Bundle BCU Local Partnership Forum 3 November 2026

Agenda attachments

LPF Short Agenda 3.11.26 v1.0

1 PRELIMINARY MATTERS

1.1 13:00 - L26.43 Welcome and apologies

1.2 L26.44 Declarations of Interest

1.3 13:01 - L26.45 LPF Unconfirmed Minutes 05.05.26

L26.45.1 LPF Unconfirmed Minutes 05.05.26 v0.1

1.4 13:03 - L26.46 LPF Action Log

L26.46.1 LPF Action Log - updated 27.10.26

1.5 L26.47 Staff Story - Speaking up with Confidence

L26.47.1 LPF Staff Story Coversheet - Speaking up with Confidence

L26.47.2 LPF Staff Story - Speaking up with Confidence

2 LEAD ITEMS

2.1 13:05 - L26.48 Healthcare Inspectorate Wales Inspection - Ysbyty Glan Clwyd, May 2026

L26.48.1 LPF Committee - Healthcare Inspectorate Wales Inspection (YGC)

2.2 13:35 - L26.49 Health Scientist Annual Report 2025-26

L26.49.1 Healthcare Science First Annual Report. 11.06.26. TO.HH

L26.49.2 Annual Review of the Health Science Professions 2025

2.3 13:55 - L26.50 Well Led Review - Verbal Update

3 ROUTINE REPORTING

3.1 14:15 - L26.51 People Services and Organisational Development Directorate Overview Report

L26.51.1 People Services and Organisational Development (OD) Directorate Overview Report

L26.51.2 Appendix 1 Progress from Discovery to Delivery

L26.51.3 Appendix 2 - Our Culture Change Journey HEIW case study

3.2 14:35 - L26.52 Items from Trade Union Partners / Escalations - Verbal

3.3 14:55 - L26.53 Staff Wellbeing Support Service (SWSS) Annual Report 202526

L26.53.2 Speak Up Safely Service Update Report

4 FOR INFORMATION

4.1 L26.54 Minutes from the People and Culture Committee 13.08.26 (Public) v1.0

L26.54.1 Confirmed Minutes from P&C Committee 13.08.26 V1.0 (Public)

4.2 L26.55 Integrated Quality Report - September 2026

L26.55.1 Integrated Quality Report to Board, Sept 2026 Coversheet

L26.55.2 Integrated Quality Report, Sept 2026

4.3 L26.56 All Wales Partnership Forum Minutes, 18 March 2026
L26.56.1 All Wales Partnership Forum - 18.3.26 Minutes

4.4 L26.57 Chief Executive Officer's Report to Board, September 2026
L26.57.1 CEO Report to Board September 2026

5 CLOSING BUSINESS

5.1 15:10 - L26.58 Agree Items to be Referred to Board and/or other Committees

5.2 15:11 - L26.59 Agree Items for Chair's Assurance Report / AAA Report

5.3 15:12 - L26.60 Review of Meeting Effectiveness

5.4 Date of Next Meeting

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Agenda Confidential BCU Local Partnership Forum

Date	03/12/2026
Time	13:00 - 15:17
Location	Virtual Microsoft Teams
Chair	Teresa Owen
Secretary	Fiona Lewis

1	**PRELIMINARY MATTERS**
1.1 13:00	**L26.43 Welcome and apologies** *Teresa Owen, Chair*
1.2	**L26.44 Declarations of Interest** *Teresa Owen, Chair*
1.3 13:01	**L26.45 LPF Unconfirmed Minutes 05.05.26** *Teresa Owen, Chair*
1.4 13:03	**L26.46 LPF Action Log** *Teresa Owen, Chair*
1.5	**L26.47 Staff Story - Speaking up with Confidence** *Katie Sargent, Head of Employee Experience and Engagement*
2	**LEAD ITEMS**
2.1 13:05	**L26.48 Healthcare Inspectorate Wales Inspection - Ysbyty Glan Clwyd, May 2026** *Naomi Holder, Interim Deputy Executive Director of Nursing*
2.2 13:35	**L26.49 Health Scientist Annual Report 2025-26** *Helen Hughes, Assistant Director of Allied Health Professionals & Health Science*
2.3 13:55	**L26.50 Well Led Review - Verbal Update** *Pam Wenger, Director of Corporate Governance*

3	**ROUTINE REPORTING**
3.1 14:15	**L26.51 People Services and Organisational Development Directorate Overview Report** *Debbie Eyitayo, Executive Director of People Services and Organisational Development*
3.2 14:35	**L26.52 Items from Trade Union Partners / Escalations - Verbal** *Jan Tomlinson, Co-Chair*
3.3 14:55	**L26.53 Staff Wellbeing Support Service (SWSS) Annual Report 202526** *David Maslen-Jones, Assistant Director of Occupational Health, Safety and Security*
4	**FOR INFORMATION**
4.1	**L26.54 Minutes from the People and Culture Committee 13.08.26 (Public) v1.0**
4.2	**L26.55 Integrated Quality Report - September 2026**
4.3	**L26.56 All Wales Partnership Forum Minutes, 18 March 2026**
4.4	**L26.57 Chief Executive Officer's Report to Board, September 2026**
5	**CLOSING BUSINESS**
5.1 15:10	**L26.58 Agree Items to be Referred to Board and/or other Committees** *Teresa Owen, Chair*
5.2 15:11	**L26.59 Agree Items for Chair's Assurance Report / AAA Report** *Teresa Owen, Chair*
5.3 15:12	**L26.60 Review of Meeting Effectiveness** *Teresa Owen, Chair*
5.4	**Date of Next Meeting** *13.00hrs, 3rd November 2026*

Betsi Cadwaladr University Health Board (BCUHB)
UNCONFIRMED Minutes of the Local Partnership Forum
held on 5 May 2026
via Teams

Present	
Name	**Title**
Jan Tomlinson	Unison, LPF Chair
Dyfed Edwards	BCUHB Chair
Andrea Orme	Associate Director For People – Pan BCU
Billy Nichols	Independent Member
Catherine Jones	RCN Steward/H&S Representative
David Maslen-Jones	Asst Director of Occupational Health, Safety and Security
Debbie Eyitayo	Executive Director of Workforce & Organisational Development
Emma Lea	Assistant Director Corporate Planning (Interim)
Ffion Pursglove	Pharmacy & Medicines Management
Helen Roberts	Facilities
Jackie Hughes	Society of Radiographers
Katie Sargent	Head of Employee Engagement and Experience
Kay Hannigan	Associate Director People Services (Central)
Linda Pritchard	Staff Nurse, RNMH
Michelle Hughes-Davenport	Associate Director People Services (West)
Nia Thomas	Head Of Organisational Development (West)
Paul Andrew	IHC director of Operations (West)
Rebecca Testa	Head of Organisational Development (Central)
Richard Tanswell	Unison
Russell Caldicott	Executive Director of Finance
Sharon Cawdell	Unison
Sarah Blackshaw	Strategic Lead for Staff Wellbeing and Support, Workforce and Organisational Development
Stuart Keen	Director of Environment and Estates
Susan Williams	CAMHS
Vivienne Nelson	Unison
Meeting support	
Fiona Lewis	Minute Taker

PRELIMINARY MATTERS
L26.21 Welcome and Apologies The Chair welcomed all to the meeting. Apologies were received from: Clara Day, Carys Love, Alison Kemp, Carol Shillabeer, Amanda Chesworth, Alison Pawley, Alison Tardivel, Andrea Hughes, Denise Roberts, Gareth Evans (WOD), Jason Brannan, Julia Clayton, Vic Peach, Toni Wood, Justine Parry,

Michelle Hughes-Devonport, David Barber, and Georgina Roberts.

L26.22 Declarations of Interest

None to note.

L26.23 Unconfirmed Minutes of the Meeting held on 2 February 2026

Some minor grammatical errors were noted. These will be shared for correction outside of the meeting on email, and the previous minutes amended as required.

It was agreed that subject to the required amendements, the minutes of the meeting held on 2 February 2026 were a true and accurate record.

L26.24 Matters Arising & Action Log

Members received the action log and noted progress against the actions.

It was resolved that the Forum:

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

L26.25 Staff Story – Promoting Sexual Safety in the Health Board

Katie Sargent, Head of Employee Engagement and Experience, presented an anonymous staff story about sexual harassment, highlighting power dynamics and the need for bystander intervention.

A discussion took place regarding:

- empowering staff to speak up
- sharing stories with senior clinical groups
- promoting active bystander training
- staff abuse from the public.

ACTION:

- **L26.25.1** Debbie Eyitayo and Stuart Keen to consider preventative actions to help avoid staff abuse.

The Forum **NOTED** the report.

LEAD ITEMS

L26.26 Three Year Culture, Leadership and Engagement Improvement Plan.

Nia Thomas, Head of Culture Development, discussed the Plan and highlighted the Plan's objectives and risks and the need for continued trade union collaboration

A discussion took place regarding the feedback received on the PADR pilot, where it was noted that the toolkit was comprehensive but required streamlining and that there was an issue of multiple appraisals for prescribers. It was confirmed that this had already been

identified in the initial evaluation of the survey, and it was confirmed that work was taking place on appendices to streamline the process.

The Forum:

- **NOTED** the report

L26.27 Staff Survey Report 2025

Katie Sargent, Head of Employee Engagement and Experience, discussed the Staff Survey results, noting the following:

- 25% response rate to the survey, up from 17% in 2024, with apathy and the feeling that nothing will change, being cited as the main reasons for not completing the survey.
- Mixed feedback – both good and bad.
- Positive team support however concerns about leadership disconnect, wellbeing, bullying, and workload

It was noted that many of the emerging themes from the survey had been exposed through other feedback mechanisms, including the Foundations for the Future discovery and design phase focus groups. And therefore were being addressed through major change programmes including Foundations for the Future as well as through the Culture, Leadership and Engagement Improvement Plan 2026-28.

Dyfed Edwards and Debbie Eyitayo emphasised the need to show that the Health Board acts on feedback and to promote a positive culture by focussing on the positives and not the negatives.

The Forum

- **NOTED AND DISCUSSED** the results of the NHS Wales Staff Survey 2025
- **SUPPORTED** the planned next steps.

L26.28 Foundations for the Future Presentation

In the absence of Georgina Roberts to present her report, Debbie Eyitayo, noted ongoing engagement and review of structure;

Jackie Hughes requested that trade union be granted access to current structure for their input. The Chair and Billy Nichols confirmed upcoming meetings to address this and would ensure that Jackie Hughes would be invited to them

ACTION:

- **L26.28.1** Jan Tomlinson to forward invitations to Jackie Hughes to meetings where current structures will be discussed.

The Forum

- **NOTED** the report.

ROUTINE REPORTING

L26.29 Peoples Services and Organisational Development Directorate Overview Report

Debbie Eyitayo, Executive Director of People Services and Organisational Development summarised the report and was supported by:

- **Andrea Orme** who focussed on employee relations, focusing on compassionate, restorative approaches and informal resolution. She questioned the competency of some managers to have difficult discussions with staff however training and support is there to help guide them through the process.
- **Kay Hannigan** discussed chronic illness impact and the upcoming Social Partnership Annual Report.
- **Katie Sargent** announced that they had received 533 staff achievement award nominations and noted that once these had been shortlisted, details would be circulated. Jackie Hughes asked if a piece of work could be undertaken to discover if evidence from the Staff Survey, the Speak out Safely and employment cases could be triangulated to see if these support each other's findings. Katie Sargent confirmed that work on this had just started and already certain parallels with were becoming apparent.
- **Nia Harris** noted the "Ripple Effect" training for team respect, civility and morale.

The Forum:

- **NOTED** the report

L26.30 Items from Trade Union Partners / Escalations

- Chair thanked Kay Hannigan for organising the meeting about facility time as representatives had been experiencing burnout due to release issues.
- Jackie Hughes updated Members concerning the work that continues and progress is being made towards CPD time allocation resolution issues.

L26.31 Finance Report

Russell Caldicott, Executive Finance Director presented his report noting:

- the reported £17.3m deficit, which is lower than other Welsh health boards, with strong financial controls and savings delivered.
- Ongoing financial pressures and the need for a recovery plan, and focus on sustainable service models and to focus of sustainable strong financial controls
- Dyfed Edwards and Jackie Hughes stressed compassionate leadership and avoiding transactional focus in cost-saving measures.
- Susan Williams raised concerns regarding the use of agency staff and workforce planning; Dyfed Edwards and Russell Caldicott agreed to review agency/bank staffing models.

ACTION:

- **L26.31.1** Dyfed Edwards and Russell Caldicott agreed to revisit agency/bank staffing models and report back to Members

The Forum

- **NOTED** the report.

L26.32 Intermediate Medium Term Plan (IMTP) Update

Emma Lea, Interim Assistant Director Corporate Planning, presented the Annual Plan noting that due to the deficit it could not be termed a balanced IMTP. She focussed on special measues de-escalation and partnership working, both within the Health Board and with its external stakeholders.

Emma Lea reflected on the planning journey that the organisation had been on since going into Special Measures, noting that the Health Board was using the constructive criticism and feedback to develop its planning strategies.

Billy Nichols and Russell Caldicott discussed Welsh Government's feedback and escalation regime.

Emma Lea invited feedback on planning involvement; Jan Tomlinson to coordinate trade union responses.

ACTION:

L26.32.1 Jan Tomlinson to coordinate trade union feedback on planning involvement.

The Forum

- **NOTED** the Update.

FOR INFORMATION

L26.33 Minutes of the People & Culture Committee Meeting, 12.02.26

The Minutes of the Committee were **NOTED.**

L26.34 The Integrated Quality and Performance Report, 26.03.26

The IQ&P Report was **NOTED.**

L26.35 All Wales Partnership Forum Minutes

Deferred to next meeting.

L26.36 Chief Executive Report to the Board, 26.03.26

The Chief Executive's Report to Board was **NOTED.**

CLOSING BUSINESS

L26.37 Strategic Occupational Health and Safety Group - Issues of Significance

Deferred to next meeting.

L26.38 Agree Items for Referral to Board / Other Committees

There were none.

L26.39 Agree Items for Chairs Assurance Report to the Board

Alert Board:

- Concerns raised about sexual harassment, power imbalances, and the need for stronger bystander intervention, highlighted through the staff story
- Staff survey results show leadership disconnect, bullying, wellbeing pressures, and workload concerns, despite positive team support.
- Trade union reps experiencing burnout due to facility time and release issues.
- Financial position remains challenging with a £17.3m deficit, requiring a recovery plan and sustainable service redesign.
- Issues raised around agency staff usage, workforce planning, and the need to review bank/agency models.
- Public abuse toward staff noted, requiring preventative action.

Assure Board:

- Cultural Leadership & Engagement Plan progressing, with trade union collaboration recognised as essential.
- PADR toolkit considered comprehensive; work underway to streamline processes, including for prescribers.
- People Services report highlights compassionate, restorative approaches to employee relations.
- Strong financial controls in place despite deficit; savings already delivered.
- IMTP focuses on special measures de-escalation and partnership working.
- 533 staff achievement award nominations demonstrate strong recognition culture.
- “Ripple Effect” training launched to support civility and morale

Advise Board:

- Strengthen communication and visibility of leadership to address survey concerns.
- Prioritise wellbeing, anti-bullying measures, and psychological safety across teams.
- Continue embedding active bystander training and share staff stories with senior clinical groups.
- Ensure trade unions have timely access to organisational structures to support meaningful engagement.
- Maintain compassionate leadership approaches during financial recovery to avoid transactional decision-making.
- Review workforce planning to reduce reliance on agency staff and improve long-term sustainability.
- Support trade union reps with adequate facility time to prevent burnout.

L26.40 Review Risks Highlighted in the meeting for referral to the Risk Management Group

There were none.

L26.41 Review of Meeting Effectiveness

It was agreed that this was a good, interactive meeting with everyone having the opportunity to speak.

L26.42 Date of next meeting

13:00hrs, 4th August 2026

Local Partnership Forum Action Log
Updated 27.10.2026

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	L26.32.1	05.05.26	**L26.32 Intermediate Medium Term Plan (IMTP) Update** Co-ordinate trade union feedback on planning involvement	Jan Tomlinson	August 2026	**27.10.26** Ongoing.
2	L26.28.1	05.05.26	**L26.28 Foundations for the Future Presentation** To forward invitations to Jackie Hughes to meetings where current structures will be discussed.	Jan Tomlinson	June 2026	**Suggest Close** Actioned.
3	L26.25.1	05.05.26	**L26.25 Staff Story – Promoting Sexual Safety in the Health Board** Consider preventative actions to help avoid staff abuse.	Debbie Eyitayo Stuart Keen	July 2026	**Suggest Close** **27.10.26** BCUHB has made a significant contribution to the national sexual safety agenda, with a colleague from our Equality, Diversity and Inclusion (EDI) team playing a key role in shaping the All-Wales approach. Key developments to strengthen awareness, prevention and support include: • Creation of dedicated sexual safety resources and guidance on BetsiNet, promoted through the All-Wales policy, BCU Bulletin and staff awareness activities. • Establishment of bi-monthly Sexual Safety Awareness sessions in partnership with

						Welsh Women's Aid and the Live Fear Free Helpline • Delivery of Trauma-Informed Practice and Sexual Safety Awareness sessions in partnership with Legal and Risk colleagues • Promotion of sexual safety resources, alongside the NHS Wales Anti-Sexual Harassment Policy (which BCUHB led on developing), through Band 6 and 7 nurse development programmes, student nurse education sessions and medical staff inductions. There are also dedicated safeguarding resources available to staff through the Safeguarding and Public Protection webpages, including specific information relating to safeguarding exploitation.
Items Closed at 5.5.26 meeting						
4	L26.6.1	03.02.26	**L26.6 Sickness Absence – Verbal Update** To speak with People's team to ensure managers are taking correct approach with managing attendance	Jason Brannan	May 2026	Closed 5.5.26 In 5.5.26 report
5	L26.8.1	03.02.26	**L26.8 Items from Trade Union Partners** Meet with Debbie Eyitayo to discuss Foundations for the Future	Jan Tomlinson	May 2026	Closed 5.5.26 Jan T & Debbie Eyitayo met in April for discussion.
6	L26.15.1	03.02.26	**Any Other Business** Share the recent intranet	Jackie Hughes	May	Closed 5.5.26

			questionnaire regarding men's Health Projects, to encourage involvement in developing men's inclusive offering.		2026	Jackie advised that Questionnaire was no longer active.

Local Partnership Forum

Staff story – speaking up with confidence

Dyddiad y Cyfarfod **Date of Meeting**	03 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Katie Sargent Head of Employee Experience and Engagement
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

The staff story presented to the forum today relates to speaking up with confidence, which we know can be difficult for colleagues. There are a number of for this, which are explored in the Background section of this report.

We hear from our Speaking Up Safely Lead Guardian Tracey Eccles, who describes her role and her experiences in it. She talks about the importance of really listening to those who come forward.

We also hear from an anonymous member of staff who used Speaking Up safely to share her experiences of feeling shut down when trying to make improvements in her place of work.

The story is supplemented by data including Speaking Up Safely insights and findings from the 2025 NHS Wales Staff Survey, which highlight the need to improve the organisational culture regarding being open and listening to staff.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) **Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)**		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
People and Culture Committee	12th February 2026	Discussion and further examination of data with Equalities colleagues agreed

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

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

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

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

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

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

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

Staff story background

Healthcare staff are usually motivated to enter their professions by a desire to make a difference for patients and service users. Why then, do they find it so hard to speak up when they see care that does not meet satisfactory standards?

According to social scientist Bev Fitzsimons, former King's Fund Fellow, the NHS has a history of 'deficit inquiry', rather than appreciative inquiry – quick to judge and blame when things go wrong - rather than focussing on systemic improvement, and slow to learn when things go right.

Numerous high profile national inquiries stretching back decades have documented examples of poor care, where some staff did not speak up and others were not listened to when they expressed their concerns. There are also examples of some NHS organisations being more focused on protecting their reputation than resolving the underlying issues.

There are a number of reasons that speaking up about concerns is challenging in the NHS. These include:

fear of repercussions and retaliation

- staff raising concerns often report being met with hostility, personal threats, and aggressive responses rather than being welcomed.
- career damage – many fear, or experience, detrimental actions such as bullying and negative career consequences.
- challenging friends and colleagues can often be uncomfortable. Sometimes staff keep quiet because they wonder: *if I am saying this about my colleague's practice, what does it mean for my own?*
- fear of being formally identified.
- there is an "automatic shutdown" effect in some teams, where raising issues is viewed as troublemaking rather than professional duty.

lack of trust in action being taken

- disillusionment - when staff see no changes following raising a concern, they become despondent, leading to a *what's the point?* attitude and subsequent disengagement.
- slow investigation – if concerns are met with apathy or long, drawn-out processes, future reporting can be discouraged.

cultural and institutional factors

- deep-rooted hierarchy - structures often inhibit junior staff, trainees, and students from challenging more senior professionals, even when witnessing unsafe practices.
- resource pressures - high workload and staff shortages leave little time or energy for engaging in formal, stressful speak-up processes.

Certain staff groups feel significantly less confident in speaking up:

- minority ethnic staff often feel their voices are not heard, face disproportionate bullying, and fear they are not considered a permanent part of the team.
- locums and agency staff can be hesitant to raise issues, fearing that doing so will result in not being offered future work.
- longer-serving staff - in some reports, longer-serving staff report lower confidence in speaking up than newer employees, suggesting disengagement over time.

These barriers are particularly harmful because a speak up culture without action breeds distrust, while a hostile environment leads to silence, which compromises patient safety.

Speaking Up Safely – our approach to raising concerns

There are a number of ways colleagues can raise concerns:

- a conversation with the colleague/s involved, or their own line manager, or another manager in their service. Staff are encouraged to start with this option where possible to ascertain if their concern can be resolved informally and locally.
- our Respect and Resolution Policy (which replaces Dignity at Work and Grievance Policies) details a range of options. These support colleagues to resolve concerns as soon as they emerge by talking things through, and where possible, getting issues resolved without needing to use a formal policy or process route. This can include: Cuppa Conversations (informal chats); facilitated discussions (with a neutral person supporting the conversation); mediation (for conversations that can be more challenging) and the final option of a formal process.

There is dedicated training available to colleagues on ESR which outlines three aspects of our approach to managing concerns. The Speak Up, Listen Up, Follow Up modules are quick to complete and allow managers to evidence their understanding and the roles leaders and colleagues play in the process.

Speaking Up Safely, launched in 2021, is our organisational approach to giving staff confidence to raise concerns in a constructive and supportive way.

Based on the Procedure for Staff to Raise Concerns, our approach to concerns is outlined for staff on our Speaking Up Safely homepage on BetsiNet. It aims to ensure that staff:

- are fully supported to report concerns and safety issues;
- are treated fairly, with empathy and consideration when raising concerns; and
- have their concerns listened to and addressed when they have been involved in an incident or have raised a concern.

2025 saw the highest number of concerns reported – 154 - to the Speaking Up Safely team since the programme began in June 2021 and an increase of 17 per cent on 2024.

Currently, 3.7 per cent of staff are registered on the Working in Confidence platform. Work is underway to increase awareness of the platform, including Speaking Up Safely information being delivered to all new starters during induction. A communications campaign featuring a new Speaking Up Safely poster is underway to raise awareness of the platform.

Staff story transcript

Speaking Up Safely Lead Guardian Tracey Eccles

The external Work In Confidence platform was introduced by the Health Board in June 2021 to offer staff an opportunity to raise concerns anonymously online. Once a concern is raised on the platform, the member of staff has the option to continue the conversation with me.

I'd say that around two thirds of those who use the platform cite that they do not wish to speak to their manager about their issue, in many cases because they perceive them to be the problem. Behaviours and relationships are usually the underlying issues running through what comes in.

Listening is the most important part of my role. Often, this is about me reassuring colleagues that I am listening and will keep them informed about what is being done in response to their concern, using the appropriate policies to guide them. It's also very important to me that I keep my promises to come back to colleagues to build trust in the process.

A key part of managing concerns is being realistic about the outcomes colleagues can reasonably expect. What do they hope to get out of the process?
The onus is very much on seeking a resolution.

Contact usually closes once an outcome or resolution is noted, but concerns might be re-opened as necessary.

I am supported by a multidisciplinary team made up of a group of senior Health Board colleagues who represent the service in a subject matter expert capacity.

When we meet, we discuss key issues and themes that are emerging from staff across the organisation. It's a great opportunity for us to share thoughts and experiences and to support improvements and lessons learned in response to some of the concerns we're seeing raised. We also examine the policies and procedures in place that guide us.

We're also able to look at trends and triangulate what is coming in from staff from other feedback mechanisms like the staff survey or Culture Change Leaders.

Before March 2026, a concern could have gone to any member of the multidisciplinary team. This made it difficult to maintain a 'helicopter view' of concerns being raised. Now, I am able to access all concerns that come in, so can use system intelligence to best effect.

I work very closely with People Services and Trade Union colleagues. Professional boundaries are very important and each discipline has its specific role and areas of responsibility. It's important we don't duplicate.

I think people have become bolder over the four years I've been in this role. People will often be quite candid. I think this is a good thing, as it supports our ambition to become a listening organisation and for employees to feel confident in the concerns process. This empowers me personally to be bolder and I feel I can challenge when appropriate.

Anonymous member of staff who spoke up via the Speaking Up Safely platform

When the Guardian asked my permission to share my experience, I was really pleased. I hope that my coming forward will help change a situation for someone else.

I am a Healthcare Support Worker and I shared a concern in January 2026.

I hadn't heard of Speaking Up Safely before, but a colleague said she had used it and found it helpful, so I checked online and found the external platform.

I used my personal email to register and completed the online form which asked me to choose a category. I chose 'leadership and management issue'.

Then it allowed me free space to type what I wanted to say. To be honest, I just typed and when the Guardian responded, I was asked a few more questions.

After reading the detail I provided, the Guardian added additional categories which included 'behaviours and relationships' along with 'staff and patient safety'.

I'd described my working environment as oppressive, restrictive and how it was affecting my well-being. I described a culture of being spoken to rudely and regularly being pulled up for incomplete tasks by my department lead in front of colleagues and patients.

When that happened in front of the patient I was with, I wanted to cry. But I just went back to my work. The patient put her hand on my arm and said I was doing a great job and that she felt safe when I walked with her. I tried to ignore the 'pulling up' but really I just wanted to be told I was doing well.

It kept crossing my mind and I found my wellbeing was being affected. I just didn't feel happy coming to work. My partner also noticed that I was beginning to feel down and I did have a couple of days off work because I just felt sad about going in. This made me feel even worse as I felt I was letting down my colleagues and the patients I was looking after, as we can be so short of staff at times.

One evening, I was assisting a patient with their meal and got chatting to her and a couple of other ladies in the same bay. They shared with me their experiences as patients including some thoughts for improvement.

Following this, I wanted to raise some feedback related to the patients' perspective of their care, including making some suggestions for improvement.

As I had recently been reprimanded, I chose to share this with colleagues because I didn't feel confident, which was unusual for me as I am normally quite confident. I genuinely wanted to share the patients' perspective but needed reassurance that I was doing the right thing. Collectively my colleagues believed this could enhance the experience of patients in the future.

I was nominated to share the details with the department lead but their response was defensive and I was given no encouragement. I felt my offer of feedback was ignored. Initially this made me feel very sad, then I was angry and then I began to feel despondent, and thought 'why bother?'

I considered escalating the information but thought that raising this with the next management level would only lead to a similar experience as these members of senior staff had a very close relationship. Staff had reported within the clinical environment that it was pointless escalating from one to another.

Some days are a real challenge to come into work but I really enjoy the work that I do and my colleagues are a great team to work with.

Through a fear of detriment and concerns that my identity would be known, I made the decision not to proceed further with my attempts to escalate my experience of not being listened to. This would have been a good opportunity to share feedback, but it felt like nobody above me wanted to know. I closed the concern.

I do feel sad that I'm not able to see my concern even acknowledged or considered but I also want to continue working in this area without fear of detriment. It might sound like a coward's way out, but it's about survival.

I still don't feel confident to raise something in my workplace whilst the same leaders are in place. I am not sure to be honest if I would do it at all, the anxiety it made me feel sticks with you.

I am though really pleased that my story will be heard through the Guardian and I would definitely use the anonymous service again. I hope one day to have the confidence in the correct environment to speak up safely myself.

Organisational reflections

Our ambition to improve our culture, leadership and engagement

A healthy, constructive attitude to raising concerns about practice and behaviour is crucial to the improvement work taking place across the Health Board. We want staff to feel psychologically safe to raise concerns, and have confidence that the organisation will act in a supportive and fair manner when concerns are raised.

We must further develop a culture that supports and celebrates those who are willing to speak up, strengthening structures and processes to support this. Key to this is equipping staff with the skills to enable them to speak up, and encouraging them to challenge in a constructive and non-blaming way; helping them to work in teams to establish a common cause and shared responsibility for standards; and being clear that the intent behind any challenge is to improve care.

Line managers play a vital role in helping develop a culture where raising concerns is a normal, healthy process for delivering the best services and patient care. Colleagues in leadership positions of all grades must model this behaviour themselves. They are best placed to hear about concerns and act quickly and efficiently to resolve them at an early stage, or to encourage quality improvement work where identified by staff.

Key themes raised by the storyteller and the wider picture

Leadership and management issues remain the most reported theme for the fourth consecutive year in Speaking Up Safely and accounted for 21 per cent of all reported concerns in 2025/26.

Concerns related to bullying and harassment have increased by three per cent in 2025/26 and are now the second most commonly reported concern received by the Speaking Up Safely team.

Staff report a fear of detriment or a belief that speaking up will not make a difference. This is a barrier to speaking up thus preventing staff using more direct,

informal routes for raising their concerns. There is a perceived lack of compassionate responses from line managers and senior leaders when concerns are raised, which reinforces the belief that “nothing will change”.

What the NHS Wales Staff Survey 2025 tells us

The NHS Wales Staff Survey theme *We are all able to speak up* has ten questions. BCUHB is the lowest scoring Health Board in this theme (63.9 per cent compared to an NHS Wales Health Board average of 65.6 per cent.) This is a drop of 1.85 percentage points on our 2024 score of 65.8 per cent. This demonstrates that there is some significant work to be done in this area.

Digging deeper, the *We are all able to speak up* theme is split into two sub-categories: autonomy and control (five questions) and raising concerns (five questions), which is the focus of our interest here. These are:

4i) I would feel secure raising concerns about unsafe clinical practice.

14j) I would feel secure raising concerns about unethical behaviour.

14k) I am confident my organisation would address my concern.

17d) I feel safe to speak up about anything that concerns me in this organisation.

17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.

In BCUHB’s raising concerns sub-category, 2.92 per cent fewer (57.3 per cent) than the NHS Wales Health Board average (60.2 per cent) agreed that they felt free to speak up. Around 1 in 5 respondents (20 per cent of responses) disagreed across the five questions listed above.

It should be noted though that our performance in the raising concerns subcategory has improved over the last two years, from 56.7 per cent in 2023 to 57.3 per cent in 2025.

Almost three quarters (74.4 per cent) of respondents agree that they would feel secure raising concerns about unsafe clinical practice (down 1.23 percentage points on our 2024 score and just under the NHS Wales Health Board average of 74.8 per cent).

A similar number (74.3 per cent) agree that they would feel secure raising concerns about unethical behaviour (down very slightly – 0.44 percentage points – from 2024 and just below the NHS Wales Health Board average of 75 per cent).

But interestingly, this drops to 52.3 per cent when respondents were asked if they agree that they feel safe to speak up about anything that concerns them (a 2.36

percentage point deterioration from 2024, which is 4.46 percentage points beneath the NHS Wales Health Board average of 56.7 per cent.)

The proportion of survey respondents that disagree with the statement *I feel safe to speak up about anything that concerns me in this organisation* has increased each year since 2023. In 2023, it was 19.7 per cent; in 2024 it was 20.7 per cent and in 2025, it was 23.8 per cent.

Only 36.7 per cent of staff who completed the survey agreed that they feel the organisation would address their concerns if they spoke up. This is a slight fall (0.61 percentage points) on our 2024 score but is 5.67 percentage points below the NHS Wales Health Board average of 42.4 per cent.

The Board considered a report on the NHS Wales Staff Survey at their May 2026 meeting and agreed with the recommendation that the focus of the organisation should be on two priority themes: *We are all able to speak up* and *We are compassionate and inclusive.*

Work is now underway across the organisation to address staff feedback and case studies of action in response to the survey results about speaking up can be found on BetsiNet here.

Local Partnership Forum

Healthcare Inspectorate Wales Inspection of the Emergency Department at Ysbyty Glan Clwyd

Dyddiad y Cyfarfod **Date of Meeting**	03 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Clara Day, Executive Medical Director Chris Lynes , Deputy Director of Nursing Naomi Holder, Interim Deputy Director of Nursing
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Clara Day, Executive Medical Director

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol **Executive Summary**
This report provides the Local Partnership Forum with an update on the Health Inspectorate Wales (HIW) inspection of the Emergency Department at Ysbyty Glan Clwyd, undertaken between 5 and 7 May 2026. The final report was published on the 10th September 2026, alongside an approved overarching improvement plan. This report summarises the key findings, immediate actions required by HIW, actions already taken by the Health Board, and the arrangements in place to support and monitor sustained improvement.

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

Quality, Safety and Experience Committee	2/7/26	Noted

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
HIW	Healthcare Inspectorate Wales

HEALTH INSPECTORATE WALES INSPECTION OF THE EMERGENCY DEPARTMENT AT YSBYTY GLAN CLWYD

1. Y SEFYLLFA SITUATION

Following its inspection of the Emergency Department at Ysbyty Glan Clwyd, HIW identified a number of areas requiring immediate action and subsequently escalated the service to a category of Significant Improvement Required.

The findings highlight concerns relating to leadership and governance, staff wellbeing and culture, the provision of paediatric emergency care, patient experience within waiting areas, and assurance regarding the management of medicines and equipment. Immediate actions have been implemented, and improvement arrangements are now being overseen through enhanced governance and performance monitoring processes.

2 Y CEFNDIR BACKGROUND

Healthcare Inspectorate Wales undertook an unannounced inspection of the Emergency Department at Ysbyty Glan Clwyd between 5 and 7 May 2026. The inspection assessed compliance with relevant healthcare standards, quality of care, patient experience and organisational governance arrangements.

Following the inspection, HIW issued a number of immediate assurance requirements which required urgent action by the Health Board. A comprehensive response was coordinated with operational, nursing and medical leadership teams to ensure timely implementation of the required improvements.

Inline with the standard practice and timelines associated with HIW inspections, the Health Board received a draft report in August 2026 and was asked to comment on factual accuracy and submit an associated improvement plan for approval. This was accepted and published alongside the final report on 10th September 2026.

In the intervening period, HIW undertook a further unannounced inspection of the Emergency Department at Ysbyty Glan Clwyd on the 24th and 25th August 2026. Overall, the assessment was positive in terms of the immediate actions progressing.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

HIW identified a number of priority areas requiring immediate action, including:

- Strengthening leadership, governance and accountability arrangements across the site and Integrated Health Community, with clear escalation

processes to support a coordinated whole-site response to pressures within the Emergency Department.
- Undertaking an urgent review of workforce culture and staff wellbeing, including strengthening mechanisms that enable staff to raise concerns safely and confidentially, and ensuring timely and visible responses to issues raised.
- Increasing the availability of paediatric-trained nursing staff within the Emergency Department and implementing changes to the physical environment to enhance the delivery of paediatric care.
- Improving the experience, safety and comfort of patients who are required to wait for assessment and treatment.
- Strengthening assurance processes to ensure that all medicines, consumables and clinical equipment are appropriately maintained, checked and within expiry dates.

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

Failure to deliver and sustain the required improvements presents risks to patient safety, quality of care, staff experience and organisational reputation.

A detailed improvement plan has been developed, submitted to and approved by HIW, setting out actions completed to date, planned interventions and measurable indicators of progress. Progress against the action plan will be monitored through established governance arrangements and regular engagement with HIW.

In addition, peer review and self-assessment activity is being undertaken across other Emergency Departments within the Health Board to identify learning opportunities and provide assurance regarding the wider emergency care system.

5 ARGYMHELLION
RECOMMENDATIONS

The Local Partnership Forum is asked to:

1. Note the findings arising from the HIW inspection of the Emergency Department at Ysbyty Glan Clwyd.

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: All apply
Yr Egwyddorion Dylunio Design Principles	Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement

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

	Canlynaid/Outcome:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	n/a
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	n/a
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Galluogwyr Ansawdd Enablers of Quality All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	

	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	n/a
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	n/a
Cyfreithiol **Legal**	There are no specific legal implications related to the activity outlined in this report.	
Enw Da **Reputational**	Yes (Include further detail below)	
	Negative people and media communication.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	Review of Paediatric Nursing liked to the ED business case. Additional People and Culture support from within current resource Additional Operational support from within current resource .	

People and Culture Committee

FIRST ANNUAL REPORT FOR HEALTHCARE SCIENCES

Dyddiad y Cyfarfod Date of Meeting	22 September 2026
Statws Cyhoeddi Publication Status	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Helen Hughes Professional Service Manager Radiography/Assistant Director Allied Health Professions & Health Science
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Teresa Owen Executive Director of Allied Health Professionals and Healthcare Science

Pwrpas yr Adroddiad Report Purpose	For Noting

**Crynodeb Gweithredol
Executive Summary**

This paper is the first Annual report for Healthcare Sciences. It is written to inform committee members of the work of the clinical scientific professions that work across BCU. The report describes which professions make up the healthcare scientists and demonstrates their contribution to modern healthcare. It covers some key achievements and challenges over 25/26 for this group of clinical professionals. The Healthcare sciences have a strong underpinning of quality management systems. The report highlights some of the accreditation, regulation and quality management that underpins the healthcare scientist work.

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

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Acronymau / Rhestr Termau Acronyms / Glossary of Terms		

BETSI CADWALADR UNIVERSITY HEALTH BOARD (BCUHB) - FIRST ANNUAL REPORT FOR HEALTHCARE SCIENTISTS (2026-27)

1. Y SEFYLLFA/THE SITUATION

This is the first annual report for Healthcare Scientists and is written in order to highlight the work and significant impact this group of clinical health care professions has in supporting patients across the whole healthcare system at BCUHB.

2. Y CEFNDIR/ THE BACKGROUND

There are over 30 professions divided into six families. These professions contribute to over 95% of patient pathways. Over 8million tests and patient contacts were conducted by health care scientists in 2025. In addition, clinical engineering look after 56,000 medical devices in North Wales.

3. MATERION PENODOL I'W HYSTYRIED/ SPECIFIC MATTERS FOR CONSIDERATION

3.1. To note the number of different professions that make up the healthcare scientists within BCU and their contribution to modern healthcare science.

4. RISGIAU ALLWEDDOL - MATERION I'W HUWCHGYFEIRIO/KEY RISKS - MATTERS FOR ESCALATION

The challenges for healthcare scientists are noted in the report.

5. ARGYMHELLION/RECOMMENDATIONS

5.1. The People and Culture Committee is asked to:

5.1.1. **RECEIVE** and **DISCUSS** the report and contents.

5.1.2. **FEEDBACK** on the report format so as to inform future iterations.

ASESIAD / ASSESSMENT	
Link to Strategic Intentions	3. Improve Access, Outcomes and Experience
Yr Egwyddorion Dylunio Design Principles	Consistency with Organisational Values
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Equality Act 2010 Public Sector Equality Duty: **Has BCUHB provided evidence of 'Due Regard' to compliance with the three parts of the Public Sector Equality Duty (General Duty):** https://www.gov.wales/public-sector-equality-duty-htmlPublic Sector Equality Duty [HTML] | GOV.WALES	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an annual report and thus not applicable
Equality Act 2010 - Socio-economic Duty *Has BCUHB provided evidence of 'Due Regard' to compliance of ther Socio-economic Duty when making strategic decisions?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an annual report, and thus not applicable
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No:
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	This is an annual report, and thus not applicable

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

Wellbeing of Future Generations Act – Wellbeing Goals		
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an annual report, and thus not applicable
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	This is an annual report, and thus not applicable
Cyfreithiol **Legal**	Yes (Include further detail below)	
	Compliance with Ionising Radiation regulations will need to update the co-operation of employers documentation to cover the reporting for the placental reporting. No specific legal implications for the MRI	
Enw Da **Reputational**	Choose an item.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

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

Health Science Professions

Annual Report 2025/2026



FOREWORD

I am pleased to present the 2025–2026 Annual Report for Healthcare Science Professions across Betsi Cadwaladr University Health Board (BCUHB).

This report highlights the significant contribution Healthcare Science (HCS) professionals make to patient care, service delivery, and innovation across North Wales, alongside the challenges and opportunities facing this diverse workforce.

Teresa Owen
Executive Director of Allied Health Professionals and Health Science

1. Introduction

This is the first annual report that focuses on the Health Care Science Professions that work within BCUHB and the wider health economy. The aim of the report is to strengthen the visibility and understanding of the of this varied group of health care professions and raise the understanding of the diversity of services provided in supporting the whole health economy. Healthcare scientists play an integral part in the functioning and flow of the whole healthcare system.

Most Health Care Scientists are part of the Diagnostic Specialist Clinical Support Services. However a number are also found in the Integrated Care Communities IHCs e.g. Operating department assistances in theatres, Radiotherapy radiographers in cancer services, respiratory and cardiac physiologist.

Healthcare Science Professions play an essential role in delivering high quality care to the patients of North Wales professionally they sit within the portfolio of Teresa Owen the Executive Director of Allied Health Professions (AHPs) and Healthcare Science. There are over 30 different professions, contributing to approximately 95% of all patient pathways, grouped into six families this helps simplify understanding, however it is important the professions retain their individual identity -and protected titles are full recognised.

1.1. **Physiology** -Audiology, Cardiac physiology, Respiratory & sleep physiology, Neurophysiology, Perfusion Science, Vascular Science, Vision Science, Gastrointestinal Physiology & Urology
1.2. **Pathology** – Blood Sciences & Transplantation, Cellular Sciences, Reproductive Sciences, Infection Sciences, Decontamination Science, Public Health & Environmental Science, Anatomical Pathology Technology, Phlebotomy Genomics – including Human Genomics, Pathogen Genomics & Genetic Counselling
1.3. **Physical Sciences** – Clinical Engineering, Medical Physics, Medical Illustration, Reconstructive Science, Pharmaceutical Science
1.4. **Clinical Computational Sciences** – Bioinformatics (Human & Pathogen), Clinical Informatics, Clinical Scientific Computing
1.5. **Radiography** – Diagnostic Radiography, Therapeutic Radiography
1.6. **Operating Department Practitioners** (ODP)

(NB. Radiographers and ODPs are classed as AHPs in the other UK nations)

Healthcare scientists will be registered with the HCPC, Academy of Health Sciences or for some smaller groups with voluntary registers

Healthcare Science Facts for 2025

BCU has 793 Healthcare Scientists



Pathology processed over 7.5 million tests in blood science and over 80,000 specimens



Audiology had 122,616 Patient contacts



Radiology Imaged 500,000 patients



Medical physics look after 56,000 medical devices

2. Registration

Many Healthcare Scientists have protected titles and have statutory registration with the Health and Care Professional Council (HCPC). Others hold voluntary registration through the Academy of Health Sciences, IPEM (Institute of Physics and Engineering in Medicine) or other similar bodies depending upon the profession. A small number hold no registration as it is not currently mandated

Work is underway to identify and understand the registration status of all Healthcare Scientists within BCU.

3. NHS Wales Healthcare Science Framework

In June 2025 HEIW launched a career framework for both Healthcare science professionals and health board managers. The aim of the frame work is to map out the development pathway from non-registered to consultant practitioner. This will support the wider transformation agenda, new ways of working and clearer career development opportunities. The frame work can be accessed from the link below:

heiw.nhs.wales/files/hcs-framework-eng-pdf/

Healthcare scientists training follows different pathways depending upon the profession. Radiographers and ODPs follow a three year undergraduate degree course prior to being able to register. Other health science professions follow a training programme (NHS Scientific Training Programme STP) which is a degree programme funded by HEIW. The STP programme is paid to work in the service whilst gaining their degree. BCU have a number of STP trainees across the specialities and have trained the first Vascular Scientist in Wales via the programme and are currently training a Clinical Computational Scientist.

4. **Healthcare Science Network**

The national Healthcare Science Network is already well established, and BCUHB led the way in Wales by being the first Health Board to develop a local Health Science Network, helping to embed the approach early and support consistent development across the organisation. The network is chaired by Mr John Day Consultant Clincal Scientist and Clinical Director Audiology. The network has two sub groups:-

5. **Quality and Transformation** led by Bernadette Astbury Head of Quality & Governance Pathology

    5.1. Bernadette has recently taken over as lead for this work stream. The group have initially set a workplan in 2025/26 which will be updated for 2026/27
    5.2. Conducting a Baseline Review of current Clinical Audit, Benchmarking, and Continuous Quality Improvement (QI) Leadership Skills and Capacity
    5.3. Job Role Analysis in the Quality Management System (QMS) / Training Needs Analysis (TNA) within QMS
    5.4. Assessing Digital Transformation Challenges in HCS Accreditation
    5.5. To Enhance HCS Representation and Share Best Practices

6. **Research and Innovation** led by Dr Jenna Allsup Research Radiographer

    The BCUHB R&I Subgroup is working to strengthen research capacity, capability and collaboration across the Healthcare Science workforce in BCUHB. It reports to the local Network and updates/informs the All-Wales National Healthcare Science Research Interest Group early work has focused on a gap analysis between the research expectations set out in Advanced and Consultant Healthcare Science (HCS) job descriptions and the degree of job planning and protected time currently in place, highlighting an opportunity to bring greater clarity and consistency locally. Alongside this, the subgroup has begun developing improved access to research resources and education (Capability workstream) and exploring a collaboration database to better connect HCS researchers across North Wales (Collaboration workstream). Over the coming year, we aim to build on this foundation by enhancing local job planning structures, and improving visibility of R&I opportunities.

    A Betsinet page has been set up to facilitate communication
    https://nhswales365.sharepoint.com/sites/BCU_Intranet_HCS

7. Quality Management, Accreditation and Regulation

Healthcare Science professionals have a strong back ground in the use of Quality Management Systems (QMS) and accreditation and are supporting the BCU QMS development

7.1. **ISO 9001** - Medical Physics are currently certified to this QMS. It provides a structured quality management framework that helps a Medical Physics team deliver safe, consistent, and reliable services. By standardising processes such as equipment commissioning, quality assurance, calibration, and incident management, it reduces variation and risk while improving traceability and documentation. The emphasis on continual improvement, audit, and staff competence supports regulatory compliance and strengthens patient safety, while clearer roles and data-driven decision-making enhance efficiency and team confidence in both clinical and support activities.

7.2. **ISO15189** – Pathology successfully completed a significant 11 day accreditation visit in 2025 with only a very small number of minor non-conformities

7.3. **Quality Standards in Imaging (QSI)** – Radiology have commenced the formal move to gaining endorsement by joining the QSI hub and have completed the self-assessment with a plan to achieve "working towards" award in September 2026.

7.4. **Audiology** – Tier 1 Welsh Government mandated external clinical audits against service quality standards. Such national collaborative audits are part of the new Welsh Government Quality Strategy for Audiology (2026).

nhs.wales/sa/audiology/audiology-docs/quality-strategy-and-framework-for-delivery/

7.5. **IQIPS (Improving Quality in Physiological Services)–** Respiratory Physiologists have commenced work on developing a Quality management System using the principles set out in the IQIPS standard.

