergency Care YGC (HX27) L6		4.5		7.0		-1.0		6.2	13.0	31.7		
Facilities Central (HCCF) L6				0.0						2.0		
Facilities Central (RX51) L6				0.3		40.8				41.1		
GMS Central (AX31) L6	-0.6	1.8		4.7		0.2		2.2	2.7	11.0		
Health Community Centre Management (HC01) L6	0.0			-2.1		0.0		0.0	0.0	-2.1		
Hospital Management YGC (HX22) L6			5.5	3.7				1.8	4.8	15.8		
Intermediate Care Services & Specialist Medicine Ce	1.1	17.6		6.9		1.0		5.1	1.9	33.5		
LLGH Hub (HXF8) L6	-1.0									-1.0		
Medicine & Unscheduled Care YGC (HX23) L6	0.0	33.0		9.1		0.2	0.6	2.6	-0.3	16.0		
Medicines Management Central (AX23) L6	12.2	6.8		-0.9					1.1	19.2		
Primary Care & Community Services Central (AX36) L6		11.7		7.4		5.7		1.6	-7.5	18.9		
Regional CAMHS & Regional ND (AX2B) L6	8.6	17.2		16.5		5.1	0.1		4.5	71.2		
Scheduled Care (HX25) L6	1.4	50.8		13.0		13.5	5.8	1.8	28.1	36.8		
Therapies Central (AX25) L6	1.1	7.9		5.5		-15.0	1.0		0.9	1.4		
Grand Total	27.9	171.8		76.7		19.4	52.2	4.4	52.0	126.9	-5.0	526.3

- The vacancies are highest in Bands 2 and 3 and within the Additional Clinical Services and Estates and Ancillary staff groups. Vacancies are also high within the Medical and Dental staff group, at 52.0 FTEs this month, considerably higher than the other IHCs.

- Hotspot areas for showing high numbers of FTEs appear within Scheduled Care and Facilities, again within the Additional Clinical Services and Estates and Ancillary staff groups. Scheduled Care shows high numbers of vacancies within Medical and Dental and Registered Nursing staff groups as well.

IHC East Vacancies

IHC East Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	3.9	14.6	3.0	5.0	5.1	0.5	2.3	0.0	0.0	0.0	0.0	34.4
Additional Clinical Services	53.7	21.6	-15.4	6.4	-1.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	64.5
Administrative and Clerical	38.8	6.1	-0.2	5.1	-1.2	2.3	-0.7	1.4	-3.2	1.0	0.0	0.0	0.0	52.5
Allied Health Professionals	0.0	0.0	0.0	-11.1	6.2	1.8	-0.3	0.0	0.0	0.0	-1.0	0.0	0.0	-4.4
Estates and Ancillary	50.3	3.6	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	53.8
Healthcare Scientists	0.0	0.0	0.0	-3.7	4.8	0.6	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	24.8	0.0	24.8
Nursing and Midwifery Registered	0.0	0.0	0.0	30.6	9.7	3.2	5.4	2.2	3.4	0.0	0.0	0.0	-0.8	53.6
Students	0.0	0.0	0.0	-10.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-9.0
Grand Total	142.7	31.4	-11.7	31.8	21.5	12.9	8.5	4.1	2.4	1.0	-1.0	24.8	2.4	270.9

- IHC East currently has 270.9 FTEs and a vacancy rate of 5.7%. The vacancy FTEs and the rate are the lowest that they have been since January, although the figures and rates are higher than last year.
- Band 2 has the highest number of vacancy FTEs predominantly within Additional Clinical Services and Estates and Ancillary staff groups, which is consistent throughout BCUHB. The Administrative and Clerical staff group also has high vacancy FTEs at Band 2.
- The Nursing and Midwifery Registered staff group shows fairly high vacancies at level 5. However, this staff group is now showing lower vacancy rates compared to the rest of this year.
- The Medical and Dental staff group shows an increase in the vacancy rate over the last 12 months and is currently at its highest, at 5%.

IHC East Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific & Technic	Additional Clinical Services	Allied Admin & Clerical	Allied Health Profs	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Grand Total
Adults CHC East (AXJ1) L6			-0.4							-0.4
Area Management East (AX42) L6			0.5	1.9	1.2		0.8	-1.9		2.6
CHC Staffing (AX59) L6			-13.1	0.6	0.0			4.8		-7.7
Childrens East (AX47) L6	17.5	0.6	12.0	0.8			2.0	8.8	-9.0	32.7
Community Medicine East (AX44) L6	-1.0	19.4	3.6	1.0	0.3		3.4	-4.8		21.9
Elderly Medicines East (AX46) L6	-2.0				0.0		2.9			0.9
Emergency Quarter YMW (HX50) L6	-1.0	11.8	5.9				2.9	11.9		31.4
Facilities East (HCEF) L6				2.4						2.4
Facilities East (RX52) L6			-1.9		45.5					43.6
GMS East (AX51) L6	5.9	1.0	12.2		7.8		1.8	11.7		40.4
GP Localities East (AX56) L6	10.2		1.2				-3.7	-0.5		7.3
Health Community East Management (HCEM) L6	0.0		1.0	0.0			1.0	-0.8		1.2
HMP Berwyn (AX57) L6	4.4	11.9	5.8	3.8	0.1	0.1	2.3	16.0		44.4
Hospital Management YWM (HX42) L6			-5.1				1.0	-0.5		-4.7
Medicines Management East (AX43) L6	-2.2	-4.2	-0.4					-0.1		-6.9
Palliative Care (AX54) L6		1.5	0.4	0.0			2.6	-2.7		1.9
Scheduled Care YMW (HX45) L6	0.4	22.2	6.8	0.7	0.2	-1.0	2.9	0.5		32.6
Therapies East (AX45) L6	2.9	8.5	1.1	-12.7			0.1	0.1		0.1
Unscheduled Care YMW (HX43) L6	-0.7	4.8	4.9	0.7	0.0	1.7	4.7	11.1		27.2
Grand Total	34.4	64.5	52.5	-4.4	53.8	0.8	24.8	53.6	-9.0	270.9

IHC West Vacancies

IHC West Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total	
Add Prof Scientific and Technic	0.0	0.0	0.5	3.7	6.0	-8.1	2.5	2.5	0.2	0.0	0.0	0.0	0.0	7.4	
Additional Clinical Services	30.0	9.4	-9.6	0.0	-1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0	30.9	
Administrative and Clerical	-1.3	10.5	2.1	0.9	0.6	1.0	1.5	0.2	0.0	0.2	-0.8	0.0	12.8	27.6	
Allied Health Professionals	0.0	0.0	0.0	0.3	0.1	-0.3	-0.5	0.2	0.0	0.0	0.0	0.0	0.0	-0.3	
Estates and Ancillary	52.8	4.5	-0.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	56.5	
Healthcare Scientists	0.0	0.0	0.0	0.1	-2.5	2.7	1.1	0.0	0.0	0.0	0.0	0.0	0.0	1.5	
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.9	0.0	7.9	
Nursing and Midwifery Registered	0.0	0.0	0.0	13.1	14.4	-1.5	0.0	1.3	1.4	0.0	0.0	0.0	0.0	2.8	31.4
Students	0.0	0.0	0.0	-1.6	-2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-3.6	
Grand Total	81.5	24.4	-7.8	16.5	15.6	-6.3	4.6	4.2	1.6	0.2	-0.8	7.9	17.6	159.3	

IHC West Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Healthcare Scientists	Medical & Dental	Nursing & Midwifery Registered	Students	Grand Total
Area Management West (AX02) L6		0.0		0.7			-0.4	1.8		2.1
CHC Staffing (AX1B) L6				0.0	1.0			2.7		3.7
Childrens West (AX07) L6	5.1	-1.1	10.1	3.3	0.0		8.4	1.1	-3.6	23.1
Community Medicine West (AX04) L6	3.4	-18.7	-1.9	0.0			3.7	-1.8		-15.3
Elderly Medicines West (AX06) L6	0.0						-0.4			-0.4
Emergency Care YG (HX11) L6		7.7	-3.4			0.3	-4.7	-2.9		-3.0
Facilities Catering - West (RX55) L6						13.9				13.9
Facilities Covid - West (RX54) L6						2.6				2.6
Facilities Domestic - West (RX56) L6				0.0		23.6				23.6
Facilities Management - West (RX57) L6				1.6						1.6
Facilities Other - West (RX58) L6				-0.6						-0.6
Facilities Porter - West (RX59) L6				0.0		9.9				9.9
GMS West (AX11) L6	7.5	1.5	0.9	1.0	1.7		-3.3	2.9		12.2
Health Community West Management (HCWM) L6	0.0		-1.0	1.0			-0.1	0.0		-0.1
Hospital Management YG (HX02) L6		4.2	17.0				0.5	1.3		23.1
Medicine YG (HX03) L6	-2.0	24.4	0.7	0.9	2.0	1.5	-9.9	-0.4		17.2
Medicines Management West (AX03) L6	-2.7	2.5	-0.8	1.0	0.0			0.5		0.6
Other Primary Care West (AX16) L6			-0.2	1.6			0.3	2.0		3.7
Other YG (HX10) L6	0.1	1.8	-0.5				1.1	-4.6		-2.1
Surgical YG (HX05) L6	-3.6	21.6	1.3	1.8	2.5		10.3	30.4		64.3
Therapies West (AX05) L6	-1.0	-14.7	3.7	-19.4			0.4			-31.0
West Clusters / New PC Monies (AX09) L6	1.4	1.6	2.0	7.6				2.2		14.8
YG Development (HX12) L6	-0.8	0.0	-2.0				2.0	-3.9		-4.7
Grand Total	7.4	30.9	27.6	-0.3	56.5	1.5	7.9	31.4	-3.6	159.3

- IHC West currently has 159.3 FTE vacancies and a rate of 4.3%, which is the lowest of the IHCs. The vacancy FTEs and rates have been reducing gradually over the last year to the lowest so far.
- Areas of concern would be consistent with the rest of BCUHB in terms of Bands 2 and 3 and within staff groups Additional Clinical services and Estates and Ancillary.
- The Nursing and Midwifery staff group shows higher numbers of vacancy FTEs in Surgical Departments. However, overall, this staff group has reduced vacancy FTEs gradually since March and is now at its lowest rate of 2.5%.
- The Medical and Dental staff group shows a consistent reduction in vacancy FTEs and the overall rates over the last 12 months to now at its lowest if 2.5% compared to 7.0% last October.

MHLD Vacancies

MHLD Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	0.0	4.5	-2.0	3.4	9.8	4.6	1.5	0.3	0.0	0.0	0.0	22.1
Additional Clinical Services	1.8	62.7	17.4	3.3	-2.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	83.2
Administrative and Clerical	13.9	18.7	5.1	0.1	2.0	1.2	1.2	0.5	0.0	-0.4	0.0	0.0	0.0	42.2
Allied Health Professionals	0.0	0.0	0.0	1.0	12.7	14.6	1.2	-1.0	0.0	0.0	0.0	0.0	0.0	28.5
Estates and Ancillary	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.7	0.0	17.7
Nursing and Midwifery Registered	0.0	0.0	0.0	22.3	30.4	6.9	0.9	0.6	0.0	0.5	1.0	0.0	0.0	62.6
Grand Total	15.7	81.4	22.5	31.3	41.1	26.1	13.1	4.7	1.5	0.4	1.0	17.7	0.0	256.4

MHLD Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific & Technic	Additional Clinical Services	Admin & Clerical	Allied Health Profs	Estates & Ancillary	Medical & Dental	Nursing & Midwifery Registered	Grand Total
A CHC Staffing (MX85) L6			0.0				0.2	0.2
Call Helpline (MX77) L6			5.3					5.3
Centre Adult (MX31) L6	0.7	1.9	7.3	1.0			-4.0	6.9
Centre OPMH (MX32) L6		7.2		3.0			7.8	18.0
Divisional Management (MX02) L6	-0.5	0.2	9.0	0.0		0.0	9.0	17.7
East Adult (MX41) L6	2.5	5.3	4.9	2.0			2.9	17.6
East OPMH (MX42) L6		7.1		2.4			2.0	11.5
Executive Director Therapies Psychology (MX20) L6	7.6	12.9	2.3	3.5		0.3	2.4	28.9
Forensic (MX55) L6	0.0	2.9	3.5	1.0			12.0	19.5
LD Community (MX62) L6	0.6	5.1	0.0				3.9	9.6
LD Inpatients (MX61) L6		24.0	1.0	0.3	0.0		9.9	35.2
Medical Staff (MX03) L6	6.4	1.8	0.0			16.7	1.4	26.3
Non-operational Budgets (MX95) L6	0.0		1.0	12.0			2.0	15.0
Perinatal (MX60) L6	1.0	0.4	0.0	0.0			1.0	2.4
Regional Specialist Services Management (MX49) L6			0.3				0.0	0.3
Rehabilitation Services (MX50) L6	1.0	3.1	1.0				0.6	5.7
SCS Management & Admin (MX84) L6			0.3				0.0	0.3
SMS Core (MX70) L6	2.3	-0.9	-0.6	1.0		0.7	0.8	3.3
SMS External (MX71) L6	0.0	1.8					1.9	3.7
West Adult (MX21) L6	0.5	7.2	6.9	0.0			6.7	21.3
West OPMH (MX22) L6		3.2		2.3			2.1	7.5
Grand Total	22.1	83.2	42.2	28.5	0.0	17.7	62.6	256.4

- The Mental Health and Learning Disabilities current vacancy FTEs are 256.4 and a rate of 11.1%, which is the second highest rate in BCUHB. The vacancy FTEs and rate are the lowest for the IHC within the last 2 years. Figures have been gradually reducing over the period.
- The highest vacancy FTEs are within Band 3 Additional Clinical Services staff group, which consist of the unregistered nursing staff.
- Additional Clinical Services within Learning Disability inpatients show the highest vacancy FTEs, at 24.0.
- West Area MHLD has the highest vacancy rate of the 3 regions, at 8.8% compared to East and West, both showing as 7.6%. West also has the highest number of vacancies for Medical and Dental Staff.

Midwifery & Womens Vacancies

Midwifery & Womens Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 9	M&D	Grand Total
Additional Clinical Services	6.5	4.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.7
Administrative and Clerical	2.9	1.7	-0.8	0.8	-1.0	0.6	0.0	0.0	0.0	0.0	0.0	4.2
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	8.4	8.4
Nursing and Midwifery Registered	0.0	0.0	0.0	1.0	4.1	-0.1	2.2	-1.0	1.0	0.0	0.0	7.2
Students	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Grand Total	9.4	5.9	-0.8	1.8	3.1	0.5	2.2	-1.0	1.0	0.0	8.4	30.5

- Midwifery and Women's vacancy FTE is currently showing as 30.5. The vacancy rate is 4.4%, this rate has gradually reduced over the last 12 months.
- Band 2 shows the highest vacancy FTEs, consistent with the rest of BCUHB.
- There are 8.5 FTE vacancies in the Medical and Dental staff group, which is the lowest figure for the previous year, peaking at 17.5 FTEs in August.
- Overall, the Nursing and Midwifery staff group vacancies have reduced over the last year peaking at 29.3 FTEs also in August.
- Women's West has the highest number of vacancy FTEs at 9.6 FTEs and consistently the highest over the last year. There are 9.1 FTE vacancies in Women's Corporate, which is the second highest area within the IHC.

Midwifery & Womens Vacancy FTE by Staff Group and Pay Band

Org L6	Additional Clinical Services	Administrative and Clerical	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Womens Central (WX21) L6	3.8	0.8	2.3	0.3	7.3
Womens Corporate (WX71) L6	4.3	0.8	0.6	3.4	9.1
Womens East (WX01) L6	2.8	0.2	0.2	1.4	4.6
Womens West (WX41) L6	-0.2	2.4	5.4	1.9	9.6
Grand Total	10.7	4.2	8.5	7.2	30.5

Regional Care Vacancies

Regional Care Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Additional Clinical Services	1.3	19.6	-5.5	-5.0	7.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	17.4
Administrative and Clerical	2.0	8.4	4.2	0.0	1.1	-1.0	0.0	0.0	0.0	1.0	-1.0	0.0	0.0	14.8
Allied Health Professionals	0.0	0.0	0.0	-16.4	2.9	8.1	-1.0	0.6	-0.8	0.0	0.0	0.0	0.0	-6.6
Healthcare Scientists	0.0	0.0	0.0	16.7	6.7	0.2	-3.1	2.3	0.5	0.6	0.0	0.0	0.0	23.9
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.0	0.0	14.0
Nursing and Midwifery Registered	0.0	0.0	0.0	4.7	1.3	1.3	-0.6	0.0	0.0	0.0	0.0	0.0	0.0	6.8
Grand Total	3.4	28.0	-1.3	0.0	19.1	8.6	-4.6	2.9	-0.3	1.6	-1.0	14.0	0.0	70.2

- Regional Care has a vacancy FTE of 70.2 with Band 3 having the highest vacancy numbers, predominantly in the Additional Clinical Services staff group.

- The vacancies are currently showing as at the lowest rate over the last year. The current rate is 4.9%. However, an area for concern may be that Healthcare Scientists show a vacancy FTE of 23.9, mainly at Bands 5 and 6, this figure has been rising steadily throughout the year. The North Wales Audiology Department shows the highest number of Healthcare Scientist vacancies.

ICD Regional Care Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Cancer Services (HX97) L6					0.0		2.1	2.1
NW Cancer Medical (HXQC) L6		0.0			0.1		7.8	7.8
NW Cancer Mgmt & Admin (HXQG) L6					11.8		0.2	12.0
NW Cancer Nursing (HXQE) L6				6.2	0.0	-0.2	7.3	13.4
NW Cancer Radiotherapy (HXQF) L6				0.8	0.0	3.8	0.0	4.6
Neurophysiology (HX9A) L6				0.2	0.0		1.0	2.2
North Wales Audiology (HX92) L6				-0.3	-0.3		11.7	11.0
North Wales Medical Physics (HX93) L6				-1.6	1.8	0.0	8.2	9.0
NW MCS Management (HX7A) L6					-1.9	-3.0	-1.0	-5.7
Pathology North Wales (HX85) L6				11.4	-0.4	0.0	4.0	14.6
Radiology North Wales (HX81) L6				0.7	3.5	-7.3	3.0	-0.7
Grand Total		0.0		17.4	14.8	-6.6	23.9	70.2

- Medical and Dental vacancy FTEs have reduced gradually over the last 12 months, however, this is a reduction from the peak in April at 25.6 Vacancy FTEs.

