

Bundle Local Partnership Forum 5 May 2026

1 PRELIMINARY MATTERS

1.1 13:00 - L26.21 Welcome and Apologies
Chair

1.2 13:01 - L26.22 Declarations of Interest
Chair

1.3 13:01 - L26.23 Unconfirmed Minutes of the Last Meeting held on 2nd February 2026
Chair
L26.23.1 LPF Unconfirmed Minutes 03.02.26 V.01

1.4 13:06 - L26.24 Matters Arising and Action Log
Chair
L26.24.1 LPF Action Log - live document - updated 29.4.26

1.5 13:07 - L26.25 Staff Story - Sexual Safety
Katie Sargent, Head of Employee Engagement and Experience
L26.25.2 Staff Story May 26

2 LEAD ITEMS

2.1 13:27 - L26.26 Three Year Culture, Leadership and Engagement Improvement Plan
Nia Thomas, Head of Culture Development
L26.26.1 CLP Improvement 3 Year plan 2026-2029
L26.26.2 CLP detailed Improvement Plan 2026-29 High Level View
L26.26.3 Appendix 1 - Presentation - duty to prevent sexual harassment

2.2 13:47 - L26.27 Staff Survey Report 2025
Katie Sargent, Head of Employee Engagement and Experience
L26.27.1 Coversheet - Staff story May 2026
L26.27.2 NHS Wales staff survey report V5.0

2.3 14:07 - L26.28 Foundations for the Future Presentation
George Roberts, Associate Director of People Services (West)
L26.28.1 Foundations for the Future Update Presentation

3 ROUTINE REPORTING

3.1 14:27 - L26.29 People Services and Organisational Development Directorate Report
Debbie Eyitayo, Executive Director of People Services and Organisational Development
includes:

- *Employee Relations Report*
- *Workforce Policies Group Report*
- *Workforce Partnership Group*
- *Workforce Engagement Update*
- *Job Evaluation Programme Report*
- *Equality and Human Rights Update*
- *Speak Out Safely*
- *Health & Wellbeing*

L26.29.1 People Services and Organisational Development Directorate Report May 2026

- 3.2 14:47 - COMFORT BREAK
- 3.3 14:57 - L26.30 Items from Trade Union Partners / Escalations
Jan Tomlinson and Billy Nichols
- 3.4 15:17 - L26.31 Finance Report
Michelle Jones, Head of Financial Reporting
 - L26.31.1 Finance Report Coversheet - Month 11
 - L26.31.2 M11 Finance Report Final
- 3.5 15:32 - L26.32 Intermediate Medium Term Plan (IMTP) Update
Emma Lea, Assistant Director Corporate Planning (Interim)
 - L26.32.1 IMTP Cover Sheet - 2026-05-05
 - L26.32.2 IMTP Overview - 2026-05-05
- 4 FOR INFORMATION
- 4.1 L26.33 Minutes of the People and Culture Committee Meeting held on 12.2.26
L26.33.1 Minutes from P&C Committee 12.02.26 V1.0 (Public) Confirmed
- 4.2 L26.34 Quality and Performance Report to March Board
L26.34 .1 Integrated Quality and Performance Report (Coversheet)
- 4.3 L26.35 All Wales Partnership Forum Minutes
(paper to follow)
- 4.4 L26.36 Chief Executive Officer's Report to March Board
L26.36 CEO's Report to Board March 26 V1.0
- 4.5 L26.37 Strategic Occupational Health and Safety Group - Issues of Significance
- 5 CLOSING BUSINESS
- 5.1 15:47 - L26.38 Agree Items for Referral to Board or Other Committees
Chair
- 5.2 15:47 - L26.39 Agree items for Chair's Assurance Report to Board
Chair
- 5.3 15:48 - L26.40 Review of Meeting's Effectiveness
Chair
- 5.5 L26.41 Date of Next Meeting
13.00hrs, 4th August 2026

Betsi Cadwaladr University Health Board (BCUHB)
DRAFT Minutes of the Local Partnership Forum
held on 3 February 2026
held via Teams

Present	
Name	Title
Jan Tomlinson	Unison, Chair
Jason Brannan	Deputy Director of People's Services
Dyfed Edwards	BCUHB Chair
Debbie Eytayo	Executive Director of Workforce & Organisational Development
Kay Hannigan	Associate Director People Services (Central)
Jacqueline Hughes	Society of Radiographers
Michelle Hughes-Davenport	Associate Director People Services (West)
Catherine Jones	Nursing and Midwifery Council
Michelle Jones	Head of Financial Reporting
Nan Jones	Hotel Services
David Maslen-Jones	Assistant Director of Occupational Health, Safety and Security
Vivienne Nelson	Unison
Billy Nichols	Independent Member
Andrea Orme	Associate Director For People – Pan BCU
Michelle Parsonage	Unite Union
George Roberts	Associate Director of People Services (West)
Helen Roberts	Facilities
Katie Sargent	Head of Employee Engagement and Experience
Paolo Tardivel	Interim Executive Director of Transformation and Strategic Planning
Richard Tanswell	Conwy Community Mental Health Team
Rebecca Testa	Head of Organisational Development (Central)
Nia Thomas	Head Of Organisational Development (West)
Rebecca Turner	Public Health Wales
Sharon Roberts	Unison
Angela Wood	Executive Director of Nursing & Midwifery
Toni Wood	Royal College of Midwives
Meeting support	
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS

L26.1 Welcome and Apologies

The Chair welcomed Debbie Eytayo to the meeting as the new Executive Director of Workforce & OD.

Apologies were received from: Russell Caldicott (Michelle Jones to deputise), Alison Kemp,

Eleri Roberts, Ffion Johnstone, Geoffrey Armstrong, Julia Clayton, Richard Tanswell, Tehmeena Ajmal, Alison Tardivel, Andrea Hughes, Denise Roberts, Helen Stevens-Jones and Stuart Keen

L26.2 Declarations of Interest

None to note.

L26.3 Unconfirmed Minutes of the Meeting held on 10 December 2025

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 amendments, the minutes of the meeting held on 10 December 2025 were a true and accurate record.

L26.4 Matters Arising & Action Log

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

- **Action L25.63.1:** further update to be received at today's meeting. This topic will be input in the performance report for People's Services going forward, and will be included as a standing item onwards from the next report. Action confirmed to close.
- **Action L25.65.1:** invite has been shared with BCU. The next meeting is scheduled for 18 March 2026 and BCU plan to attend. Action confirmed to close.
- **Action L25.64.1:** GR advised good uptake of flu vaccine seen across staff. BCU in the top quartile for Welsh Health Boards on uptake. Action confirmed to close.

The Chair requested trade unions partners to advise of any required updates or queries to be taken to the All-Wales Partnership meeting.

The following additional action was agreed:

- **Action L26.4.1:** All Wales Partnership Minutes to be added as standing item on future agendas for information.

It was resolved that the Forum:

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

L26.5 Staff Story – Sickness Absence

Katie Sargent, Head of Employee Engagement and Experience, presented this item. The forum received an update on sickness absence, hearing a story from a staff member on their experience. The presentation highlighted the following:

- The importance of compassionate management, as well as the value of supportive teams.
- The impact of appropriate adjustments and understanding.
- How it is important to recognise that staff may be struggling with unseen challenges, and how people can be supported.

- It was advised that statistics on sickness absence within the paper are from the 2024 staff survey. This is due to the results from the staff survey having not yet been received. The results were expected at the end of January, however have been delayed due to data validation, and are now expected 23 February 2026.

In discussing the item, the Forum:

- Emphasised the importance of showing kindness and compassion, and how they are essential values in supporting staff.
- Noted the positive application of policies and support mechanisms, and how they can work effectively when applied well, utilising methods such as reasonable adjustments, as well as managerial and occupational health support.
- Noted the reinforced need for the organisation to stay informed around emerging or lesser-known conditions, to ensure that those who are supporting staff have up to date knowledge and information.
- Expressed thanks and appreciation to the staff member for sharing their experience.

[Michelle Parsonage and Susan Williams joined the meeting].

The Forum noted the report.

LEAD ITEMS FOR THE MEETING

L26.6 Sickness Absence – Verbal Update

Jason Brannan, Deputy Director of People, provided a verbal update and highlighted the following findings from key data provided in December 2025. This showed:

- rising trend over previous 12 months - higher than previous year.
- Direct sickness costs around £4.6m. This figure does not include any bank or agency costs to cover roles.
- Return to work interviews recorded on ESR is around 33% (compliance gap) – this must improve as must the need to better support staff.
- Target is to keep sickness below 6%
- Estates, followed by Additional Clinical Services, have the highest sickness rates. Different pressures do impact on sickness rates, the ability to work from home etc.
- Monthly absence is above average (4.2%) and BCU is significantly above this with a mixture of long- and short-term absence.
- Main reason for Long Term Sickness is noted as stress, anxiety, depression. This clearly has impact across the organisation.
- November's People Committee, through its deep dive paper looking into the management of sickness, identified the need for more several areas to be embedded across IHCs. To guarantee consistency, ensure policy compliance with all new processes coming into play and therefore all new policies must be accompanied by Management reasoning.
 - To ensure ownership and accountability, managers may look to Peoples Services for support. Agreed with Chief Operations Officer to input Directors of Operations and People and Culture and Occupational Health, to hold meeting to review hot spot areas. Each IHC will focus on 5 hot spots and

given additional support to move forward. Line managers, through quarterly reporting, must be accountable for completing the process.

- The health and wellbeing of staff must be supported. It was acknowledged that when other Health Boards had looked and population health data and compared across their area, some key factors had been shown which helped identify areas of need. Is this linked to area deprivation etc? BCU will be completing this piece of work also.
- Good sickness pay scheme. Minister had said sickness absence needs be below 6% and is expecting agency spend to reduce by 30%. The Health Board is accountable for this.

Discussion:

- Susan Williams and Catherine Jones requested clear reporting of work-related stress (via ESR sub-codes) to support targeted action and alleviate member concerns.
- Jacqueline Hughes stressed balanced policy use (discretion and support) and avoiding “over-hard” enforcement; Jason Brannan confirmed the deviation-logging process.
- Sharon Duffy raised instances of managers not contacting staff and HR leading meetings; People Services will reinforce manager accountability and coaching.
- Dyfed Edwards emphasised equity, relationships and context (role differences, individual circumstances) over “black-and-white” rules.
- Billy Nichols called for more counselling/psychology capacity; Jason Brannan confirmed recruitment of two additional psychologists.
- Cath Jones felt that the data on work related stress was incorrect and requested to have this data presented at these meetings. Members concerned that data is too general and highlighted the financial impacts of redeployment. Jason Brannan advised Members that it had been identified through deep dive that many use the two codes incorrectly. Managers need to ensure they use both codes as work related stress will come under general bracket, but second part allows this to be more specific.
- Jason Brannan advised members that there is an expectation that if staff are fit and well enough to carry out duties if practices can be adjusted to keep them in work. The processes coming in place, when there is deviation from policy, asking managers to have a discussion with HR representative to ensure reasons are recorded. This recording of variations in certain areas will help ensure consistency across the organisation.
- Billy Nichols referred to reasons for sickness. With anxiety, stress and depression being the main reasons, the organisation must be mindful of ministerial priorities to get sickness rates down. More resource should be put into counselling and psychology services to get staff back to work quicker. Jason Brannan confirmed that the organisation was in the process of recruiting to 2 additional psychology post within Occupational Health to provide extra support.

[Debra Payne joined the meeting].

- Jan Tomlinson highlighted social deprivation, its impact when people bring it into the workplace and asked how can we help more.

- Billy Nichols felt that members' expectations needed to be carefully managed. Staff encouraged by trade union representative to be as honest and transparent all the way through the process.
- Jason Brannan confirmed that the new All-Wales Managing Attendance Policy is due to come into effect in the next few months. Referenced engaging with partners to ensure the policy can be applied consistently and review the hotspot areas. Aim is to review 5 hotspots every 3 months. Feedback will be reported to People Committee and at LPF if requested. Looking from the population health aspect as well – with the increasing retirement age, the workforce's age is also increasing. Important to be aware on how this can impact and emphasised consistent application, and showing kindness and compassion..

ACTION:

L26.6.1 Jason Brannan to speak with People's team to ensure managers are taking correct approach with managing attendance

L26.7 Peoples Services and OD Directorate Overview Report

George Roberts, Associate Director of People (West) presented this item.

Highlights:

- 1,530 staff off sick in December 2025. Looking at data, a large number require support.
- Casework - 34 live disciplinary cases, 57 resolution cases who HR and trade union colleagues are supporting. Going through culture change, and new values and behaviours, so a slight increase to be expected.
- Task and finish Group being set up looking at employee harm within this process and how best to improve it, as well as the impact on WOD and TU partners.
- Staff survey results expected 23rd Feb. 17.4% completion rate. Target was 5% increase, came in at 24.9%. Good that people are sharing feedback, and the HB moving forward.

Discussion:

- Work currently underway, with assistance from the trade unions, to understand what training is core and what is profession specific.

[Nicola Roberts joined the meeting].

- Jason Brannan referenced the new PADR process, currently being piloted in certain areas, which measures performance, as well as values and behaviours. More conversations to be had with staff side when looking to roll out fully. More pilots happening in Q4.

L26.8 Items from Trade Union Partners – Verbal Update

Jan Tomlinson requested a meeting with Debbie Eyitayo to discuss Foundations for the Future

ACTION:

L26.8.1 Jan Tomlinson to meet with Debbie Eyitayo to discuss Foundations for the Future

L26.9 Foundations for the Future – Verbal Update

George Roberts, Associate Director of People (West) provided her update.

Highlights:

- Paper went to Board in January and will look to circulate to the group for an update.
- Socialised some of 8C and above structures to ensure accuracy. Consultation has not started on this yet. Had feedback on presentation or structure, and how those look within teams. Has been valuable.
- Putting together consultation document, looking to start March 2026. Communications and engagement plan being developed.
- 8C and above is phase 1. Phase 2 is below 8b. GR meeting with execs individually to review relevant structure to ensure accuracy.
- Referenced 87 engagement meetings held with staff to understand accurate picture.
- Clinical service plan – Execs discussing what this will look like, who is to be involved, a 10-year strategy and what this will look like.
- Culture change programme, staff experience and engagement, implementation of the Workforce plan and framework to report to People and Culture Committee to ensure robust Workforce planning.
- A great deal of work taking place regarding the scheme of reservation and delegation. Decision making framework and risk framework being developed.
- Emphasised pre consultation to ensure accuracy ahead of this.

Discussion:

- Billy Nichols requested that consultations are wider and for a longer period, to ensure staff are being listened to. George Roberts confirmed that consultations are going to need to be longer than usual and that there needs to be a realistic timeframe.

L26.10 Finance Report

Michelle Jones, Head of Financial Reporting, presented her report.

Highlights:

- Measures used by Welsh Government –
 - Payment to suppliers, achieving 98.5% (above target).
 - Capital spend - projecting to fully spend.
 - Achieved £45m saving to date (47% non recurrent).

- Struggling on key target of achieving break even. December position was £40K surplus.
- Several items have come out since original plan
 - A short fall on National Insurance and increase in inflationary tariff – a total of £6.7m
 - Local pressures, equating £18.6m - these are offset by saving. £17.3m overspend to date.
- Key target is to achieve a balanced position. Forecasting £17.4m overspend on end of year and not expected to meet target. Measures being explored to try to counteract, without impacting on clinical care.

Discussion:

- a small number of jobs being advertised as well as staff shortages were noted
- substantive posts are better to fill and there is not a freeze on clinical staff.
- Aim to reduce agency use by 30% this year.

[Paolo Tardivel joined the meeting]

- Angela Wood confirmed that
 - she is mapping new students into available Band 5 jobs and that vacancies will be sorted once finalised through FFTF.
 - Conversations were taking place to ensure agency use is appropriate.
 - Since Nov 25, any agency requests are reviewed and signed off by her, to identify if it is possible to mobilise staff in different ways.
 - Can give assurance that if a request comes through, rosters are reviewed.
 - She has complete oversight. There are no delays due to this process, just gives more scrutiny and ensuring appropriate staff in place.
 - Agency use increased over Dec due to sickness rates. 225 new students starting with BCU in Sept, this is being mapped to ensure positions available.

L26.11 Corporate Planning Update

Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning, provided his update.

Highlights:

- Paper went to Board last week
- Gave update on approach and IMTP 26-29. Looking at what is required ahead of submission in March
- Looking at engaging earlier and ensuring targets are more focussed, realistic and deliverable.
- IMTP now informed by the strategic intent statements.
- Health Board remains in Level 5 Escalation and intends to demonstrate progress against all points of framework.
- Financial landscape remains challenging. 1.1% provide to cover pressures.
- Improvements made –
 - broader engagement, more continuous planning to include realistic timescales and risks to delivery.



- Ensure more unified planning space.
- More delegated responsibility to Executive budget holders.
- Plotted delivery plan against de-escalation framework targets
- Election in May - potential for new government with new priorities. Current government made clear now IMTP to be approved before election.
- Need to take realistic view to meet requirements.
- Before end of March, finalise service plans and refining trajectories. Board and Committee meetings through February and March, ahead of Board in March and submission to WG on 31st will help with scrutinising and finalising this.

[Paolo Tardivel left the meeting].

FOR INFORMATION

L26.12 Minutes of the People & Culture Committee Meeting

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

L26.13 Quality Report

The Quality Report was **Noted**.

L26.14 Chief Executive Report to the Board

The Chief Executive's Report was **Noted**

ANNUAL REPORTS FOR INFORMATION

L26.15 Ombudsman

This item was covered *within the Quality Report*

Noted

CLOSING BUSINESS

Any Other Business

Jacqui Hugtes offered to share with her trade union partners the recent intranet questionnaire, regarding mens health projects, to encourage involvement in developing mens inclusive offering

Action:

L26.15.1 Jacqui Hughes to share questionnaire with colleagues to encourage involvement.

L26.16 Agree Items for Referral to Board / Other Committees

There were none.

L26.17 Agree Items for Chairs Assurance Report to the Board

Alert Board:

- Sickness absence data provided showed an upward trend over the last 12 months, with only a 30% compliance of Return to Work. Estates and MHLD have the highest sickness levels.
- Mandatory training concerns, including the impact on clinical time, were raised.
- Stress and anxiety remain major sickness drivers.

Assure Board:

- Members received a Staff Story regarding sickness absence and adjustments made and support offered and welcomed seeing the policy working effectively.
- Foundations for the Future – culture change, workforce planning framework and governance framework progressing.

Advise Board:

- Work underway to improve compliance of Return to Work on ESR.
- Staff survey completion rate rose to 24.9%
- Update provided on the approach to the IMTP 2026-2029.
- Upcoming May election may bring new priorities; current government requires IMTP approval before the election.
- Before end of March: service plans to be finalised, trajectories refined, and scrutiny through Board and Committee meetings ahead of submission to Welsh Government on 31 March.

L26.18 Review Risks Highlighted in the meeting for referral to the Risk Management Group

There were none.

L26.19 Review Meeting Effectiveness

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

L26.20 Date of next meeting

5 May 2026

Local Partnership Forum Action Log

Updated 06.02.26

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	L26.4.1	03.02.26	L26.4 Matters Arising & Action Log All Wales Partnership Minutes to be added as standing item on future agendas for information.	Harriet Abbott	May 2026	Suggest close. 03.02.26 Added to both Cycle of Business and 5 th May Agenda.
2	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	
3	L26.8.1	03.02.26	L26.8 Items from Trade Union Partners Meet with Debbie Eytayo to discuss Foundations for the Future	Jan Tomlinson	May 2026	
4	L26.15.1	03.02.26	Any Other Business Share the recent intranet questionnaire regarding men’s Health Projects, to encourage involvement in developing men’s inclusive offering.	Jacqui Hughes	May 2026	
Items Closed at 03.02.26 meeting						
1	L25.61.1	10.12.25	Strategic Planning –	Kamala	December	Closed



			Progress Report Outcome report and survey to be shared with members for input and feedback.	Williams/Harriet Abbott	2025	11.12.25 Report shared with attendees via email.
2	L25.63.1	10.12.25	Culture, Leadership and Engagement – Retention Update Work to be undertaken to review and explore turn down rate of flexible working requests, and update to be brought to a future meeting.	Jason Brannan	February 2026	Closed 04.02.26 – further update to be received at today’s meeting. This topic will be input in the performance report for People’s Services going forward, and will be included as a standing item onwards from the next report.
3	L25.64.1	10.12.25	People Services and OD Overview Report Drive for flu vaccination to be shared on social media pages	All	December 2025	Closed 04.02.26 – update give in February meeting. GR advised good uptake of flu vaccine seen across staff. BCU in the top quartile for Welsh Health Boards on uptake.
4	L25.65.1	10.12.25	Items from Trade Union Partnerships/Escalations Invite to be shared with the Executive Director of Peoples Services and OD to ensure BCUHB representation at the next All Wales Partnership forum	Jan Tomlinson	December 2025	Closed 04.02.26 – invite has been shared with BCU. The next meeting is scheduled for 18 March 2026 and BCU plan to attend.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

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

Staff story background

What is sexual harassment and sexual misconduct?

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

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

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

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

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

How widespread is it?

Sexual harassment can impact anyone, regardless of age, gender, race, ability and or impairment, sexual orientation or gender identity. It is important to recognise the unique challenges faced by marginalised groups, including women, ethnic minorities, LGBTQ+ individuals, disabled staff and junior or temporary workers.

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

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

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

How are workers protected?

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

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

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

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

Staff story transcript **Anonymous**

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

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

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

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

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

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

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

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

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

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

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

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

Organisational reflections

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

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

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

- Unwelcome sexual advances
- Sexual gestures and jokes
- Talking about your sex life or asking questions about someone else's
- Touching
- Suggestive looks or leering

- Sending emails containing material of a sexual nature or sharing it on social media

Information and guidance to support staff

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

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

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

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

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

Educating staff on sexual safety, workplace behaviours and raising awareness of reporting mechanisms and the support available is a crucial step in stamping this behaviour out. Also important is empowering individuals to speak up and challenge inappropriate behaviour.

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

NHS Wales Staff Survey 2025 findings

The majority of our staff report never experiencing unwanted sexual behaviour.

But a small but significant percentage do. Around 4.2 per cent (approx. 213) of the staff members who completed the 2025 survey said they had experienced unwanted behaviour of a sexual nature from colleagues during the previous twelve months. 11 individuals said they had experienced this on more than 10 occasions.

	2023	2024	2025
1-2 times	128	96	158
3-5 times	33	22	34
6-10 times	7	6	10
More than 10	16	11	11
Prefer not to say	51	21	43
Never	3778 (94.1%)	3400 (95.6%)	4907 (95%)
Total staff targeted with unwanted behaviour of a sexual nature	184 (4.6%)	135 (3.8%)	213 (4.2%)

Figure 1: number of times respondents reported being the target of unwanted behaviour of a sexual nature by staff/colleagues in the workplace

Numbers are relatively low and stable, with only small fluctuations between the 2023, 2024 and 2025 survey results.

Staff groups reporting higher levels of unwanted behaviour from colleagues include estates and ancillary, medical and dental and healthcare science professionals.

However, almost 11 per cent (approx. 560) said they had experienced it from patients during the same timeframe. Of those, 33 individuals disclosed that they had experienced this unwanted sexual behaviour on more than 10 occasions. These numbers have increased annually by around a percentage point since 2023 when the survey became an annual exercise.

	2023	2024	2025
1-2 times	233	242	376
3-5 times	72	64	125
6-10 times	21	20	26
More than 10	22	14	33
Prefer not to say	41	18	29
Never	3627	3203	4579
Total staff targeted with unwanted behaviour of a sexual nature	348 (8.6%)	340 (9.6%)	560 (10.8%)

Figure 2: number of times respondents reported being the target of unwanted behaviour of a sexual nature by patients/service users in the workplace

This data suggests that frontline staff including nursing and midwifery, students and allied health and healthcare science professionals are at a higher risk therefore are a key group for intervention.

Under reporting is likely to be a significant issue.

Cases in BCUHB

Area	No of cases in past 12 months	Details
Central	1	Case reported to People Services in December and is currently under investigation by North Wales Police.
East	1	<p>A female employee reported a number of unwanted comments made to her by an older male colleague, whom she had a friendly relationship with. He allegedly commented that 'she looked nice' and he would 'sweep her off her feet if she was 10 years younger'. There were no witnesses to any of the comments.</p> <p>The case was investigated and the male colleague denied making the comments, stated there was no untoward intention to cause distress, and approached the female colleague to apologise.</p> <p>The initial assessment concluded that there was insufficient evidence to pursue via disciplinary policy. Following a formal Respect and Resolution, a facilitated discussion was agreed and held between both parties and a senior manager.</p> <p>This was not successful in reaching resolution and the impact on the male colleague was significant. He was temporarily redeployed to another area under a risk assessment and then requested permanent redeployment due to his mental health. Wider cultural issues in the department were identified around acceptable communications and boundaries. OD colleagues were contacted for support and values training was carried out in the team.</p>
West	1	Male employee made a female member of staff uncomfortable after approaching her and saying she looked attractive in her Facebook profile picture, although they were not friends on Facebook. This was the third reported incident involving the same member of staff so a fast track hearing was convened. A First Written Warning was issued and request to complete the Sexual Harassment in the Workplace training.