During 2025 and 2026 Healthcare scientists have participated in various regulatory inspections

Regulations	Regulator/enforcement body	Sites inspected	Health Scientists involved
Environmental permitting Regulations	Natural Resources Wales	Nuclear Medicine Radiopharmacy all sites	Radiographers Medical Physicists
Ionising (Medical Exposure)Regulations IR(ME)R	HIW accompanied by UKHSA	Focused on Gamma Camera radiology Ysbyty Glan Clwyd	Radiographers Medical Physicists
Counter Terrorism	North Wales Police	All sites	Radiographers Medical Physicists

8. Medical Device Regulations

Clinical engineering are working collaboratively with services on compliance with respect to the post market surveillance required in the regulations. The health board has made good progress with teams introducing the required quality management systems (QMS). There is however, more work to do to fully implement the QMS in some services that make medical devices. The regulations ensure that medical devices either procured or custom made in the health board are appropriately regulated and used safely and effectively in all clinical settings.

9. Challenges

9.1. Fragility of specialist expertise in small teams

Pathology/ Radiology and many HCS areas continue to experience high clinical demand, causing:

Reduced time for supervision, quality improvement and innovation

Increased burnout and reduced space for strategic projects

Difficulty releasing staff for courses or research activities

Operational firefighting limits progression towards strategic aims including digital optimisation, service modernisation and research engagement.

9.2. Kingdon Review

The report looked at paediatric Audiology service in England. The findings of this report has relevance to Wales and across the HCS disciplines, particularly those smaller patient facing disciplines with a low profile.

https://www.gov.uk/government/publications/kingdon-review-of-childrens-hearing-services-final-report

A sample of report recommendations for Audiology and relevant to other HCS services across the UK:

9.2.1. Professional registration should be a requirement
9.2.2. Network models of delivery are encouraged, inc observation of practice elsewhere
9.2.3. Organisations should implement improved governance arrangements for Audiology and other HCS services
9.2.4. National Key Performance Indicators KPIs should be agreed, monitored and published within a quality management systems
9.2.5. Every organisation should appoint an lead healthcare scientist – responsible for reviewing KPIs across healthcare science disciplines
9.2.6. Need for fit for purpose undergraduate and postgrad training pathways and support for CPD
9.2.7. The importance of scientific leadership and professional development of healthcare scientists
9.2.8. Improvements to workforce culture and morale

9.2.9. Improved escalation of quality and safety concerns inc through to ministers

10. Successes and Achievements over 2025/26

10.1. National Healthcare Science conference

BCU supported HEIW in running the annual Healthcare Science Conference in Llandudno. This was the first time the conference had been held in North Wales. The conference was well attended and was seen as a great success both by delegates and HEIW.

The conference introduced the new Chief Scientific Officer Vicky Heath who addressed the conference.

Following the conference Vicky made a visit to BCU where she meet members of the Health Science Professions from across BCU where we discussed some of the challenges and also positive contributions affecting the Health Care Science Professions. Vicky provides leadership at a national level.

10.2. Medical Physics

The North Wales Medical Physics teams encompassing EBME, Clinical Engineering, and Non-Ionising Radiation are responsible for the end-to-end lifecycle management of approximately 50,000 medical devices. This includes specification, procurement, commissioning, maintenance, performance assurance, risk management, and decommissioning, ensuring that all equipment remains safe, effective, and fit for clinical use throughout its operational life.

10.3. Radiology

BCU was the first major health board to go live the Radiology Information System(RISP) in September. This involved connecting over 200 systems and changing all workflows in one weekend whilst keeping all imaging services operational in particular urgent and emergency services.

BCU radiology piloted the implementation of the incident learning taxonomy for radiation and MRI incidents and then supporting the other health boards to implement. This has led to Wales being the first country to full adopt the learning system which will complement the system that has been in place for radiotherapy for a number of years.

10.4. Pathology

Pathology are currently rolling out a new pathology digital system - LIMs Tranche 1 & 2 have been successfully completed. Tranches 3,4 & 5 are currently being worked through. This is a significant piece of work with a very tight time scale and significant implementation challenges

10.5. Healthcare awards

Outstanding Leadership – Healthcare Science (sponsored by Welsh Government): . John Day, Clinical Director of Audiology in Betsi Cadwaladr UHB was also Highly Commended.

New Ways of Working – Healthcare Science: Suzanne Tyson, Principal Audiologist, Jane Wild, Head of Adult Audiology & Consultant Clinical Scientist, and the Adult Audiology Team of Betsi Cadwaladr UHB awarded for their "*North Wales Mobile Audiology Service*."

BCU Rising Stars Milly Trigg first vascular Scientific Training Programme (STP) to train in Wales

11. Priorities for 2026/2027

Building on the work undertaken by both the Office of the Executive Director of AHP's and Health Science and the BCU Health Science Network over 2025/26, working together we will raise the understanding of how Health Science professions can contribute to improving patient care and experience by:

- Improve visibility and understanding of HCS across the organisation
- Strengthen leadership and coordination of HCS activity
- Support research and innovation capability proportionate to service capacity
- Improve data and understanding of the HCS workforce

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Local Partnership Forum

People Services and Organisational Development (OD) Directorate Overview Report

Dyddiad y Cyfarfod **Date of Meeting**	03 November 2026
Statws Cyhoeddi **Publication Status**	Open/ Public Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Kay Hannigan Alex Tapley Llinos Jones Claire Thomas-Hanna Nia Thomas Rebecca Testa Katie Sargent Ceri Harris Tracey Eccles David Maslen-Jones
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Debbie Eyitayo, Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol
Executive Summary

This report provides an update on key activities within the following Workforce func tions:

- Workforce Partnership Group
- Job Evaluation
- Workforce Policies
- Employee Relations
- Culture & Leadership Programme
- Organisational Development
- Employee Engagement
- Equality and Human Rights
- Health & Wellbeing

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

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

The Workforce Partnership Group (update as of 4th August)
The Workforce Partnership Group was established to promote and deliver a regular dialogue between the People Services Directorate, senior managers and Trade Union partners on matters relating to the BCU workforce. It enables managers and Trade Unions to put forward issues affecting the workforce for discussion and decision-making.

Updates were provided on the All Wales HCSW agreement along with the implementation plan and proposed timescale.

An initial audit of Social Partnership has been undertaken as part of the work to produce the Annual Social Partnership report. The findings are being tested, and a subgroup meeting will be held to explore the findings and draft the report on behalf of the Health Board.

All Wales changes to the new A4C Disciplinary process came into effect from 1st April 2026. This is a significant change to how disciplinaries are managed across the Health Board. An event to launch the new All-Wales Disciplinary Policy took place in Venue Cymru on the 24th March 2026 involving trade unions, people service colleagues and service managers.

The policy emphasises the commitment to building a culture that is led by our values and based on respect, fairness and accountability. It recognises the importance of safety, compassion and teamwork in healthcare environments. Employee conduct (behaviour) and the day-to-day running of the workforce, reflect an organisation's values and are vital to providing high-quality care. Working in line with NHS standards is essential to maintaining public trust, protecting patient safety and making sure teams work together successfully. The policy sets out clear expectations for behaviour, to make sure all staff understand what is required of them and how, if they do not meet these expectations, this will be managed in a fair, balanced and transparent way.

The policy emphasises the responsibility of managers to uphold standards by addressing concerns with staff early. Managers should have constructive conversations and aim to settle any problems through learning and reflection whenever possible.

The revised policy promotes shared expectations, respectful communication and a commitment to improvement, supporting effective teamwork, positive working relationships and a safe, inclusive environment. It aims for staff to feel valued, supported and responsible for their contribution to the organisation. It also sets out the expected standards of behaviour for all employees, providing clarity and consistency in line with our values.

The group discussed the change in approach and noted wider communications and training sessions will be held to familiarise trade union colleagues and managers with the new approach.

A presentation was delivered to share the results from the Staff Survey. It was noted that there had been an increase in the number of staff who participated in the survey this year.

Key themes were noted including concerning trends in relation to the response to “We are all able to speak up” scoring 63.9%. Other areas of concern related to the score for being compassionate & inclusive. The group discussed the progress of the Culture Change Programmes & Culture Change Leaders to improve these aspects. It was agreed that encouraging staff to speak up would help improve staff engagement and morale.

Attendance Management
The workforce partnership group receives a monthly update on employee sickness absence. A wide discussion was held on the current sickness trends and how all parties could work together to tackle the causes of sickness and to enable staff to return to work earlier supported by the organisation. It was noted that the wider Health Board performance and long waits was negatively impacting upon staff who need treatment and this may be impacting upon the length of absences. The Trade Unions reported that they are struggling to meet the need to support staff in meetings related to managing attendance as well as employment practices due to the volume of staff absence.

As at the end of May 2026 monthly sickness had increased to 6.01% from the 5.74% recorded at the end of March. This compares unfavourably with the 5.43% recorded in May 2025. Rolling sickness absence is currently 6.14% continuing the upward trend. The National target level for absence is 4.2% and BCUHB remains significantly above that level. As at the end of May 1228 staff were off sick, of which 673 had been off work for more than 28 days. During the month of May 2442 staff returned from a period of sickness absence. Only 38.2% of staff who returned to work have a return-to-work interview recorded.

Absence attributable to stress, anxiety and depression continues to be the main reason for absence accounting for 32.2%of all sickness absence up from 29.8% in March 2026. 415 staff are currently off work for this reason alone up from 376 staff at the end of March 2026. Average length of absence related to stress etc is 42 days compared with 13 days for all absences.

Training continues to be rolled out for the All Wales Managing Attendance in Work Policy. Trade union representatives and people services staff continue to reinforce the message around compassionate leadership and the need to make reasonable adjustments to facilitate an early return to work. This includes but is not limited to flexible working and support for staff to attend medical appointments.

It is reported anecdotally from both management and trade union partners that we are witnessing younger people with much more serious conditions. 46 staff are currently off work due to benign and malignant tumours and cancers an increase from 40 at the

end of March. 6 absences for this reason were closed in month. This is spread across age groups between 36 and 70.

It is recognised that absence can be associated with employment relations processes. Discussions continue to be held around the harm caused to employees who are either subject to or participating in employment relations processes. A task and finish group continues to focus on actions that can be taken to prevent avoidable harm. The change in emphasis in the new Disciplinary Policy is expected to support this work.

The Trade Unions continue to make representations in relation to the release of trade union representatives to support staff involved in employment processes and in attendance management meetings. Capacity is limited to conduct the day-to-day trade union work and to support the various change processes which are currently ongoing. The Associate Directors of People Services have been working with local management teams to secure release.

Organisational Change
The Workforce Partnership Group continues to engage with and consult upon matters relating to organisational change. The progress of ongoing organisational change issues continues to be monitored, and all Change Proposals and Outcome documents are posted on BetsiNet. Reports have been received on proposed changes to:

- Colocation of Flintshire CMHT
- Foundations for the Future
- Llandudno Orthopedic Project
- Changes to Working Hours Clinical Site Managers YGC
- HPI Boundary Change Proposals- Central IHC
- Changes within the Endoscopy Department – West IHC
- Changes to the Partnerships, Engagement and Communications Function

The Trade Unions noted the volume and scale of the change that they are required to be involved in and how they utilise their limited resources. They have requested consideration is given to increase facility time for a wider group of staff representatives.

Employment Case Management (as of 4th August)
The People Services Operational teams support the management of formal employee relations cases across the Health Board. The operations teams advise on all capability (health and performance) cases. The operations teams also advise upon all informal and formal Respect and Resolution cases. Work on Employment Tribunal cases is progressively managed by the People Operations teams.

There were 66 live disciplinary cases at the end of June 2026. The last 12 months show a significantly increasing trend with an increase from 42 in the same period in the previous year. Currently, the most prevalent reason for cases is misconduct (20 cases), followed by inappropriate behaviour (19 cases), and 7 are recorded as other allegations.

As at 30 June 2026, there were 89 open Respect and Resolution cases, comprising 65 grievances and 24 harassment cases. This represents a significant increase compared with June 2025, when there were 39 open cases (30 grievances and 9 harassment cases).

Of the current caseload, 18 cases are being managed through informal resolution processes, compared with six cases in June 2025. This increase reflects both improved recording practices and greater awareness of the benefits of early resolution approaches, including mediation and facilitated discussions. Further investment in management development, alongside the recruitment and training of additional mediators, may help increase the effective use of informal resolution methods and support earlier intervention.

Working conditions remain the most common reason for Respect and Resolution cases, accounting for 22 cases. 12 cases relate to bullying and 11 to harassment. 29 cases are recorded as 'other' or have no reason recorded.

The table below reports the live disciplinary cases (Policy WP9) position on 30th June 2026.

IHC/Pan BCU/Support Service	12 weeks or less	13- 24 Weeks	24 weeks plus	**Total**
West	2	3	4	**9**
Centre	10	6	5	**21**
East	4	1	0	**5**
Pan North Wales Services	9	11	11	**31**
Total	**25**	**21**	**20**	**66**

An updated Disciplinary Policy and associated guidance and resources was launched on 1st April 2026. The new policy incorporates the principles of Aneurin Bevan University Health Board and HEIW's Reducing Harm approach. The aim of adopting this approach is to reduce both the number of cases and the negative impact these have on individuals, teams, and services as part of a restorative just and learning culture.

Workforce Policies

The Workforce Policy Group continues to work in partnership to collaboratively review, develop and agree policies and guidance which are now live on on BetsiNet. These include:

WP3 NHS Wales Improving Performance at Work Policy
Appendix 1 – Informal Performance Improvement Plan Template
Appendix 2 – Formal Performance Improvement Plan Template
WP7 - NHS Wales Approach to Agile Working - Briefing and Guidance

WP9	NHS Wales Disciplinary Policy and Procedure
WP13	All Wales Flexible Working Policy
WP14f	Parental Leave Procedure
WP14g	Parental Leave Procedure
WP14h	Maternity and Adoption Leave forms
WP22	Clothing Allowance Procedure
WP24c	PADR Form
WP36	Appendix A Flexi Diagram
WP38	All Wales Reserve Forces Training and Mobilisation Policy
WP40	All Wales Employment Break Scheme Policy and Procedure – English
WP65	All Wales Organisational Change Policy
WP69	Employer Pension Contributions Alternative Payment Procedure

All Wales policies in development or under review
- All Wales Managing Attendance at Work Policy
- All Wales Relocation Policy

The following BCU policies are in development
- BCU Redeployment Policy
- BCU Redeployment Process (for the use by People Services only)
- Fixed Term Contract Policy
- Honorary Contracts Procedure

The following BCU policies are under review.
- WP52 - Study Leave Policy - (Applies to all staff apart from M & D)
- WP54 - Study Leave Process (Applies to all staff apart from M & D)
- WP54 - Appendix 1 - Study Leave Application Form
- WP24 - Performance Appraisal and Development Review Policy for A4C Staff
- WP12 - Orientation Appendices
- WP12 - BCUHB Induction Procedure

Job Evaluation Activity Update
The Job Evaluation (JE) team is actively processing 11 requests. Currently all requests are being sent to panel within a 4-week period. Of the 11 requests 8 needed to be sent to a second panel for reprocessing.

The table below shows the volume of activity in the JE team.

Month	Requests received (not including All Wales JD's or TCs)	Monthly backlog (excluding track changes)	Requests processed (not including All Wales JD's)	Requests > 4 weeks (excluding those in queries box)
Sep-26	10	13	11	0
Aug-26	10	8	17	0

Jul-26	8	16	12	0
Jun-26	21	17	18	0
May-26	17	14	13	0
Apr-26	9	9	19	0

Culture and Leadership Programme Update

Three-Year Culture, Leadership and Engagement Improvement Plan

The Culture Team continues to work in partnership with Subject Matter Experts (SMEs) across the organisation to progress delivery against agreed priorities and support the development of a positive and sustainable organisational culture through the implementation of the three-year plan.

To strengthen oversight, reduce duplication and improve alignment with existing organisational priorities, delivery of the plan is now managed through the Programmes, Projects and Plans Power App Portal.

Progress has continued across several key workstreams, including:

- Development of a refreshed, values-based Performance Appraisal Development Review (PADR) process, scheduled for implementation in Quarter 1 2027/28.
- Review of organisational and governance arrangements through the Foundations for the Future programme.
- Review of staff recognition processes and the relaunch of Seren Betsi to recognise and celebrate colleagues who demonstrate organisational values.
- Increased Board visibility and enhanced staff engagement through the introduction of the Walk in My Shoes Listening and Learning Experience, launched in September 2026.
- A strengthened Values based Induction is in development ensuring a strong emphasis on the Values & Behaviours as the golden thread. Further work is underway to ensure this golden thread is included in the wider process of welcoming and supporting new colleagues into the organisation
- Development of an inclusive, values-based recruitment approach designed to strengthen alignment between recruitment practices and organisational values.

A summary document outlining progress from the Discovery Phase through to the current Delivery Phase, including key achievements across the three-year improvement plan, is provided at Appendix 1.

Values and Behaviours Framework

Embedding the Values and Behaviours Framework across organisational systems, processes and ways of working remains a key strategic priority. The associated implementation plan continues to evolve as further opportunities for integration and alignment are identified.

Key areas of progress include:

- Integration of the Framework within the revised Code of Conduct Policy, reinforcing expectations of all staff and highlighting the additional responsibilities of people managers. This represents a significant milestone in establishing the Framework as a central component of organisational culture.
- Collaboration with the North Wales Medical School to incorporate the Values and Behaviours Framework within the student curriculum.

Feedback from teams has consistently highlighted the impact that everyday behaviours have on team culture, respect and civility. In response, the Ripple Effect workshop was developed to increase self-awareness and understanding of individual impact within teams. To date, 15 workshops have been delivered, engaging 206 colleagues with a further 6 in the diary. Consideration is now being given to how the programme can be scaled and spread across the organisation to maximise its impact.

Culture Change Leaders (CCLs)
The Culture Change Leader (CCL) network continues to play a significant role in supporting cultural improvement across the organisation.

Cohort 3 of the CCL Induction Programme is currently underway. To date, 76 participants have completed the programme, with a further 75 staff members expected to complete by the end of November 2026. If all 75 staff complete, this will bring the total number of CCL's trained as part of Cohort 3 to 151 and total number of CCL's from all 3 cohorts to 319 across BCUHB.

Participants are developing local culture improvement action plans informed by findings from their team Culture Health Assessments. The assessment tool has been specifically designed to align with the organisation's Values and Behaviours Framework and supports teams in identifying strengths and opportunities for development.

To date 124 teams have had a report generated with 1310 Culture Health Assessment responses completed. This has provided valuable insights into team culture and leadership behaviours, while also strengthening awareness and application of the Framework throughout the organisation. Individual feedback reports will support participants in identifying priority areas for improvement within their teams.

To maximise organisational learning and promote the sharing of good practice, a programme of Culture Share and Learn Sessions commenced in September 2026 across organisational sites. These sessions provide opportunities to showcase progress, disseminate learning and strengthen engagement with the wider Culture and Leadership Programme.

Case study resources have also been refreshed to include video testimonials from existing Culture Change Leaders demonstrating the impact of local culture improvement initiatives. The resource which can be found here, support wider organisational learning and help illustrate practical examples of culture change in action.

Cohort 4 recruitment will be targeted using organisational data such as patient experience feedback relating to poor attitudes and behaviours, services that have been identified as being 'fragile', workforce metrics and the continuation of using staff survey data.

Since the last report was provides, A Culture Change Leaders Celebration Event was held on 29 April 2026, providing an opportunity to showcase improvement activity, recognise achievements and hear from Professor Michael West as keynote speaker.

Targeted Culture Development Support – YGC ED
Following the Healthcare Inspectorate Wales (HIW) report, support from People and Organisational Development (POD) was commissioned to gain a deeper understanding of staff experiences and perspectives relating to culture within the Emergency Quadrant (EQ), and to help inform future improvement actions.

Over a two-week period (from 15/06/26-26/06/26), a group of facilitators from Culture, POD, and Organisational Development (OD) services worked collaboratively to engage directly with staff

A total of 20 engagement sessions were delivered, operating daily between 08:30 and 16:30, from Monday to Friday, alongside three additional early morning sessions to capture feedback from staff working night shifts. This approach was designed to ensure inclusivity across different roles, shift patterns, and working arrangements.

In total, over 1,000 individual comments were captured, with approximately 176 members of staff engaged. Participants represented a broad range of roles within the EQ, including Domestic staff, House Keepers, Porters, Administrative teams, Nurses, Doctors, Consultants and Operational Leaders.

This breadth of engagement provided a rich and representative dataset, reflecting a wide range of lived experiences across the department.

A synthesis report was produced which presented a thematic analysis of staff feedback relating to the Emergency Quadrant (EQ), exploring experiences of working conditions, team culture, leadership, and system pressures. The analysis drew on qualitative staff feedback and applied an organisational development (OD) lens to identify key patterns, underlying drivers, and opportunities for improvement.

The report was presented to the IHC Senior Leadership team, subsequently an improvement action plan has been co-developed with the ED senior leadership team. The improvement plan is being driven by the ED senior leadership team with the support of the culture team and various colleagues across POD services.

External Engagement

BCUHB continues to work closely with Professor Michael West and Health Education and Improvement Wales (HEIW) to share learning and contribute to national leadership and culture improvement initiatives. This collaboration has resulted in the development of a case study documenting the organisation's Culture and Leadership journey, included at Appendix 2.

Organisational Development Update

Integrated Leadership Development Framework (ILDF)

The implementation of the ILDF continues with a range of leadership development programmes and resources to support all staff.

- Moel Famau – **Learning to Lead and Manage:** 206 colleagues enrolled across 12 cohorts in 2025/26, with 148 completions (72%). 134 applications received to date for 2026/27 cohorts.
  Q1 – 1 *cancelled due to low numbers*, 28 attended cohorts 2 & 3 – 27 completions to date.
  Q2 – 1 *cancelled due to low numbers*, 13 attended cohort 4 - 6 completions to date.

- Mynydd Mawr – **Fundamentals of Leadership & Management:** 132 participants enrolled across 9 cohorts, with 86 completions to date (65%). 145 colleagues have enrolled for 2026/27 cohorts, and 5 enrolled onto the online supported programme.

Q1 – 1 *cancelled due to low numbers*, 25 attended cohorts 2 & 3 – 6 completions to date. Q2 – 26 attended cohorts 4 & 5 - 6 completions to date.

- Cadair Idris – Clinical Leadership Immersive Programme (CLIP): Two pilot cohorts were delivered in May 2026 in partnership with Powys Teaching Health Board, engaging 19 middle-grade clinical leaders. Individual coaching sessions have taken place with the final presentation sessions held on 6 & 7 October. Evaluation of the programme is then planned, the findings of which will inform future rollout. Early data has shown positive outcomes but also where the programme can be adapted further to strengthen areas of delivery and assessment.
- Glyder Fawr – Senior Leadership Programme: A draft proposal on a new BCUHB senior leadership programme has been developed and is ready to be shared with key stakeholders for comments and feedback with a view to launching the programme in Q4.

Development Workshops

For the period April 2026- March 2027, 54 workshops have been added to the delivery schedule to improve staff access across the East, Central and West regions. Furthermore, following participant feedback, the Coaching Skills workshop has been expanded from a one-day to a two-day workshop. This revised format enables participants to undertake workplace-based practice between sessions and allows for greater skills development and application during the second day of the workshop. During Q2, 11 workshops have been delivered so far with 100 delegates attending across the range of workshops offered.

People Managers Forum
The Forum continues to grow as a valuable community of practice, attracting an average of 115 attendees per month. Recent sessions have seen particularly strong engagement, including:

July – Sustainably Developing our Teams – 111 attendees
Aug – Sexual Safety Guidelines – 122 attendees
Sept – Staff Wellbeing and Occupational Health – 114 attendees.

Workforce Modernisation
Q2/ 3 2026/7 Activity Overview
During Q2 /3, activity is centred on the introduction of the Wrexham DFN Project SEARCH site and the new academic year starts of the existing programmes across the Health Board.

The Health Board currently supports:
Supported Internships / DFN Project SEARCH for individuals with a learning disability and/or autism, providing workplace-based learning and skills development.
Adult Volunteer Programme, offering training and placements to support progression into employment.
Apprenticeships, supporting workforce development and future career pathways.
Supported Shared Apprenticeships, providing tailored opportunities for individuals facing barriers to traditional apprenticeship routes.

Key Figures and Outcomes
- **564** job opportunities created across all programmes to date
- **177** existing staff currently completing apprenticeship frameworks
- **33** employed apprentices within BCUHB
- **12** Supported Shared Apprentices recruited to date, with **6** progressing into employment within BCUHB. **5** currently working towards completion.
- **73%** of interns from the Supported Internship Programme have secured employment internally or externally — significantly higher than the **10%** employment rate for this group across North Wales.

These outcomes demonstrate strong progress in widening access, supporting disadvantaged groups, and building a more inclusive and sustainable workforce.
Q2/3 2026/2027 Planned Activities

Supported Internship Expansion
- Provide additional support for the new DFN Project SEARCH site at Wrexham Maelor Hospital.
- Activities include provide partner support, support for work placements, mentors. support and intern support to ensure the smooth and structured introduction of the programme.

Cohort Recruitment and Coordination

- Recruitment and coordination of the September 2026 Supported Internship cohorts across the below is complete and all the programmes have commenced:
    - Ysbyty Gwynedd
    - Ysbyty Glan Clwyd
    - Flintshire Community

Programme Completion and Graduations

- Graduation of the 2025/6 cohorts have taken place across BCUHB. The graduations are a lovely opportunity to celebrate the intern successes.

Adult Volunteer Programme

- New Adult Volunteer bi-monthly mentoring circles commenced in October

Apprenticeship Development

- Continued work with Matrons across all sites to increase HCA apprentice

Mandatory Training & Corporate Induction

Mandatory Training

The NHS Wales Statutory and Mandatory Training Review conducted by Health Education and Improvement Wales (HEIW) continues. Whilst the review is underway BCUHB have made the decision to pause with mandating any further training. HEIW aim is to deliver a more efficient, high-quality and workforce-aligned essential learning system that will reduce duplication, enhance capability, and create a transparent, strategic and evaluative approach to essential learning across NHS Wales.

The All-Wales work to agree a collective agreement on the protected Continuous Professional Development (CPD) for registrants and whether this should include or exclude Statutory and Mandatory Training continues. Welsh Partnership Forum asked organisations locally to consider how much out of the agreed 52 hours CPD should be assigned to Mandatory Training. A BCUHB task and finish group was arranged to consider the ask. The group reviewed what is appropriately included in protected CPD time and what proportion of protected CPD time would remain for wider professional development.

Following submission Welsh Partnership Forum issued direction to Health Boards to include statutory and mandatory training in the protected 52 hours of CPD for registrants. A list of subjects to be included has been provided. BCUHB has reconvened a CPD working group to move forward with the local implementation. A briefing paper was submitted to Executive Committee outlining the proposed approach to ensure consistent, equitable and effective implementation across the organisation in line with national requirements. The briefing paper has since been approved, work is underway to implement.

Corporate Induction

Through collaborative discussions with the Temporary Staffing Team, agreement has been reached for Bank staff to attend the Day 1 virtual Corporate Induction

presentation, supporting a consistent induction message for new colleagues across the organisation.

Work has been undertaken to identify new starters to BCUHB who have not attended the BCUHB Corporate Induction. Targeted communications were issued, resulting in a welcome increase in applications.

Specialist Organisational Development (SpOD)

Leading work to develop an integrated pathway for coordinating requests across Workforce services (People, Staff Psychology Support Services, Culture and OD), ensuring support is appropriately contracted, coordinated, sequenced and designed to maximise impact and value.

- Progressing our approach to evaluating the impact of SpOD consultation and intervention work, drawing on the *Outcome Harvesting* methodology to evidence value in complex contexts.
- Continued SpOD intervention work across clinical and corporate teams, while commencing new support with services experiencing challenges relating to leadership, relationships, collective sense-making, team effectiveness and cross-system working.
- Continued to offer consultation conversations to People colleagues, managers and leaders. Early feedback indicates these sessions provide valuable psychological support while enhancing reflective thinking, decision-making and purposeful action.
- Collaborated with colleagues across Culture, People Services, Staff Wellbeing, and Leadership, Learning and Development to support delivery of the HIW Action Plan in EQ and YGC, and contribute to work supporting IMTP-designated fragile services.
- Begun developing a team coaching offer for senior leadership teams, distinct from team development and facilitation approaches, providing an ongoing developmental space to strengthen team effectiveness and delivery of purpose.
- Worked with colleagues across the wider OD team to design and facilitate a cross-collaboration workshop involving OD, Engagement and Culture teams, increasing clarity of roles, identifying opportunities for joint working, and supporting effective use of capacity and resources.

Retention

- BCUHB's retention programme continues to take a whole-system approach, combining compassionate leadership, staff wellbeing, improved workforce intelligence, and targeted support for identified retention hotspots.
- Retention performance for Q2 remains stable, with the overall retention rate staying at 91.5% (90.9% in 2025 and 90.4% in 2024) and the staff turnover rate reducing to 7.1% (7.7% in 2025). During the year, there were 1,272 leavers, of which 762 were classified as avoidable. Turnover remains relatively low within Nursing & Midwifery (4.9%), while Estates & Ancillary Services (10.7%) continues to be an area of focus.

- Since 2024, the programme has delivered improvements across recruitment, induction, supervision, staff development, wellbeing, flexible working arrangements and exit/stay processes. Enhanced workforce insight has been achieved through the development of retention dashboards and toolkits, while targeted interventions have supported improved outcomes within Nursing & Midwifery and Mental Health & Learning Disabilities services. For example, tailored retention support has been taking place with Bryn Hesketh in Colwyn Bay during the last 9 months which has resulted in an improvement in Health Care Support Worker retention and a reduction in agency staff and subsequent expenditure. As at 31 October 2025, the Additional Clinical Services and Nursing vacancy position was 10.7 WTE below establishment. By July 2026, vacancies at Bryn Hesketh had reduced to 1.6 WTE, reflecting positive workforce progress. Agency spend fell significantly from £77,607 in Q3 2025/26 to £2,684 in Q2 2026/27, with bank expenditure also reducing from £304,323 to £124,292. Collectively, these improvements generated savings of over **£254,000** in Q2.
- During 2026/27, the programme is aligning with the wider Talent Management and Succession Planning activity and a national evaluation, led by HEIW, has taken place to help inform future programme development.

Talent Management – PADR Refresh

Good progress has been made in refreshing the Performance Appraisal and Development Review (PADR) process, with the aim of creating a more meaningful, consistent and user-friendly approach to performance and development across BCUHB. As a consequence, the OD team has worked closely with staff, managers, staff representatives and stakeholders to redesign the PADR and make it easier for colleagues to have quality conversations about performance which are underpinned by the organisation's values and plans.

Three pilot phases have been completed across a range of clinical and non-clinical services. Feedback has driven a number of improvements, including a focus on personal growth via the development of career conversations and the simplification of forms aimed at improving the overall PADR experience. As a result, PADR documentation, guidance and digital functionality have been streamlined to make the process more accessible and easier for staff to complete.

Progress to date & Q3 2026/27 priorities

- System testing feedback reviewed and incorporated into the new process.
- PADR documentation and toolkit finalised and ready for use.
- Soft launch, initially with POD colleagues.
- Preparation for organisation-wide rollout and implementation.
- Ensuring alignment with the emerging NHS England appraisal framework and best practice.

Employee Engagement

Listening to employees

A report on the findings of the 2025 NHS Wales Staff Survey and next steps was presented to the Board at the meeting at the end of May 2026. The Board agreed with the report recommendation to focus improvement action on two key themes emerging from the survey as requiring focus: *We are compassionate and inclusive* and *We are all able the speak up*.

The 2026 NHS Wales Staff Survey launched on 5th October and will run through until the end of November.

For the first time this year, we are sharing weekly organisational participation rates on BetsiNet. This will enable colleagues to check how departments and teams in your area are doing, and to encourage/support those whose numbers are low. We are also highlighting teams who are doing well in promoting local participation to share success and best practice – please let us know if you have any examples we can feature in our weekly updates.

We have developed a range of resources for colleagues and promotional materials including 'mythbuster' posters and pop ups with a QR code to complete the survey at various sites. We are also repeating our prize draw, with £50 High Street vouchers up for grabs every fortnight. We are attending a range of meetings – including the People Managers Forum, IHC Directors Network and Local People and Culture Committees – to spread the word.

In 2025, 5, 203 colleagues (24.9 per cent of our workforce) participated in the survey, which was a 45 per cent increase on 2024's 3, 577 participants (17.4 per cent of our workforce). We are aiming to exceed this number this year, and collective input will be crucial in helping to achieve this.

Rewarding and recognising staff

Following the receipt of a record 533 nominations in 2026, the annual Staff Achievement Awards were held on Friday 25th September at Llandudno's Venue Cymru. Over 400 guests were in attendance.

We attracted over £37, 000 in income from award category sponsors and our principal sponsor, Centerprise UK. An additional £4, 395 income was secured via ticket sales.

To strengthen our efforts to acknowledge and praise our colleagues, display boards featuring staff achievements have been fitted across 21 of our sites. These feature photographs and write-ups which recognise and celebrate colleagues who have excelled in their work. We are now updating the boards with a second cohort of staff stories.

The displays include QR codes to enable both staff and patients and visitors to provide feedback about colleagues, to further improve our mechanisms for eliciting and capturing views.

Long service recognition

In June 2026, the Executive Team and the Board's People and Culture Committee supported the recommendations made by the Task and Finish Group to explore and agree on a new approach to celebrating long serving NHS staff.

Celebration events have been arranged for staff reaching 25 years' service, the new milestone of 40 years' service and for colleagues who missed out on recognition under the former process, where staff had to apply for recognition. Staff and their guests will enjoy and afternoon tea or buffet and will receive a certificate, pin badge and letter from the Chief Executive.

The West event will be held at Bangor University on 4th November; the East event at the Grosvenor Pulford Hotel on 10th November and the Central event at the Kinmel Hotel on 16th November.

Equality and Human Rights Workforce Update

The Health Board is now in the third year of delivery of its Strategic Equality Plan 2024–2028. Since the previous update prepared in August, there has been continued progress in translating the Health Board's equality commitments into practical workforce support, strengthened governance and assurance, and activity designed to improve the experiences of staff, patients and communities.

Delivery continues to reflect key national priorities, including the Anti-racist Wales Action Plan, LGBTQ+ Action Plan, Disabled People's Rights Plan, Workforce Equality Standard, and the evolving equality and human rights landscape.

A growing emphasis is being placed on moving beyond activity and compliance towards demonstrating impact, strengthening staff and community voice, and embedding equality and human rights within mainstream workforce practice, service improvement and organisational decision-making.

Equality Governance, Assurance and Transparency

The Equality Duties Scrutiny Group has been formally relaunched, strengthening independent challenge, organisational learning and scrutiny of Integrated Equality Assessments. Recent scrutiny has considered accessibility, Deaf and BSL communication requirements, digital exclusion, socio-economic disadvantage, information governance and wider equality impacts associated with service change and digital transformation.

Membership of the Group is also being strengthened to increase representation from Staff Networks, Workforce, governance and risk colleagues and external stakeholders. This supports more robust assurance against the Public Sector Equality Duty, Socio-economic Duty, human rights, Welsh language requirements and other relevant equality responsibilities.

Significant progress has also been made on the Annual Equality Report 2025–26, which is undergoing final preparation and Welsh translation ahead of consideration by

the Board in November. Workforce equality reports are similarly progressing towards publication, supporting greater transparency in relation to employment equality performance.

Workforce Equality Standard
The transition from the Workforce Race Equality Standard to the Workforce Equality Standard (WES) represents an important move towards a more intersectional understanding of workforce experience, recognising that colleagues may experience multiple and overlapping forms of disadvantage.

National work is considering the inaugural WES findings alongside organisational equality data and the Equality Maturity Matrix. Locally, this provides an important evidence base through which the Health Board can identify areas of inequality, strengthen accountability and increasingly target improvement activity towards demonstrable changes in staff experience and workforce outcomes.

Inclusive Workforce and Tackling Discrimination
The Equality Team continues to develop practical resources that support managers to prevent and respond appropriately and consistently to discrimination.

A new manager briefing on responding to incidents of discrimination has been developed alongside practical material for Emergency Departments. This work has included input from the Health Board's security adviser and links with wider HIW Emergency Department improvement activity.

This is complemented by ongoing development and review of equality, diversity and inclusion and Active Bystander learning resources, alongside advice and support for colleagues and managers where concerns about racism, discrimination, harassment or other equality matters arise.

Disabled People's Rights
Work continues to support local implementation of the Welsh Government Disabled People's Rights Plan 2025–2035. More than 50 external stakeholders and staff representatives registered to contribute to the co-produced programme, helping ensure lived experience informs the Health Board's response.

This work is closely connected to implementation of the All-Wales Accessible Communication and Information Standards, reflecting the important relationship between disability rights, accessible communication, reasonable adjustment, involvement and equitable access to healthcare and employment.

Gender Inclusion and EHRC Code of Practice
Following the Supreme Court judgment and subsequent developments relating to the EHRC Code of Practice, the Health Board has established a multidisciplinary Gender Inclusion Task and Finish Group to consider the practical implications for workforce and clinical policies, facilities, patient accommodation, safeguarding, workforce support, learning and communications.

The approach recognises the need for lawful, proportionate, evidence-based and individualised decision-making, taking account of privacy, dignity, safety, safeguarding and inclusion, while recognising the continuing protections provided by the Equality Act 2010.

BCUHB is playing a leading role in supporting the development of an All-Wales NHS approach, including development of the *NHS Wales Toolkit for Dignity, Safety and Inclusion: Supporting the Lawful, Proportionate and Dignified Delivery of Services Following the EHRC Code of Practice*.

The developing toolkit is designed to translate complex legal and policy requirements into practical NHS settings including wards, patient accommodation, toilets and changing facilities, workforce arrangements, safeguarding, record keeping and the management of workplace concerns. It includes practical case studies, risk assessment and the proposed BALANCE decision-making framework, emphasising individual circumstances and transparent, proportionate decision-making rather than blanket approaches.

Existing BCUHB trans and gender inclusion resources are also being reviewed to ensure that local guidance remains aligned with the developing NHS Wales approach.

Deaf Health, BSL and Accessible Communication
The Equality Team has continued to strengthen its work with Deaf and hard of hearing communities, moving from consultation and planning into practical delivery.

In October, the Deaf and Hard of Hearing Health Fair in Llandudno was delivered in partnership with Deaf Health Wales and the Centre of Sign-Sight-Sound. The event attracted 57 registered attendees and brought together more than 20 health, wellbeing and community organisations, providing accessible health information while creating opportunities for Deaf people to raise the barriers they experience when accessing healthcare.

Importantly, the Health Fair was not treated as a one-off engagement exercise. Feedback and learning are being used to inform service improvement, the Health Board's developing approach to BSL and implementation of the All-Wales Accessible Communication and Information Standards.

This is supported by investment in workforce capability, including 15 Deaf Awareness and BSL training sessions offering up to 300 staff places, alongside work to improve access to appropriate interpreting and communication support.

BCUHB is also leading on the significant All-Wales accessible communication work, including interpreter guidance, patient communications, support for neurodivergent patients, communication flagging and data. This reflects a shift from raising awareness towards embedding lived experience, accessibility and communication needs within service design and workforce practice.

Staff Networks, Staff Voice and Equality Champions
The Health Board's five equality-focused Staff Networks continue to provide important mechanisms for staff voice, peer support, engagement and co-production: BCUnity, Celtic Pride, RespectAbility, the Neurodivergent Staff Network and The GEN.
Increasingly, the Networks are being connected to wider organisational activity so that colleagues' lived experience can influence policy, workforce priorities, equality programmes and implementation of the Strategic Equality Plan.

Alongside this, a more structured Equality Champions Engagement and Recognition Programme is being developed. This builds upon significant growth in the Equality Champions community and includes an induction resource, regular communications and learning, Champion Connect opportunities and greater involvement in campaigns and Staff Network activity.

The developing approach places greater emphasis on active participation and measurable impact, rather than simply reporting the number of people registered as Equality Champions.

Staff Voice and Celebrating Our Diverse Workforce
Staff voice has also been brought to the forefront through recent heritage-month activity. BCUHB marked its first East and Southeast Asian Heritage Month with the *Evolving Threads* event in September, providing colleagues with opportunities to share their personal journeys, cultures, traditions and experiences of making North Wales their home. Staff from different East and Southeast Asian backgrounds were supported to tell their own stories, alongside cultural activities designed to encourage colleagues to listen, learn and make connections across the workforce. The event was developed with involvement from the BCUnity Staff Network, with colleagues invited to share poetry, music, memories and other aspects of their heritage, helping to ensure that the celebration was shaped by colleagues themselves rather than being delivered solely by the Equality Team.

This approach has continued through Black History Month 2026, under the theme *Honouring Our Communities*. The Health Board's programme is deliberately using staff stories to make visible the achievements, experiences and contributions of Black colleagues that can otherwise go unrecognised. One recent staff contribution, for example, emphasised the importance of visibility and being seen as an individual, alongside pride in contributing both professionally and to the wider community. Together, these initiatives demonstrate a developing approach to heritage months that moves beyond awareness raising towards amplifying lived experience, recognising the contribution of our diverse workforce and creating opportunities for colleagues to learn directly from one another**.**

Cultural Competence and Anti-Racist Practice
The Equality Team continues to develop cultural competence as a core element of inclusive and anti-racist workforce and service practice.

A Health Board-wide Cultural Competence Training Survey received responses from 104 staff across clinical, non-clinical, patient-facing and non-patient-facing roles. The findings identified opportunities to further strengthen staff confidence and capability in working effectively with people from different cultural backgrounds.

This evidence is informing the development of bespoke cultural competence learning and resources for BCUHB, complementing national anti-racism learning while reflecting the particular diversity and inequalities experienced across North Wales.

The work will build upon established good practice, including learning from services that have participated in the Diverse Cymru Cultural Competence Certification Scheme. The intention is to position cultural competence not as a stand-alone training intervention, but as part of the Health Board's broader approach to anti-racism, inclusive leadership, workforce experience and reducing inequalities in access, experience and health outcomes.

Overall Progress Against the Strategic Equality Objectives
Taken together, activity since the previous update demonstrates continued progress in translating the Strategic Equality Plan 2024–2028 into practical workforce, service and governance improvements.

There is an increasing focus on moving from commitment to implementation and from activity to measurable impact, with stronger mechanisms for scrutiny and assurance, greater involvement of Staff Networks and communities, practical support for managers and staff, and closer integration of equality and human rights considerations into mainstream organisational decision-making.

The Equality and Human Rights Team will continue to work collaboratively with Trade Union partners, Staff Networks, Workforce colleagues, clinical and corporate services, and our communities to ensure that lived experience informs the development and delivery of this work. Through this partnership approach, the focus will increasingly be on demonstrating tangible improvements in workforce experience, inclusion, accessibility and patient experience, and providing assurance that equality and human rights are embedded within organisational decision-making.

Staff Wellbeing Psychology Service (as of 4th August)
The Staff Psychology Service continues to operate under reduced capacity. We have recruited to 2.0WTE 8B Psychologists, 1 started in May and a further 2 candidates are due to start in July and September.

There is significant clinical need which is currently not being met. We have, started to increase the offer, which has included trauma-focused work.

Between April and June 2026, 59 individual psychology sessions have been offered to staff - an increase of 145% from Q1. The main difficulties reported were psychological distress as a result of organisational processes and psychological

trauma impacting ability to engage in work. 100% of staff noted that they would recommend the service to a colleague.

A joint "Psychological Approaches to Stress Management" group was also run as a pilot initiative between Occupational Health Counselling and Staff Wellbeing Psychology, to test the feasibility of a group intervention in reducing the need for individual counselling and in supporting staff back to work. The outcomes were positive, but further pilot work is required. The Service continued to develop its reflective practice offer. Reflective practice is a space for staff to come together to consider the emotional impact of their work, and to develop their thinking and practice in relation to workplace issues.

The Annual Report has identified five targets as a framework supporting staff in the Wellbeing Psychology Service.

- Shifting from reactive support towards prevention
- Strengthening organisational responses to workplace harm
- Supporting leaders and managers
- Strengthening staff wellbeing intelligence and data
- Reducing inequalities in access

Occupational Health & Wellbeing Services

This has been another challenging quarter for the service. Referral rates for both Counselling and Occupational Health have risen to levels significantly higher than any previously experienced. With now a 3 month wait for face to face OH referral.

This increased demand has been further compounded by the absence of team members who have been on long-term sick leave. The staff Counselling service have been working closely with the new Psychologists in SWSS to address wellbeing of staff in a number of areas and supporting teams in a number of key areas.

As part of the POD Absence initiative team members from the service have been involved in “Hot Spot” meetings across the Health Board to support teams with high absence levels and offer support where required.

The extra demand in terms of management referrals highlighted previously has continued interestingly when the service was first measured, referrals into the service in 2013 measured just 1897, Again his month (September) we had over 400 although not reaching the level of 500 felt in July.

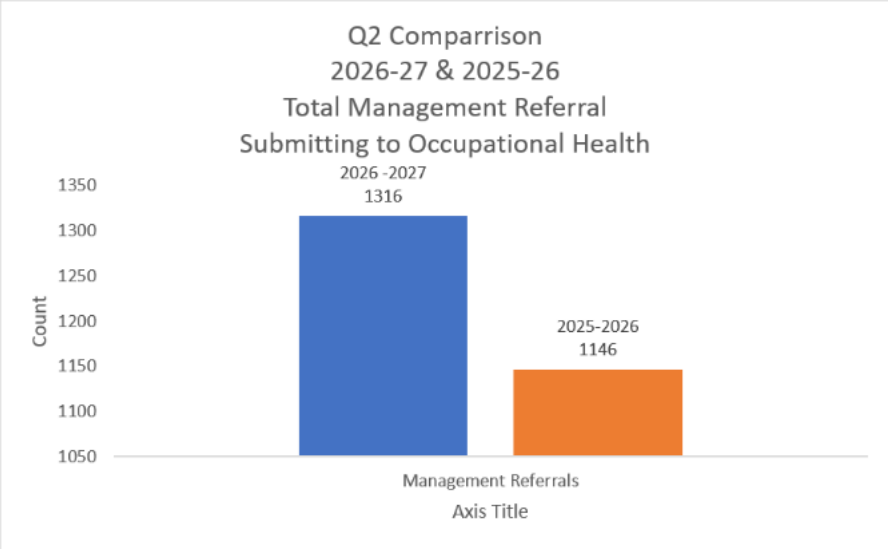
On 19th May the Occupational Health and Wellbeing service were subject to a comprehensive accreditation audit from the Royal College of Physicians, Faculty of Occupational Medicine, an audit which examined the full range of activities undertaken by the service and which mirror’s the “JAG” audit from the same organisation for endoscopy services The service passed this audit comprehensively, being commended on the integrated offer of wellbeing to Health Board staff.

Feedback from users continues to show high levels of satisfaction with the service which measure manager satisfaction as part of the process but which are class leading amongst UK Occupational Health services. This is attached below.

We remain committed to delivering consistently high-quality, efficient, and accessible services across all community and BCUHB hospital sites, to support staff to deliver safe and effective care for patients.