Primary Care Vacancies

Primary Care Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8d	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	0.0	-17.1	6.2	-7.0	0.0	0.0	0.0	0.0	-17.9
Additional Clinical Services	5.7	0.0	16.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	22.5
Administrative and Clerical	-2.0	2.4	0.7	-1.0	-0.2	0.5	0.4	1.0	0.0	0.0	1.7
Estates and Ancillary	0.0	0.0	0.0	0.0	0.0	0.5	0.0	0.0	0.0	0.0	0.5
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	14.2	0.0	14.2
Nursing and Midwifery Registered	0.0	0.0	0.0	0.0	-1.3	0.0	0.0	0.0	0.0	0.0	-1.3
Grand Total	3.7	2.4	17.5	-18.1	4.7	-6.0	0.4	1.0	14.2	0.0	19.7

- Primary Care shows a current Vacancy FTE figure of 19.7. This vacancy FTE figure is the highest for the last year, reaching a current rate of 10.0%
- Additional Clinical Services staff group and at Band 4 show the majority of the vacancies. There are also vacancies in the Medical and Dental staff group of 14.2 FTEs, appearing the Community Dental organisation.

ICD Primary Care Vacancy FTE by Staff Group and Pay Band

Org L6	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Grand Total
Community Dental Services (HXHD) L6	-17.9	22.5	0.8	0.5	10.2	-0.2	16.0
Dental Central (AX32) L6			0.0				0.0
Dental West (AX12) L6			0.9		0.1		1.0
Dental: GDS (AX80) L6		0.0					0.0
Other North Wales (AX77) L6					3.9	-0.2	3.7
Track, Trace and Protect (AX68) L6						-1.0	-1.0
Grand Total	-17.9	22.5	1.7	0.5	14.2	-1.3	19.7

Corporate Vacancies

Corporate Teams Vacancy FTE by Staff Group and Pay Band

Staff Group	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9	M&D	Non AfC	Grand Total
Add Prof Scientific and Technic	0.0	0.0	0.0	-8.9	-4.2	2.3	5.5	1.8	-0.3	0.0	0.0	0.0	0.0	-3.4
Additional Clinical Services	0.0	-17.7	10.8	0.0	0.5	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-6.0
Administrative and Clerical	13.9	29.7	55.0	24.2	26.6	11.0	19.7	13.0	-0.2	4.4	4.6	0.0	5.9	207.7
Allied Health Professionals	0.0	0.0	0.0	0.0	3.0	-1.4	0.0	1.0	0.0	0.0	0.7	0.0	0.0	3.3
Estates and Ancillary	7.6	0.0	4.9	1.2	0.2	1.4	2.0	0.0	0.0	0.0	0.0	0.0	0.0	17.2
Healthcare Scientists	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Medical and Dental	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6.7	-1.0	5.7
Nursing and Midwifery Registered	0.0	0.0	0.0	20.6	8.7	6.0	2.8	-1.9	4.5	0.6	0.3	0.0	-0.8	40.7
Grand Total	21.5	12.0	70.7	37.1	34.7	19.6	30.0	14.0	4.0	5.0	5.6	6.7	4.5	265.1

- The Corporate IHC shows a current vacancy FTE of 265.1 with the highest vacancies appearing at Band 4 in the Admin and Clerical staff group. There are 55.0 vacancy FTEs here.
- The highest area in terms of vacancy FTE is the Chief Digital information Officer; the Informatics Teams, showing 48.9 FTE Vacancies. This is the highest that this organisation has shown in the last year. This provides a vacancy rate of 8.2%.

Corporate Teams Vacancy FTE by Staff Group and Pay Band

Org L4 Ungrouped	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Grand Total
A Balance Sheet & Bank (1.4.15) L4				-1.4				-1.4
Chief Digital Information Officer (EX40) L4		-0.1		46.6	2.2	0.2	0.0	48.9
Chief Executive (EX02) L4				4.0		-1.0	-1.0	2.0
Chief Operating Officer (EX30) L4		-1.1	0.4	3.8	2.0	1.1	1.0	7.2
Corporate Governance (EX11) L4				8.3				8.3
Director of Partnership, Engagement & Comms				3.0				3.0
Director of Performance (EX18) L4				0.3				0.3
Estates & Facilities (EX31) L4				23.6	12.3		0.0	35.9
Finance Executive (EX04) L4				17.8				17.8
Medical Executive (EX06) L4		0.0	0.0	2.8	-1.0	1.7	2.5	5.9
Nursing Executive (EX05) L4		2.0	4.1	4.7	1.0		5.0	16.7
Other Budgets (ZX20) L4		2.8		16.0		3.9	9.6	32.3
Public Health Executive (EX09) L4		-11.6	-10.6	32.7	2.7	0.0	22.8	35.9
Therapies Executive (EX15) L4				4.7	0.9		-1.0	4.6
Transformation and Strategic Planning Executive (EX16) L4				22.7		-0.4		22.3
WF & OD Executive (EX07) L4		4.7	0.1	18.1	0.4	0.2	1.8	25.4
Grand Total		-3.4	-6.0	207.7	3.3	17.2	40.7	265.1

- WF&OD is showing a vacancy FTE of 25.4, which is a reduction over the last year and represents 10.6% vacancy rate. The highest rate over the last year for WF&OD was at 16.3% in March and an FTE vacancy figure of 38.8.
- The areas showing the highest vacancy rates are The Health and Safety Team, the Improvement and Transformation Team, and 2 Departments within Informatics, Welsh Community Care Information System and MHL Digital Solution Project.



Teitl adroddiad: <i>Report title:</i>	Sickness Actions Deep Dive
Adrodd i: <i>Report to:</i>	People and Culture Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 04 December 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to outline the current actions being taken following a comprehensive sickness absence deep dive across the Health Board. A detailed review was presented to the People and Culture Committee in summer 2025, which identified key trends and underlying causes of sickness absence.</p> <p>This paper sets out the specific interventions now being implemented to address these findings, with a clear focus on achieving a reduction in sickness absence in line with the Cabinet Secretary's priorities for the NHS. These actions aim to strengthen support for staff, improve operational resilience, and ensure alignment with national expectations for workforce health and well-being.</p>
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to note the following actions:</p> <ol style="list-style-type: none">1. Policy Compliance Ensure the sickness absence policy is applied correctly, particularly regarding triggers and return-to-work meetings led by line managers.2. Ownership and Accountability Confirm that sickness absence is owned and managed by line managers, with professional support from People Services.3. Policy Deviations Any deviation from policy must be recorded and reviewed by a member of the People Services team.4. Hotspot Identification Establish clear processes to identify sickness absence hotspots and agree targeted interventions to reduce absence.5. Occupational Health Referrals Ensure prompt referrals to Occupational Health by line managers.6. Staff Experience Improve the experience of staff on long-term sickness absence through proactive support and engagement.

Arweinydd Gweithredol:	Georgina Roberts – Interim Executive Director of Workforce & OD			
Executive Lead:				
Awdur yr Adroddiad:	Jason Brannan - Deputy Executive Director of Workforce & OD			
Report Author:				
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 <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <i>No confidence / evidence in delivery</i>
<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lie 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>				
Cyswllt ag Amcan/Amcanion Strategol:				
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Failure to followed the agreed processes may result in a disability discrimination claim			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	N/A			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	N/A			
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)	N/A			
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith	Effective management of sickness absence should allow staff to return to work as swiftly			

Financial implications as a result of implementing the recommendations	as possible and reduce reliance on bank and agency cover.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Increased number of staff being placed on sickness triggers and managed by management, in accordance with the policy.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to BAF risks: (or links to the Corporate Risk Register)	Links to providing a highly skilled and motivated workforce.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Camau Nesaf: Gweithredu argymhellion Next Steps: Implementation of recommendations	
List of Appendices: None	

People Services Directorate
Implementing the Sickness Absence Deep Dive

Developed by:

Deputy Executive Director and Associate Directors of People

November 2025

Executive Summary

Betsi Cadwaladr University Health Board has maintained the lowest sickness absence rates among large NHS Wales organisations over the past year. However, overall absence remains above 6%, exceeding the national target of 4.4%. In response, the People Services Directorate conducted a comprehensive sickness absence deep dive in July 2025. This strategic plan outlines targeted actions to improve policy consistency, strengthen early intervention, and support cultural change, aligned with the Health Board's values of compassion, openness, and respect.

Key Focus Areas

1. Policy Management and Cultural Change

- Improve compliance with return-to-work meetings (target: 85% ESR recording by March 2026).
- Ensure consistent application of policy triggers with quarterly audits and a centralised record.
- Introduce early intervention protocols at day seven of absence.
- Enhance long-term absence management through monthly case reviews and digital access for affected staff.

2. Hotspot Interventions

- Quarterly focus on five areas with highest absence rates, using data from the Healthy Workforce Dashboard.
- Diagnostic and intervention actions include staff surveys, exit data, stress risk assessments, and assignment of Culture Leads and Wellbeing Champions.

3. Reporting and Accountability

- Findings will be integrated into the People Operations Report.
- Exception reporting will inform the COO and corporate directors.
- A dashboard will track compliance and progress against targets.

4. Communications and Culture

- All messaging will emphasise support over enforcement.
- Templates and correspondence will be reviewed to reflect a compassionate tone.
- Manager training will be provided to support sensitive communication.

5. Measures of Success

- Targets set across five quarters for return-to-work compliance, toolkit usage, policy staging, and long-term absence support.
- Reduction in sickness absence and time of Occupational Health referrals will be monitored.

6. Accountability Framework

- Clear roles assigned across operational and strategic leads, including Directors, Associate Directors of People, and line managers.

People Services Directorate

Implementing the Sickness Absence Deep Dive

Introduction

Over the past twelve months, the Health Board has consistently maintained the lowest sickness absence rates among large NHS Wales organisations. Notwithstanding this achievement, overall absence levels remain above 6%, thereby exceeding the national target of 4.4%. In response, a comprehensive sickness absence deep dive was undertaken in July, with findings subsequently reviewed by the Associate Directors of People. This document outlines the agreed strategic approach, supported by a **local action spreadsheet to guide People Services teams**. It is intended to convey clear, actionable priorities to the organisation, while internal process enhancements are progressed within People Services.

Policy Management and Consistency

Variation in the application of the sickness absence policy has been identified across the Health Board. Key areas of inconsistency include the conduct of return-to-work meetings, management of policy triggers, utilisation of special leave, and the handling of long-term absence. These inconsistencies can lead to inequitable treatment of staff, reduced effectiveness of absence management, and missed opportunities for early intervention. To address these discrepancies, the following actions will be implemented:

SECTION ONE – Driving Cultural Change via Policy

*Our core values of **compassion, openness and respect** must be how we undertake any of the actions noted in this report. These actions need to connect to the culture change programme.*

a) Return to Work Meetings

Return to work meetings represent a critical opportunity for constructive dialogue, referral to Occupational Health and Wellbeing services, and a demonstration of proactive policy management by line managers. These meetings should be conducted promptly upon an employee's return and documented appropriately.

Actions:

- Ensure that a minimum of 85% of all staff have a return-to-work meeting recorded on ESR by March 2026.
- Ensure that staff are provided with access to the interactive Health and Wellbeing Resource Toolkit during the return-to-work meeting.
- Provide training and guidance to managers on conducting effective return to work meetings, including how to identify support needs and make appropriate referrals. This includes how to use trigger reports and persistent absence work patterns.
- Bi- weekly updates to COO and Directors of staff with no RTW on ESR with statistical performance.

Speed of implementation – immediate

b) Policy Triggers

ESR produces regular reports identifying staff who have met absence triggers. These reports are sent to managers already and available to review in These reports are essential for ensuring consistent policy application. Reasonable adjustments may be applicable, particularly for staff with disabilities, and must be supported by Occupational Health advice. The policy must be applied fairly and transparently, with clear documentation of decisions.

Actions:

- Line managers must confirm that staff meeting triggers are placed on the appropriate stage of the policy. Trigger reports will be provided via ESR to Directorates and teams.
- Where deviation from the policy is proposed, managers must consult with People Services in advance.
- A centralised record will be maintained to document actions taken and to record valid justifications for any non-enactment. The central ESR team will support the development of a recoding system and electronic form to note any policy deviation by the line manager
- People Services will audit trigger management quarterly to ensure compliance and identify areas for improvement.

Speed of implementation – Commence December 25

c) Early Intervention Systems

Accurate ESR data is fundamental to effective sickness management. When an individual has been absent for more than seven calendar days, the People Team will review the report and contact the relevant line manager to ascertain whether any action has been taken or if the employee is expected to return. Where appropriate, a referral to Occupational Health will be discussed. Early intervention is key to preventing long-term absence and supporting staff recovery.

Actions:

- Line managers must engage with People Services on day seven of an employee's absence.
- People Services will provide guidance on policy application and Occupational Health referrals.
- A written entry will be made in the central absence management record. *[development with ESR Team]*
- Develop a standardised checklist for managers to use during early intervention discussions.

Speed of implementation – Commence December 25

d) Long Term Absence

For staff members absent for more than four weeks, the long-term absence process will apply. People Services have established procedures in place, guided by Occupational Health, with a focus on facilitating a timely and supported return to work. This includes phased returns, redeployment options, and reasonable adjustments.

Where a risk assessment is in place, employees may undertake redeployed duties during their recovery period. This represents a cultural shift in the application of the policy, promoting flexibility and inclusion.

To mitigate feelings of isolation among staff on long-term absence, they will be provided with a Betsi Net login to access organisational resources. The Health Board has developed a comprehensive suite of wellbeing resources to support physical, emotional, and financial wellbeing.

Actions:

- All staff on long-term sickness will be case managed by People Services on a monthly basis, with exception reports discussed during 1:1 meeting with the Deputy Executive Director of People.
- All staff on long-term sickness will be provided with a Betsi Net login to facilitate access to information and maintain connection with the organisation.
- Ensure that all long-term absence cases include a documented Occupational Health plan and review schedule.

Speed of implementation – Commence December 25

SECTION TWO – Targeted Hotspot Focus

Given the limited central capacity, People Services will undertake **quarterly hotspot** interventions in **the five areas exhibiting the highest sickness absence rates**, as identified via the Healthy Workforce Dashboard. Adjustments will be made to account for workforce size in each area and must have a minimum of ten staff. These interventions will be data-driven and collaborative, involving local managers and staff representatives. Once agreed with the COO or relevant director, the areas will be **set and not change for the quarter**.

Hotspot Sickness Team

To determine the approach for the area identified in the hotspot a team will be developed the team will comprise as following:

- a) *Director of Operations for the IHC/ Division/ or deputy director for corporate areas (Chair of the team)*
- b) *Associate Director of People for the area*
- c) *Head of culture change*
- d) *Area occupational health nurse*
- e) *Head of Occupational Health*
- f) *Strategic lead, health, and wellbeing*

Diagnostic Actions:

- Review staff survey data to identify correlations with absence trends.
- Analyse exit interview data to determine reasons for staff turnover.
- Assess the adequacy of line manager training in policy application.
- Examine sickness absence trends over the preceding twelve months.
- Gather local intelligence regarding health, safety, and cultural factors.
- Conduct focus groups or interviews with staff in hotspot areas to gain qualitative insights.

Intervention Actions:

- Ensure staff meeting sickness triggers are placed on the appropriate policy stage.
- Request completion of stress risk assessments for staff with stress-related absence.
- Facilitate Occupational Health referrals via line managers.
- Assign a Culture Lead to each hotspot area to implement culture change tools.
- Assign a Health and Wellbeing Champion to each hotspot area to implement wellbeing initiatives.
- Develop tailored action plans for each hotspot area, with progress monitored monthly.

Speed of implementation – Commence December 25

Reporting and Escalation

Hotspot findings will be incorporated into the People Operations Report and Culture Dashboard. An exception reporting mechanism will be developed to inform the Chief Operating Officer and other corporate directors of any significant issues or deviations in policy application. Directors reporting to the COO or Corporate Directors will be accountable for ensuring that appropriate systems and processes are in place to review the data and confirm that line managers have taken the requisite actions.

Actions:

- Establish a quarterly review panel to assess hotspot interventions and outcomes.
- Develop a dashboard to track compliance with sickness absence policy across all directorates.
- Provide regular updates to the Board on progress against sickness absence targets.

SECTION THREE – Communications Linked to Culture

The Health Board's culture change programme aspires to cultivate a compassionate and high-performing organisation. Communications relating to the interventions outlined above will prioritise the theme of **supporting staff**. Messaging must be consistent, empathetic, and aligned with organisational values.

Additional indicators of team wellbeing—such as effective rostering, accurate remuneration, and meaningful PADRs—will be considered as part of the broader cultural assessment.

The overarching narrative must emphasise support and fairness rather than enforcement. All template letters and correspondence will be reviewed to ensure that tone and content align with the evolving organisational culture, and that policy application is experienced as equitable and supportive, rather than punitive.

- **Actions:**
- Review and revise all sickness-related correspondence templates to reflect a supportive tone.
- Provide communication training to managers on delivering sensitive messages.
- Align sickness absence messaging with broader wellbeing and inclusion campaigns.
- Monitor staff feedback on policy communications through surveys and engagement forums.