Pan services	0	<p>Three cases in MHL D 2024:</p> <ol style="list-style-type: none"> 1. alleged inappropriate unwanted physical contact with female colleagues in workplace, unwanted communications of a sexual nature and abusing position to influence working environment. Safeguarding processes were implemented, employee suspended and North Wales Police investigation commissioned which remains ongoing. 2. allegations of inappropriate unwanted sexual harassment both in and outside of the workplace with same action taken as above. 3. employee producing explicit media in the workplace and sharing it with a female colleague, sending inappropriate communication with a female colleague in the workplace and disclosing intimate details regarding a female colleague to other colleagues. Safeguarding process implemented and North Wales Police investigation completed (outcome - no further action) and safeguarding process concluded with allegations unsubstantiated. Internal investigation led to one of the concerns proceeding to a disciplinary hearing and first written warning given.

Next steps

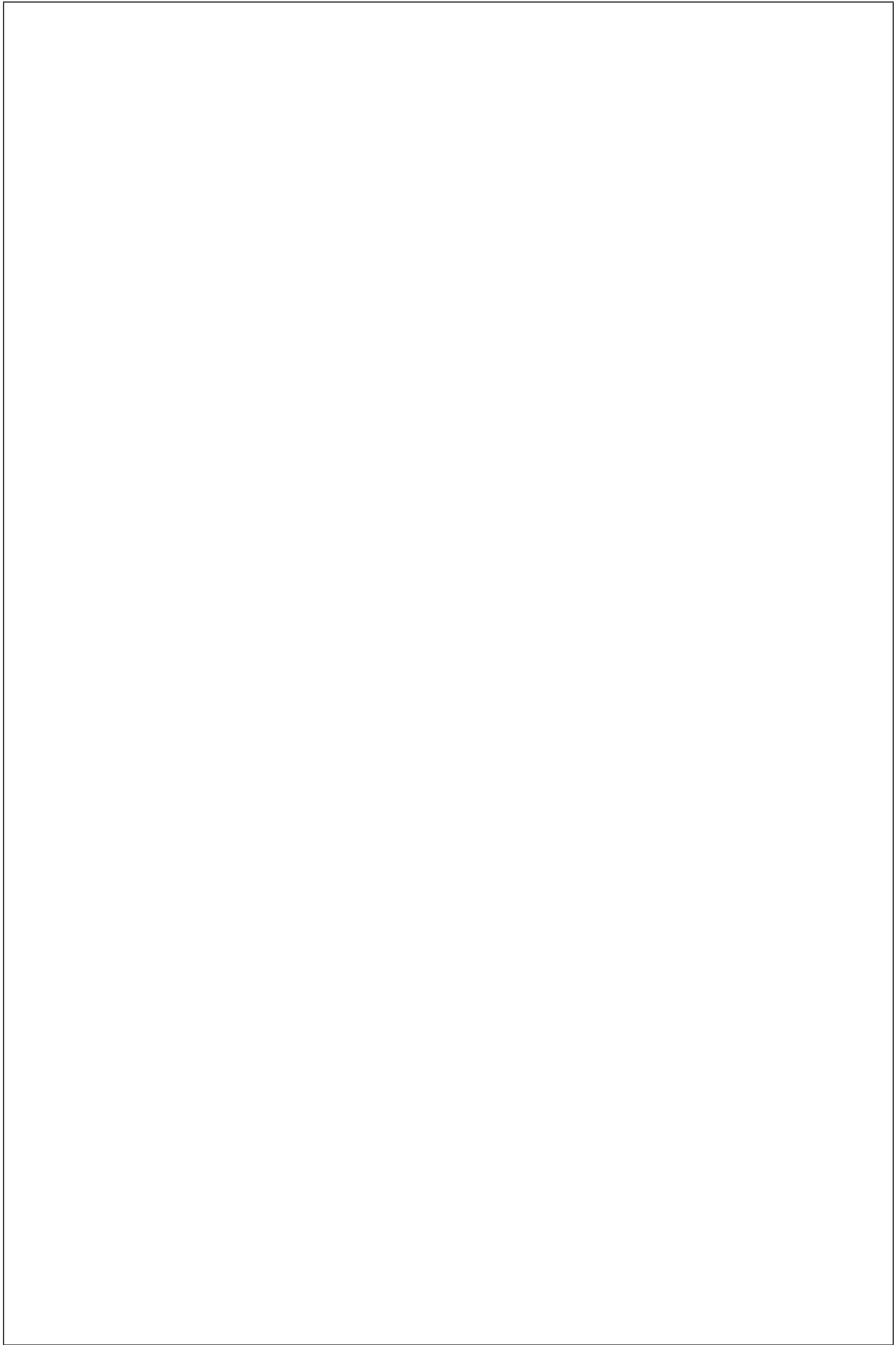
To further promote awareness of this matter, we are:

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

We will continue to look at:

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

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



Local Partnership Forum

THREE YEAR CULTURE, LEADERSHIP & ENGAGEMENT IMPROVEMENT PLAN

Date of Meeting	05 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Nia Thomas, Head of Culture Development
Lead Executive Team Member name and title	Debbie Eytayo, Executive Director People & Organisational Development

Report Purpose	For Noting
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Executive Summary
<p>This paper provides a clear, workforce-focused overview of the three-year Culture, Leadership & Engagement Improvement Plan. It is intended to support constructive partnership working with trade union colleagues as the programme moves into its next, more detailed design and delivery stages.</p> <p>Following feedback from the Board in late 2025, the improvement plan has been strengthened with clearer objectives, timelines and an identified Executive lead for each area.</p> <p>The aim is to ensure that cultural change is co-designed, realistic in operational settings, and aligned with staff experience on the ground.</p> <p>A copy of the Improvement Plan can be seen at Appendix 1</p>

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Informal Executive Team meeting	02/04/2026	Discussion on best approach to complete action details to achieve the objectives
People & Culture Committee	12/02/2026	Suggested additional details before final approval

Board Meeting	27/11/2025	Approved pending additional detail within the Improvement Plan
People & Culture Committee	16/10/2025	Suggested additional details ahead of Board meeting
Executive Team Meeting	15/10/2025	Suggested additional details ahead of Board meeting
Foundations for the Future Programme Board	06/10/2025	Suggested additional details ahead of Executive Team meeting

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

THREE YEAR CULTURE, LEADERSHIP & ENGAGEMENT IMPROVEMENT PLAN

1. Introduction

Following submission of the Synthesis report and associated Improvement plan to the Board in November 2025, this paper provides an update along with the High level Improvement plan containing objectives, timescales, Executive Lead and measures for improvement.

The detailed actions required to deliver the plan will be shaped by subject matter experts, and Culture Change Leaders (CCLs) from across the organisation.

2. Background

In September 2023, the Board approved the development of an evidence-based Culture and Leadership Programme to strengthen organisational culture, leadership, and staff engagement. Designed by leading experts, including Professor Michael West, and supported by NHS Improvement, Centre for Creative Leadership and the King's Fund, the programme enables us to understand our culture through robust diagnostics and develop tailored approaches to foster compassionate, inclusive, and collective leadership. The programme is delivered and monitored through the Foundations for the Future major change programme.

3. Why This Work Matters (Shared Interests)

The culture and leadership programme directly affects:

- Staff wellbeing and psychological safety
- Workload pressures and burnout
- Retention and recruitment
- Consistency of compassionate leadership across all services
- Trust, transparency and decision-making clarity
- Quality of care and patient safety

4. What the Evidence Told Us

The plan draws on multiple data sources from 2023–2025, including:

- NHS Wales Staff Survey 2024
- Engagement from the Foundations for the Future Programme
- Staff Wellbeing Support Services (SWSS) insights
- The Discovery phase of the Culture & Leadership Programme

Common themes included:

- Variability in leadership behaviours
- Lack of psychological safety in some areas
- Desire for clearer communication and involvement in decisions
- Need for stronger partnership working and staff voice

5. What Is Changing (High-Level Objectives)

The full plan includes several multi-year objectives, each with an Executive owner. These objectives aim to:

- Embed compassionate, inclusive leadership
- Create a culture where staff feel listened to and safe to speak up
- Improve consistency of management practice across the organisation
- Strengthen engagement mechanisms so staff influence decisions more directly
- Integrate culture and leadership development into everyday work, not separate projects

The detailed actions will be co-designed, ensuring they are grounded in operational reality.

6. What Co-Design Means in Practice

The plan cannot progress without engagement from:

- Frontline staff
- Culture Change Leaders (CCLs)
- Subject matter experts
- Trade union representatives

Co-design will include:

- Workshops and focus groups
- Joint working sessions
- Review of proposed actions for workforce impact
- Early identification of any issues that may require consultation or negotiation
- Ensuring equality, socioeconomic and wellbeing impacts are assessed at objective level

This means trade union colleagues will be involved before actions are finalised — not after decisions are made.

7. Workforce Risks to Watch (Shared Oversight)

The organisation acknowledges several risks that trade union colleagues will share concerns about:

- Low engagement due to operational pressures
- Insufficient capacity for staff to take part in culture work
- Leadership inconsistency affecting staff experience
- Reputational risk if improvements are not delivered
- The link between culture, burnout and ability to attract/retain staff

These risks will require joint monitoring during implementation.

8. Governance and Duties (What This Means Practically)

Individual objectives will require, where appropriate:

- Equality Impact Assessments (EQIA)
- Socioeconomic Impact Assessments (SEIA)
- Quality assessments where relevant

This creates structured opportunities for trade union colleagues to raise workforce impacts. No significant legal, resource or data protection impacts are identified for the plan itself at this stage.






9. What support is required from our Trade Union colleagues

- Collaborate on designing the detailed actions
- Encourage staff participation through partnership channels
- Provide scrutiny and challenge to keep the plan grounded in reality
- Work jointly to reduce the risk of disengagement due to workload pressures

10. Recommendations

The Local Partnership Forum is asked to **note the progress** detailed above and **support** the work required to co-deliver the **three-year Culture, Leadership & Engagement Improvement plan**



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

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

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



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



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

Culture, Leadership & Engagement 2026-29 Improvement Plan

Ref.	Objective	Executive Owner/ SME	Start date	Target completion date	Required outcomes	Measures
1: Vision & Values						
1.1	Design and deliver psychological safety training, focussing on specific and actionable behaviours that support psychological safety within teams and across the organisation, with at least 80% of participants reporting increased confidence in applying these behaviours post-training feedback.	EDP&OD / OD Team	Q1	Q4	A culture where staff at all levels feel they can speak up and call out inappropriate behaviours in order to continue to develop the culture we want to see	1. Training completion rate of 85% of year on year target of 20% of staff 2. A year on year reduction in number of Speak out Safely submissions which relate to feeling unable to speak up directly with line managers 3. 3% year on year increase in NHS Wales Staff Survey participation rates. 4. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are all able to speak up - Raising Concerns (Q14a-14d; 23d; 14i-14k; 17d- 17e). Baseline in 2025 - 57.3%. Target in 2026 - 58.3%; 2027 - 60.3%; 2028 - 62.3%; 2029 - 65.3%
1.2	Develop and publish a clear organisational vision that aligns board-level ambition with frontline reality. Communicate the vision internally and externally to stakeholders.	EDT&SP/ Strategic Planning Team	Q2	Q3	All staff have an awareness of the organisational vision and understand how the work they do connects/aligns to the wider organisational vision	1. Staff understand the vision and how they contribute to it through the PADR process. National target of 85% PADR rates
1.3	Implement Values-based recruitment across all hiring processes by introducing structured pre-screening assessment, structured interviews, scenario-based questions and psychometric testing where appropriate.	EDP&OD / Strategic Recruitment Team	Q1	Q4	Attracting and selecting employees whose personal values and behaviours align with the organisation's values	1. 90% of hiring managers will be trained in values-based recruitment. 2. 100% of new hires will be assessed using the values-based approach. 3. In 12 months following implementation, see a reduction of 10% in early turnover
1.4	Implement a values based appraisal process across the organisation that evaluates staff performance against core organisational values through structured appraisal templates 360° feedback and evidence based examples. at least	EDP&OD / OD Team	Q1	Q4	Reinforce the core elements of culture in the organisation. Ensure everyone is clear about what is most important, help staff to stay focussed on the areas that ensures organisational effectiveness	1. 90% of managers will complete training on the new process. 2. 95% of staff appraisals will use the values based format 3. Success will be measured by a minimum 80% staff satisfaction rate with the appraisal process in post appraisal surveys 4. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are continuously learning and improving - PDR/Appraisal (Q19a; 19b; 19c; 19d). Baseline in 2025 - 70.1%. Target in 2026 - 71.1%; 2027 - 73.1%; 2028 - 75.1%; 2029 - 78.1%
1.5	Implement a consistent cultural approach across the health board by further implementation of the shared values and behaviours framework. Embedding them through training, leadership communication, and internal policies.	EDP&OD / Culture Team	Q2	Q4/Yr 3	Teams living and displaying the organisational values through their everyday interactions with one another. Staff accountability to adhere to the framework. Inclusion of a Values & Behaviours section within the PADR documentation, to aid staff reflection on behaviours with a focus on 'what' they did to achieve their goals, as well as 'how' they achieved this through their behaviours.	1. 90% of teams will complete a Values & Behaviours training package to achieve cultural alignment 2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are compassionate and inclusive - Compassionate culture (Q01j; 16a-d; 17a-d) Baseline in 2025 - 67.4% Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 3. 10% reduction in grievance cases. 4. A year on year increase in NHS Wales staff survey participation rates. Baseline in 2025 - 24.9%. Target in 2026 - 30%; 2027 - 35%; 2028 - 40%; 2029 - 45% 5. 50% of teams utilising cultural health assessment diagnostic
1.6	Implement a values based induction and transition programme for all new starters and internal role changes. The programme will include values focused orientation sessions, mentoring and structured check-ins at 1, 3 and 6 months.	EDP&OD / OD Team	Q1	Q3	A realistic induction programme that enforces the importance of value alignment. A transition process over 12mths that helps to make the staff member feel psychologically safe and supported with clarity of expectations and goals	1. 90% completion of the programme by all new starters 2. 85% positive feedback from participants regarding clarity of values and support during orientation and transition 3. 10% reduction in early staff turnover 4. A year on year increase in staff engagement index scores in the NHS Wales staff survey. Baseline in 2025 - 69.3%. Target in 2026 - 70.3%; 2027 - 72.3%; 2028 - 74.3%; 2029 - 77.3%

1.7	Implement a structured succession planning process for identified key roles across the organisation. This will include identifying critical positions, creating talent pools and developing individual development plans for identified successors.	EDP&OD / OD Team	Q1	Q3	Provides continuity and sustained performance. Right people in the right roles. Supports organisation learning and performance	<p>1. Individual development plans in place for at least 80% of identified successors.</p> <p>2. Success will be measured by 90% readiness rates for key roles and reduced time-to-fill vacancies</p> <p>3. 2% reduction in number of external appointments to identified key roles</p> <p>4. 5% reduction in number of interim positions filling the identified key roles</p> <p>5. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are continuously learning and improving - Development (Q18a - 18e). Baseline in 2025 - 58.4%. Target in 2026 - 59.4%; 2027 - 61.4%; 2028 - 63.4%; 2029 - 66.4%</p>
1.8	Implement an annual talent review cycle across the organisation where managers and leaders assess staff performance and potential using a standardised process and tools. The cycle will include calibrated talent discussions, documented outcomes, and development plans.	EDP&OD / OD Team	Q2	Q2/Yr2	Enable informed approaches to recruitment, talent management and leadership development	<p>1. 90% of staff success will be measured by 100% completion of the talent review process and improved leadership confidence in talent decisions (measured via PADR completion rates)</p> <p>2. 2% reduction in number of external appointments</p> <p>3. 5% reduction in number of interim positions</p>
2: Goals & Performance						
2.1	Complete a review and streamlining of governance processes across the organisation. This will involve mapping current governance procedures, identifying duplication and delays, and implementing at least five process improvements to reduce administrative burden and increase efficiency	DoCG	Q2	Q4	Clear governance processes in place. Staff feeling empowered to influence local decisions/change.	<p>1. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are all able to speak up - Autonomy and control(Q14a - 14d;23d). Baseline in 2025 - 70.6%. Target in 2026 - 71.6%; 2027 - 73.6%; 2028 - 75.6%; 2029 - 78.6%</p>
2.2	Develop and implement a set of meaningful organisational metrics that demonstrate the impact of initiatives on staff engagement. This will include at least 10 key metrics EG engagement scores, retention, well-being indicators, participation rates tracked monthly with quarterly reporting to senior leadership.	EDP&OD / COO / Culture Team	Q1	Q1/Yr2	Staff feel PADR/Mandatory training are meaningful. Support staff wellbeing and work-life balance	<p>4. A year on year increase in staff engagement index scores in the NHS Wales staff survey. Baseline in 2025 - 69.3%. Target in 2026 - 70.3%; 2027 - 72.3%; 2028 - 74.3%; 2029 - 77.3%</p> <p>2. Trend analysis of culture dashboard metrics which shows month on month improvements with targeted support to outliers.</p>
2.3	Develop and implement local decision making frameworks that clarify accountability and enable decisions to be made closer to teams and patients. The framework will define decision authority levels, escalation routes, and supporting governance documentation.	DoCG	Q1	Q3	Staff feel empowered to make decisions at a local level whilst feeling valued and trusted. Decisions are made at pace and closer to patient care. Teams can adapt quickly to changing patient needs or local conditions. Encourage ownership and continuous improvement.	<p>1. Success will be measured by at least 80% of teams surveyed reporting improved decision-making speed and clarity in a post implementation survey and a 20% reduction in decision escalation to senior leadership.</p>
2.4	Conduct a full review of the Establishment Control process to identify inefficiencies and ensure accurate workforce planning and budget alignment. The review will include stakeholder consultation, mapping of current workflows, and a clear improvement plan.	P&OD / Systems Team	Q2	Q4	Reviewed process leading to a continuation of service provision	<p>1. Success will be measured by a 25% reduction in processing time</p> <p>2. Improved accuracy of establishment records (target 95% accuracy)</p> <p>3. 80% stakeholder satisfaction with a new process within six months of implementation</p> <p>4. 25% reduction in time to hire data</p>
2.5	Implement a process to celebrate and share positive feedback more widely across the organisation, including patient experience data.	EDP&OD - Staff Engagement Team	Yr 2	Yr 2	Embed process to capture positive feedback from patients and service users. Increased staff morale.	<p>1. 80% of teams receiving positive feedback summaries on a quarterly basis</p> <p>2. 80% of staff reporting increased awareness of patient feedback in a staff survey</p>
2.6	Implement a structured staff recognition programme that promotes greater recognition of staff achievements across the organisation.	EDP&OD / Staff Engagement Team	Q1	Q4	Boosts morale and motivation. Supports improved mental health and wellbeing. Enhanced productivity and engagement	<p>1.A year on year increase in scores in the NHS Wales staff survey relating to the theme - We recognise everyone's contribution (Q 04e; 15a-15b; 15e) Baseline in 2025 - 60.5%. Target in 2026 - 61.5%; 2027 - 63.5%; 2028 - 65.5%; 2029 - 68.5%</p>
2.7	Develop and implement a talent management process that aligns with workforce planning to ensure the organisation has the right skills and leadership capacity for the future. This will include talent identification, development pathways, and succession planning linked to workforce forecasting	EDP&OD / OD Team	Q2	Q4	Provides continuity and sustained performance. Right people in the right roles. Supports organisation learning and performance	<p>1. 50% of key roles having identified successors.</p> <p>2. 10% increase in internal promotions</p> <p>3. Improved workforce planning accuracy (target within 5% variance between forecast and actual staffing needs)</p>

2.8	Redesign leader roles across the organisation to clearly define responsibilities, decision-making authority, and leadership expectations. The redesign will involve consultation with at least 20 leaders, creation of standardised role profiles, and alignment with organisational values and strategic priorities.	COO	Q2	Q4	Designing leadership roles to deliver direction, alignment and commitment	<p>1. Success will be measured by 100% of leader roles having updated job descriptions</p> <p>2. 85% of leaders reporting clarity in their role and accountability in a post implementation survey</p>
2.9	Implement an inclusive recruitment strategy to increase diversity and reduce bias in hiring. This will include inclusive job advertising, diverse interview panels, unconscious bias training for all hiring managers, and accessible application processes.	EDP&OD / Strategic Recruitment Team	Q1	Q3	Ensuring a proactive approach to redress the balance in recruitment and promotion	<p>1. Success will be measured by a 25% increase in diverse candidates applications.</p> <p>2. 90% of hiring managers trained in inclusive recruitment</p> <p>3. 15% increase in diversity of new hires within 12 months</p>
2.10	Implement an annual leadership forecast update process to review current leadership capacity, future needs, and potential gaps. The process will involve collecting input from all executive and senior leadership teams, updating leadership talent pipelines, and producing a forecast report shared with the Executive Team.	COO	Q1/Yr 3	Q4/Yr 3	Annual update of leadership forecast to ensure changing needs inform our leadership strategy and talent management programmes	<p>1. Success will be measured by 100% completion of the annual forecast update and a clear action plan to address identified gaps within 3 months of the report</p>
2.11	Develop and implement compassionate feedback mechanisms, including a structured 360° feedback process for leaders and key roles. This will include training on giving and receiving compassionate feedback, clear guidance on how feedback is used, and an anonymised system for collecting feedback.	EDP&OD / Culture Team	Q1/Yr 2	Q4/Yr 2	Increase self-awareness and identify leadership strengths and development needs	<p>1. Success will be measured by at least 90% of leaders completing the 360° feedback process</p> <p>2. 85% of leaders reporting an improved feedback culture in a post implementation survey</p> <p>3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are compassionate and inclusive - Compassionate Culture (Q01j; 16a-16d; 17a-17d;) Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4% and Compassionate Leadership (Q04f-04g; 04i). Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4%</p>
2.12	Develop and implement mechanisms to measure compassion within the organisation. This will include designing a compassion measurement framework (e.g. staff and patient surveys, observational checklists, and feedback tools) piloting it in at least 3 departments, and integrating the metrics into quarterly performance reporting.	EDP&OD / Culture Team	Q1/Yr 2	Q2/Yr 2	To provide a consistent and standard baseline of practices and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Staff will feel empowered to demonstrate Compassionate behaviours. Increase self-awareness across the organisation	<p>1. Success will be measured by 100% implementation of the framework in pilot departments.</p> <p>2. 80% of staff and patient respondents reporting compassion-related improvements within 12 months</p> <p>3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are compassionate and inclusive - Compassionate Culture (Q01j; 16a-16d; 17a-17d;) Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4% and Compassionate Leadership (Q04f-04g; 04i). Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4%</p>
3: Learning & Innovation						
3.1	Establish and implement collaborative working mechanisms across the organisation by creating cross-functional working groups, joint planning sessions, and shared project dashboards.	EDT&SP	Q2/Yr 2	Q2/Yr 3	Reduce silo working. Sharing of best practice. Support the drive towards a Learning Organisation	<p>1. 85% positive feedback from staff on collaboration effectiveness in a post implementation survey</p>
3.2	Develop and embed a reflective practice programme across the organisation to support continuous learning and improvement. This will include training on reflective practice, regular reflective sessions within teams, and a reflective practice toolkit.	EDP&OD / Culture Team	Q1/Yr 3	Q4/Yr 3	Support the drive towards a Learning Organisation. Support organisational development. Support existing reflective practice interventions across BCUHB	<p>1. Success will be measured by at least 50% of teams conducting reflective sessions monthly</p> <p>2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are stronger together - Teamworking (Q01a-01k). Baseline in 2025 - 69.6%. Target in 2026 - 70.6%; 2027 - 72.6%; 2028 - 74.6%; 2029 - 77.6%</p>
					Staff feel valued and invested in. To	<p>1. Gather feedback from at least 150 staff across roles, mapping existing development routes, and producing a revised development framework with clear progression options.</p>