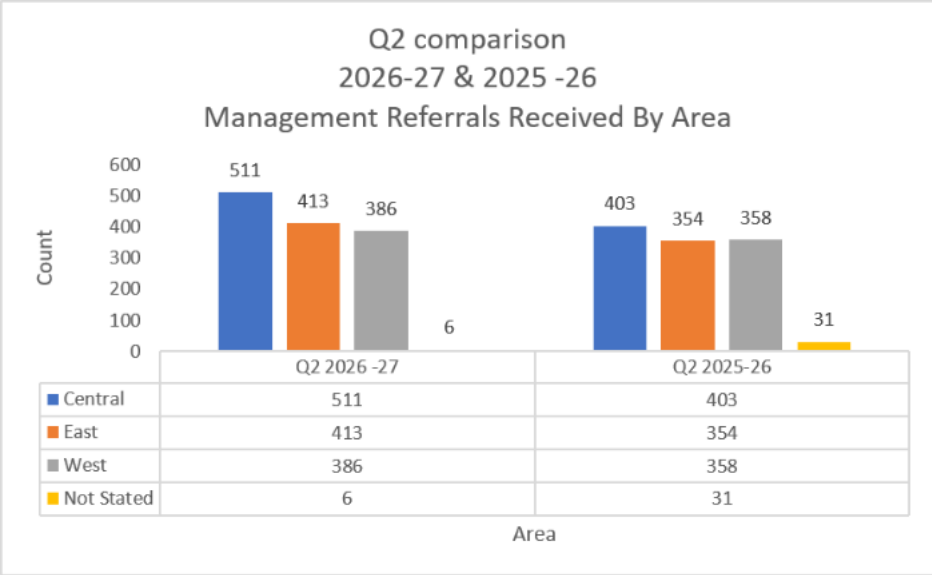
Occupational Health & Wellbeing Referrals

Management Referrals Q2
During Quarter 2, A total of 1,316 management referrals was received during Q2 2026-27, representing an increase from 1,146 referrals in Q2 2025-26, demonstrating sustained demand for occupational health support across the organisation.



The largest proportion of referrals originated from the Central area, with 511 referrals (39%), followed by East with 413 referrals (31%) and West with 386 referrals (29%).

Overall, the data indicates a continued growth in demand for Occupational Health management referrals across all regions, with the most notable increase seen within the Central area. This trend may reflect greater awareness and utilisation of Occupational Health services, alongside ongoing organisational focus on employee health, wellbeing, and attendance management.



The most common reasons for referral in Q2 2026 -27 were:

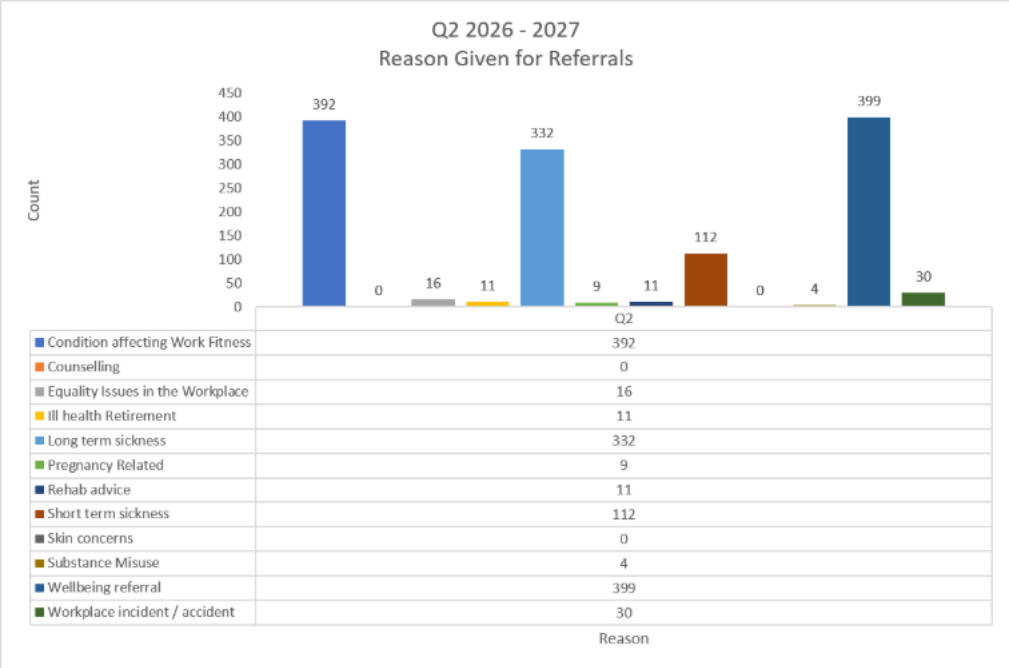
- Wellbeing referrals: 399 cases (30%)
- Conditions affecting fitness for work: 392 cases (30%)
- Long-term sickness absence: 332 cases (25%)
-

Together, these categories accounted for 85% of all management referrals, reflecting a continued focus on employee wellbeing, fitness for work assessments, and the management of long-term absence.

Other referral reasons included:

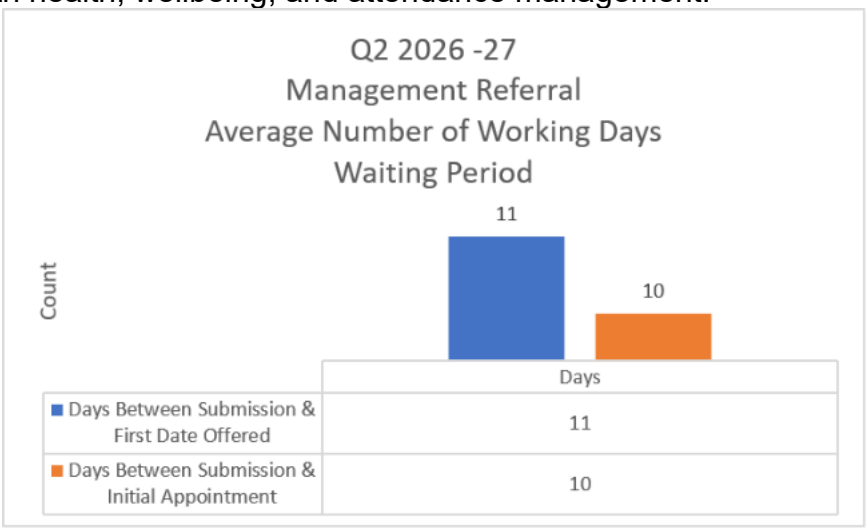
- Short-term sickness absence: 112 referrals (9%)
- Workplace incidents/accidents: 30 referrals (2%)
- Equality issues in the workplace: 16 referrals (1%)
- Ill-health retirement assessments: 11 referrals (1%)
- Rehabilitation advice: 11 referrals (1%)
- Pregnancy-related referrals: 9 referrals (1%)

Referrals relating to substance misuse remained low at four cases, while no referrals were received for counselling or skin concerns during the reporting period.



During Q2 2026-27, the average time between referral submission and the first appointment offered was 11 days, while the average time from referral submission to the employee's initial appointment was 10 days. These figures demonstrate that management referrals are being processed promptly, with employees typically receiving and attending their first Occupational Health appointment within approximately one and a half weeks of referral receipt.

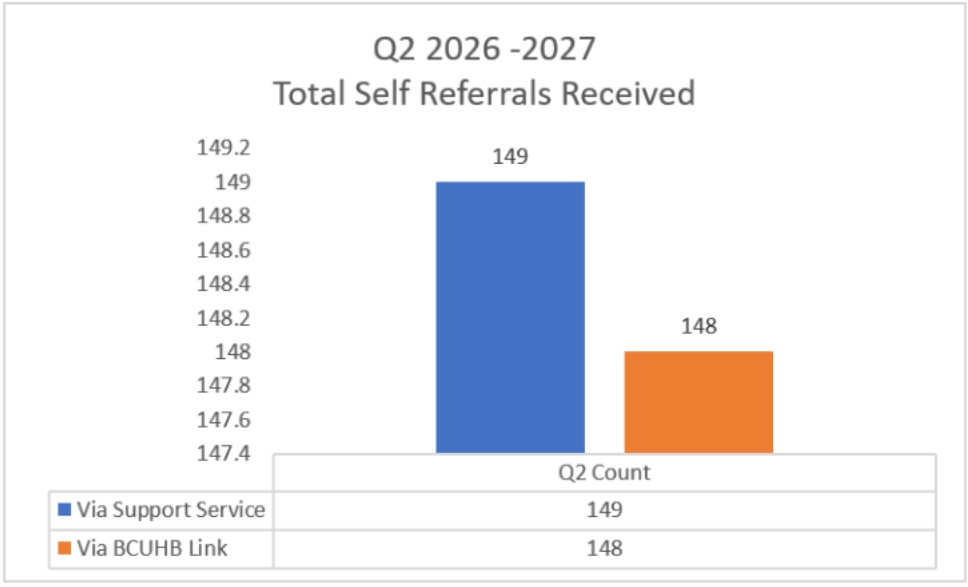
This performance supports timely occupational health intervention, enabling managers and employees to receive advice and recommendations at an early stage to assist with health, wellbeing, and attendance management.



Self-Referrals Q2

During Q2 2026-27, the Occupational Health Service received a combined total of 297 self-referrals, comprising 148 referrals through the BCUHB Self-Referral Link and 149 referrals through Support Services.

Overall, the data reflects strong engagement with Occupational Health self-referral services, particularly for mental health and wellbeing support, reinforcing the service's role in providing accessible and proactive support to the workforce.



The BCUHB Self-Referral Link received 148 referrals, with the most common reasons being:

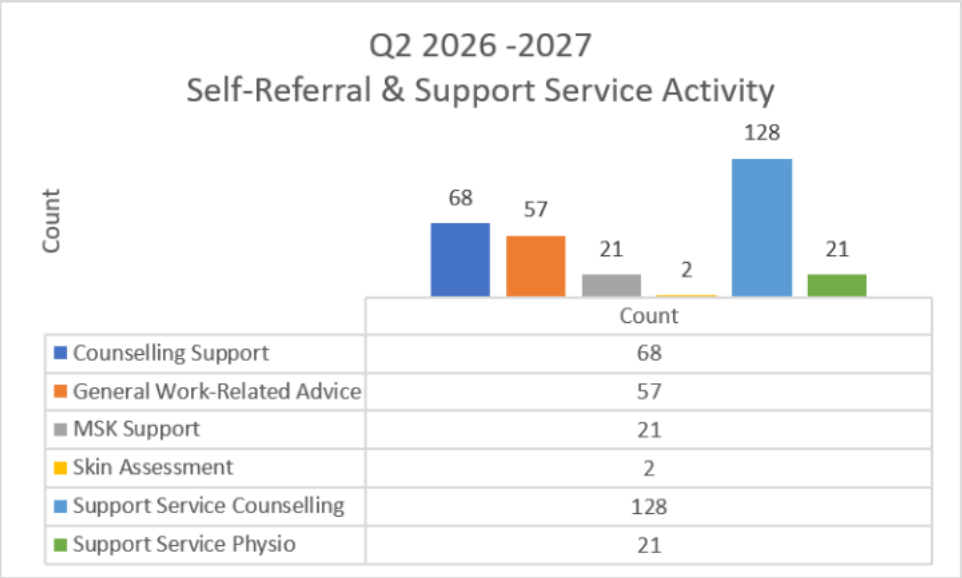
- Counselling Support: 68 referrals (46%)
- General Work-Related Advice: 57 referrals (39%)
- MSK Support: 21 referrals (14%)
- Skin Assessments: 2 referrals (1%)

No referrals were received for Night-time Worker Assessments or Other categories during the reporting period.

In addition, 149 referrals were received via the Occupational Health Support Services pathway, comprising:

- Counselling Self-Referrals: 128 referrals (86%)
- Physiotherapy Referrals: 21 referrals (14%)

When both referral routes are considered together, counselling and wellbeing-related support accounted for 196 referrals, representing approximately 66% of all self-referral activity. This highlights the continued demand for psychological wellbeing services and demonstrates the importance of maintaining accessible support pathways for staff seeking assistance with mental health and workplace challenges.



	Count
Counselling Support	68
General Work-Related Advice	57
MSK Support	21
Skin Assessment	2
Support Service Counselling	128
Support Service Physio	21

Managers Management Referral Survey Evaluation
The Managers Management Referral Survey is issued to managers following completion of an Occupational Health management referral, with the aim of gathering feedback on the referral process, the quality of Occupational Health advice provided, and the usefulness of reports in supporting the management of employees.

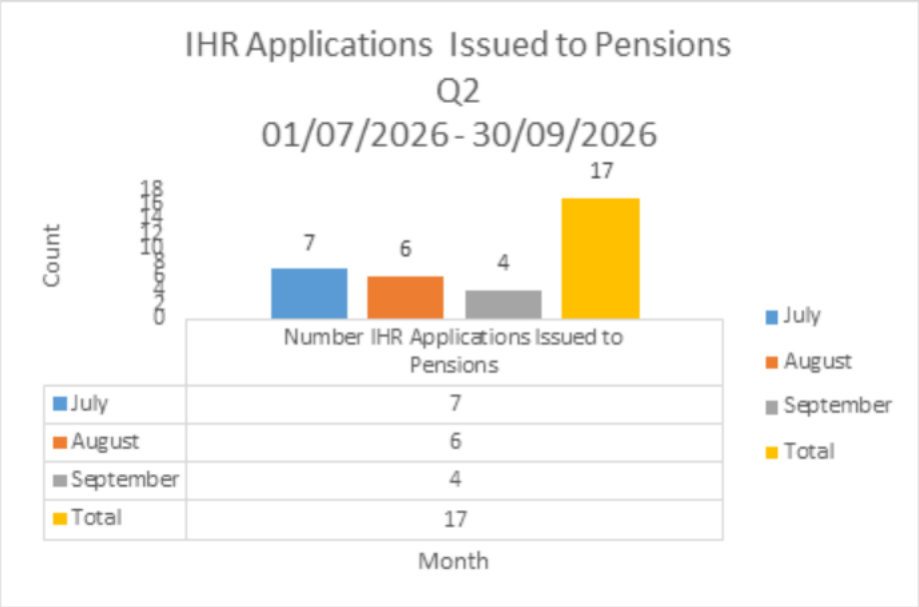
During the reporting period, 114 surveys were issued, with 11 responses received, representing a 10% response rate. While the response rate is relatively low, the feedback received provides valuable insight into managers' experiences of the service.

It should also be noted that September was an exceptionally busy month for the Occupational Health Department, with significant service demand across all areas. As a result, survey distribution activity was temporarily paused and no management referral surveys were issued during this period. The survey results presented therefore relate only to those surveys that were distributed outside of September and may not fully reflect the experiences of all managers who accessed the service during the reporting period.

Ill Health Retirements Processed
During Quarter 2, a total of 17 Ill Health Retirement (IHR) applications were issued to Pensions. Activity was highest in July, with 7 applications issued, accounting for 41% of the quarterly total. This was followed by August with 6 applications (35%), before reducing to 4 applications in September (24%).

The data demonstrates a gradual decrease in IHR applications issued over the quarter, with numbers falling by 43% from July to September. Despite this downward trend, the quarterly total of 17 applications indicates a continued demand for Occupational Health support in relation to ill health retirement processes.

Monitoring these figures over future quarters will help identify whether the reduction seen towards the end of the quarter represents a sustained trend or normal monthly variation in referral and application activity. Overall, the service maintained a consistent flow of applications throughout the quarter, ensuring timely progression of ill health retirement cases to the Pensions team.



Counselling

Counselling Service

The data from Counselling stats - Q2 2026.xlsx demonstrates a service that continues to manage high levels of demand whilst supporting staff presenting with a broad range of psychological and emotional difficulties.

Key Themes

1. High levels of stress and anxiety presentations The most common presenting issues are "Overwhelmed/Stressed" and "Anxiety, Worry and Panic", indicating that work pressures, personal circumstances and health-related concerns continue to significantly impact staff wellbeing. Personal circumstances, work-based issues, bereavement and health conditions feature repeatedly throughout referrals.

2. Complexity of need remains significant Whilst many referrals fall within the scope of the counselling service, there are several cases identified as requiring higher levels of intervention, including referrals redirected to Clinical Psychology or identified as having mental health needs beyond the service's capabilities. Presentations include psychological trauma, domestic abuse, traumatic incidents, burnout, neurodiversity-related difficulties, and complex mental health concerns.

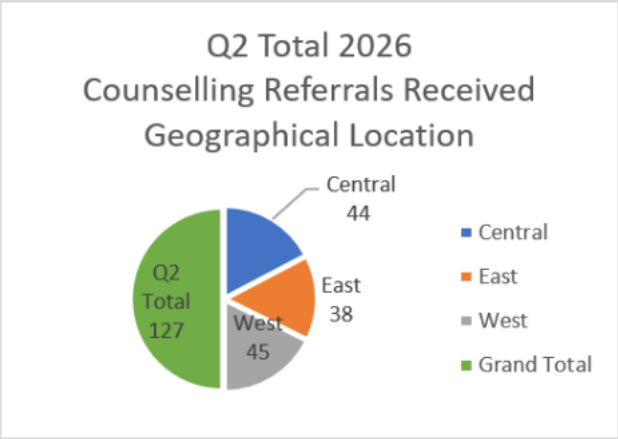
3. Risk continues to be present within the caseload A number of referrals include recorded risk factors, demonstrating that the counselling team is not only supporting wellbeing concerns but is also regularly managing cases requiring additional clinical assessment, risk monitoring and safeguarding considerations. These cases often require increased liaison, follow-up and clinical decision-making, adding to the complexity of the workload.

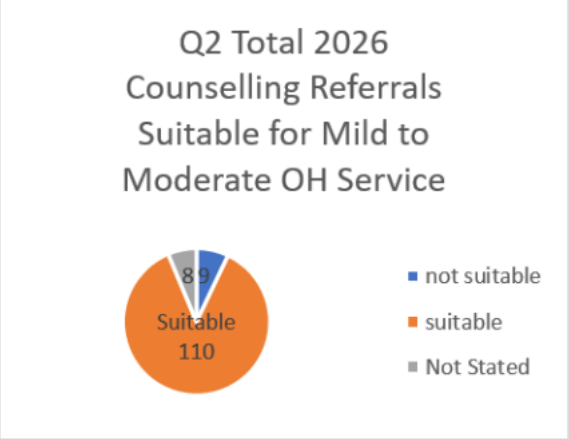
4. Diverse workforce engagement Referrals have been received from a wide range of staff groups across Nursing and Midwifery, Allied Health Professionals, Administrative and Clerical, Estates and Ancillary Services, Medical and Dental and Additional Clinical Services. This demonstrates the value of the service across the organisation and highlights that wellbeing pressures are being experienced across all professional groups.

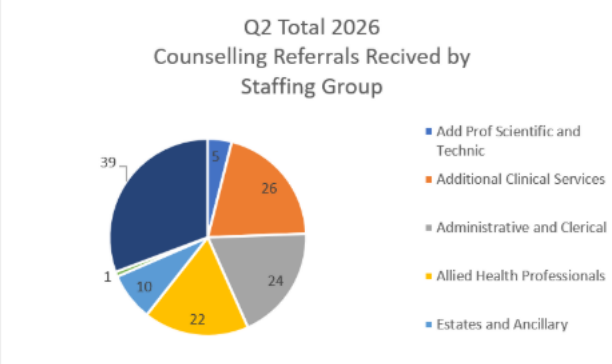
Service Performance
One of the most notable achievements during this period has been the continued reduction in the waiting list. Previous quarters saw waiting list figures consistently in the region of 160 referrals; this has now reduced to approximately the mid-80s. This represents a substantial improvement in access to support and reflects the exceptional efforts of the counselling team to increase throughput whilst maintaining safe and effective clinical practice.

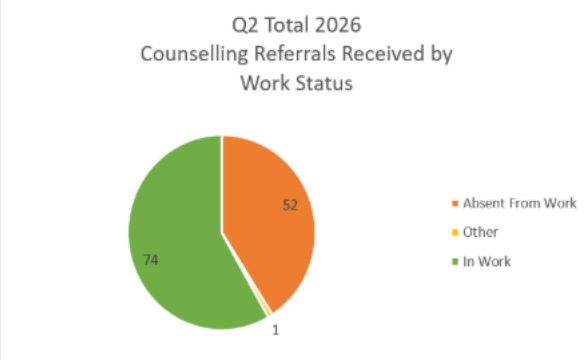
Importantly, this reduction has not been achieved through managing less complex cases. The data demonstrates that referrals continue to involve significant levels of emotional distress, complex personal circumstances, work-related difficulties, trauma, bereavement, domestic abuse, long-term health conditions and presentations involving risk. The team's ability to reduce the waiting list whilst continuing to manage these increasingly complex referrals is a testament to their professionalism, resilience and commitment to supporting the health and wellbeing of BCUHB staff.

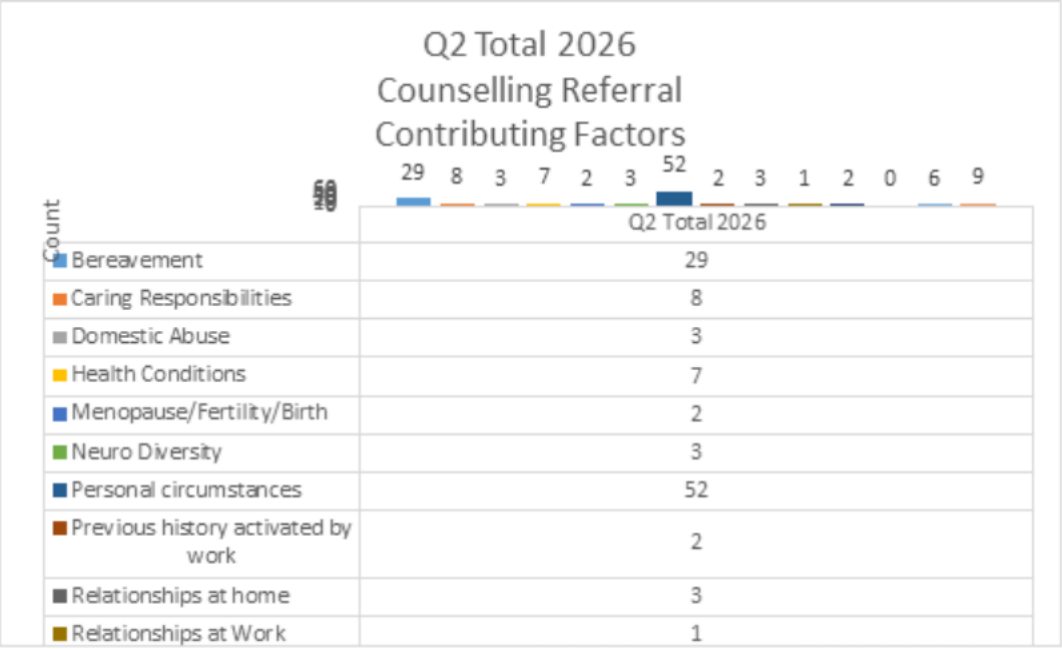
Summary:
The counselling service continues to demonstrate strong performance against a backdrop of sustained demand and increasingly complex presentations. Stress, anxiety, personal circumstances and work-related issues remain the predominant reasons for referral, with a notable proportion of cases involving trauma, safeguarding concerns and higher-risk presentations. Despite these challenges, the team has successfully reduced the waiting list from approximately 160 referrals in previous quarters to the mid-80s currently. This achievement reflects the dedication, flexibility and clinical expertise of the team, who have maintained a high-quality service while supporting staff with significant and often complex psychological needs.


Q2 Total 2026
Counselling Referrals Received
Geographical Location
Central
44
East
38
West
45
Q2
Total
127
Central
East
West
Grand Total

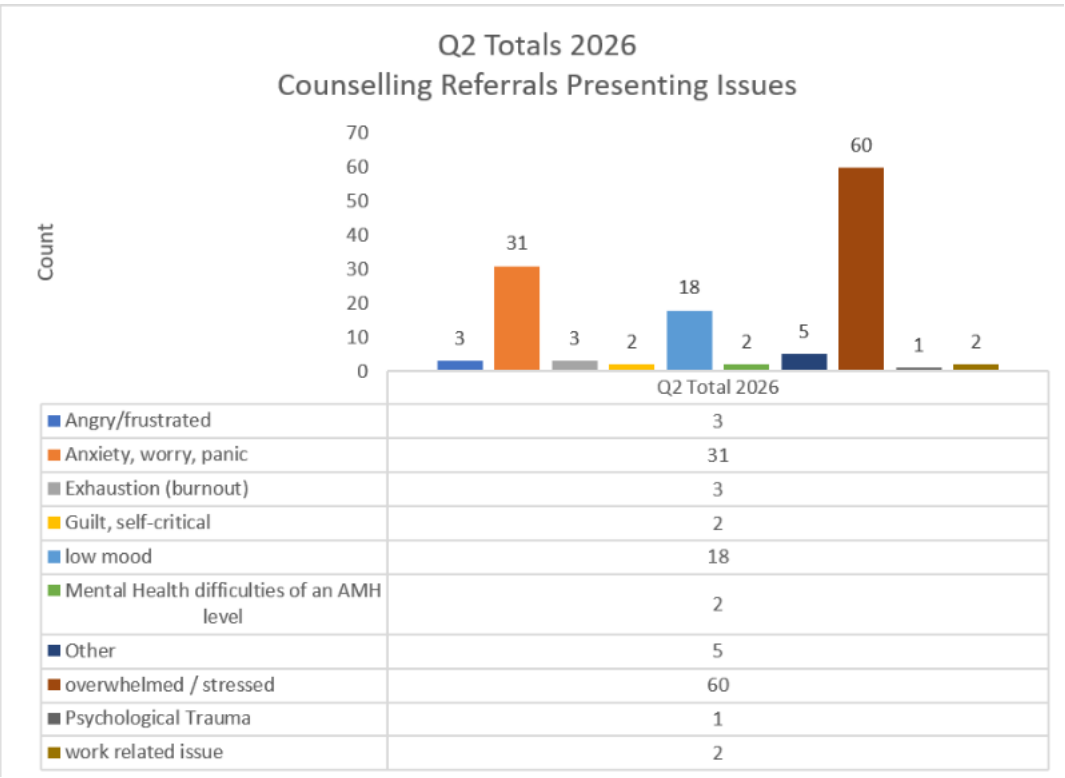

Q2 Total 2026
Counselling Referrals
Suitable for Mild to
Moderate OH Service
8
9
Suitable
110
not suitable
suitable
Not Stated


Q2 Total 2026
Counselling Referrals Recived by
Staffing Group
5
26
24
22
10
1
39
Add Prof Scientific and
Technic
Additional Clinical Services
Administrative and Clerical
Allied Health Professionals
Estates and Ancillary


Q2 Total 2026
Counselling Referrals Received by
Work Status
52
74
1
Absent From Work
Other
In Work



	Q2 Total 2026
Bereavement	29
Caring Responsibilities	8
Domestic Abuse	3
Health Conditions	7
Menopause/Fertility/Birth	2
Neuro Diversity	3
Personal circumstances	52
Previous history activated by work	2
Relationships at home	3
Relationships at Work	1



	Q2 Total 2026
Angry/frustrated	3
Anxiety, worry, panic	31
Exhaustion (burnout)	3
Guilt, self-critical	2
low mood	18
Mental Health difficulties of an AMH level	2
Other	5
overwhelmed / stressed	60
Psychological Trauma	1
work related issue	2

Additional Support Activities: (wellbeing)

Wellbeing update Q2 26/27

Health & Wellbeing Champions;

- 8 new Champions signed up to the network.

- 10 staff completed the Wellbeing champion induction session
- 21 Wellbeing Champions attended the Making every contact count (MECC) training delivered by Public Health Wales
- Wellbeing champion booking form updated to allow better data collection to identify recruitment hot-spots, new master spreadsheet to be created with more specific location information and heat map to be produced - targeted recruitment to commence end of 2026.

Menopause;
The Menopause live roadshows are currently on hold until we explore alternative funding options – Meeting scheduled with GMB WULF in July 2026.

32 members of staff attended virtual menopause cafes in this quarter and we had guest speakers from;

Dalia Saidely Alsaadi (Dermatology) - dry skin and rosacea

Men's Health;
34 attendances at the virtual Men's Corner sessions in this quarter and we had guest speakers from;
- Chris Green from Andy's Man Club

Occupational Health & Wellbeing roadshows;
As part of the 2026 Occupational Health & Wellbeing roadshow schedule, we have visited the following sites in Q2 26/27;
- Alltwen – 15 attendees
- Bryn Beryl – 6 attendees
- Penrhos Stanley – 5 attendees & Stroke Prevention team x 7 health checks
- Eryri – 8 attendees & Stroke Prevention team x 17 health checks
- Ruthin – 12 attendees & Stroke Prevention team x 6 health checks
- Denbigh – 8 attendees & Stroke Prevention team x 10 health checks
- Mold – 7 attendees
- Tywyn – 6 attendees
- YGC – 26 attendees

We are collaborating with the following teams to support staff at our wellbeing roadshows;
- Public Health Screening team
- The Stroke Prevention Team
- Help Me Quit
- Culture Change Leader programme

Bespoke wellbeing team support requests;
- N/A in Q2

OH & WB awareness sessions;

- N/A in Q2

Wellbeing workshops;

July 2026

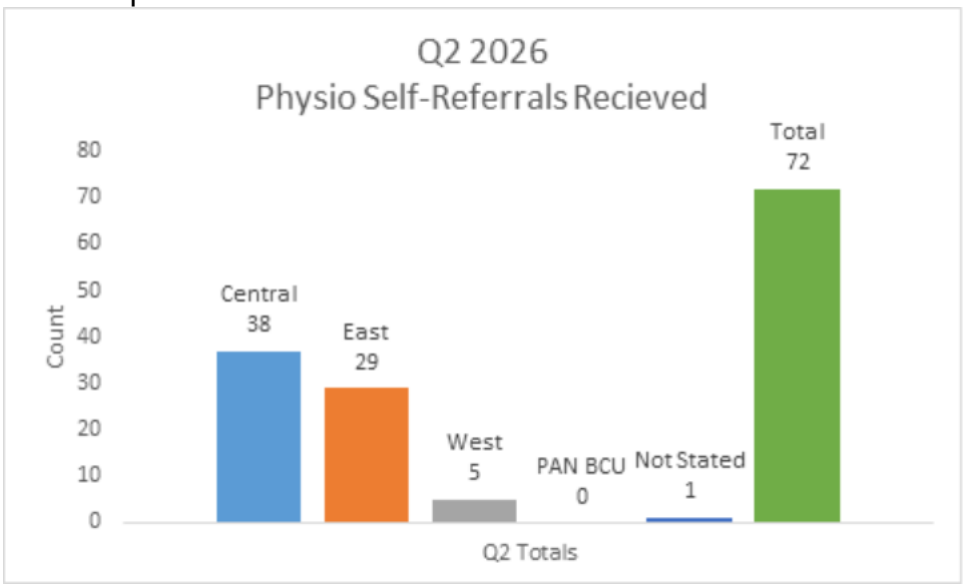
- MoneyWorks Financial wellbeing awareness & NHS pensions session – 54 attendees

Other;

- Awyr Las funding application for £4,999 submitted – Approved
- Endometriosis Friendly Employer scheme sign-up & Endometriosis champion training complete – Next roll out offers to staff
- BCUHB menopause action plan as per Employment rights act 2025 approved
- National Trust collaboration and use of sites/free passes for staff
- Attended 'Connecting with Nature at work' seminar & promotion of workplace nature wellbeing calendar across the workforce
- Outdoor partnership taster sessions planned and funding agreed to include as part of 'wellbeing day' offer – Launch end of September 2026

Physiotherapy

The data demonstrates that demand for self-referral physiotherapy services remains concentrated within the Central and East regions, which together accounted for over 93% of all referrals received during the quarter. Referral levels from the West area remain comparatively low and may warrant further review to ensure staff are aware of, and able to access, the self-referral pathway. To improve accessibility and support staff within the West region, physiotherapy clinics have been arranged within the Occupational Health Department in Bangor and will be delivered according to service demand. It is anticipated that providing a local clinic option will help increase awareness and uptake of the self-referral service within this area.



Overall, the volume of self-referrals reflects continued utilisation of the Physiotherapy Service, supporting timely access to musculoskeletal assessment and intervention, with the aim of reducing sickness absence and facilitating staff wellbeing and attendance at work.

End of Report:

ASESIAD / ASSESSMENT	
Cysylltiad â'r Bwriadau Strategol **Link to Strategic Intentions**	3. Improve Access, Outcomes and Experience If more than one applies, please list below: Creating compassionate culture, leadership and engagement
Yr Egwyddorion Dylunio Design Principles	People First
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	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)

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

compliance of ther Socio-economic Duty when making strategic decisions?	If no, please include rationale:	
Have you completed an Integrated Equality Impact Assessment WP8a? *WP8a Template*	Canlyniad/Outcome: Do/Yes:	Naddo/No: : ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale: Canlynaid/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Human Rights Act *Have Human Right based concerns been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
Compliance to the Welsh Language requirements? *Have you undertaken an Impact Assessment*	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Naddo/No: ☒
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Compliance to giving 'Due Regard' to the principles of the Armed Forces Covenant *Have the principles of the Armed Forces Covenant been addressed within WP8a*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	

A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd? **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd Enablers of Quality** All Apply Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	There are no specific legal implications related to the activity outlined in this report.	

Enw Da **Reputational**	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.

Improvement Plan: From Discovery to Delivery

2026 - 2029

Vision and Values

What we're aiming for:
A kind, inclusive organisation where people feel safe to speak up, understand our values, and see how their work makes a difference.

Progress to date:
- A refreshed Values based PADR process which is in final testing phase ahead of being launched during Q1 27/28. The new process has our Values & Behaviours threaded through and measures how we perform in relation to the behaviours. We are all required to gather feedback against our specific behavioural framework.
- A strengthened Values based Induction has been developed ensuring a strong emphasis on the Values & Behaviours as the golden thread. Further work is underway to ensure this golden thread is included in the wider process of welcoming and supporting new colleagues into the organisation.
- A 2.5 hour 'Ripple effect workshop' has been launched to support further embedding of the Values & Behaviours.

Goals and Performance

What we're aiming for:
Clear goals, less bureaucracy, and faster decisions made closer to patients and teams.

Progress to date:-
- Governance structures will be reviewed as part of the Foundations for the Future Workstream, which will support decision making frameworks to become more efficient and closer to patient and teams.
- Organisational structures will also be reviewed as part of the Foundations for the Future Workstream to support organisational change at a greater pace.
- Review of staff recognition programme, including revisions to the Long Service recognition scheme and introduction of staff recognition boards across acute sites.
- The re-launch of Seren Betsi, where staff are awarded for going above and beyond in demonstrating our Values & Behaviours.

Support and Compassion

What we're aiming for:
A compassionate organisation where staff feel valued, supported and included.

Progress to date:-
- Launch of 'Walk in my Shoes' – Listening & Learning Experience in September 2026 to increase Board member visibility and accessibility
- Focussing on the spread of Compassionate and inclusive skills and behaviours through the recruitment and development of Culture Change Leaders (CCLs) across the organisation. From cohort 1 and 2 we have 168 CCLs with a further 118 having attended session 1 for cohort 3
- Launch of the Culture Health Assessment where teams can measure their performance in relation to the Values & Behaviours Framework.
- Development workshops open to all staff on various topics such as Compassionate Leadership, Developing Coaching skills

Learning and Innovation

What we're aiming for:
A learning organisation that develops people, shares ideas and encourages innovation.

Progress to date:
- Talent Reviews included as part of the new PADR process which will be launched across the organisation during Q1 27/28
- Improved access to Leadership & Management development in the form of the Integrated Leadership Development Framework (ILDF)
- Development of shared learning forums such as the Organisational Learning Forum (OLF)

Team Work

What we're aiming for:
Well-led teams with clear roles, strong communication and shared accountability.

Progress to date:
- Organisational structure review as part of the Foundations for the Future Workstream to improve clarity and efficiency.
- Further opportunities to develop team leadership capability through the Integrated Leadership Development Framework (ILDF) and People Managers Forum
- A suite of Team Working materials have been developed providing a team working review which provides advice, guidance and tools to develop key elements of the team.
- Launch of the Culture Health Assessment where teams can measure their performance in relation to the Values & Behaviours Framework

Our Culture Change Journey at BCUHB

Developing workplace culture through an evidence-based approach

Read on to discover how Wales's largest health board continues its long-term journey to transform organisational culture for the benefit of patients and citizens

What we faced as a Health Board

Betsi Cadwaladr University Health Board (BCUHB) was placed in Special Measures (Level 5 Escalation) for the second time in April 2023. This means the highest level of intervention and support for health boards, trusts or services with serious failures in quality of care or leadership. The Health Board's response to Special Measures improvement included an aim to further develop culture, leadership and staff engagement. This work commenced with the support of Professor Michael West to encompass a strong focus upon compassionate leadership.

Culture Change is complex, therefore, to gain traction, the board supported following an evidence-based model which was the NHS Culture and Leadership Programme which provided a clear framework and expert support.

What we did – initial steps

Following the Board's commitment to adopting the Culture & Leadership Programme, we established the Culture & Leadership Programme Design Group, which included a cross-section of individuals from different professions and subject matter experts across the organisation to steer and contextualise the programme locally for us in BCUHB.

Governance for the programme was through a newly established Organisational Development Steering Group which was chaired by the Chief Executive and the People & Culture Committee which is a Board sub-committee, chaired by an Independent Member of the Board.

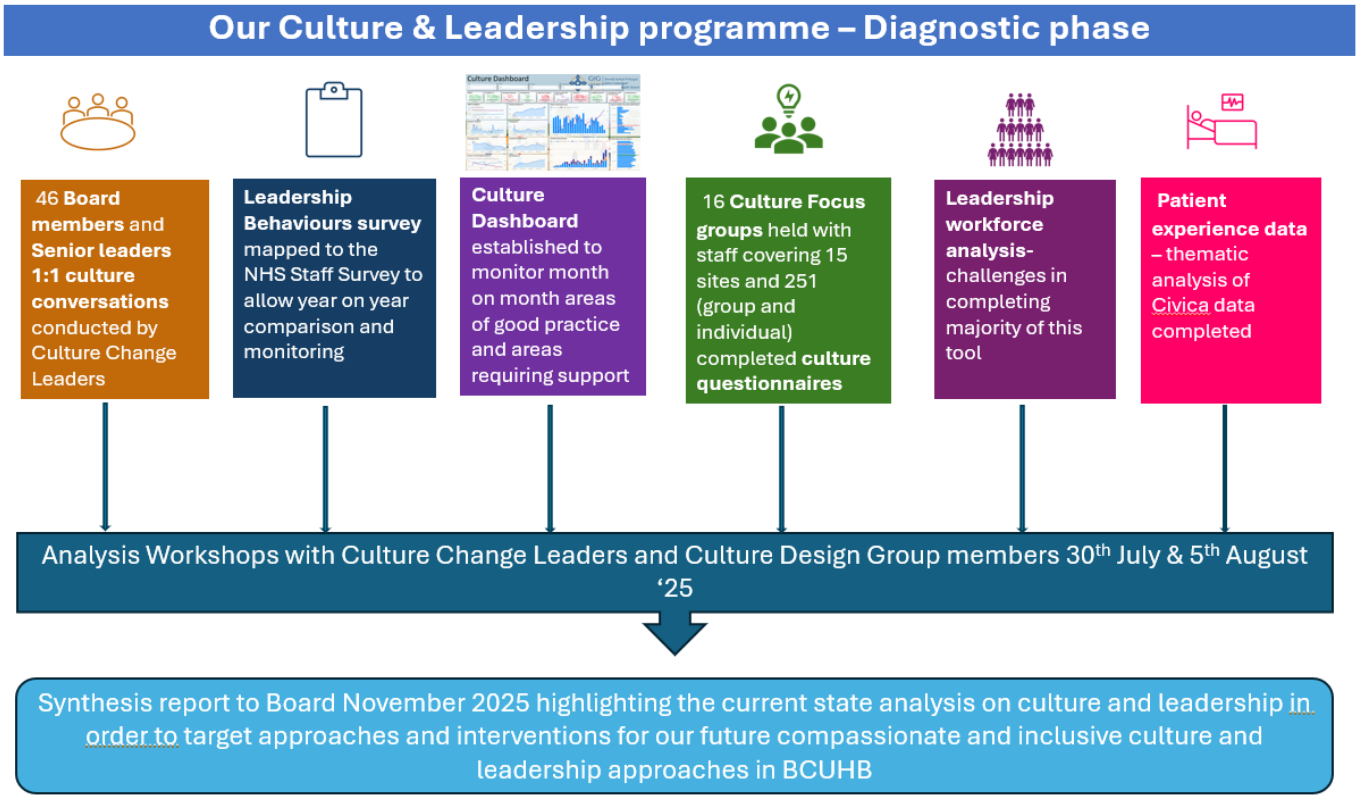
One of our first achievements was the development of a Compassionate Behaviors video, co-produced with Health Education Improvement Wales, supported and endorsed by Professor Michael West. The video is used widely across our organisation, NHS Wales and the UK in various conferences. The board also signed and committed to the NHS Wales Compassionate Leadership Pledge.

What we did – getting the basics right through a refresh of our values and establishing a behaviours framework.

We conducted a thematic analysis from a variety of data sources including Expert Independent Reviews conducted as part of being placed in Special Measures, staff engagement events held in 2023 (where specific questions were asked around our organisational values) and we held conversations around what our values should look like at our People Managers Conference in June 2024. By September 2024 we had

the first draft of the Framework, following further extensive engagement with staff and board members, we had the final draft approved at the Board in November 2024. A formal launch of the Framework took place in March 2025, we co-designed a communications and socialisation plan and an embedding plan with the aim of ensuring that the Framework was threaded through all of our systems, policies, and ways of working across the organisation.

What we did – Utilizing the 6 Discovery tools of the programme



Establishing Culture Change Leader roles

Key to the success of the work to date is our Culture Change Leaders. 87 Culture Change Leaders (CCLs) were recruited during the first cohort and 76 during the second. CCLs attended an engaging induction programme to support the Culture & Leadership programme discovery phase and are provided with tools such as the Values & Behaviors and the Staff Engagement toolkit to support culture change locally within their teams.

Cohort 3 has seen 170 staff members apply which will enable a better spread across the organisation with targeted recruitment in areas with low representation and low staff engagement index scores. Some feedback from CCL's to date include:

"I feel more confident than ever now about changing the culture for the better in BCU"

"We have been equipped with knowledge, skills and techniques that will be useful for the Culture Change work but also a wider culture change within our local areas"

"I feel up to speed with the tools available now to implement culture change within my team"

"It is so nice to be part of positive work with like-minded individuals, all working to improve the environment and culture of the organisation that we work in."

"Feel inspired that the future of Betsi is brighter because of the project"

CCLs are part of a network with a 12-month development plan in place including access to continuous professional development opportunities and culture corners to share and learn from peers. We recently held our first Celebration event where our CCLs shared the impact of their work and were joined by Professor Michael West as a keynote speaker.

Challenges and lessons learnt

Engaging with over 20,000 staff in diverse job roles has proven to be difficult, in particular with front line and clinical staff. This was true in terms of engaging with and seeking feedback from staff for the Values & Behaviors Framework. The same was true when we recruited our first cohort of CCLs. We have, however, seen that perseverance and consistency is key to success, as we have seen more clinical and front-line staff wanting to sign up to being a CCL during subsequent cohorts.

Other challenges included line manager buy-in to support CCLs; embedding Values & Behaviours in a large complex organisation and ensuring that all staff feel supported and valued, particularly during times of change.

Key lessons included that leadership visibility, local ownership, supporting our Culture Change Leaders and consistent communication are key to sustaining the momentum and the importance of being patient and resilient when implementing change.

To overcome some of the challenges and to support the communication of key messages we have created an interactive 'Culture at BCUHB' core module which is a short introductory course. This is a perfect starting point for anyone looking to understand the foundations of our Culture and Leadership Programme and the resources that support a Compassionate, Open and Respectful workplace culture.

Results / Benefits

The impact of this sustained and collective approach has been reflected in the 2025 staff survey results:

- Participation rate up from 17.4% to 24.9%
- Higher score than NHS wales average:
    - 65.2% enthusiastic about their jobs (NHS Wales average 64.1%)
    - 78.5% of staff happy to go the extra mile (NHS Wales average 77.2%)
    - 87.5% feel trusted to do their job (NHS Wales average 87.4%)

The benefits locally for staff at a team level can be seen by our Culture Change Leaders:

"I feel the culture work is having a local impact through the culture leaders taking the work back to their teams to talk about the new values and behaviours and introducing the staff engagement toolkits to great success and I personally now feel more able to challenge people against the framework for behaviours and values. However, the wider consistency for change at organisational level will take time and prolonged positive effort."

"It has been inspiring to share the journey, to hear the experiences and challenges of colleagues while working on ways to empower ourselves and develop the culture of the organisation and to deliver the values and behaviours in a real and meaningful way.
As more local areas embrace the change in culture, embracing the new values and behaviours it shows other areas that it is possible and the change spreads."

"Certainly, within our team it's been a pause for thought among us and I feel how we work together and interact has improved. I think the really heartening thing is knowing more people are willing to become involved in this space. I feel confident we will reach a critical mass at some point, where compassion, openness and respect are not organisational goals but a non-negotiable, baseline standard."

"I feel the culture work is beginning to ripple across the organisation, creating space for more honest conversations, stronger connections, and a shared sense of purpose. It's lovely to spend time with people who share a passion for culture."

Take away tips

- Culture development takes time.
- The courage of persistence is key to keep going, in particular now as we see some small, yet impactful changes in some service areas.
- Ensure your Chief Executive, Chair and Executive Team all understand and fully support your evidence-based approach.
- In a large organisation such as BCUHB, the ripple effect takes time, during this period a combination of support is needed such as board and Senior Leadership teams buy-in.
- Support and engagement from CCLs and their networks and the resilience from all to keep going and remain optimistic about the future approach to our organisational culture that will come into fruition over the coming years.

- Cultural transformation is not a short-term initiative, it is an ongoing commitment to reflect, review, and realign our priorities in line with local and national contexts.