Speed of implementation – immediate

SECTION FOUR –Basic Measures of success

Criteria	Q4 (March 25	Q1 2026	Q2 2026	Q3 2026	Q4 2026
Return to work form completed and recorded on ESR	85%	86%	87%	89%	90%
Toolkit issued at return-to-work meeting (recording tbc)	85%	86%	87%	89%	90%
Correct staging of staff according to policy (5% tolerance for EA staff)	60%	65%	70%	75%	80%
Long term staff provided with a Betsi Net log in	65%	70%	80%	85%	90%
Reduction in sickness absence for managed hotspots	-	-	-	-	-
Referral to OH for staff who meet trigger and support package in place	-	-	-	-	-

SECTION FIVE – Accountability for implementation

<i>Area</i>	<i>Accountable</i>	<i>Supporting</i>
Sickness reduction in areas	COO Area Directors of operations Directors	AD of People/ People Services
Correct application of policy	Line managers	AD of People & Heads
ESR central record for sickness absence	Associate Director of People (Workforce Planning)	AD of People & Heads
Review of exceptions	Heads of People	AD of People/ People Services
Hotspot selection and support	COO and Deputy Exec Director of People	AD of People/ People Services
Reconciliation of records	Line managers	Heads of People
Policy training	Heads of People	AD of People/ People Services

SECTION SIX – Risk and mitigation plan

• Risk	• Impact	• Mitigation Strategy
<ul style="list-style-type: none"> Inconsistent policy application across directorates 	<ul style="list-style-type: none"> Reduced trust, inequity, and ineffective absence management 	<ul style="list-style-type: none"> Quarterly audits, centralised ESR record, manager training
<ul style="list-style-type: none"> Delay in implementing early intervention and long-term absence protocols 	<ul style="list-style-type: none"> Escalation of short-term absence into long-term cases 	<ul style="list-style-type: none"> Standardised checklists, ESR alerts, monthly case reviews
<ul style="list-style-type: none"> Resistance to cultural change or perceived punitive tone 	<ul style="list-style-type: none"> Staff disengagement, reduced morale 	<ul style="list-style-type: none"> Revised communications templates, culture-aligned messaging, wellbeing champions
<ul style="list-style-type: none"> Lack of engagement from line managers 	<ul style="list-style-type: none"> Poor compliance with RTW and trigger actions 	<ul style="list-style-type: none"> Bi-weekly performance updates to COO, targeted training, accountability measures
<ul style="list-style-type: none"> Data quality and ESR recording gaps 	<ul style="list-style-type: none"> Inaccurate reporting and missed interventions 	<ul style="list-style-type: none"> ESR team support, electronic forms for policy deviation, dashboard tracking
<ul style="list-style-type: none"> Failure to reduce absence in hotspot areas 	<ul style="list-style-type: none"> Continued operational strain and reputational risk 	<ul style="list-style-type: none"> Tailored action plans, quarterly review panels, culture and wellbeing leads

SECTION SEVEN – Managers Briefing Note

Managers Briefing Note

From : Area Director of Operations

Subject: Sickness Absence Deep Dive – Key Actions and Expectations

Purpose

This note outlines the key actions line managers need to take as part of the Health Board's sickness absence improvement plan. The aim is to ensure consistent policy application, early intervention, and a supportive culture aligned with our values of compassion, openness, and respect.

The IHC Team {or alternative} wish to ensure that we have well managed application of the sickness absence policy and processes have been established to ensure we review your areas performance on a monthly basis. The Chief Operations Officer (COO) is supporting this deep dive work to help support the health and wellbeing of our staff.

We therefore expect you to implement plans locally to ensure the following actions.

Key Actions for Line Managers

1. Return to Work Meetings

- Must be conducted promptly after **every** absence.
- Ensure meetings are recorded on ESR (target: 85% by March 2026).
- Share the Health and Wellbeing Toolkit with staff during the meeting.

2. Policy Triggers

- Review ESR reports to identify staff who meet absence triggers.
- Confirm appropriate policy stage placement.
- Consult People Services before deviating from policy.
- Use the new electronic form to record any exceptions.

3. Early Intervention

- Engage with People Services by day 7 of any absence.
- Discuss potential Occupational Health referrals.
- Use the standardised checklist for early intervention.

4. Long-Term Absence

- Ensure monthly case management with People Services.
- Support phased returns and redeployment where appropriate.
- Provide Betsi Net login access to long-term absent staff.

5. Hotspot Areas

- If your area is identified as a hotspot, participate in diagnostic and intervention activities.

- Support Culture Leads and Wellbeing Champions in implementing local action plans.

Support Available

- People Services will provide guidance, training, and tools.
- ESR team will assist with data recording and reporting.
- Culture and Wellbeing resources are available to support staff.

Monitoring and Accountability

- Compliance will be tracked via ESR and reported to the COO or your Corporate Director.
- Exception reports will be reviewed quarterly by the People and Culture Committee.
- Line managers are accountable for policy application and record accuracy, audit will be undertaken to ensure compliance of the policy.

For questions or support, please contact your Associate Director of People or the People Services team.

Teitl adroddiad: <i>Report title:</i>	Education & Training Discovery Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 04 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The Education Steering Group (ESG) was established in March 2025 to provide strategic leadership for education and training across Betsi Cadwaladr University Health Board (BCUHB). The ESG's overarching aim is to develop a unified, organisation-wide education plan that supports the current and future needs of the workforce and also to inform how BCUHB may approach education interprofessionally in the future so the benefits of this can be realised.</p> <p>To inform this work, each profession was invited to complete a structured scoping document, capturing information on education provision, governance, resources, and regulatory requirements.</p> <p>This Discovery Report marks the initial step and presents a high-level overview of the current education and training landscape, highlighting key challenges, emerging opportunities, and early insights from clinical and non-clinical professions.</p>			
Argymhellion: <i>Recommendations:</i>	The People & Culture Committee is asked to note the work of the Education Steering Group and the proposed work to progress the approach to education and training across the Health Board.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Georgina Roberts – Interim Executive Director of People & Organisational Development			
Awdur yr Adroddiad: <i>Report Author:</i>	Lea Marsden – Programme Director – Education Partnerships & Projects			
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 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>
<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>				
Cyswllt ag Amcan/Amcanion Strategol:	5E.3. Develop a discovery report to inform an Education Strategic Plan for the Health Board			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	None			

<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	N/A
<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>	None
<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>	None
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Initial report provided to Education Steering Group for comment in May 2025 with the draft report being provided to the group on 20th November 2025.</p> <p>The Group will now progress the agreed actions recommended in the paper.</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>	CRR24-04 Failure to Embed Learning
<p>Rheswm dros gyflwyno adroddiad i wrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p>Next Steps: the ESG will take the analysis provided in this report and will:</p> <ul style="list-style-type: none"> • Develop a clear vision for education and training within BCUHB. • Define aims and objectives to support the vision and guide an overarching strategic plan which will form part of the IMTP. • Establish subgroups as needed to support the delivery of the agreed aims and objectives. • Advance the development of an organisation-wide education plan, informed by a training needs analysis. 	
<p>List of Appendices: None</p>	



Education Steering Group: Draft Discovery Report

Draft V0.13
October 2025



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1. Introduction

The Education Steering Group (ESG) was established in March 2025 to provide strategic leadership for education and training across Betsi Cadwaladr University Health Board (BCUHB). The ESG's overarching aim is to develop a unified, organisation-wide education plan that supports the current and future needs of the workforce and also to inform how BCUHB may approach education interprofessionally in the future so the benefits of this can be realised.

This Discovery Report marks the initial step in that process. It presents a high-level overview of the current education and training landscape, highlighting key challenges, emerging opportunities, and early insights from clinical and non-clinical professions.

To inform this work, each profession was invited to complete a structured scoping document, capturing information on education provision, governance, resources, and regulatory requirements.

2. Current Arrangements

The Health Board holds an overarching responsibility for commissioning and delivering education and training across a wide range of professional groups. This includes the coordination and provision of clinical placements, which are essential for the development of the future workforce. To support these responsibilities university designation status (UD) was introduced across NHS Wales in 2013 and the criteria for meeting this status is a statutory responsibility for BCUHB.

UD consists of the three pillars which are; research & development, innovation and education & training. Executive leadership for research & development currently resides with the Executive Medical Director and innovation with the Executive Director Transformation and Strategic Planning, providing an organisational focal point for these two pillars. However, for education and training, each clinical profession is overseen by its respective executive director and education for non-clinical staff falls under the remit of the People and Organisational Development (POD) team.

Structures and resources differ between professions and there are separate arrangements designed to ensure that responsibilities can be appropriately discharged by individual executives from a statutory and regulatory perspective. Whilst this ensures that there is professional accountability, there is currently no formal mechanism which brings together those responsible for education on an interprofessional basis.

Consequently, planning and delivery of education happens in isolation leading to a lack of coordination across professional boundaries and opportunities for learning and new ways of working are potentially missed. Current arrangements also lead to gaps in the assessment of capacity to deliver and embed education and learning across the organisation

This decentralised model has resulted in fragmented oversight, with no single, unified reporting line to the Executive Committee or Board. The lack of central coordination presents several challenges:

- Inconsistent strategic alignment across professional groups.
- Limited visibility of education and training activities at an executive level.
- Duplication of effort and missed opportunities for collaboration.
- Difficulty in assessing organisation-wide education needs and outcomes

This complexity highlights the need for a coordinated approach to ensure consistency, accountability, and alignment with national education frameworks, regulatory compliance and workforce strategies.

3. An Interprofessional Approach to Education and Training

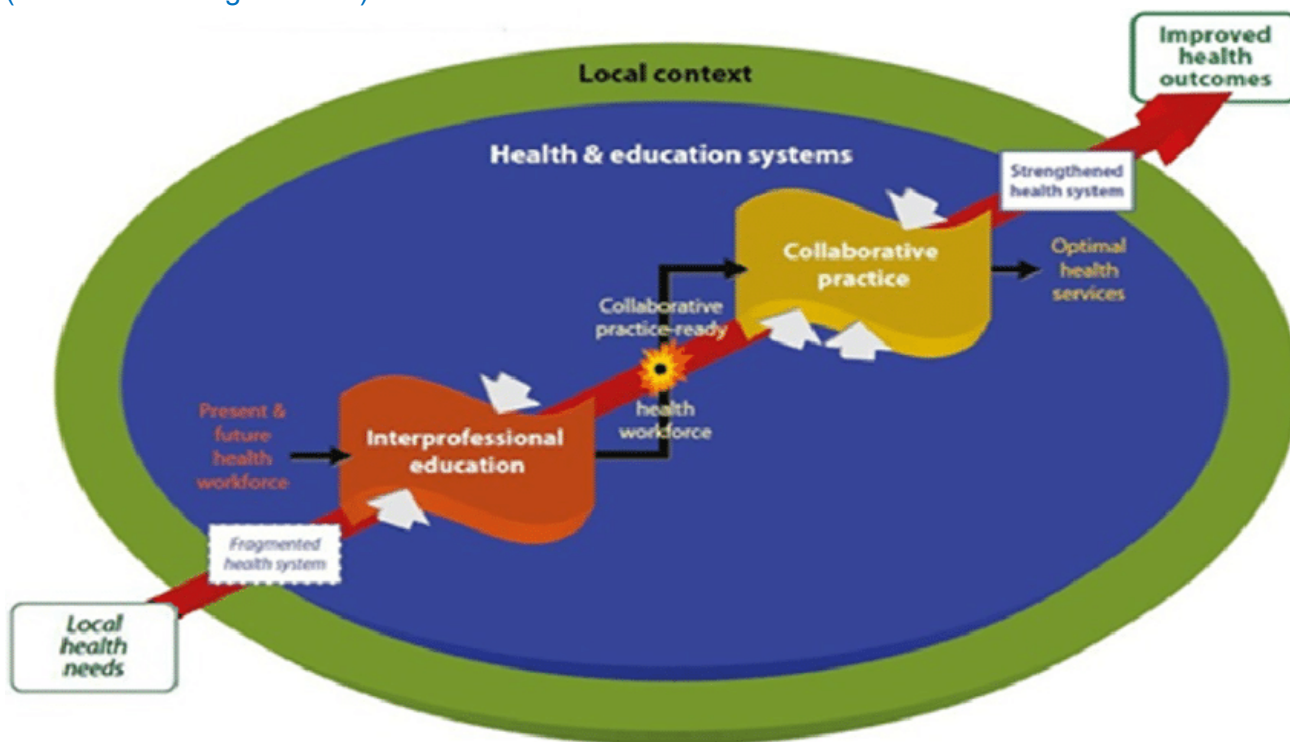
The purpose of an interprofessional approach is to improve health outcomes by strengthening health systems through collaboration. By supporting different health professions to learn together they foster teamwork skills to support effective practice in healthcare settings.

3.1. The World Health Organisation

The World Health Organisation (WHO) published the 'Framework for Action on Interprofessional Education and Collaborative Practice' in 2010, which remains a foundational document globally ([WHO Interprofessional Education 2010](#)).

A fundamental principle of the approach to the delivery of healthcare is that local health needs are met and therefore it is essential that this informs education and service design. This ensures that improved health outcomes are achieved in a strengthened health system. In order to achieve this there is a requirement to align health and education systems supported by leadership and resources.

(World Health Organisation)



3.2. The Case for an Interprofessional Approach to Education

Interprofessional education within the NHS has numerous benefits, ranging from improved patient outcomes and satisfaction to enhanced communication skills and more efficient use of resources as outlined below:

Benefit	Rationale
Improved Patient Outcomes	<p>Collaboration among healthcare professionals enhances communication and teamwork, leading to better patient care and improved outcomes.</p> <p>Integrated care can prevent errors, reduce the risk of adverse events, and ensure a more comprehensive and holistic approach to patient needs.</p>
Enhanced Communication Skills	<p>Interprofessional education fosters effective communication skills among healthcare professionals, breaking down professional silos and promoting a shared language.</p> <p>Improved communication reduces misunderstandings, enhances information sharing, and contributes to a safer and more efficient healthcare environment.</p>

Benefit	Rationale
Efficient Resource Utilisation	Collaborative practice encourages the efficient use of resources within the NHS. Healthcare professionals can work together to optimise workflows, reduce duplication of efforts, and streamline processes
Increased Patient Satisfaction	Coordinated care and collaboration often result in higher patient satisfaction. When healthcare professionals from different disciplines work together seamlessly, patients experience a more integrated and patient-centred approach to their care.
Professional Development	IPE supports continuous professional development by exposing healthcare professionals to different perspectives, skills, and expertise. This can lead to a more well-rounded and adaptable healthcare workforce.
Breaking Down Professional Silos	<p>Interprofessional education challenges traditional professional boundaries, fostering mutual respect and understanding among different healthcare disciplines.</p> <p>Breaking down silos leads to a more collaborative and cohesive healthcare system, where professionals appreciate and leverage each other's expertise.</p>
Addressing Complex Health Issues	Many health issues are complex and require a multidisciplinary approach. IPE prepares healthcare professionals to address these challenges collaboratively, drawing on the strengths of various disciplines.
Preventing Burnout	Collaborative care can help distribute the workload more evenly among healthcare professionals, preventing burnout and promoting a healthier work environment.
Meeting the Changing Demands of Healthcare	As healthcare evolves, the need for a more collaborative and integrated approach becomes increasingly important. IPE prepares healthcare professionals to adapt to changes in the field and address emerging health challenges.
Alignment with NHS Goals:	The NHS emphasises the importance of teamwork and collaboration in its strategic goals. Interprofessional education aligns with these goals, contributing to the overall success of the healthcare system

4. A Vision for Interprofessional Education and Training in BCUHB

Whilst subject to further discussion and development with key education leads and stakeholders, there is a wealth of evidence to support an interprofessional approach to education and training.

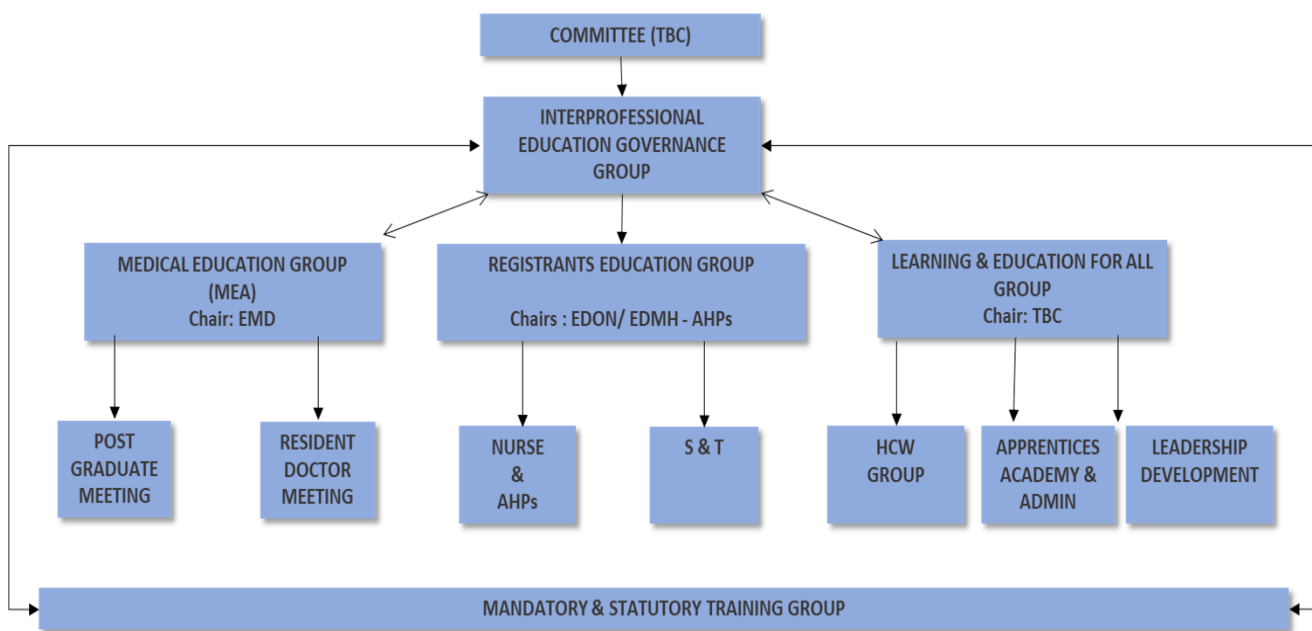
Through this we can create a vision to cultivate a collaborative, patient-centred culture across all professions, through transformative interprofessional education that empowers teams to learn together, work together and lead together. This vision is consistent with BCUHB's organisational values and culture change programme.

A revised approach to the governance structure for education and training would support the development of an interprofessional model and raise the profile of education within BCUHB. Building upon experience elsewhere, an initial option has been developed which begins to bring together education leaders in an interprofessional way whilst maintaining professional accountabilities

required by law and/or regulators. The aim is to create a framework that recognises staff who are aligned to a professional group, and those that are not registrants. To ensure that there is clear education governance and ensure the enabling structures for broader leadership and development are in place, from apprenticeships upwards.

As with any effective governance structure there will be a need to dedicate administrative resource to ensure that all of the professional and non-professional groups have a quality education and development experience. This framework then seeks to ensure that all mandatory and statutory training are consistently met, with a clear matrix of 'professional education development' required for each staff group which can be recorded in ESR.

DRAFT INTERPROFESSIONAL STRUCTURE FOR BCUHB



It is envisaged that changes to governance arrangements require further discussion by the Education Steering Group in order to ensure that the preferred model specifically addresses opportunities and current issues so that systems and processes are aligned in the most efficient and effective way.