3.3	Conduct a full review of current staff development pathways to identify gaps, duplication, and opportunities for improvement.	EDP&OD / OD Team	Q1/Yr 2	Q1/Yr 3	Staff feel valued and invested in. To provide a consistent and standard baseline of performance and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities	<p>2. Success will be measured by at least 90% of staff reporting clarity in development pathways in a post review survey</p> <p>5. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are continuously learning and improving - Development (Q18a - 18e). Baseline in 2025 - 58.4%. Target in 2026 - 59.4%; 2027 - 61.4%; 2028 - 63.4%; 2029 - 66.4%</p>
3.4	Develop and embed a culture of innovation across the organisation by launching an innovation programme that includes ideas submission channels, innovation workshops, and pilot projects.	EDT&SP	Q1/Yr 2	Q4/Yr 3	Culture of innovation requires a wide programme of activities and approaches: Inspiring vision and strategy Compassionate and collective leadership Positive inclusion and participation Enthusiastic team and cross-boundary working Skills, capabilities, systems and processes for innovation Support and autonomy	<p>1. 5% increase in score in the NHS Wales staff survey relating to the theme - Staff Engagement - Ability to contribute towards improvements at work (Q23a; 23d) Baseline in 2025 - 50.4%. Target in 2026 - 51.4%; 2027 - 53.4%; 2028 - 55.4%; 2029 - 58.4%</p> <p>2. An increase in nominations received in the Transformation category of the Staff achievement Awards</p>
3.5	Develop and deliver a leadership development programme focused on leading innovation and quality improvement. The programme will include training modules, practical improvement projects, and coaching support.	EDT&SP	Q1/Yr 2	Q4/Yr 3	Leaders having key knowledge, skills, abilities and behaviours that ensure high levels of innovation in teams	<p>1. At least 80% of senior and middle leaders will complete the programme and 75% will demonstrate improved capability in leading innovation and QI through project outcomes and post-programme assessments.</p> <p>2. Success will be measured by a 20% increase in improvement projects led by trained leaders and positive feedback from participants (minimum 85% satisfaction)</p>
4: Support & Compassion						
4.1	Increase Executive and Senior Leadership visibility across the organisation through structured engagement activities.	CEO & EDP&OD / Culture Team & Staff Eng Team	Q1	Q4	Strengthen the connection between Board members and the wider workforce. Raise awareness and clarity of roles across the organisation	<p>1. Each executive and senior leader will complete at least 4 visibility activities per year, and all sites will host at least one leadership visit quarterly.</p> <p>2. Success will be measured by 85% of staff reporting improved visibility and accessibility of leaders in a post initiative survey</p>
4.2	Mandate the 'Fundamentals of Leadership and Management' programme for all People Managers.	EDP&OD / OD Team	Q1/Yr 2	Q4/Yr 3	To provide a consistent and standard baseline of management practices and behaviours across the organisation. Staff will feel supported in-line with organisational values and guidance. Managers will feel equipped with the knowledge and skills to manage teams effectively	<p>1. Success will be measured by 100% completion rates for both existing and new managers and at least 85% positive feedback on programme relevance and usefulness</p> <p>2. All existing managers must complete the programme within 6 months, and all new managers must complete it within their first 6 months in post.</p> <p>2. 5% increase in score in the NHS Wales staff survey relating to the theme - We are stronger together - Line management (Q04a - 04i). Baseline in 2025 - 67.1%. Target in 2026 - 68.1%; 2027 - 70.1%; 2028 - 72.1%; 2029 - 75.1%</p>
4.3	Create and publish a clear definition of "Senior Leadership" within the organisation, including role levels, responsibilities, decision-making authority, and expected behaviours. This will be developed through consultation with HR, executive leadership, and relevant stakeholders, and communicated via internal channels.	CEO / Culture Team	Q3	Q1/Yr2	Conducting leadership workforce analysis, succession planning, talent management and forward forecasting	<p>1. success will be measured by 100% of senior leadership roles being clearly defined and at least 85% of staff reporting clarity in a staff survey</p>
4.4	Develop and implement an adequate and suitable well-being support service for all staff across BCUHB that focuses on treating the cause, not just the symptoms, and includes trauma-informed care. This will include a needs assessment, service redesign, staff training in trauma-informed practice, and expanded access to mental health and wellbeing support.	EDP&OD / SWSS Team	Q1	Q4	Staff feeling supported and valued by the organisation. Staff more able to manage their own psychological distress and therefore stay in work	<p>1. Success will be measured by at least 90% of staff being aware of and having access to well-being services.</p> <p>2. 10% reduction in staff reported work related stress within 12 months</p> <p>3. 80% positive feedback on the effectiveness of the support service</p> <p>4. 5% increase in score in the NHS Wales staff survey relating to the theme - We nurture healthy working environments - Health and safety climate (Q02a-02d; 21a). Baseline in 2025 - 40.9%. Target in 2026 - 41.9%; 2027 - 43.9%; 2028 - 45.9%; 2029 - 48.9%</p>

4.5	Develop and implement a leadership development programme focused on compassionate, inclusive leadership and emotional intelligence. The programme will include training modules, practical application exercises and coaching support for senior and middle leaders.	EDP&OD / Culture Team	Q1/Yr 2	Q4/Yr 3	Modelling compassionate, collective and inclusive behaviours. Awareness and modelling behaviours associated with greater emotional intelligence	1. 80% of leaders will complete the programme 3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are compassionate and inclusive - Compassionate Culture (Q01j; 16a-16d; 17a-17d;) Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4% and Compassionate Leadership (Q04f-04g; 04i). Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4%
4.6	Develop and implement a structured inclusion programme that ensures all voices across the organisation are heard. This will include regular staff listening sessions, inclusive forums, and anonymous feedback channels, with at least 75% of departments participating.	EDP&OD / Staff Engagement Team	Q1/Yr 3	Q4/Yr 3	Ensuring the views and ideas of all staff and patients are heard and integrated into developing our services	1. 80% of staff reporting that their views are heard and valued in a staff survey and a minimum of 10 actionable improvements implemented from staff feedback within 10 months. 4. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are all able to speak up - Raising Concerns (Q14a-14d; 23d; 14i - 14k; 17d- 17e). Baseline in 2025 - 57.3%. Target in 2026 - 58.3%; 2027 - 60.3%; 2028 - 62.3%; 2029 - 65.3%
4.7	Strengthen formal coaching and mentoring opportunities across the organisation by establishing a structured coaching and mentoring programme where leaders develop leaders. The programme will include training for coaches/mentors, matching processes, and clear objectives for each pairing.	EDP&OD / OD Team	Q1/Yr 2	Q4/Yr 2	A collaborative approach to learning and development which empowers staff to set their own goals and explore their own solutions to problems.	1. 50% of leaders will participate as mentors or mentees 2. 80% of participants will report improved leadership capability and confidence in post programme feedback
4.8	Review the current internal training offer and develop a refreshed programme on compassionate and civil behaviours. This will include updated training content, delivery methods, and supporting resources.	EDP&OD / Culture Team	Q1	Q4	To provide a consistent and standard baseline of compassionate behaviours across the organisation. Staff will feel equipped with the knowledge and skills to fulfil roles and responsibilities in line with values and behaviours framework	1. 25% of staff completing the programme. 3. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are compassionate and inclusive - Compassionate Culture (Q01j; 16a-16d; 17a-17d;) Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4% and Compassionate Leadership (Q04f-04g; 04i). Baseline in 2025 - 67.4%. Target in 2026 - 68.4%; 2027 - 70.4%; 2028 - 72.4%; 2029 - 75.4%

5: Teamwork

5.1	Conduct a comprehensive review of the organisational structure to ensure it supports strategic goals, improves operational efficiency, and enhances accountability. The review will include stakeholder consultation, role mapping, and identification of duplication or gaps.	CEO / FFTF Team	Q1	Q4	As defined in Foundations for the Future	1. Success will be measured by a clear new structure proposal with defined roles and reporting lines, approved by the Board 2. 50% improvement in operational efficiency indicators such as decision-making speed and role clarity within 12 months of implementation
5.2	Improve how leaders and managers cascade information and key messages to their teams.	DoPC&E	Q2	Q4	Develop more engaging and two-way communication where staff feel informed, involved and listened to	1. success will be measured by a 25% increase in staff satisfaction and communication measured by a staff survey
5.3	Improve Board communication and transparency around decision-making, objectives, roles, and development. This will include publishing clear decision-making summaries, board objectives, role descriptions, and development plans on internal communication channels, plus regular updates in staff communications.	CEO / Board Secretary	Q1/Yr 2	Q4/Yr 2	Strengthen the connection between Board members and the wider workforce. Raise awareness and clarity of roles across the organisation. Awareness of decision-making processes	1. 85% of staff reporting improved clarity, understanding and transparency in a staff survey.
	Develop and implement selection mechanisms to assess team leadership capability during	EDP&OD / Culture			Develop strong team leadership skills	1. 100% of team leader roles being recruited using the new mechanisms 2. 90% of hiring managers trained in their use

5.4	recruitment and internal promotion processes. This this will include structured leadership interviews, role-based scenario assessments and leadership capability frameworks.	EDP&OD / Culture Team / Strategic Recruitment Team	Q1/Yr 2	Q4/Yr 2	for good team performance. Select people with knowledge, skills, abilities and values for teamworking.	2. 5% increase in score in the NHS Wales staff survey relating to the theme - We are stronger together - Line management (Q04a - 04i). Baseline in 2025 - 67.1%. Target in 2026 - 68.1%; 2027 - 70.1%; 2028 - 72.1%; 2029 - 75.1%
5.5	Develop and implement a team leadership training programme for all team leaders. The programme will include modules and effective leadership, communication, performance management and inclusive team practices.	EDP&OD / OD Team	Q1/Yr 3	Q4/Yr 3	Ensure leaders have the knowledge, skills and abilities to develop and structure teams, to facilitate and maintain healthy team processes and to develop positive team climates and relationships	1. 85% of team leaders will complete the programme 2. 80% of participants will report improved leadership confidence and capability in post training feedback 2. 5% increase in score in the NHS Wales staff survey relating to the theme - We are stronger together - Line management (Q04a - 04i). Baseline in 2025 - 67.1%. Target in 2026 - 68.1%; 2027 - 70.1%; 2028 - 72.1%; 2029 - 75.1%
5.6	Develop and implement teamwork training and team-based appraisal processes across the organisation. The training will include modules and collaboration, conflict resolution and shared accountability. Implement a team development programme focused on well-being including wellbeing workshops resilience training and team reflection sessions.	EDP&OD / OD Team	Q1/Yr 3	Q4/Yr 3	Developing good communication, co-ordination and collaboration in healthcare teams. Supporting effective leadership through collaboration	1. 90% of team-based appraisals will be completed using a standardised template. 2. A year on year increase in scores in the NHS Wales staff survey relating to the theme - We are stronger together - Teamworking (Q01a-01k). Baseline in 2025 - 69.6%. Target in 2026 - 70.6%; 2027 - 72.6%; 2028 - 74.6%; 2029 - 77.6% 3. 50% of teams will participate in team development programmes 4. 80% of staff will report improved well-being and team support in a post programme survey 5. 5% reduction in sickness absence

The Duty to Prevent Sexual Harassment

Adam Pincott, Guildhall Chambers
21 November 2025



What is 'Sexual Harassment'

- S.26(2) EqA 2010 – A person (A) harasses another (B) if -
 - (a) A engages in unwanted conduct of a sexual nature, and
 - (b) The conduct has the purpose or effect of:
 - (i) Violating B's dignity, or
 - (ii) Creating an intimidating, hostile, degrading, humiliating or offensive environment for B.

Conduct of a sexual nature, examples:

'Hiya
big tits'

'Hi sweetheart,
see you in the
morning xx'

Pretending
to put
money
down a
colleague's
cleavage

Asking staff
to wear
revealing
clothing

Giving a
colleague
an 'air kiss'

Referring to
yourself by your
nickname, Willy

Showing
pictures
of sex
toys

'My ex cheated on
me... I found a used
condom on the floor'

Conduct 'No-Nos'

- Unwelcome sexual advances
- Sexual gestures
- Sexual jokes / games with a sexual theme – no 'Cards Against Humanity'
- Sexual assault
- Touching
- Suggestive looks or leering
- Making promises in return for sexual favours
- Talking about your sex life, or asking questions about someone else's
- Spreading rumours about a person's sex life
- Sharing material of a sexual nature, e.g., on social media / WhatsApp
- Sending emails containing material of a sexual nature
- Displaying pornographic images or drawings

In the 'course of employment'

- S.109(1) EqA 2010 – Anything done by a person (A) in the course of A's employment must be treated as also done by the employer.
- This includes things done in the workplace, but may also be any place or event connected to work, such as:
 - Training events
 - Team meals
 - Christmas parties – and travelling home after!

Personal Liability and Awards

£79,000

Nunns v
SBH
Windemere

£350,000

Tahir v
National
Grid

£3,200,000

Lokhova v
Sberbank
CIB (UK)

S.110 EqA 2010

- (1) A person (A) contravenes this section if-
 - (a) A is an employee or agent,
 - (b) A does something which, by virtue of section 109(1) or (2), is treated as having been done by A's employer or principal (as the case may be), and
 - (c) The doing of that thing by A amounts to a contravention of this Act by the employer or principal (as the case maybe)
- (2) It does not matter whether, in any proceedings, the employer is found not to have contravened this Act by virtue of section 109(4).

IN OTHER WORDS – YOU CAN BE
PERSONALLY LIABLE!

Third Party Harassment

- The EHRC Guide to Preventing Sexual Harassment at work notes:
 - Harassment by a third party [...] should be treated just as seriously as that by a colleague.
 - Employers should take steps to prevent this type of harassment, including putting recording mechanisms in place or assessing high risk workplaces where staff might be left alone with customers.
- The new Employment Rights Bill proposes a return to employers being liable for third party harassment, which will presumably also attract an uplift in any awards where there has been a failure to prevent.

The Duty to Prevent Sexual Harassment

- As of 26th October 2024, the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#) came into force and put in place a new **positive** duty:
 - to ‘take reasonable steps’ to prevent sexual harassment in all workplaces.
- Shift of focus **from ‘reaction’ to ‘prevention and protection’**.
- Onus on employers to take **proactive steps** to stop sexual harassment.
- This is an **anticipatory** duty-
should not wait for an incident before taking any action.



Overview of the new duty



Scope of the Preventative Duty

- Applies only to sexual harassment – s.26(2) EqA 2010.
- Does not cover harassment related to a protected characteristic.
- Does not apply to less favourable treatment for rejecting or submitting to unwanted conduct.



Scope of the Preventative Duty



Employer's Responsibilities

- Take **reasonable steps** to prevent sexual harassment of employees by other employees – s.40A(1) EqA.
- Prevent sexual harassment of employees by third parties such as clients and contractors – likely to be a legal duty soon!

EHRC 8-step guide

1. Develop an effective anti-harassment policy
2. Engage staff
3. Assess and take steps to reduce risk in the workplace
4. Reporting
5. Training
6. What to do when a harassment complaint is made
7. Dealing with harassment by third parties
8. Monitor and evaluate your actions

STEP 1 – develop effective policy

- Identify who is protected
- Define what sexual harassment is
- State sexual harassment is unlawful and will not be tolerated
- State law requires reasonable steps to prevent
- May lead to disciplinary action
- Identify aggravating factors, such as abuse of power, to be considered
- Identify procedure for receiving and responding to complaints
- Include Third Party harassment

STEP 2 – engage your staff

- Conduct regular 1-2-1s, run staff surveys and exit interviews, have an open-door policy
- Look for unusual patterns of staff turnover and investigate if there are any specific reasons
- Make sure all staff know sexual harassment policy, consequences of breaching policy and how to report sexual harassment.

STEP 3 – risk assess

- Identify power imbalances
- Identify lack of diversity
- Consider areas where there is particular job insecurity and therefore greater power imbalance
- Consider lone or one on one working
- Are there particular risk factors like drug or alcohol use
- Will there be external events, conferences and training
- Are there work related social events, e.g., Christmas socials
- Is there an existing culture of crude or disrespectful behaviour

STEP 4 – reporting

- Encourage reporting – if steps are effective and there is any issue, an increase in reporting would be expected
- Consider anonymous reporting tools to enable reporting as widely as possible
- Keep centralised, confidential records of all concerns raised, both formally and informally

STEP 5 – training

- Everyone should be trained, including managers and senior staff
- Training should include what sexual harassment looks like in the workplace, what to do if experienced or witnesses, and how to handle and complaints of harassment
- Harassment does not need to be intentional, or directed at an individual
- Advise of the possibility of personal liability for any acts of harassment
- Where third party harassment is likely, training should specifically include that
- Regularly review the efficacy of training
- Offer refresher training at regular intervals

STEP 6 – what to do when a complaint is made

- ACT IMMEDIATELY
- Take account of how the worker wants the complaint to be handled
- Respect confidentiality of all parties
- Prevent continuing harassment / victimisation during investigation – consider moving alleged harasser to another team / site
- Protect witnesses
- If the complaint might amount to a criminal offence, discuss with complainant whether they wish to report to the police
- Communicate the outcome and explain appeal processes
- Only use NDAs where lawful, necessary and appropriate

STEP 7 – third party harassment

- Treat third party harassment just as seriously
- Take steps to prevent
- Assess high risk work areas, e.g., where staff might be left alone
- Put in place reporting mechanisms

STEP 8 – monitor and evaluate

- Regularly evaluate the efficacy of steps put in place to prevent sexual harassment
- Review informal and formal complaints data to see if there are any particular trends or issues
- Survey staff anonymously on experiences of sexual harassment, whether as victims or witnesses
- Ask staff, anonymously if they would be willing to report experiences of sexual harassment, and if not, why not
- Compare data to ensure reporting and experiences match
- Review and implement additional steps to address ongoing issues

EHRC Enforcement

- If EHRC suspects the preventative duty has not been complied with, it has enforcement powers under EqA 2006 to:
 - Investigate employer
 - Issue unlawful act notice requiring employer to prepare an action plan to remedy any continuing breach and prevent future breaches
 - Enter into formal, legally binding, agreements with employers to prevent future unlawful acts
 - Ask courts to issue an injunction to restrain an employer from committing an unlawful act

Remedy Award Uplifts

- If Tribunal finds worker has been sexually harassed, it MUST consider if and to what extent the employer has complied with the preventative duty.
- Employer's will therefore need to make disclosure of evidence and witness statements dealing with preventative steps a standard part of response to claims of sexual harassment.
- If Tribunal finds that an employer has breached the preventative duty, it can order the employer to pay additional compensation, capped at a maximum uplift of 25%.
- Compensation can include past and future losses, injury to feelings and personal injury, so uplifts could be extensive.

Employer's Defence – a summary

- Conduct a review of current procedures in line with the ECHR 8-step guide.
- Ensure training has been fully rolled out.
- Enforce policies and training.
- Conduct regular reviews, at least annually, to ensure policies, training and enforcement remain effective.

Reasonable Steps, not All Reasonable Steps, although following guidance may also help with presenting a defence under s.109(4)

The Duty to Prevent Sexual Harassment

DISCUSSION / Q & A

Local Partnership Forum

Staff story – promoting sexual safety in the Health Board

Dyddiad y Cyfarfod Date of Meeting	05 May 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 Eytayo Executive Director of People and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
The staff story presented to the Forum relates to sexual safety in the workplace and the experience of a colleague who witnessed an incident. The story is supplemented by findings from the 2025 NHS Wales staff survey.






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

Acronymau / Rhestr Termiau Acronyms / Glossary of Terms
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <p>3. Creating compassionate culture, leadership and engagement</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

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

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>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?</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	

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

Local Partnership Forum

NHS Wales Staff Survey 2025 report

Dyddiad y Cyfarfod Date of Meeting	05 May 2025
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 and Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting The Committee is asked to: <ul style="list-style-type: none"> • NOTE AND DISCUSS the results of the NHS Wales Staff Survey 2025; and • SUPPORT the planned next steps.
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Crynodeb Gweithredol **Executive Summary**

Part of our aim to improve culture, leadership and engagement is to listen to staff and demonstrate that they are being heard by the organisation. This includes collecting and analysing feedback on staff attitudes and experiences to inform improvements, a key part of which is the annual NHS Wales Staff Survey.

This report details the initial findings of the 2025 survey and outlines suggested next steps.

Many of the themes emerging from the survey have been expressed by colleagues through other feedback mechanisms including the Foundations for the Future discovery and design phase focus groups, engagement activity undertaken through the Culture and Leadership Programme, Speaking Up Safely and various surveys.

Therefore many of the themes and issues staff raise are already in the process of being addressed for example through major change programmes including Foundations for the Future as well as through the Culture, Leadership and Engagement Improvement Plan 2026-28.

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

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Executive Committee	17.12.25	Discussion and feedback, which has been integrated into this report
People and Culture Committee	12.2.26	Feedback requesting the report to be more strategic for the Board
Executive Committee	11.3.26	Changes suggested which have been incorporated into the paper for April 2026 People and Culture Committee, with the intention for this paper to go to public Board in May 2026
People and Culture Committee	9.4.26	Discussion and feedback. Qualitative data was received on 2.4.26 and headline information has been incorporated into this report at section 3.8

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

HEIW	Health Education and Improvement Wales
IHC	Integrated Health Community
MHLD	Mental Health and Learning Disabilities
FftF	Foundations for the Future

1 Y SEFYLLFA SITUATION

1.1 The 2025 NHS Wales Staff Survey went live on Monday 6th October and closed on Monday 1st December. NHS Wales organisations received access to quantitative data via HEIW's insights dashboard on 23rd February 2026.

1.2 Qualitative results (free-text comments which have been anonymised) were shared with Health Boards on 2nd April 2026.

At the time of writing, we do not yet have access to the dashboard functionality to view results and run reports by staff group. This is expected in the coming days.

1.3 A national findings report, which gives an overview of quantitative results for Wales as a whole, is scheduled to be published by HEIW on April 30 2026.

1.4 This report provides the Forum with headline findings and suggests next steps for responding to this staff feedback.

2 Y CEFNDIR BACKGROUND

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

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

3 MATERION PENODOL I'W HYSTRYIED SPECIFIC MATTERS FOR CONSIDERATION

Response rate

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

3.2 5, 203 staff members completed the survey which equates to a response rate of 24.9 per cent. Although lower than the overall NHS Wales response rate of 30 per cent, it represents an improvement for the Health Board from the 2024 response rate of 17.4 per cent and exceeds our target of 23 per cent.

3.3 The three Integrated Health Communities exceeded the target response rate of 23 per cent with West securing 29.6 per cent; Central 28.1 per cent and East 24.9 per cent.

3.4 Neither Ysbyty Glan Clwyd nor Wrexham Maelor Hospital achieved the target response rate of 23 per cent of staff participating in the survey, with Ysbyty Glan Clwyd achieving 19 per cent and Wrexham Maelor Hospital achieving 18 per cent. Ysbyty Gwynedd demonstrated a much improved performance with 32 per cent of staff completing the survey. This was, in part, down to concerted efforts across the site to engage staff in promotional activities.

Staff Engagement Index score

3.5 We achieved a Staff Engagement Index score of 69.3 per cent (70.9 per cent in 2024). This compares to an NHS Wales staff index score of 70.8 per cent. It should also be noted that there has been a general decline in Staff Engagement Index scores across Wales.

The Staff Engagement Index score measures how connected staff are to the organisation. Table 1 below highlights staff responses in terms of their agreement with each statement.

Staff Engagement Index Scores

2025 Staff Survey Index Score: **69.3%**

1.5 on NHS Wales Benchmark
1.6 on BCUHB 2024 Index Score

Sub-theme	Positive Responses	Wales Average	Negative Responses	Wales Average
Ability to contribute towards improvement at work (Involvement)				
23a) I am able to make improvements in my area of work	56.9%	58.2%	18.2%	16.9%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department	43.9%	44.7%	29.8%	29.5%
Intrinsic psychological engagement (Motivation)				
22a) I look forward to going to work	49.2%	48.5%	17.9%	17.4%
22b) I am enthusiastic about my job	65.2%	64.1%	9.9%	10.3%
22c) I am happy to go the extra mile at work when required	78.5%	77.2%	5.7%	5.8%
Staff advocacy and recommendation (Advocacy)				
23b) I would recommend my organisation as a place to work	47.7%	53.2%	22.4%	19.2%
23c) I am proud to tell people I work for my organisation	50.3%	58.0%	20.6%	14.5%

■ Favourable performance against NHS Wales Average
■ Unfavourable performance against NHS Wales Average

Figure 1: Staff Engagement Index Scores 2025

3.6 BCUHB achieved an above NHS Wales Health Board average score in the intrinsic psychological engagement (motivation) element of the Index:

- *I look forward to going to work* (49.2 per cent, which is above the NHS Wales Health Board benchmark of 48.5 per cent)
- *I am enthusiastic about my job* (65.2 per cent, which is above the NHS Wales Health Board benchmark of 64.1 per cent)
- *I am happy to go the extra mile at work when required* (78.5 per cent, which is above the NHS Wales Health Board benchmark of 77.2 per cent)

However, as seen in the 2024 survey results, staff responses to the staff advocacy and recommendation element of the Index draws the overall positivity of the score downward.

3.7 We have seen a deterioration in all ten of the survey themes between the 2024 and 2025 survey, although these are marginal reductions in most cases. These are shown in Table 2 below.

Further findings of note are:

- Although we are the lowest scoring Health Board in the in the *We are compassionate and inclusive* survey theme at 67.6 per cent – a drop of 1.47 per cent from 2024 – we remain just two per cent off the NHS Wales Health Board average;
- 82.9 per cent of survey respondents agree we are compassionate towards patients/service users. This is a small reduction of 0.41 per cent from 2024 and just beneath the NHS Wales Health Board average of 83.3 per cent;
- We are the lowest scoring Health Board in the *We are all able to speak up* theme at 63.9 per cent. This is a reduction of 1.85 per cent and below the NHS Wales Health Board average of 65.6 per cent;
- Our score in the *Staff Engagement* theme has fallen by 2.88 per cent to 55.9 per cent, compared to an NHS Wales Health Board average of 57.7 per cent; and
- 2024 saw a 6.7 per cent improvement in our *Patient Safety* theme score, and this has pretty much held in 2025, with a decline of just 0.47 per cent to 58.6 per cent. This is just over one per cent off the NHS Wales Health Board average. However, some responses to questions within the survey connected to this are concerning. For example, question 17c shows that 44.4 per cent agree that they would be happy with the standard of care provided if a friend or relative needed treatment (27.7 per cent disagreed). This is a drop of 2.51 per cent on 2024 and 10.9 per cent below the NHS Wales Health Board average of 55.3 per cent.

3.8 The qualitative data received on 2nd April 2026 included comments from 1, 649 individuals, which accounts for around a third of those completing the survey.

The comments have been redacted by HEIW to help protect the anonymity of participants and can only be filtered by 'tier two' organisational levels i.e. by directorate such as Corporate Services or Cancer Services, rather than by 'tier three' department such as Finance or Cancer - Nursing.

However, this process is not watertight in eliminating potentially identifiable characteristics. Comments will not be shared in their full form in order to maintain confidentiality.

The comments represent a real mix of issues, topics and views and, notably, many are positive. Prevalent themes that respondents feed back with positivity include:

- Positive culture with supportive teams and managers;
- Pride in the NHS, their role and helping patients;
- Willingness to go above and beyond duties for colleagues, patients and the organisation; and
- Benefits of flexible working on work/life balance.

There are also disappointing and concerning comments of which the most prevalent themes include:

- Leadership and senior management disconnect from staff and patient care secondary to financial targets;
- Poor wellbeing, mental health and stress including inflexibility regarding working patterns;
- Staffing levels, excessive workload and burnout; and
- Bullying, harassment and toxic culture.