Next Steps on our Culture Journey

- Continue onto the design and delivery stages of the Culture & Leadership Programme by implementing the three-year Culture, Leadership, Engagement 3 year Improvement Plan
- Roll out of our Values & Behaviors Training Package, aimed to raise self-awareness and personal impact to further embed the Values & Behaviours
- Focus on self-care and self-compassion to support CCLs and the wider workforce
- Enhance joint working and the sharing of learning with stakeholder organisations where our staff have close collaborative working such as Welsh Ambulance Service
- Support teams to gain specific insight into their team culture by using the Culture Health Assessment as part of cohort 3 CCL induction. The Culture Health Assessment is an assessment tool based on the organisational Values & Behaviours Framework which provides a snapshot of current team dynamics and provides guidance and suggestions to support ongoing development

Local Partnership Forum

People Services and Organisational Development (OD) Directorate Overview Report

Dyddiad y Cyfarfod Date of Meeting	04 August 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Tracey Eccles – Speaking Up Safely Lead Guardian Rebecca Testa – Head of Organisational Development
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Debbie Eyitayo, Executive Director of People Services and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
This report provides an update on key activities within the Speaking Up Safely Service

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

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	

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

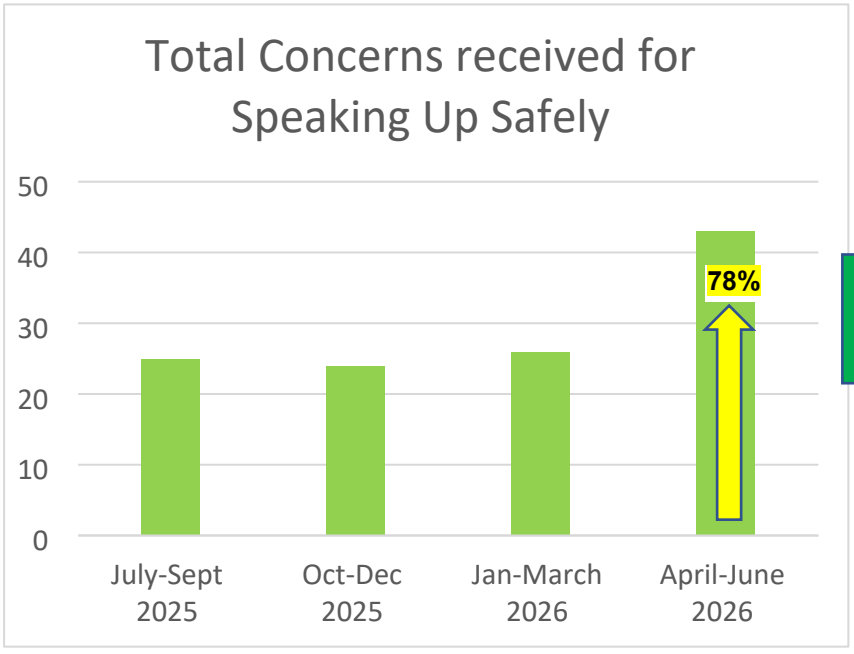
Key findings:

1. **Increase in Concerns Raised:**

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

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

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



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

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

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

Data Source: 'Working in confidence' Platform June 2026

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

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

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

2. Emerging Themes from Ysbyty Glan Clwyd:

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

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

3. Improved Response Rates and Resolution Times:

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

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

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

4. Increased Staff Engagement and Awareness:

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

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

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

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

5. Leadership and Management

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

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

6. Bullying and Harassment

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

7. Staff Safety and Workplace Relationships

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

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

8. Barriers to Speaking Up

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

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

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

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

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

7. Impact of Delayed Processes

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

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

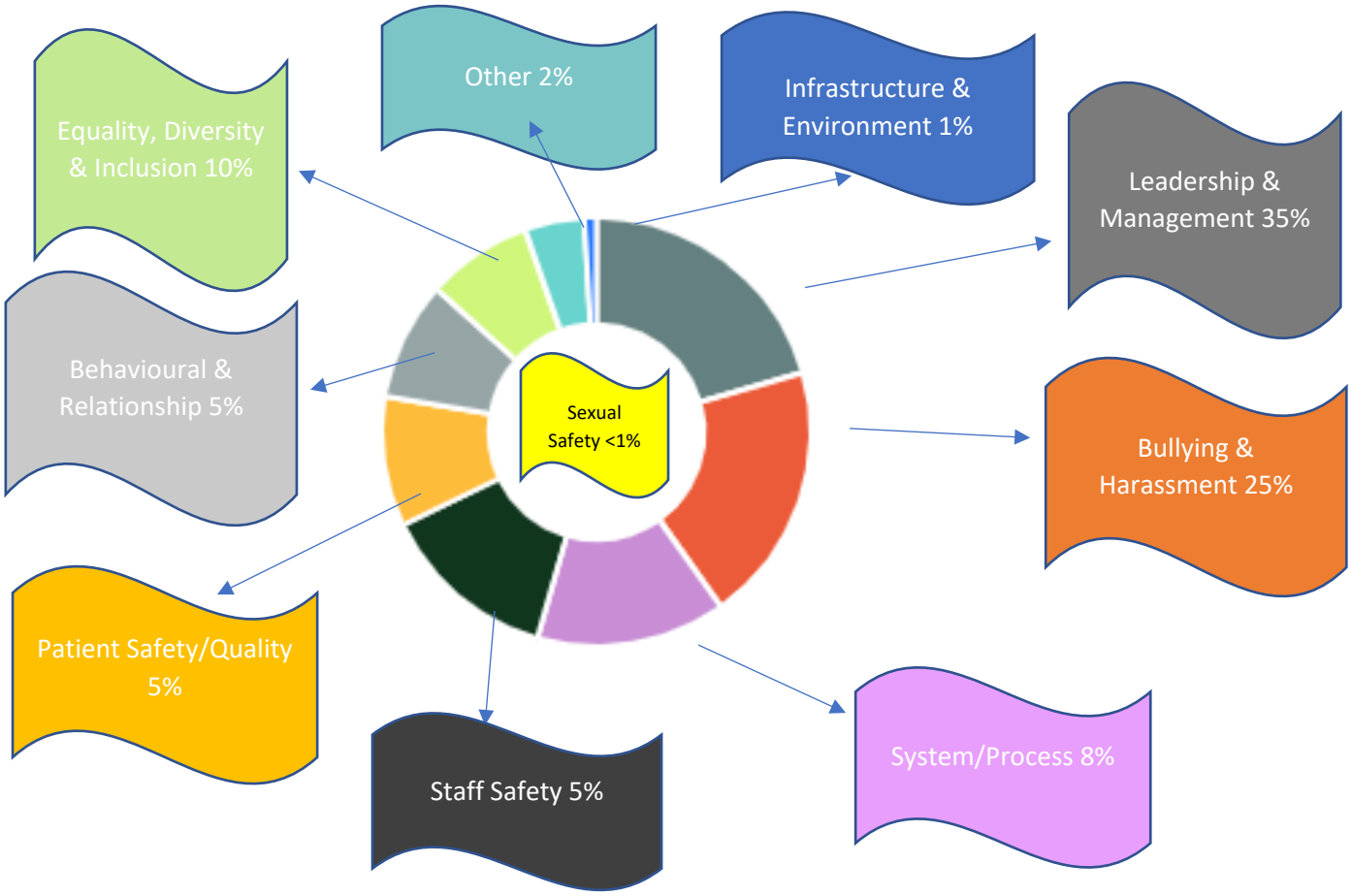
8. Workplace Relationships and Communication

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

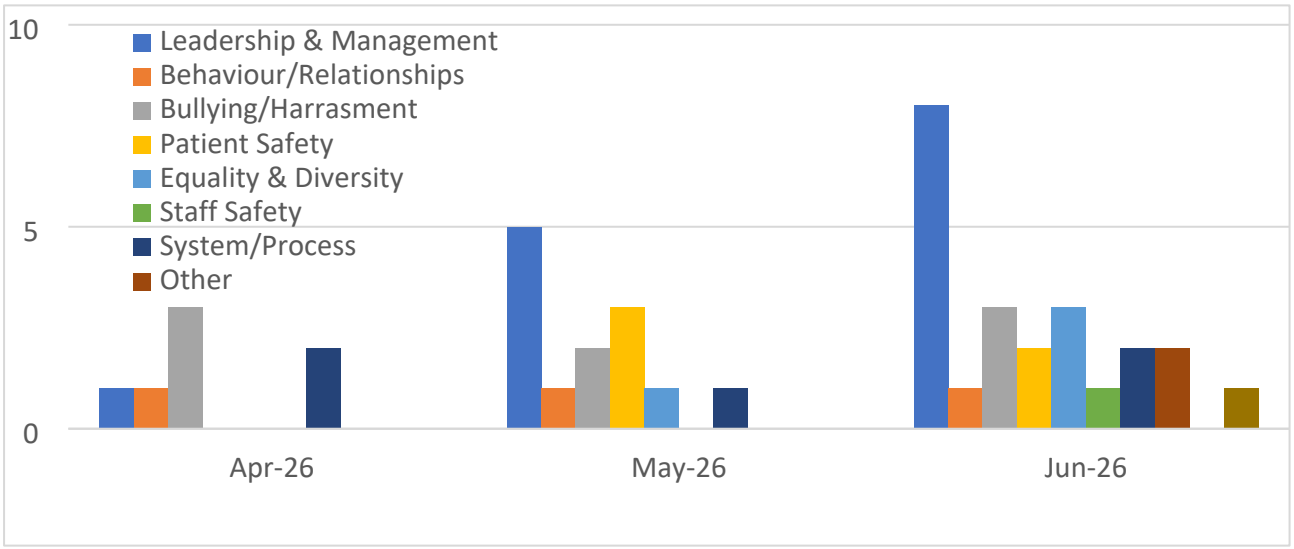
9. Compassionate Leadership and Staff Experience

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

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



Percentage of Conversations by Category



Number of Conversations by Month

Internal Audit Update

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

Progress against the Management Action plan is summarised below:

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

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

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

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

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

Next Steps:

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

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

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

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

End of Report:

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	3. Creating compassionate culture, leadership and engagment
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

Yr Egwyddorion Dylunio **Design Principles**	Choose an item. Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	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)
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*N/A*
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*N/A*
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality**	**Galluogwyr Ansawdd** **Enablers of Quality** Choose an item.	**Meysydd Ansawdd** **Domains of Quality** Safe

Have you undertaken a Quality Impact Assessment Screening?	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
	Do/Yes: ☐	Naddo/No: ☐

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Compliance with Employment Law	
Enw Da **Reputational**	Choose an item.	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	Choose an item.	

Betsi Cadwaladr University Health Board (BCUHB)
CONFIRMED Minutes of the People & Culture Committee
held in Public on 13 August 2026
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Dyfed Jones	Independent Member (Chair of Committee)
Billy Nichols	Independent Member
Clare Budden	Independent Member *(via Teams)*
Paul Lambert	Independent Member
In Attendance	
Jason Brannan	Deputy Executive Director of People & Organisational Development
Andrew Doughton	Audit Wales
Dyfed Edwards	Health Board Chair
Debbie Eyitayo	Executive Director of People and Organisational Development
Steven Grayston	Director of Allied Health Professions (Centre) *(part meeting: via Teams)*
Dave Harries	Head of Internal Audit *(via Teams)*
Ceri Harris	Head of Equality, Diversity and Inclusion *(part meeting: via Teams)*
Nia Wyn Harris	Senior Organisation Development Manager – Culture *(part meeting: via Teams)*
Eleri Hughes-Jones	Head of Welsh Language Services *(part meeting)*
Stuart Keen	Director of Environment and Estates
Teresa Owen	Executive Director of Allied Health Professionals and Health Science
Georgina Roberts	Senior Associate Director, People Service *(via Teams)*
Rebecca Testa	Head of Organisational Development *(part meeting: via Teams)*
Pam Wenger	Director of Corporate Governance
Em Wilkinson–Brice	Well Led Review Panel (Observer)
Committee Support	
Harriet Abbott	Corporate Governance Officer

OPENING BUSINESS
PC26.81 Welcome and Apologies Apologies were noted for Katie Sargent.
PC26.82 Declarations of Interest No declarations were raised.
PC26.83 Unconfirmed Minutes of Meeting held 11 June 2026 It was resolved that the Committee:

- **AGREED** that the minutes of the People and Culture Committee meeting held on 11 June 2026 were a true and accurate record.

PC26.84 Matters Arising & Action Log

The Committee reviewed the action log and noted progress against the actions.

Staff Wellbeing Organisational Position Report

- In relation to action PC26.60.2 it was confirmed that this has been discussed by the Executive Director of People and Organisational Development and the Chair of the Committee to scope out suggestions for an event and the potential for further reporting to the Committee.

It was resolved that the Committee agreed to close the actions that were proposed for closure.

STRATEGIC PRIORITIES

PC26.90 Health Inspectorate Wales Emergency Department Report Improvement Plan (People and Culture Element)

This item was taken out of agenda order to accommodate attendance requirements.

The Committee received the presentation and the Senior Organisation Development Manager, Culture and the Director of Allied Health Professions (Centre) highlighted:

- Following the Health Inspectorate Wales inspection, the Culture and Organisational Development Team undertook two weeks of engagement with staff in the Emergency Department at Ysbyty Glan Clwyd, using drop-in sessions, walkabouts and early-morning engagement.
- The approach focused on staff lived experience, considering both their current experience of working within the department and their desired future experience.
- The themes aligned with the Health Inspectorate Wales findings and included patient flow, staffing pressures, workload, burnout, leadership, psychological safety and team relationships. Additional themes included inconsistent behavioural standards, inequitable treatment and conduct concerns.
- Concerns were raised in relation to leadership, culture, senior management and the need for governance improvements. A number of actions have now been put in place to provide a level of structure and action focus.
- A total of 176 staff engaged and more than 1,000 responses were received, significantly exceeding the response to the national staff survey in the area.
- A thematic report has been developed and the themes closely align with the Speak up Safely responses received.
- The next phase will include providing feedback to teams and identifying the support required as well as focus on training needs analysis, leadership support and alignment with the wider Urgent and Emergency Care improvement programme.
- There is a need for additional focus on system wide improvements including hospital flow and discharge to ensure patient transition safely through the system and Emergency Departments which will align with the 90 Day Plans.

In discussing the report, the Committee:

- Acknowledged that the Emergency Department pressures are strongly connected to wider hospital flow and discharge arrangements and should not be treated as an isolated departmental issue.
- Welcomed the level of engagement but emphasised the importance of providing staff who had spoken openly with a visible response and timely feedback.
- Requested clear targets, milestones, named accountability and measurable outcomes, together with central oversight of locally led delivery.
- Challenged whether leadership and performance concerns were being identified and managed effectively, including the need to consider team functionality and difficult organisational decisions where required.
- Sought clarity on how progress and cultural improvement would be measured, including a proposed repeat assessment after approximately six months. Also sought assurance that the cultural findings and the Health Inspectorate Wales improvement requirements would be brought together into a clear delivery plan.
- Noted that the final Health Inspectorate Wales report was awaited and that a substantive item was planned for the next meeting, with operational, workforce, leadership and governance measures included to enable Committee oversight.

Actions:

- **PC26.90.1** Bring a substantive report to the next meeting with an update on progress against the people and culture elements of the Health Inspectorate Wales improvement plan including actions, proposed timescales, governance arrangements and evidence of staff feedback.

It was resolved that the Committee:

- **NOTED** the verbal update provided

STAFF STORY

PC26.85 Staff Story

The Committee received the staff story and the Executive Director of People and Organisational Development and Head of Equality, Diversity and Inclusion highlighted:

- The story recognises the experience of a colleague in receiving a late diagnosis of autism and how a greater understanding of neurodiversity had supported the staff members wellbeing, communication and working practices.
- The story highlighted the positive support available through the Health Board's Neurodiversity Network and encouraged managers and staff to use the Neurodiversity Managers Toolkit.
- Receiving a diagnosis had enabled the staff member to better understand how they process information, organise their time and respond to different forms of communication.
- The Neurodiversity Network provided valuable peer support and had helped colleagues to understand and communicate their individual workplace needs.
- The Managers Toolkit offers practical guidance to help managers support staff appropriately.

- 13.3% of respondents to the most recent staff survey have identified as neurodivergent, representing almost 700 members of staff, and the Neurodiversity Network had more than 400 members.

In discussing the staff story, the Committee:

- Welcomed the story and thanked the staff member for openly sharing their experience.
- Recognised the additional effort that can be involved when neurodivergent colleagues adapt or mask aspects of themselves to meet perceived workplace expectations.
- Sought assurance that managers have access to appropriate advice, training and practical tools.
- Emphasised that an inclusive culture should enable colleagues to be themselves at work and should recognise the value that different ways of thinking, communicating and working bring to the organisation.
- Highlighted the need to move beyond viewing neurodiversity solely in terms of adjustments and instead recognise the positive contribution neurodivergent colleagues make to teams, services and decision-making.
- Discussed opportunities to make recruitment more inclusive, including providing clearer information about interview arrangements, considering advanced access to interview questions where appropriate, and offering flexible ways for candidates to demonstrate their skills and experience.
- Noted that work was under way to consider how the Neurodiversity Managers Toolkit could be adapted to support neurodivergent patients and contribute to the development of accessible communication standards across Wales.
- Recognised the significant growth of the Neurodiversity Network and the value of continuing to promote the Network, its peer support offer and the Managers Toolkit across the organisation.

It was resolved that the Committee:

- **NOTED** the themes raised.

STRATEGIC PRIORITIES

PC26.86 Strategic Equality Plan 2024-2028

The Committee received the report and the Head of Equality, Diversity and Inclusion highlighted:

- Overall progress remains positive, with 28 out of 32 priorities on track and no high risk milestones identified.
- Welsh Government have independently recognised Level 3 maturity across workforce, access, experience and overall organisational equality maturity, with aspects of the workforce programme approaching Level 4.
- Strengths includes strategic alignment, governance through the Equality and Human Rights Strategic Forum, and understanding of workforce and population inequalities.
- The principal challenge is to move from evidence of activity to measurable impact through stronger outcome measures, improved equality data and clearer evidence that equality impact assessments influence decision making.

- Work is progressing to revise the workforce equality dashboard and incorporate Strategic Equality Plan outcome measures into the Integrated Medium Term Plan delivery and monitoring arrangements.

In discussing the item, the Committee:

- Welcomed the external assurance and positive direction of travel.
- Sought assurance on priorities requiring further improvement and the capacity available to deliver them, including the women's plan and dependencies on Welsh Government policy.
- Discussed data completeness and the need to understand the reasons staff may select "prefer not to say" without making unsupported assumptions.
- Requested clarity on executive-level equality champions within the Anti-racist Wales Action Plan. It was confirmed that actions remain under active oversight and are being aligned to the Integrated Medium Term Plan monitoring arrangements.
- Recognised that work is under way to strengthen equality outcome measures and workforce intelligence.
- Noted the forthcoming accessible communication work and the benefit of a future update combining the local and all-Wales position.

Action:

- **PC26.86.1** Provide a future update to the Committee on the Health Board's readiness for accessible communication standards incorporating the all-Wales work and local position.

It was resolved that the Committee:

- **NOTED** the Year 3 Quarter 1 progress against the Strategic Equality Plan 2024-2028.
- **RECEIVED ASSURANCE** regarding the overall delivery of the Strategic Equality Action Plan.
- **NOTED** Welsh Government's validation of the Health Board's Equality Maturity Matrix assessment and the positive assurance provided regarding governance, planning and engagement arrangements.
- **SUPPORTED** the continued development of the Equality Outcomes Framework and enhanced equality intelligence arrangements.
- **RECEIVED ASSURANCE** that appropriate governance and monitoring arrangements remain in place to support delivery of the Health Board's statutory equality and human rights obligations.

PC26.87 People Operations Report

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

- Vacancy performance has improved in registered nursing, allied health professionals and additional professional, scientific and technical staff.
- A total of 242 newly qualified practitioners are expected to join the Health Board in September 2026, including 167 adult nurses, 22 children's nurses, three learning disability nurses, 21 mental health nurses, 22 midwives and seven operating department practitioners. Eleven applicants remained to be placed.

- Sickness absence remains around 6% and the Healthy Workforce Group is reviewing and prioritising actions to focus on those most likely to achieve impact.
- A 21% increase had been seen in applications from individuals who did not meet the essential criteria; filtering questions are being introduced to support high-volume recruitment.
- Agency expenditure had reduced by 24% compared with the corresponding period, including a reduction of 48% in nursing and midwifery and 10% in medical and dental expenditure.

In discussing the item, the Committee:

- Expressed concerns that the PADR compliance rate has reduced and emphasised its relationship with leadership, performance and culture.
- Challenged the organisation to benchmark absence beyond NHS Wales and to use service-level intelligence to identify high-performing and challenged teams.
- Supported development of a culture dashboard and balanced scorecard bringing together staff survey, PADR, absence, employee relations and related indicators. The revised appraisal process has been modified following pilot feedback and further testing is underway.
- Noted significantly higher sickness absence and turnover within Estates and Ancillary Services and requested deeper analysis of underlying causes and improvement plans.
- Requested proactive communications to correct the perception that the Health Board is not recruiting newly qualified nurses.

Actions:

- **PC26.87.1** Provide a future deep dive on Estates and Ancillary Services workforce indicators, including absence, turnover, vacancies, culture and an associated improvement plan.
- **PC26.87.2** Strengthen future reporting by triangulating PADR, sickness absence, staff survey, employee relations and culture indicators at service level.

It was resolved that the Committee:

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

PC26.88 Integrated Leadership Development Framework

The Committee received the report and the Head of Organisational Development highlighted:

- The 2025-26 leadership development objectives have been substantially achieved noting that the framework has now become well established.
- The offer includes compassionate leadership and coaching workshops, lower-level leadership programmes, the Advanced Clinical Leadership Programme and the People Managers Forum.
- Evaluation indicates positive effects on leadership confidence, self-awareness, communication, compassionate leadership behaviours and team leadership.
- The People Managers Forum has attracted more than 1,600 live attendances and 1,800 recorded views during the year with consistently positive feedback.

- Priorities for 2026-27 included strengthening evaluation through the Kirkpatrick model, improving equity of access, developing performance dashboards and alignment with the NHS Wales leadership and management competency framework.

In discussing the item, the Committee:

- Queried whether completion of appropriate leadership development should be required when staff enter or progress into management roles.
- Noted that the framework is not currently mandatory but national standards are expected to introduce clearer requirements.
- Suggested targeted mandatory participation in areas where performance or cultural concerns are known.
- Supported access for aspiring managers before appointment, recognising that technical expertise alone did not prepare staff for management responsibilities.
- Requested a dashboard linking participation with staff experience, turnover, absence and other outcomes.
- Emphasised that national frameworks must reflect leadership in a bilingual country.
- Noted that the Foundations for the Future Programme includes technical management competencies covering governance, delegation, decision-making and procurement and this will be a requirement.

Actions:

- **PC26.88.1** Consider mandating leadership development in areas where performance or cultural challenges have been identified and report progress to a future meeting.

It was resolved that the Committee:

- **TOOK ASSURANCE** that the Integrated Leadership Development Framework is delivering against the 2025/26 Annual Plan objectives.
- **NOTED** the positive impact of leadership development activity on leadership capability, compassionate leadership and organisational culture.
- **SUPPORTED** the priorities for 2026/27, including further embedding the framework, strengthening evaluation and aligning programmes to the NHS Wales National Leadership and Management Competency Framework.

PC26.89 Speaking Up Safely Quarterly Report

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

- The use of the Speaking Up Safely arrangements has increased and is being considered alongside wider organisational cultural intelligence.
- The report includes progress against the limited-assurance internal audit recommendations.
- Themes include work environment, employee relations, leadership and management, harassment and bullying, and delays in processes.
- The Speaking up Safely Guardian has been increasing visibility through targeted visits and floor-walking, supported by the reporting platform and local champions.

In discussing the item, the Committee:

- Welcomed the increase in reporting in this area while emphasising the need for assurance that concerns raised are being appropriately addressed where anonymous concerns have been raised.
- Emphasised the need to triangulate Speaking Up Safely information with grievances, respect and resolution, staff survey, absence and wider cultural information.
- Queried whether the function was sufficiently resourced and how staff awareness is being maintained.
- Noted use of QR codes, staff recognition boards, BetsiNet, induction arrangements and local champions to raise awareness.
- Sought assurance that audit weaknesses in case coordination, allocation, recording and closure are being addressed through a consistent multidisciplinary process.
- Confirmed that progress against the Internal Audit report is also being reported to the Audit Committee.

Actions:

- **PC26.89.1** Further develop the triangulation of Speaking Up Safely data with wider workforce and culture intelligence to strengthen assurance on the actions being taken and the resulting impact.
- **PC26.89.2** Continue to report progress against the limited-assurance audit actions through the People and Culture Committee and Audit Committee.

It was resolved that the Committee:

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

GOVERNANCE, RISK AND ASSURANCE

PC26.91 Welsh Language Annual Report

The Committee received the report and the Head of Welsh Language Services highlighted:

- The reports complies with the annual reporting requirements to the Welsh Language Commissioner and Welsh Government.
- Progress had been made in statutory compliance through the self-assessment programme, targeted improvement actions and standard operating procedures.
- More than 1,000 staff participated in Welsh language learning during the year and partnership arrangements have increased training capacity.
- The Translation Team translated more than 4.6 million words and provided interpretation support for meetings, events and interviews.

- Four Welsh language complaints have been received and addressed within the required timescales.
- A total of 96.34% of staff have recorded their Welsh language skills on ESR and more than 98% of vacancies identified Welsh as essential, desirable or to be learned.
- Priorities for 2026-27 included further embedding Welsh language considerations in assessment, service design and delivery and extending the Active Offer in clinical settings.

In discussing the item, the Committee:

- Emphasised that Welsh language standards were fundamentally about enabling patients to receive care in their language of choice and improving their experience.
- Celebrated the Health Board's continued national recognition through the Welsh Learner of the Year Award.
- Recognised the contribution of the Welsh Language Team and the role of leaders in routinely considering Welsh language implications.
- Noted the importance of ensuring staff can engage with the Well Led Review in their language of choice.
- Assurances sought that statutory monitoring and performance reporting arrangements remained in place as well as the Active Offer and workforce development priorities continuing during 2026-27.
- Discussed opportunities to showcase Welsh language services through National events and partnership activity.

It was resolved that the Committee:

- **APPROVED** the Welsh Language Annual Report.

PC26.92 Health, Safety and Security Annual Report 2025-26

The Committee received the report and the Director of Environment and Estates highlighted:

- The overall assurance position remains partial, with positive progress through strengthened self-assessment, local ownership and central oversight.
- There has been a small reduction in staff accidents and the majority of the actions from the 2024 limited-assurance audit had been completed.
- Physical assaults on staff have increased to approximately two and a half times the previous year's level.
- The Health and Safety Team establishment has been around approximately 46 posts with around 17 vacancies, creating significant operational pressure.
- Priorities for 2026-27 included a digital risk management system, a training needs assessment, strengthening the strategic Health and Safety Group, targeted work on violence and aggression and improving team capacity.

In discussing the item, the Committee:

- Requested analysis of the causes, locations and patterns of violence and aggression, including the influence of mental health needs, alcohol or substance use and service pressures.

- Discussed the implications of Martha's Law and the need to consider security and controlled access across the hospital estate.
- Expressed concern at non-attendance for manual handling training and the current lack of service-level data linking training to risk assessments.
- Requested stronger reporting of learning from RIDDOR incidents, not solely timeliness of reporting.
- Sought assurance on ligature risks following HSE action relating to the Ablett Unit. It was confirmed that the two improvement notices had been closed, while wider Health Board work continued.
- Sought assurance that relationships and regular contact with the Health and Safety Executive had improved.
- Noted the establishment of a Health Board-wide ligature programme board and the need to avoid duplication while ensuring clear accountability.
- Raised concern about increased racist abuse and requested closer alignment with equality and anti-racism work.
- Suggested reviewing the frequency of health and safety assurance reporting to the Committee.

Actions:

- **PC26.92.1** Provide a thematic and trend analysis of violence and aggression incidents, including location, contributory factors and targeted mitigations and report back to a future meeting.
- **PC26.92.2** Provide further assurance on the learning and improvements arising from RIDDOR incidents and the action being taken.
- **PC26.92.3** Review the frequency of Health, Safety and Security reporting to the Committee.

It was resolved that the Committee:

- **NOTED** the Annual Health, Safety and Security Performance Report 2025-2026.
- **TOOK ASSURANCE** from the progress made in health and safety governance, assurance and organisational oversight over the last three years.
- **NOTED** the overall Partial Assurance position but recognise we are on a journey but continue making significant strides.
- **ENDORSED** the strategic priorities identified for 2026-2027.
- **SUPPORTED** continued development of organisational health and safety systems, governance arrangements and workforce capability.

PC26.93 Board Assurance Framework

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

- The Board Assurance Framework has been realigned to the Integrated Medium Term Plan strategic objectives and the elements relevant to the Committee have been presented in the report.
- The framework is due to be considered by the Audit Committee before onward reporting to the Board.

In discussing the item, the Committee:

- Welcomed the clearer line of sight between strategic intent, objectives, risks, controls and assurance.
- Noted that limited assurance ratings would remain where there are gaps in controls or assurance even where planned actions have been delivered.
- Recognised that further work is required by the Board on the risk appetite and outcome-based assurance will be supported through the wider Board development programme.

It was resolved that the Committee:

- **NOTED** the progress made in developing the refreshed Board Assurance Framework risks within its remit.
- **REVIEWED** the proposed assurance ratings for 4A Foundations for the Future, 4F Education and 4J Workforce, recognising that the current position remains predominantly one of **Limited Assurance**.
- **RECEIVED ASSURANCE** that appropriate controls and mitigating actions are in place to manage the identified risks, whilst acknowledging the need for stronger outcome-based assurance and benefits realisation evidence.
- **SUPPORTED** continued work to strengthen assurance measures, reporting arrangements and evidence of risk reduction across the framework.

PC26.94 Corporate Governance Report

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

- The proposed Terms of Reference are being presented as part of the annual review for onward consideration by the Board in September 2026.
- The Committee Annual Report and self-assessment outcome are included with the papers.

In discussing the item, the Committee:

- Noted that the Annual Report reflected the Committee's work, assurance and risks over the preceding year.
- Welcomed the strengthening of executive leadership for the Committee.
- Agreed that the self-assessment required a fuller discussion and should be used to identify a small number of priority improvements for the next 12 months.

Actions:

- **PC26.94.1** Schedule a focused discussion on the Committee self-assessment and identify the top three improvement priorities for 2026-27.

It was resolved that the Committee:

- **NOTED** the matters considered in private at the meeting held on 11 June 2026. **NOTE** the Committee Forward Work Plan.
- **REVIEWED** and **RECOMMENDED** the revised Committee Terms of Reference to the Board for approval.
- **APPROVED** the Committee Annual Report 2025-2026.
- **NOTED** the outcome of the Committee Self-Assessment and **ENDORSED** the proposed actions to support continuous improvement in the Committee's effectiveness and governance arrangements.

CLOSING BUSINESS
PC26.95 Agree Items for Referral to Board / Other Committees The Committee agreed to reflect on the Emergency Department improvement work, workforce indicators, Speaking Up Safely and Health, Safety and Security Report.
PC26.96 Review of Meeting Effectiveness The Committee reflected that the meeting had covered a substantial agenda and benefited from constructive challenge and contributions.
PC26.97 Date of next meeting Thursday 13 August 2026, 9.30am
PC26.98 Resolution to Exclude the Press and Public 'Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	24 September 2026
Statws Cyhoeddi Publication Status	Open/ Public
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Olivia Shorrocks Director of Performance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Russell Caldicott Executive Director of Finance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary
This report summarises the health board's current position in relation to its agreed performance metrics and identifies key actions required to improve performance and achieve sustained improvement. It provides the health board with an objective assessment, underpinned by analysis, highlights performance issues alongside longer-term data and information on the improvements underway. The Board are asked to note the current position and assurance levels against performance metrics.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	**Dyddiad Date**	**Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau **Acronyms / Glossary of Terms**	
A&E	Accident and Emergency
AB	Aneurin Bevan Health Board
ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autistic Spectrum Disorder
BCU/BCUHB	Betsi Cadwaladr University Health Board
C&V	Cardiff and Vale University Health Board
CRR	Corporate Risk Register Reference
CTM	Cwm Taf Morgannwg University Health Board
ENT	Ear, Nose, and Throat
GDS	General Dental Services
GP	General Practitioner
HDda	Hywel Dda University Health Board
HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
LPMHSS	Local Primary Mental Health Support Services
MH&LD	Mental Health and Learning Disabilities
MMR	Measles, Mumps and Rubella
NHS	National Health Service
NR	non-recurrent
PADR	Performance Appraisal and Development Review
PFIG	Performance, Finance, and Information Governance Committee
QSE	Quality, Safety, and Experience Committee
SB	Swansea Bay University Health Board
SM	Special Measures
WAST	Welsh Ambulance Services NHS Trust
WG	Welsh Government
YTD	year to date

INTEGRATED PERFORMANCE AND QUALITY REPORT

1.0 Y SEFYLLFA / SITUATION

1.1 The Integrated Quality and Performance Report underpins the health board's Performance and Accountability Framework and integrates key performance indicators (KPIs) taken from:

- Key deliverables from the annual and Integrated Medium-Term Plan (IMTP)
- Special measures de-escalation criteria
- NHS Wales Performance Framework Measures
- Key deliverables in response to Welsh Government (WG), Healthcare Inspectorate Wales (HIW, Health Education and Improvement Wales (HIEW) and other formal recommendations

2.0 Y CEFNDIR / BACKGROUND

2.1 This report provides an assessment of organisational performance, outlining key achievements, areas of challenge, and the actions being taken to drive improvement against the domains of:

- Operational performance and access
- Quality, safety and patient experience
- Finance and sustainability
- People and places
- Population health and prevention

It brings together quantitative data, narrative analysis, and strategic context to present a comprehensive overview of service performance across the health board. The performance measures and targets reported within this section are aligned to Welsh Government expectations for 2026/27.

3.0 MATERION PENODOL I'W HYSTYRIED / SPECIFIC MATTERS FOR CONSIDERATION

3.1 Performance and access

The health board made sustained progress in reducing **planned care** waiting times during the financial year to March 2026 with the number of patients waiting over 104 weeks reducing by 79% at the end of March 2026 since its peak in July 2024. The number of patients waiting over two years has not improved since the end of March with a 5% increase noted in long waits. A small number of patients were waiting more than three years at the end of July and whilst these are being actively managed it demonstrates the fragility of progress achieved to date.

The health board, in line with Welsh Government guidelines has developed a comprehensive plan designed to eliminate all 104-breaches over the next 8 months. Confirmation from Welsh Government of additional funding to support the submitted single integrated recovery plan is expected shortly.

Cancer performance was 1% above trajectory in July 2026 at 57.1% but remains significantly adrift of national target. The health board needs to be above 55% for four consecutive months to meet the Welsh Government special measures de-escalation target. In line with agreed protocols, cancer data is resubmitted quarterly and re-submission of January – March 2026 data resulted in in an improved performance with February and March performance above the 55% de-escalation threshold.

De-escalation threshold	Jan-26	Feb-26	Mar-26
55%	54.8%	57.1%	58.3%

Challenges remain within skin, breast, urology, colorectal, and head and neck services, reflecting ongoing capacity, pathway and demand pressures. Targeted commissioning is taking place to support mobilisation of recovery plans.

Diagnostic performance has continued to improve with the percentage of patients seen within eight weeks increasing from 47.1% at the end of January 2026 to 68.3% at the end of July 2026 - a reduction of around 14,500 patients waiting over 8 weeks. Capacity constraints continue within key services, particularly radiology, non-obstetric ultrasound and endoscopy, where demand from all pathways i.e. inpatient, urgent, cancer and routine demand alongside workforce pressures continue to impact performance.

Performance against the percentage of people accessing **adult psychological therapy** within 26 weeks of referral improved slightly between June and July but remains below the national 80% standard with 55.13% of patients starting treatment within 26 weeks in July. Whilst performance is expected to improve progressively as recovery actions take place, achievement of the national standard remains challenging.

Access for children requiring **neurodevelopment** assessments remains below expectations at 16.9% within 26 weeks for BCUHB against an 80% target. There is a focus on reducing waits over 3 years, supported by external commissioning. This has seen a 67% reduction in the number of patients waiting more than 3 years between December 2025 and July 2026. Whilst this progress is encouraging current forecasts indicate that there will remain a shortfall in capacity in clearing the three year wait cohort by the end of the year.

Urgent and emergency care services across the health board continue to operate under ongoing pressure, and present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation.

Performance against the 45-minute handover standard has improved by 21% over the last two months, with improvements seen at all sites. The August position was 587 patients better than the agreed trajectory (57% within 45 minutes), demonstrating positive progress in reducing handover delays. Despite this improvement, performance remains below the national expectation of zero handovers exceeding 45 minutes.

Urgent and emergency care services remain under significant pressure, with ongoing risks to patient safety, experience, quality of care, staff wellbeing and organisational reputation. Despite a 2.9% reduction in ambulance conveyances in August, self-attendances increased by 6.5%, adding demand across UEC pathways. Emergency department 12-hour performance improved marginally to 17%, confidence in achieving the special measures de-escalation target of fewer than 10% by the end of September remains low. System-wide flow constraints and delayed care continue to impact performance.

HIW published its report in September following its unannounced inspection of the Emergency Department at Ysbyty Glan Clwyd in June 2026, when it designated the service as an area of significant concern. Areas requiring improvement are related to waiting area safety, paediatric emergency care, medicines and equipment management, and safeguarding oversight. A detailed recovery plan has been developed to respond to the concerns raised.

3.2 **Quality, safety and patient experience**

One never event was reported during August 2026 bringing the cumulative position to seven during 2026/27. The health board is an outlier compared to other health boards in Wales accounting for 42% of the never events reported during the period April - July (excluding the August case).

Recurring themes relating to compliance with invasive procedure safety standards, medicines management and clinical governance continue to require executive attention.

A health board wide programme is underway to consolidate all Local Safety Standards for Invasive Procedures (LocSSIPS) and ensure that continuous audit programmes are in place. The work programme is intended to extend assurance arrangements across all invasive procedures and strengthen reporting through governance processes.

The number of open complaints has increased with the latest data showing 374 open complaints in the week commencing 7 September 2026,an increase of fifty open complaints from early August. Central IHC area have the highest number of open complaints. The sustained level of open complaints reflects the ongoing

challenge of balancing new demand with the capacity of services to investigate and respond to concerns.

3.3 Finance and sustainability

The health board's submitted financial plan identified an £89 million gap to achieve a break-even position. After incorporating a planned £46 million saving target, a planned deficit of £43 million remains, meaning the organisation is not currently forecast to meet its statutory financial duty.

At the end of month 5 (August) 2026, the health board is reporting a year-to-date deficit of £29.3 million, which is £11.4 million adverse to the planned year to date deficit of £17.9m due to pressures predominantly relating to pay, non-pay, prescribing and CHC.

The current forecast for 2026/27 remains a deficit of £43 million, consistent with the submitted financial plan. Delivery of this forecast is dependent upon a number of key assumptions, including:

- Successful implementation of recovery actions sufficient to reduce the underlying monthly run rate to planned levels and recover the year-to-date overspend.
- Full funding by Welsh Government of all 2026/27 pay awards and associated pay uplifts.
- Receipt of all anticipated income streams.

As at August 2026, savings schemes with a forecast deliverable value of £47.5 million have been progressed, an increase of £3.6m from previous month. Of the identified schemes, only £31.8 million have been reported as budget reducing, highlighting the need for significant further work to identify and deliver recurrent budget releasing savings and restore a sustainable financial trajectory.

Welsh Government has reiterated its expectation that the health board works to deliver its key financial duty and submit a balanced financial plan. To achieve this, the health board would need to deliver an enhanced savings programme of £63 million, representing an additional £17 million above the £46 million savings target currently incorporated within the submitted financial plan.

Achievement of this stretch target would enable £26 million Welsh Risk Pool costs to be mitigated through Welsh Government support, allowing the Health Board to submit a balanced plan for 2026/27 and achieve its statutory financial duty of break-even.

Failure to achieve the statutory financial duty places at risk access to approximately £82 million of Welsh Government funding. This would significantly increase the financial challenge facing the organisation and constrain its ability to

maintain services, invest in workforce and infrastructure, and support delivery of operational recovery plans.

3.4 **People and places**

Workforce performance remains broadly stable, with key indicators showing some progress despite ongoing recruitment challenges. The vacancy rate increased to 9.2% in August, driven primarily by planned establishment growth, including additional nursing posts to support graduate nurse recruitment and medical training grade expansion, rather than reductions in substantive staffing. Recruitment delays and hard-to-fill vacancies continue to impact progress, although establishment control process improvements are being implemented.

Strategic workforce planning continues to support service sustainability, workforce transformation and productivity priorities, including implementation of the Consultant & SAS Job Planning Policy and actions to reduce temporary staffing reliance. Agency utilisation has reduced to 2.3%, with expenditure down significantly year-on-year and performance on track to achieve the Welsh Government 30% reduction target.

Turnover remains low and stable at 7.1%, while sickness absence has increased slightly to 6.2%, driven predominantly by long-term absence. PADR compliance stands at 80.3%, and mandatory training remains above target at 90.2%.

4.0 ASSESSMENT

The health board continues to face significant challenges in delivering sustained recovery and there is a risk of slippage as waiting lists start to grow. Performance against national standards remains below expectation in many services, most notably urgent and emergency care, cancer and planned care. Alongside these operational challenges, the health board faces substantial financial risk, with delivery of the statutory financial duty critical to maintaining access to Welsh Government support funding and supporting future service sustainability. Recovery plans are in place, but delivery at pace will be critical during the remainder of 2026/27.

5.0 ARGYMHELLION / RECOMMENDATIONS

5.1 All exceptions noted in this paper are being monitored and are under considerable scrutiny, despite this there is considerable risk that the health board's trajectories will not be met this quarter. The Board are therefore asked to provide robust oversight and challenge, ensuring that recovery plans are delivering measurable improvement and that management actions are commensurate with the scale of the operational, quality and financial challenges facing the health board.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	3. Improve Access, Outcomes and Experience
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	Equity and Accessibility Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	CRR 25-01 Timely Access to Safe and Effective Care CRR 25-06 Value Delivery and Financial Sustainability CRR 25-08 Non-Compliance with Regulatory and Legislative Requirements

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment** *Have you undertaken a Socio-Economic Impact Assessment*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply

Quality *Have you undertaken a Quality Impact Assessment Screening?*		
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	A Healthier Wales	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment** *Have you undertaken a Data Protection Impact Assessment Screening?*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Asesiad o Effaith ar Atal Twyll *A ydych chi wedi ystyried yr effeithiau ar atal twyll?* **Counter Fraud Impact Assessment** *Have you considered the counter fraud impacts*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol **Legal**	Yes (Include further detail below)	
Enw Da **Reputational**	Yes (Include further detail below)	
Effaith ar Adnoddau *(Pobl / Ariannol)* **Resource Impact** *(People / Financial)*	There is no direct impact on resources as a result of the activity outlined in this report.	

Trugaredd
Compassion

Agored
Openness

Parch
Respect

24 September 2026

Betsi Cadwaladr University Health Board

Integrated Quality and Performance Report (IQPR)

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Introduction

This report sets out the health board's performance against the latest available data, using management information where appropriate and summarises progress against a range of national and local performance measures.

The health board is using the ‘3As assessment’ approach to highlight either an alert, advise or assure status for each key performance metrics:

- **Alert** (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
- **Advise** (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
- **Assure** (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

Due to the special measures status of the health board, an additional element to complement the 3As approach has been introduced:

- **Escalate** (Serious concerns, action required): There is limited confidence that the actions in place will address performance issues at a sustainable level. Executive level intervention is necessary to resolve the situation.

What is our data telling us?

Performance and access

The number of patients waiting over two years has increased by 5% since the end of March 2026. The health board, in line with Welsh Government guidelines has developed a comprehensive plan designed to eliminate all 104-breaches over the next 8 months. Confirmation from Welsh Government of additional funding to support the recovery plan is expected shortly. The number of patients waiting over 8 weeks for a diagnostic test has fallen by 47% since the end of March and these improvements are expected to continue. Urgent and emergency care has reported an increase in attendances over the summer with an increase of 6.5% across the sites adding further pressure across UEC services. Ambulance handover performance improved on a number of weeks during July and August; however, this was not sustained throughout the reporting period (August). There is a plan to recover performance during September with a focus on reducing ambulance handovers over 45 minutes and 12-hour breaches. Long waits in all three emergency departments impact patient experience, reflected in the high number of patients who did not wait (1,959 in July and 1,871 in August). However, performance at the Minor Injuries Unit remains in line with national expectations.

Quality, safety and patient experience

1 new never event was reported in August 2026, making a total of 7 in 2026/27 (1 in April, 3 in June, 2 in July and 1 in August). Open complaints have risen from 324 (at the start of August) to 374 (at the start of September). Patient safety incident backlog remains high and has increased (5,084 open with 59.4% overdue). Progress continues against National Patient Safety Alerts, with actions being progressed in line with agreed compliance requirements and revised timescales where applicable. As at 3 August 2026, 30-day complaint closure compliance was 83.52%, with complaints resolved in an average of 21 working days against the 30-day target. Delays in treatment and /or assessment and lack of communication with patients remain the top 3 issues of concerns raised.

Finance and sustainability

As at the end of Month 5 (August 2026) the health board is reporting an in-month deficit of £6.4m, a £2.8m adverse variance compared to the monthly profiled financial plan deficit of £3.6m. Year-to-date position is a deficit of £29.3m, which when compared to the planned year to date deficit, results in an adverse variance of £11.4m. Pressures primarily relate to pay, prescribing and Continuing Healthcare (CHC). Mitigating actions to reduce costs need to be urgently identified, to both reduce the monthly cost overrun, and recover the year-to-date deficit. In addition, Welsh Government have reiterated the submitted plan is not acceptable, and the health board needs to move to a balanced financial position. This would require a further £17m delivery of cost savings, which would secure funding for the additional Welsh Risk Pool costs and enable a balanced position.

People and places

The vacancy rate increased to 9.2%, reflecting planned establishment growth rather than workforce loss, with budgeted posts increasing by 105.8 WTE compared to an increase of 17.9 WTE in substantive staffing. Workforce stability remains positive, with turnover low at 7.1%. Agency usage has reduced to 2.3% (from 3.0% a year ago), delivering a 27% year-to-date reduction and approximately £900k lower monthly expenditure, demonstrating progress towards the Welsh Government 30% reduction target. Sickness absence is 6.2%, driven predominantly by long-term absence (4.34%), indicating ongoing pressure on workforce availability. Overall, the data suggests improving workforce efficiency and reduced reliance on temporary staffing, but continued focus is required on recruitment, vacancy management and attendance to strengthen operational resilience.

Executive Summary: Performance and access

Between July 2024 and end of March 2026 the health board delivered a 79% reduction in two year waits from over 10,400 to c2,200. During the first 4 months of the financial year, the numbers waiting over two years has increased by 100 to 2,261. The total waiting list has increased by c2,800 since April 2026. Welsh Government have confirmed additional funding in early September to enable a reduction in two year waits and plans are being mobilised to progress recovery. This will be supported by continued sustainability focus within recovery delivery and the underlying schemes which are part of the planned care programme.
The waiting times for **diagnostic** continues to improve with further reduction from c22,000 over 8 weeks at the end of January 2026 to c7,300 at the end of July. This is a 66% reduction in six months.
Cancer performance in July is above the de-escalation percentage of 55% with a performance of 57.1%,. Despite this improvement, cancer performance is considerably below the national target of 75%. During September, additional medical photography and external support has been agreed is expected to support progress in reducing the dermatology backlog of patients. Additional theatre sessions are being arranged as part of recovery focus within breast surgery.
Urgent and emergency care services across the health board continue to operate under ongoing pressure. This present risks to patient safety and experience, quality of care, staff wellbeing and organisational reputation. In August, ambulance conveyances decreased by 2.9% (3,437), with 57% of handovers achieved within the 45-minute target. Self presentation attendances to ED has risen each month since April by 6.5% in August (13.311) Emergency department 12-hour performance has improved by 1% over the last month but remains in normal variance, 17% of patients waited over 12 hours in emergency departments in August across BCU. Median time to clinician stands at 140 minutes (80 minutes over the national target). The number of pathway of care delayed patients and number of delayed days has improved slightly with West IHC accounting for 51.5 (6,972) of all delayed bed days across BCU, with 48.9% relating to patients with mental health and learning disabilities, which is significantly higher than observed elsewhere due to MH and LD estates within the West area. This is predominantly due to a small number of individuals awaiting specialist long-term Learning Disability placements
Adult Mental Health - Part 1 access performance remained above the national 80% standard in July 2026, with 90.9% of assessments and 86.8% of first therapeutic interventions completed within 28 days. Part 2 Care and Treatment Plan compliance improved from 86.6% in June to 88.2% in July 2026, but remains below the target of 90%. Recovery actions focused on improving consistency and supporting sustained improvement.
Psychological Therapy - Psychological therapies performance improved to 55.1% in July 2026 but remained below the national 80% standard. Key capacity constraints have now been addressed, with additional clinic capacity available from September and increased workforce capacity expected from October, supporting recovery in activity and waiting times.
Children and Adolescent Mental Health performance in July remains above the 80% standard with Part 1a – Assessment performance at 86.5% and Part 1b interventions at 90.83%. Management data has highlighted that high demand levels will impact on performance levels during August with performance expected to be below 80% standard for both metrics. Focus is on development of recovery plans through additional in-house capacity to improve performance levels.
No health board is currently achieving the target of 80% for **Neurodevelopment Assessments** with all Wales performance at June 2026 of 26.6% . The health board has a rate of 16.9% at July 2026 which does show an improvement over the last six month but remains below the all-Wales level. The number of three-year waits has fallen by 68% since January 2026 and the health board is implementing actions to accelerate this improvement. .