5. Professionalising Operational Management and Leadership

The Welsh Government though HEIW have been seeking to improve the quality of leaders and managers, though the implementation of compassionate leadership and a competency framework. Differing groups for example are nationally developing profession specific competencies to be able to demonstrate leaders are demonstrating next generation leadership, to empower employees and improve engagement. Last year we implemented the Integrated Development Framework to provide a range of in-house courses at four key levels. This has been aligned to the national offer, for example the Climb programme which has been well regarded, and co delivered with HEIW. We will continue to revise the offer, and in 2026, the aim is to ensure that managers receive an improved corporate induction programme and are booked on their programme appropriate to their level. We continue to work with partner health boards in mid Wales to maximise our OD and education resources.

6. Challenges – Key Themes

Each profession has been asked to complete a scoping document outlining the types of education currently provided, along with associated resources, internal and external governance structures, and relevant statutory or regulatory bodies.

While detailed feedback by profession is provided in Appendix A, cross-cutting themes have emerged from the initial scoping exercise. These highlight systemic challenges affecting the delivery and sustainability of education and training across the organisation.

Theme	Examples
Workforce Challenges	<ul style="list-style-type: none"> • Ageing Workforce: A significant proportion of staff are approaching retirement age, raising concerns about knowledge transfer and continuity. • Succession Planning: Limited capacity to prepare the next cohort of professionals due to staffing and resource constraints. • Sustainability of Smaller Staff Groups: Smaller professions face particular vulnerability due to limited numbers and specialist skill sets • Recruitment and Retention: Persistent difficulties in attracting and retaining staff across multiple professions.
Capacity Pressures	<ul style="list-style-type: none"> • Operational Pressures: Increasing service demands are reducing the capacity of staff to engage in education and training activities. • Rising Student Numbers: Growth in student placements is placing additional pressure on already stretched teams.
Financial Constraints	<ul style="list-style-type: none"> • Funding Reductions: Cuts or uncertainty in funding streams (e.g., from HEIW) are impacting the ability to plan and deliver education effectively. • Lack of Backfill Funding: Education responsibilities often require staff time without corresponding budget to backfill roles, affecting service delivery. • General Budgetary Pressures: Broader financial constraints are limiting investment in workforce development.
Missed Development Opportunities	<ul style="list-style-type: none"> • Upskilling Gaps: Vacancies and workload pressures are preventing staff from accessing advanced training opportunities. • Impact on Care Models: The inability to develop advanced skills limits innovation in care delivery and service transformation. • Succession Risks: Without structured development pathways, the organisation risks losing critical expertise over time.

7. Opportunities – Key Themes

A summary of opportunities is detailed below which has been developed by the detailed feedback by profession as outlined in Appendix B.

Theme	Examples
Education Expansion & Placement Development	<ul style="list-style-type: none"> • Growth in student numbers across Medical, Dental, Pharmacy, and Engineering disciplines. • Emphasis on structured, high-quality placements to attract future employees. • Expansion of interprofessional and innovative placement models.

Theme	Examples
Workforce Development & Career Progression	<ul style="list-style-type: none"> • Strategic workforce planning supported by HEIW funding. • Development of advanced practice and specialist roles. • Opportunities for internal career progression through part-time degrees and structured training
Interprofessional Learning & Collaboration	<ul style="list-style-type: none"> • Strong emphasis on interprofessional education to build cohesive MDTs. • Cross-training and shared governance models to enhance flexibility and resilience.
Technology & Innovation	<ul style="list-style-type: none"> • Adoption of new technologies in diagnostics and service delivery. • Digital learning environments and infrastructure improvements to support training
Policy & Regulatory Alignment	<ul style="list-style-type: none"> • Changes in professional standards and registration requirements. • Alignment with national workforce plans and curriculum updates.
Funding & Resource Optimisation	<ul style="list-style-type: none"> • HEIW funding enabling training posts and reducing post-registration burden. • Opportunities to reduce training wastage and improve retention in public sector roles
Teaching & Mentorship Capacity	<ul style="list-style-type: none"> • Opportunities to formalise teaching roles and mentorship structures. • Need for protected time and dedicated education leads.
Service Integration & Community Engagement	<ul style="list-style-type: none"> • Integration of community and primary care settings into education models. • Collaboration across specialties and regions to enhance training networks

8. Horizon Scanning – Key Themes

As with the opportunities and challenges, this section summarises the responses across the health board to provide an overview of themes expected to influence the landscape for education and training. Full details of the feedback is included at Appendix C.

Theme	Examples
Education Expansion & Placement Growth	<ul style="list-style-type: none"> • Pharmacy: New undergraduate programme at Bangor University starting Sept 2025 will increase placement demand.

Theme	Examples
	<ul style="list-style-type: none"> • Arts Therapies, Medical Photography, and Psychology: Expansion of placement opportunities and trainee roles is anticipated. • Radiology & Vascular: Service developments are linked to enhanced education capacity.
Strategic Workforce Planning	<ul style="list-style-type: none"> • Nursing & Midwifery: National workforce plan (2025–2030) however there are declining applicant numbers, and new roles to establish (e.g., Nursing Associate). • Clinical Engineering & Medical Physics: Career frameworks and workforce planning are needed to meet service growth. • Pathology & Physiotherapy: Concerns over training capacity and saturation in job markets at some levels.
Policy & Regulatory Drivers	<ul style="list-style-type: none"> • Pharmacy: RPS will transition to Royal College, TRAMS programme, and PGD changes for technicians. • Audiology: WG Futures Document (2025–2029) will guide national delivery. • Neurophysiology: Regulatory barriers for overseas professionals and accreditation gaps exist.
Infrastructure & Resource Constraints	<ul style="list-style-type: none"> • Clinical Engineering: Accommodation pressures are affecting training. • Nursing: Restorative supervision requirements are impacting staffing. • Neurophysiology: Lack of capacity for accredited training programmes is a constraint.
Innovation & Technology	<ul style="list-style-type: none"> • Neurophysiology: Integration of Artificial Intelligence (AI) and emerging technologies into education. • Physiotherapy: Increased use of digital platforms and interprofessional learning are expected to feature in the future.
Funding & Financial Pressures	<ul style="list-style-type: none"> • Nursing: Rising costs of post-registration education and reduced HEIW funding are expected and need to be planned for. • Radiology: Shift to sustainable funding models for education delivery is required.
Interprofessional & Community Integration	<ul style="list-style-type: none"> • Pharmacy: Community pharmacy and GP integration via Primary and Community Care Academy are expected to feature in the medium term. • Physiotherapy: There is a rise in generic support roles across multi-professional pathways which need to be factored in to service design.

9. Next Steps

As part of the next steps the ESG will take the analysis provided in this report and will:

- Develop a clear vision for education and training within BCUHB.

- Define aims and objectives to support the vision and guide an overarching strategic plan which will form part of the IMTP.
- Establish subgroups as needed to support the delivery of the agreed aims and objectives.
- Advance the development of an organisation-wide education plan, informed by a training needs analysis.

10. Appendix A – Challenges

Corporate Governance

- The primary challenge, as a small Directorate with no dedicated training resource or budget, is ensuring sufficient resource is available to develop, deliver, maintain and evaluate the training offered (both internally to its own staff and to the wider organisation).
- In addition, the lack of access to training funding (for a small, specialist area) means there is limited succession planning for staff within the Directorate and limited ability for the Directorate to support the wider organisation (by relying on a small number of qualified or regulated individuals). This is being addressed in Legal Services where the plan is to support staff to achieve formal qualification and regulation as a Paralegal, Chartered Paralegal or Chartered Lawyer – over the next 3 years we aim to support around 12 staff through this process with up to 8 expected to qualify as a regulated lawyer.

Transformation & Improvement

- The disparate set up of programme manager roles across the organisation and realising a consistent approach
- Creating the capacity and headspace operationally for individuals to apply their learning into practice
- Overcoming cultural challenges and building sufficient support for implementing best practice ways of working

Finance

- Our capacity and designated resources – to both attend training ourselves, and provide it to wider non-finance staff
- Workforce profile and succession planning for high staff turnover in the next 5 years
- Organisational change (FoF) – heavy reliance on Finance as a support function by BCUHB and organisationally 2+ challenging years ahead until new structure embedded.
- Responsibilities and Accountability: Staff recognising their responsibilities and the relevance and importance with regards to finance. All staff are accountable for managing expenditure efficiently and effectively and not ‘overspending’ and being frivolous e.g., avoiding excessive use or wastage of goods. Also, the need for due Governance and following procedures with regards NHS Finance.

Medical & Dental

- **Primary/secondary care interface:** is a challenge but also an opportunity.
- **Undergraduate:**
 - Increasing student numbers in pressurised services with regard both workforce and clinical space. Scoping is only ever a snap shot in time and the clinical services ever changing thus both a threat and opportunity
 - NW Medical School - increase in locally taught students who will hopefully stay in the region to help recruitment & retention issues but also recruitment of those seeking academic teaching/clinical roles will aid recruitment to services/the HB in general
- **Postgraduate:**
 - Government restraints on formal training post numbers with lack of workforce planning for consultant and GPs
 - All Wales approach to most specialty training programmes leading to trainees rotating between South and North Wales (reluctantly). Geography is the key influence on job choice and this disadvantages North Wales.
 - Inability to offer full curricula to some specialty training programmes as services limited e.g., no level 1 Trauma centre thus harder to recruit and retain trainees locally. This also impacts ability to offer alternative pathways to specialist register e.g., CESR route. The latter is an opportunity.

- SAS Doctors- there is a variable approach and support for this large part of the Medical workforce who provide large parts of the clinical service
- Vast number of Locally Employed Doctors who require career support and again an opportunity to look after and value such colleagues with a defined strategy re supervisor support in job plans, support for CESR route.
- International Medical Graduates - no formal approach to induction/educational and CPD support
- **Physician Associate:**
 - Capacity to host clinical placements in the face of rising medical student placements
 - Postgraduate: no clear workforce planning and oversight re: scope of practice and skills/professional development
- **Dentistry:**
 - Education of non-dentist clinicians at UG and PG level eg dental nurses, dental therapists, technicians is not clear and needs separate scoping

Pharmacy

- Recruitment and retention in the pharmacy workforce is an ongoing challenge in North Wales, in particular, band 6 and band 7 pharmacist posts, who have a key role in the delivery of core pharmacy services. This has a knock-on effect on the capacity to release pharmacists to develop advanced practice roles.
- Reduction in HEIW funding for pre-registration pharmacy technician funding: HEIW have recently reduced the funding levels for pre-registration pharmacy technicians training posts in managed sectors. Although the impact of this yet to be seen, i.e., in terms of future recruitment into vacant pharmacy technician posts, it is expected to be negative
- Engagement with RPS credentialing frameworks: There is an ongoing drive in Wales to increase the number of pharmacists who have credentialed as Core Advanced and Consultant Pharmacists. However, the number of pharmacists in BCU who are engaging with the credentialing process is currently very low. This is a missed opportunity to develop the role of advanced and consultant pharmacist locally, in particular, the further embedment of clinical pharmacist roles within multidisciplinary teams.

Nursing & Midwifery

- The costs of external education are increasing and, in addition, HEIW are reducing annual funding to Health Boards and Universities. Nursing and Midwifery post registration training is not sufficient for the size of workforce. There is no funding for HCA development other than HEIW funding for mandatory clinical induction. Additionally, there is limited/no funding for other staff groups e.g., admin and clerical.
- There is inequitable access in supporting continuing professional development both within the profession and across professions. HEIW are developing CPD Strategy, the principles of which will enable greater consistency and standardisation for CPD activity, in recognition that CPD is a core professional requirement.
- There are challenges in career progression and planning as experience has demonstrated that education roles can be difficult to recruit to, which impacts on service delivery, learning opportunities for employees, retention and ultimately the quality of patient care. National work is underway to strengthen the clinical educator workforce to meet future demand.

Electrical and Biomedical Engineering

- There is no capacity available to facilitate qualified internal assessors for work-based learning, an essential requirement for the provision of the Level 4 HCS apprenticeship. This qualification, which can be provided by HEIW, involves a commitment of approximately 200 hours per candidate. In consequence we are unable to access the level 4 HCS apprenticeship in Clinical Engineering which is the entry requirement for the part time PTP degree in Clinical Engineering, we are currently using an equivalence route for our level 4

qualified staff which involves the production of a training portfolio plus a short course and examination.

- Age profile of existing team: Traditionally we have seen a very low turnover of staff, 66% of the team have been in post for over ten years, 37% for over twenty years; in consequence 40% of our team are over 55 years old and approaching the end of their career. As we are only in position to fund apprentices from vacancies within our existing establishment, we therefore lose a huge amount of experience before we can begin to train a new member of the team.
- Manufacturer training costs: Many manufacturers insist that they provide technical training at our cost before they will provide service information and spare parts for medical equipment. Timely approval to attend these courses at a cost of £3k - £4k per person can sometimes be a challenge despite the higher alternative costs of external equipment maintenance contracts.

Dietetics

- Accommodation, physical space for placement of students for training and venues to deliver education to wider audiences.
- Time / finance – constraints in ability to release staff to support formal education as these arrangements are not funded and therefore, we are unable to backfill clinical / service provision
- Increasing demand for education provision – training numbers required, and increased requests to deliver education, whilst we would hope to support these, it is not always possible due to the above

Medical Physics

- STP/Route 2 clinical scientist training places are requested based on expected workforce needs. However, due to the requirement to identify trainee numbers almost 2 years ahead of their start date and the 3 years it then takes for them to be trained, it is very difficult to predict these workforce needs especially as we work in very small sections.

Medical Photography

- We currently have a shortage of trained staff who can supervise the trainees.

Clinical Engineering

- Registering as a training centre for other Clinical Science specialisms (see Clinical Scientific computing training registration plan for September 2026 start).
- Making use of the national apprenticeship levy to fund trainee Healthcare Science Associate / Assistant roles.
- Making use of shared trainee resources to work on joint projects with other services, building networks within BCHUB and more broadly across the country.

Pathology

- A significant number of staff require upskilling to meet core element of JD in qualification or core skills when sample volumes are increasing along with additional resource heavy projects (System upgrades)
- Experienced staff are commonly replaced with trainee post due to lacking suitable like for like candidate. Further challenged by inefficient recruitment process without use of longlisting and eligibility screening with VISA minimum pay thresholds
- Decrease in available funding from HEIW streams combined with the spending controls placed by HB preventing use of local budgeted funds
- HEIW program for biomedical science doesn't deliver graduates who come to North Wales (With or without placement). Primary driven by geographical reasons, lose evidence to suggest most don't stay in Wales

Orthoptics

- Maintaining clinical activity when students are on placement.
- Universities are expecting more placements from departments without any funding.
- Maintaining staff wellbeing due to the increased pressures and demands of having students on top of caseload /duties.

Physiotherapy

- Experiencing capacity and financial constraints and clinical workload pressures which reduce the availability of educators and supervisors.
- Funding constraints also impact on staff to attend external courses
- Maintaining quality and consistency due to a less experienced workforce and a shortage of Band 6 and senior staff. This can result in a variability in educator skills and experience which affects standardisation of teaching and supervision.
- Increases in student volume are exacerbating capacity issues as higher volumes of students increases pressure on the system.
- Increased expectations for interprofessional placements which require coordination, planning and collaboration across services.

Radiology

- Time – current and increasing demand mean staff are not available to support education
- Workforce model – does not include staff to support education and job plans do not allow time for these activities so they are shoe-horned into practice. Current model not fit for purpose – being supported by WOD on a new model
- Staff doing training in modalities are included as substantive staff this put pressure on other staff as these staff cannot perform the role and therefore contribute to rotas including on call this adds additional strain to the service
- Access to the NIAW – which is extremely difficult from the north – on going work with the academy to support north Wales
- resources – where staff have done training to meet service need then unable to recruit due to the non-recurrent funding model for the service
- Lack of radiologists to mentor radiographers undertaking education required for advanced practice.
- Lack of Radiologists making it difficult for radiologists to keep up to date with subspecialty requirements

Respiratory Physiology

- Suitable accommodation
- Suitable equipment purchases of diagnostic kit to meet demand/capacity needs
- Increases in all areas of training means that there is a higher burden of supervision/teaching needs. We recognise that providing training is beneficial to the department however, the staffing complement needs to reflect the increasing needs.

Arts Therapy

- Time. With current staffing levels it is difficult to guarantee the required time for training/teaching.
- Small pool of staff. With not many staff members, losing a member of staff could have a dramatic impact on our ability to support training.
- Resources. It can be difficult to guarantee a trainee a substantive post at the end of their training.

Radiotherapy

- Will Cardiff still educate the same number of students each year?
- Will Cardiff continue to provide funding for the practice supervisor?
- Who would be responsible for co-ordinating placements if the supervisor role ceased?

Clinical Neurophysiology

- Clinical Neurophysiology is based in Bangor is a small department faces limited teaching capacity due to clinical workload and provision of service across other five different sites in North Wales, persistent staffing shortages nationally, and high staff turnover and vacancies.
- Geographical constraints prevent teaching across all sites, and short placements, lack of a dedicated educator, lack of teaching facilities and high patient demand hinder any training delivery

Psychology

- Challenges in recent years has been the confusion nationally and within BCUHB, caused by the national workforce plan in 2019 which included Clinical Psychologists under AHPs in Wales. Including psychologists as AHPs is not a UK wide accepted position or the position of the professional bodies or qualified psychologists themselves. Psychologists belong to the staff group Additional Professional Scientific and Technical and have done since these NHS staff groups codes were developed – in Wales and the rest of the UK. We have raised the incorrect AHPs inclusion nationally and HEIW have recognised the issue this year as we are again separate to AHPs on the education commissioning tabs in 2025
- It is important to correct as it is not only about respecting the established identity of qualified psychologists UK wide, how they see themselves and have done throughout their careers, and their professional bodies' views but it is essential for a better understanding of the training and educational route and CPD requirements.
- There was no agreement to being placed in the AHP category in the Welsh Workforce Plan 2019; at the time the feedback psychologists gave in Wales was they did not fit into the AHPs grouping and that the advanced practice aims of that workforce plan did not fit well with the already well established UK wide BPS leadership structure for psychologists (which includes a UK wide BPS Assessor Scheme for Consultant level) or that Clinical Psychology professional training is a post graduate Doctorate level pre-qualification training level for a HCPC registered psychologist in the NHS (different to AHPs where degree level is professional entry and MSc level is advanced practice route).

11. Appendix B – Opportunities

Corporate Governance

- The Directorate is actively engaged and leading national work across NHS Wales to develop a National Corporate Governance Community of Practice. A virtual network has been created to support collaboration across Wales and a national corporate governance conference will be held in autumn.