3.9 Headline findings are captured in the 2025 Staff Survey Snapshot document at **Appendix 1**.

3.10 Evidence demonstrates that NHS culture improvement programmes typically require several years to yield significant, lasting results, demanding long-term investment in staff capability and leadership.

Programmes such as our Culture and Leadership Programme aim to achieve effective transformation and are expected to achieve notable improvements in staff engagement after 12 to 24 months.

It is important to recognise the impact that organisational change has on staff experience as we progress with the Foundations for the Future programme.

It is also worth noting that our turnover is relatively low, indicating that colleagues are not leaving the organisation.

Theme	Year	Positivity score	Annual Trend	Wales Average	Variance
Morale	2023	55.0%		54.1%	↑ 0.87
	2024	55.0%	↑ 0.04	54.6%	↑ 0.37
	2025	53.6%	↓ 1.44	53.7%	↓ 0.09
Patient Safety	2023	52.6%		53.8%	↓ 1.21
	2024	59.1%	↑ 6.48	58.7%	↑ 0.42
	2025	58.6%	↓ 0.47	59.7%	↓ 1.13
Staff Engagement	2023	59.3%		60.3%	↓ 1.06
	2024	58.8%	↓ 0.46	59.6%	↓ 0.75
	2025	55.9%	↓ 2.88	57.7%	↓ 1.76
We are all able to speak up	2023	65.3%		65.8%	↓ 0.58
	2024	65.8%	↑ 0.54	66.2%	↓ 0.42
	2025	63.9%	↓ 1.85	65.6%	↓ 1.65
We are compassionate and inclusive	2023	68.4%		69.6%	↓ 1.22
	2024	69.1%	↑ 0.68	70.0%	↓ 0.91
	2025	67.6%	↓ 1.47	69.6%	↓ 2.01
We are continuously learning and improving	2023	64.2%		64.1%	↑ 0.06
	2024	63.5%	↓ 0.69	64.0%	↓ 0.48
	2025	62.4%	↓ 1.13	63.1%	↓ 0.79
We are stronger together	2023	69.3%		68.5%	↑ 0.87
	2024	70.4%	↑ 1.08	69.2%	↑ 1.25
	2025	68.5%	↓ 1.93	68.7%	↓ 0.26
We champion flexible working	2023	59.1%		58.1%	↑ 1.00
	2024	62.3%	↑ 3.23	61.5%	↑ 0.84
	2025	60.0%	↓ 2.32	60.8%	↓ 0.85
We nurture healthy working environments	2023	56.5%		56.1%	↑ 0.37
	2024	57.8%	↑ 1.27	57.8%	↓ 0.03
	2025	54.7%	↓ 3.10	54.9%	↓ 0.19
We recognise everyone's contribution	2023	62.3%		61.5%	↑ 0.83
	2024	62.5%	↑ 0.16	62.1%	↑ 0.37
	2025	60.5%	↓ 1.99	61.2%	↓ 0.72

Figure 2: Positivity scores by theme in 2025, 2024 and 2023, compared with the NHS Wales average for Health Board organisations

Comparisons by division

3.11 Responses from Operational Estates, particularly in the central area, stand out as showing low positivity scores across the majority of survey themes.

3.12 **Appendix 2** provides graphs for each of the ten survey themes and compares the performance across our biggest divisions, where around 75 per cent of our total workforce are based. These are: the three acute sites of Ysbyty Gwynedd, Ysbyty

Glan Clwyd and Wrexham Maelor Hospital; the three IHCs; MHLD; Corporate divisions; and Children's services.

3.13 Response rates against the ten survey themes are generally lower in the three district general hospitals than elsewhere in the organisation. The reason for this will need to be tested further but it may be due to hospital service demands and capacity pressures experienced at the time of the survey.

Staff responses at Wrexham Maelor showed improvements in key areas and were above the NHS Wales Health Board average in the following four themes; *Morale, Patient Safety, We Champion Flexible Working, We Nurture Healthy Working Environments*. This progress was not mirrored in Ysbyty Glan Clwyd and Ysbyty Gwynedd where staff responses were below the NHS Wales Health Board average in all ten themes.

3.14 Survey responses from staff within corporate services were more positive in the main and significantly above NHS Wales Health Board average in the following areas; *Morale, Staff engagement, We are continuously learning and improving, We are stronger together, We champion flexible working, We nurture healthy working environments, We recognise everyone's contribution*.

Responses from staff who completed the survey in MHLD and Children's Services were generally around or above the NHS Wales Health Board average.

Next steps

3.15 Since receiving the quantitative survey data at the end of February 2026, initial results by directorate/department have been shared with Directors and almost 100 local Staff Survey Leads in order for them to review their divisional/departmental data.

We plan to share high level data on the staff intranet following analysis of the qualitative data received on April 2nd 2026.

3.16 Once all survey data is analysed in full, plans on how best to respond to the results will be developed with oversight from the new People and Organisational Development delivery group. In terms of responding to what we have heard, it is important that we are able to demonstrate practically to staff what difference they will see going forward.

3.17 Given the ongoing service pressures and the current period of organisational change through FFtF, it is proposed that the staff survey action plan focuses on a small number of key theme areas. Focused work can be undertaken to make a tangible difference to staff experience prior to the next annual NHS Wales Staff Survey in October 2026.

The principle of local ownership which was introduced for the 2024 survey will continue to be embedded with progress discussed and monitored through the established local People and Culture Committees. A guide has been developed to signpost colleagues

to sources of information and inspiration to support action on local results. This will be built on once priority areas of focus are agreed.

3.18 The *We Said, We Did* approach to communicating action taken in response to the survey that was introduced last year will continue. We will also be highlighting exemplary work taking place across the organisation in order to share excellence in order to inspire others.

3.19 The committee will be aware that work is already underway to address a number of the themes emerging from the Staff Survey as part of the Culture, Leadership and Engagement Improvement Plan 2026-2028. Culture Change Leaders will play a key role in helping to drive local improvements.

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

The results of the 2025 NHS Wales Staff Survey demonstrate a decline in key areas, including the staff engagement index score.

There is a risk of deteriorating levels of engagement and involvement from staff across the organisation due to operational pressures and competing priorities, including organisational change as a result of the Foundations for the Future programme.

5 ARGYMHELLION RECOMMENDATIONS

a. Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Local Partnership Forum is asked to:

- **NOTE AND DISCUSS** the results of the NHS Wales Staff Survey 2025;
- **SUPPORT** the planned next steps.

Appendix 1

2025 Snapshot

Participation

5,203

BCUHB staff took part

- ▲ 45% increase in participants from 2024
- ▲ 24.9% of staff (1,626 additional voices heard, up from 17.4% in 2024)
- Respondents 75.4% female; 15.8% male; largest age group 51-65 (33.1%); 76.0% identify as white British; 17.1% have an impairment; and 13.3% consider themselves neuro diverse / divergent

Staff Engagement Index Score

69.3%

- ▼ Reduction on 2024 score of 70.9% and 2023 score of 71.3%
- ▼ 1.5% beneath Wales average of 70.8%
- ▼ Broadly in line with all Wales NHS engagement index score which has deteriorated by 0.8pp each year from 2023 onwards

Motivation



- Higher score than Wales HB average:
- ▲ 65.2% enthusiastic about their jobs (Wales HB avg. 64.1%)
 - ▲ 78.5% of staff happy to go the extra mile (Wales HB avg. 77.2%)
 - ▲ 87.5% feel trusted to do their job (down 1.17pp on 2024; just above the Wales HB avg. 87.4%)

Theme	2024 score	2025 score	National average
Morale	55.0	53.6	53.7 0.1 ▼
Patient Safety	59.1	58.6	59.7 1.1 ▼
Staff Engagement	58.8	55.9	57.7 1.8 ▼
We are able to speak up	65.8	63.9	65.6 1.7 ▼
We are compassionate and inclusive	69.1	67.6	69.6 2.0 ▼
We are continuously learning and improving	63.5	62.4	63.1 0.7 ▼
We are stronger together	70.4	68.5	68.7 0.2 ▼
We champion flexible working	62.3	60.0	60.8 0.8 ▼
We nurture healthy working environments	57.8	54.7	54.9 0.2 ▼
We recognise everyone's contribution	62.5	60.5	61.2 0.7 ▼

Caring, belonging and feeling valued

- Although we are the lowest scoring health board in the 'We are compassionate and inclusive' theme at 67.6% (a drop of 1.47pp from 2024), we are only 2pp from the national average
- 82.9% think we are compassionate towards patients / service users (down 0.41pp; just below Wales HB avg. of 83.3%)
- 72% feel that their immediate line manager values their work (down 1.86pp since 2024; Wales HB avg. 71.5)
- Only 44% feel their work is valued by the organisation (dropped 2.66pp since 2024; Wales HB avg. 47.6%)



Support through change

- Drop in positivity relating to involvement in deciding on changes that affect their work / area / team / department from 55.7% in 2023, 48.1% in 2024 to 43.9% in 2025
- Below national average (70.3%) relating to compassionate culture (67.4%), a drop of 1.38pp on 2024

Advocacy and feeling proud

- 50.3% are proud to tell people they work here (down 1.16pp since 2024; Wales HB avg. 58%)
- 47.7% would recommend BCUHB as a place to work (dropped 4.28pp since 2024; Wales HB avg. 53.2%)
- 44.4% would be happy with the standard of care provided if a friend or relative needed treatment (a fall of 2.51pp since 2024; 10.90pp below Wales HB avg. of 55.3%)

Speaking up



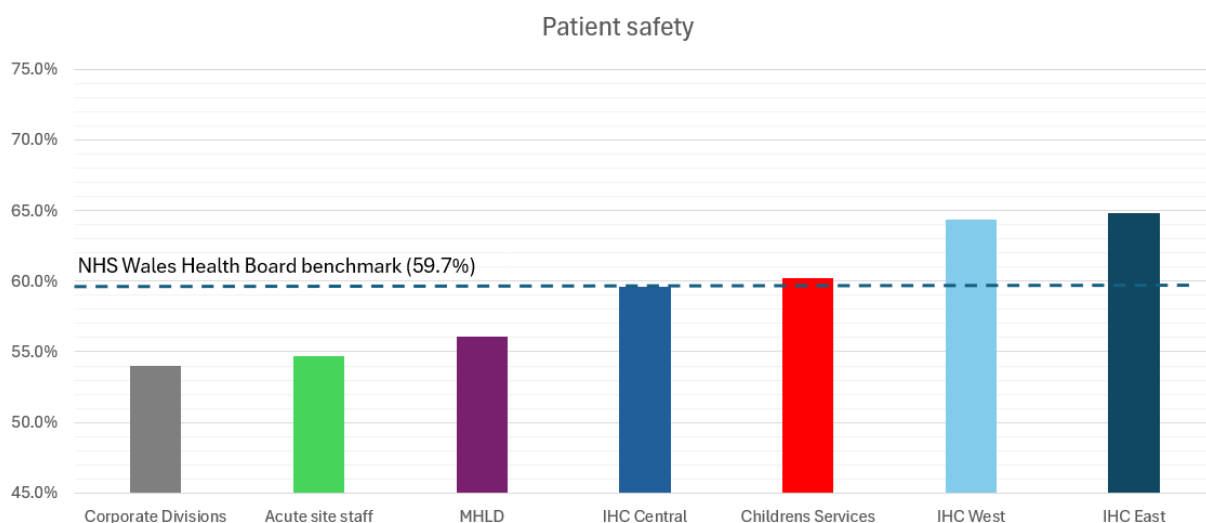
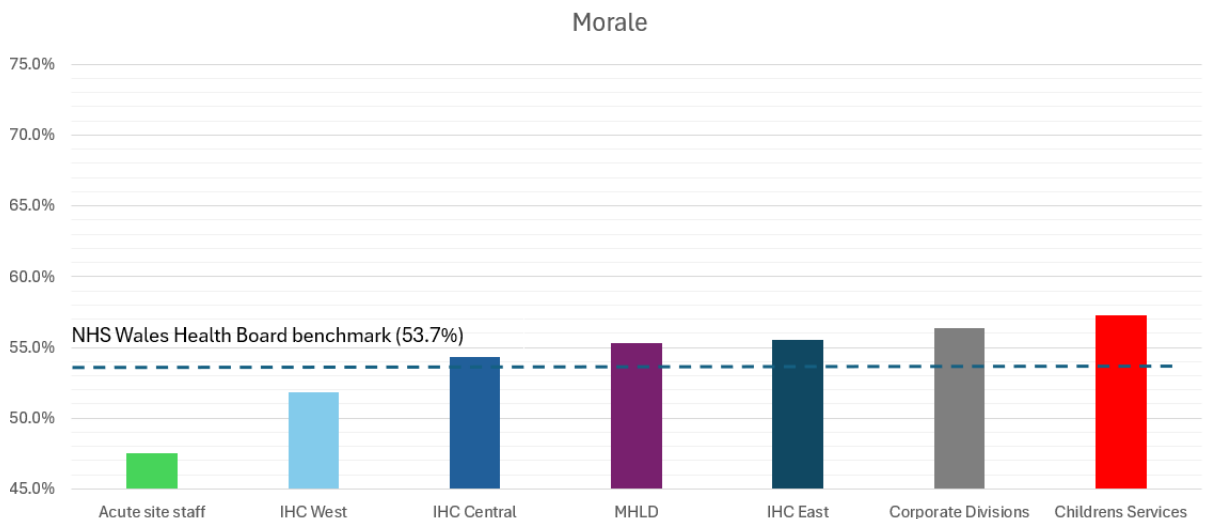
- We are the lowest scoring health board in the 'We are all able to speak up' theme
- 74.4% feel secure raising concerns about unsafe clinical practice (down 1.23pp on 2024 and just under the Wales HB avg. of 74.8%)
- 74.3% feel secure raising concerns about unethical behaviour (down 0.44pp from 2024; slightly under the Wales HB avg. of 75%)
- But only 52.3% feel safe to speak up about general concerns (a 2.36pp deterioration from 2024; 4.46pp below the Wales HB avg. of 56.7%)
- Only 36.7% feel that the organisation would address their concerns if they spoke up. This is a 0.61pp fall on our 2024 score; and is 5.67pp below the Wales HB avg. of 42.4%

Appendix 2

The graphs below show the performance against each of the ten survey themes of our biggest divisions, which are responsible for around 75 per cent of our staff. These are: acute site staff based at Ysbyty Gwynedd, Ysbyty Glan Clwyd and Wrexham Maelor Hospital; the three IHCs; MHLD; corporate divisions; and children’s services.

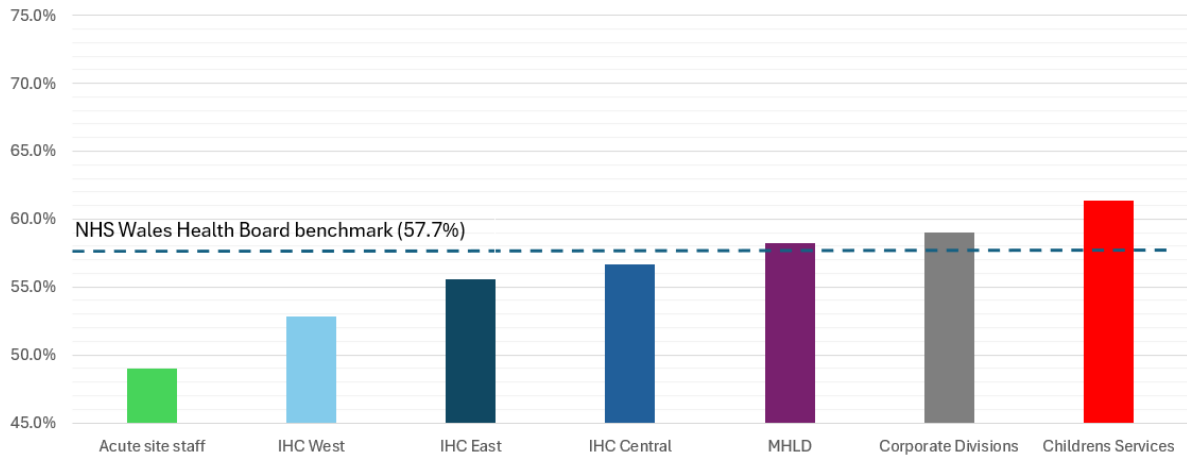
The broken blue line across each graph denotes the NHS Wales Health Board average, meaning that the bars exceeding this line are performing more positively than the NHS Wales Health Board average. The vertical y axis shows the positivity score achieved as a percentage of those who took part in the survey.

Although the positivity scores across each division vary depending on the survey theme, it is notable that generally, Children’s Services, Corporate Services and MHLD score more positively than IHC counterparts and generally some way higher than staff at acute sites. In several cases, they exceed the NHS Wales Health Board average.

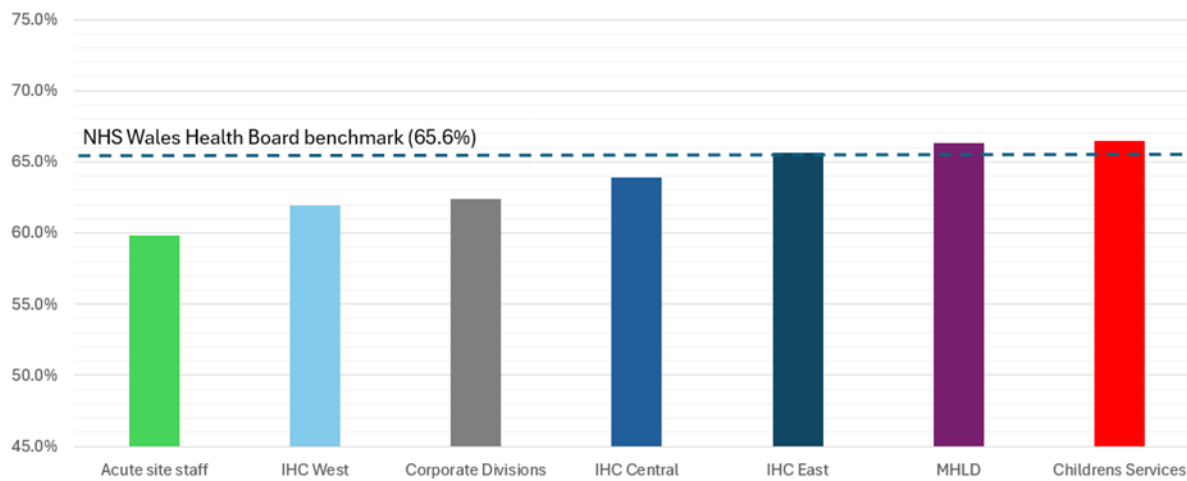




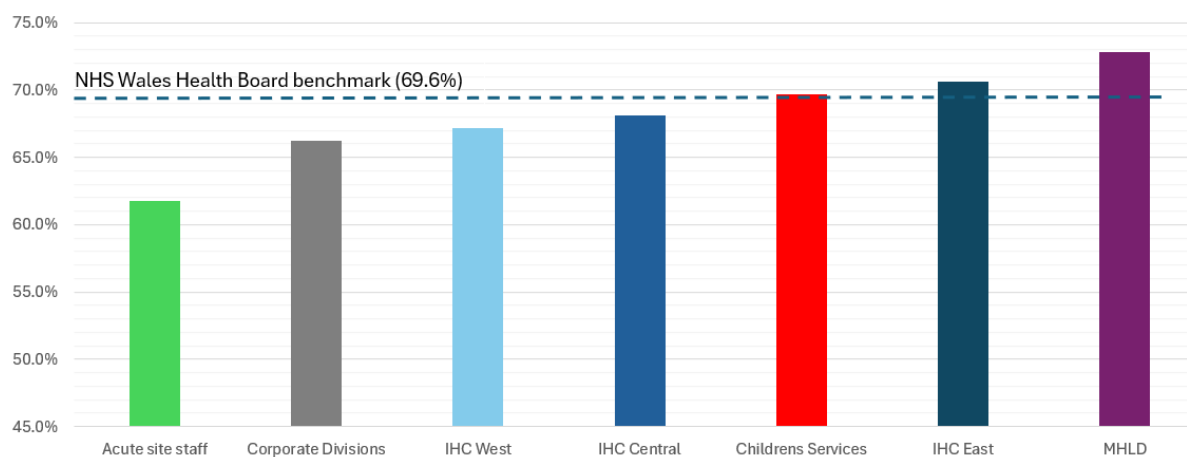
Staff engagement



We are all able to speak up

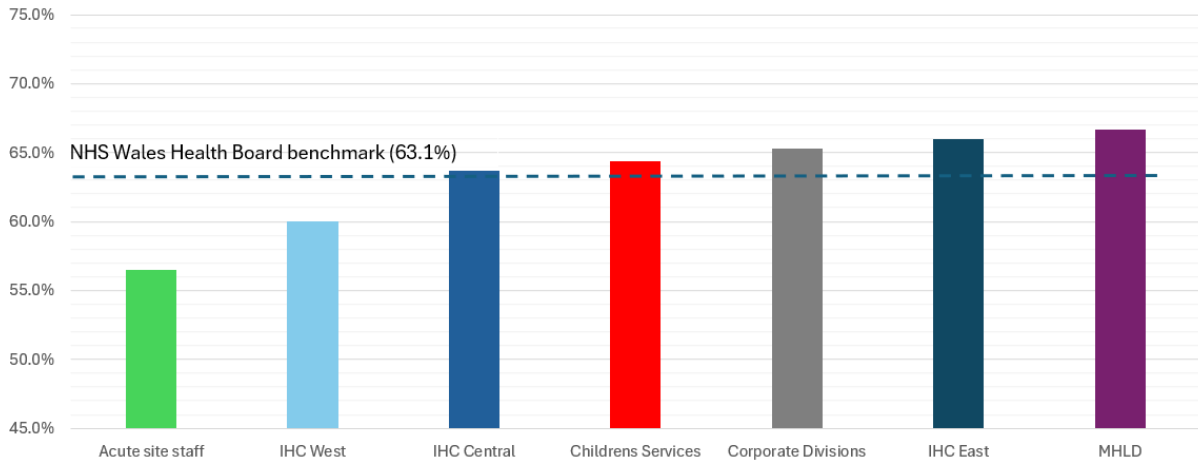


We are compassionate and inclusive

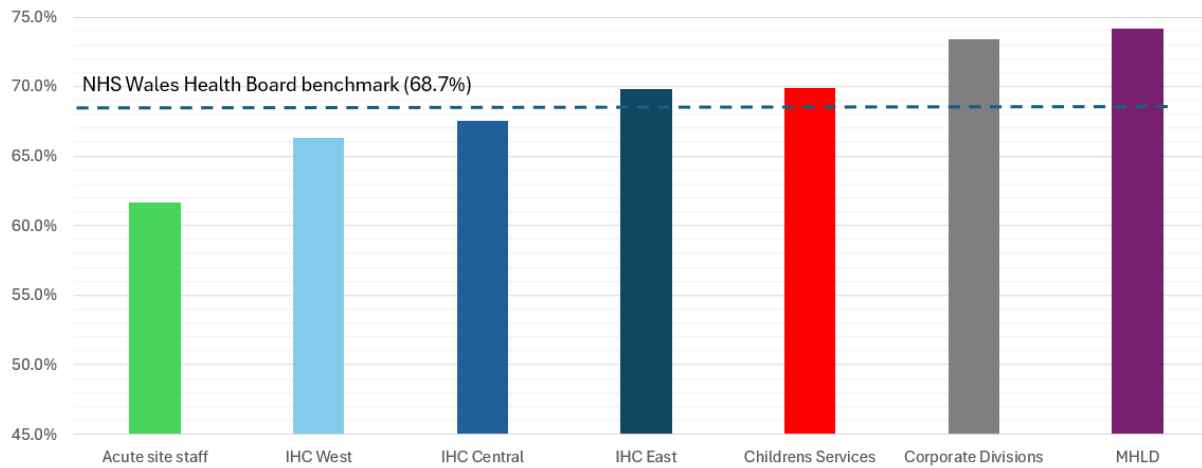




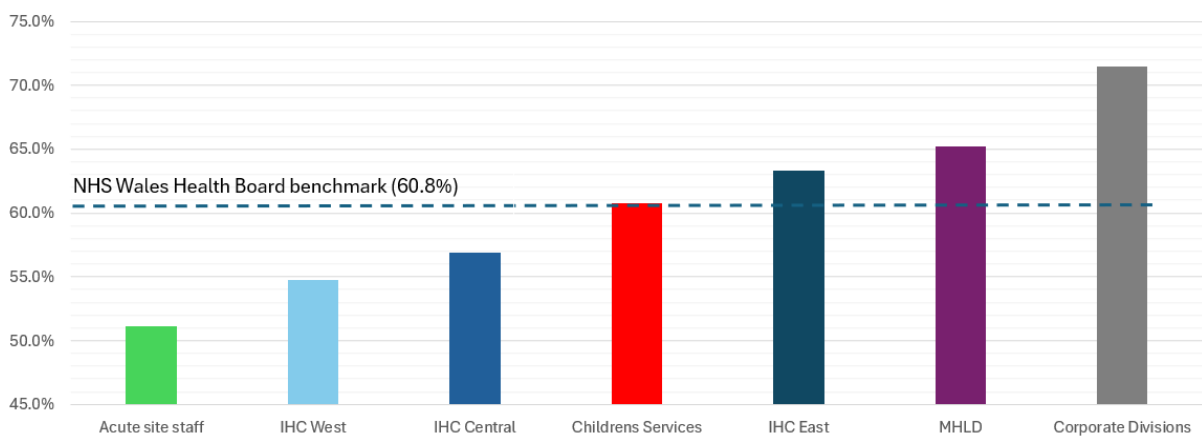
We are continuously learning and improving