Executive Summary: Quality, safety and patient experience

Patient Experience – Complaints – The latest position shows 374 open complaints in the week commencing 7 September 2026, with the overall caseload remaining elevated. Complaints continue to reflect themes relating to delays in clinical assessment and treatment, communication with patients/service users and concerns regarding the appropriateness of treatment or assessment. The number of complaints received has also increased, with 603 complaints received between June and July 2026, 34% higher than the preceding reporting period. Listening to People has been implemented and the use of early resolution continues to be supported and encouraged. Despite the pressure on the overall caseload, the health board continues to compare favourably nationally, with complaints resolved in an average of 21 working days. Targeted interventions continue with IHCs/Divisions to support management of the outstanding caseload and improve timely resolution.

Patient Experience – Feedback and Satisfaction – Overall patient experience remains positive, although the latest reporting period indicates deterioration across a number of experience measures. 85.67% of respondents rated their overall experience as good or very good and 91.06% reported that they were always treated with dignity and respect. However, all four key experience measures declined compared with the previous reporting period: 76.09% felt well cared for, 79.19% felt listened to, 76.76% felt involved in decisions about their care and 80.79% felt information was explained in a way they could understand. Emergency Department experience continues to adversely affect the Health Board's overall position, with ED scores identified as reducing the organisational average. Patient feedback continues to be used to identify priorities for service improvement, supported through the People's Experience Service and wider engagement activity.

Patient Safety Incidents – The overall incident position remains challenged. As at the latest reported position (3 August 2026), 5,528 patient safety incidents remained open, of which 62.68% were overdue, representing a worsening position and creating risks to timely investigation, organisational learning and assurance. National Reportable Incidents (NRIs) continue to be closely monitored; 17 NRIs were reported during July compared with 11 in June, with 44 NRI investigations open at the end of July, of which eight were overdue. Despite these pressures, investigation timeliness compares favourably nationally, with a median completion time of 109 days, the lowest in Wales compared with the all-Wales median of 180 days. Targeted support continues for IHCs and services through Rapid Reviews and Interim Harm Reviews, alongside strengthened oversight and organisational learning through established quality governance arrangements.

Patient Safety – Never Events – One Never Event was reported during August 2026, bringing the cumulative position to seven during 2026/27. Incidents reported during the year reflect a range of patient safety themes, including procedural safety, retained items and the safe use of clinical devices and implants. There remains a continued focus on strengthening procedural safety and the consistent application of safety standards. Investigation and learning from incidents continues alongside strengthened executive oversight and a health board-wide programme to consolidate Local Safety Standards for Invasive Procedures (LocSSIPs), strengthen audit arrangements and provide greater assurance across invasive procedures.

Infection Prevention and Control (IPC) – Healthcare-associated infection performance remains a significant quality and safety concern, with improvement trajectories not currently being achieved across several key measures. C. difficile, MRSA, hospital-onset Klebsiella and Staphylococcus aureus remain above trajectory, while Pseudomonas is on trajectory. The operational impact has also been significant, with 14 outbreaks reported during June and July, resulting in 14 full ward closures, eight bay closures and 234 lost bed days. Improvement activity includes targeted work through the national C. difficile collaborative, strengthened surveillance and epidemiological review, audit and assurance of infection prevention practice, workforce education and antimicrobial stewardship.

Executive Summary: Finance and sustainability

Financial Plan

- The 2026/27 submitted financial plan with a £43.0m deficit does not attain the key duty of the health board to achieve a balanced position, and therefore the £82m conditionally recurrent allocation being at risk.

Financial Position

- As at the end of Month 5 (August 2026) the Health Board is reporting an in-month deficit of £6.4m, which is £2.8m adverse compared to the Month 5 profiled financial plan deficit of £3.6m.
- Year-to-date position is reporting a deficit of £29.3m, representing an £11.4m adverse variance to the planned year to date £17.9m deficit.
- The adverse variance to plan indicating a run rate exceeding plan by approximately £2.2m per month, the adverse position primarily driven by pressures relating to pay, non pay, prescribing and Continuing Healthcare (CHC).
- The below table summarises the monthly actual and forecast variance for 2026/27. The forecast assumes that mitigating actions can be implemented that both reduce the monthly expenditure to the planned monthly expenditure and recover the overspend to date.

	2026/27 Monthly Variance													
	Actual					Forecast								
	April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Year to Date Position £m	Full Year Forecast Outturn Position £m
Total Monthly Surplus/ (Deficit)	(5.4)	(5.6)	(6.2)	(5.8)	(6.4)	(4.8)	(3.8)	(2.2)	(1.8)	(1.8)	(1.8)	2.60	(29.3)	(43.0)

Savings and Mitigations

- As at the end of August (Month 5), the Health Board has identified £47.5m Green saving schemes, an increase of £3.6m from previous month.
- In-month savings delivery is £6.1m, with year-to-date savings delivery of £24.0m, of which £14.4m is budget releasing, resulting in a £4.8m shortfall in budget extractable savings compared to the year-to-date target impact on the position.
- Urgent action is required to identify and implement mitigating actions to contain the monthly cost overruns and recover the year to date deficit above plan.
- Welsh Government requires the Health Board to deliver the key duty and submit a balanced plan, which would require enhanced savings delivery stretch target of £63m (an additional £17m on the £46m contained within the plan). This would enable £26m of Welsh Risk Pool costs being mitigated by Welsh Government and the Health Board being able to submit a balanced plan for 2026/27 and attain the key statutory duty of break-even.

Capital Programme

The approved Capital Resource Limit (CRL) for 2026-27 is £60.0m, which is forecast to be spent in full.

Executive Summary: People and places

Vacancy Rate

The August 2026 vacancy rate increased to 9.2%, up 0.3 percentage points from July and 1% higher than August 2025. The increase reflects budget growth rather than a reduction in substantive staffing, with budgeted FTE rising by 105.8 compared to an increase of 17.9 actual FTE. The largest budget increases were within Nursing, with Registered Nursing budgets increasing by 33.5 FTE and Unregistered Nursing by 41.3 FTE, predominantly in the East IHC. This was due to the organisation creating vacancies for the graduate nurses coming through the national Streamling process by converting bank budgets to established posts. Medical & Dental budgets increased by 15.6 FTE, while actual FTE grew by 56.7, of which 48.8 FTE related to SLE training grades. Other contributing factors include ongoing recruitment challenges, delays associated with establishment controls, and a number of hard-to-fill roles continue to impact the organisation's ability to reduce vacancies at pace. Work is ongoing through strengthened workforce planning, targeted recruitment activity, improved application filtering processes, and focused interventions in priority areas.

Workforce Planning and Efficiency Programme

Strategic workforce planning has supported Fragile Services to develop workforce action plans to help stabilise services and mitigate workforce risks. Workforce planning has been embedded across all major change programmes and aligned with the ongoing strategy and clinical services plans development. The ongoing work of the Interprofessional Education Group is progressing work in aligning workforce planning, education commissioning and future workforce supply. Ongoing engagement with HEIW is also informing future workforce modelling and planning tools. Progress against workforce productivity priorities has continued with the ratification of Consultant & SAS Doctors Job Planning Policy. This will now allow the organisation to progress towards the 90% consultant job plan compliance target. Work is underway to make significant reductions in medical agency usage with a plan being developed to target a 50% reduction over the next 18 months. Alongside this the focus on long-term medical agency use is ongoing through strengthened governance. Delivery of the enabling actions remains achievable if planned controls and interventions continue to be embedded. Overall, progress reflects a more strategic, integrated and evidence-based approach to workforce planning and productivity. The health board is continuing to strengthen the governance, systems and workforce intelligence needed to support sustainable workforce transformation, reduce temporary staffing dependence, and align workforce capacity and capability with service, financial and population health priorities.

Turnover

Rolling turnover is currently 7.1%, a reduction of 0.1% compared to July 2026. Healthcare Science reports the lowest turnover rate at 3.8%, followed by Registered Nursing at 4.9%, while Estates and Ancillary staff groups report the highest turnover rate at 10.7%.

Sickness Absence

The rolling sickness absence rate rose by 0.15% to 6.2% in August 2026. Long-term absence remains the primary contributor at 4.34%, compared to 1.28% for medium term absence and 0.73% for short-term absence. The in-month sickness rate for August 2026 is 6.35%, an increase on the previous month, and higher than rates recorded for August across the previous 3 years. Ongoing sickness reduction work is in place, with hotspot areas identified for targeted intervention to support staff attendance and help services deliver a measurable reduction in absence levels.

Agency Workforce Usage

Agency utilisation reduced from 3% in August 2025 to 2.3% in August 2026 - £900k lower in month expenditure compared to the previous year. August 2026 saw a significant reduction in AHP agency spend, with in month spend down to £150k, a reduction of £265k on the same period last year. Agency usage has decreased by 27% year to date and is on track to meet the 30% reduction target.

Performance Appraisal and Development Review (PADR)

PADR compliance stands at 80.3% in August 2026, 0.4 percentage points higher than the previous month but representing a 1.3% decline compared to the same period last year.

Mandatory Training Compliance

Level 1 Mandatory Training compliance remains above the organisational target of 85%, currently standing at 90.2%, however, continues on a downward trend from the position reported in August 2026 of 91.3%. Continued focus is being directed towards improving compliance among bank staff, medical staff, and departments currently below the required threshold, with targeted interventions in place to support achievement of the organisational target.

Executive Summary: Population health and prevention

Public Health plays a fundamental role in delivering the health board's strategic ambition to shift care towards prevention, reduce health inequalities and improve long-term population outcomes.

Areas of Positive Performance

- Smoking cessation services continue to demonstrate strong performance in supporting quit attempts and successful quits, although further improvement is required in CO-validated quit rates.
- Substance misuse treatment completion remains high.
- The majority of vaccination and immunisations programmes continue to perform well, with particular progress on staff flu vaccination and Covid vaccination in the community. However, HPV and RSV 75+ uptake are areas of focus, together with reducing unwarranted variation and addressing inequalities remain key priorities.
- Building on the work established through the Well North Wales programme, the Regional Partnership Board (RPB) and Health Board have worked collaboratively with partners to co-produce a Regional Anchor Charter.

Meningitis B Vaccination Programme – 2026/27

Earlier this year, the Welsh Government announced an urgent, time-limited MenB vaccination programme. As at the latest update, 3,330 first doses (38.0%) and 2,380 second doses (27.1%) had been delivered to the eligible 17–18-year-old BCUHB cohort. Uptake varies across North Wales, with first-dose coverage ranging from 33.0% in Denbighshire to 44.5% in Conwy. Follow-up of non-attenders continues, alongside preparations with universities and residential colleges to support vaccination of eligible students during September.

Flu Programme – 2026/27

Preparations for the 2026/27 flu vaccination programme are underway, with delivery across North Wales supported by more than 200 primary care stakeholders alongside an integrated Health Board delivery plan. The wider programme, including vaccination for people aged 65 and over, will commence from 1 October, with a co-administration approach where eligibility for flu and COVID-19 vaccination aligns. The staff flu programme is now led by the Integrated Vaccination Service, with appointments already available and further drop-in and peer-vaccinator sessions commencing from October. A new staff feedback and incentive initiative has also been introduced to support uptake. Vaccination for 2- and 3-year-olds and pregnant women commenced on 1 September 2026.

Diabetes Care

Foot surveillance (FS) and urine albumin (UA) remain the lowest-performing of the eight NICE diabetes care processes. UA has seen a comparative month on month increase and at Aug 2026 was 4.9% higher than Aug 2025. FS, although improved from 2024/25, has plateaued. Recent engagement work with GPs suggests that data and coding issues, call and recall, uptake of offer, and capacity issues may contribute to lower uptakes. A targeted letter is being sent in Q2 to GP practices with the lowest uptake - this letter will seek development and submission of an action plan to improve uptake and will make an offer of support to develop this improvement plan.

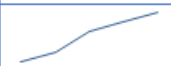
Section 1
Performance and access



Scorecard : Performance and access – (1 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3340	3538	3437		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Jun 26)	10.0%	15.8%	17.1%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	7th of 7 (at Jun 26)	2059	1549	1467		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1755	1233	1174		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	527	243	237		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	08:52	07:37	RIA		Advise
LMU05	Median emergency ambulance response time to red: emergency category calls	6-8 Mins	-	-	N/A	09:58	09:25	RIA		Advise
LMU06	Total number of attendances to Minor Injury Units (MIUs)	-	-	-	N/A	6232	6945	1722		Alert
LMU07	Total number of attendances to acute emergency departments	-	-	-	N/A	15771	16541	16331		Alert
LMU08	Median time from arrival at an emergency department to triage by a clinician	-	60	-	4th of 6 (at Mar 26)	21.00	17.00	16.00		Alert
3AP04	Median time from arrival at an emergency department to assessment by a clinical decision maker	-	-	-	5th of 6 (at Mar 26)	127.0	143.0	140.0		Alert
NPF25	Percentage of patients who spend less than 4 hours in all major and minor emergency care (i.e. A&E) facilities from arrival until admission, transfer or	95%	-	-	6th of 7 (at Jun 26)	59.9%	59.5%	58.9%		Escalate
3AP03	Number of patients who spend 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer or discharge	0	657	-	7th of 7 (at Jul 26)	3793	3842	3840		Escalate
LMU09	Total number of patients who spent over 24 hours in the ED	-	-	-	N/A	1864	1559	1432		Escalate
LMU10	Total number of patients who spent over 48 hours in the ED	-	-	-	N/A	466	274	260		Escalate
LMU11	Number of patients who did not wait to be seen at the ED	-	-	-	N/A	1745	1959	1853		Escalate
LMU12	Consistently realise 33% of discharges by midday.	-	-	-	N/A	17.2%	16.4%	15.8%		Alert

Scorecard : Performance and access (2 of 3)

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
3AP05	Number of Pathways of Care Delayed discharges (total patients)	-	0	234	8th of 8 (at Apr 26)	317	325	304		Alert
3AP06	Number of bed days lost to delayed pathways of care (total)	-	-	10493.3	N/A	13085	12889	13647		Escalate
LMS01	Stroke: percentage patients received CT scan within 20 minutes of clock start	-	-	-	N/A	23.5%	25.9%	RIA		Escalate
LMS02	Stroke: percentage of all stroke patients thrombolysed	-	-	-	N/A	9.2%	15.2%	RIA		Advise
LMS07	Swallow screening within 4 hours of clock start	-	-	-	N/A	64.3%	78.0%	RIA		Advise
LMS06	Stroke: percentage direct admission to ASU within 4 hours	-	-	-	N/A	32.3%	43.9%	RIA		Alert
3BP03	Number of patients waiting more than 26 weeks for a new outpatient appointment (Welsh Patients Only)	0	-	21.7%	7th of 8 (at Jun 26)	17378	19303	RIA		Alert
3BP02	Number of patients waiting over 52 weeks for a new outpatient appointment	-	-	0	7th of 7 (at Mar 26)	4963	4813	RIA		Advise
3BP01	Number of patients waiting more than 104 weeks for referral to treatment	0		1644	8th of 8 (at Jun 26)	2191	2261	RIA		Alert
3BP14	Percentage of patients starting first definitive cancer treatment within 62 days from point of suspicion (regardless of the referral route)	75%	55%	57%	5th of 6 (at Jun 26)	53.5%	57.1%	RIA		Escalate
3BP15	Number of patients on an active suspected cancer pathway after day 62	-	-	1157	N/A	221	204	RIA		Escalate
3BP16	Number of pathways waiting more than 8 weeks for a specified diagnostic (all ages)	0		9875	6th of 7 (at Jun 26)	8465	7322	RIA		Alert
NPF28	Percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	95%	-	-	8th of 8 (at Jun 26)	38.4%	37.8%	36.8%		Alert
3BP04	Number of patients waiting for a follow up outpatient appointment who are delayed by over 100%	96,059	137002	134030	7th of 7 (at Jun 26)	139713	142683	RIA		Alert
3EP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged under 18 years)	80%	-	80.0%	5th of 7 (at Jun 26)	86.8%	86.9%	RIA		Alert
3EP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged under 18 years)	80%	-	80%	6th of 7 (at Jun 26)	81.8%	90.8%	RIA		Alert
3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days of the date of receipt of referral (for those aged 18 years and over)	80%	-	80.0%	5th of 7 (at Jun 26)	88.3%	90.9%	RIA		Assure
3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by LPMHSS (for those aged 18 years and over)	80%	-	80.0%	4th of 7 (at Jun 26)	90.7%	86.8%	RIA		Assure

Scorecard : Performance and access (3 of 3)

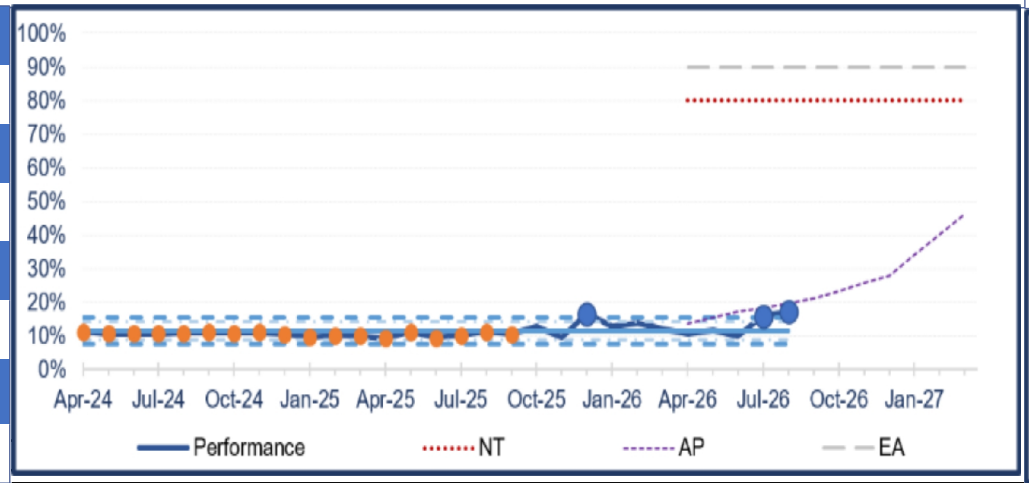
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
LMM01	Percentage of health board residents in receipt of secondary mental health services who have a valid care and treatment plan (for those age 18 years and over)	-	-	82.0%	5th of 7 (at Mar 26)	86.6%	88.2%	RIA		Alert
NPF19	Percentage of patients waiting less than 26 weeks to start a psychological therapy in specialist Adult Mental Health	80%	-	72%	5th of 7 (at Jun 26)	51.2%	55.1%	RIA		Alert
3DP06	Number of Out of Area placements	-	-	10	N/A	7	7	RIA		Alert
NPF18	Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment	80%	-	12.0%	7th of 7 (at Jun 26)	14.9%	16.9%	RIA		Alert
3BP05	Number of patients (all ages) waiting more than 14 weeks for a specified therapy (excluding audiology)	0		0	6th of 7 (at Jun 26)	1676	1703	RIA		Advise
NPF30	Number of adults waiting more than 14 weeks for all audiology pathways (to include new and existing pathways for hearing aids, tinnitus and balance)	0	-	-	3rd of 7 (at Jul 26)	46	40	RIA		Advise
NPF31	Number of children waiting more than 6 weeks for all audiology pathways (to include new assessment and intervention pathways)	0	-	-	6th of 7 (at Jul 26)	741	778	RIA		Alert
3BP11	Percentage of lists with a start time 15 minutes or more past the scheduled start time	-	-	62%	N/A	41.1%	42.4%	40.8%		Alert
-	Percentage of lists with an end time of over 60 minutes before the scheduled finish time	-	-	75%	N/A	26.1%	22.6%	26.0%		Alert
LMP01	Number of cases per theatre session	-	-	-	N/A	2.1	2.1	2.2		Alert
LMP02	Percentage of scheduled operations cancelled either on the day or the day before the scheduled operation	-	-	0	N/A	15.1%	13.0%	10.3%		Alert
LMP03	Percentage Treat in Turn Rate (Stage 4)	-	-	-	N/A	24.0%	22.0%	RIA		Alert
LMP04	Vascular - Emergency readmission within 28 days of first spell discharge date rate	-	-	-	N/A	13.0%	11.3%	12.4%		Assure
LMP05	Vascular surgery theatre capped utilisation	-	-	-	N/A	64.3%	69.0%	RIA		Assure

UEC: Ambulance Handover

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP02	Percentage of ambulance patient handovers within 15 minutes	N/A	90%	17%	21%	28%	46%
	3AP01	Number of ambulance patient handovers over 45 minutes	970 (1 hr handover)	Zero	2,318	1,923	1,282	950

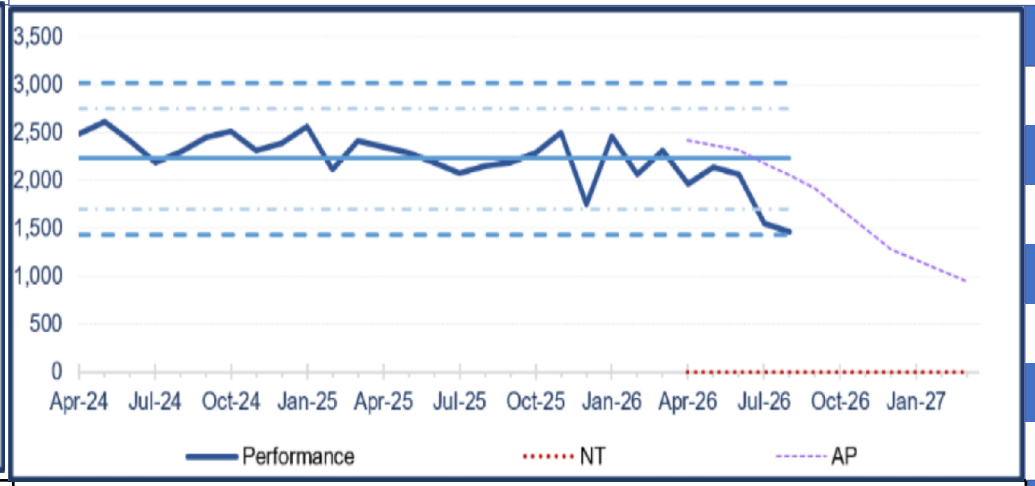
Percentage of ambulance patient handovers within 15 minutes

Latest Month	Profile	Actual	Status	Benchmark
August 2026	21%	17.1%	Escalate	BCU ranked as 7th of 7 as of June 2026



Number of ambulance patient handovers over 45 minutes

Latest Month	Profile	Actual	Status	Benchmark
August 2026	1,923	1,432	Escalate	BCU ranked 7th of 7 as of June 2026.



What does the data tell us? – Performance against the 45-minute handover standard has improved by 21% over the last two months, with improvements seen across all IHC's. The August position was 587 patients better than the agreed trajectory, demonstrating positive progress in reducing handover delays. Despite this improvement, performance remains below the national expectation of zero handovers exceeding 45 minutes. Performance against the 15-minute handover standard remains particularly challenging, with only 10.6% of patients handed over within 15 minutes, compared to the national target of 90%. Focus is on achieving the de-escalation target of fewer than 970 handovers exceeding one hour, September performance is challenging and a sustained improvement will be required over the remainder of the month to achieve the target.

Actions being taken to improve – Ambulance handover performance will be improved through the introduction of consistent senior clinical decision-makers at the front door to accelerate assessment and disposition decisions, expansion of Acute Front Door Frailty Services and SDEC pathways to avoid unnecessary admissions, and implementation of Trusted Assessor models to speed up discharge for medically optimised patients. These will be supported by Optimal Hospital Flow Facilitators, a health board-wide bed management app to improve visibility of capacity, and strengthened hospital escalation and full protocol processes to improve flow and responsiveness during periods of operational pressure. These priority areas are designed to enhance flow and are expected to contribute towards improvements in Handover 45 performance, alongside other interventions.

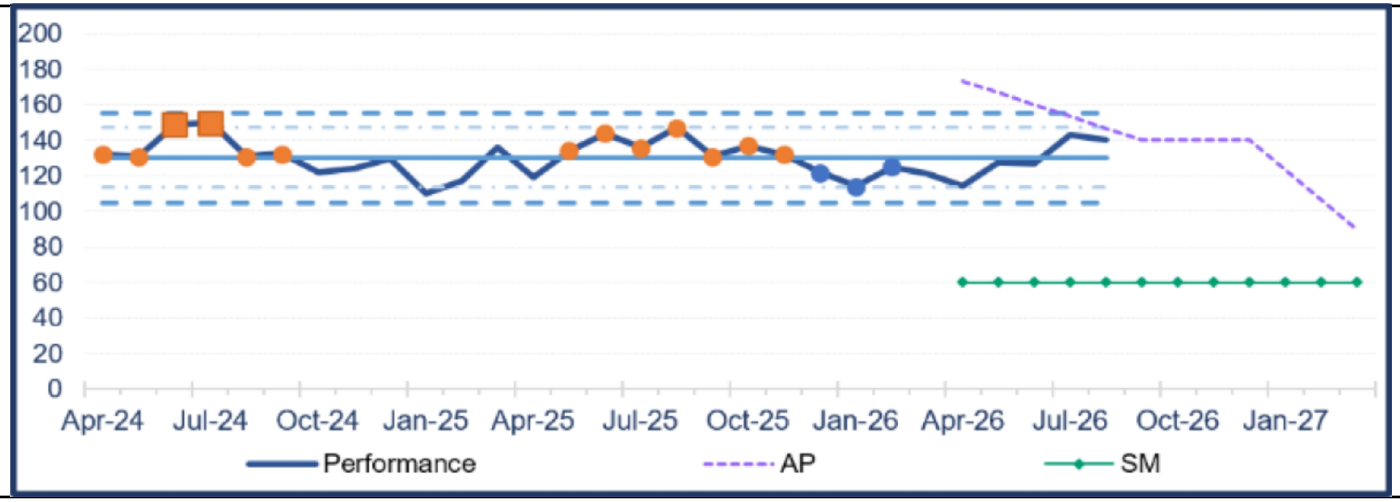
Expected impact upon forecasted performance –Performance against 15-minute handovers did not meet the expected quarter 1 target and presents a significant delivery risk for Quarter 4. While performance for handovers exceeding 45 minutes look to meet the quarter 2 annual plan trajectory, substantial and sustained improvement will be required to achieve the national target of zero.

UEC: Median time to assessment by clinical decision maker in less than 60 minutes

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP04	Median time to assessment by clinical decision maker in less than 60 minutes	<60 minutes	<60 minutes	160	140	140	90

Median time to assessment by clinical decision maker in less than 60 minutes

Latest Month
August 2026
Profile
140
Actual
140
Status
Advise



Benchmark	BCU ranked 5th of 6 as of June 2026

What does the data tell us? Performance has deteriorated since the start of the financial year, with the median time to clinical decision maker increasing by 26 minutes since April. During August, 31% of patients were assessed by a clinician within 60 minutes of arrival in Emergency Departments. While performance remains in line with the health board trajectory of 140 minutes, it is significantly above both the national target and special measures expectation of 60 minutes, representing a gap of approximately 80 minutes.

Actions being taken to improve – Further improvements in clinical decision maker times will be supported through the introduction of Senior Clinical Decision Makers at the front door, an Acute Front Door Frailty Service with frailty screening at triage, and the expansion of Same Day Emergency Care (SDEC) to improve streaming, accelerate decision making, and reduce avoidable admissions. The Clinical Leadership Programme will strengthen clinical leadership and support the delivery of sustainable performance improvements across Emergency Departments.

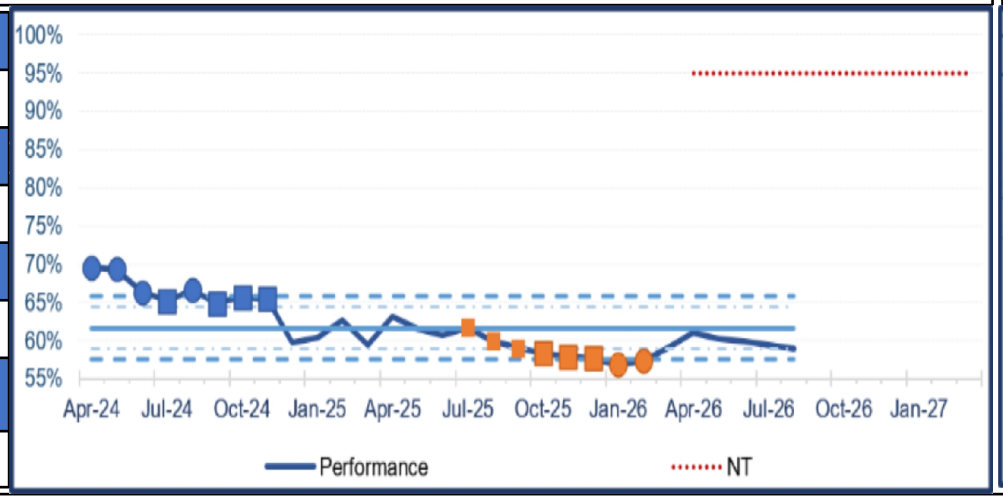
Expected impact upon forecasted performance – Although the median time to clinical decision maker remains aligned to the health board's internal trajectory, the recent deterioration in performance is a concern. The workforce investment is expected to support improved patient flow and timeliness of clinical assessment; however, sustained improvement will be required to reverse the current trend and deliver the March 2027 target.

UEC: Number of patients who spend 4 hours and 12 hours or more in all hospital major and minor emergency care facilities from arrival until admission, transfer, or discharge

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Number of patients who spend 4 hours or more in ED and MIU	N/A	95%	95%	95%	95%	95%
	3AP03	Number of patients who spend 12 hours or more in ED and MIU	<10%	Zero	3,189 (35%)	2,743 (30%)	2,297 (25%)	1,850 (20%)

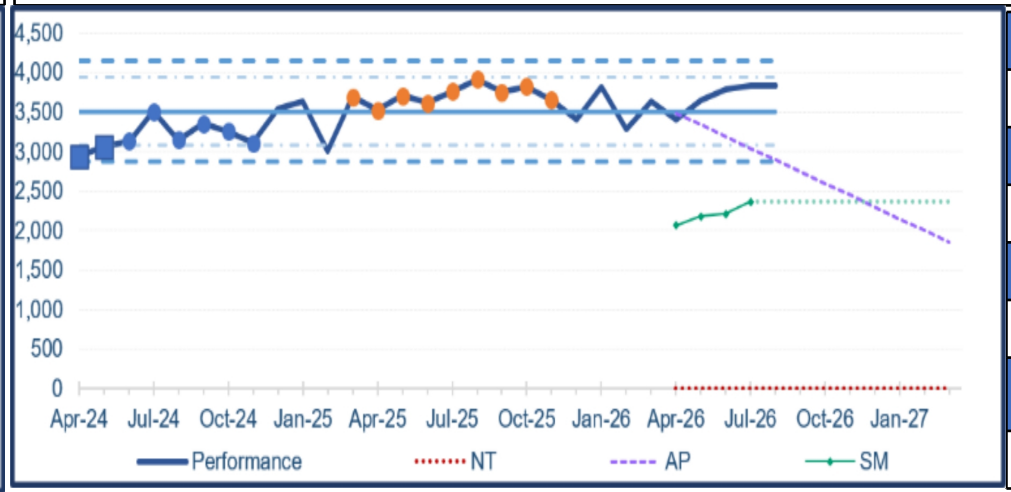
Number of patients who spend 4 hours or more in ED

Latest Month	Profile	Actual	Status
August 26	95%	58.9%	Escalation



Benchmark BCU ranked as 6th of 7 as of June 2026.

Number of patients who spend 12 hours or more in ED



Latest Month	Profile	Actual	Status
August 26	3,189	3,939 (17.2%)	Escalation

Benchmark BCU ranked as 7th of 7 as of June 2026.

What does the data tell us? Performance against both metrics is below the health board's trajectory and the special measures target of 10% for 12-hour delays in ED and MIU's by September 2026. In August 2026, performance deteriorated slightly in the number of patients waiting over four hours in the Emergency Department compared to the previous month. BCU twelve-hour performance for August is 17.2%, West 12%, Central 16% and East 23%. Given current operational pressures and the scale of improvement required, confidence in achieving the target remains low, however if West IHC continues to improve they could meet the 10% target. Despite this, IHCs remain focused on delivering their plans and maximising all opportunities to improve performance over the coming months.

Actions being taken to improve – Reducing 12-hour ED waits will be supported by D2RA, improved discharge processes, board rounds, Criteria Led Discharge, Trusted Assessor models, Acute Front Door Frailty Services, SDEC expansion, and consistent senior clinical decision-makers at the front door, all aimed at improving patient flow, reducing avoidable admissions and increasing bed availability. Additional support will come from improved bed management, escalation processes and hospital flow facilitation. A pilot Urgent Treatment Centre (UTC) will also open in September within the Ysbyty Glan Clwyd ED footprint, led by Emergency Nurse Practitioners and supported by middle-grade doctors, to manage minor injuries and illnesses and reduce pressure on the main ED pathway.

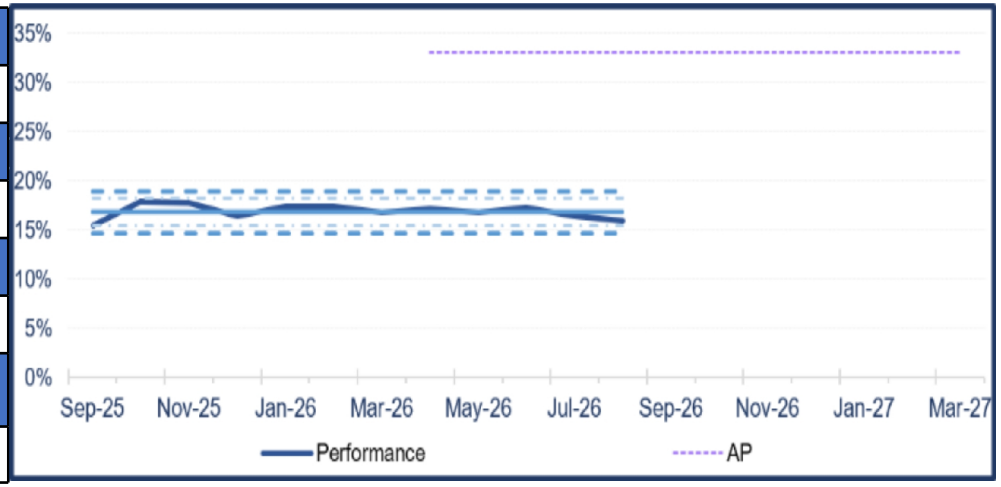
Expected impact upon forecasted performance – Based on August and early September management performance, the West IHC remains the closest of the three IHCs to achieving the 10% 12-hour wait target by the end of September. While current performance suggests the target remains challenging, continued improvement at the current trajectory means it remains achievable, provided the recent gains are sustained and further reductions in 12-hour waits are delivered over the remainder of the month.

UEC: Discharges before midday

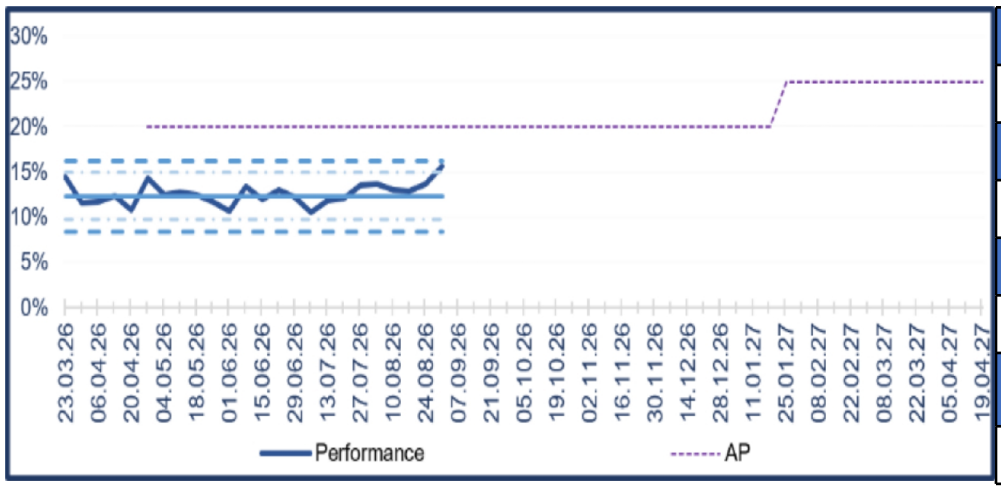
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	TPG-28	Discharges before midday - Weekday	N/A	33% of discharges by midday	33%	33%	33%	33%
	TPG- 29	Discharges before midday - Weekend	N/A	25% by the end of March 2027	15%	17%	20%	>25%

Discharges before midday - Weekday

Latest Month
August 2026
Profile
33%
Actual
15.4%
Status
Alert



Discharges before midday - Weekend



Latest Month
w/c 31st August
Profile
17%
Actual
14.9%
Status
Alert

Benchmark	N/A	N/A	Benchmark

What does the data tell us? – Both metrics remain below the agreed trajectory. Weekday performance has deteriorated in August by 0.6%. Weekend discharges have Improved by 5% since the start of July closing the gap against the 17% profile trajectory. Further improvement is required against both metrics to achieve the agree targets.

Actions being taken to improve – Established flow and discharge processes continue to prioritise timely patient movement, including early transfer to discharge lounges to release inpatient capacity and reduce Emergency Department delays. To improve discharge performance, with a particular focus on increasing discharges before midday, key initiatives include the implementation of standardised board rounds, expanded use of criteria-led discharge, strengthening of the D2RA and Integrated Discharge Hub model, delivery of a 7-day discharge service, and rollout of the Trusted Assessor scheme. These actions are supported by daily senior clinical review of clinically optimised patients and an enhanced focus on weekend discharges to maximise patient flow and bed availability.

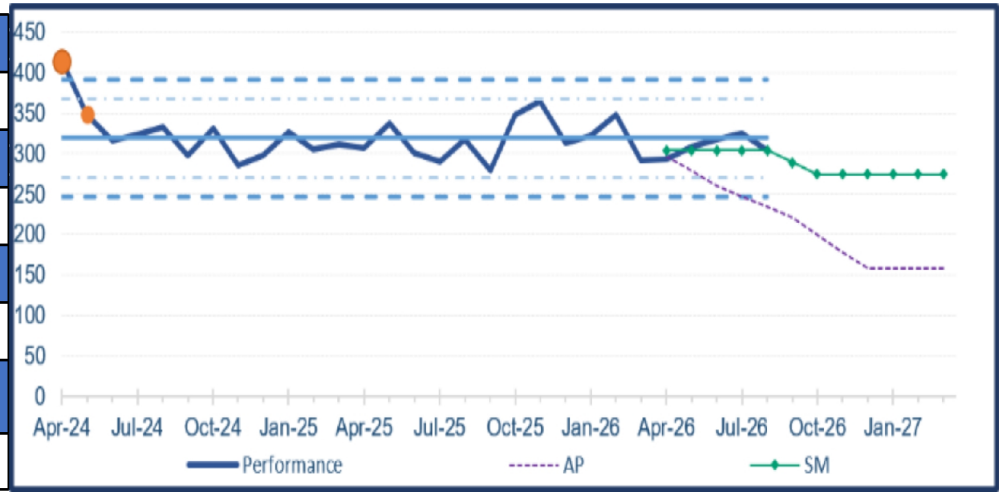
Expected impact upon forecasted performance – Based on current performance trends, discharge levels for weekday are not forecast to deliver the step change required during Quarter 2 to achieve planned trajectories.

UEC: Pathway of Care Delays (PoCD)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3AP05	Number of patients on delayed pathways of care	273	12 month reduction	260	221	158	158
	3AP06	Number of bed days lost to delayed pathways of care	N/A	12 month reduction	11,628	9,926	7,090	7,090

Number of patients on delayed pathways of care

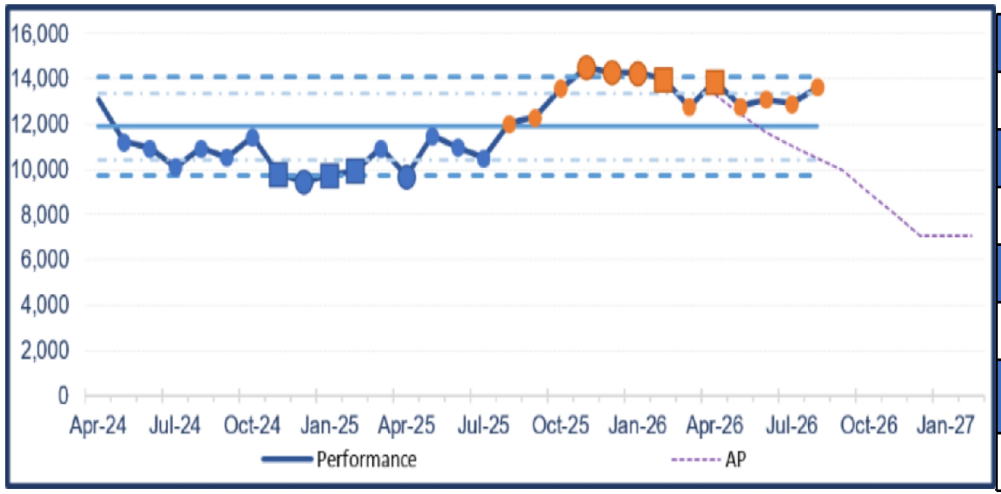
Latest Month
August 2026
Profile
221
Actual
304
Status
Alert



Benchmark

BCU ranked as 8th of 8 as of May 2026.

Number of bed days lost to delayed pathways of care



Latest Month
August 2026
Profile
9,926
Actual
13,647
Status
Escalate

Benchmark

N/A

What does the data tell us? Patients on a delayed pathway of care (PoCD) reduced by 21 patients in August but remains above the special measures de-escalation trajectory and the annual plan trajectory. Bed days lost due to PoCD totalled 13,647 in August, 3,721 delayed days above the quarter 2 profile. West area accounts for 51.5% (6,972 days) of all bed days lost across BCU in August. This means that over half of the total impact is driven by a single area. Of these 6,972 days, 48.9% relate to patients with mental health and learning disabilities, which is significantly higher than observed elsewhere due to MH and LD estates within the West area. This is predominantly due to a small number of individuals awaiting specialist long-term Learning Disability placements. Whilst the number of patients on delayed pathways remains broadly comparable across IHCs (Central 89, East 101, West 81), West have shown good improvement over the last 3 months reducing the number of patients delayed by 31. In contrast, longer delays in West and East are driving the higher level of bed days lost despite similar patient volumes.

Actions being taken to improve – Integrated Discharge Hubs: Implementation remains on track for end of September, supported by a suite of system-wide improvements to strengthen discharge planning and flow. **Trusted Assessment Models**: Assessment-related delays have reduced by 30% over the past year, from 137 delayed days in August 2025 to 96 in August 2026. **Pathway 3 (Long-Term Care)**: A multi-agency programme is developing a streamlined assessment process for long-term care placements, targeted for implementation by December 2026. Delays in care home placements remain a key priority, accounting for approximately 38% of all delayed pathways.

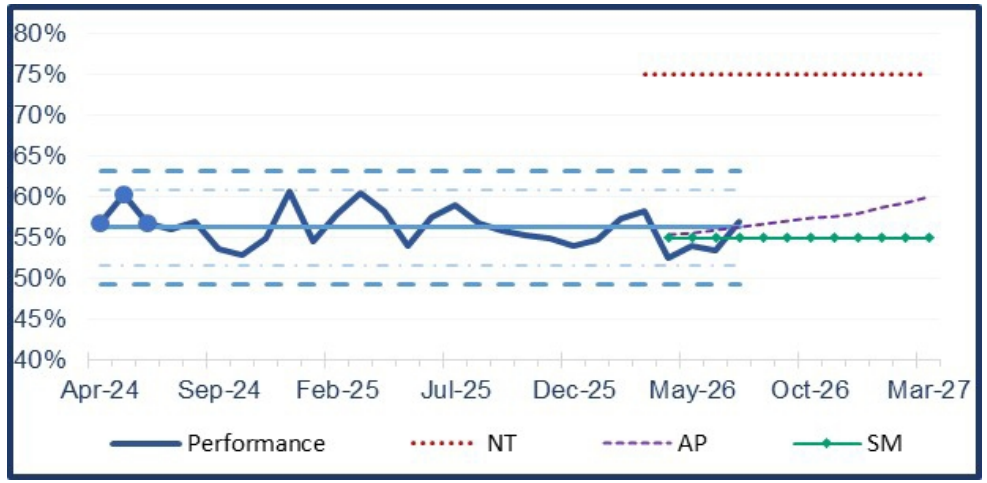
Expected impact upon forecasted performance – Continual improvement in reducing the number of delays is predicted but reducing the days delays will require focused actions

Planned Care: Suspected Cancer Pathway

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP14	Suspected cancer pathway 62 days wait	55% (four consecutive months)	75%	56%	57%	58%	60%
	3BP15	Number of patients on an active suspected cancer pathway after day 62	N/A	Backlog Reduction	1,286	1,093	929	789

Suspected cancer pathway 62 days wait

Latest Month
July 2026
Profile
56.3%
Actual
57.1%
Status
Escalate



Benchmark

BCU ranked 5th of 6 at June 2026

Number of patients on an active suspected cancer pathway after day 62



Latest Month
August 2026
Profile
1,158
Actual
2,384
Status
Escalate

Benchmark

BCUHB is an outlier as other health boards have reported improvements in backlog reduction.

What does the data tell us? - Whilst July position against suspected cancer pathway metric is above profile of 55% at 57.1% this is below the national target. Quarterly re-submission of data has seen performance for February and March 2026 updated to 57% and 58% respectively but performance needs to be maintained above 55% for four consecutive month to trigger de-escalation criteria. The number of patients waiting over 62 days on a suspected cancer pathway continues to increase and is driven by continued increases within the dermatology tumour site cohort. There is Welsh Government expectation that the health board maintains performance of 55% from end of September. Between January and June 2026, 25,165 patients were told that they did not have cancer.

Actions being taken to improve – The plan agreed to reduce the backlog of dermatology patients has reduced the overall waiting list size but has not yet delivered the expected reduction in active pathways in excess of day 62 up to the end of August. Additional medical photography sessions and external support has been implemented to expedite progress supported by locum recruitment. For breast surgery additional theatre capacity has been agreed to reduce waits during September and October with continuation of locum post also secured

Expected impact upon forecasted performance – Timely mobilisation of actions is key to delivery recovery. The continued increase in number of patients on an active pathways after day 62 places significant risk on delivery of targets. Weekly escalation continues to review progress.

Planned Care: 8-weeks Diagnostic Waits

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP16	8 weeks diagnostic waits	75%	100%	60%	70%	75%	80%
	3BP16	No. of patients waiting in excess of 8 weeks for diagnostic test	N/A	Zero	12,000	8,995	6,000	3,000

8 weeks diagnostic waits

Latest Month
July 2026
Profile
63.3%
Actual
68.3%
Status
Alert



Benchmark

BCU ranked 5th of 7 at July 2026

No. of patients waiting in excess of 8 weeks for diagnostic test



Latest Month
July 2026
Profile
10,800
Actual
7,322
Status
Alert

Benchmark

BCU ranked 6th of 7 and accounts for 22% of all Wales backlog at June 2026

What does the data tell us? – The number of patients waiting in excess of 8 weeks for a diagnostic test has continued to reduce with the backlog reducing from a peak of 21,800 at end of January to 7,322 - a reduction of 66%. During July 68.3% of patients were seen within 8 weeks against the special measures de-escalation target of 75%.