Transformation & Improvement

- Agreeing an Organisational Approach to Change which is a key deliverable of Foundations for the Future
- Developing effective Programme Management and Service Planning as core capabilities in the organisation
- Developing a sharper focus on realising the benefits of change

Finance

- Developments within technology, automation, communications and AI
- National developments inc NHS Executive and Finance Academy
- Organisational change (FoF) including strategy, service models and wider system arrangements but also to shape and resource a Finance function fit for the future
- Culture: Introducing incentives and disincentives to deliver but also accountability is key;
- Value Based Healthcare (VBHC) = Engagement lever
- Accreditation with additional professional bodies = assurances, CPD and time benefits.

Medical & Dental

- The Education Steering Group will allow greater awareness of Medical and Dental education across the Health Board.
- Primary/secondary care interface is a challenge but also an opportunity.
- Increasing student numbers in pressurised services as regards both workforce and clinical space. Scoping is only ever a snap shot in time and the clinical services ever changing thus both a threat and opportunity

Pharmacy

- Changes to initial education and training standards means that, from 2026 onwards, newly qualified pharmacists will register as independent prescribers from the point of registration. Consequently, there will be an opportunity for pharmacists, from the first day of registration, to play a greater clinical role in the care of patients.
- A new 'Level 4 Certificate of Higher Education in Pharmacy Technician Practice' now equips individuals with an 'accredited checking technician' and 'medicines management' qualification upon registration. This reduces the post-registration training burden and increases the breadth of roles a pharmacy technician can undertake earlier within their career.
- The role of pharmacy support staff continues to develop within the Health Board. A new 'Medicines Management for Support Staff' programme is now enabling Pharmacy Assistants to undertake roles that were traditionally undertaken by Pharmacy Technicians. This releases pharmacy technician capacity and provides an opportunity to release pharmacy technicians to develop other advanced roles.
- A review of the current educational and clinical mentorship support provided to early career pharmacists may be useful, i.e., what makes a post attractive to early career pharmacists?

Nursing & Midwifery

- Maximising interprofessional learning and learning together, strengthening the impact and outcomes of staff learning through CPD on self, patient, service, organisation

- Working together, across professions to enhance our internal education and development offer to staff –listening to staff views from survey ‘continuously learning and developing’ scores reduced on previous years and slightly below Wales average
- Growing, transforming and supporting the nursing workforce as outlined within the Strategic Nursing Workforce plan 2025 – 2030

Electrical and Biomedical Engineering

- Engagement with HEIW over the past few years has seen the commissioning of both a full-time degree in Medical Engineering for external students and a part time degree for our existing staff. We regularly host the full-time students on their placements over the three-year programme. In future we may have the opportunity to recruit one of these students to a permanent post.
- The part-time course allows us to develop further our existing staff, giving them the academic opportunity to progress into managerial posts within the department in future.

Audiology

- Reconciling skills and scale of workforce with local realisation of WG policy/vision on Audiology services
- Need to engage with organisations developing and supporting Apprenticeships
- Increasing training capacity – including consideration within job planning for relevant HCS staff
- Decreasing wastage in education and training, particularly WG funding for PTP not being used to benefit of publicly funded services through some graduates taking employment in private sector.
- Collaborative working and planning with other Healthcare Science Disciplines in BCU, including through local HCS Network of professionals.

Clinical Engineering

- Upcoming syllabus changes to all training schemes that make the content easier to deliver, but mean a period of preceptorship will be needed post-qualification for new starters.
- Suitable training for Healthcare Science Assistant / Associate roles needed, given expected staff turnover in these roles.
- Success of being able to release time from business-as-usual capacity to supervise trainees only works because of the salaried trainee posts funded by HEIW. Reduction in the HEIW funding available would drastically reduce the number of trainees we are able to support.
- Engagement and influence within local education provision and staff who will directly contribute within/to the BCUHB workforce when qualified
- Interprofessional education – more cohesive workforce and MDTs
- Greater consistency and continuity in the conveyance of key nutrition messages as appropriate to key life course stages / clinical patient groups. Reducing risk of mixed messages not aligned to current evidence-based practice.

Medical Physics

- HEIW have been very supportive – in addition to funding STP/Route 2 trainees, they offer funding for other training that allows progression of clinical scientists and technologists to advanced roles.

Orthoptics

- To sell the department and Health Board to potential employees of the future by delivering organised placements.
- To give colleagues who enjoy teaching the opportunity to do so.
- To sell the Health Board to external education providers as an organisation that offers well-structured input to education.

Audiology

- 'Grown your Own' - Part time PTP pathway presents challenges with regards to time to release and numbers for course viability.
- Pathology Academy - Continued conversion to a digital learning environment to manage local training and competence assessment

Physiotherapy

- Developing Advanced Practice and Specialist roles for the physiotherapy profession and also the development of AHP Advanced Practice and Specialist roles:
 - Education offers a strong foundation for these roles, supporting evolving service needs in areas such as MSK, frailty, FCP etc.
 - Creating these roles enhances service resilience and promotes staff satisfaction and ultimately retention.
- Expansion of interprofessional and innovative placement models:
 - There is a growing opportunity to develop interprofessional placements that mirror our integrated models of care.
 - Joint placements across settings can equip the student with a broader, more holistic skillset.
- Embedding research and evidence-based practice:
 - Encouraging staff to engage in quality improvement projects, audits and clinical research
 - As a physiotherapy service building a culture where research is part of what we do every day.

Radiology

- For staff to develop and support the education of undergraduate trainees due to improved links with Bangor University
- Wales bespoke modules provided at the NIAW
- Revised workforce model – that provides opportunities for career progression and succession planning
- Access to National funding for post graduate education
- NIP – work on education e.g., design of the AP course to suit service needs
- Close working between radiology and medical physics allowing us to design bespoke training as required

Respiratory Physiology

- Diagnostics becoming RTT reportable will hopefully highlight the service and allow for a greater platform for the specialty with respect to business case generation / acceptance
- Improvements in technology (with equipment such as the 'acupebble' by ResMed/Acurable and Home High Flow Oxygen) which could transform future services are coming on line.
- Potential for maximising SOS and PIFU pathways for patient follow ups

Arts Therapies Opportunities

- Increased opportunities for Art/Music/Drama Therapy across the health-board
- Increased Understanding of Art/Music/Drama Therapy by other clinicians across the health-board
- Best Practice CPD support for professional development.

Vascular Opportunities

- HEIW funding gives us the opportunity to train vascular scientists for the future of our workforce.
- BCUHB Healthcare Sciences Network – gives us the opportunity to work with other specialities to enhance our training.

- We have recently been opening lines of communication with South Wales. This will give us the opportunity to set up peer support networks for the trainees.

Neurophysiology

- Key opportunities include appointing a dedicated education, training and development lead, and clinical educator with protected time, developing structured regional training pathways to boost local recruitment and retention, and enhancing digital infrastructure and standardised service models.
- Cross-training of students, strengthening governance, capability and skills development including train the trainers and other structured training (TAQA/PGCE) need to be supported across various physiological measurements and healthcare science specialties to enhance workforce flexibility and service resilience.
- Completing STP/HSST accreditation by aligning with curriculum and training requirements is essential. Additionally, bursary-supported Practitioner Clinical Physiology students present a valuable recruitment pipeline for NHS Wales.

Speech and Language Therapy

- Within SLT, increasing elements of the role involve teaching/training across the MDT. Teaching/training is not a core element of SLT education, and there is opportunity to develop these skills in a more structured way across the teams.
- All Wales mandated training for support workers. SLT being a small service – challenges demand/capacity planning to understand how best to deliver training to support workers, and assess/verify skills and competencies.

12. Appendix C - Horizon Scanning Summary

The analysis that follows outlines anticipated drivers of change and their anticipated impact across professional groups that are expected to influence education and training priorities over the coming years. It includes policy changes and strategic initiatives that will shape future planning.

Corporate Governance

- The main factor for the Directorate is the need to ensure the corporate governance standards of the organisation continues to mature and become sustained as part of its journey out of Special Measures. Without embedded and sustained good corporate governance the organisation will not achieve his aim.
- Additionally, there continues to be an ever-increasing set of legislative and regulatory requirements for the organisation alongside increased public and stakeholder scrutiny. Ensuring good corporate governance is key to organisation thriving and building confidence; this in turn needs qualified and professional staff within the Directorate as well as wider skills development across the Health Board.

Transformation & Improvement

- The disparate set up of programme manager roles across the organisation and realising a consistent approach
- Creating the capacity and headspace operationally for individuals to apply their learning into practice
- Overcoming cultural challenges and building sufficient support for implementing best practice ways of working

Finance

- **Artificial Intelligence and Technological advancements:** the use of IT, systems and AI will hopefully facilitate national resources available to help us perform, report, model and forecast. They will also facilitate training and education and help to inform both our finance and non-finance staff, as well as the platforms used, interactive approach and mediums of delivery;
- **Learning from best practice and private sector:** continuous professional development for all our staff, encouraging a growth mindset and one of continuous improvement for all staff
- **Economic and political landscape:** Externalities that will affect the world in which we operate, with financial consequences we will need to work with which will affect both our own training needs and that of non-finance staff too

Pharmacy

- **Education Expansion:**
 - The first cohort of students at the Bangor University School of Pharmacy will begin in September 2025.
 - This will increase demand for undergraduate pharmacy placements in North Wales, requiring a review of placement capacity and student experience within BCUHB.
- **Workforce Development:**
 - Joint Clinical Academic Pharmacist posts will be introduced between Bangor University and BCUHB, with potential for further expansion as student numbers grow.
 - Pharmacy technicians can now supply and administer medicines under a Patient Group Direction (PGD), creating opportunities for new service models and associated training.
- **Strategic Policy Drivers:**
 - The Royal Pharmaceutical Society (RPS) is transitioning to become a Royal College, which may lead to strengthened professional standards and new educational requirements.
 - Key documents influencing pharmacy education include:
 - RPS Wales: Delivering a Healthier Wales
 - Transforming Clinical Hospital Pharmacy in Wales

- Strategic Workforce Plan for Primary Care (HEIW)
- The Transforming Access to Medicines (TRAMS) programme will establish a shared Pharmacy Technical Service for Wales, requiring ongoing development of technical staff.
- **Community Pharmacy Integration:**
 - Continued collaboration with community pharmacy stakeholders will be essential to support workforce development.
 - The Primary and Community Care Academy under development in BCUHB may provide new opportunities for pharmacy education in GP and community settings.

Nursing & Midwifery

- **Strategic Planning:**
 - The Strategic Nursing Workforce Plan for Wales (2025–2030) outlines national priorities for workforce growth and transformation.
- **Education Access and Funding:**
 - Rising costs of post-registration education and reduced HEIW funding are limiting the ability to release staff for training.
 - A review is underway to prioritise the 2025/26 post-registration education budget in line with organisational objectives.
- **Workforce Supply Challenges**
 - A national decline in applicants for pre-registration nursing programmes is impacting recruitment and course viability, particularly in smaller fields such as learning disability and mental health nursing.
 - The Open University route is increasingly being promoted for HCAs due to its flexibility and national reach.
- **New Roles and Supervision:**
 - The Registered Nursing Associate role remains in the implementation phase across Wales.
 - Restorative clinical supervision, mandated by the Chief Nursing Officer (6 hours per nurse per year), will require additional WTE resources or role reconfiguration.

Psychology

- **Training Growth:**
 - BCUHB has steadily increased psychology trainee numbers over the past seven years to meet rising service demand.
 - Strong partnerships with Bangor University and national training bodies support this growth.
- **Strategic Engagement:**
 - The psychology profession welcomes continued involvement in the Education Steering Group to ensure alignment with workforce planning and professional development.

Audiology

- **National Policy Direction:**
 - The WG Audiology Futures Document (2025–2029) will define national policy and delivery expectations, directly influencing workforce education and training across health boards.

Clinical Engineering

- **Assessment and Curriculum:**
 - The National School for Healthcare Science is reviewing endpoint assessments for Clinical Scientist trainees (starting 2025).
 - Education providers are conducting annual syllabus reviews, though no major changes are currently expected.
- **Career Framework and Workforce Planning**

- HEIW is preparing to launch a career framework for Clinical Scientists in Physical Sciences.
- Workforce planning is ongoing to address recruitment needs and training capacity.
- **Infrastructure Challenges:**
 - Increasing accommodation pressures are affecting team expansion and training delivery.

Electrical and Biomedical Engineering

- **Apprenticeship Pathway:**
 - Current training includes a part-time Level 3 diploma followed by a HNC in electrical engineering.
 - Within 2–3 years, a Level 4 Healthcare Science Apprenticeship is expected to replace the HNC, offering a structured route to BSc-level qualifications and professional registration.

Medical Physics

- **Service Expansion:**
 - A consolidated nuclear medicine/PET centre is planned for 2027.
 - Growth in molecular radiotherapy and radiology equipment complexity will require additional clinical scientists and Medical Physics Experts, increasing demand for training and education.

Medical Photography

- **Service Development:**
 - Plans are underway to expand the Medical Illustration service across BCUHB.
 - Due to a shortage of trained medical photographers, additional trainee roles will be required.

Orthoptics

- **Apprenticeship Opportunities:**
 - Universities may begin offering apprenticeships in orthoptics, which would significantly alter student education pathways and departmental responsibilities.

Pathology

- **Capacity and Viability:**
 - Workload continues to increase, creating a growing gap between capacity and demand.
 - Concerns remain about the national viability of part-time Practitioner Training Programmes (PTP) due to low enrolment numbers.

Physiotherapy

- **Strategic Priorities:**
 - Growing emphasis on interprofessional learning
 - The expansion of advanced practice and specialist AHP roles
 - Greater use of digital learning platforms
 - Band 5 job market may become saturated which could lead to a reduction in student training places.
 - Rise in generic support staff roles working across multi-professions and pathways, requiring education and competency frameworks.
 - A stronger focus on prevention and self-management for the population.
 - More flexibility within the workforce
 - Fully embed compassionate leadership.

Radiology

- **Service Development:**
 - The revised staffing model in radiology, combined with a sustainable funding approach (not reliant on non-recurrent funding), will:
 - Enable the development of educational opportunities for all staff.
 - Improve team wellbeing by reducing service pressures that hinder education and training

Arts Therapies

- **Overview:**
 - Expanded placement opportunities are being actively developed across the health board.
 - A formalised framework for educational development is being established, including governance structures both within and between departments.
 - Education is now formally integrated into the overall strategic development of the Arts Therapies service.

Note: *The Arts Therapies department has experienced long-term underdevelopment and limited resourcing, particularly in workforce development. The current workforce establishment is 2.2 WTE across the entire BCU area. However, education presents a significant opportunity. As the department evolves in alignment with the strategic framework, education will become a central focus—supporting both staff development and student placements across the health board.*

Vascular

- Securing additional staffing would create greater capacity for research activity.
- This would benefit not only in-house trainees but also enable collaborative opportunities with other specialties and professions.
- There is potential to develop consultant-level practice, although formal pathways for this would need to be established.

Neurophysiology

- **Overview:**
 - The department currently faces challenges in accommodating a growing number of medical students and lacks the capacity and accreditation to deliver STP and HSST healthcare science training.
- **Over the next five years, key priorities include:**
 - Adapting educational provision to incorporate emerging technologies such as artificial intelligence.
 - Addressing gaps in apprenticeship pathways.
 - Promoting the development of transferable skills across all levels of the workforce.
 - Additionally, efforts must be made to overcome regulatory barriers for overseas professionals by supporting equivalence routes and expanding work-based learning opportunities to maintain a skilled and sustainable healthcare science workforce

13. Appendix D - Resources & Stakeholder Mapping

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ⁱ	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
Pharmacy & Medicines Management	General Pharmaceutical Council	6.60	165	BCUHB Pharmacy and Medicines Management Workforce, Development, Education and Training Group (PWDET) – meet on a bimonthly basis, chaired by the Chief Pharmacist	HEIW	<ul style="list-style-type: none"> • General Pharmaceutical Council • Royal Pharmaceutical Society • Association of Pharmacy Technicians UK • The Pharmacy Deanery of Health Education and Improvement Wales (HEIW) • Bangor University • Wrexham University • Cardiff University • Swansea University • University of East Anglia • Bradford College • Community Pharmacies – supported through BCUHB Community Pharmacy Liaisons and Community Pharmacy Wales 	<ul style="list-style-type: none"> • All Wales (Pharmacy) Education & Training Leads Group
Nursing & Midwifery Professional Regulation & Education	Nursing & Midwifery Council, Agored	25.20	TBC	Education & Development Group	<ul style="list-style-type: none"> • Grwp Llandrillo Menai 	<ul style="list-style-type: none"> • Nursing & Midwifery Council 	<ul style="list-style-type: none"> • All Wales HCA • All Wales Practice

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
				provides oversight	<ul style="list-style-type: none"> • Open University • Aberystwyth University • Bangor University • Wrexham University • RCN Cadets • Bangor University • Coleg Cambria 	<ul style="list-style-type: none"> • Grwp Llandrillo Menai • Open University • Aberystwyth University • Bangor University • Wrexham University • RCN Cadets • Bangor University • Coleg Cambria 	<ul style="list-style-type: none"> • Education Facilitator • All Wales Interprofessional Education • All Wales Nursing Heads of Education • All Wales Nursing Pre-Registration Nursing • All Wales Placement reference group - nursing and AHP • BCU/Llandrillo Level 4 Project Board - nursing and AHP • HEIW/All Wales Build Knowledge and Confidence in Relation to Practice-Based IPE • All Wales International Recruitment Subgroup
BCUHB Psychology & Psychological Services Directorate	BPS and HCPC Accredited Doctorate in Clinical Psychology	Activities within staff roles	c. 40	Overseen by Director of Psychology & Psychological Therapies	<ul style="list-style-type: none"> • Children & Young People Services 	<ul style="list-style-type: none"> • BPS • HCPC • HEIW • Programme Directors • BABCP 	Multiple forums linked to external stakeholders and regulatory bodies