We are stronger together

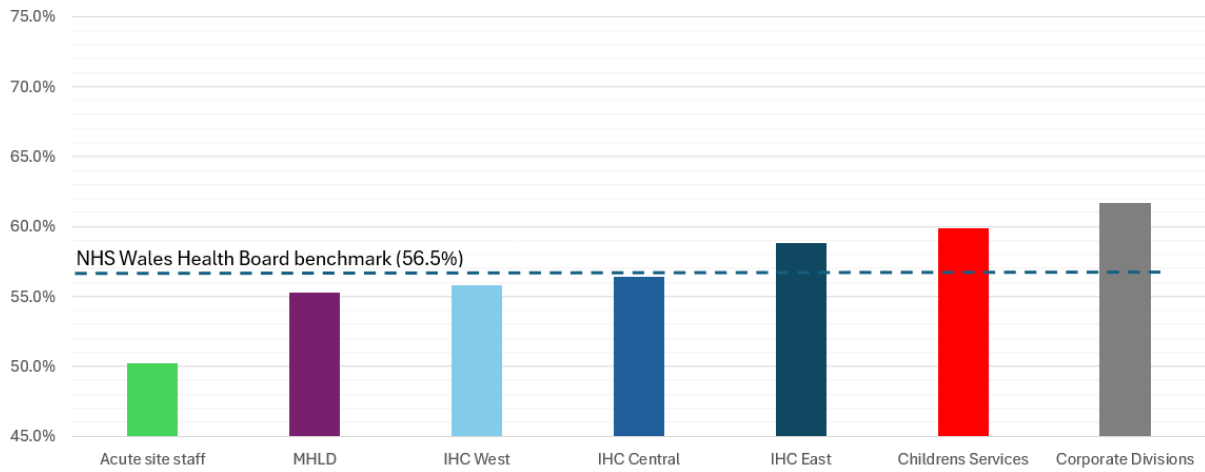


We champion flexible working

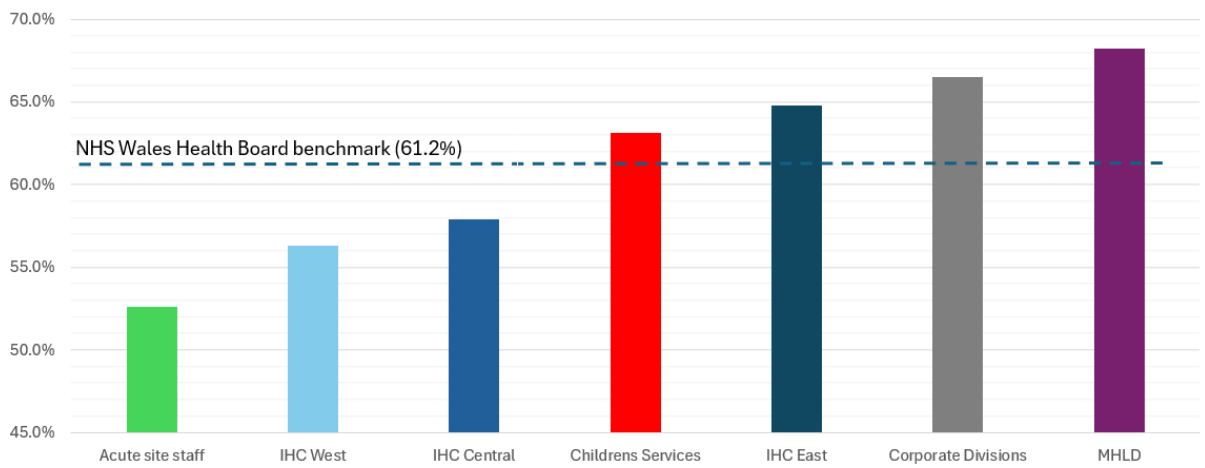









We nurture healthy working environments



We recognise everyone's contribution



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

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

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

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

Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	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

Local Partnership Forum

Progress Report: Foundations for the Future

Presented by: Georgina Roberts

05th May 2026



Trugaredd
Compassion



Agored
Openness



Parch
Respect

Foundations for the Future

To better meet the needs of the North Wales population through improving the effectiveness of the organisation



Key highlights delivered 2025/26

Strategy: Health Board approval of: Integrated Planning Framework (Nov 2025); Strategic Intent (Jan 2026); 10 year strategy Discovery phase completed; Clinical Services Plan (phase 1) early planning work around challenged services completed.

People: Integrated Leadership Development Framework in place; Delivery of Teamworking training plan and publication of resources on BetsiNet; Development of Strategic Workforce Planning Framework, utilising HEIW 6 step-model, competency & skills framework near completion for senior managers.

Culture: Culture Synthesis Report approved at November Board (2025); Values & Behaviour Framework (Board approval Nov 2024), with toolkit included in recruitment and workforce policies; Further development of PADR training, including talent management & succession planning; teamworking model (based on Affina) developed

Structures: Executive portfolio review completed; Design methodology completed with over 80 Design engagement sessions held (Apr-Oct 2025); early socialisation & further engagement with staff of proposed structure (Q4); strengthened clinical leadership model based on inter-professional working.

Processes: Health Board approval of: Integrated Planning Framework (Nov 2025); Risk Management Framework (Nov 2025); Integrated Performance Framework (Mar 2026); QMS framework in place, ongoing development & evaluation; SORD revised and will remain iterative during transition period; Decision-making framework under development to clarify, autonomy, accountability and level of authority

Focus for 2026/27

Structures: Consultation on structures **Q1**; Conclude the Design Phase, gaining formal approval to the delivery & implementation phase – **Q2**; Implement the first phase of the new Operating Model, completing the 2026/27 work plan - **Q3/4**; Finalise the Operating Model and Operational Governance frameworks **Q1**

Scope, Approach and High Level Outcomes

	Strategy	Culture	People	Structures	Processes
Effective Programme Wrap Around & Governance	BCU has a clear strategic intent for the short, medium and long term	The culture is compassionate with staff being engaged and empowered at all levels	Staff have clear roles and responsibilities and are supported to achieve common goals	The organisation structure enables effective delivery of our goals	Key business and people management processes are streamlined and standardised
Programme Engagement & Comms	Clearly defined mission (purpose), vision and values	High autonomy and accountability across all roles.	There is a clear, programme of training and development targeted at the skills required for success	A refreshed organisational structure delivers clarity of roles and responsibilities and is streamlined and standardised	Clear accountability and delegated decision-making at all levels
Defined, measured Outcomes & Benefits	BCU has a clear strategic intent for the short (Annual Plan), medium (IMTP and Clinical Services Plan) and longer term 10 year plan	Engagement is 'hard wired' throughout leadership and management structures to the front line	Remits, roles and accountabilities are clear	The structure will better enable us to meet the needs of North Wales population	Processes are flexible and support an agile organisation
	The Operating Model is revised to aid delivery of strategy	Staff feel enabled and confident	Skills gaps are known and development plans in place	The structure will support delivery of objectives	Risk management is clear and supports the organisation in innovation and delivery
	BCU has a clear, agreed, published Operating framework	Decisions are made as close to the patient as possible	Staff are equipped for their roles	Needs to be deliverable and value for money	Policies, guidelines and procedures are clear and process of implementation is understood
		BCU is a learning organisation	Talent/ succession planning is in place – there is room to grow		

Local Partnership Forum

People Services and Organisational Development (OD) Directorate Overview Report

Dyddiad y Cyfarfod Date of Meeting	05 May 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 functions:

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

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

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

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.

Presentations were received on the Culture and Leadership programme and the work being undertaken by the Culture Change Leaders.

Updates were provided on the All Wales HCSW agreement along with the implementation plan and proposed timescale. It was also noted that the ability for organisations to use PAAR rates has now ended.

The content of Pay Letter AfC(W) 02/2026 was noted. The revised pay scales for 2026/27 as set out in the pay circular apply from 1 April 2026 and are as follows:

- To increase the pay scales for bands by 3.3% on top of the pay scales
- The payment to the Living Wage Foundation rate as set out in AfC(W) 01/2026 was an advanced payment and therefore the percentage increase does not apply to those pay scales.
- To increase the sleeping and on call allowance by 3.3%.

A subgroup of the Workforce Partnership Group will be meeting to compile the Annual Social Partnership report on behalf of the Health Board.

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.

As at the end of March 2026 monthly sickness had decreased to 5.74 from the 6.93% although still above the 6.37% at the end of October. This is a significant increase on the 5.58% at the end of March 2025. Rolling absence is 6.09% also a slight increase on the 6.05 recorded for the previous year. The National target level for absence is 4.2% and BCUHB remains significantly above that level. As at the end of March 1305 staff were off sick of which 665 had been off work for more than 28 days. During the month of March 2565 staff returned from a period of sickness absence.

Absence attributable to stress, anxiety and depression continues to be the main reason for absence accounting for 29.8% of all sickness absence. 376 staff are currently off work for this reason alone.

Return to work discussions have only been recorded for 37.6% of staff absences. These are essential tools in the management of staff sickness. 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. 40 staff are currently off work due to benign and malignant tumours and cancers. 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 Trade Unions have made representation 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:

- Integrated Vaccination Service
- Conwy Flying Start
- Healthy School Team, hosted within the Public Health Directorate, TUPE to Gwynedd Local Authority
- PET Nuclear Science
- ECRS
- Schools In Reach
- Llandudno Orthopaedic Centre, including notifications to staff and the delays within the capital build.
- Foundations for the Future, including engagement with staff and proposed timescales.
- West Quality Matrons Roster

-
- Primary Care West Leg Ulcer Service
 - Change of base for the East IHC Dietetics Community Team
 - Restructure of the existing PALS & Complaints Services, realigning existing roles to develop a dedicated Peoples Experience Service (PES) and Patient Enquiry and Resolution Service (PEARS)
 - Changes to the Band 5 Health Improvement Practitioner role in the Public Health Directorate
 - Sexual Assault Referral Centre (SARC) Sexual Violence Advisor Contract Market Testing and Possible Workforce Implications
 - Neurodevelopment Eirias Park Relocation

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

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 54 live disciplinary cases at the end of March 2026. The last 12 months show a significantly increasing trend with an increase from 24 in the same period in the previous year. Currently, the most prevalent reason for cases is misconduct (18 cases), followed by inappropriate behaviour (14 cases), and 6 are recorded as other allegations.

There were 86 open Respect and Resolution cases as of 30th March 2026. Of these, 61 cases are recorded as grievances and 25 are recorded as harassment. This compares with a total of 38 Respect and Resolution cases in March 2025; 37 of which were grievances and 1 harassment case. 21 of the Respect and Resolution cases in March 2026 are being dealt with informally, compared with just 4 in March 2025. This is a result of improved recording as well as greater awareness of the effectiveness of informal resolution tools such as mediation and facilitated discussions. Working conditions is the most prevalent reason for Respect and Resolution cases (25 cases), 22 cases are recorded as other or blank, and 12 cases are in relation to policies and procedures.

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. Members of the People Services teams and Trade Union



partners attended the launch event at Venue Cymru to learn about the new approach and its implementation.

The table below reports the live disciplinary cases (Policy WP9) position on 31st March 2025.

IHC/Pan BCU/Support Service	12 weeks or less	13- 24 Weeks	24 weeks plus	Total
West	4	6	3	13
Centre	6	2	2	10
East	2	4	0	6
Pan BCU (CDIO, ICD Primary & Regional)	0	1	0	1
Mental Health & Learning Disabilities	3	3	2	8
Estates	1	3	0	4
Office of Medical Director	1	0	0	1
Womens	0	1	0	1
Diagnostic & Clinical Support Services	3	0	1	4
Other corporate	3	2	1	6
Total	23	22	9	54

Workforce Policies

Since the last LPF update, the Workforce Policy Group has been working closely with our Trade Union partners and colleagues across the Health Board to review, develop and agree a number of policies together.

The list below includes 3 Written and Control Documents (W&CD) that have been updated and are now live on BetsiNet. This includes newly created documents and those with minor amendments. NHS Employers have confirmed that NHS Wales documents remain extant; therefore, for the NHS Wales documents listed below, the review dates have been extended.

1. WP36 - Appendix A Flexi Diagram
2. WP14b - Special Leave Policy – Welsh Version
3. WP14b - Special Leave Policy

All Wales policies in development or under review

- All Wales Managing Attendance at Work Policy
- All Wales Relocation Policy

NHS Wales policies that have a go live date of April

- NHS Wales Improving Performance at Work – this will replace the Capability Policy
- NHS Wales Disciplinary Policy and Process

NHS Wales Policies that have been reviewed by NHS Employers with no changes made. These policies are listed below and are going through the BCU governance route

- WP38 NHS Wales Reserve Forces Training and Mobilisation Policy.
- WP40 All Wales Employment Break Scheme
- WP65 Organisational Change Policy

In partnership with the People Services Team and Trade Union and other subject matter experts the following W&CD are in the pipeline for development and will provide clear and concise guidance to BCU staff, as well as outlining compliance with relevant legislation or regulations;

- BCU Redeployment Policy
- BCU Redeployment Process (for the use by People Services only)
- Fixed Term Contract Policy
- Honorary Contracts Procedure
- OHW02 Staff Health and Wellbeing Guidelines
- WP33 Staff Mental Health Wellbeing Stress Management Procedure, Stress Risk Assessment and Wellness action plan
- WP8 - Equality Diversity and Human Rights Policy
- WP31 - Smoke Free Policy
- WP28a - Rostering Policy

The Organisational Development team are reviewing the following W&CD

- WP52 - Study Leave Policy - (Applies to all staff apart from Medical & Dental)
- WP54 - Study Leave Process (Applies to all staff apart from Medical & Dental)
- WP54 - Appendix 1 - Study Leave Application Form
- WP24c - PADR Form - V1

- WP24 - Performance Appraisal and Development Review (PADR) Policy for Agenda for Change Staff
- WP12 - Orientation Appendices
- WP12 - BCUHB Induction Procedure

The following Written and Control Documents have been retired and no longer live

- WP47 BCUHB Telephone Line Rental Procedure
- WP24b BCUHB Gateway Protocol for the NHS Knowledge and Skills Framework

WP47 Telephone Line Rental Procedure, removed from Policy Management System as phone calls can be claimed via e-expenses and the NHS Wales Travel & Subsistence Policy references telephone line rental. Data showed that no one had claimed line rental since early 2024.

WP24b BCUHB Gateway Protocol for the NHS Knowledge and Skills Framework colleagues in Organisational Development (OD) have confirmed that the PADR process must be used when progressing through pay points. This approach aligns closely with what is already outlined in the Pay Progression Policy, therefore the OD team confirmed that the Policy should no longer be available on the Policy management system.

Development of Supporting Documents and Guides

The Policy, Process and Compliance Team are leading on a range of workstreams to improve the development sessions for policy authors and key stakeholders to work together in updating Written and Control Documents. This is proving to be highly beneficial in creating the initial working draft before they are sent out for wider scrutiny.

The Policy, Process and Compliance team are working with Subject Matter Experts from Occupational Health, Organisational Development, Health, Safety and Wellbeing Teams Attendance to review the management standard documents which are linked to our policies (letters, how to guides, frequently asked questions). As they are completed and approved these documents will be available to managers and employees.

Our team are also exploring options to develop Artificial Intelligence agents, aimed to provide consistent front-line support and policy interpretation. LPF will be kept updated on progress on this.

Internal Standard Operating Procedures are being developed so that there is clear internal guidance to follow for those teams within the POD Structure. In addition, the Resourcing teams are developing operating procedures for

- Honorary Contracts SOP
- Social Media Posting including Welsh Language Requirement

- On Boarding SOP's for all other tasks undertaken

The Standard letters and SOP's will be available to all People and Organisational Development Team members to ensure that correct procedures are followed as well as correct standard letters ensuring that our values and behaviours are consistent.

The team have been working closely with colleagues on the Avoiding Harm task and Finish Group to develop standard documentation to support the new Disciplinary and Improving Work Performance Policy.

A small team which include colleagues from Organisational Development, Equalities, Occupational Health and Safety, together with members of the Policy, Process and Compliance Team have been reviewed and redrafted the supporting documents for the Managing Attendance at Work Policy as well as drafting new support documents for the Draft Relocation Policy, all these documents are awaiting approval from the Head of People Operations.

Key points to raise on People Policy Development

Work is on-going with the Office of the Medical Director and JLNC to review policies that are specifically Medical and Dental Polices which are listed below;

- MD10 Medical and Dental Staff Study Leave Policy
- MD11 Medical and professional leave policy
- MD13 Annual leave and special leave policy for Medical and Dental
- MD09 Medical and Dental Sabbatical Leave Policy

Following review and consultation the Annual Leave and Sabbatical Leave is now tabled on the JLNC agenda.

Job Evaluation Activity Update

As of 24 March 2026, the Job Evaluation (JE) team is actively processing 21 outstanding requests. These requests are at various stages within the process.

Current Position

Requests Awaiting First Panel

- 3 requests are waiting to be presented at their first panel.
- The JE team remains within the 4-week KPI, with no jobs exceeding the 4-week waiting period before reaching the first panel.

Requests returned with panel Queries

- 7 requests have been reviewed by at least one panel. These have been returned to management due to panel queries requiring additional information or clarification.

Requests not suitable for matching

- A batch of 11 job descriptions has been returned to managers as not suitable for matching. Further clarification or revised job descriptions are awaited before these can progress.

Job Evaluation Activity February 2026

25 requests received for processing during February 2026 (excludes track changes):

- 17 new vacant
- 8 Re-band / Review

Approvals Achieved during February 2026:

- 5 track change requests were approved
- 12 jobs approved at consistency checking

Failure to Agree

Under the new JE policy there is no *Failure to Agree* process. The outstanding failure to agree requests were submitted under the former process. If there are any instances of non-agreement between an employee and a manager regarding the duties being undertaken versus the JD of the post holder, under the new policy the escalation route is the Respect and Resolution Policy.

There are 5 legacy *Failure to Agree* processes that are in progress. Reasons for these include:

- Unable to agree to the content of JD
- Issues with Manager sign-off

Running KPI Table

The table below shows the volume of activity in the JE team. The team strive to ensure there are no JDs awaiting more than 4 weeks for job matching. IN some cases, a JD is reviewed and sent back to the manager with queries, these periods where a JD is returned to a manager are not counted in the overall KPI.

Month	Requests received (not including All Wales JD's)	Monthly backlog (excluding track changes)	Requests processed (not including All Wales JD's)	Requests > 4 weeks (excluding those in queries box)
Feb-26	25	28	12	0
Jan-26	15	17	6	0



Dec-25	7	7	4	0
Nov-25	6	4	9	0
Oct-25	4	6	11	0
Sep-25	8	8	9	0
Aug-25	9	17	17	0

Challenges affecting performance against KPIs include:

Whilst the team are currently meeting the 4-week KPI, earlier in 2025 there were higher numbers of delayed JDs. For the committee to note, delays are usually due to the following;

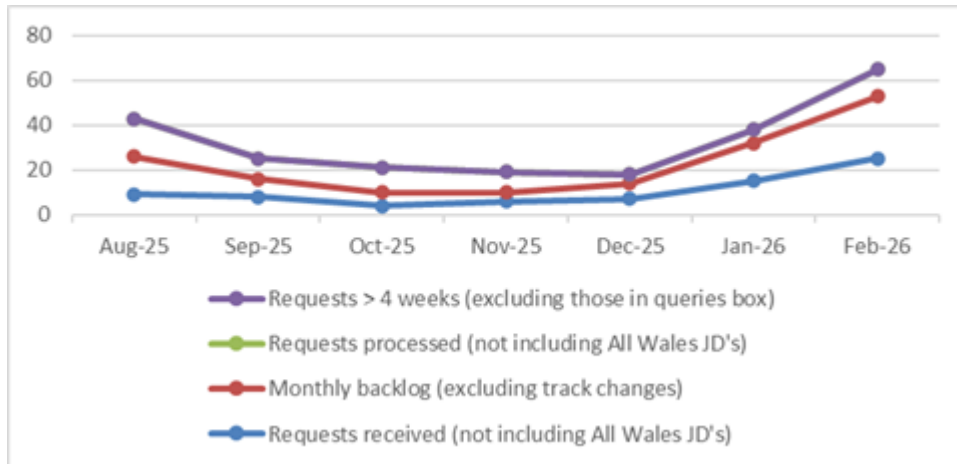
- When a panel has to be cancelled or cut short to only a half day, due to matcher availability/sickness absence.
- The same people cannot and will not sit on both the job matching panel, and consistency checking panel, for the same JD.
- Due to the standard of JDs being submitted our panels have been forced for ask for clarification and additional information, which adds to the matching time as the JDs are sent back to the submitting manager for updating.
- When a JD is sent back for clarification as a result of a consistency checking panel, even for a simple enquiry, it may take some time for the manager to respond and as a result the target could be breached.
- Full matching is taking approximately 4 weeks at present.

During February 2026:

The average number of days to process a request (excluding track changes): 20 days

The longest number of days to process a request (excluding those which had queries and went to numerous panels) 27 days

Average number of days to process a track change request: 4 days



Culture and Leadership Programme Update

Culture Change Leaders (CCLs)

The team have been attending local IHC/Divisional People & Culture meetings to provide updates on the Culture & Leadership Programme and to discuss how local teams can best support their Culture Change Leaders (CCLs). Cohort 2 of the CCL Induction Programme is progressing well, with positive feedback received. With the completion of Cohort 2, a further 76 CCLs have been inducted, bringing the total number across both cohorts to **163**. Cohort 3 will commence in July with **52** staff already signed up for the programme.

Culture Change Leaders Celebration Event

Arrangements are underway for the first CCL Celebration Event, scheduled for 29th April 2026. The event will highlight the achievements of our CCLs to date, their impact on culture change locally, and will include a keynote address from Professor Michael West.

National Interest & External Engagement

Our collaborative work with Professor Michael West and Health Education Improvement Wales (HEIW) to develop a case study of our Culture & Leadership journey continues to attract interest from other NHS organisations. Recent contacts include:

- The Director of Midwifery from Louth Hospitals, Ireland
- The Head of the new Centre for Compassionate Leadership at the RCN Foundation

Our progress is also cited in an article written by Professor Michael West for a Psychology Journal special edition, and we are participating in the national evaluation of Compassionate Leadership commissioned by HEIW.

Programme Development

The revised Three-Year Improvement Plan for Culture, Leadership & Engagement 2026-29 has been recently discussed at the Executive Team, more detailed actions will be identified by Executive leads prior to submission to People & Culture Committee for noting in June. Following this, the next stages of programme design and delivery will begin.

New Learning Resources

The new interactive core module, '**Culture at BCUHB**', has now launched. This module introduces the foundations of our Culture & Leadership Programme and supports the development of a Compassionate, Open and Respectful organisational culture.

Forthcoming Priorities

- Final arrangements for the CCL Celebration Event on 29 April.
- Continued collection of CCL case studies to showcase local cultural improvement work.
- Development of a culture “heat map” using culture dashboard data, patient feedback and staff survey outcomes to identify priority areas for the next cohort and wider interventions.
- Sharing of the near-final case study developed with Professor Michael West and HEIW.
- Attendance at the People Managers Forum to update on CCLs and future programme phases.
- Launch of Cohort 3 CCL Induction dates (Q2 2026/27).
- Correspondence to divisional SLTs outlining how they can work with and support CCLs locally.

Embedding the Values & Behaviours Framework

Work continues to integrate the Values & Behaviours Framework across our wider culture and leadership programmes. The Framework remains the foundation for all culture development and change activity. Our Socialisation and Embedding Plan is now 95% complete, with new opportunities for embedding being identified and addressed as implementation progresses.

Teams have highlighted the need for support in reinforcing the impact of everyday behaviours on team morale—particularly around respect and civility. In response, we have developed a short training package, '**The Ripple Effect**', which can be delivered locally. This aims to strengthen self-awareness and personal impact. Several teams have already requested sessions.

Recent Activity

People Managers Forum

- Over 100 managers attended the most recent Forum, where we raised awareness of tools available to support the embedding of the Framework.
- Managers completed the *Values Selfie* reflective activity, which generated positive discussion around personal impact.
- *The Ripple Effect* training package was formally launched at this event.

Partnership & Engagement

- Meeting held with the Executive Medical Director to explore embedding the Framework across Medical and Dental professions.
- Presented the Framework to student nurse forums across three sites to raise early professional awareness.
- Review underway of BetsiNet content to improve availability and usability of resources.

Forthcoming priorities

- Launch of the *Culture Health Assessment*, a new assessment tool aligned with the Values & Behaviours Framework (final draft complete).
- Continued collation of CCL case studies to showcase local embedding activity.
- Continued engagement with subject matter experts as we complete the remaining elements of the Socialisation & Embedding Plan.

Organisational Development Update

Leadership – Integrated Leadership Development Framework (ILDF)

Significant progress has been made in delivering a comprehensive, tiered leadership development offer across the organisation, with strong engagement, programme growth and positive early outcomes across all pathways.

Moel Famau – Learning to Lead and Manage

The entry level leadership programme continues to build momentum. Since launching in April 2025, 206 colleagues have enrolled, with 93 completions and 79 currently progressing. Eleven cohort dates for 2026/27 have been released, with 30 applications received to date. Participation spans Bands 3–8 across a wide range of departments. A full year-end evaluation (April 2025–March 2026) will be completed in April 26.

Mynydd Mawr – Fundamentals of Leadership & Management

This six-month programme for new managers and supervisors has seen 136 enrolments to date. Twenty-six colleagues have completed the programme and 86 are

currently progressing. The online pilot, launched in November 2025, has generated strong interest, with 40 applicants for the next cohort. A year-end review will be completed in April 26.