Actions being taken to improve – There is targeted focus during August and September on the non-obstetric ultrasound cohort as this modality accounts for c40% of the breaches. Additionality is expected to commence within cardiac physiology during September with a locum appointed to support neurophysiology backlog reduction. Further work is being undertaken to look at opportunities to expedite reduction in endoscopy backlog including both internal and external additionality. Improvement work is being supported by NHS Performance and Improvement. External funding has been provided to support validation work from September – early mobilisation of validation plans is key for ongoing trajectory delivery.

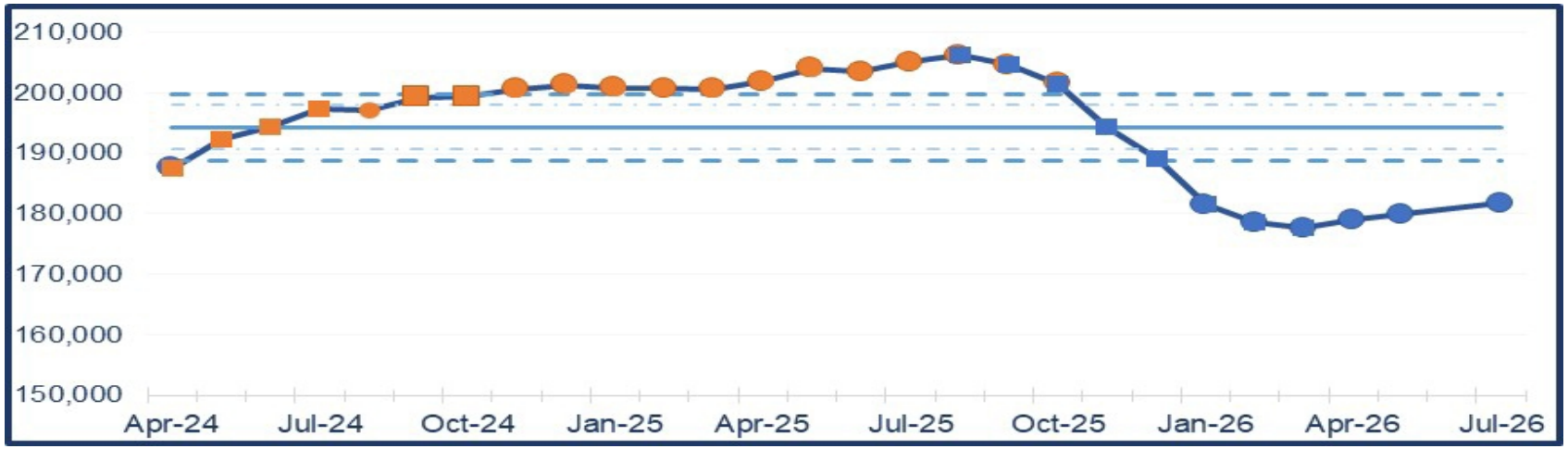
Expected impact upon forecasted performance – Finalisation of plans and ongoing monitoring of key pressure areas of endoscopy, non obstetric ultrasound and echocardiogram is key for continuation of improvement trajectory Q2 onwards. Sustainability remains a challenge.

Planned Care : Referral to Treatment Metrics

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	Total RTT Pathways	N/A	N/A	Reduction	Reduction	Reduction	Reduction

Total RTT Pathways

Latest Month
July 2026
Profile
Reduction
Actual
181,764
Status
Alert



Benchmark	March 2026 – July 2026 – all Wales waiting list increased by c43K, with increase at all health boards

What does the data tell us? - During 2025/26 the overall waiting list reduced from by 11% from over 201k in April 2025 to under 178k at the end of March 2026. This reduction was supported by the national programme which saw additional new outpatient appointments being delivered over and above expected levels. Since April the waiting list has started to increase to just under 182k at the end of July – an increase of over 2% in four months.

Actions being taken to improve – The health board has a Planned Care Major Change Programme which provides the framework to integrate pathway redesign, national best practice, GIRFT recommendations and value-based healthcare principles. One on the focuses of this programme is to improve referral management with a focus on best practice, community health pathways and advice and guidance. In addition, work to review both outpatient and theatre utilisation as part of planned care recovery will support delivery of additional activity within existing footprint. This work will focus on specialty specific actions across all sites.

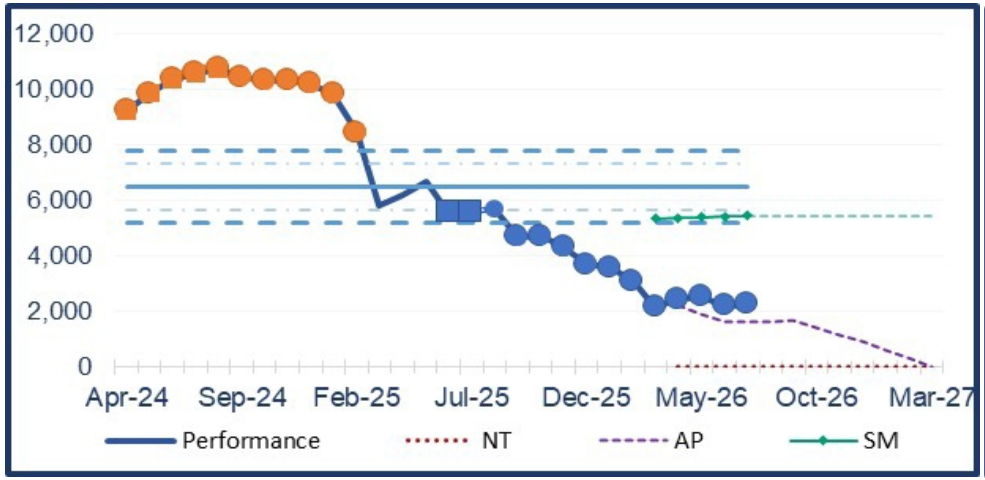
Expected impact upon forecasted performance – Overall waiting list should fall as workstreams are mobilised as part of the operational improvement plans and the major change programme – however at this point the mobilisation of solutions are not having the impact on overall waiting list figures.

Planned Care : Referral to Treatment Metrics

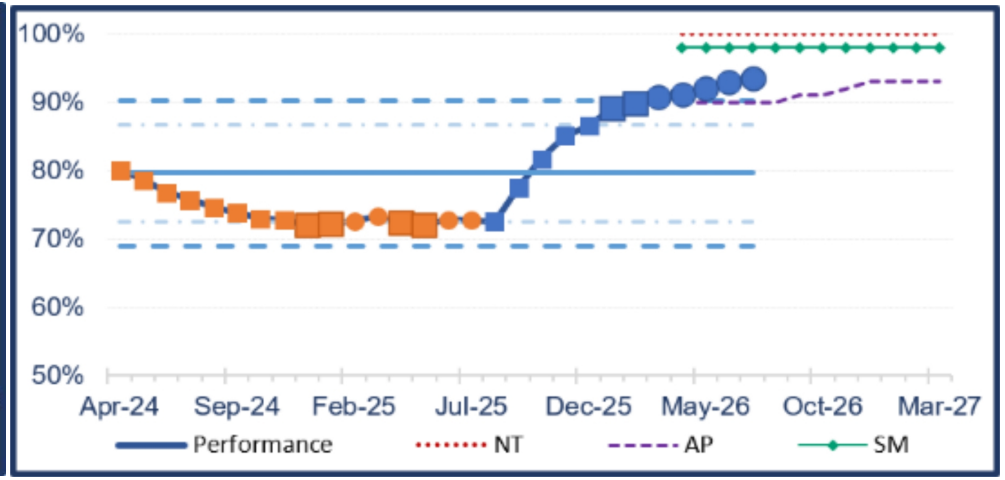
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP01	104 weeks for referral to treatment	3% of open pathways	Zero	1,597	1,668	894	0
	3BP02	Open outpatient pathways waiting < 52 weeks	98%	100%	90%	91%	93%	93%

104 weeks for referral to treatment

Latest Month
July 2026
Profile
1,621
Actual
2,261
Status
Alert



Open outpatient pathways waiting < 52 weeks



Latest Month
July 2026
Profile
90%
Actual
93.5%
Status
Advise

Benchmark	BCU ranked 8th of 8 at June 2026	BCU ranked 7th of 8 at June 2026	Benchmark

What does the data tell us? – For the 104-week position, the longer-term trend indicates that there has been a reduction in overall number of patients waiting for treatment from 10,400 in July 2024 to under 2,200 at end of March 2026. The end of June 2026 position was consistent with the reported end of March position, but during July 20206, the number of 104-week breaches increased to 2,261. 70% of this cohort is awaiting treatment having already progressed through the outpatient and diagnostic phase. The % of patients waiting less than 52 weeks for a new appointment continues to improve and stands at 93.5% against a trajectory of 90%. The number of patients waiting over 52 weeks for a first new outpatient appointment has reduced from 31,000 in August 2025 to <5,000 at the end of June 2026 (84% improvement) but performance of 93.5% remains below 98% national target.

Actions being taken to improve – Following an allocation of £5.4M by Welsh Government during the latter part of August to support acceleration of reductions in patients waiting over two years in specified specialties, plans are being finalised to mobilise additional actions which are being co-ordinated by the Recovery Director for Planned Care with continuation of focused support by the national intervention support team. In line with funding allocation, improvement work has specialty level focus which not only enables additionality but also strengthen delivery grip, coordination and pace of improvement and includes focus on both internal productivity opportunities.

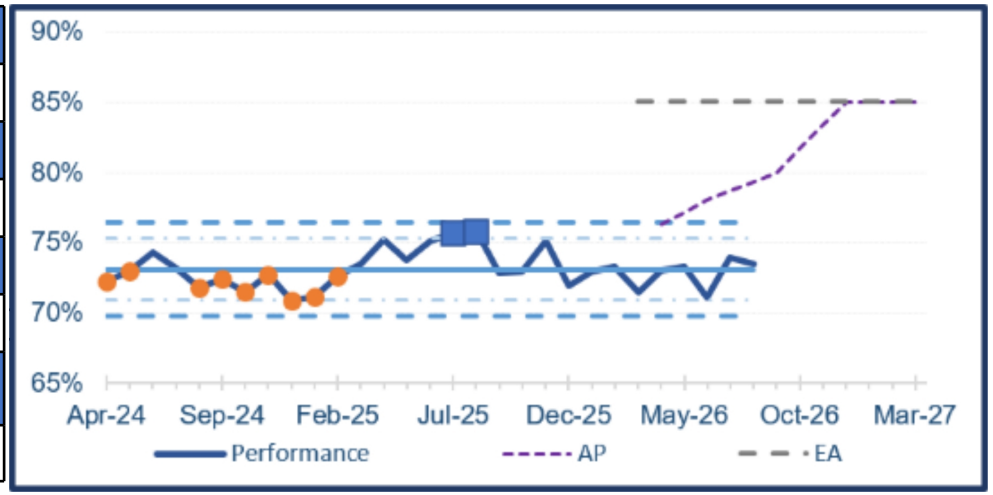
Expected impact upon forecasted performance – Updated delivery trajectories are being reviewed and finalised based on additional funding allocation and delivery and oversight will be monitored as part of the single recovery plan review.

Planned Care : Productivity / Utilisation

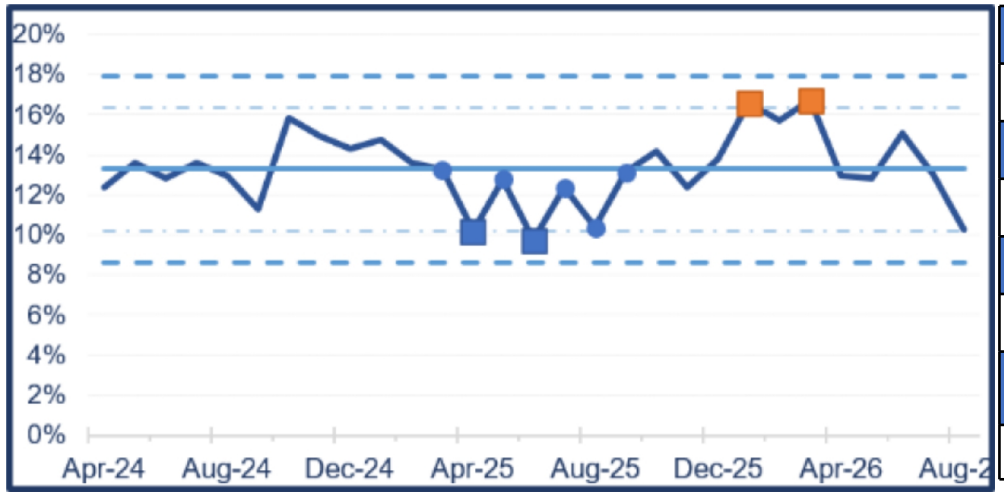
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP13	Theatre session overall utilisation is reported as a key KPI to underpin the GIRFT standard	N/A	85%	78%	80%	85%	85%
	LMP02	Theatre Short Notice Cancellations	N/A	N/A	N/A	N/A	N/A	N/A

Theatre Session Overall Utilisation

Latest Month
August 2026
Profile
79.3%
Actual
73.5%
Status
Alert



Theatre Utilisation – Short Notice Cancellations



Latest Month
August 2026
Profile
N/A
Actual
10.3%
Status
Alert

What does the data tell us? – Over the last twelve months (Sep-25 – Aug-26) **theatre utilisation** has averaged 72.9% fluctuating between 71% and 76% during this period. Performance is significantly adrift of trajectory where plan expectation is for improvement of 82% by end of quarter 2 and further improvement to 85% by end of March 2027. Current performance does not suggest stepped change being delivered to reach required level. During the same period, performance varies from 2.0 top 2.2 cases per session. Short notice cancellation data was lower in August at 10.3% but this varies month on month with a 12-month average of 14%.

Actions being taken to improve – The transformation programme continues the focus on surgical hub accreditation and preparation for BCU Llandudno Hub. The final specialty review as part of the nationally submitted self assessment is taking place in September and feedback from all these reviews will be mapped into recovery plans once received from the national team. Further work is also taking place with pre-operative assessment pathways which includes the health screening questionnaire with potential work to explore stepping up a model of peri-operative care of older people undergoing surgery which is designed to improve outcomes for this cohort of patients.

Expected impact upon forecasted performance – Based on current trend, overall theatre utilisation performance is not expected to deliver the step up required during the next quarter. Further detail on local and pan BCU actions to deliver sustained improvements will be required as part of ongoing recovery plans. These plans are expected to include measures to increase utilisation and deliver additional cases within existing establishment.

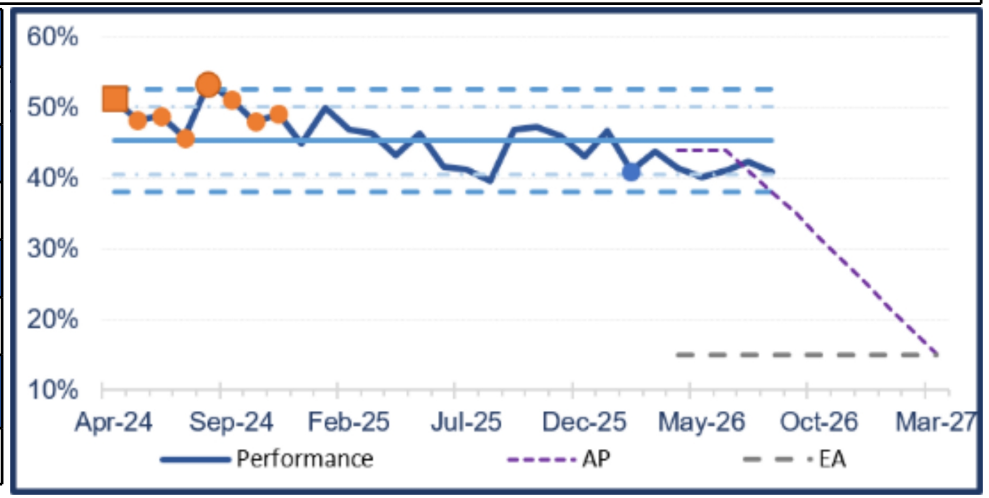
Area	CPS
West	2.0
Central	2.0
East	2.3
BCU	2.1

Planned Care : Productivity / Utilisation

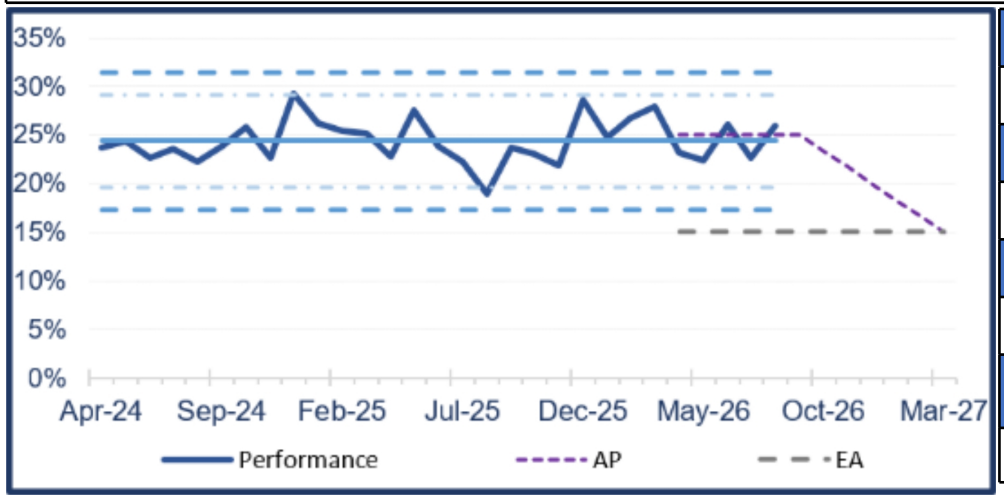
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard late starts (>15 mins)	N/A	<15%	44%	35%	25%	15%
	3BP11	Theatre session utilisation is improved to achieve GIRFT standard of early finishes (>60 minutes)	N/A	<15%	25%	25%	20%	15%

Theatre Utilisation – Late Start

Latest Month
August 2026
Profile
38.0%
Actual
40.8%
Status
Alert



Theatre Utilisation – Early Finish



Latest Month
August 2026
Profile
25.0%
Actual
26.0%
Status
Alert

What does the data tell us? –. As at the end of August, neither metric is showing the expected profile improvement to demonstrate assurance in forecasted delivery of improvement. Data on late start in excess of fifteen minutes indicate that surgeon delay – reviewing patients was the main reason for late starts in excess of 15 minutes. For early finishes, completion of planned cases and cancellation of patients are the main reasons noted during period – June – August 2026 with Trauma and Orthopaedics and Urology being the specialties with main volume of early finish during the period.

Actions being taken to improve – A review of both late start and early finish at a specialty and site level is required to identify level of opportunity to increase utilisation of theatre time.

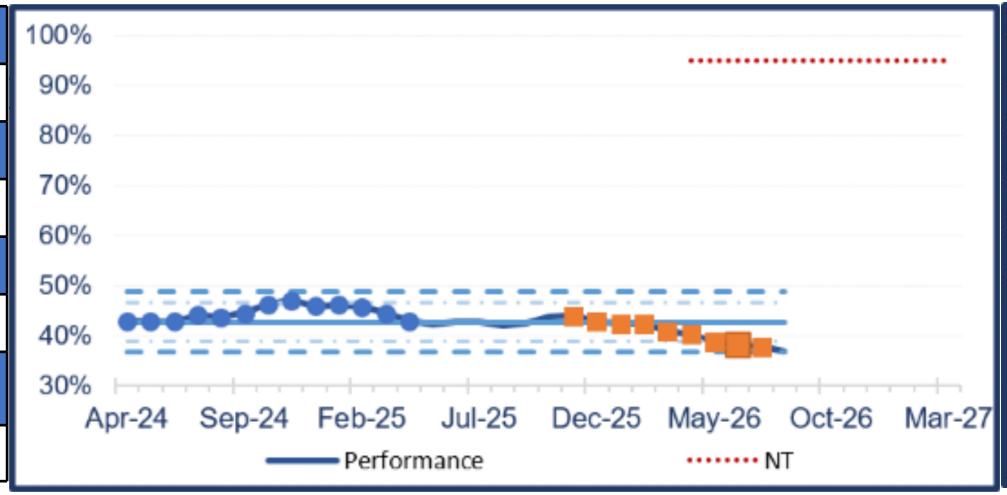
Expected impact upon forecasted performance – Levels of opportunity to increase theatre utilisation differ at specialty level dependent on procedure time and improvement work is being overseen by the planned care recovery programme and Recovery Director remit.

Planned Care : Outpatient Activity

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	Local	% of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical target date for an outpatient appointment	N/A	12 month improvement towards national target of 95%	Improvement	Improvement	Improvement	Improvement
	3BP04	Number of patients waiting for a follow-up outpatient appointment who are delayed by over 100%	Continuous reduction	Zero	138,903 (-5%)	131,593 (-10%)	124,282 (-15%)	116,971 (-20%)

% R1 patient pathways waiting within or within 25% beyond clinical target date

Latest Month
August 2026
Profile
Improvement
Actual
36.8%
Status
Alert



Benchmark BCU ranked 8th of 8 at June 2026

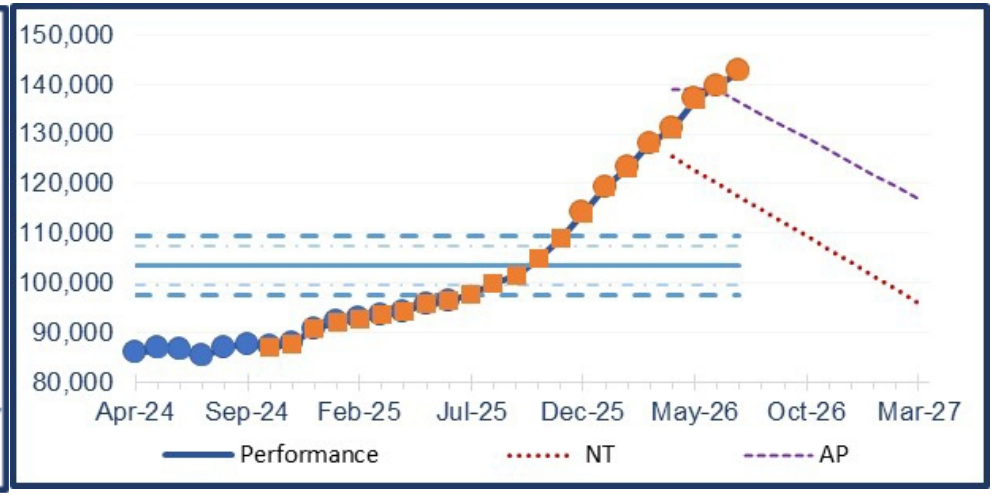
What does the data tell us? – There is a concerning deterioration in the % of patients waiting within target with a 7.2% deterioration in performance between November 2025 and August 2026. All Wales performance is at 49.8% with three areas achieving over 60%.

Actions being taken to improve – Multi-professional case note review team onboarding to redress coding nulls. This will support streaming onto appropriate pathways including to WGOS optometry monitoring in community settings.

Expected impact upon forecasted performance – Coding on track for ongoing identification of patients suitable for discharge to Primary Care WGOS. Staged profile of delivery improvement

Follow Up Delayed by over 100%

Latest Month
July 2026
Profile
136,466
Actual
142,683
Status
Alert



Benchmark BCU ranked 7th of 7 at June 2026 – 45% of all Wales total

What does the data tell us? – Continued increase month on month with performance over 6k adverse of trajectory at the end of July 2026. There are nearly 45k more patients overdue at the end of July 2026 compared to same reporting point in 2025.

Actions being taken to improve – A clinically-led four-tier validation and pathway review approach has been established, with early implementation in Gynaecology demonstrating positive results. This tiered approach will be applied to the recent governments mandate to provide a policy position from the National Chief Medical Officer to instruct that all patients waiting for a follow-up appointment, where there is a self-management follow-up pathway for SOS or PIFU, are moved to that pathway.

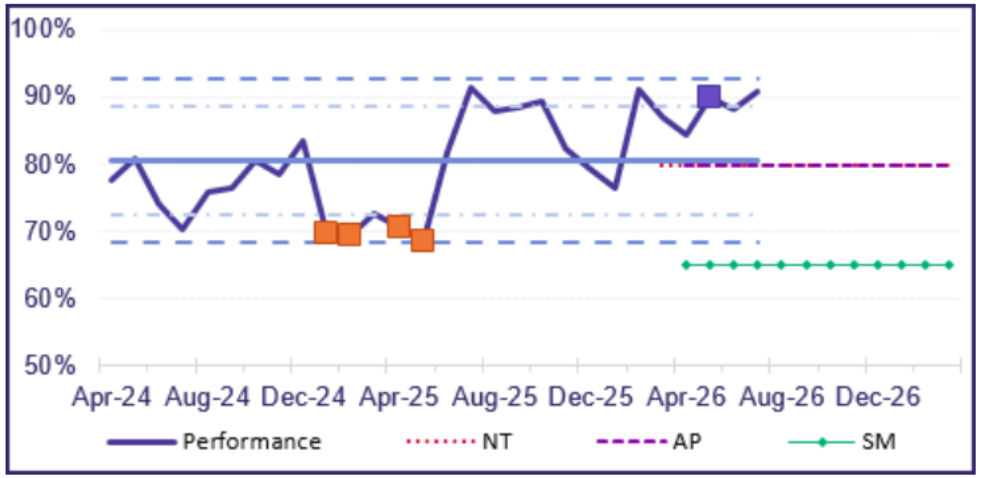
Expected impact upon forecasted performance – This area remains major priority. Further detail is expected regarding recent government announcement which will further inform recovery plans.

Adult Mental Health Measures

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP01	Percentage of Local Primary Mental Health Support Service (LPMHSS) assessments undertaken within (up to and including) 28 days from the date of receipt of referral for adults aged 18 years & over	65%	80%	80%	80%	80%	80%
	3DP02	Percentage of therapeutic interventions started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for adults aged 18 years & over	65%	80%	80%	80%	80%	80%

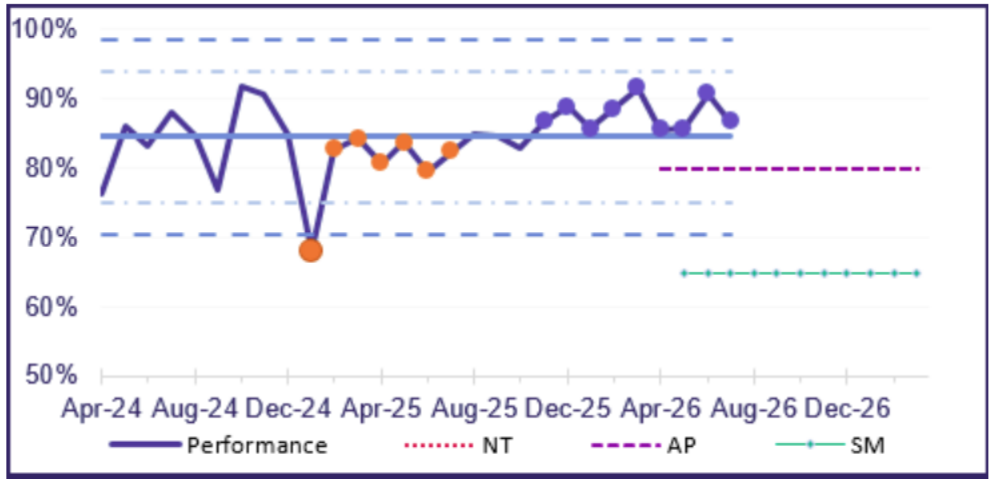
Mental Health Measure Part 1a - Assessments

Latest Month
July 2026
Profile
80%
Actual
90.88%
Status
Assure



Benchmark BCU ranked 5th of 7 at June 2026

Mental Health Measure Part 1b - 1st Intervention



Latest Month
July 2026
Profile
80%
Actual
86.75%
Status
Assure

BCU ranked 4th of 7 at June 2026 **Benchmark**

What does the data tell us? Performance remains above the national 80% standard for both Adult Mental Health Measure Part 1 measures. In July, **90.9% of assessments were completed within 28 days**, an improvement from June, while **86.8% of first therapeutic interventions commenced within 28 days**, a reduction from the previous month but remaining above target. The overall Health Board position therefore remains positive, although locality and pathway variation continues to require focus.

Actions being taken to improve? Operational focus is increasingly moving from recovery of the overall health board position to sustaining compliance and reducing variation Local recovery plans remain in place where pressures persist, supported by targeted capacity, management of long-wait cohorts and continued performance oversight through established governance arrangements.

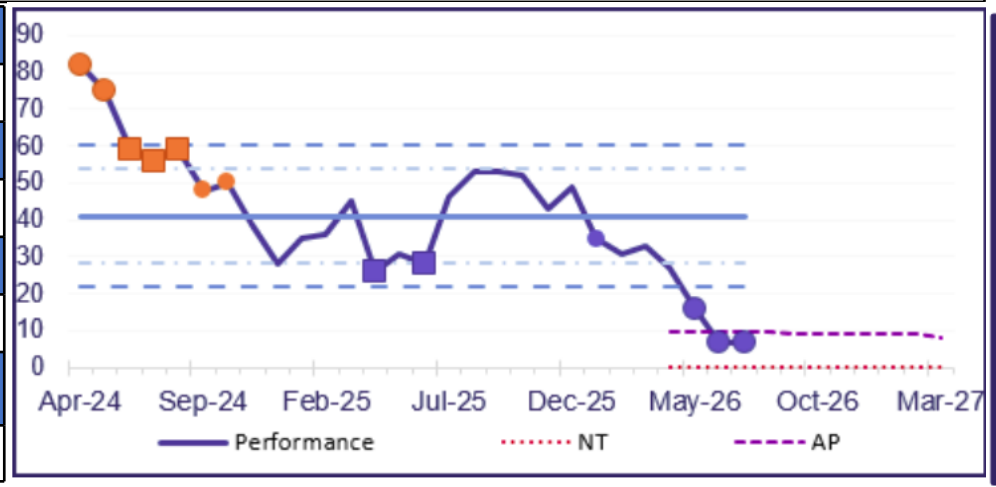
Expected impact upon forecasted performance health board performance is expected to remain above the national standard, with continued focus on sustaining current performance and reducing unwarranted variation between localities and pathways.

Adult Mental Health Measures

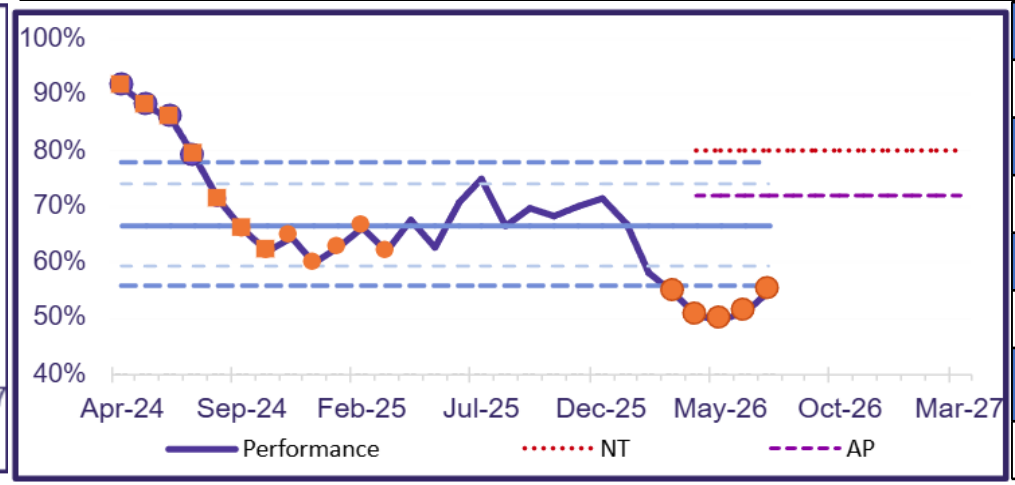
Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3DP06	Material reduction in the number of adult mental health out of area placements	N/A		10	9	9	8
	3BP05	Percentage of patients waiting less than 26 weeks to start a psychological therapy in Specialist Adult Mental Health	N/A	80%	72%	72%	72%	72%

Out of Area Placements

Latest Month
July 2026
Profile
10
Actual
7
Status
Alert



Psychological Therapies



Latest Month
July 2026
Profile
80%
Actual
55.13%
Status
Alert

Benchmark	N/A	BCU ranked 5th of 7 at June 2026	Benchmark

What does the data tell us? Psychological therapies performance improved to 55.1% in July, compared to 51.2% in June, but remains significantly below the national 80% standard. Performance continues to be affected by variation across localities and ongoing operational capacity constraints. The out of area placements position reported for **July was 7 patients in total for the month** (as at 31st July) sustaining the significant reduction achieved in recent months and remaining at the lowest level seen since November 2022.

Actions being taken to improve Recovery activity for Psychological Therapies is focused on strengthening operational oversight, recruitment and retention, improved access to appropriate accommodation and clinic capacity, and developing clear recovery trajectories following the Corporate Performance Accountability Review. For out of area placements, seven-day operational oversight, strengthened discharge planning, daily review and partnership working continue, with an increasing focus on sustaining the improvement already achieved.

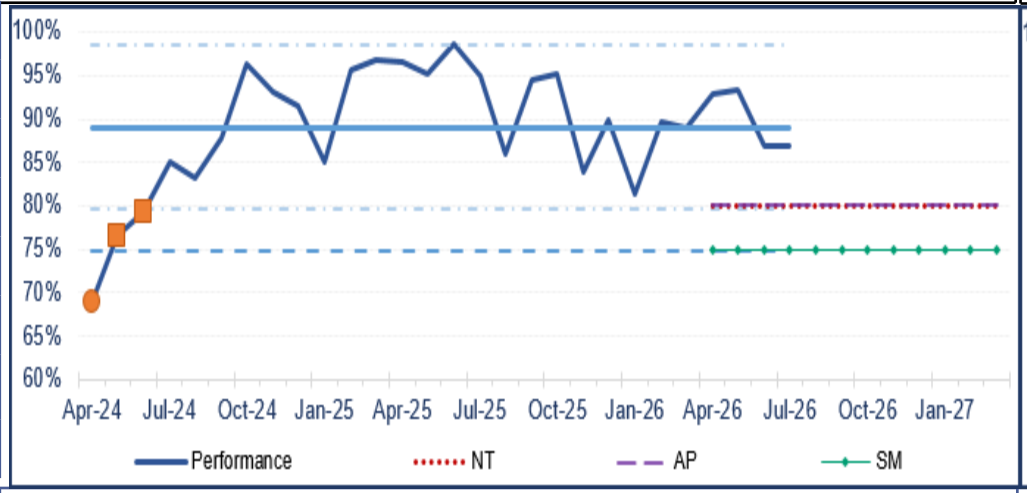
Expected impact upon forecasted performance Psychological therapies performance is expected to improve progressively as recovery actions take effect, although achievement of the national standard remains challenging. For out of area placements, the priority is now to sustain the significant improvement achieved, maintaining placements at or below the current profile while continuing to improve patient flow and reduce delays across pathways.

Child and Adolescent Mental Health (CAMHS)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP01	Percentage of Local Primary Mental Health Support Service **assessments** undertaken within (up to and including) 28 days from the date of receipt of referral for people aged under 18 years	75%	80%	80%	80%	80%	80%
	3EP02	Percentage of therapeutic **interventions** started within (up to and including) 28 days following an assessment by Local Primary Mental Health Support Service (LPMHSS) for people aged under 18 years.	60%	80%	80%	80%	80%	80%

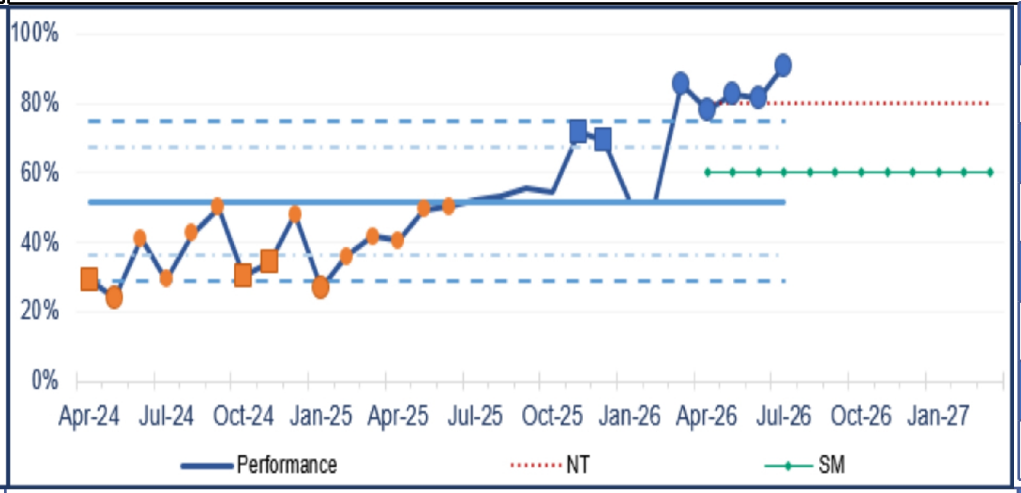
Measure – Part 1A (Assessments) – people aged under 18 years

Latest Month
July 2026
Profile
80%
Actual
86.85%
Status
Alert



Benchmark BCU ranked 5th of 7 at June 2026

Mental Health Measure – Part 1B (Interventions) – people aged under 18 years



Latest Month
July 2026
Profile
80%
Actual
90.83%
Status
Alert

Benchmark BCU ranked 6th of 7 at June 2026

What does the data tell us? – Data up to the end of July indicates that performance has been above the target of 80% for the **assessment** metric (part 1A) since July 2024. Management data indicates that this performance will not be maintained in August 2026 where performance is expected to dip below the 80% standard but is expected to remain above the de-escalation threshold of 75%. For the **interventions** metric (1B), significant improvement was demonstrated during 2025/26 with performance improving from 40% at the start of the year to and end of March performance of 85.4%. Whilst performance has been above the national standard between May and July 2026, management data indicates that compliance will fall below the 80% standard in August but will remain above special measures threshold.

Actions being taken to improve – Increased demand was reported in June, impacting on the August expected performance. The performance dip in August is predominantly impacted by East locality who have developed and are reviewing recovery delivery plan to include refreshed demand and capacity modelling. The service offer regarding group therapy is being developed further over coming months.

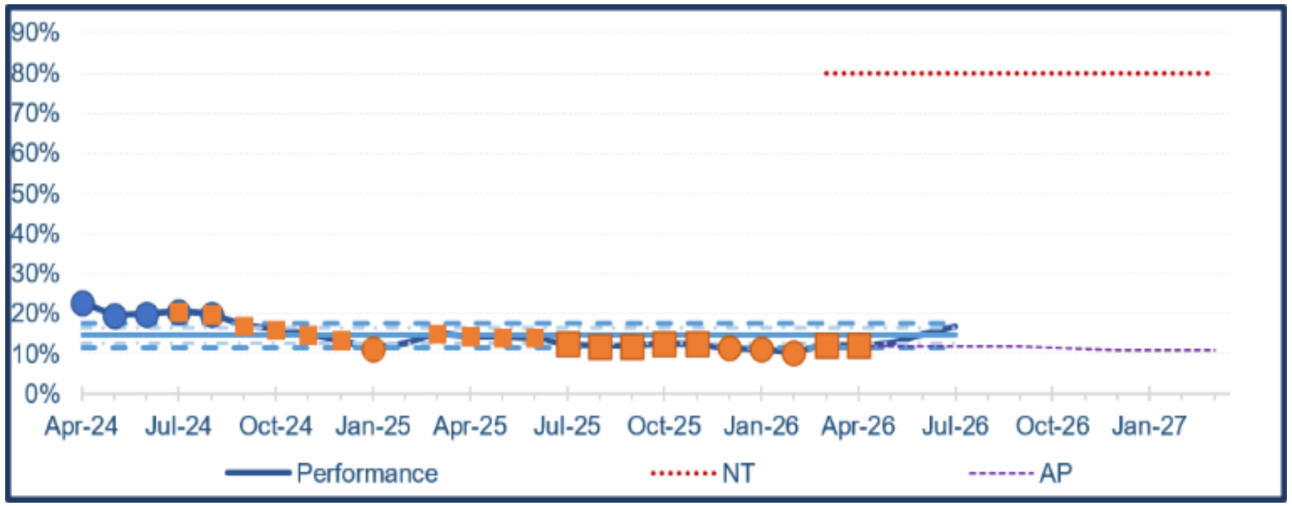
Expected impact upon forecasted performance – Completion of demand and capacity work will be key in sustaining delivery. Whilst this is being finalised it is expected that demand increase will have ongoing impact into September and this is being closely monitored.

Neurodevelopment (ND)

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	3EP03	Percentage of C&YP waiting less than 26 weeks to start neurodevelopment assessment	N/A	80%	12%	12%	12%	12%

Percentage of children and young people waiting less than 26 weeks to start an ADHD or ASD neurodevelopment assessment

Latest Month
July 2026
Profile
12%
Actual
16.9%
Status
Alert



Waiting List Profile

Month	<26 weeks	26+ weeks	ND Total	Of which 3yr+	Of which 4+ yr
Dec-25	900	6,929	7,829	1,249	0
Jan-26	883	6,982	7,865	1,276	0
Feb-26	756	6,560	7,316	547	2
Mar-26	851	6,069	6,920	592	3
Apr-26	856	6,162	7,018	643	15
May-26	895	6,151	7,046	652	18
Jun-26	1,014	5,779	6,793	423	14
July-26	1,131	5,544	6,675	407	5

Benchmark	At June 2026, BCU ranked 7th of 7. No health board achieving target with all Wales performance 26.6%

What does the data tell us? – Performance is considerably below national expectation with those waiting less than 26 weeks to start an ADHD or ASD assessment at 16.9% There has been improvement in reducing patients waiting in excess of three years from 1,249 in Dec-25 to 407 at end of July 2026 a 67% reduction.

Actions being taken to improve – External commissioning is supporting the longest wait patients within this cohort. Four year wait patients have reduced between May and July from 18 to 5 and whilst the aim was to clear all four year waits by mid-August non-engagement by families or school information not being received is impacting on a small cohort of patients. Proposals are being developed to increase contract values to provide an additional 700 assessments. Patient validation exercise is taking place alongside a review of core activity capacity. Scoping activity is also taking place regarding increased prescribing requirement as additional assessment is resulting in additional demand on ADHD medication initiation.

Expected impact upon forecasted performance – Whilst additionality continues to support reduction in extreme wait patients, given the size of the waiting list and the volume in excess of 26 weeks, the focus is on eliminating long waits over 3 years.

Section 2
Quality, safety and patient experience



Scorecard: Quality, safety and patient experience

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF39	Percentage of episodes clinically coded within one reporting month post episode discharge end date	95%	-	-	4th of 8 (at May 26)	95.5%	RIA	RIA		Assure
NPF49	Number of new never events	0	-	-	21st of 23 (at Jun 26)	3.0	2.0	1.0		Assure
NPF40	Nationally reportable incidents open over 12 months	0	-	-	1st of 11 (at Jul 26)	0	0	0		Assure
4HP02	12 month rolling average crude mortality rate	-	-	-	N/A	1.5	RIA	RIA		Alert
NPF41	Cumulative number of hospital onset Klebsiella spp BSI cases	16	-	-	3rd of 6 (at Jul 26)	9	10	13		Alert
NPF42	Cumulative number of hospital onset Pseudomonas aeruginosa BSI cases	1	-	-	2nd of 6 (at Jul 26)	3	3	4		Assure
NPF43	Cumulative number of hospital onset E.coli BSI cases	42	0.00	-	6th of 6 (at Jul 26)	21	36	46		Assure
NPF44	Cumulative number of MSSA BSI cases	52	-	-	6th of 6 (at Jul 26)	63	84	96		Advise
NPF45	The cumulative rate of laboratory confirmed C.difficile cases per 100,000 of the population	-	-	-	5th of 6 (at Mar 26)	42.0	49.8	52.0		Advise
LMQ01	Number of new reported falls	-	-	-	N/A	354	372	320		Advise
LMQ02	Number of reported falls with actual harm (moderate and above, post review)	-	-	-	N/A	19	26	20		Advise
NPF50	Overall HB patient experience score (out of 10)	850%	-	-	N/A	9	8	8		Assure
LMQ03	Number of avoidable hospital acquired pressure ulcers (HAPU) (post review)	-	-	-	N/A	66	57	45		Alert
LMQ04	Number of National reportable incidents (NRIs)	-	-	-	N/A	16	9	7		Alert
LMQ05	The number of complaints open	-	-	-	N/A	333	334	358		Advise
LMQ06	Percentage of complaints that are not overdue	-	-	-	N/A	86.9%	84.0%	83.5%		Assure

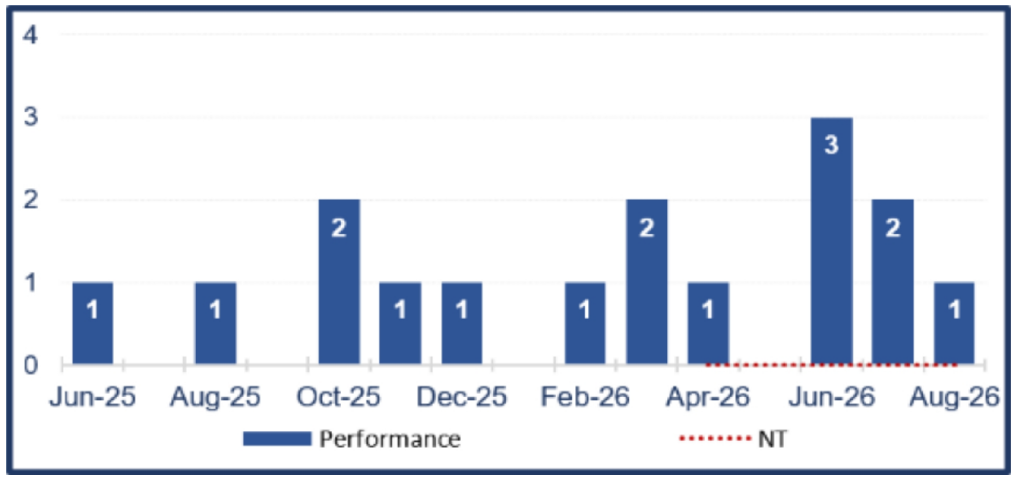
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q4 25/26	Notes	
3HP02	Gabapentin and pregabalin (DDDs per 1,000 patients)	10%↓ YoY	-	1606.5	4th of 7 (at Mar 26)	1640.5	1676.5	1592.4		TBC

Never Events

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of new never events	N/A	0	0	0	0	0
	LMQ04	Number of new National Reportable Incidents (NRIs)						

Number of new never events

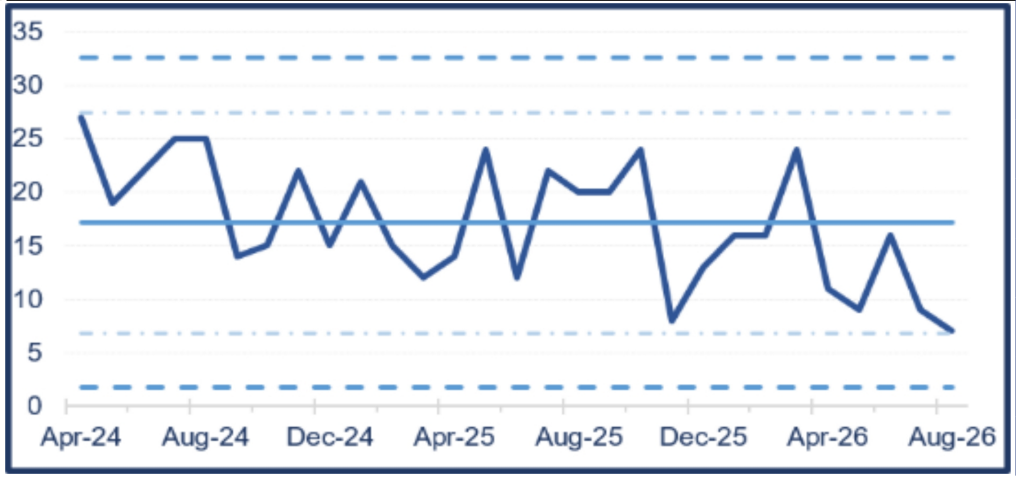
Latest Month	Profile	Actual	Status
August 2026	0	1	Alert



Benchmark
BCU ranked 11th of 11 at June 2026

New National Reportable Incidents (NRI) by incident date (snapshot in time and data likely to fluctuate)

Latest Month	Profile	Actual	Status
August 2026	N/A	7	Advise



Benchmark
N/A

What does the data tell us? - One Never Event was reported during August 2026; a cumulative position of 7 Never Events during 2026/27. The incidents reported during the year reflect a range of patient safety themes, including procedural safety, retained items and the safe use of clinical devices and implants. National Reportable Incidents (NRIs) continue to be monitored, with the reported position representing a snapshot by incident date, therefore subject to change as incidents are reviewed and reporting is updated.