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
	Training Programmes						
Audiology, DSCSS	HCPC & ACHS	Activities within staff roles	c. 19 + in-house training	Accredited training service (National School of Healthcare Science) and overseen by Clinical Director	None identified	National audiology networks HEIW	None identified specifically
Posture & Mobility Service	HCPC	Activities within staff roles with backfill for 1.00 B6	c. 15	Accredited training service (National School of Healthcare Science) overseen by Principle Clinical Scientist Service Governance framework confirmed as being in line with BCU policy and All-Wales practice	Swansea University	<ul style="list-style-type: none"> • NCHS • HEIW • Hywell Dda Health Board • Swansea Bay Health Board • Royal Liverpool & Broadgreen NHS Trust • Robert Jones & Agnes Hunt NHS Trust • UK Clinical Engineering Training Officers Group 	<ul style="list-style-type: none"> • All Wales Rehabilitation Engineering Professionals Group • Welsh Scientific Advisory Committee • Wales Healthcare Science Network
Dietetics / Therapies	HCPC	Activities incorporated into job descriptions	c. 45 + sessional teaching across various skills	Not Specified	Wrexham University Adult Learning Wales	<ul style="list-style-type: none"> • HEIW • Wrexham University Adult Learning Wales 	Welsh Dietetic Leadership Advisory Group

Profession / Directorate	Regulatory Body	Education FTE and job plans	No. of Students ¹ development courses	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
					Annual 'Food & Fun SLA		Public Health Dietitians in Wales
People & Organisational Development	N/A			Yes, with links through to People & Culture Committee and Board	HEIW (in development) Coleg Cambria Grwp Llandrillo Menai	<ul style="list-style-type: none"> Wales Union Learning Fund Coleg Cambria Grwp Llandrillo Menai Bangor University Wrexham University HEIW Academi Wales 	None identified specifically
Diagnostics & Specialist Clinical Support Services	HCPC (+ voluntary register of clinical technologists)	1.00	14+	Service Governance framework confirmed as being in line with BCU policy		<ul style="list-style-type: none"> HEIW Swansea University Grwp Llandrillo Menai Coleg Cambria 	None currently
Orthoptics	HCPC	Activities within staff roles	6	Decision-making and delegation regarding education is the responsibility of the Head Orthoptist.		<ul style="list-style-type: none"> University of Liverpool, Department of Orthoptics University of Sheffield, Department of Orthoptics 	None currently
Pathology	HCPC, RCPATH, IBMS	3.00	c. 49	Pathology Training Committee in place with ToR		<ul style="list-style-type: none"> Institute of Biomedical Science Bangor University Wrexham University 	Membership at Employer Liaison Group for the Biomedical Science programs at

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
						<ul style="list-style-type: none"> • Cardiff Metropolitan University • Chester University 	<p>Bangor University, Wrexham University, Cardiff Metropolitan university and Chester university.</p> <p>Wales Pathology Workforce Education Group</p> <p>Pathology Training Leads Group</p> <p>Wales Pathology Trainers Forum</p>
Physiotherapy	HCPC	TBC	162			<ul style="list-style-type: none"> • Universities • HEIW • Bevan Commission • CSP • 3rd Sector Organisations 	<p>MSK - JSAG: Joint Service Advisory Group</p> <p>Numerous All Wales Forums</p> <p>Bevan Commission Research and Innovation Board Meetings</p>
Radiology	HCPC/GMC/NMC	Activities within staff roles	81+	Overseen by the Wales radiology school		<ul style="list-style-type: none"> • National Imaging Programme – with Clinical director and head of service sitting on 	

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
						<p>the National Imaging Programme Steering Group</p> <ul style="list-style-type: none"> • National Imaging Academy of Wales (NIAW) – no formal meetings • Wales training school for radiologists – TPD attends formal meetings • Bangor University – School of Radiography – formal joint meeting • Informal links with Universities providing post graduate education as required e.g. Cumbria, Salford, Bradford, UWE • HEIW • HCPC 	

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
						<ul style="list-style-type: none"> National School of Health care science (NSHCs) College & society of Radiographers Royal College of Radiologists British Institute of Radiology Various professional groups e.g. BMUS, BNMS, BSVIR 	
Respiratory Physiology		Activities within staff roles	2 + training for ward staff and resident doctors			<ul style="list-style-type: none"> DVLA Swansea University for STP and PTP trainees Bangor University for nursing students HEIW indirectly through the Medical Education office for training of all resident doctors Commencing pilot research with ResMed/Acurable 	<ul style="list-style-type: none"> Sleep and Respiratory Physiology Forum (Respiratory Strategic Network) Heads of Department All Wales meeting The DGM/DDGM and Respiratory Clinical Lead

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
						<ul style="list-style-type: none"> with 'acupebble' – only site in Wales invited to partake 	<ul style="list-style-type: none"> have membership for the Respiratory Strategic Network – Clinical Reference Group Internally the department feed into the Respiratory User Group which in turn report to the Medical Management Team meeting and IHC level meetings
Occupational Therapy		Activities within staff roles	Variable	Ad hoc depending upon students		<ul style="list-style-type: none"> Wrexham University 	
Arts Therapies	HCPC	Activities within staff roles	Variable	In development	In development (not specified)	<ul style="list-style-type: none"> British Association of Art Therapists British Association of Music Therapy British Association of Drama Therapy HEIW Bangor University 	Wales Arts Therapies Advisory Forum

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
						<ul style="list-style-type: none"> • Chester University • University of South Wales 	
Vascular Scientists/Radiographers	HCPC	Activities within staff roles	6+ modules for other courses	Radiology workforce group – reports to Senior Management Team and DSCSS Senior Management Team. We are accredited with the National School for Healthcare Science (NSHCS) to provide STP training for vascular science.		<ul style="list-style-type: none"> • Society of Radiographers • CSVS • HCPC • HEIW • NSHCS • Universities offering postgraduate vascular ultrasound 	
Finance	Various inc Welsh Government, Financial Reporting Council (FRC) and Audit Wales as statutory external auditor for Welsh Public Sector.	Activities within staff roles	9 + own staff and wider BCUHB staff	Via EDOF with supporting training strategy	Audit Wales Ernst Young	<ul style="list-style-type: none"> • HMRC • Coleg Menai • Coleg Llandrillo • Coleg Cambria • Social Mobility Business Partnership Programme • Various universities 	As required for regulators & professional bodies etc

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
	<p>CCAB professional bodies including ICAEW, ACCA, CIPFA, ICAS and CAI. Also CIMA and AAT</p> <p>Contracting - MCIPS Counter Fraud – CFPAB Awyr Las - The Charity Commission, the Gambling Commission and the Fundraising Regulator Tax - HMRC NWSSP - The Pensions regulator</p>					<ul style="list-style-type: none"> Finance Academi CCAB & AAT NHS Charities Together Counter Fraud Professional Accreditation Board 	
Radiotherapy / Cancer Services	HCPC	0.64	8	Via LLA & SLA	Cardiff University	<ul style="list-style-type: none"> Cardiff University 	None identified
Clinical Neurophysiology	AHCS/HCPC/GMC	Activities within staff roles	5	None specific to education	None formalised	<ul style="list-style-type: none"> HIEW, Swansea University 	national and international meetings including BSCN/ANS, HEIW and other society and regional meetings

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
Speech and language therapy	HCPC (RCSLT professional body)	1.00	25 sessions p/a + wider BCUHB staff	None specific to education	Wrexham University	<ul style="list-style-type: none"> Wrexham University 	None identified
Podiatry & Orthotics	HCPC	Activities within staff roles	Varies based on demand	None specific to education		<ul style="list-style-type: none"> Royal College of Podiatry Cardiff University HEIW 	None identified
Primary Care Contractor Services (Primary Care Academy)	Various	5.00 posts (FTE TBC)	Varies but total learners identified as 800	Academy team reports to the Associate Director of Primary Care (Strategy)		<ul style="list-style-type: none"> HEIW FE & HE partners 	Academy network
Transformation and Strategic Planning	N/A	2.00	Varies but total learners identified as 650	N/A		<ul style="list-style-type: none"> Improvement Cymru Dragon's Heart Institute Spread & Scale Academy Bevan Commission Institute for Healthcare Improvement 	
Corporate Governance	<p>Corporate governance – Chartered Governance Institute (CGI)</p> <p>Risk management – Institute of Risk Management (IRM)</p>	Activities within staff roles	Wider BCUHB workforce taught via multiple methods	Lead by functional heads of department via Directorate SMT	None identified	<ul style="list-style-type: none"> professional bodies such as the Chartered Governance Institute (CGI), Institute of Risk Management (IRM), and the Chartered Institute of Legal 	Directors of Corporate Governance Network, Claims Managers Network

Profession / Directorate	Regulatory Body	Education FTE	No. of Students ¹	Governance Structure Confirmed	SLA's & MoU's	External Stakeholders / Relationships	National / Regulatory Groups
	Legal – Various legal bodies and regulators including Law Society, Chartered Institute of Legal Executives (CILEX), Solicitors Regulation Authority (SRA), CILEX Regulation (CRL), Legal Ombudsman (LeO)					Executives (CILEX). <ul style="list-style-type: none"> Welsh Risk Pool in relation to claims and Courts including the local Senior Coroners 	
Partnerships, Engagement and Communications	N/A	Activities within staff roles	No students but guidance and input provided to staff	None due to nature of education provided	None		



Teitl adroddiad:	Consultant Job Planning
Report title:	
Adrodd i:	People and Culture Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 04 December 2025
Date of Meeting:	
Crynodeb Gweithredol:	This paper is to update the People and Culture Committee on the actions associated with the follow-up Internal Audit of August 2025 pertaining to the roll out of Senior Doctor job planning across BCUHB
Executive Summary:	<p>Senior doctor job planning is vital to ensure that there is clarity on job responsibilities both for the individual and the service. It is a collaborative approach which defines service needs in addition to the development needs and skill sets of the clinicians. Welsh Government has targeted a 90% compliance on consultant job planning by Sept 2025. This target has not been met by BCUHB. Currently 46% have a signed off job plan with a further 13% awaiting sign off. There is considerable variability across areas of the HB: East IHC has 69% with a further 7% awaiting sign off whereas Central IHC has only 11% signed off with 15% awaiting sign off.</p> <p>The response to internal audit requirements within this paper summarises next steps for BCUHB to progress wider job planning. A Job Planning protocol has now been co-developed by the Office of the Medical Director with the chair of the Joint Local Negotiating Committee (JLNC) and local BMA representation. This was agreed in draft form at the most recent JLNC meeting and the October Medical Workforce Group who will own progression of job planning. The final agreed protocol will be signed off by the end of Dec 2025. In the meantime, a training needs analysis is underway to support roll out; job planning can of course continue as the protocol simply outlines what is already underway and has further clarity surrounding appeals processes. A revised trajectory has been proposed for 90% sign off by the end of Q1 26/27.</p> <p>Job planning across BCUHB will be a work in progress over the next 12-18 months; service needs can be more clearly defined after changes associated with the Foundations for the Future programme.</p>
Argymhellion:	The Committee is asked to note the revised plan for Senior Doctor job Planning.

Recommendation S:				
Arweinydd Gweithredol:	Dr Clara Day Executive Medical Director			
Executive Lead:				
Awdur yr Adroddiad:	Dr Clara Day Executive Medical Director			
Report Author:				
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 <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>
<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>				
Cyswllt ag Amcan/Amcanion Strategol:		This report aligns with all the strategic objectives;		
Link to Strategic Objective(s):		Strategic Goal 1: Building an effective Organisation		
		Strategic Goal 2: Developing strategy and long-lasting change		
		Strategic Goal 3: Creating compassionate culture, leadership and engagement		
		Strategic Goal 4: Improving quality, outcomes and experience		

	Strategic Goal 5: Establishing an effective environment for Learning
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	None
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	Non applicable
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	Non applicable
<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>This work links to the following Strategic Risk;</p> <p>BAF24-01: Not Fully Building an Effective and Accountable Organisation</p> <p>Ineffectively delivering interconnected governance, operational, performance, and legislative challenges that could impede the Health Board's ability to develop a high-functioning, accountable, and cohesive organisation.</p> <p>BAF24-03: Not Achieving Long Term Financial Sustainability</p> <p>BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability</p> <p>A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.</p> <p>BAF24-06: Not Delivering the Required Improvements to Transform Care and Enhance Outcomes</p> <p>Risk of ineffectively delivering consistent high quality of patient care across the HB resulting in incidents of avoidable harm and poor clinical unmet patient needs, regulatory non-compliance, and reputational harm.</p> <p>BAF24-07: Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk</p>

	<p>Risk of ineffectively delivering timely access to care resulting in potential clinical harm, poor delivery of performance targets and reputational risk</p> <p>BAF24-08: Not Implementing Evidenced Based Improvement and Innovation</p> <p>Lack of support, capability and agility to optimise strategic and operational opportunities to improve patient care</p>
<p>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>Nil. Will be within current medical spend.</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>More productive senior doctor 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>Reviewed in Joint LNC meeting and Medical Workforce Group October 2025. Verbal update to Audit Committee 21st October 2025</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>Listed Above</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>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p><i>Next Steps:</i> Continued implementation overseen by Medical Workforce Group.</p>	
<p>Rhestr o Atodiadau: Dim</p> <p><i>List of Appendices:</i> Appendix 1: Follow-up: Consultant Job Planning Final Internal Audit Report: 2025/26</p>	

Follow-up: Consultant Job Planning Final Internal Audit Report 2025/26

Betsi Cadwaladr University Health Board

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Review Reference	BCU-2526-27
Fieldwork	August-September 2025
Executive Sign Off	October 2025
Audit Committee	October 2025
Executive Lead	Clara Day, Executive Medical Director Georgina Roberts, Interim Executive Director of People Services and Organisational Development (POD)
Audit Team	Dave Harries, Head of Internal Audit Nicola Jones, Deputy Head of Internal Audit



Executive Summary

Purpose

The overall objective of this audit is to provide the Health Board with assurance regarding the implementation of the agreed management actions from the *Consultant Job Planning (BCU-2425-20)* review, rated unsatisfactory, that was reported as part of our 2024/25 work programme. The scope of this follow-up review does not aim to provide assurance against the full scope and objectives of the original review.

The report identified eleven issues for management consideration; all eight high-risk actions had agreed implementation dates no later than 31 May 2025; three medium risk issues (Issue 2, 4 and 9) have agreed implementation dates of 30 September 2025. As the high-risk issues are now past the agreed implementation date, we agreed with management to follow these up; the three medium-risk issues will be followed up as part of the routine follow up process undertaken in conjunction with the Corporate Governance Directorate.

Overview

The table below illustrates the status of the agreed actions; we found only one issue can be fully closed with another partially implemented.

	High	Medium	Low	Total
Closed	1	-	-	1
Partially Implemented	1	-	-	1
Outstanding	6	-	-	6
Total	8	-	-	8

Some progress has been made - the Health Board’s strategic objectives have been refreshed and updated within the EJob plan system; and we were able to evidence inclusion of these within our sample of job plans reviewed. We found localised good practice in both Women’s Services and IHC West where job plan matters formed part of meeting agendas.

However, the remaining high-risk issues have yet to be implemented despite these being agreed by management within realistic timelines.

- The Health Board’s Job Planning Compliance is currently at 43% (1st September 2025); it is highly unlikely to meet the 90% target, set by the Welsh Government¹ which states '90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.' We note this has been an issue on the Medical Workforce Group (MWG) agenda since the 8 July 2025 meeting but can find no other routine reporting on this specific target.
- The Health Board has not published the draft policy/procedure since our review as it awaited an all-Wales guide, which has yet to materialise. The Health Board policy/procedure is critical to ensure internal control in job planning is consistent across the Health Board, and to ensure compliance with the nationally agreed contract.
- There has been no formal review of first and second sign-off within the EJob Plan system, consequently it remains unclear whether the correct officers are reviewing and approving job plans. Further, test and generic details remain in the 'live' system, exposing the system to risk of inaccurate reporting.

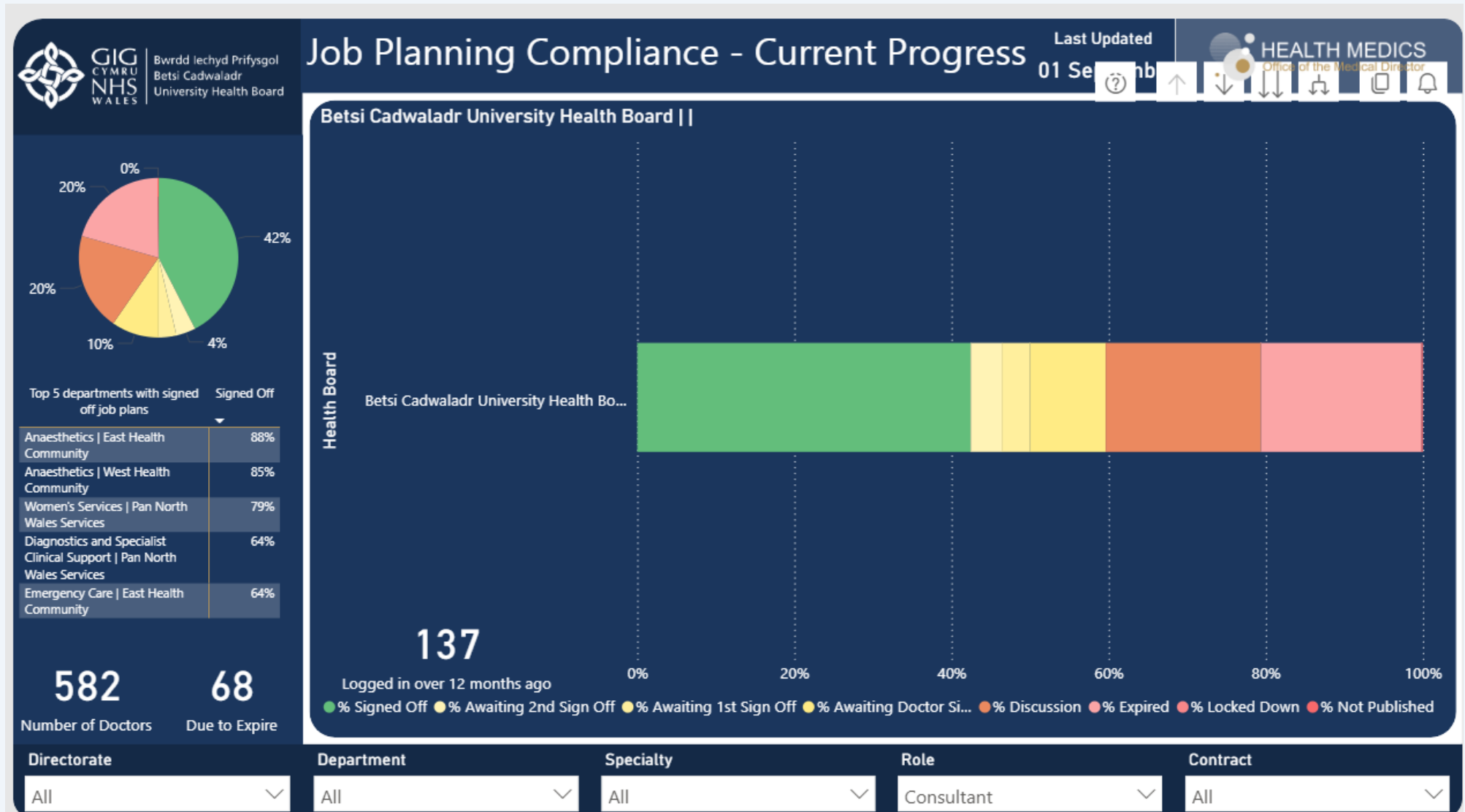
¹ Welsh Government Remit Letter to the NHS Wales Executive 2025-26 – Workforce Productivity reference 6.4 (page 22) performanceandimprovement.nhs.wales/about-us/key-documents/annual-plans-and-remit-letters/welsh-governement-remit-letter-to-the-nhs-executive-2025-26/

- No directorate or specialty service objectives have been recorded or documented, which may affect effective service transformation and ongoing improvement – this represents significant oversight by management and should be embedded in every job plan review.
- Reporting on medical and dental job plan performance is inadequate; whilst recognising the MWG has a specific agenda item, and hyperlinks to the dashboard are shared widely by the Office of the Medical Director’s Job Planning team, there is no evident reporting to the Health Board’s People and Culture Committee or local People & Culture meeting via the respective People Operations Report.