Cadair Idris – Clinical Leadership Immersive Programme (CLIP) – Pilot

- Cadair Idris introduces a strategically important level within the ILDF, aimed at strengthening compassionate, accountable and system wide clinical leadership. Collaboration with Powys Teaching Health Board enabled BCUHB to analyse their award winning CLIP model, informing a tailored pilot aligned to local needs.
- Two pilot cohorts (28 places across East and West) have been nominated.
- Facilitator training and operational readiness will be completed in Q1, with delivery beginning in May 2026.
- Evaluation will assess behavioural impact and alignment with ILDF expectations, informing future programme adoption.

Glyder Fawr – Advanced Clinical Leadership Programme

This HEIW funded programme for senior clinical leaders has completed its second delivery cycle (April 2025–March 2026), with 23 participants completing monthly development modules. Evaluation will take place in April 26.

Workshops

Since May 2025, 34 workshops have been delivered, with 274 staff completions and satisfaction scores consistently above 4.7/5. Sessions in Q3 included Conversations with Care, Compassionate Leadership and Coaching Approaches. Workshops will continue through Q4 with a full 2026/27 schedule in place.

People Managers Forum

The Forum continues to strengthen as a community of practice, with average monthly attendance of 115. Engagement has grown steadily throughout 2025. Plans for 2026/27 include widening reach and expanding specialist, expert led content aligned to organisational priorities.

Workforce Modernisation

Q4 2025/2026 Update

Work in Q4 continued to focus on delivery and expansion of the Widening Access Step into Work Programme. The programme provides structured pathways for individuals facing barriers to employment, supporting economically inactive adults, those experiencing in work poverty and individuals with complex challenges.

Programme Areas

- **Supported Internships:** Yearlong rotational placements for interns with a learning disability or autism.

- **Adult Volunteer Programme:** Front loaded training and a six week unpaid placement (minimum 16 hours/week), leading to bank workforce recruitment.
- **Apprenticeships:** Continued expansion of apprenticeship opportunities to support future workforce sustainability.
- **Supported Shared Apprenticeships:** Tailored model enabling access for individuals unable to engage in traditional apprenticeship pathways.

Key Outcomes to Date

- 544 job opportunities created
- 138 staff undertaking apprenticeship frameworks
- 31 employed apprentices within BCUHB
- 11 Supported Shared Apprentices recruited; 6 progressed into employment
- 74% of Supported Internship graduates securing employment (vs 10% regional benchmark)

Q1 2026/2027 Priorities

- Establish new DFN Project SEARCH site at Wrexham Maelor Hospital (Sept 2026)
- Recruit and coordinate Supported Internship cohorts across the three sites
- Deliver graduation events and launch an Alumni Network
- Deliver bimonthly Adult Volunteer mentoring circles (April and June)
- Increase HCA apprenticeship opportunities through collaboration with Matrons

Mandatory Training & Corporate Induction

Mandatory Training compliance for February 2026 remains above the 85% baseline requirement:

- Level 1: 90.9%
- Level 2: 87.9%

A slight decline is consistent with seasonal patterns.

A Welsh Government–commissioned NHS Wales review of statutory and mandatory training requirements is underway. BCUHB has paused additional mandatory training activity pending national recommendations.

All Wales work is also considering whether statutory and mandatory training should be included within the protected 52 hours of CPD for registrants. BCUHB has contributed through a task and finish group reviewing local requirements to support informed national decision making.

Corporate Induction

The Corporate Induction Handbook, Checklist and Line Manager Guide have been refreshed following collaborative development with colleagues across BCUHB and formally approved for use.

During 2025, the Corporate Induction Team supported 979 new starters through virtual induction. Feedback remains positive overall. A recurring concern relates to delayed induction bookings, resulting in reduced relevance for some attendees. The KPI remains completion within the first 12 weeks.

Specialist Organisational Development (SpOD)

Team Update

The SpOD team comprises 1.9 WTE permanent resource supported by bank capacity. Recruitment to two vacant Band 7 Senior OD Practitioner posts is planned for April 2026.

Activity

- Ongoing POD meetings across West, Central and Pan BCUHB, with expansion to East planned.
- Development of a draft SpOD service model, outlining referral criteria and key elements of the offer.
- Continued consultation with senior leaders and PBPs, with consideration of a structured “consultation clinic.”
- Creation of Foundations For The Future (FFTF) aligned Team Working Journey resources and a Team Working Review diagnostic based on Professor Michael West’s high performing team research.
- Direct intervention work with teams experiencing complex relational, operational or systemic challenges. Prioritisation criteria are being developed to align work with organisational priorities, including IMTP identified challenged service areas.

Q1 Priorities

- Recruit to Band 7 OD Practitioner post.
- Develop a tiered OD support model
- Progress development of SpOD impact evaluation
- Continue support to FFTF affected teams
- Maintain consultation and direct intervention activity

Retention

BCUHB’s retention programme continues to advance in line with Welsh Government and HEIW priorities, taking a whole system approach that integrates compassionate leadership, culture, wellbeing, CPD and career progression.

Year 1 Achievements

-
- Implementation of HEIW Nurse Retention Self-Assessment Tool
 - Development of BCUHB Nurse Retention Plan
 - Engagement across MH&LD via Staff Voice and surveys
 - Establishment of the All Wales Retention Community of Practice
 - Development of retention dashboards aligned to ESR BI and HEIW national metrics
 - Strengthening of exit interviews, flexible working and stay conversation processes
 - Enhanced understanding of turnover drivers

Year 2 25/26 Priorities Delivered

- Completion of Retention Framework and Guidance
- Development of national and local retention plans
- Detailed attrition analysis by staff group
- Development of retention toolkit
- Business continuity planning

Year 3 26/27 Focus

- Alignment with wider Talent Management activity within BCUHB.

Retention Data – February 2026

- Retention rate: 91.4% (2025: 90.7%; 2024: 90.0%)
- Turnover: 7.1% (2025: 7.9%)
- 1296 leavers in year; 773 avoidable
- Nursing & Midwifery turnover: 5.2%
- Estates & Ancillary turnover: 11.3%

Programme Impact 2024-2026

- Improvements across recruitment, induction, supervision, development, wellbeing, flexible working and exit/stay processes
- Enhanced insight through dashboard and toolkit development
- Significant progress in Nursing & Midwifery and MH&LD through targeted interventions
- Updated Exit Interview Policy embedding early intervention stay conversations
- Emerging financial benefits linked to reduced turnover and decreased reliance on temporary staffing

A national evaluation led by HEIW will take place in Q1 2026/2027.

Talent Management – PADR Refresh Update

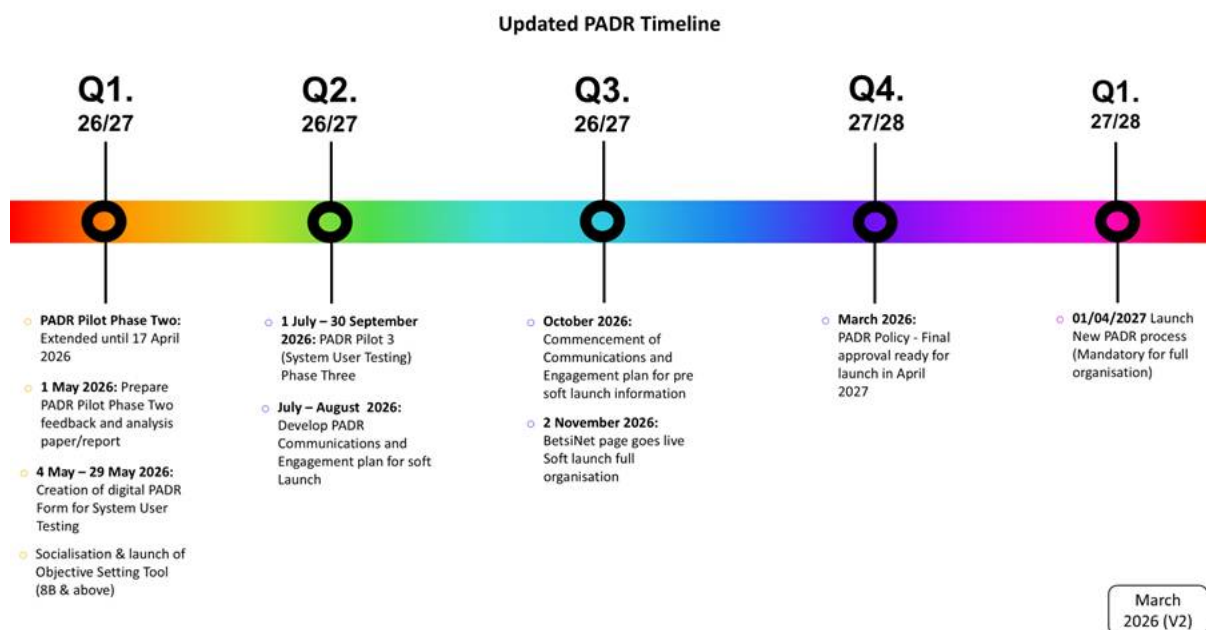
<u>Q4</u>	<u>2025/2026</u>	<u>Priorities</u>	<u>Delivered</u>
Pilot Phase 1 has been completed. Participant feedback has been reviewed and			

incorporated into further refinements of the process, along with enhancements to the supporting documentation.

Pilot Phase 2, running from 2 February to 17 April 2026, is focused on testing the design of the paperwork and identifying any formatting or layout issues. This phase aims to gather detailed insight from staff and supervisors/managers on the content and practical application of the revised PADR process. Areas of particular interest include preparation requirements, timescales for supervisors/managers to receive completed forms, the flow and quality of the PADR conversation, and the overall time taken to complete the process.

Q1 2026/2027 Focus

- Thematic analysis and review of Pilot Phase 2 feedback
- Creation of digital PADR forms in preparation for system user testing
- Socialisation and launch of the Objective Setting Tool for colleagues at Band 8B and above



Speaking Up Safely (SUS)

Lead Guardian Annual Report

The Lead Guardian Annual Report provides an overview of speaking up cases raised with the Speak Up Safely Multi-Disciplinary Team (MDT) throughout 2025. The report aims to highlight emerging trends, cultural insights, and opportunities to strengthen the speaking up environment across BCUHB.

Key Findings

1. Routes Used to Raise Concerns

During 2025, concerns were received through the following channels:

- *Working in Confidence* anonymous platform – **58%**
- Guardian inbox – **33%**
- Guardian telephone calls – **5%**
- Guardian face-to-face conversations – **4%**

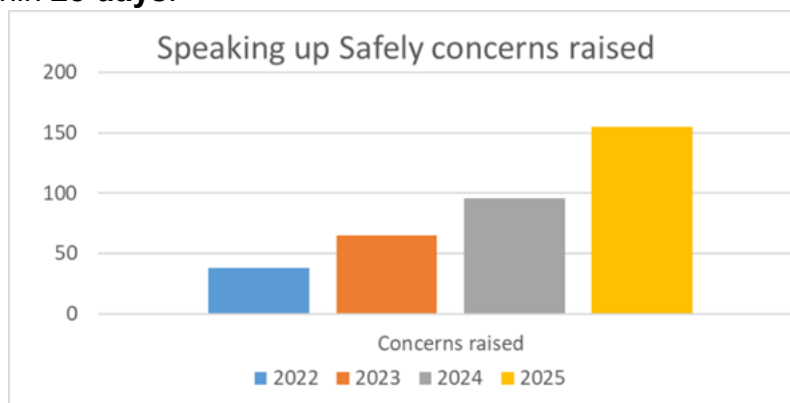
Data Source: Working in Confidence Platform, January 2026

While routes remain consistent with 2024, the Lead Guardian notes an increase in staff voluntarily removing anonymity, with more individuals opting to transition from anonymous messages to confidential discussions.

2. Increase in Speak Up Cases

2025 recorded the highest number of cases since the programme began in June 2021, representing a **17% increase** on 2024. Case response times have also improved, with the average closure time within the *Working in Confidence* platform reducing from **78 days (2024)** to **56 days (2025)**—a **28% improvement**.

The Welsh Government framework (2023) recommends communicating outcomes within **28 days**.



Data Source: Working in Confidence Platform, January 2026

3. Platform

Registrations

Staff registrations on the *Working in Confidence* platform increased by **177**, meaning just over **2.5%** of BCUHB staff are now registered users. Speaking Up Safely content continues to be delivered at corporate induction, with a broader communications rollout planned from April 2026 to further raise awareness.



Data Source: Working in Confidence Platform, January 2026

4. **Most Reported Theme**
“Leadership and Management Issues” remained the most frequently reported category for the fourth consecutive year, accounting for **21%** of concerns.
5. **Barriers to Speaking Up**
 Thematic analysis of narrative comments indicates that fear of detriment and a belief that raising concerns will not lead to meaningful change remain significant barriers, deterring staff from using direct reporting routes.
6. **Impact of Lengthy Processes**
 Extended investigations continue to cause anxiety for staff, contributing to reduced wellbeing—particularly when feedback or final outcomes are delayed.
7. **Workplace Relationships**
 Concerns relating to communication breakdowns, conflict and deteriorating relationships with colleagues or line managers highlight the presence of strained or irreparable working relationships that negatively affect organisational culture.
8. **Bullying & Harassment**
 Concerns relating to **Bullying and Harassment (20%)** increased by **3%** in 2025, making this the second most reported issue raised with the Speak Up Safely MDT.
9. **Compassionate Leadership**
 Staff report a perceived lack of compassionate responses from line managers and senior leaders, reinforcing feelings that “nothing will change” when concerns are raised.
10. **Patient Safety/Quality Concerns**
 Concerns relating to Patient Safety and Quality decreased by **4%** during 2025. While this reflects positive progress, the data also demonstrates ongoing challenges requiring collaborative leadership and a strong system-wide commitment.

Priorities for 2026

- Continued implementation of the Welsh Government *Speaking Up Safely* (2023) framework, including further embedding of the Speak Up Safely Guardian role and ongoing recruitment of Workplace SUS Champions.

- Implementation of the revised referral process, approved by the Assistant Director of People Services in December 2025. Rollout will begin in April 2026, improving the ability to correlate and analyse themes arising through the *Working in Confidence* platform.
- Ongoing collaboration and alignment across the Welsh Speaking Up Safely Networks, building on the success of the All-Wales *Learning Exchange Group*. Key priorities include developing training resources and creating a Maturity Matrix to assess progress against the national framework.
- Continued promotion of psychological safety across the organisation by modelling openness, transparency and responsiveness, and strengthening compassionate leadership as a core component of the Speaking Up Safely approach.

Data Source: Working in Confidence Platform, January 2026

Employee Engagement

Strategic approach

A report outlining our developing strategic approach to staff engagement and experience went to the Board in March 2026. The strategic intent outlined in the report was supported by the Board.

It detailed creating a supportive, compassionate culture, promoting clear and open communication, engaged line managers, empowering staff to have a voice and using feedback to adapt.

These are all actions which are being addressed as part of the Culture, Leadership and Engagement Programme improvement plan 2026-2029. They are also key considerations of the Foundations for the Future Programme to improve the way we work together across the organisation.

Listening to employees

A report on the findings of the NHS Wales Staff Survey 2025 and next steps will be presented to the Forum at the meeting on 5th May 2026 and to the Board at the end of May.

Rewarding and recognising staff

Bolstering a positive workplace culture of appreciation that contributes to staff engagement and ultimately to job satisfaction is something we have focused on over the past few months. This is a core component of our efforts to deliver a better culture, leadership and engagement.

Staff Achievement Awards

Nominations for the annual Staff Achievement Awards opened on Wednesday 11th March and will close at the end of April.

A new category has been introduced for 2026 to recognise the Unsung Heroes of the Health Board. This category is in recognition of those working diligently behind the scenes to make a real difference to patient care or their colleagues. These are hidden gems working to make a huge difference out of the spotlight. It celebrates those colleagues who are sorely missed when they're not around but who might shy away from the limelight.

Two other categories have also been broadened in order to increase the pool of nominations they attract. These are:

Voluntary Contribution Award – this builds on our former Volunteer Award to better reflect the efforts of our staff and volunteers.

Compassion and Inclusion Award – the former Diversity, Equality and Inclusion Award has been updated to better represent our organisational values.

To date, **xxx** nominations have been received. We are hoping to exceed the record 450 nominations received last year.

We have also devised a new approach to the judging process for 2026, involving colleagues from across the organisation.

Last year, almost 90 per cent of the cost of the event was covered by sponsorship, ticket sales and NHS Charities Together funding and the work on securing sponsorship from Health Board partners and suppliers in order to make the event possible has already begun.

Long service recognition

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

The task and finish group was established early this year to agree a way forward for a future organisational approach to long service recognition that is meaningful, equitable and sustainable. In true social partnership this group was formed by Health Board leaders and trade union partners.

The Group's areas of focus include:

- career milestones to be recognised;
- eligibility criteria;
- automation of process;
- consideration of ongoing funding including charitable funding and sponsorship from external partners;
- a long service recognition offer recommendation;
- timeline for introduction of any new approach; and
- consideration of how any new process aligns with the Health Board's wider reward and recognition offer.

The group will report to the Executive Team and the Board's People and Culture Committee in June with recommendations.

Reviewing our staff benefits offer

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

We are undertaking work to review and improve the staff benefits package for BCUHB staff and have been exploring what some other leading NHS employers offer in this

regard. This includes investigating access to other benefits such as leisure and shopping discounts for staff.

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

Equality and Human Rights Workforce Update

This update provides an overview of workforce related Equality activities and progress to date.

Key EDI Strategy

Strategic Equality Objectives and Action Plan (SEP) Achieving Equity: Strategic Equality Plan 2024-2028

The Health Board is now in the second year of the action plan. The update focuses on Year two, Quarter three progress, as well as upcoming year three developments and actions.

Key Drivers within the Strategic Equality Action Plan are:

- Welsh Government Anti-racist Wales Action Plan
- Welsh Government LGBTQ+ Action Plan
- Code of Practice for Autism Services
- Welsh Government Women's Plan

Workforce Race Equality Standard Update

In 2025, work began to explore the expansion of the Workforce Race Equality Standard (WRES) to include Disability (following the English model). Welsh Government, in line with recommendations following a desk-based literature review and stakeholder engagement, wanted to expand this to include wider protected characteristics.

During this scoping the proposed Workforce Equality Standards (WES) themes were identified:

1. Leadership and Representation
2. CPD & Training
3. Disciplinary and Capability
4. Bullying, Harassment and Discrimination
5. Wellbeing

The WES will include the nine protected characteristics under the Equality Act 2010, with the additional areas of

- Menopause
- Unpaid carers
- Zero-Hour Contracts (Bank Workers)
- Socio-economic Background.

In March Health Board ESR teams were asked to submit data in all these areas to HEIW to support Welsh Government with the development of the first WES report, which will be published in June/July 2026. This will supersede the WRES report and recommendations that the Health Board has been reporting progress against for the past two years.

In addition, the bi-annual Welsh Government reporting template in relation to the Health Boards Strategic Equality Objectives has been amended into a Matrix reporting template that is being trailed in April 2026. This will include the need to report against progress for the WES.

Therefore, the established Health Boards WRES Task and Finish Group has adapted to be the WES task and finish group. With an action plan to be developed following the publication of the first WES report in June/July.

Review of EDI Data Dashboard

One of the key areas of focus will be the review of the current EDI Dashboard to incorporate the additional areas identified in the WES. This will allow for Health Board to gain a better understanding of the gaps, barriers and areas of priority, based on intersectional data. Leading to a more focused strategic improvement plan, which will form a key part of the Development Plan, required alongside the evidence of self-assessment with the Welsh Government Matrix reporting.

Revised and New Areas

All Wales Accessible Communication and Information Standards and BSL Wales Act

At the last meeting, information on the new standard was shared. Since then the BSL Wales Bill was passed by the Senedd on the 11th March. The Bill is expected to gain Royal Assent in April 2026. This will require Health Boards to develop BSL action plans as well as other support for Deaf patients, their families and the BSL using community. A paper was presented to the Executive Team in April, with a request for a more detailed update once confirmed regarding the outcomes for the Act.

Disabled People's Rights Plan 2025-2035.

In December 2025, the Welsh Government published the Disabled People's Rights Plan 2025-2035. The plan aims to set out actions to improve the rights of disabled people living in Wales. The plan was developed following the establishment of a Disabled Persons Task and Finish Group and a public consultation. As a result of the publication of this plan, the equality team will be working closely with members of our RespectAbility Staff network, external stakeholders and partners to develop an action plan for the Health Board. This work has already been identified in year 3 of the Strategic Equality Objectives and Action Plan 2024-2028.

Progress updates Strategic Equality Objectives and Plan.

As we have just completed the end of year two of the plan, a full review of progress will be provided at the next meeting.

Year 2, quarter 3/4.

- Over 100 staff attended virtual and face to face Incel Awareness Training
- Establishment of BCUHB WRES Task and Finish Group
- Appointment of Culture, Education and Training Lead – development of cultural competence training underway.
- LGBTQ+ Health Fair – 100 people attended
- Secured funding for Ethnic Minority Health Fair and established Planning group with 50% representation from Ethnic Minority community - 80+ people attended the workshop. With over 200 people visiting the information stalls on site. Specific recruitment support workshops were provided.
- Developed and rolled out Recruitment Support focused for Ethnic Minority staff members.
- Publish Pay reports on Gender, Race and Disability
- Establishment of Accessible Communication Standards Implementation Group
- All Wales Equality and Human Rights web resource launched
- International Day of Disabled People online webinar held – 146 people attended
- Co-produced Gender Inclusive Language Toolkit published on the intranet to support staff.

Education and training Offer

Over recent months, the team have delivered a broad range of equality-focused education and training initiatives across the organisation.

- This has included both online and on-site Active Bystander training, through which more than 300 Estates and Facilities colleagues have been engaged, alongside several virtual sessions open to all staff.
- We have also delivered the “Supporting You to Succeed” programme, designed to support colleagues from minority backgrounds in navigating the NHS job application and interview process.
- In addition, we have delivered equality modules for nursing students at both Bangor University and Wrexham University, strengthening early-career awareness and capability in inclusive practice. We are also currently in the consultation phase of developing a co-produced Cultural Competency training offer, ensuring it is shaped by lived experience, best practice, and the diverse perspectives of our workforce.
- Funding secured for 300 spaces for staff to attend Deaf Awareness and BSL training – rolling out from April 2026.
- In year 3 of our Strategic Equality Action Plan we are developing our EDI training offer to include:
 - Culturally Competent/Sensitive focused training
 - Face to Face Anti-racist training (Working beyond the current e-learning package)
 - Supporting reasonable adjustments for managers and staff
 - Incel – Impact of Extreme Misogyny

Sexual Safety Policy and Pledge

The equality team have been integral to the development of the NHS Wales Anti-Sexual Harassment policy and Principles of Sexual Safety for NHS Wales work. Establishing our own Task and Finish group in February last year and rolling out training for staff, in partnership with Women's Aid and Live Fear Free in the last month over 100 staff have completed the training.

WP32, the All Wales Anti-sexual Harassment Policy was approved at EPOG on 23rd October and is now available for use.

Celebrating 25 Years of our Filipino Staff.

The first of March this year marks 25 years since the first Filipino Staff arrived in North Wales. In April last year the Equality Team were successful in bidding for funding to support the celebration of this milestone. Working closely with leads from the three main sites, two celebration evening have been arranged for staff. The Health Boards Chair will present a token of appreciation to all 87 Filipino staff members that will be celebrating 25 years of loyalty and dedication to the people of North Wales. The equality team carried out several interviews with Filipino staff to share their experiences as well as staff that were involved in the recruitment 25 years ago. You can find the video's here. [Celebrating 25 years of Filipino Staff in North Wales](#)

Staff Wellbeing Support Services Update

The Staff Psychology Service continues to operate under significantly reduced capacity. Following advertisement for two 8b Practitioner Psychologists, we have recruited to 1.6WTE with start dates for these two practitioners in May and July. There is 0.4WTE additional budget that will go to advert shortly, and a 1.0WTE 8a post that is on hold within DMT.

There continues to be limited 1:1 psychological support available to staff, with staff who require this input being directed to external agencies or to the staff counselling service within Occupational Health in the main. We are aware that there is significant clinical need which is not currently being met, however are unable to meet this need until we are adequately staffed.

Since the start of this year, 24 individual psychology sessions have been offered to staff. The main difficulty reported was psychological distress whilst going through the Respect and Resolution process, from both sides of the process. The second most reported difficulty was psychological trauma impacting ability to engage in work. At present due to staffing constraints, staff are offered a maximum of three sessions of psychological formulation and intervention.

I was really struggling before my sessions but even though it was just three sessions, it has given me an insight into the how beneficial psychologists are and the positive impact the profession has on individuals struggling.

I found the first session very uplifting. I was reassured that my emotional responses are both normal and understandable, and I was given helpful strategies to support my progress. I'm very grateful to have been made aware of this service.

Wonderful service, very helpful, very friendly, I felt listened to which feels so supportive when you are speaking about sensitive and uncomfortable information. I was given a lot of support and felt happy and positive.

The Service has also 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. So far:

- The Professional Nurse Advocate team within community settings have requested reflective practice sessions, to better allow them to support their staff. Five sessions have now occurred. Qualitative feedback has been positive.
- A pilot project encompassing People Services employees within West and PAN areas is set to start shortly, to provide reflective space to allow for processing of challenging HR-related work.
- Reflective spaces for Speak up Safely guardians are ongoing.

Following recruitment of further Practitioner Psychologists, a strategy document will be produced for the Staff Wellbeing Psychology Service to outline our aims for the next year.

A further area for development within the service is the Schwartz Round programme. Schwartz Rounds provide a structured forum where all staff can come together regularly to discuss the emotional and social aspects of working in healthcare and aim to normalise the emotional impact of this. BCUHB is one of five Health Boards in Wales currently running Schwartz Rounds. The Rounds are thought of highly by staff who attend, with 99% of staff advising that they would recommend Schwartz Rounds to colleagues and 96% reporting that attending the Rounds helps them work better with colleagues.