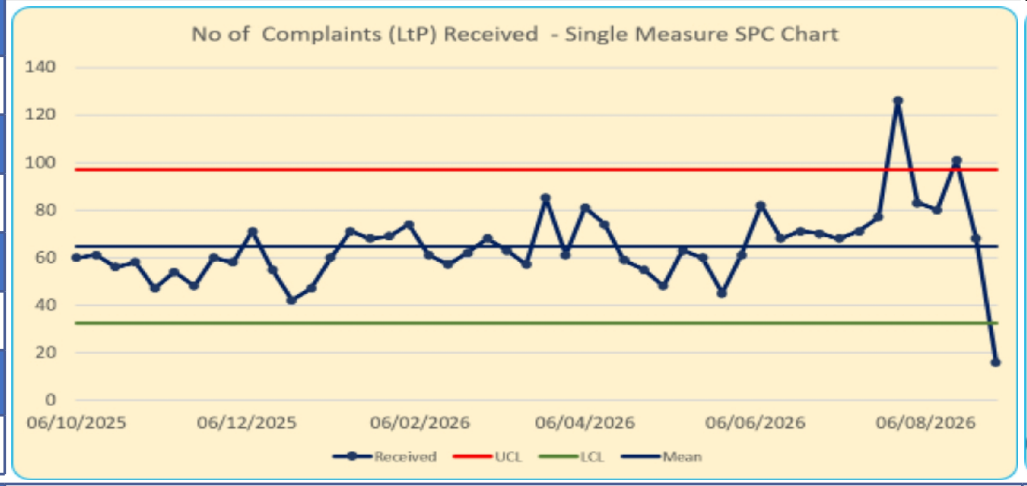
Actions being taken to improve - Focus continues on strengthening organisational learning and assurance following serious incidents. Incidents are managed through the required processes, including Duty of Candour where applicable, with action plans developed in response to identified learning. Executive oversight continues through established incident and quality governance arrangements. Health Board-wide work to strengthen Local Safety Standards for Invasive Procedures (LocSSIPs) is also progressing, including review of local arrangements and audit practice across clinical services.

Expected impact upon forecasted performance – Strengthened oversight, consistent application of safety standards and continued organisational learning are intended to improve compliance and reduce the risk of recurrence.

Metric Overview	ID	Metric	SM De-escalation	Planning / Performance Framework	Q1	Q2	Q3	Q4
	NPF49	Number of complaints received	N/A	N/A	N/A	N/A	N/A	N/A
	LMQ05	Number of open complaints	N/A	N/A	N/A	N/A	N/A	N/A

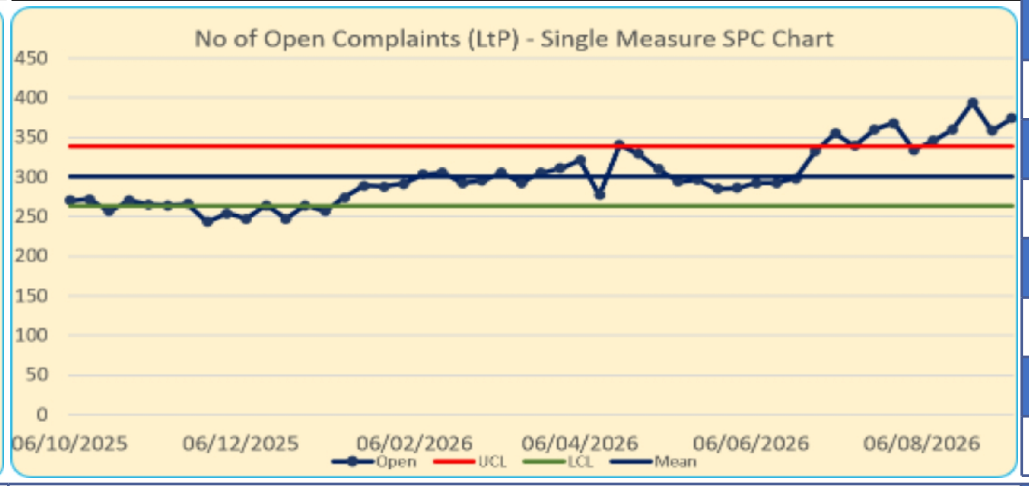
Number of complaints received (weekly)

Latest Position
w/c 31st August
Profile
N/A
Actual
16
Status
Alert



Benchmark
N/A

Number of open complaints (weekly)



Latest Position
w/c 7th Sept
Profile
N/A
Actual
374
Status
Advise

Benchmark
N/A

What does the data tell us? The latest position shows 374 open complaints in the week commencing 7 September 2026, indicating that the overall volume of open complaints remains elevated. This represents an increase from the 324 open complaints reported in early August. Weekly complaint volumes continue to fluctuate, with 16 complaints received in the week commencing 31 August. The sustained level of open complaints reflects the ongoing challenge of balancing new demand with the capacity of services to investigate and respond to concerns.

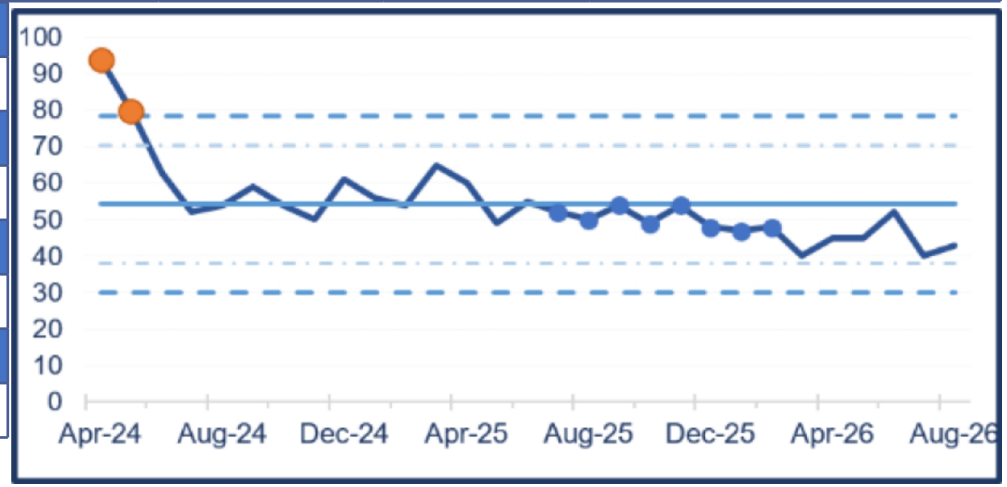
Actions being taken to improve – Work continues to strengthen complaints management and reduce the outstanding caseload, including refinement of processes, recruitment within the corporate complaints service and targeted intervention through the Patient Experience Service. Greater emphasis is also being placed on early resolution and proactive engagement with patients, including closer working between engagement and complaints teams where concerns are initially raised through social media.

Expected impact upon forecasted performance – The improvement programme is intended to increase the timely resolution of concerns, reduce the overall number of open and overdue complaints and improve compliance.

All open NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

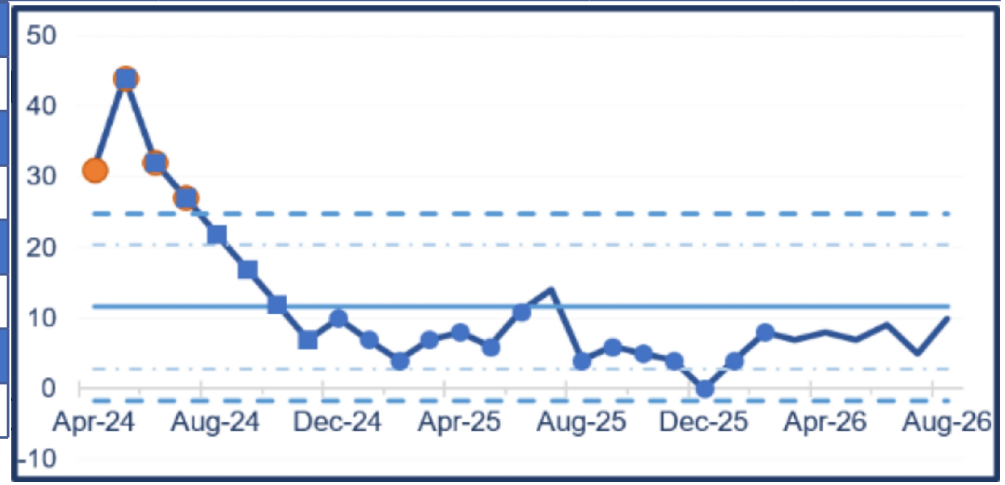
Latest Month
August 2026
Profile
N/A
Actual
43
Status
Advise



All overdue NRIs

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

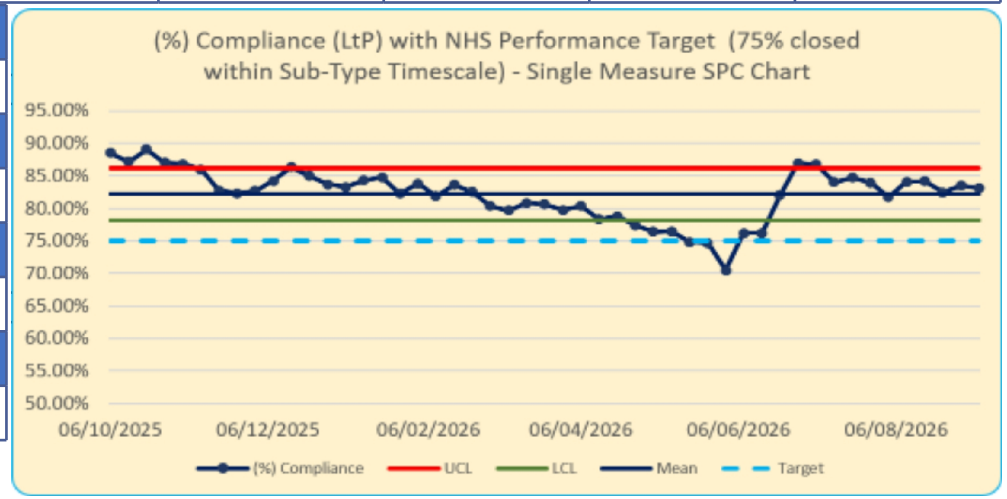
Latest Month
August 2026
Profile
N/A
Actual
10
Status
Advise



Percentage of complaints closed within agreed timescales

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

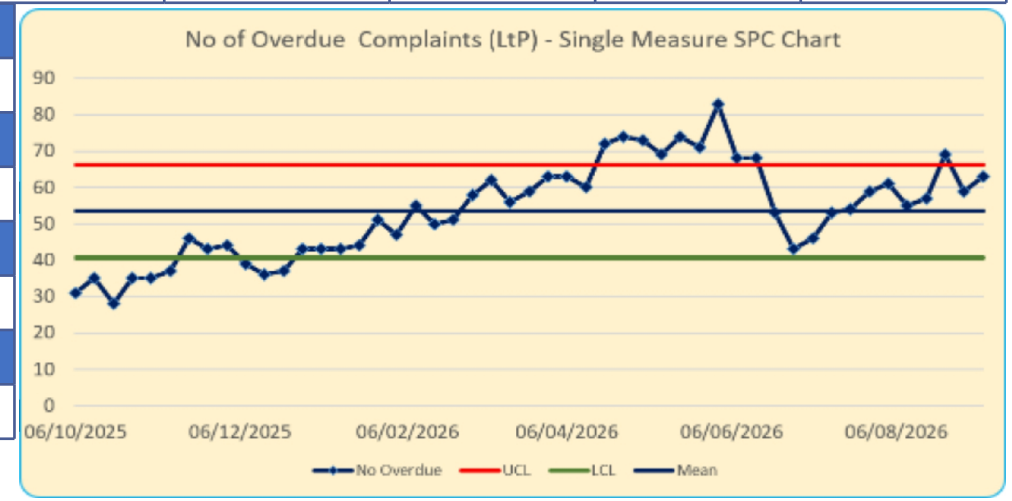
Latest Position
w/c 7th Sept
Profile
N/A
Actual
83.2%
Status
Assure



Number of overdue complaints

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

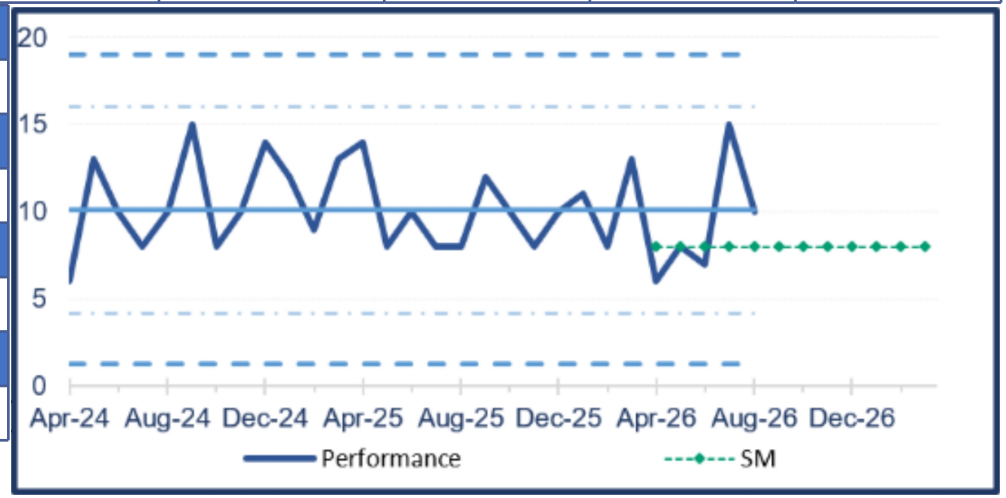
Latest Position
w/c 7th Sept
Profile
N/A
Actual
63
Status
Assure



Number of hospital onset E-coli BSI cases

SM De-Escalation	8	Framework	N/A	Latest Benchmark	N/A

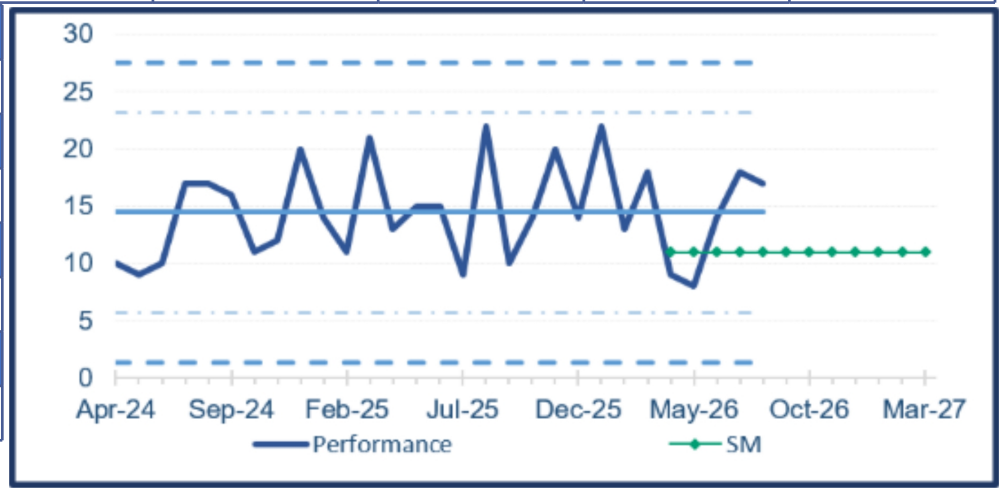
Latest Month
August 2026
Profile
N/A
Actual
10
Status
Advise



Number of hospital onset C-Diff cases

SM De-Escalation	11	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
17
Status
Advise



Number of MSSA cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

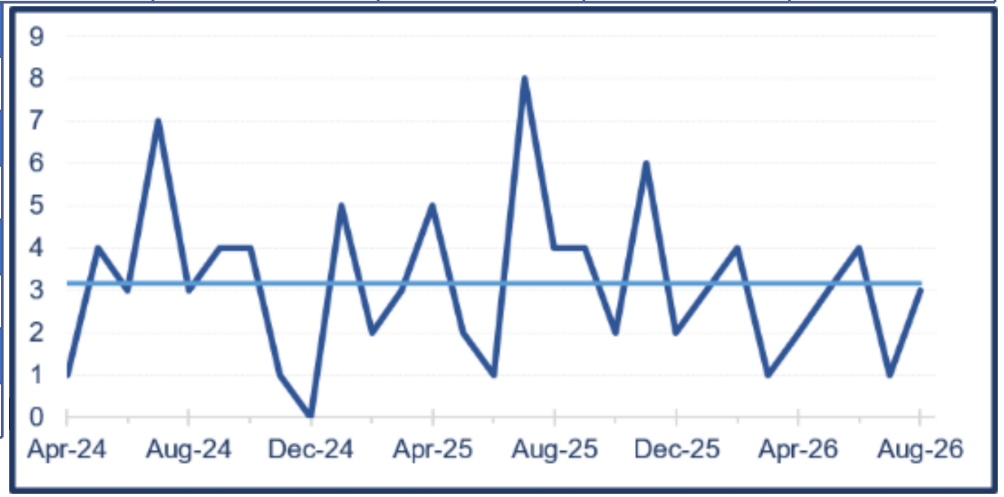
Latest Month
August 2026
Profile
N/A
Actual
12
Status
Advise



Number of hospital onset Klebsiella spp BSI cases

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

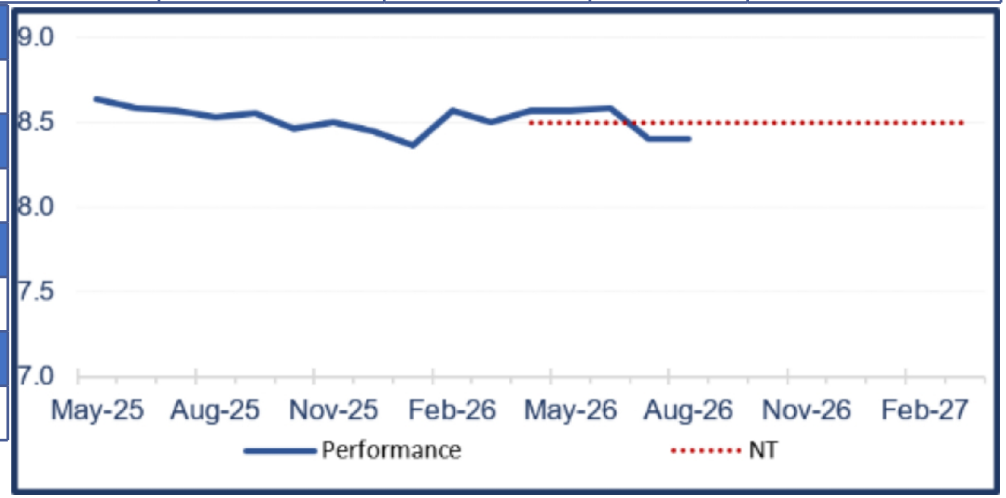
Latest Month
August 2026
Profile
N/A
Actual
3
Status
Advise



Overall health board patient experience score

SM De-Escalation	N/A	Framework	8.5	Latest Benchmark	BCU ranked 5th out of 9 at May 2026

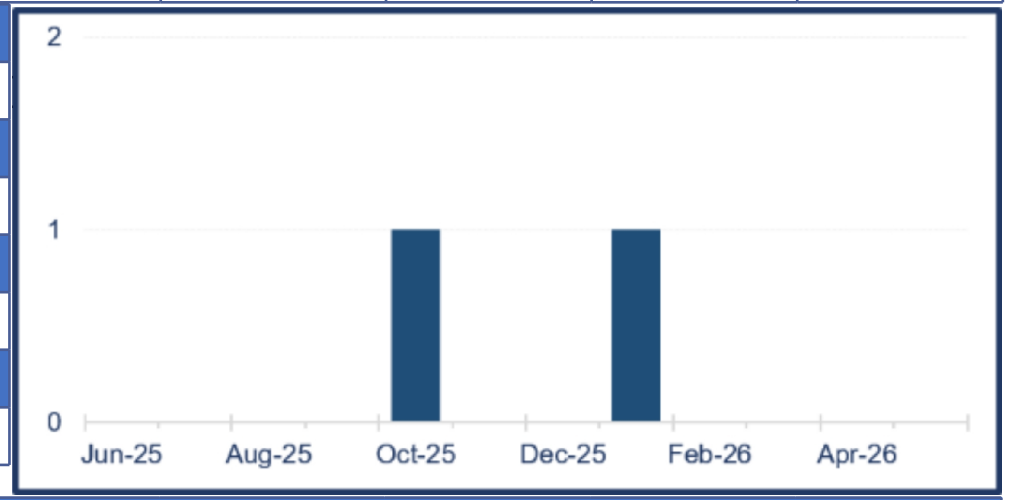
Latest Month
August 2026
Profile
Actual
8.4
Status
Advise



Regulation 28 notices (Prevention of Future Deaths reports)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

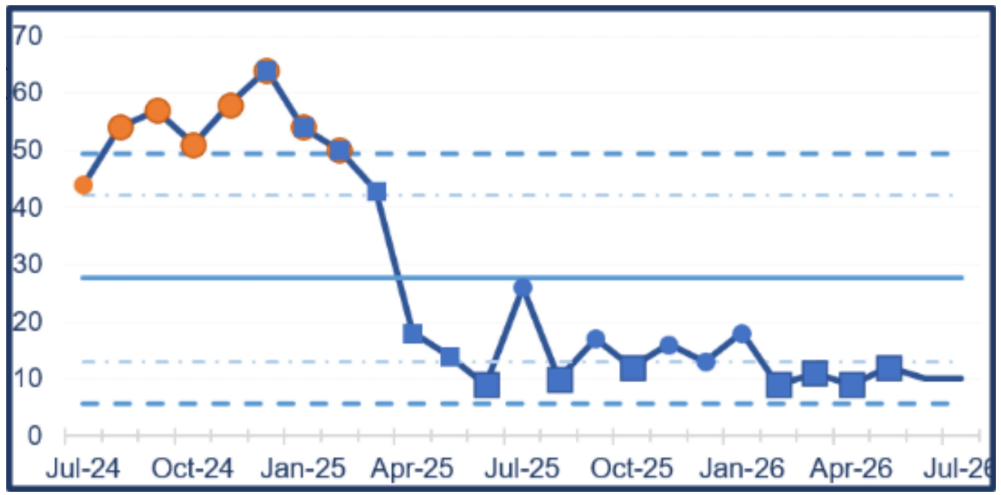
Latest Month
May 2026
Profile
Actual
0
Status
Advise



Number of overdue Learning from Event Reports (LFERs)

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

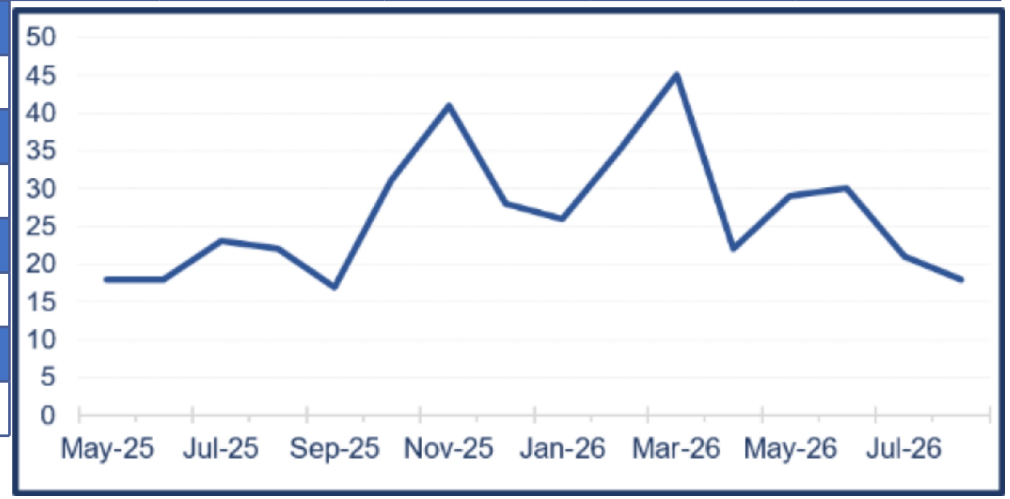
Latest Month
July 2026
Profile
N/A
Actual
10
Status
Assure



Number of new Ombudsman contacts

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

Latest Month
August 2026
Profile
N/A
Actual
18
Status
Assure



Section 3
People and places



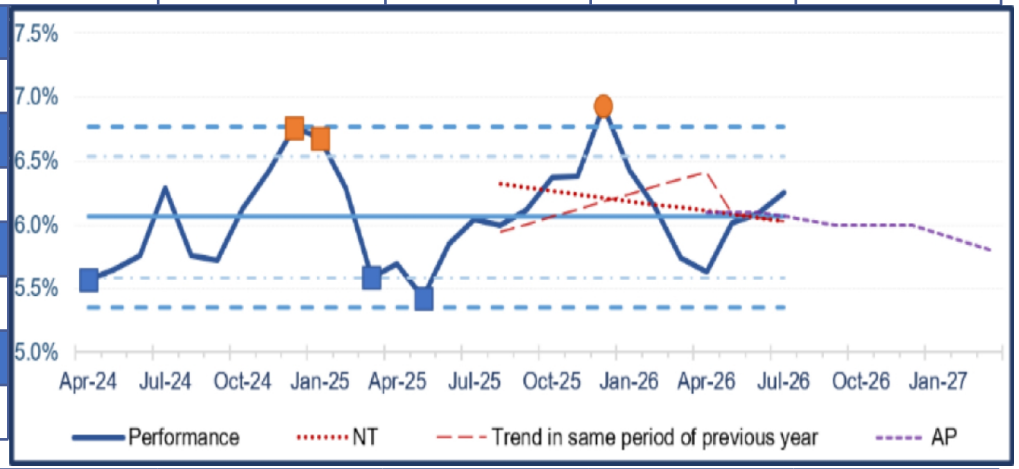
Scorecard: People and places

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF36	Percentage of sickness absence rate of staff (month by month)	YoY↓	-	6.0%	7th of 13 (at May 26)	6.09%	6.25%	6.35%		Advise
LMW05	Percentage of headcount by organisation who have had a Personal Appraisal and Development Review (PADR) in the previous 12months (excluding medical appraisal,	-	-	-	6th of 13 (at Jan 26)	80.0%	79.9%	80.3%		Assure
LMW06	Percentage compliance for all completed level 1 competencies of the Core Skills and Training Framework by organisation	-	-	-	N/A	90.5%	90.5%	90.5%		Assure
LMW07 (NPF37*)	Turnover rate for nurse and midwifery registered staff leaving BCUHB (monthly, not 12 month rolling figure)	-	-	-	N/A	0.53%	0.60%	0.56%		Assure

Percentage of sickness absence rate of staff (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	BCU ranked 3rd out of 13 at April 2026

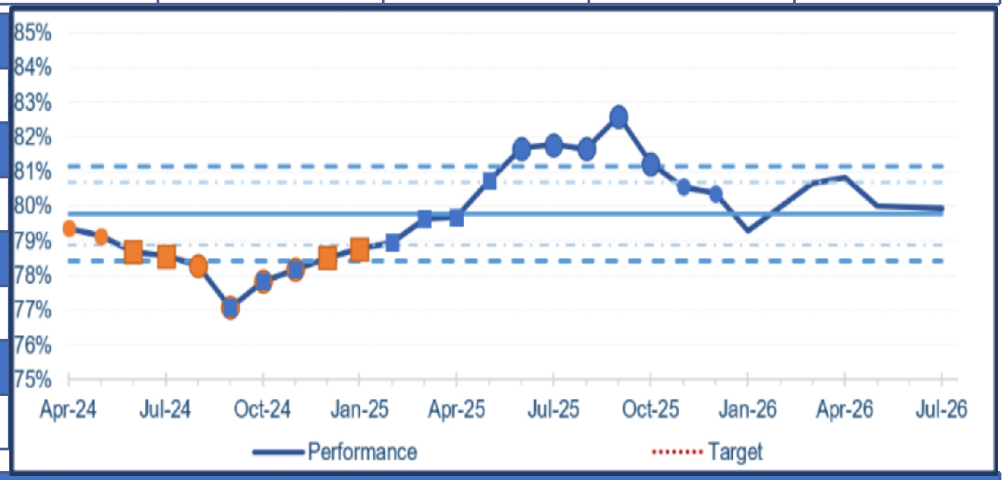
Latest Month	Profile	Actual	Status
July 2026	6.1%	6.3%	Alert



Percentage of Performance Appraisal Development Reviews (PADRs) undertaken

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

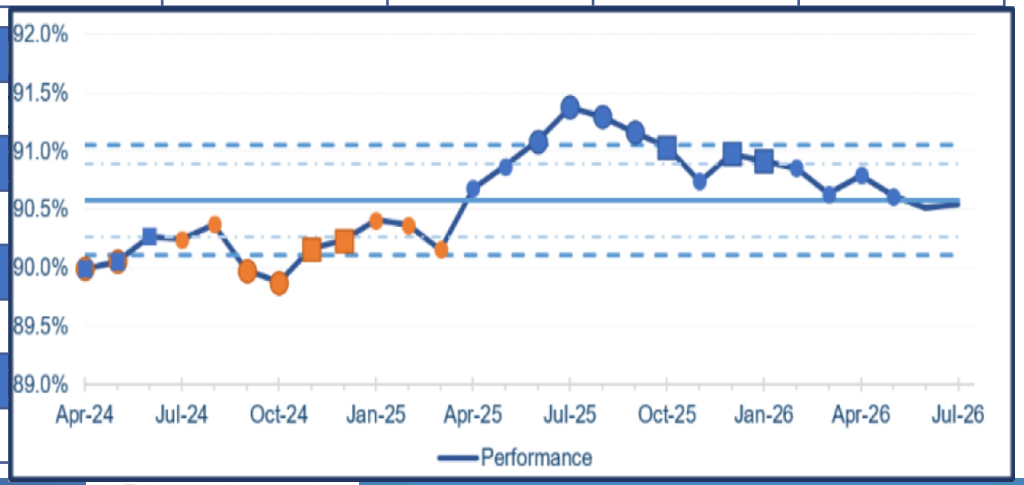
Latest Month	Profile	Actual	Status
July 26	N/A	79.8%	Advise



Percentage of staff who are up to date with all appropriate L1 mandatory training

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

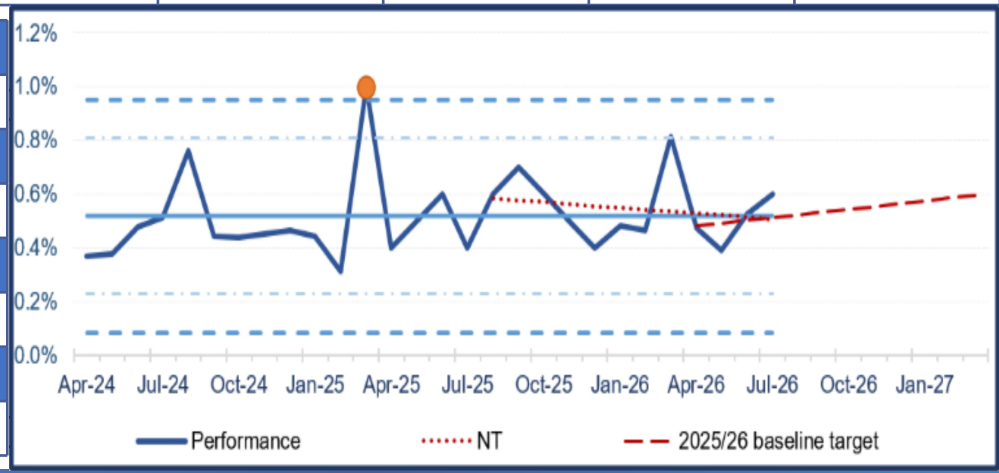
Latest Month	Profile	Actual	Status
July 26	N/A	90.6%	Advise



Turnover Rate of those leaving BCUHB (month by month data)

SM De-Escalation	N/A	Framework	*comparative 12-month reduction	Latest Benchmark	N/A

Latest Month	Profile	Actual	Status
July 26	N/A	0.60%	Advise



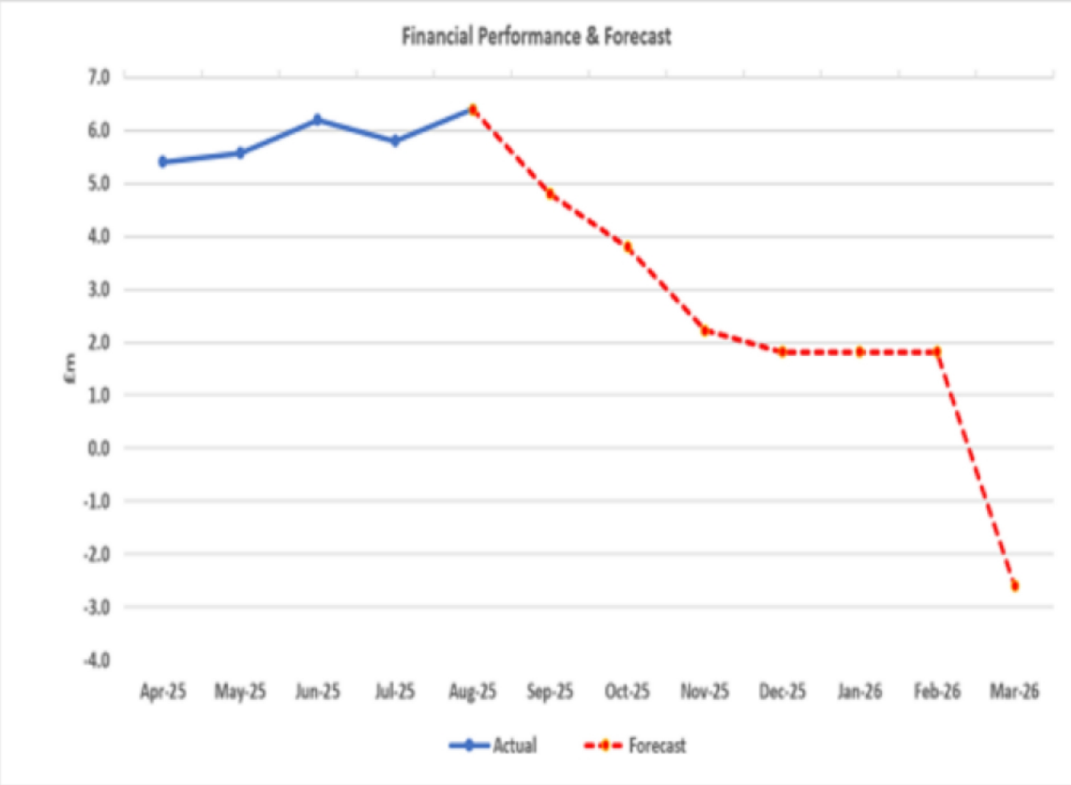
Section 4
Finance and sustainability

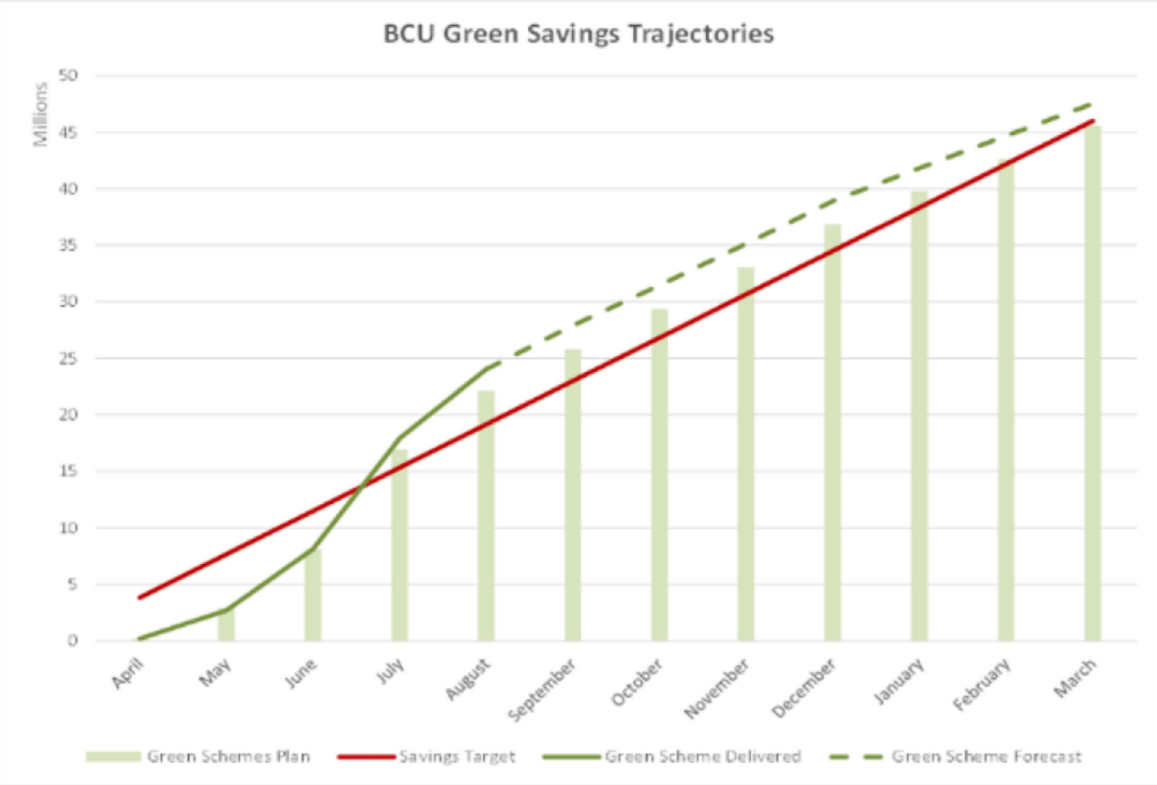


Scorecard: Finance and sustainability

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
NPF38	Agency spend (30% reduction in 2026-27 from 2025-26 outturn)	30%↓	-	-	13th of 13 (at Jun 26)	20.0%	21.1%	23.2%		Alert
LMF01	Revenue position - expenditure over profile deficit position per month (£m)	3.6	-	-	N/A	2.6	2.2	2.8		Escalate
LMF02	Value and sustainability forecast (up to pipeline) (£m)	46	-	-	N/A	43.6	55.6	58.4		Assure
4GP01	Green deliverable schemes (cash releasing savings forecast) (£m)	46	-	-	N/A	24.1	43.9	47.5		Assure
LMF03	Budget releasing savings (£m)	46	-	-	N/A	10.1	28.2	31.8		Alert
LMF04	Capital spend (£m)	58.6	-	-	N/A	2.8	4.0	7.3		Assure
LMF05	PSPP: Non-NHS invoices paid within 30 days by number	95%	-	-	N/A	92.6%	-	-	Quarterly	Alert
LMF06	PSPP: Non-NHS invoices paid within 30 days by value	95%	-	-	N/A	96.9%	-	-	Quarterly	Assure
LMF07	PSPP: NHS invoices paid within 30 days by number	95%	-	-	N/A	89.0%	-	-	Quarterly	Alert
LMF08	PSPP: NHS invoices paid within 30 days by value	95%	-	-	N/A	98.0%	-	-	Quarterly	Assure

Scorecard: Finance and sustainability





Scorecard: Finance and sustainability

	Actual					Forecast							2026/27 Cumulative against Plan			
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%
Revenue Resource Limit	(197.0)	(197.3)	(200.1)	(202.7)	(201.4)	(198.1)	(197.8)	(198.1)	(199.7)	(198.0)	(196.5)	(208.7)	(998.6)	(998.6)	**0.0**	0.0%
Miscellaneous Income	(14.7)	(15.4)	(15.3)	(16.1)	(15.7)	(15.7)	(15.3)	(15.3)	(15.4)	(15.3)	(15.3)	(17.3)	(74.6)	(77.2)	**(2.6)**	3.5%
Health Board Pay Expenditure	101.6	102.4	104.9	102.9	103.4	100.9	100.9	100.6	100.7	100.7	100.8	100.8	509.7	515.2	**5.5**	1.1%
Non-Pay Expenditure	115.5	115.9	116.7	121.7	120.1	117.7	116.0	115.0	116.2	114.4	112.8	122.6	563.5	589.9	**26.4**	4.7%
Total Deficit / (Surplus)	5.4	5.6	6.2	5.8	6.4	4.8	3.8	2.2	1.8	1.8	1.8	(2.6)	0.0	29.3	29.3	
Planned Deficit	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	3.6	17.9	0.0	17.9	100.00%
Total Deficit / (Surplus) above Plan	1.8	2.0	2.6	2.2	2.8	1.2	0.2	(0.7)	(1.8)	(1.8)	(1.8)	(6.2)	17.9	29.3	11.4	

Section 5
Population health and prevention



Scorecard: Population health and prevention

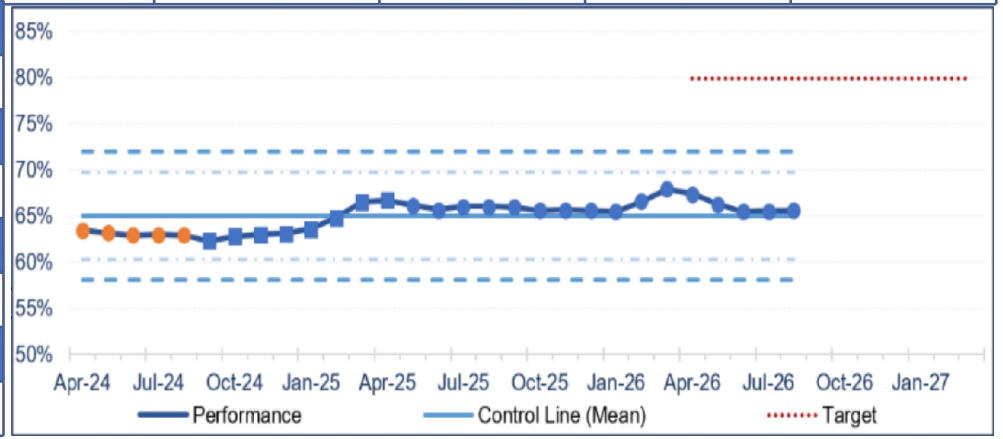
REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Q2 25/26	Q3 25/26	Q4 25/26	Notes	
1AP01	Percentage of adult smokers who make a quit attempt via smoking cessation services	Q1: 1.5%	-	2.8%	3rd of 7 (at Mar 26)	4.2%	6.0%	8.1%	Annual Target	Assure
1AP02	Percentage of adult smokers who made a quit attempt via smoking cessation services who are CO-validated as quit at 4 weeks	40%	-	40.0%	4th of 7 (at Mar 26)	25.2%	22.0%	22.5%		Advise
1DP01	Percentage of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, Hib/MenC booster and second MMR dose)	95%	-	91.0%	4th of 7 (at Mar 26)	90.5%	89.7%	87.6%		Advise
1DP02	Percentage of children receiving the Human Papillomavirus (HPV) vaccination by the age of 15	90%	-	78.7%	6th of 7 (at Mar 26)	72.3%	70.3%	70.8%	School year based	Advise
LMPH01	Percentage of teenagers receiving the MenACWY vaccination by the end of year 11	-	-	0.0%	N/A	74.8%	73.1%	74.5%		TBC
LMPH02	Level 2 adult weight service - increase digital activity	-	-	0.0%	N/A	-	-	370		TBC

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Jun-26	Jul-26	Aug-26	6 Month Activity	
1BP02	Percentage of patients offered an index colonoscopy procedure within 4 weeks of booking their Specialist Screening Practitioner assessment appointment	90%	-	-	5th of 7 (at May 26)	17.7%	RIA	RIA		Alert
3DP05	Percentage of people who have been referred to health board services who have completed treatment for substance misuse (drugs or alcohol)	80%	-	-	1st of 7 (at Jun 26)	94.2%	94.5%	RIA		Assure
LMPH03	Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes	-	-	45.1%	7th of 7 (at Mar 26)	43.0%	43.6%	44.1%		Advise
1AP07	Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months	80%	-	-	N/A	65.5%	65.5%	65.6%		Advise
1AP08	Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months	80%	-	-	N/A	64.4%	64.9%	65.3%		Advise
LMPH04	Babies exclusively breast fed at birth	-	-	-	N/A	56.3%	49.4%	RIA		TBC
LMPH05	Percentage of babies who are exclusively breastfed at 10 days old	-	-	48.4%	N/A	37.1%	27.9%	RIA		TBC
2AP01	Increase in % of adult populations accessing NHS Dental care over a 24 month period	-	-	-	N/A	179432	178132	177932		TBC
2AP02	Increase in % of child populations accessing NHS Dental care over a 12 month period	-	-	57.2%	N/A	55351	54383	53588		TBC
3HP01	Percentage of community pharmacies providing Pharmacist Independent Prescribing service (PIPS)	63%	-	47.0%	6th of 7 (at Jun 26)	47.6%	46.2%	46.9%		TBC

Percentage of patients (*adults) with diabetes who have had foot surveillance recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	Target	Actual	Status
Aug-26	80%	65.6%	Alert

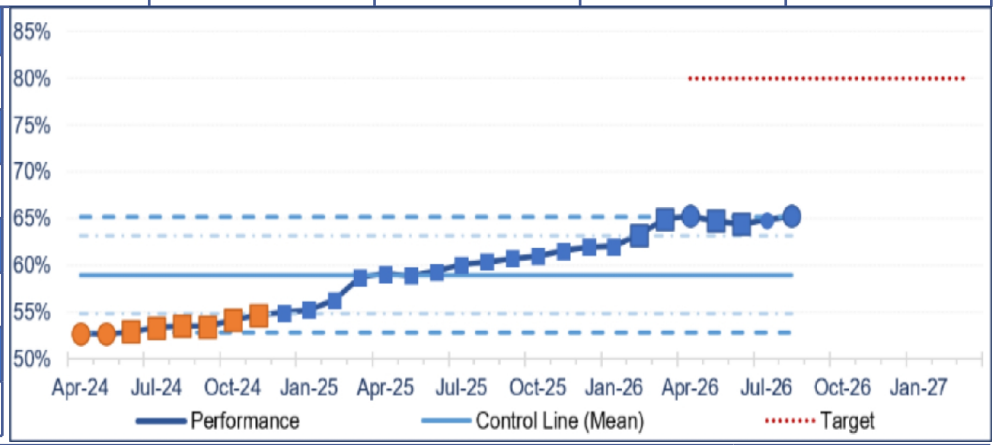


Benchmark BCU ranked 5th of 7 at July 2026

Percentage of patients (*adults) with diabetes who have had their urine albumin recorded within 15 months

SM De-Escalation	N/A	Framework	80%	Latest Benchmark	N/A

Latest Month	Target	Actual	Status
Aug-26	80%	65.3%	Advise



BCU ranked 5th of 7 at July 2026 **Benchmark**

**it should be noted that data is for adults only rather than 12 years and over as stated within the Performance Framework*

What does the data tell us? Foot surveillance (FS) and urine albumin (UA) continue to be the lowest recorded of the eight NICE recommended care processes for diabetes. UA has seen a comparative month on month increase and at Aug 26 was 4.9% higher than Aug 25. FS, although improved from 2024/25, has plateaued.