We received a reply to the request for information from Central, East and West IHCs and Women’s Services. Again, we must report that Mental Health and Learning Disabilities, Cancer Services and North Wales Managed Clinical Services did not reply to our request for evidence, required by Standing Financial Instruction 3.2.2.

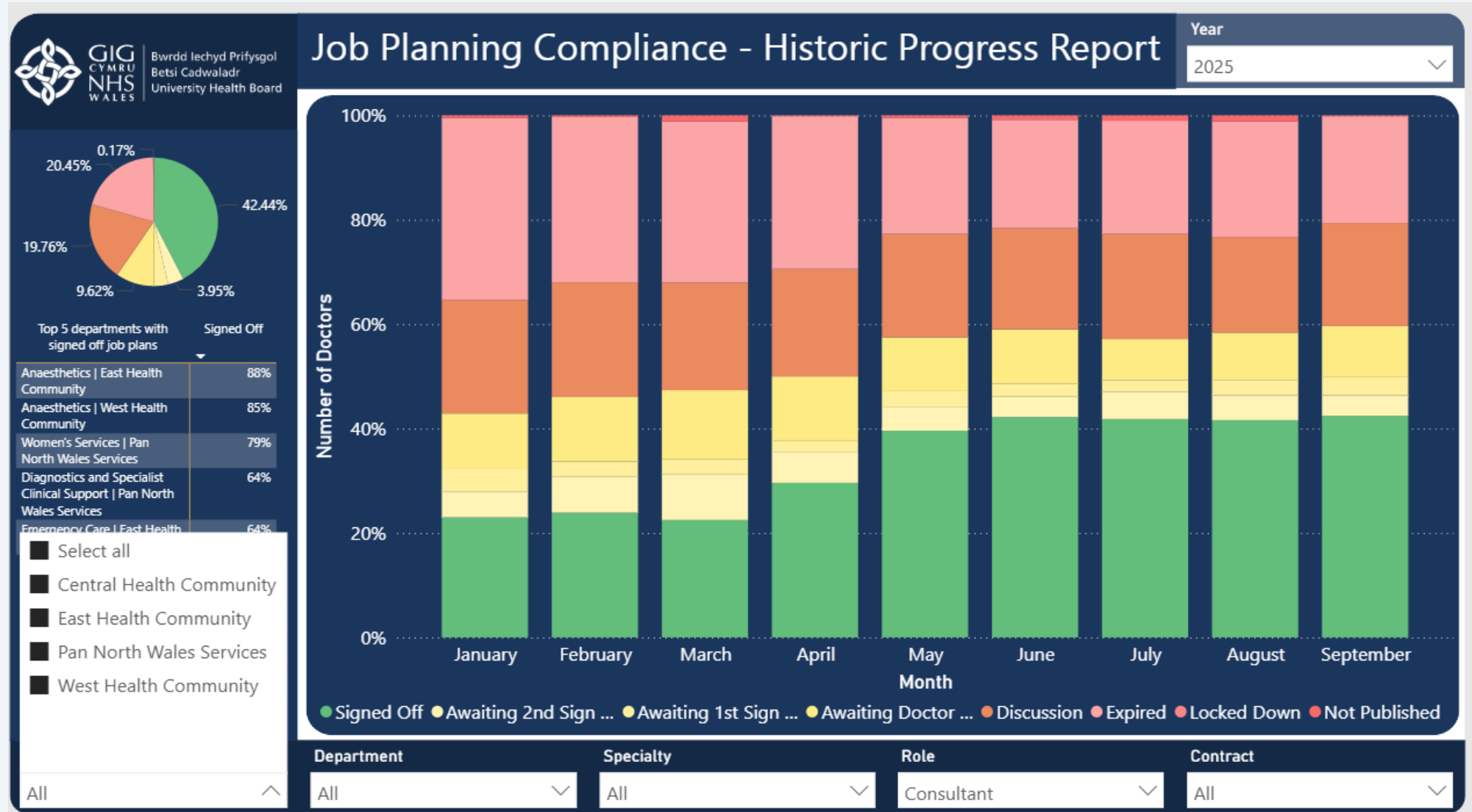
Health Board Consultant Job Plan data - At a Glance

Image 1: Health Board Job Plan dashboard compliance 1 September 2025 – Consultant Role



Source: Health Board Job Plan Progress Dashboard 1 September 2025 16:17 [Job Planning Compliance - Current Progress - Power BI](#)

Image 2: Health Board Job Plan dashboard compliance 1 January to 1 September 2025 – Consultant Role in total and by Service



Source: Health Board Job Plan Progress Dashboard 1 September 2025 16:22 [Job Planning Compliance - Historic Progress - Power BI](#)

Image 3: Health Board Job Plan dashboard compliance 1 January to 1 September 2025 – Consultant Role by Service



Source: Health Board Job Plan Progress Dashboard 1 September 2025 16:22 [Job Planning Compliance - Historic Progress - Power BI](#)

Status of Previously Agreed Recommendation

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
Objective 1: There is relevant and up to date procedures in place that are available to staff and align to the All-Wales guidance.				
1.	<p>Health Board Policy</p> <p>The Health Board has no Policy or Procedure detailing the expectations of both management and Consultant in discussing and agreeing the Job Plan in line with the nationally agreed Consultant Contract. Based on our review, it has not had a comprehensive Policy in place for thirteen years, per the original review undertaken by the former Wales Audit Office in 2011.</p> <p>Limited training is provided to all individuals involved in the job plan process.</p>	<p>Interim Medical Director</p> <p>31 May 2025</p>	<p>High</p>	<p>Current status – Not implemented</p> <p>Finding</p> <p>The Health Board does not have an agreed Policy/Standard Operating Procedure in place to support management, and consultants fulfil expected compliance with the nationally agreed Consultant Contract. This remains a significant gap in internal control.</p> <p>We are advised that the Health Board has not progressed with its own draft policy/procedure as it waited for nationally developed best practice guidance which has not materialised.</p> <p>With no policy or standard operating procedure in place, we recognise the decision not to develop a Health Board wide training needs analysis.</p> <p>We have seen evidence where the Job Planning Specialist undertakes ad-hoc training and note this as good practice.</p> <p>Revised Action, Responsibility and Timescale</p> <p>The final draft of the BCU job planning policy (JPP) (co-authored with LNC / BMA) is to be discussed by Executive Medical Director at JLNC meeting on 14 October 2025. It is anticipated that final approval of the JPP will be secured by December 2025.</p> <p>However, this is a re-iteration of current principles and processes and thus implementation can continue as this goes through final sign off.</p> <p>A training needs analysis has identified 3 core staff groups, with trajectory for completion of training:</p> <p>1. All medical staff in leadership position with operational responsibility will require training against the JPP. Training</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
				<p>to be completed for all within 2 months of JPP approval. Training will be delivered as a series of roadshows, which are planned to be delivered jointly by senior medical leaders and LNC colleagues.</p> <p>2. Operational staff who will be supporting team and individual job plan meetings. These staff will require both training re JPP and the use of Allocate system. Completion of training re JPP within 2 months of sign off. Allocate training 6 months from date of submission of this paper i.e., March 2026</p> <p>3. Medical staff who are required to have annual job plan in place. Training for this staff group will be managed via 2 processes (a) alongside the medical leadership team, anticipated compliance with training will be 60% within 2 months of JPP approval (b) linked to the date of their next job plan for those who have not attended initial 'roadshow' training events. Compliance of above 95% training would be achieved within 1 year of JPP approval dependant on distribution of individual job planning meeting dates.</p> <p>The JPP starts to detail core SPA activity, and possible tariff for additional SPA over core. Expectation is that evidence is provided at job plans for all SPA (and DCC) to secure the SPA payment. Standard of evidence will need to be a focus of training for all staff</p> <p>Compliance is tracked locally by Medical Directors / Clinical Directors and Directorate General Managers (or equivalent). Rates will be monitored via local People and Culture and local workforce groups. At Health Board level compliance will be reported via Medical Workforce Group, highlighting any departments of concern.</p> <p>Executive Medical Director 31 May 2026</p>
3.	EJob Plan First and second sign-off	Interim Medical	High	Current status – Not implemented

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	<p>Through a review of first and second sign off details in the EJob plan system, and verification with the seven clinical directorates / divisions, there were several issues noted with the accuracy of the information on the system. This includes gaps in second approvers, officers no longer in post, and inconsistency with operational management included as either first or second sign off. There was also test data included in the live system.</p>	<p>Director 30 April 2025</p>		<p>Finding</p> <p>There has been no formal review of first and second sign-off within the EJob Plan system. We were advised that Women’s Services have undertaken a review of their sign-off details but have not corroborated this.</p> <p>Our review of the information has again identified test and generic details in the system that compromises data quality. Only the training module should be used for test data to preserve the integrity of the live system.</p> <p>Revised Action, Responsibility and Timescale</p> <p>Process for sign off included in policy, including timeframes for sign off at each stage. The training programs will ensure staff are aware of the process and time to sign off for each stage.</p> <p>A previous ‘distant’ sign off process has been approved by Local Negotiating Committee (LNC) and will continue within the revised JPP. However, Allocate does not currently facilitate ‘distant’ sign off. Health Medics team in discussion to ensure this is possible and that any test data is removed from live system. We currently have not received a timeframe for an upgrade of Allocate to facilitate this process. If Allocate are unable to provide the Health Board will need to find a ‘work around’ which would be in place within 6 months i.e., April 2026.</p> <p>Executive Medical Director 30 April 2026</p>
Objective 2: Job plans accurately reflect both the individual and organisation activity requirements and are completed in a timely manner.				
5.	<p>Job Plan annual review</p> <p>Through our review meetings, we were advised that undertaking the job plan within one month of the incremental date is not something that is actively followed as the system does not capture the data.</p>	<p>Interim Medical Director and Deputy Director of People 30 April 2025</p>	<p>High</p>	<p>Current status – Not implemented</p> <p>Finding</p> <p>Our review of Health Board data as of 1 September 2025 showed overall compliance of 42% (Image 1 above) where job plans have been agreed and signed off.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	<p>The Health Board is not compliant with its responsibility for ensuring annual job plan reviews are undertaken every twelve months and ensuring adequate narrative is completed around additional SPA sessions and place of work.</p>			<p>We have been advised that review dates have not been amended to reflect the individual's incremental date.</p> <p>It remains unclear how the Health Board will meet the 90% target of in-date job plans by 30 September 2025, set by Welsh Government.</p> <p>Revised Action, Responsibility and Timescale</p> <p>All Wales medical T&Cs advise that all relevant staff should have an in date and signed off job plan at least annually, with updated job plans if there is any significant change to the doctors working pattern or responsibility. This is clearly outlined in the draft policy. It will mean that job plans may not align to the doctor's incremental date.</p> <p>It is also anticipated that any change in operational structure recommended by Foundations for the Future cultural review may impact a number of individual job plan reviews.</p> <p>Monitoring via Power BI in place and allows for drill down by team (but not to individual staff level). The Health Board acknowledges that the target of 90% by September 2025 has not been met. This is primarily due to the delay with agreeing a revised JPP. The proposed trajectory for compliance is 50% end Q3, 75% end Q4, >90% by end Q1. This trajectory will be signed off at the Medical Workforce Group 15 October 2025</p> <p>Monitoring of compliance would be as above, via local processes and at HB level at Medical Workforce Group and People and Culture Committee.</p> <p>Executive Medical Director and Deputy Director of People</p> <p>30 October 2025</p>
6.	<p>Directorate/Specialty objectives are explicit</p> <p>There is a generic statement within the Service Outcomes section of job plans "<i>To ensure service and</i></p>	<p>Interim Medical Director 30 April 2025</p>	<p>High</p>	<p>Current status – Not implemented Finding</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	<p><i>job plan aligned to deliver CPG and wider BCU Strategic direction”, (sic). The Service Outcomes section overall was either incomplete or noted “During job plan discussions need to review this”.</i></p> <p>From our review, we are unclear how management are approving job plans without expected service objectives.</p> <p>We note different approaches taken in agreeing team objectives where colleagues collectively agree on the service requirements and then meet individually as part of the job plan approach to agree individual objectives. These should be SMART and recorded in the system.</p>			<p>We reviewed a sample of one job plan from the three Integrated Health Communities and the four pan North Wales clinical directorates. We found four (57%) were in-date and current, however none had any directorate or specialty service objectives recorded.</p> <p>Revised Action, Responsibility and Timescale</p> <p>The draft JPP outlines importance of service demand / capacity discussion <i>prior</i> to an individual job plan timetabling meeting. This will identify service priorities to align at job plan meeting. Individuals PDP from appraisals will inform service and personal priorities and objective for the coming year.</p> <p>The need for service priorities to be clearly articulated and aligned within individual job plans will be a core expectation for the training program and roadshows. Compliance with this element will need to be monitored via a quality assurance process which is beyond current capability of PowerBI monitoring. A sustainable automated solution will be in place within 6 months <i>if DDaT colleagues have the capacity to prioritise this work</i></p> <p>It is anticipated that implementation of any operational structure following Foundations for the Future review may impact on a need to review service priorities and alignments.</p> <p>Executive Medical Director 30 April 2026</p>
<p>Objective 3: Job plans include outcomes that are linked to the Health Board’s organisational objectives, and the level of achievement is subject to appropriate assessment.</p>				
7.	<p>Evidencing achievement of the Board objectives</p> <p>Whilst there were strategic goals detailed in the Board Outcomes section of the job plan, they did not reflect the current strategic objectives, and there were no</p>	<p>Interim Medical Director 30 April 2025</p>	<p>High</p>	<p>Current status – Implemented Finding</p> <p>The review of the seven job plans confirmed that all had the current Health Board objectives recorded. In addition,</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
	measurable outcomes agreed from which it could be evidenced as being worked to/achieved.			we found that three included Ministerial Priorities, with two also recoding the Values and Behaviours Framework.
Objective 4: Completed job plans reconcile to system records and session payments are correct.				
8.	<p>Regular review of payments to agreed job plan commitments</p> <p>We identified six (27%) of the twenty-two job plans with a variance between the sessions paid and that recorded on the job plan.</p> <p>We also found a variance in Intensity Band payments and are unclear whether these payments are subject to annual review or simply roll-over.</p> <p>The payment of only whole sessions could adversely impact the Health Board to deliver against its waiting lists as this does not always reflect the agreed job plan.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Not implemented</p> <p>Finding</p> <p>The Medical Dental and Elements pay report has not been developed for use across the Health Board.</p> <p>We have been advised a dashboard has been produced in conjunction with the Office of the Medical Director (OMD), Surgical IHC West, Finance and People Services. We are advised a meeting was held on 19 August 2025 with a further meeting scheduled for 25 September 2025 but have not corroborated this or requested sight of the draft dashboard.</p> <p>Revised Action, Responsibility and Timescale</p> <p>Allocate is now linked to ESR to ensure sessions agreed reflect payment. An SOP to ensure implemented will be linked to policy and will be in place by December 2025.</p> <p>Deputy Director of People</p> <p>31 December 2025</p>
Objective 5: The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.				
10.	<p>Medical and Dental Job Plan reporting</p> <p>There is inadequate reporting of medical and dental job plan performance, across the Health Board from operational management to the Executive and associated scrutiny meetings up to Committee for assurance.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	High	<p>Current status – Partially implemented</p> <p>Finding</p> <p>The OMD Job Planning team send out a monthly <i>Job Planning Compliance</i> email that includes a link for the job planning dashboard to a pre-determined circulation. We are unclear whether this circulation captures all relevant leads with responsibility/accountability for job plan compliance.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
				<p>We contacted the seven clinical service Directors to obtain details of their People and Culture meeting or to confirm where job plan performance and assurance was discussed.</p> <p>We received a reply for Centre, East and West IHCs and Women’s Services but received no reply from Mental Health and Learning Disabilities, North Wales Managed Clinical Services or Cancer Services.</p> <p>We noted limited assurance reporting at a local level within IHC West on job planning. The West IHC Medical Director (Chair of the MWG) provided evidence of follow-up compliance with job plan completion to West operational leads.</p> <p>Women’s Services hold monthly Centre, East and West Accountability Meetings where we noted job planning as an agenda item. We also noted a standing agenda item on the Clinical Directors bi-monthly meeting.</p> <p>Through our review of operational People and Culture meetings provided to us, we were unable to find any reference in the People Operations Report or any specific reporting on consultant job plan performance.</p> <p>Revised Action, Responsibility and Timescale</p> <p>Monthly compliance figures are circulated to operational teams and the divisional and IHC medical leaders. It is tracked at Medical Workforce Group at Health Board Level.</p> <p>A compliance escalation and dissemination pathway will be in presented for sign off at November’s Medical Workforce Group to ensure clarity on information sharing and scrutiny. An assurance mechanism will be in place by the end of Quarter 4</p> <p>Real time data is accessible via Allocate. How to access will form part of the Allocate ‘how to’ training.</p> <p>Deputy Director of People 31 March 2026</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
11.	<p>Medical Workforce Group & People & Culture Executive Delivery Group (EDG)</p> <p>The Medical Workforce Group (MWG) has responsibility in its Terms of Reference that it "...will receive regular reports (on job plans) as per its Cycle of Business" but we have been unable to verify they have actually received any reports for assurance recently.</p> <p>Of the ten MWG meetings scheduled to take place this calendar year, only three have taken place (April, June and September 2024).</p> <p>The MWG provides assurance to the People & Culture EDG although we have been advised this meeting has similarly not been taking place, exposing an operational gap in control and assurance across the Health Board.</p>	<p>Deputy Director of People</p> <p>30 April 2025</p>	<p>High</p>	<p>Current status – Not implemented</p> <p>Finding</p> <p>There is no evident reporting on consultant job plan performance to the Health Board’s People and Culture Committee through the People Operations Report. We note a verbal update was provided to the Committee by the Interim Executive Medical Director at the 14 August 2025 meeting (Agenda Item PC25/82).</p> <p>The People & Culture Executive Delivery Group is still yet to be re-established. Consequently, assurance reporting from the Medical Workforce Group is not subject to any scrutiny or assurance to the Executive Committee and/or the Health Board People & Culture Committee.</p> <p>The Medical Workforce Group (MWG) is meeting regularly although we note its Terms of Reference require review as there has been a change in Chair that has not been reflected. A review of minutes has identified regular discussion on job plan performance. Of the minutes viewed, we noted the June 2025 meeting recorded "action...to recirculate the Power BI link to ensure all members could access and monitor their compliance data.". We note in July and August 2025 meetings a focus on the Welsh Government set target of 90% completed job plans by 30 September 2025 with the draft August 2025 minutes noting "Current compliance was reported to be significantly below this target, prompting concern and a renewed focus on improvement."</p> <p>Revised Action, Responsibility and Timescale</p> <p>Medical Workforce Group (MWG) is now chaired by an experienced medical leader who has developed Health Board Job Planning Policy in collaboration with LNC. It is the place where relevant care groups are held to account and where implementation of JP policy and relevant procedures will be monitored.</p>