I thought the Round was insightful and supportive. The discussions felt honest and meaningful, and it was a valuable space for reflection.

Great speakers. It takes courage to share such personal journeys and thank you for enabling us to be part of this.

Occupational Health & Wellbeing

This has been another challenging year for the service, in particular for counselling services, who have seen an exponential rise in referrals to the service, partly as a result of the loss of the external support from RCS and also the staffing difficulties within “The staff welfare and support service” (SWSS) which have now been addressed.

The staff Counselling service have been working closely with the SWSS in developing a new pathway for staff who may require a higher level of psychological support to access services going forward, the fact that both services now come under the same leadership has accelerated that progress.

There have been significant variations and increased demand in terms of management referrals which are highlighted below, interestingly when the service was first measured, referrals into the service in 2013 measured just 1897, this year they totalled over 4000 with no significant increase in staffing.

As the financial year ends the service are subject to a further comprehensive accreditation audit from the Royal College of Physicians, Faculty of Occupational Medicine, an audit which examines the full range of activities undertaken by the service and which mirror’s the “JAG” audit from the same organisation for endoscopy services. Appendices attached to this end of year Q4 report also 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.

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. Our approach focuses on:

- **Enhancing Standards:** Continuous improvement to maintain excellence in service delivery and patient safety.
- **Collaborative Partnerships:** Working closely with NHS, Social Care, and Voluntary and Community Sector partners to maximise impact through joint strategic initiatives.
- **Workforce Development:** Prioritising staff wellbeing and professional growth by leveraging shared expertise, building capacity, and investing in skills to accelerate progress and improve health outcomes.

Our Strategic Aim.

To Deliver consistently high-quality, efficient, and accessible Occupational Health care across all BCUHB hospital and community sites.

Key Objectives

1. Enhance Service Standards

- Ensure safe, effective, and equitable care.
 - Continuously improve processes to maintain excellence in service delivery.
- 2. Strengthen Collaborative Partnerships**
- Work with NHS, Social Care, and Voluntary and Community Sector partners.
 - Implement joint strategic initiatives to maximise impact and improve health outcomes.
- 3. Invest in Workforce Development**
- Prioritise staff wellbeing and professional growth.
 - Build capacity, share expertise, and develop skills to accelerate progress.
- 4. Build strategic Occupational Health provision in public services & Healthcare across North Wales**
- Building income to support BCUHB services
 - Ensuring equitable access across the public sector to OH services

Continue to enhance standards to ensure that services are consistently high in quality, delivered efficiently, and accessible to all—guaranteeing the provision of safe and high-quality care across community and main BCUHB Hospital sites.

Prioritise the development and wellbeing of our workforce by leveraging shared expertise and resources to build capacity, invest in skills, and accelerate progress in delivering improved health outcomes.

Highlights

Following a substantial increase in referrals into the service throughout the year in Q4: the service introduced agency Specialist Practitioners and increased doctor's days on the bank which reduced the waiting time for manager referral appointments to 2–3 weeks, bringing this service closer to KPI targets as can be seen by the graphs below.

Changes in prescribing rules had meant that all TB immunisation had to be authorised by a Doctor however the service addressed this issue with the introduction of a nurse prescriber. The nurse prescriber continues to significantly reduce waiting times for Mantoux clinics, ensuring consistent service delivery across the organisation through the timely clearance of pre-employment assessments.

Significantly the BCUHB Flu uptake over the last year exceeded the percentage uptake in the other Welsh health boards with OH working in partnership with the IVS. The Wellbeing service have supported a number of interventions to support areas where there are high absence levels and to support staff in need with a number of interventions described below.

Lowlights

In the last quarter A small number of staff resigned for development and personal reasons and are currently working their notice periods. Although two have returned to

work bank shifts, emphasizing the low turnover rates of staff within the service which continues. This may however, temporarily impact Occupational Health service delivery, given the time required for recruitment and the training of new team members into the new financial year.

In Mid year demand for management referral support outstripped capacity resulting in the failure to meet KPI's in relation to timely intervention, this has now been addressed above.

Despite a decrease in waiting times staff may wait for three to four months to access staff counselling reflecting a continued lack of capacity, the purpose of in house services is to support individuals to remain in work or to return to work using the principle of timely intervention, this delay remains a barrier to staff support going forward despite repeatedly being raised as an issue and the use of alternative support listed below

Activity

Health Surveillance

Overview

During this reporting period, statutory health surveillance was delivered across Estates (East, West, Central), Mortuary, Endoscopy, and Posture & Mobility services. Surveillance activities covered HAVS, audiometry, respiratory, and skin monitoring.

Engagement levels varied considerably between departments. Central Estates demonstrated consistently strong compliance, while Estates East and West recorded the lowest return rates across several surveillance categories

Key Findings

Strongest Engagement

- **Central Estates:** High and consistent return rates across all surveillance types (33–36%).
- **Endoscopy:** Exceptional respiratory surveillance compliance (80%).

Lowest Engagement

- **Estates East:** Particularly low respiratory (5%) and skin (9%) returns.
- **Estates West:** Skin (3%) and respiratory (5%) returns were notably low.

Moderate Engagement

- **Mortuary:** 25% return rate for both HAVS and respiratory surveillance.
- **Posture & Mobility:** Return rates ranged from 20–33%.

Key Themes

- **Central Estates** continues to demonstrate a strong safety culture and reliable engagement with statutory requirements.

- **Respiratory and skin surveillance** remain the lowest-engaged areas across the organisation.
- **Estates East and West** require targeted support and management reinforcement to improve compliance.
- **Endoscopy** shows excellent awareness and responsiveness to respiratory surveillance requirements.

Actions Taken

- Follow-up reminders issued to departments with low return rates.
- Staff referred for further clinical assessment where required.
- PPE and exposure-control advice provided to relevant teams.
- Managers briefed on statutory responsibilities and compliance expectations.
- Planning initiated for on-site engagement sessions to improve accessibility and uptake.

Recommendations for Senior Management

- Strengthen organisational communication regarding statutory surveillance obligations.
- Increase management oversight and support within Estates East and West to address persistent low engagement.
- Endorse and resource on-site drop-in sessions to improve accessibility for staff.
- Review workload pressures that may be affecting questionnaire completion and timely returns.
- Maintain and replicate strong engagement practices demonstrated by Central Estates and Endoscopy.

Next Steps

- Targeted engagement with low-return departments, particularly Estates East and West.
 - Ongoing monitoring of compliance trends and identification of emerging risks.
 - Review and streamline communication pathways to ensure clarity and consistency.
- Preparation for the next reporting cycle, including early engagement planning.

NSI & Body Fluid Exposure

Needle stick incidents and body fluid exposure (NSI/BFE) Q4 2025 - 26

During Quarter 4, a total of 85 incidents related to Needle Stick Injuries (NSI) and Body Fluid Exposure (BFE) were reported. Needlestick injuries accounted for nearly half of all incidents (47%), remaining the most significant occupational risk to staff. Sharp injuries (13%), body fluid incidents (10%), and scratches (9%) formed the next largest categories, indicating continued exposure risks across multiple clinical interactions.

Summary – Year End NSI & Body Fluid Exposure Data

Across the full reporting year, a total of **397 incidents** related to Needle Stick Injuries (NSI) and Body Fluid Exposure (BFE) were recorded. **Needlestick injuries accounted for the majority of cases (253 incidents)**, representing the most significant category of occupational exposure. Body fluid incidents (40), sharp injuries (50), scratches (31), and bites (10) also contributed to the overall caseload, with splash incidents remaining low (7). A small number of reports (6) did not specify the incident type.

The volume and nature of these incidents had a direct and sustained impact on the **Occupational Health service**, which is responsible for immediate risk assessment, follow-up testing, vaccination review, and ongoing monitoring. High-frequency categories—particularly needlestick and sharp injuries—generated substantial clinical workload, including post-exposure management, staff reassurance, and coordination with external laboratories. This demand required consistent prioritisation of urgent assessments and contributed to increased pressure on routine service capacity.

Despite these challenges, the Occupational Health team maintained timely response standards and ensured appropriate management for all affected staff. The data underscores the essential role of OH in safeguarding workforce wellbeing and supporting organisational resilience through effective incident response and follow-up care.

Body fluid Incident reported by area:	
Central	
Q4 Total Count 15	Year End Total Count 147
East	
Q4 Total Count 28	Year End Total Count 120
West	
Q4 Total Count 24	Year End Total Count 130

Monthly OPAS performance visuals continue to be incorporated into the LIPG Highlight Report, offering a clear picture of emerging patterns and operational outcomes. These charts are supported by focused recommendations and defined actions to help clinical teams strengthen compliance and minimise associated risks.

Alongside this, preparatory work continues on the organisation's refreshed education programme for Needle Stick Injuries (NSI) and Bodily Fluid Incidents (BFI). This follows a joint planning session between Infection Prevention and Occupational Health & Wellbeing, aimed at enhancing staff capability and confidence in safe sharps practice. The programme's core outputs include new educational posters for clinical environments, a targeted communications campaign and awareness event centred on sharps prevention, and updated sharps-safety content within the mandatory IP Level

2 training. Collectively, these measures are intended to reduce injury rates, promote timely and accurate reporting, and reinforce alignment with the organisation’s wider safety agenda.

III Health Retirements Processed

	Q1	Q2	Q3	Q4	Total
Number issued to Pensions	9	10	12	12	43

Increased Occupational Health physician hours and workload have positively improved the processing of Ill Health Retirement (IHR) cases, supporting adherence to NHS Wales standards. Work is ongoing to ensure compliance through the effective use of the Occupational Health software, supporting improved reporting and governance.

Occupational Health & Wellbeing Referrals

Management Referrals Q4

Month	Seen within 28 days	Seen within 14 days	Seen within 10 days
January 2026	94 %	60 %	58 %
February 2026	97 %	61 %	57 %
March 2026	96 %	62 %	55 %

Total quantity of management referrals 01/04/2025 – 31/03/2026

Q1	1008
Q2	1018
Q3	1135
Q4	1005
Total 2025-2026	4166

The three sites continue to collaborate closely to achieve our KPIs. During Q3, we saw a reduction in the percentage of cases assessed within the 28-day timeframe. To address this, we secured two agency nurses and additional bank shifts for the OHPs. These measures resulted in a significant improvement: from Q3 performance of 60%–70% of cases seen within 28 days to Q4 performance of 93%–97% within the same timeframe.

Self-Referrals

Total Self Referrals Received – All Quarters = 1597

Total Self Referrals Received – Q4 - 388

Self-referrals continue to increase. The figures show that **72 referrals** were received via the BetsiNet link and out of the **201 referrals** the Support Service dealt with **129 referrals** received by incoming calls directly into the Support Service for counselling support in Q4.

Counselling

Counselling Service

The service continues to receive a high volume of staff referrals for counselling support. Many of these referrals remain complex and high-risk in nature, with onward referrals made to **ICAN, CMHT**, and local **GPs** where appropriate. At the time of writing, **125 staff members** are actively accessing the service. A further **181 staff members** are currently on the waiting list to be seen by one of our counselling practitioners, reflecting an expected increase during the post winter period.

We are pleased to report at present we are maintaining our progress in the reduction of the waiting times, which now stand at approximately **3–4 months**. This marks a significant improvement from the **6-month** waiting period experienced over the summer. Although we do anticipate an increase in wait times due to the volume of referrals we have had recently.

The programme continues to work closely with external partner organisations, including **NHS 111**, **SilverCloud**, and **Canopi**, to ensure staff are aware of and able to access additional sources of support. Our support advisor team plays a key role in signposting staff to these services.

The counselling team continues to deliver a broad range of support, primarily through one-to-one sessions. Alongside this, we have delivered wellbeing workshops, provided crisis support following traumatic incidents across the Health Board, and offered guidance to teams managing complex or sensitive situations. We also maintain close collaboration with HR colleagues, offering consultation and support as required.

Over this past quarter - we have received in total **201 referrals** into the service for counselling. This to date has been our highest quarter in demand.

Staffing Group – Q4 Total 201
Presenting Issues - Q4 Total 201

Staffing Group - All Quarters Total 599
Presenting Issues Year End – Total 599

The workforce remains predominantly clinically focused, with Allied Health Professionals (Our Healthcare assistants) and Registered Nursing and Midwifery staff forming the core of service delivery, supported by essential administrative and technical roles.

Key Messages

- Clinical registered staff account for the majority of recorded activity.
- Administrative and support functions continue to play a critical enabling role.
- The current distribution aligns with service delivery priorities but reinforces the need for ongoing workforce planning and sustainability.

Overview

During the reporting period, the workforce profile was dominated by professionally registered clinical groups, led by **Allied Health Professionals (204)** and **Registered Nursing and Midwifery staff (202)**. These groups continue to underpin the delivery of frontline clinical services.

Administrative and Clerical staff (101) represent the largest non-clinical group, reflecting the ongoing requirement for strong operational support. Smaller but essential contributions are provided by **Estates and Ancillary staff (33)**, **Additional Professional, Scientific and Technical roles (26)**, and **Additional Clinical Services staff (19)**.

Medical and Dental staff (8) form a small proportion of the workforce, consistent with the specialised nature of this group. Minimal activity was recorded for **unregistered**

Nursing and Midwifery staff (5), with one entry categorised as **Not Stated**, which will be reviewed to ensure data quality.

Overall, the workforce composition reflects current service priorities and highlights the importance of continued wellbeing being the forefront of our work.

The counselling team continues to deliver a broad range of support, primarily through one-to-one sessions. Alongside this, we have delivered wellbeing workshops, provided crisis support following traumatic incidents across the Health Board, and offered guidance to teams managing complex or sensitive situations. We also maintain close collaboration with HR colleagues, offering consultation and support as required.

Staff Health and Wellbeing QTR 4 Report Up-date

Health & Wellbeing Champions:

- 26 new Champions signed up to the network.
- 12 Champions completed the ICAN Mental Health & Suicide awareness training; the next session is scheduled on 17th June 2026.
- The next wellbeing champion induction session is scheduled for Thursday 23rd April and 20 staff are currently booked on to this session.
- 29 Wellbeing Champions attended the bi-monthly network meetings with guest speakers attending to discuss 'Self-Care' and Ann Williams from the 'Live Fear Free helpline' came along to talk about sexual safety and how to support staff.
- 21 Wellbeing Champions have been assigned log-in details for Walk Leaders (online course hosted by the Ramblers). To date, 9/21 Champions have completed the training and are running walks in their areas.
- Work to be undertaken in April 2026 to identify areas with no Wellbeing Champion to do targeted recruitment.

Menopause

We held the Menopause live roadshow in West from 4-6 March 2026. We visited Ysbyty Gwynedd hospital, Ysbyty Eryri and Ysbyty Alltwen and held face to face and online sessions, the following sessions were delivered;

- Intimacy and menopause
- Neurodiversity and menopause
- Managing menopause on a tight budget
- Nutrition and lifestyle and menopause
- 12 x 1:1 appt slots

We supported approximately 125 staff with their menopause journey;

- Hybrid awareness sessions and drop-in clinics – 75 staff members
- Roadshow stand across various sites – Approx. 50 staff members

We had 2 requests from the following departments to arrange awareness sessions in 2026;

- Audiology line management team pan-BCU
- CAMHS West

The next Menopause live roadshow will be held in the Central area and will take place in June/July 2026.

This Quarter we held an online Menopause Champion session and 16 staff members attended.

42 members of staff attended virtual menopause cafes in this quarter and a guest speaker from the Health Improvement team came along to discuss the importance of self-care. The next virtual menopause café will be on 28th April 2026, 12-1pm with Nicola Bone from the OT department coming along to talk about bone health/osteoporosis.

Work is commencing in May 2026 to develop a menopause support action plan in line with Welsh Government requirements.

Occupational Health & Wellbeing roadshows

- 2026 Occupational Health & Wellbeing roadshows will commence in April 2026.

We are collaborating with the Public Health Screening team to promote the screening programme at 2026 roadshows.

Bespoke wellbeing team support requests

We delivered 1 bespoke wellbeing sessions over quarter 4 and a number scheduled for the next quarter;

Holywell hospital - Fynnon wards a & b reached out for support around issues with team dynamic and sickness absence - Wellbeing drop-in held on 5th February 2026.

Wellbeing drop-in to support Pharmacy team at YGC scheduled for April 2026.

Central DN team have requested monthly OH&WB sessions in 2026 – Dates have been scheduled throughout 2026.

Wellbeing drop-ins scheduled in April 2026 to look at how we can better support the Portering team in YGC.

OH & WB awareness sessions

We delivered 2 OH&WB awareness sessions this quarter;

January 2026

- Preceptorship programme; How we can take care of ourselves

March 2026

- Stress awareness and self-care workshop with Biomedical Scientists scheduled for 26.3.26.

Wellbeing workshops

January 2026

- Post-Christmas self-care presentation managers forum – 119 attendees
- OT CPD session - Presentation on OH & Wellbeing – 30 attendees
- NHS Pensions session and financial awareness delivered by Money and Pension Service (MaPS) – 128 attendees

February 2026

- A second Creative ways to wellbeing 6-week course – 9 attendees.

March 2026

- Menstrual Health awareness session delivered by 'The Menstrual Health Project' – 16 attendees

A series of payroll savings workshops scheduled from April 2026 to be run by Money Works.

Coed Lleol 'Deepening roots' project came to an end this quarter - Partnership working with Coed Lleol and Conwy Council to plan the following wellbeing sessions for BCU staff to support stress reduction and enhance general health and wellbeing;

- **November 2025 – March 2026 4 x Immersive Wellbeing Taster Sessions:** Led by trained freelance artists specialising in environmental and heritage-based crafts, these sessions will help NHS staff experience nature creatively, build social connections, and improve job satisfaction.

Locations include Golygfa Gwydyr, Pensychanant Conservation Centre, Bodlondeb, and RSPB Conwy – 100 staff members attended in total.

November 2025 - Occupational Health team away day lead by Coed Lleol at RSPB Llandudno site – 32 attendees

- **December 2025 – February 2026 2 x Drop-In Sessions at Bryn Y Neuadd Hospital:** Informal art and wellbeing activities in the hospital's walled garden will offer staff accessible opportunities to de-stress and connect with nature. Sessions will also welcome participants from Plas Menai Health Centre, encouraging collaboration and peer support – 10 people attended

- **November - December 2025 Level 2 ‘Supporting Wellbeing in Nature’ Training:** Healthcare staff gained a nationally recognised Agored L2 Cymru qualification, equipping them to support future sessions and further embed wellbeing in nature approaches within their roles. The course covers group facilitation, wellbeing theory, and environmental understanding – 12 staff members attended this course.
- **March 2026 Celebration Event:** A final gathering in Bryn Y Neuadd’s walled garden Pensychanant Conservation Centre will bring brought together participants, artists, and project partners to share learning, showcase artworks, and discuss future opportunities. 20 attendees. Dyfed Edwards, Chair, attended and opened the session to raise the profile of green prescribing and the benefits it can bring to the workforce.

Feedback from attendees showed notable improvements in aspects of wellbeing including;

- Reduction in feeling stressed
- Reduction in feeling anxious
- Improvement in physical and mental wellbeing
- Increase in self-confidence
- Increased sense of belonging

Coed Lleol funding bid for 2026 spring/summer sessions to be submitted in April 2026.

Staff engagement

Following the Men’s health survey in Dec 25/Jan 26, a Men’s Health project team has been assembled and the first project meeting scheduled for 13th April 2026.

- Work has started on developing packages of support for staff around;
- Burnout
- Organisational change

Physiotherapy

Total Referrals Q4 130

Total Referrals – Year End 434

Service activity for the reporting period shows a total of 434 referrals across the Central, East, and West regions. The current average waiting time is up to 3 weeks.






While overall demand remains high and broadly consistent with previous quarters, the distribution of referrals continues to highlight a significant imbalance in access and utilisation across regions.

Addressing this inequity is essential to ensuring that all communities receive fair and timely access to physiotherapy support.

Overview

The current referral data highlights both strong overall demand and a clear inequity in access for the West region. To address these challenges and maintain high-quality, equitable service delivery, the appointment of a third physiotherapist is both justified and necessary.

End of Report:

     ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	<p>3. Creating compassionate culture, leadership and engagement</p> <hr/> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>Choose an item.</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant</u> <u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	<p>Not Applicable</p> <hr/> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>

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

Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
<u>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i> <u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Galluogwyr Ansawdd Enablers of Quality Choose an item.	Meysydd Ansawdd Domains of Quality Choose an item.
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	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	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	

Have you considered the Armed Forces Covenant Due Regard Duty?		
Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Cyfreithiol Legal	Compliance with Employment Law	
Enw Da Reputational	Choose an item.	
Effaith ar Adnoddau (Pobl / Ariannol) Resource Impact (People / Financial)	Choose an item.	



Local Partnership Forum

2025-26 BCU Finance Report – Month 11 (February)

Date of Meeting	05 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development
Lead Executive Team Member name and title	Russell Caldicott, Executive Director of Finance.

Report Purpose	For Noting
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Executive Summary

This report provides a briefing on the financial position of the Health Board as at the end of Month 11 (February 2026). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.

Finance Report

The Health Board is reporting a year-to-date deficit of £17.3m as at 28th February 2026, driven by the year to date impact of £24.4m local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLD placements and £4.4m cost overruns including contracting pressures & CHC) and £8.1m national pressures (year to date impact of £4.2m English tariff pressure above Cost Uplift Factor (CUF) funded uplift and £3.9m Employers NIC), offset by £15.1m additional savings and mitigating actions.

The in-month (February 2026) position is reporting a balanced position in line with previous month, with the below table summarising monthly actual and forecast variance for 2025/26:

	2025/26													Total Year to Date £m	Forecast Outturn Position £m
	Actual												Forecast		
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar			
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.5)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	(0.0)	(0.0)	(0.1)	(17.3)	(17.4)	

As at Month 9 (December 2025), the forecast outturn position was revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to reduce underlying cost overruns and improve the outturn within the remaining months of the financial year ending 31st March 2026.

The movement from break-even to a forecast deficit was in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan, and the shortfalls in resource allocation for the Employers National Insurance uplift and Cost Uplift Factors (CUF) not matching the increased inflationary impact from provision of cross border services. In addition, the drivers of the financial deficit in year centre upon servicing additional capacity areas, Mental Health out of area placements and Continuing Healthcare (CHC).

Risks to delivery of the plan were highlighted in July 2025, with recommendations for implementation of enhanced controls developed by the Executive, the risk to delivery estimated at £20m. Initially a 1% cost improvement ask was levied to the Directorates, with further escalation to the August 2025 Health Board resulting in the formation of the Board-level Financial Oversight Group (first meeting in September 2025).

The Financial Oversight Group considered implementation of the additional controls, and whilst implementation of the approach was not supported as presented the Group requested services reduce expenditure by 1.5% from October 2025. This request shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums.

Whilst this request generated some reductions, the proposals submitted were insufficient to bring the run rate within budget. As a result, in December 2025, the Financial Oversight Group agreed implementation of further centrally controlled measures developed within the Executive, designed at minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population.

Additional areas of control implemented include:

- **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care, to include Travel Bureau requests and orders which are processed directly to Stores.
- **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
- **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment, noting an escalation process to be in place through Executive Director to the Directorate of People Services and Organisational Development.
- **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership

Risks

The Health Board received in the current financial year £82m of conditionally recurrent funding, one of the conditions centring upon attainment of the financial plan. The current forecast deficit places at risk receipt of this allocation in future financial years.

Containment and reversal of cost overruns is now key to deliver the current forecast and improving the forecast outturn over the remaining months of the year ending 31st March 2026.

Savings

The Health Board has delivered the targeted savings of £40.0m contained within the financial plan for 2025/26. As at the end of February (Month 11), the Health Board identified £38.2m Green saving schemes and fortuitous Accountancy Gains of £16.8m, giving a combined total of £54.9m, an increase of £6.8m from previous month.

Of these savings, £26.0m are recurring schemes with a full year effect of £32.3m and £29.0m identified as non-recurring saving schemes. It is essential that recurrent savings total £40m as we enter 2026/27 to avoid increasing the planned savings requirement for 2026/27. In addition, developing further savings will support mitigation of cost overruns in year.

Full year plan value of Red Schemes totals £1.3m and full year plan value of further pipeline opportunities totals £2.4m. Further work is required to convert red and pipeline opportunities into green schemes and identify further opportunities to mitigate cost overruns and secure recurrent savings as we approach 2026/27 to provide assurance over delivery of the financial plans contained within the Integrated Medium-Term Plan (IMTP).