Actions being taken to improve: Recent engagement work with GPs suggests that data and coding issues, call and recall, uptake of offer, and capacity issues may contribute to lower uptakes.

A regular eight care processes cluster meeting offers shared-learning and support around improving uptake.

A newsletter has been produced for each cluster providing performance data and inviting clusters to explore uptake within the cluster and offers support around identifying actions they can consider to improve uptake.

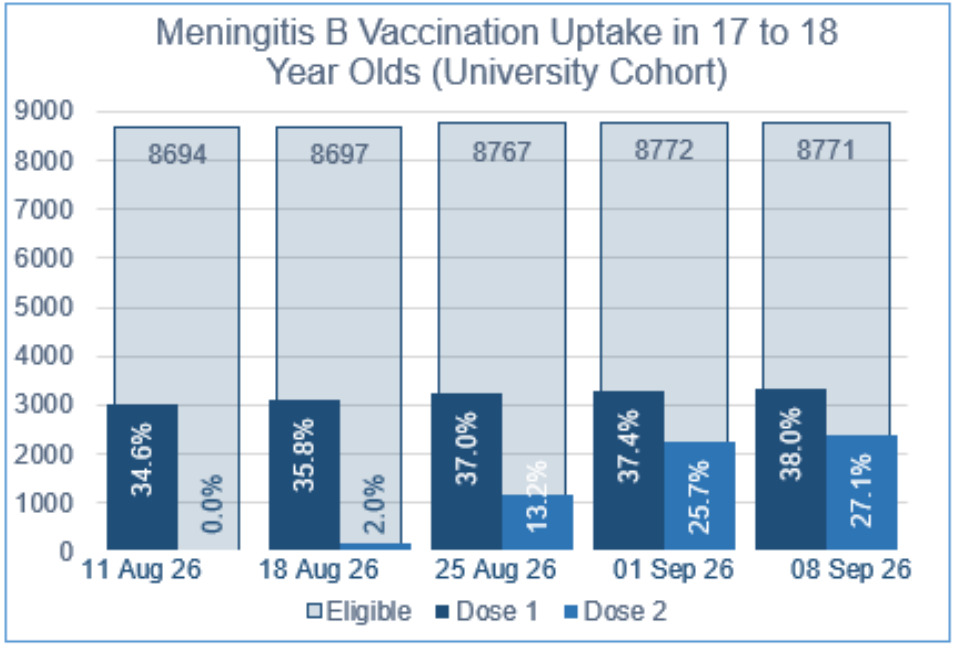
A targeted letter is being sent in Q2 to GP practices with the lowest uptake - this letter will seek development and submission of an action plan to improve uptake and will make an offer of support to develop this improvement plan.

A delivery, governance and assurance structure to support quality improvement and transformation change elements within the Diabetes Programme in North Wales is currently being implemented.

Expected impact upon forecasted performance: The actions outlined are expected to support a gradual improvement in uptake of the eight care processes during 2026/27, including FS and UA. However, any impact on forecast performance is likely to be incremental and may take time to be reflected in reported outcomes.

Uptake of MenB vaccination in individuals aged 17 to 18 years of age					
Time-Limited Programme	N/A	**Framework**	N/A	**Latest Benchmark**	N/A

Latest Data
08-09-26
Target
N/A
Actual
38.0% / 27.1%
Status
Advise



Benchmark	8th Sept 2026 Dose 1: BCU ranked 7th of 7 Health Boards Dose 2: BCU ranked 6th of 7 Health Boards

What does the data tell us?

As at the latest update, **3,330 first doses (38.0%) and 2,380 second doses (27.1%)** have been delivered to the eligible 17–18-year-old BCUHB cohort. First-dose uptake remains variable across North Wales, ranging from 33.0% in Denbighshire to 44.5% in Conwy, indicating opportunities to improve coverage. Encouragingly, second-dose uptake is progressing as individuals reach the required interval between doses. The wider PHW data also demonstrate a socioeconomic gradient in uptake, with lower coverage amongst those living in the most deprived communities.

Actions being taken to improve

All eligible 17–18-year-olds have been offered an appointment, with clinics continuing through to December 2026 and follow-up of non-attenders underway. Second-dose appointments are routinely booked to support completion of the two-dose course, with opportunities also being used to provide catch-up routine vaccinations where appropriate. Engagement with universities and residential colleges is underway to support vaccination of eligible students entering higher or residential further education.

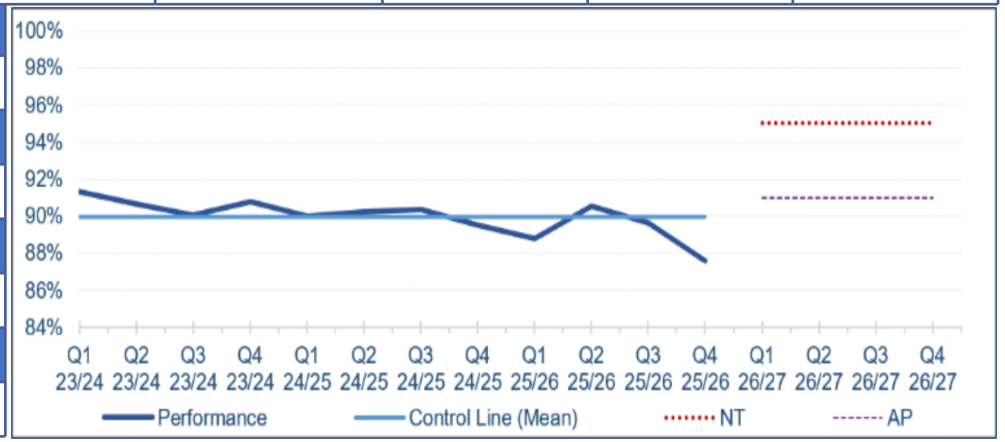
Expected impact upon forecasted performance

Continued follow-up of non-attenders and ongoing clinic provision are expected to increase first-dose coverage, while routine booking of second-dose appointments should support a progressive increase in completed two-dose courses as individuals become eligible. Education-setting delivery should provide additional opportunities to reach the second eligible cohort during the autumn. Variation in first-dose uptake, including lower coverage in more deprived communities, remains the principal risk to overall programme performance and will require continued targeted action.

Percentage of children who are up to date with the scheduled vaccinations by age 5

SM De-Escalation	N/A	Framework	95%	Latest Benchmark	BCU ranked 4th out of 7 at Q4 25/26

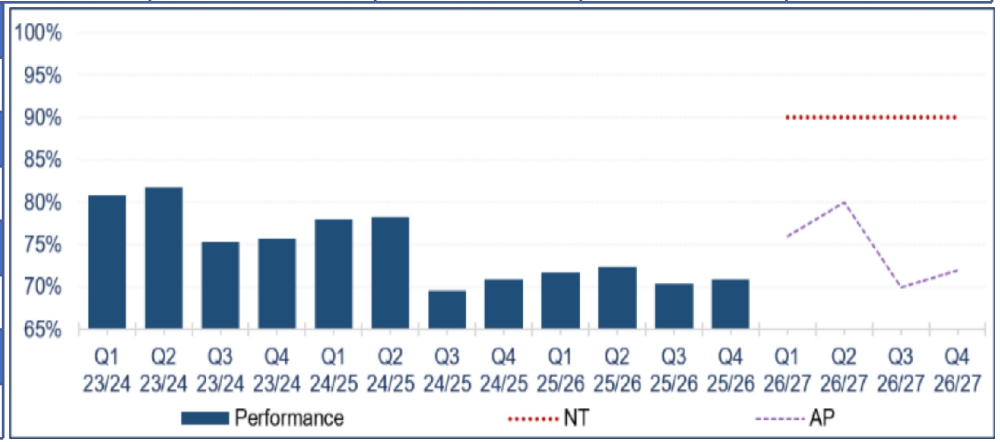
Latest Month
Q4 2025/26
Profile
N/A
Actual
87.9%
Status
Advise



Percentage of children receiving the HPV vaccination by the age of 15

SM De-Escalation	N/A	Framework	90%	Latest Benchmark	BCU ranked 6th out of 7 at Q4 25/26

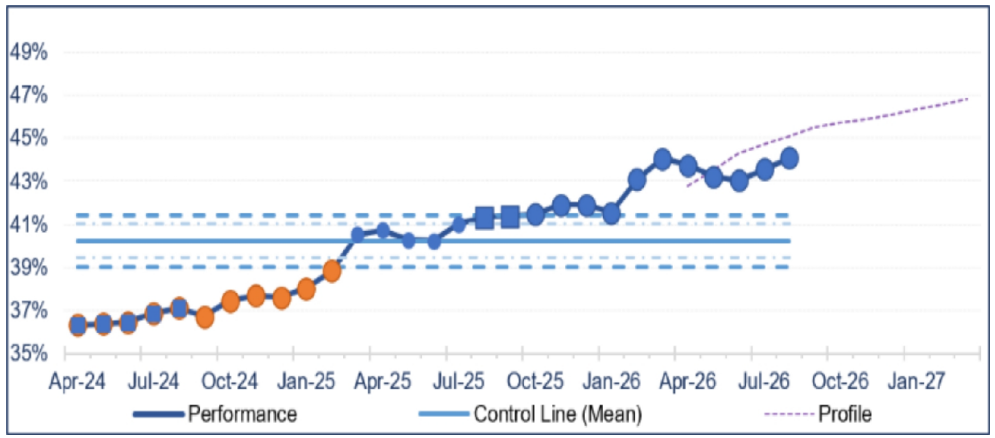
Latest Month
Q4 2025/26
Profile
N/A
Actual
70.8%
Status
Advise



Percentage of patients (*adults) with diabetes who received all eight NICE recommended care processes

SM De-Escalation	N/A	Framework	N/A	Latest Benchmark	N/A

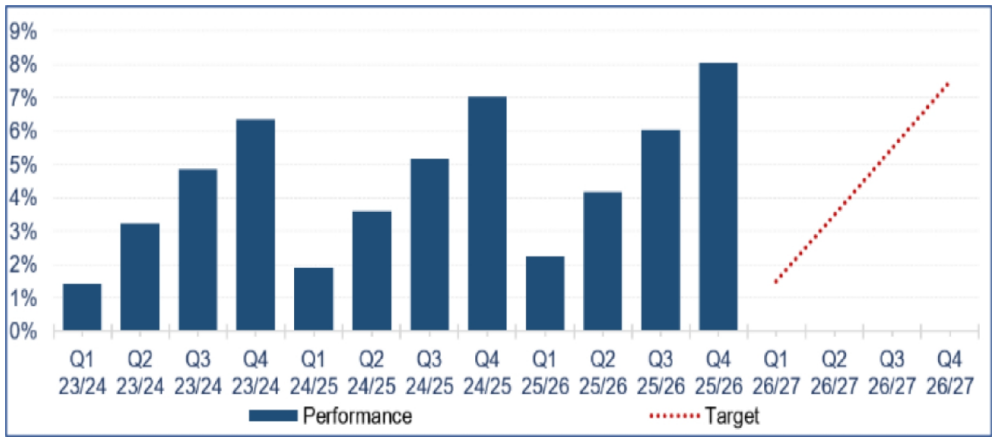
Latest Month
Aug-26
Profile
44.1%
Actual
43.0%
Status
Alert



Percentage of adult smokers who make a quit attempt via smoking cessation services

SM De-Escalation	N/A	Framework	7.5% Annual	Latest Benchmark	BCU ranked 3rd out of 7 at Q4 25/26

Latest Month
Q4 2025/26
Profile
N/A
Actual
8.1%
Status
Assure



Appendices

- Interpreting Statistical Process Control (SPC) Charts
- How to interpret the Integrated Performance Scorecard
- Abbreviations
- Further Information



Interpreting Statistical Process Control (SPC) Charts

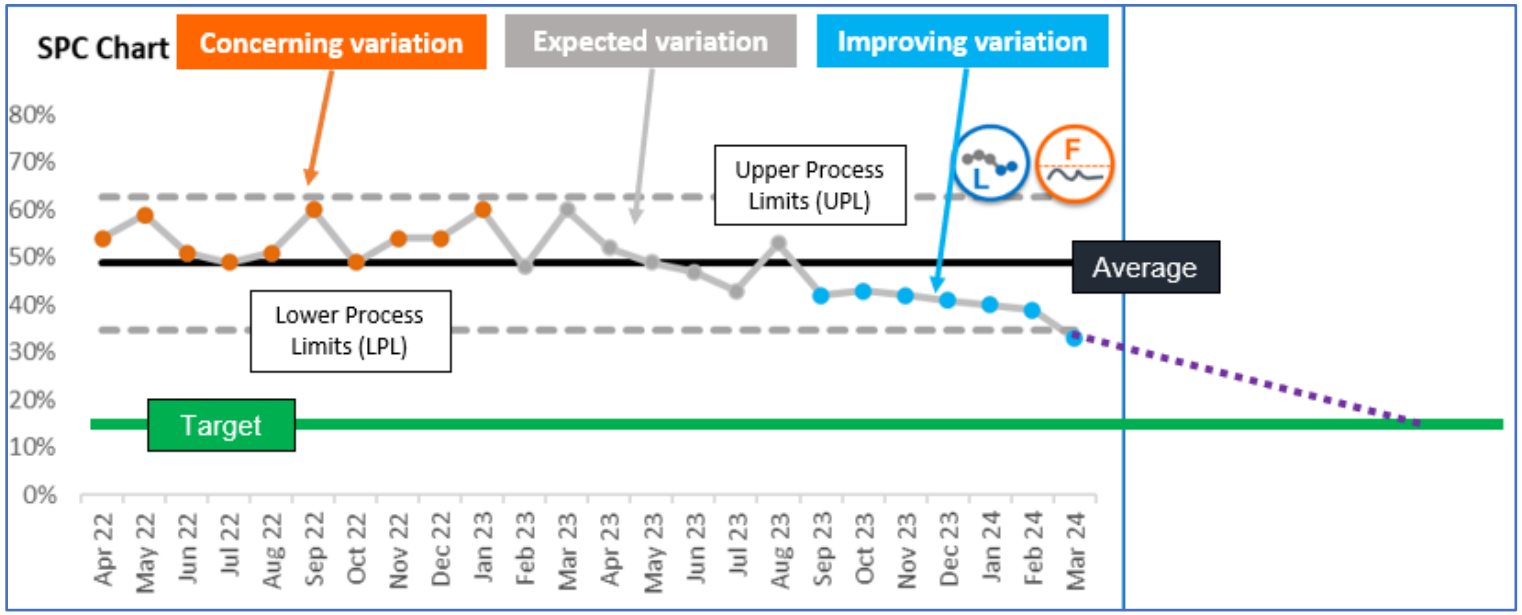
A statistical process control (SPC) chart is a useful tool to help distinguish between signals (which should be reacted to) and noise (which should not as it is occurring randomly).

The following colour convention identifies important patterns evident within the SPC charts in this report.

Orange – there is a concerning pattern of data which needs to be investigated, and improvement actions implemented

Blue – there is a pattern of improvement which should be learnt from

Grey – the pattern of variation is to be expected. The key question to be asked is whether the level of variation is acceptable



The dotted lines on SPC charts (upper and lower process limits) describe the range of variation that can be expected.

Process limits are very helpful in understanding whether a target or standard can be achieved always, never (as in this example) or sometimes.

SPC charts therefore describe not only the type of variation in data but also provide an indication of the likelihood of achieving target.

Summary icons have been developed to provide an at-a-glance view. These are described on the following page.

Key

Status		
	Escalate	Escalate (Serious concerns, action required): There is no confidence that the actions taken in place will address performance issues. Executive level intervention is necessary to resolve the situation.
	Alert	Alert (may require discussion): There is a lack of confidence that any action in place is sufficient to address the issue satisfactorily and/or within the scope of the operational team or executive to resolve. Engagement, action or intervention required.
	Advise	Advise (to monitor): There are areas of concern where assurance has been taken on actions in place but requires close monitoring. An early warning of an emerging and potentially serious concern.
	Assure	Assure (to note): There is confidence that actions are robust and will be sufficient to address the issue or generally operating effectively. Routine monitoring.

How to interpret the Integrated Performance Scorecard

Diagram and description of Scorecard elements

Target Suite:
NT = Nationally Mandated Target
SM = Special Measures De-escaltion Target
AP = current Month Trajectory (where we planned to be at this point)

Actual Performance Window

Month: Actual position for previous 3 months to date
Trend to Date: Trend graph for previous 6 months
Variance & Assurance: SPC Indicators

Delivery Assurance:
Based on data, intelligence etc, what is our level of confidence that the stated performance inprovement will be delivered.

REF	Measure Description	Target Suite			Wales Benchmark	Actual Performance				Status
		NT	SM	AP		Apr-26	May-26	Jun-26	6 Month Activity	
LMU01	Total number of ambulance coveyances to acute emergency departments	-	-	-	N/A	3237	3580	3340		Advise
3AP02	Percentage of ambulance handovers within 15 minutes	80%	-	-	6th of 6 (at Apr 26)	10.6%	11.6%	10.0%		Escalate
3AP01	Number of ambulance patient handovers over 45 minutes	0	-	-	N/A	1960	2143	2059		Escalate
LMU02	Number of ambulance patient handovers over 1 hour	-	1710	-	6th of 6 (at Apr 26)	1697	1820	1755		Escalate
LMU03	Number of ambulance patient handovers over 4 hour	-	-	-	N/A	569	582	527		Advise
LMU04	Median emergency ambulance response time to purple: arrest category calls	6-8 Mins	-	-	N/A	07:46	07:36	RIA		Advise

Measure Reference Numbers
Prefix
NPF = NHS Wales Performance Framework
LMU = Local Measure Urgent & Emergency Care
LMP = Local Measure Planned Care
LMQ = Local Measure Quality, Safety & Experience
LMW = Local Measure Workforce & Organisational Development
LMF = Local Measure Finance
LMPH = Local Measure Preventiuon & Population Health
All other Prefixes are from the Annual Delivery Plan

Full Measure Description

Benchmark of Performance compared to rest of Wales

BCUHB position compared to other Welsh NHS Organisations

Abbreviations

Please see below a list of abbreviations commonly found within this report:

Abbreviation	Definition
3As	alert, advise or assure
A&E	Accident and Emergency
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professional
ASD	Autistic Spectrum Disorder
ASU	Assessment and Support Unity
BCUHB	Betsi Cadwaladr University Health Board
BSI	Bloodstream Infection
C&YP	Children and Young People
CD	Controlled Delivery
CO	Carbon Monoxide
CRL	Captial Resource Limit
D2RA	Discharge to Assess and Recover
DOSA	Day of Surgery Admission
ED	Emergency Department
FTE	Full Time Equivalent
HPV	Human Papilloma Virus
IHC	Integrated Health Community
IMTP	Intergrated Medium Term Plan
L1	Level 1
LFER	Learning from Event Reports
LocSSIP	Local Safety Standards for Invasive Procedures
LPMHSS	Local Primary Mental Health Support Service
LTP	Listening to People
MDT	Multi-disciplinary Team
MDU	Medical Decision Unit

Abbreviation	Definition
MenACWY	Meningococcal A, C, W, and Y
MHLD	Mantal Health and Learning Disabilities
MIU	Minor Injuries Unit
N/A	Not Applicable
NHS	National Health Service
NICE	National Institute for Health and Care Excellence
NMQS	Nursing and Midwifery Quality Standards
NRI	National Reportable Incident
PADR	Performance Appraisal and Development Review
PIPS	Pharmacist Independent Prescribing Service
PoCD	Pathways of Care Delays
PSA	Patient Safety Alerts
PSPP	Public Sector Payment Policy
Q	Quarter
QMS	Quality Management System
RSV	Respiratory Syncytial Virus
RTT	Referral to Treatment
SDEC	Same Day Emergency Care
SPC	Statistical Process Control
TBC	To Be Confirmed
UEC	Unscheduled and Emergency Care
V&S	Value and Sustainability
WM	Weight Management
WTE	Whole Time Equivalent
YoY	Year on Year

Additional Information

Integrated Quality and Performance Report
Betsi Cadwaladr University Health Board

Information on our performance can be found online at:

Our website www.bcu.wales.nhs.uk

Stats Wales https://statswales.gov.wales/Catalogue/Health-and-Social-Care

Regular updates on how we improve healthcare services for patients can be found on social media:

follow @bcuhb

http://www.facebook.com/bcuhealthboard

Present: 18 March 2026			Apologies:
Welsh Government Amy Andrews Annie Jones Emma Coles Helen Arthur Martin Mansfield Sara Whittam Chantelle Jenkins Clare Chard	**NHS Wales** Alex Howells (Chair) Gareth Hardacre Rachel Gidman Debbie Eyitayo Jenny Winslade Shelley Williams Nicola Prygodzicz Sam Morgan Neil Stoodley Andrea Thomas Andrew Davies Kirsty White Sue Green Tripti Megeri **Guest Speakers** Helen Thomas Jeremy Griffith	**Trade Unions** Dawn Ward – Unison Dulcie Thomas – RCN Iona Collins – BMA Lucy Merredy - BMA Jackie Davies - RCN Jan Tomlinson – Unison Julia Chandler – BDA Leanne Chapman – GMB Nicky Hughes (NHu) – RCN Paul Seppman – Unite Peter Hewin – BAOT Sharon Davies – RCM Julie Richards - RCM Tanya Bull – Unison Jonathan Strachan-Taylor – GMB Caroline Hurley – SOR Andrea Prince - Unison Alison Cleaton – Unite Janice Burke-Lang - BAOT Chris Musgrave – CSP	**Welsh Government** Jacqueline Totterdell Rhiannon Jones **NHS** Tina Ricketts (TRi) Helen Watkins Lisa Gostling Sarah Simmonds Hywel Daniel Neil Lewis Hannah Evans Ruth Alcolado Angela Williams Tabitha Rodway (TRo) **Trade Union Members** Amanda Milward – RCN Diana Scott-Brown – RCP Gareth Williams – BMA Nathan Holman (NHo) – GMB Louise Wright – CSP Nadia Probert – Unison Rachel Hadland – RCN Stefan Senese (SSe) – Unison Vicky Richards – RCM Tanya Bull - Unison **Secretariat** Andrew Davies

1.	WPF18/03-1 Welcome and Apologies	Actions
	AH welcomed colleagues to the meeting and apologies for absence were noted.	
2.	**WPF18/03-2 Welsh Government Update**	**Actions**
	HA gave a verbal update and agreed to circulate a written update following the meeting. She noted the improvements to waiting times, reduction in waiting lists and improved ambulance handovers, whilst acknowledging the challenging financial position. TU colleagues expressed their concern in relation to the NHS in Wales being unable to offer pay awards in line with inflation. Colleagues recognised the challenges of the current financial environment and the need to work in partnership to identify solutions. It was agreed to hold a more detailed conversation/workshop on the financial challenges/potential solutions at the WPF meeting in July. HA agreed to include an update on the CMO's "Community by Design" initiative in the written update. It was noted that the focus was on prevention, chronic illness management and urgent/same day access.	**HA** **TRo/AD/MM/NH/PH/TB** **HA**
3.	**WPF18/03-3 Identify any other business to be discussed**	**Actions**
	A number of items of Any Other Business were noted.	
4.	**WPF18/04-4 Leadership and Management Framework**	**Actions**
	Helen Thomas (HEIW) attended for this item and gave an update on the National Management and Leadership Competency Update which was due to be launched in NHS England in spring 2026, with the final framework embargoed until after the launch. The following key points were noted from a Wales perspective: - • **NHS Wales have aligned closely with the NHS England Steering Group** and the national appraisal group. • **Executive level, Welsh Partnership Forum and Peer Group** communications and engagement have been undertaken to harness support and inform direction for NHS Wales.	

- **Transforming Leadership and Management Development for Future Needs -** the Framework offers NHS Wales the chance to fundamentally reshape leadership development, ensuring it aligns with future system needs including system leadership, transformation, digital capability and population health approaches
- **Pre-deployment planning** is underway positioning NHS Wales to adopt the Framework at pace once formerly approved. This will include:
  - ✓ Establishing a Design / Oversight Group with terms of reference
  - ✓ Development of PID and formal programme
  - ✓ Mapping of all HEIW national leadership programmes against the national Framework.
  - ✓ Identification of all NHS Wales organisational management and leadership programmes and resources in line with WOD 2026-27 workplan
  - ✓ Focused communications and engagement including webinars, workshops and targeted focus groups
  - ✓ Secure a design and implementation Partner (Chartered Management Institution) and development of templates and support materials.
  - ✓ Establishing the HEIW PMO and developing a suite of templates and supporting materials including support communication and engagement webinars

The group also noted the proposed design principles to effective implementation of the national Management & Leadership Code and Competency Framework within NHS Wales: -

- Setting Up for Success
- A Shared Vision
- Stakeholder Engagement
- Providing Support
- Piloting
- Evaluation and Review

Colleagues recognised the need for effective succession planning and gap analysis in order to make the framework a success, as well as linking closely with the PADR process and CPD.

HT confirmed that there is TU representation on the national oversight board. She also confirmed that the issue of regulation was still under consideration with more detail to come and that developments in England on this matter were being closely monitored.

5.	WPF18/03-5 Handover 45 Update	Actions
	Jeremy Griffith, Director of Operations for NHS Wales, Welsh Government, attended for this item and gave an update on the project looking at delivering timely ambulance patient handover for betterment of outcome and experience. He advised that timely ambulance patient handover matters have positive impacts on patient safety, staff experience, ambulance availability and betterment of clinical outcomes for those with time sensitive complaints. He highlighted the shared ambition to eliminate excessive handover delays, limit care in temporary spaces, and deliver all ambulance patient handovers in no longer than 45 minutes (aiming for <15 minutes). He highlighted core elements of the improvement plan, as follows: - 1. **Clear national expectations set by H-45 clinical taskforce**: Reinforced focus on short ambulance patient (H-45) handover times and patient dignity 2. **Operational grip and escalation:** NHS P and I operational command plan inc. revised escalation framework 3. **Additional funding for faster acute assessment of older frail people** and same-day emergency care 4. **Improving flow beyond the ED**: significantly enhanced focus on first 72 hours of care to reduce length of stay 5. **Additional funding for social care capacity to reduce pathways of care delays** 6. **Real-time visibility of handover delays** and system actions taken 7. **Jointly developed 'immediate-release protocols'** by WAST and LHBs 8. **Additional funding for equipment** to ensure safety	

	Colleagues welcomed the approach but highlighted the need for investment and improvements on a whole systems basis, e.g. A&E, ward discharge arrangements, patient flow, reduction in corridor care, with a focus on goals 5 and 6 of the NHS Wales Six-Goal approach.	
6.	**WPF18/03 - 6 A4C Pay Reform**	**Actions**
	EC advised colleagues that the draft mandate had been issued to WPF members under separate cover and should be treated as private and confidential. She emphasised that the negotiations would be taking place on a tri-nations basis (England, Wales and Northern Ireland). In addition, it was noted that a single-issue negotiation would be taken forward at pace in Wales, outwith the structural reform, relating to the impact of the application of the Real Living Wage on Band 2 and 3 pay points. It was noted that the outcome of these negotiations would need to be funded from the same quantum as the wider structural reform. SG stressed the need for Wales and Northern Ireland to be front and centre in the negotiations and agreed to keep the WPF and organisations up to date as the negotiations progressed. NHu confirmed that following consultation with elected members, agreement had been reached for Wales TUs to enter into the negotiations based on the draft mandate. She also stressed the need to avoid any agreements that would have a detrimental effect on NHS Wales staff. She recognised the need for further engagement with TU elected members on any outcomes.	
7.	**WPF18/03-7 Job Descriptions for Approval**	**Actions**
	The WPF agreed the following All-Wales JDs: - - Diagnostic Radiographer Band 5; - Senior Diagnostic Radiographer Band 6.	
8.	**WPF18/03-8 Chair's Action between meetings**	**Actions**
	The WPF noted that a revised version of the All-Wales Disciplinary Policy, following comments from the Plain English Campaign, was agreed by chair's action on 12 February 2026.	

9.	**WPF18/03-9 NHS Staff Council Update**	**Actions**
	SG fed back from the meeting held on 11 March 2026 and highlighted the discussions on the A4C pay reform and the need to move forward at pace and hoped that the mandate would be agreed by all parties shortly. She also updated on the review of Section 16 (Redundancy Pay) of the Terms and Conditions of Service and advised that discussions were ongoing on whether partial retirement should be included or excluded. She also updated on the beginning of discussions on a UK-wide basis to address the discrepancies relating to Public Health consultants and trainees, with some being on M&D and some on A4C terms and conditions. NHu highlighted the UK Government's commitment that NHS organisations will review Band 5 nursing job descriptions in England.	
10.	**WPF18/03-10 Business Committee Update**	**Actions**
	The WPF noted the written report, particularly the minor change to the appendix in the All-Wales Flexible Working policy and the stopping of the Planned Additional Activity Rate (PAAR) with effect from 31 March 2026.	
11.	**WPF18/03-10 Medical and Dental Business Group**	**Actions**
	The WPF noted the written report.	
12.	**WPF18/03-11 Previous WPF minutes and actions**	**Actions**
	The notes of the meeting held on 19 November 2025 were agreed as a correct record. Actions to be brought forward are included in the Action section of this document. HA agreed to circulate the updated Value and Sustainability Agency Update slides with revised numbers. IC advised colleagues that she had met with Jacqueline Totterdell on waiting list definitions and targets, but discussions were ongoing.	**HA**

13.	WPF18/03-12 Any Other Business	Actions
	SG updated colleagues on the discussions relating to CPD protected time and the inclusion of statutory and mandatory training. She recognised TU colleagues' concerns in allowing organisations to determine what should be included themselves. She advised colleagues that an interim proposal (likely based on the NHS Scotland Approach) for the 1st quarter of 2026/27 would be issued shortly pending the development of the implementation plan for the recommendations included in the review of statutory and mandatory training. AD advised colleagues that the WPF workplan was currently under review by the WPF Co-ordinating Group and an updated version would be presented to the WPF Business Committee in and Full WPF in July. EC confirmed that the Cabinet Secretary was aware of the BMA's concerns in relation to the stabilising of the number of training places in the Education and Training Plan. AD agreed to circulate the guidance issued to organisations on staff stranded abroad as a result of the conflict in the Middle East.	**SG** **AD** **AD**

14.	WPF18/03-13 Date of Next Meeting	Actions
	Dates of 2026 meetings Full Business Committee - Wednesday 3 June 2026 - Tuesday 13 October 2026 Full Welsh Partnership Forum - Tuesday 7 July 2026 - Wednesday18 November 2026	

Action Log

Agenda Item	Action	Responsibility	Status	Due Date
WPF18/03-2 Welsh Government Update	HA to circulate a written update following the meeting. HA agreed to include an update on the CMO's "Community by Design" initiative in the written update. Regarding the current financial environment, it was agreed to hold a more detailed conversation/workshop on the financial challenges/potential solutions at the WPF meeting in July.	HA HA TRo/AD/MM/NH /PH/TB	To be confirmed on the agenda at the WPF agenda planning meeting on 14 May 2026.	18 April 2026 18 April 2026 14 May 2026
WPF18/03-11 Previous WPF minutes and actions (19/11/25)	HA agreed to circulate the updated Value and Sustainability Agency Update slides with revised numbers.	HA		18 April 2026
WPF18/03-12 Any Other Business	CPD Protected Time: SG to issue the interim proposal (likely based on the NHS Scotland Approach) for the 1st quarter of 2026/27 when available. WPF Workplan: AD to ensure an updated version of the WPF Workplan is presented	SG AD/TRo	To be confirmed on the agenda at the WPF agenda planning meeting on 14 May 2026.	When available 14 May 2026

	to the WPF Business Committee in and Full WPF in July. Staff stranded abroad: AD agreed to circulate the guidance issued to organisations on staff stranded abroad as a result of the conflict in the Middle East.	AD	Complete	Circulated on 20 March 2026

Bwrdd Iechyd Prifysgol Betsi Cadwaladr University Health Board

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod **Date of Meeting**	24 September 2026
Statws Cyhoeddi **Publication Status**	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad **Report Author name and title**	Carol Shillabeer, Chief Executive Officer
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol **Lead Executive Team Member name and title**	Carol Shillabeer, Chief Executive Officer

Pwrpas yr Adroddiad **Report Purpose**	For Noting

Crynodeb Gweithredol / Executive Summary

This report provides an overview of key activity undertaken by the Chief Executive between 15 July and 11 September 2026. The reporting period has been characterised by continued engagement with Welsh Government and NHS Wales Performance and Improvement following the announcement of Ministerially Directed Intervention, alongside the commencement of the Independent Well-Led Review and the ongoing delivery of the Health Board's improvement priorities.

The report highlights leadership changes within the organisation and the arrangements being implemented to ensure continuity, alongside progress in planned care recovery and work to reduce long waiting times. It also reflects the publication of the Healthcare Inspectorate Wales report on the Emergency Department at Ysbyty Glan Clwyd and the actions being taken to address the findings and deliver sustainable improvement.

The report further recognises examples of excellence and innovation across the organisation, including national recognition through NHS Wales and HSJ award shortlists, and reflects the continued dedication of staff and partners in improving services for the people of North Wales.

Members are asked to **NOTE** the report.

Ymgysylltu (mewnol/allanol) yr ymgymerwyd ag ef hyd yma (gan gynnwys derbyn/ ystyried yn y Pwyllgor/Grŵp) Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Pwyllgor / Grŵp / Unigolion **Committee / Group / Individuals**	**Dyddiad** **Date**	**Canlyniad, Tystiolaeth a Data** **Outcome, Evidence and Data**
Not applicable for this report		

Acronymau / Rhestr Termau Acronyms / Glossary of Terms	
BCUHB	Betsi Cadwaladr University Health Board
NHS	National Health Service
CEO	Chief Executive Officer

1.0 INTRODUCTION

This report has been developed to provide an overview of key activity, progress and issues by the Chief Executive. It covers the period 15 July to 11 September.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 Well-led Review

In July 2026, the Welsh Government commissioned a Ministerially Directed Intervention at Betsi Cadwaladr University Health Board (BCUHB). As part of that intervention, an Independent Review Panel was established to undertake a Well-Led Review of the organisation. The Review seeks to assess whether the Health Board has the strategy, culture, leadership, governance and accountability arrangements required to deliver sustainable organisational improvement and support future progression from Special Measures.

The Review focuses on organisational structure, culture and workforce development; Board and Executive Team effectiveness; leadership capability; governance and accountability arrangements; organisational maturity; strategic planning; and organisational improvement capability.

The Review commenced in August 2026 and is expected to conclude in October 2026. Activity undertaken to date has included:

- Comprehensive documentary review
- Observation of Board and Committee meetings
- Interviews with Board members and senior leaders
- A dedicated Panel-to-Board session
- Staff engagement sessions

- Stakeholder engagement
- Acute and community site visits across North Wales.

The Health Board has coordinated a substantial evidence submission covering strategy, governance, Board effectiveness, leadership, workforce, quality, performance, finance, culture and Special Measures recovery. Additional contextual information was provided to support the Panel's understanding of the organisation's recovery journey since entering Special Measures in February 2023. The Panel is also requesting additional evidence and further engagement as the Review schedule progresses. In addition, more than 30 visits and engagement sessions have been held with health board colleagues across the region.

The Review remains ongoing and no findings, conclusions or recommendations have yet been received.

2.2 NHSW P&I Support – 4 Pillars

Since the Ministerially Directed Intervention was announced in July 2026, work has continued with NHS Wales Performance and Improvement (NHSW P&I) to establish the support arrangements across the four key pillars of *operational performance, quality and safety, workforce, and financial recovery.*

Fieldwork is currently underway as part of a focused review of Quality and Safety arrangements. The review is examining governance, patient safety, quality management and assurance processes across the organisation to assess effectiveness and identify opportunities for further improvement. The findings will inform the next phase of improvement support and help strengthen the Health Board's quality governance framework.

3.0 KEY UPDATES

3.1 Executive Team

Since my last report, a number of changes to the Executive Team have been communicated across the organisation. I would like to acknowledge the significant contribution of Executive colleagues who are leaving the Health Board and thank them for their commitment, leadership and service.

Angela Wood, Executive Director of Nursing and Midwifery, has retired following a long and distinguished career in healthcare. I would also like to recognise the contributions of Tehmeena Ajmal, who has recently left the organisation, and Russell Caldicott and Stuart Keen, who have both secured new roles outside the Health Board.

I would like to personally thank each individual for their dedication, commitment and valuable contribution during their time with the Health Board. Every one of them has played an important role in supporting our organisation and in helping us deliver

high-quality services for the people of North Wales. On behalf of the Board, I would like to express our sincere gratitude for all they have achieved and for the difference they have made. We wish them every success and happiness for the future.

To ensure continuity of leadership and delivery, a number of interim leadership arrangements have been put in place. An Interim Chief Operating Officer has been appointed and will take up post on 5 October 2026, while an Interim Executive Director of Nursing and Midwifery will join the organisation in early November 2026. These appointments will provide additional capacity and leadership during a period of transition and support the continued delivery of the Health Board's improvement priorities.

Alongside these interim arrangements, plans are being progressed to recruit to the substantive Executive positions. This approach will ensure organisational stability and continuity in the short term while securing permanent leadership arrangements for the future. The Board can be assured that robust plans are in place to maintain clear accountability, organisational resilience and executive oversight throughout this period of change.

3.2 Planned Care Recovery

The Cabinet Minister for Health and Care Welsh Government has announced significant additional investment to support the reduction of waiting times and the recovery of planned care services across Wales. The health board was asked to submit bids for some of this funding to support progress towards reducing the longest waits and, following Board approval, a submission was made within the timescales required. We are now working with the Welsh Government and NHS P&I to finalise the level of funding support available and the associated delivery expectations. To this end, a detailed delivery plan and improvement trajectory will be finalised, building on the Board-approved submissions and setting out the improvements that can realistically be delivered and will be reported and monitored through the Performance, Finance and Information Governance Committee (PFIG) in October, with a further update to Board in November.

Long waiting times remain a significant concern for patients and the organisation and while this investment provides an important opportunity to accelerate progress and is welcomed, it is important to recognise the scale of the challenge. Sustainable improvement will require not only additional investment but also the continued improvements in productivity, capacity, pathway redesign and regional working for a complete solution to the underlying demand and capacity challenges.

3.3 Health Inspectorate Wales Report: Emergency Department at Ysbyty Glan Clwyd

Healthcare Inspectorate Wales (HIW) undertook an unannounced inspection of the Emergency Department at Glan Clwyd Hospital in May 2026 and has now published its report. The report identified significant concerns relating to patient safety, governance, leadership and oversight arrangements and resulted in the department

being designated as a Service Requiring Significant Improvement. The findings highlighted unacceptable aspects of patient experience, including long waits, overcrowding and challenges relating to privacy and dignity. The Health Board accepts the findings in full and apologises to patients who did not receive the standard of care they should expect.

Improvement in the care of patients in urgent and emergency care is a priority for the health board and all required actions from the inspection report are now underway within the department through a comprehensive programme of work. To ensure improvements are sustained over the longer term, the Health Board is committed to demonstrating that improvements are being embedded and translated into measurable improvements in patient safety and experience.

Colleagues in ED work hard under consistently high pressure and I was pleased to see that the report acknowledges the public's appreciation of the care they give and recognises the compassion, professionalism and commitment of staff working in a department facing sustained operational pressures. We know there are significant and longstanding systemic issues which compound the pressures in a constantly busy department and we are encouraged HIW, in their follow-up inspection in August, identified positive progress in a number of areas, including patient flow, staff wellbeing and governance arrangements, and recognised the work which has gone into supporting staff and addressing those issues. I want to thank colleagues who have collectively driven these improvements forward and continue to focus on further improvements throughout the department and wider.

The Board will receive a more detailed update on the findings, improvement actions and ongoing risks through the Urgent and Emergency Care report on today's agenda

4.0 MEETINGS/VISITS

4.1 CEO Briefings

As set out earlier, the Independent Well-Led Review continues to progress in line with the agreed programme. During the reporting period, I have undertaken to update senior leaders and wider colleagues to explain the purpose and scope of the review, encourage participation and support open, honest and transparent engagement with the process.

Early engagement sessions with senior leaders highlighted the importance of maintaining regular communication and visibility throughout the review period. In response, it was requested that the weekly CEO briefings continue for the duration of the Well-Led Review to provide regular updates, share emerging information, address questions and support colleagues to engage.

Alongside the review, the Board has continued to work with the Good Governance Institute (GGI) as part of its Board Development Programme. GGI has provided valuable support in preparing and briefing Board Members and senior leaders for the Independent Well-Led Review.

4.2 Health Improvement Team, Caia Park Health Centre

In August, I was fortunate to visit the Health Improvement Team, based at Caia Park Health Centre, Wrexham, to learn more about the breadth of prevention and health improvement activity being delivered across North Wales. The visit provided an opportunity to hear from colleagues about the impact of their work in supporting healthier communities, reducing health inequalities and promoting wellbeing, as well as discussing the challenges and opportunities facing prevention services. I was also able to recognise the commitment of staff and thanks them for the important contribution they make in supporting the Health Board's longer-term population health ambition.

4.3 Learning Partnership with Cwm Taf Morgannwg University Health Board

Alongside the Chair, I met with the Chair and Chief Executive of Cwm Taf Morgannwg University Health Board to explore opportunities to develop a learning partnership between our organisations. There are many similarities between the health boards and the discussion focused on how we can share learning, strengthen leadership capability and support organisational improvement through a collaborative approach. I will continue to keep the Board updated as discussions develop and opportunities for partnership working are progressed.

4.4 Cefn Mawr

Alongside the Chair, I met with local elected representatives and community stakeholders in Cefn Mawr in the Dee Valley. We discussed local healthcare issues and priorities. The visit provided a valuable opportunity to hear directly from local partners and strengthen relationships with the communities we serve.

5.0 RECOGNITION

5.1 General Medical Council (GMC) National Training Survey

I was delighted that the Emergency Department at Ysbyty Gwynedd has again achieved outstanding results in the General Medical Council (GMC) National Training Survey and has been recognised as the highest-rated Emergency Department in the UK for overall trainee satisfaction. The GMC survey is an annual UK-wide assessment completed by doctors in training and is regarded as one of the most important measures of the quality of clinical training environments, covering areas such as supervision, learning opportunities, teamwork, workload and workplace culture.

This achievement is particularly noteworthy given the significant pressures currently being experienced across urgent and emergency care services and reflects the commitment, professionalism and support provided by colleagues working within the department.

5.2 Staff recognition awards

In the coming weeks, the Health Board will host its annual Staff Awards, providing an important opportunity to recognise and celebrate the exceptional contribution of colleagues from across the organisation. The awards will showcase the dedication, compassion, innovation and teamwork demonstrated by staff every day in delivering care and services for the people of North Wales.

The awards are an opportunity to acknowledge the achievements of individuals and teams who have made a positive difference to patients, service users and colleagues, often in challenging circumstances. The quality and diversity of nominations received reflect the commitment, professionalism and resilience of our workforce and highlight the many examples of excellent practice taking place across the organisation.

I look forward to joining colleagues at the event and celebrating the achievements of our finalists and winners. Regardless of the outcome, I would like to thank everyone who has been nominated, those who have pulled this event together, and all those who continue to make a difference through their dedication and commitment to improving services for our communities.

5.3 NHS WALES AWARDS

I am pleased that four projects involving colleagues from across the Health Board have been shortlisted in the 2026 NHS Wales Awards. These shortlisted projects reflect the breadth of improvement, innovation and partnership working taking place across our organisation and include initiatives focused on delivering specialist hand osteoarthritis care closer to home, strengthening organisational resilience and team culture, supporting community pharmacists to detect and treat high blood pressure, and developing new workforce roles through Bowel Screening Wales.

Being shortlisted for a national award is a significant achievement and recognition of the commitment, expertise and dedication of our staff and partners. I would like to congratulate all those involved and thank them for their continued efforts to improve services, outcomes and experiences for the people of North Wales.

5.4 NATIONAL RECOGNITION FOR AGE-FRIENDLY NEIGHBOURHOOD CARE

The Age-Friendly Neighbourhood Care model, developed through partnership working between the Health Board, the Rainbow Foundation and a range of health, social care and community partners, has been shortlisted in two categories at the 2026 HSJ Awards: Transforming Care for Older People and Neighbourhood and Community Care Innovation of the Year.

The shortlisting recognises a longstanding commitment to developing integrated, community-based approaches that support older people to remain safe, well and

independent at home through prevention, rehabilitation, reablement and coordinated neighbourhood care. This national recognition is a testament to the dedication of staff and partners across Northeast Wales and demonstrates the positive impact that can be achieved through effective partnership working, and I am extremely proud of their achievement.

5.0 CONCLUSION

The report intends to give am overview of key activities undertaken by the Chief Executive as well as important matters to draw attention to which may or may not be subject of other more detailed reports. Feedback on the report is welcome.

6.0 RECOMMENDATIONS

Members of the Board are asked to

- **NOTE** the updates provided in this report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol **Link to Strategic Priorities**	4.Create a Modern, People Centred Healthcare System
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Yr Egwyddorion Dylunio **Design Principles**	People First Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd **Corporate Risks and Board Assurance Framework**	The activity outlined in this report does not give rise to any new corporate risks. The areas of focus during the reporting period particularly leadership and governance, delivery of improvement priorities, performance recovery and strengthening accountability are aligned to existing risks within the Board Assurance Framework and continue to be managed through established governance and escalation arrangements. Engagement with Welsh Government and the Intervention Support Team provides additional scrutiny and assurance against these risks, with progress and issues reported through the Executive Team, relevant oversight meetings and Board committees in line with the NHS Wales Accountability Framework.

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)* **Equality** *Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)*	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	*Not required*
Asesiad o'r Effaith Economaidd-gymdeithasol *A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?* **Socio-Economic Impact Assessment**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	*Not required*

Have you undertaken a Socio-Economic Impact Assessment	If no, please include rationale:	
Ansawdd *A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	**Galluogwyr Ansawdd** **Enablers of Quality** All Apply	**Meysydd Ansawdd** **Domains of Quality** All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant **Wellbeing of Future Generations Act – Wellbeing Goals**	Not Applicable	

Effaith Amgylcheddol / Cynaliadwyedd (5Rs) **Environmental /Sustainability Impact (5Rs)**	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog: **Armed Forces Covenant Due Regard Duty** Have you considered the Armed Forces Covenant Due Regard Duty?	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	Not required
Asesiad o Effaith ar Ddiogelu Data *A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?* **Data Protection Impact Assessment**	Do/Yes: ☐	Naddo/No: ☒
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm:	

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