Ref	Key Finding	Original Responsibility & Timescale	Priority Rating	Appropriate Progress, Adequate Evidence & Actions address issues highlighted.
				<p>MWG will report to People and Culture Executive Delivery Group and thus to People and Culture Committee</p> <p>Deputy Director of People</p> <p>31 October 2025</p>

Appendix A

Assurance Opinion

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

Prioritisation of Findings

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

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



Disclaimer

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

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

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

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

Public Sector Internal Audit Standards

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





Teitl adroddiad: Report title:	On-Call Arrangements - Final Internal Audit Report June 2022 – Progress Report			
Adrodd i: Report to:	People & Culture Committee			
Dyddiad y Cyfarfod: Date of Meeting	Thursday 4 th December 2025			
Crynodeb Gweithredol: Executive Summary:	This paper is to inform the Committee of the current position in relation to the actions within the 2022 Internal Audit report for on-call arrangements within the Health Board.			
Argymhellion: Recommendations:	The Committee is asked to note the proposed position against actions.			
Arweinydd Gweithredol: Executive Lead:	Jane Moore, Executive Director of Public Health Tehmeena Ajmal, Chief Operating Officer			
Awdur yr Adroddiad: Report Author:	NWSSP Audit and Assurance Services			
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 <i>Significant</i> <input type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input checked="" type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <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:				
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:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Objective 1: Building an effective organisation Objective 3: Compassionate Leadership and Organisational Development			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Consider our duties under the Health and Safety At Work Act etc 1974 and the Working Time Regulations 1998			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?				
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?				

<i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	N/A at this time
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	N/A at this time
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	N/A at this time
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	As above the report has been considered at the Audit Committee, and previously shared at People and Culture Group for noting in April 2024.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
Camau Nesaf: Gweithredu argymhellion <i>Next Steps:</i> <i>For noting and further discussion</i>	
Rhestr o Atodiadau: Dim <i>List of Appendices:</i> None	

On-call arrangements, Final Internal Audit Report June 2022

The Health Board received the above audit report in 2022, linked to on-call arrangements for Bronze, Silver, Gold and System Lead rotas. There were five assurance objectives:

1. On-call arrangements across the Health Board – Limited assurance
2. Rota compilation and sustainability – Limited assurance
3. Compensatory rest – Limited assurance
4. On-call payment arrangement – Substantial assurance
5. Training – Limited assurance

In addition in 2024 a collective resolution concern was submitted by Silver on-call colleagues, which also included issues linked to the assurance objectives above. The Executive Director of Nursing, Angela Wood, Chaired the respect and resolution concern, which has now concluded and concerns were upheld.

Work is currently ongoing within the Health Board to review the Silver on-call and numbers of participants on the rota. This work will address both the respect and resolution concerns and the audit recommendations.

Updates on each of the audit action areas are as follows:

1. On-call arrangements across the Health Board

Due to immediate need and in order to increase the numbers of participants on the Silver on-call rota, a review of all posts band 8c and above have taken place by IHC / Division / Directorate Managers.

Managers were to identify other posts that could be considered for participation on the rota, and this did improve rota fill this also includes posts in corporate departments. This will form the foundation for a potential organisational change process to move colleagues on to the rota by identifying those who will be in scope. There is also a focus on Health Board wide consistency of posts on the rota.

As of the 25th November there are currently 31 on the on call silver rota, of these, 5 are exempt due to illness or other matters, 3 have recently volunteered and are undergoing a period of training and shadowing to increase competency prior to joining the rota. In addition, 13 individuals across corporate teams, Public Health, Transformation & Improvement, COO and Nursing Directorate have been identified as being in a banding or role of sufficient seniority and experience to partake in the on-call rota. In order to address the risk of insufficient silver on-call rota fill, Executive Directors with identified direct reports have been approached in order to make request of the 13 colleagues to partake on a voluntary basis on the silver on call rota and following a period of training, guidance and shadowing.

This will continue to be reviewed and amended as part of the Foundations for the Future work as the new Operating Model is established.

A draft on-call policy has been formulated to provide structure, advice, assurance, details of training support and clarity of processes for all involved in on call. The policy will be circulated more widely for review and comment over the coming weeks.

Work continues with Operational, Workforce and Emergency Preparedness, Resilience and Response (EPRR) colleagues working collectively and collaboratively to support this area.

In addition to the Silver on-call review, there will also be a review of Bronze on-call rota to consider whether any managers need to swap rotas i.e. from bronze to silver, due to their banding to ensure consistency on each rota. This is likely to happen as part of Foundations for the Future and is therefore in the meantime being managed locally.

2. Rota compilation and sustainability

This links to and is addressed by the above point.

Within the draft on-call policy there are details about how colleagues join and leave the rota so that this is managed centrally and does not allow numbers to drop below an agreed number of participants.

That there are agreed bandings of participants on each rota for consistency, for example bands 8a and 8b to join Bronze on call and 8c and above to join Silver

Work linked to Foundations for the Future will also ensure that posts identified as needing to participate in on call have it detailed within their job description.

3. Compensatory rest

In December 2024, Angela Wood issued a communication on to all managers on the Bronze and Silver on-call rotas to remind them of the need to ensure that they factor into their diaries compensatory rest after an on-call. The need for compliance with the Working Time Regulations was also included in the communication.

As the rota reviews continue, this will be an ongoing discussion to ensure compensatory rest is taken by managers

4. On-call payment arrangement

This is linked to the All Wales Agenda for Change terms and conditions of service in terms of payments made. It is not possible to make changes to this sessional amount that is paid.

However, the On Call policy will provide clarity where payments for “work done” may be appropriate to ensure consistency across the Health Board.

5. Training

EPRR colleagues provide training on an ongoing basis to support managers identified to participate in the management on call rotas, to ensure that they feel supported and confident when undertaking on call.

The training provided includes but not limited to:

- On line NHS Wales - Introduction to Emergencies ESR Module.

- EPRR Preparing for Emergencies, which is aimed at Bronze/Silver and Gold on call, although these sessions have also been rolled out to Clinical Site Managers (CSMs) and Loggists.
- There is access to external JESIP¹ Operational, JESIP Tactical, Tactical Command Training and all Wales Gold via the North Wales Local Resilience Forum. To which BCUHB colleagues have all allocated spaces on regional courses taken.

Of those colleagues identified to attend the training, 171 (71%) have attended. An additional 4 EPRR Preparing For Emergencies On Call training sessions have been arranged for September and October 2025. Additional dates will be available to support those newly identified.

Monthly drop in sessions for on call managers to provide advice, learning and information sharing are also now established and well attended. Feedback in general for the training and support provided has been positive.

6. Timeline for actions being completed:

Action	Date	December update
Completion of the on-call policy (BCUHB)	October 2025	Policy draft format and awaiting confirmation of governance route.
Rota review for Bronze/Silver and Gold	November – December 2025	Delayed whilst awaiting outcome of foundation of the future review.
Depository for all on call staff to access (Handbook/Processes/Updates)	September 2025	Completed and live on teams with all staff able to access it, and new staff once training has been completed will have access.



Teitl adroddiad: <i>Report title:</i>	Board Assurance Framework			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 04 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.</p> <p>No actions are currently due.</p> <p>The Risk Scrutiny Group holds a deep dive on each BAF risk monthly for oversight with BAF24-04 'Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability' due for deep dive in February 2026.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> To receive and consider the contents and assurance rating of the Board Assurance Framework. 			
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>	<p>I'w Nodi <i>For Noting</i></p> <input type="checkbox"/>	<p>I Benderfynu arno <i>For Decision</i></p> <input checked="" type="checkbox"/>	<p>Am sicrwydd <i>For Assurance</i></p> <input type="checkbox"/>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <input type="checkbox"/> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <input checked="" type="checkbox"/> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <input type="checkbox"/> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <input type="checkbox"/> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<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: N/A</i></p>				



Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Detailed in the BAF report and how the CRR aligns to the revised BAF
Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	It is essential that the Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	Not applicable for this report
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	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) <i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i>	Board Assurance Framework paper
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	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 <i>Workforce implications as a result of implementing the recommendations</i>	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	<p>Risk Scrutiny Group reviewed full BAF on the 11/11/2025</p> <p>The Risk Scrutiny Group held a deep dive on the 'Inadequate Capital Investment to Support Organisational Change' risk. Suggested updates on the controls and actions are yet to be completed and will be completed prior to next iteration.</p> <p>BAF24-04 'Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability' due for deep dive at the Risk Scrutiny Group in February 2026.</p>
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)	Board Assurance Framework risks linked to corporate risks

<p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	<p>Not applicable for this report</p>
<p>Camau Nesaf:</p> <p>Next Steps:</p> <ol style="list-style-type: none"> 1. The actions within the BAF will all be reviewed inline with the final version of the Strategic Plans to ensure full alignment. 2. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Committee, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework. 	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Appendix 1 – Board Assurance Framework</p>	



Board Assurance Framework





Board Assurance Framework Report

Purpose

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

The purpose of this BAF is threefold:

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

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

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

Introduction

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

What is Assurance in Relation to Board Assurance Risks?

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

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

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

Proposal from the Executive Committee

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

Rationale for Proposed Rating

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

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

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

Recommendation

The Committee is asked to **review** the assurance rating of **Limited Assurance** for each risk on the Board Assurance Framework. These ratings will be presented to the Board.

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

Next Steps

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

The key elements of the BAF are:

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

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

Key to lead committee assurance ratings:



Substantial Assurance

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



Reasonable Assurance

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



Limited Assurance

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



Unsatisfactory Assurance

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

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

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive SRO	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	22/10/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	21/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainability	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	01/10/2025	5x 4= 20 Above Tolerance	5x 4= 20	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Interim Executive Director of People Services and OD	People & Culture	20/10/2024	03/11/2025	4x 4= 16 Above Tolerance	4x 4= 16	4x 2= 8
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	Planning, Population Health & Partnership	20/10/2024	21/10/2025	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnership	20/10/2024	03/11/2025	5x 4= 20 Above Tolerance	5x 4= 20	5x 2= 10

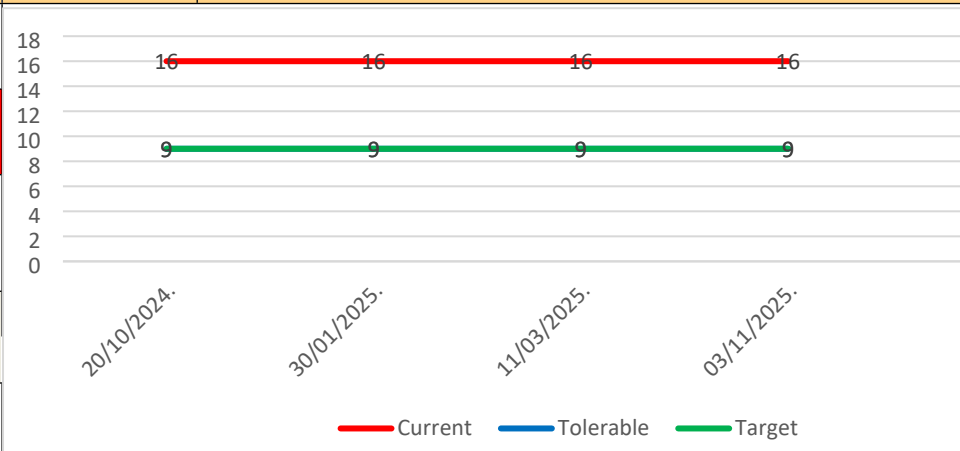
Board Assurance Framework (BAF): November 2025

BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	30/10/2025	4x 4= 16 Above Tolerance	4x 4= 16	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Medical Director & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	29/10/2025	4x 3= 12	4x 3= 12	4x 2= 8


3: Creating compassionate culture, leadership and engagement

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

Principal risk (what could prevent us achieving this strategic objective)	BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			Strategic objective	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee		Risk type	Quality	
Risk Lead	Interim Executive Director of People Services and OD		Risk appetite	Open <15 Above Tolerance	
Related Corporate Risks:	CRR25-02, Future Demand & Sustainable Workforce; CRR25-07, Leadership and Operating Model				
Risk rating					
	Current exposure	Target	Review Dates		
Consequence	4	4	Initial date of assessment	20/10/2024	
Likelihood	4	2	Last reviewed by Committee:	14/08/2025	
Risk rating	16	8	Last updated by Executive:	03/11/2025	



Date	Current	Tolerable	Target
20/10/2024	16	15	9
30/01/2025	16	15	9
11/03/2025	16	15	9
03/11/2025	16	15	9

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



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, 04 December 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The objective of this report is to provide the Committee with an update on a range of key Corporate Governance matters as well as providing assurance.			
Argymhellion: <i>Recommendations:</i>	Members are asked to: <ul style="list-style-type: none"> • NOTE the summary of business considered in private session to be reported in public • NOTE the Forward Workplan 			
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 existing</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</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>mechanisms / objectives</i>	<i>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>Failure to have effective Corporate Governance can impact adversely on the workforce.</p>	

Workforce implications as a result of implementing the recommendations	
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) Links to Strategic Risks: (Board Assurance Framework or Corporate Risk Register)	BAF24-01 Building an Effective and Accountable Organisation – Score: 16
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) Reason for submission of report to confidential board (where relevant)	Not applicable
Next Steps:	
<ul style="list-style-type: none"> To continue to improve and report on Corporate Governance 	
List of Appendices:	
Appendix 1: The People and Culture Committee Forward Workplan	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

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

2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE

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.

The below items were considered in private at the meeting held on 16 October 2025:

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

3. COMMITTEE FORWARD WORKPLAN

The Forward Workplan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the matters considered in Private at the 16 October 2025 meeting.
- **NOTE** The Committee Forward Workplan.

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
27.03.25	Action from Board 25/56.1	Health Board	Request from Chair's Assurance Report from QSE Committee	People and Culture Committee to review the All-Wales Anti Sexual Harassment policy. GR and DJ agreed this should be a paper explaining the legislation and our duty including what steps have we taken and what more we need to do.	Ceri Harris	Georgina Roberts	Feb 26	GR confirming with Ceri Harris whether this will be ready for Feb 26 meeting.
27.03.25	Action from Board 25/54.1 Action from P&C Committee PC25/106.1	Health Board P&C Committee	Equality Annual Report Workforce Race Equality Standard (WRES) Report	P & C to discuss the equality agenda in further detail and report back to the Board. The Strategic Equality Plan to come back to a future meeting to highlight progress and provide assurance that the issues and themes raised are being addressed.	Ceri Harris	Georgina Roberts	Feb 26	GR and DJ agreed to keep on the forward workplan with a 6 monthly update on progress. Both actions align to the Equality Plan.
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.	Katie Sargent	Georgina Roberts	April 26	GR and DJ agreed to move this to April 26 and will be the focus for the Staff Story, this needs to report back to the Board.
20.01.25	Suggestion from Pam via email 20.01.25	Pam Wenger	Final Internal Audit Report on Consultant Job Planning Sree gave a presentation at the August meeting and an update on the Consultant Job Planning Report is going to the Dec meeting	This is going to Feb meeting for info and Pam suggested a substantive update to the June meeting.	Nick Graham Clara Day	Pam Wenger Jason Brannan	04.12.25	CLOSED Clara Day is presenting a paper to the meeting in Dec 25.
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	CLOSED Checked with NG, this is covered in the People Ops report
14.01.25	Action PC24/100.1 from P&C Committee on 19.12.24 See email from GQ 08.07.25 to move this forward to Oct 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	16.10.25	CLOSED Went to Comm 1610.25 for discussion
20.03.25	Suggestion from Georgina Roberts at agenda setting	Email from Gill Querci 20.03.25	Social Partnership and Public Procurement Act	Verbal update with a full paper to be received at the June meeting.	Kay Hannigan	Georgina Roberts Jason Brannan	14.08.25	CLOSED

			Russ Caldicott suggested this is put forward for the August meeting.					Went to Comm 14.08.25
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	CLOSED A deep dive into sickness went to Comm 14.08.25
07.11.24	Discussion at P&C agenda setting meeting and Action from Board 24/203	Committee / Health Board	Welsh Language	Focus for April meeting - Strategic approach – position paper on compliance focussing on the three IHCs. Possible focus for August meeting - P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate the use of Welsh language. How are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare	Teresa Owen	Teresa Owen	16.10.25	CLOSED This align to item 3 on the CoB
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	CLOSED This links to item 1C on the CoB
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	CLOSED CS to provide regular verbal update
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
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 (MHL, CAMHS and elsewhere) – presentation from CAMHS Strategy Improvement & Development Group	Louise Bell Steve Riley Nick Graham	Jason Brannan	TBC	CLOSED Tehmeena taking forward