Capital Programme

The approved Capital Resource Limit (CRL) for 2025/26 is £60.3m, which includes £2.2m IFRS16 and £58.1m Capital. Year to Date expenditure is £36.3m. The expenditure profiled into March is notably higher which is consistent with previous years.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data


Acronyms / Glossary of Terms

CHC	Continuing Healthcare
CUF	Cost Uplift Factor
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit
FOG	Financial Oversight Group

BCU 2025-26 M11 Finance Report

Please see Appendix A - BCU 2025/26 M011 Finance Report – February 2026

ASSESSMENT

Link to Strategic Priorities	
	<p>1. Building an effective organisation</p> <p>If more than one applies, please list below:</p> <p>This paper aligns to the strategic goal of attaining financial balance and supports a number of organisational priorities.</p>
Design Principles	<p>Wise Spending</p> <p>If more than one applies, please list below:</p>
Corporate Risks and Board Assurance Framework	<p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>



	<p>Appendix A BAF risks BAF SP14 – Estates & Capital <i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</i></p> <p>Link to Corporate Risk Register: CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan</p>
<p><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Resilient Wales</p> <p>If more than one applies, please list below:</p>

IMPACT ASSESSMENTS		
<p>Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>Not applicable</p>
	<p>If no, please include rationale:</p>	
<p>Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	<p>Yes: <input type="checkbox"/></p>	<p>No: <input checked="" type="checkbox"/></p>
	<p>Outcome:</p>	<p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
	<p>If no, please include rationale:</p>	
<p><u>Quality</u> <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	<p>Enablers of Quality Data to Knowledge</p>	<p>Domains of Quality Effective</p>
	<p>If more than one applies, please list below:</p>	<p>If more than one applies, please list below:</p>
<p><u>Wellbeing of Future Generations Act – Wellbeing Goals</u></p>	<p>A Resilient Wales</p>	

Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	No - Not Applicable
	If no, please include rationale:	
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	No personal data included in the report.
	If no, please include rationale:	
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Legal	There are no specific legal implications related to the activity outlined in this report.	
Reputational	Yes (Include further detail below)	
	Implications of deterioration of forecast to reputation.	
Resource Impact (People / Financial)	Yes (Include further detail below)	
	<p>The Health Board is in receipt of £82m of non-recurrent funding from Welsh Government that requires attainment of the 2025/26 plan (a) delivery of financial balance £40m and (b) de-escalation from Special Measures £42m for these funds to be received recurrently (available for future financial years).</p> <p>If the plan is not attained then the funding of £82m will be at risk of clawback from Welsh Government and this places risk on the sustainability of existing service models.</p>	



**Trugaredd
Compassion**



**Agored
Openness**



**Parch
Respect**

Finance Report – Local Partnership Forum February - Month 11 2025/26

Russell Caldicott
Executive Director of Finance

Executive Summary		
Situation	<ul style="list-style-type: none"> To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern. 	
Statutory Financial Duties	Revenue	<ul style="list-style-type: none"> £17.3m Year to Date deficit driven by £24.4m of year-to-date local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLD placements and £4.4m cost overruns, including contracting pressures & CHC) and £8.1m national pressures (£4.2m English tariff inflationary pressure above funded uplift and £3.9m shortfall in ENIC funding), offset by £15.1m additional savings and mitigating actions. £17.4m Forecast outturn position. Additional financial controls implemented January 2026 to seek to improve the outturn over the remaining months of the year ending 31st March 2026.
	Cash	<ul style="list-style-type: none"> Closing Cash Balance as at 28th February 2026 was £16.5m, including £11.4m for Revenue expenditure and £5.1m for Capital projects. The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.
	Savings	<ul style="list-style-type: none"> The Health Board's financial plan has set a savings target of £40.0m to be delivered in 2025/26 profiled equally across the financial year Full year forecast value of Green Schemes totals £38.2m and £16.8m Accountancy Gains, giving a combined total of £54.9m. Year to Date Savings delivery is £51.8m, of which £23.5m is recurring Contained within the £38.2m are £26.0m recurring savings with a full year effect of £32.3m which is below the £40m targeted in 2025/26 Red schemes and pipeline opportunities total £3.6m, work is progressing to convert into green schemes and increase the level of opportunities. This would both support mitigations to in year financial pressures and offer schemes that will be required as we move into 2026/27.
	Capital	<ul style="list-style-type: none"> Approved Capital Resource Limit (CRL) for 2025/26 is £60.3m. Year to date expenditure totals £36.3m.
	PSPP	<ul style="list-style-type: none"> Quarter 3 PSPP for paying non-NHS invoices was 97.1% by number and 98.5% by value (Welsh Government target 95.0%).
Key Risks & Matters for Escalation	<ul style="list-style-type: none"> ➤ Risk to delivery of the plan highlighted in July 2025 through the Executive, with recommendations for implementation of enhanced controls developed by the Executive. Initially a 1% cost improvement ask was levied to the Directorates, with further escalation resulting in the formation of the Board-level Financial Oversight Group. ➤ Implementation of additional controls identified from the Executive were considered and whilst implementation of the approach was not supported as presented, the Group requested services reduce expenditure by 1.5% from October 2025, this ask shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums. ➤ In December 2025, the Financial Oversight Group agreed to implement a further centrally controlled measures developed within the Executive, at a minimum to prevent a further deterioration in the position whilst maintaining access and quality of services for the local population. Additional controls implemented include: <ul style="list-style-type: none"> ❖ Non-Pay Expenditure Controls – Additional controls will be widened to all non-pay categories which do not directly impact clinical care to include Travel Bureau requests and orders which are processed directly to Stores. ❖ Procurement – Review all pending requisitions in Oracle, cancelling any that are not critically urgent. ❖ Pay – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment. ❖ Temporary Workforce – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership 	

Key Performance Indicators

Month 11 Position

In Month: £195.4m against plan of £195.4m
Balanced

Year to Date: £2180.3m against plan of £2163.0m
£17.3m adverse

2025/26 Full Year Position

Forecast revised in M9 showing a £17.4m deficit against plan

YTD Divisional Variance

West IHC	£13.8m adverse
Central IHC	£11.7m adverse
East IHC	£20.8m adverse
Womens	£2.4m adverse
NH & LD	£18.7m adverse
Com mix using Careline	£8.6m adverse
IGD Primary Care	£0.1m favourable
IGD Regional Services	£4.0m adverse
Special Functions	£1.7m adverse
Other Budgets	£57.6m favourable



Savings

In Month: £9.5m against target of £3.3m

£6.2m favourable



Full Year Savings Delivery

£54.9m against target of £40.0m

Target Surpassed by £14.9m (Additional red schemes and opportunities of £3.6m are under review)



COVID-19 Impact

£10.2m Year to Date Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£160.8m against budget of £152.0m

£8.8m favourable



Year to Date Pay

£1088.3m against budget of £1043.2m

£45.1m adverse



Year to Date Non-Pay

£1,252.8m against budget of £1,271.8m

£19.0m favourable

Revenue Position

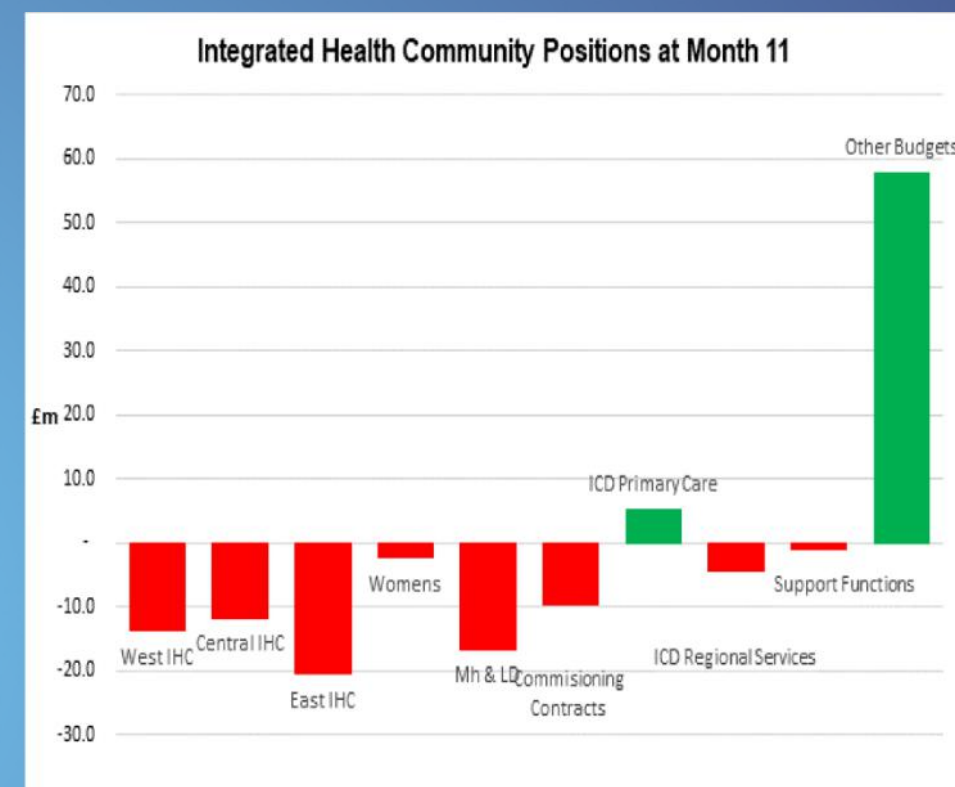
	Actual											Forecast	2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%		
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(205.8)	(200.3)	(195.4)	(207.6)	(2,163.0)	(2,163.0)	0.0	0.0%	(2,370.6)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(18.0)	(15.7)	(13.2)	(19.0)	(152.0)	(160.8)	(8.8)	5.8%	(179.8)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	100.2	100.1	95.0	99.6	1,043.2	1,088.3	45.1	4.3%	1,187.9
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.0	113.7	127.1	1,271.8	1,252.8	(19.0)	-1.5%	1,380.0
Total Deficit / (Surplus)	3.7	2.4	1.6	3.6	2.3	1.4	1.2	1.0	0.0	0.0	0.0	0.1	0.0	17.3	17.3		17.4



- Year to Date position is reporting a deficit of £17.3m, with a balanced position reported in-month.
- Key drivers of the year to date deficit include £24.4m of year to date local pressures (£5.4m JCC pressures, £8.3m Capacity pressures, £6.2m Out of Area MHLD placements and £4.4m cost overruns, including contracting pressures & CHC) and £8.1m national pressures (£4.2m English tariff inflationary pressure above funded uplift and £3.9m Employers NIC) offset by £15.1m additional savings and mitigating actions.
- As expenditure continued to exceed the financial plan and the Health Board required to absorb several national pressures following submission of the plan, the risk to delivery was flagged from August onwards. In direct response, the Health Board established the Financial Oversight Group in September 2025. Subsequently, all areas were asked to reduce expenditure by 1.0% in September 2025, which was later increased to 1.5% in October 2025.
- Additional centrally controlled measures implemented from December 2025, designed at minimum to prevent a further deterioration in the position include:
 - ❖ **Non-Pay Expenditure Controls** – Additional controls will be widened to all non-pay categories which do not directly impact clinical care or are covered by “reasonable adjustments” under H&S legislation. Controls are also extended to include Travel Bureau requests and orders which are processed directly to Stores.
 - ❖ **Procurement** – Review all pending requisitions in Oracle, cancelling any that are not critically urgent.
 - ❖ **Pay** – With immediate effect, a freeze on all non-clinical external recruitment and further oversight for any clinical posts prior to recruitment.
 - ❖ **Temporary Workforce** – Additional oversight and scrutiny for use of temporary workforce through the relevant Clinical Executive leadership.
- The above actions to support delivery of the 2025/26 financial plan are in addition to the Grip and Control actions implemented in 2024/25 that have been retained throughout 2025/26 and the additional mitigations implemented from August 2025.

Divisional Positions

	In Month				Cumulative				Forecast Year
	Budget	Actual	Variance to Plan	Variance to Plan	Budget	Actual	Variance to Plan	Variance to Plan	End Variance against the Plan
	£m	£m	£m	%	£m	£m	£m	%	£m
WG RESOURCE ALLOCATION	(195.4)	(195.4)	0.0	0%	(2,163.0)	(2,163.0)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.3	1.2	0.1		0.1
West Area	17.4	17.7	(0.3)		195.1	198.0	(2.9)		(3.8)
Ysbyty Gwynedd	11.5	12.9	(1.4)		129.5	140.0	(10.5)		(11.4)
Facilities	1.2	1.3	(0.1)		13.2	13.7	(0.5)		(0.6)
Total West	30.3	31.9	(1.6)	-5%	339.1	352.9	-(13.8)	-4%	(15.7)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.2	0.2	(0.0)		1.4	1.5	(0.1)		(0.1)
Central Area	23.2	22.7	0.5		259.6	257.0	2.5		1.5
Ysbyty Glan Clwyd	14.8	15.6	(0.8)		162.6	176.4	(13.8)		(15.6)
Facilities	1.5	1.5	(0.0)		16.0	16.3	(0.3)		(0.3)
Total Central	39.6	39.9	(0.3)	-1%	439.6	451.3	(11.7)	-3%	(14.5)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.1	1.0	0.1		0.1
East Area	25.4	26.0	(0.5)		287.1	297.6	(10.5)		(11.0)
Ysbyty Wrexham Maelor	12.5	13.6	(1.2)		140.2	150.5	(10.2)		(11.3)
Facilities	1.4	1.4	(0.0)		15.2	15.1	0.0		0.0
Total East	39.4	41.1	(1.7)	-4%	443.6	464.2	(20.6)	-5%	(22.1)
Total Midwifery and Women's Services	4.3	4.5	(0.2)	-5%	47.8	50.2	(2.4)	-5%	(2.8)
Total Mental Health and LDS	14.7	16.0	(1.3)	-9%	168.2	184.9	(16.7)	-10%	(18.3)
Total Commissioning Contracts	30.6	31.8	(1.2)	-4%	301.4	310.9	(9.5)	-3%	(9.1)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	3.1	2.6	0.5		34.3	29.6	4.7		4.9
Community Dental Services	0.6	0.6	0.1		6.9	6.3	0.6		0.6
Other Primary Care	(0.0)	0.1	(0.1)		1.4	1.5	(0.1)		(0.2)
Total Integrated Clinical Delivery Primary care	3.7	3.3	0.5	12%	42.6	37.5	5.1	12%	5.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.3)	0.4		(21.1)	(24.1)	3.0		3.2
Diagnostic and Specialist Clinical Support	7.8	8.3	(0.5)		81.3	86.6	(5.4)		(5.3)
Cancer Services	6.2	6.4	(0.2)		69.1	71.1	(2.0)		(2.3)
Total Integrated Clinical Delivery	12.1	12.3	(0.3)	-2%	129.3	133.6	(4.3)	-3%	(4.3)
Total Service Support Functions	15.2	14.1	1.1	7%	161.9	163.0	(1.1)	-1%	(1.6)
Total Other Budgets	5.5	0.5	5.0	91%	89.5	31.9	57.6	64%	65.8
Total Health Board Position	0.0	0.0	0.0		0.0	(17.3)	(17.3)		(17.4)



- In-month position is reporting a balanced position the same as January in month position. As at Month 9 (December) the forecast outturn was revised to report a projected deficit of £17.4m against the financial plan for the year.
- Variable pay costs have reduced in February by £0.4m from January driven by reductions across various categories. A breakdown of these costs are reported in slide 7.
- Further detail on Pay and Non-Pay spend is reported in Slide 6 and 11.

Expenditure – Pay & Non-Pay

Pay Costs	2025-26												Cumulative			Full Year Forecast £m
	Actual											Forecast	YTD Budget	YTD Actual	YTD Variance	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	£m	£m	£m	
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	13.8	13.6	13.9	14.4	156.1	150.8	5.3	171.6
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	24.2	23.8	19.0	22.2	233.8	255.1	(21.3)	264.9
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.0	30.4	30.1	30.8	313.0	330.4	(17.4)	367.1
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.6	15.0	14.7	15.2	151.4	162.8	(11.4)	181.7
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	4.2	4.1	4.3	3.9	49.2	45.8	3.4	46.4
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.7	6.7	6.6	6.6	70.7	73.3	(2.7)	78.8
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.8	1.8	1.8	1.7	20.2	19.9	0.2	19.7
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.5	4.5	4.5	4.8	47.9	49.0	(1.1)	56.7
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.1	0.1	0.1	1.0	1.2	(0.2)	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	98.8	100.2	100.1	95.0	99.6	1,043.2	1,088.3	(45.1)	1,187.9
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.1	3.3	3.1	3.2	31.4	34.7	3.3	37.8
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	101.8	103.3	103.3	98.1	102.8	1,074.6	1,123.0	(48.4)	1,225.8

Health Board Pay:

- Month 11 (February) Provider Services Pay reduced by £5.1m from previous month.
- Variable Pay totals £10.8m for February, a reduction of £0.4m from previous month driven by a reduction of £0.3m reduction in Agency and £0.1m in Locums, WLI and Bank offset by increases in other areas.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

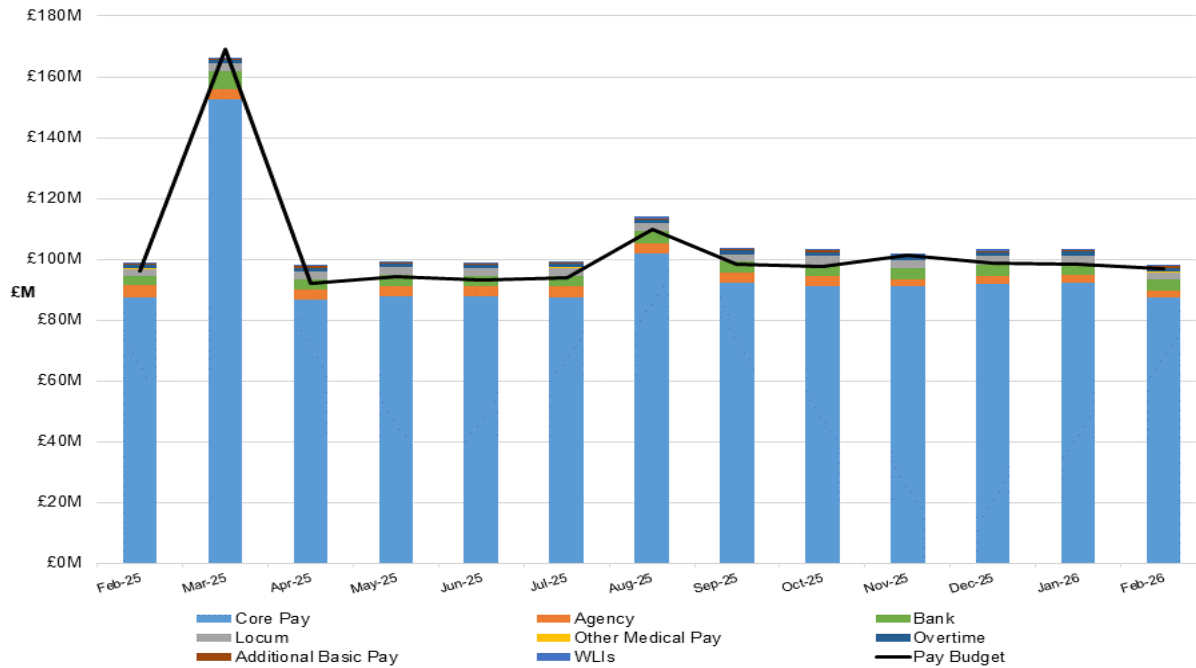
Non-Pay Costs as per Monitoring Return Table	Actual											Forecast	Cumulative			Full Year Forecast £m
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	YTD Budget	YTD Actual	YTD Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	20.8	20.5	21.1	20.6	20.5	20.4	19.6	20.9	27.2	20.9	20.5	22.1	242.3	232.9	9.4	255.1
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	12.2	11.9	11.0	11.4	121.0	124.9	(3.9)	136.3
Provider Services - Non Pay (excluding drugs & depreciation)	18.6	18.3	18.2	21.1	18.6	20.0	19.8	17.9	19.9	20.2	17.9	23.5	250.9	210.7	40.3	234.1
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	9.6	9.0	8.5	8.6	95.2	99.0	(3.9)	107.6
Healthcare Services Provided by Other NHS Bodies	32.2	31.9	31.1	33.5	34.4	32.9	33.1	34.1	30.9	33.1	36.2	32.9	352.6	363.4	(10.8)	396.3
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.6	10.8	10.0	11.7	121.9	124.4	(2.5)	136.1
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	7.1	5.4	4.5	6.8	37.4	44.7	(7.3)	51.5
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.3	0.4	0.2	3.0	4.2	(1.2)	4.4
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.0	0.3	0.4	2.8	3.8	(1.1)	4.2
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	109.0	119.3	111.6	109.3	117.6	1,227.0	1,208.0	19.0	1,325.7
AME/DEL Depreciation	3.2	3.2	4.7	4.0	4.0	4.0	4.3	4.3	4.3	4.3	4.3	9.5	44.8	44.8	(0.0)	54.3
Total non-pay	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.0	113.7	127.1	1,271.8	1,252.8	19.0	1,380.0

Non-Pay Expenditure (excluding Depreciation):

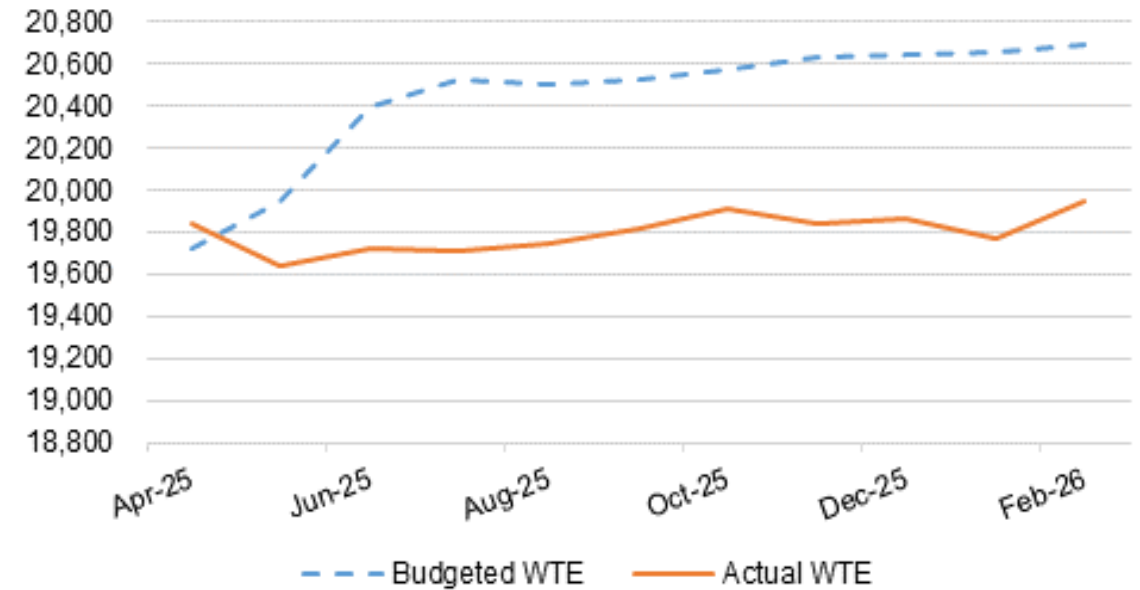
- Total Non-Pay expenditure (excluding AME/DEL Depreciation) reduced by £2.3m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay

Pay Costs



Pay- WTE



Variable Pay	Actual 2025-26											YTD £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	2.6	2.3	33.5
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	1.1	1.3	1.4	13.4
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	3.0	2.7	2.5	29.0
WLI's	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	0.5	0.5	0.4	5.0
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	3.6	3.8	3.7	39.6
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.7
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	4.4
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	10.7	11.6	11.2	10.8	125.7

- February budgeted WTE increased by 37 WTE from January. See Slide 8 for further detail.
- Variable Pay totals £10.8m for February, a reduction of £0.4m from previous month driven by reductions of £0.3m in Agency and £0.1m in Locum's, WLI and Bank which is offset by increases in other areas.

Pay - WTE

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Movement M11 V M10
Budgeted WTE	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,649	20,656	20,693	37
Actual WTE	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	19,869	19,767	19,952	185

- Budgeted WTE increased by 37 WTE in February from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in February is 19,952, an increase of 185 WTE from January.

25/26													
WTE Budget													
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	M09 Dec	M10 Jan	M11 Feb	In Month Movement	Explanation of in-month movements (>5WTE)
West IHC - Management	8	8	8	8	8	8	8	8	8	8	8	0	
West IHC - West Area	1,473	1,512	1,583	1,573	1,572	1,568	1,575	1,572	1,572	1,572	1,573	0	
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	1,840	1,841	1,846	6	Admin = + 5.12 WTE, +3.22 WTE Insourcing admin support, +1.00 WTE Robot admin funding draw down, EC admin skill mix adjustment B6 to B3 +0.33 WTE, Admin correction +0.57 WTE
West IHC - Facilities	368	368	368	380	380	380	382	382	382	382	382	0	
Centre IHC - Management	7	7	7	7	7	7	8	8	8	8	14	6	+5.87 WTE LLGH Hub for staff in post
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	2,309	2,303	2,307	4	+4.88 WTE Planned Care (Acseptics), +0.20 WTE CAMHS, -0.80 WTE skill mix for recruitment
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2,243	2,245	2,245	2,248	3	
Centre IHC - Facilities	408	408	408	422	422	422	422	422	421	421	419	-2	
East IHC - Management	10	10	10	10	10	10	10	10	10	10	10	0	
East IHC - East Area	2,439	2,466	2,464	2,467	2,468	2,466	2,476	2,483	2,485	2,481	2,485	4	+3.7 WTE Stroke Services realignment, 0.6 WTE long covid to match recruitment & -0.51 WTE skill mix adjustment.
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	1,962	1,970	1,971	1	
East IHC - Facilities	356	356	365	365	365	365	365	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	694	695	696	696	696	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	2,327	2,326	2,327	1	
COVID Programmes	149	150	151	0	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	168	167	165	165	0	
Other Primary Care	15	15	15	15	15	15	15	15	15	15	15	0	
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	1,028	1,028	1,029	1,031	1	
Cancer Services	416	416	423	423	425	424	423	423	423	424	423	-1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	2,249	2,255	2,269	14	+6.2 WTE outpatient insourcing costs, 6 WTE budget movement
Med ED/R&D	115	116	116	117	119	122	123	124	125	125	125	0	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,650	20,656	20,693	37	

Pay Costs - Agency

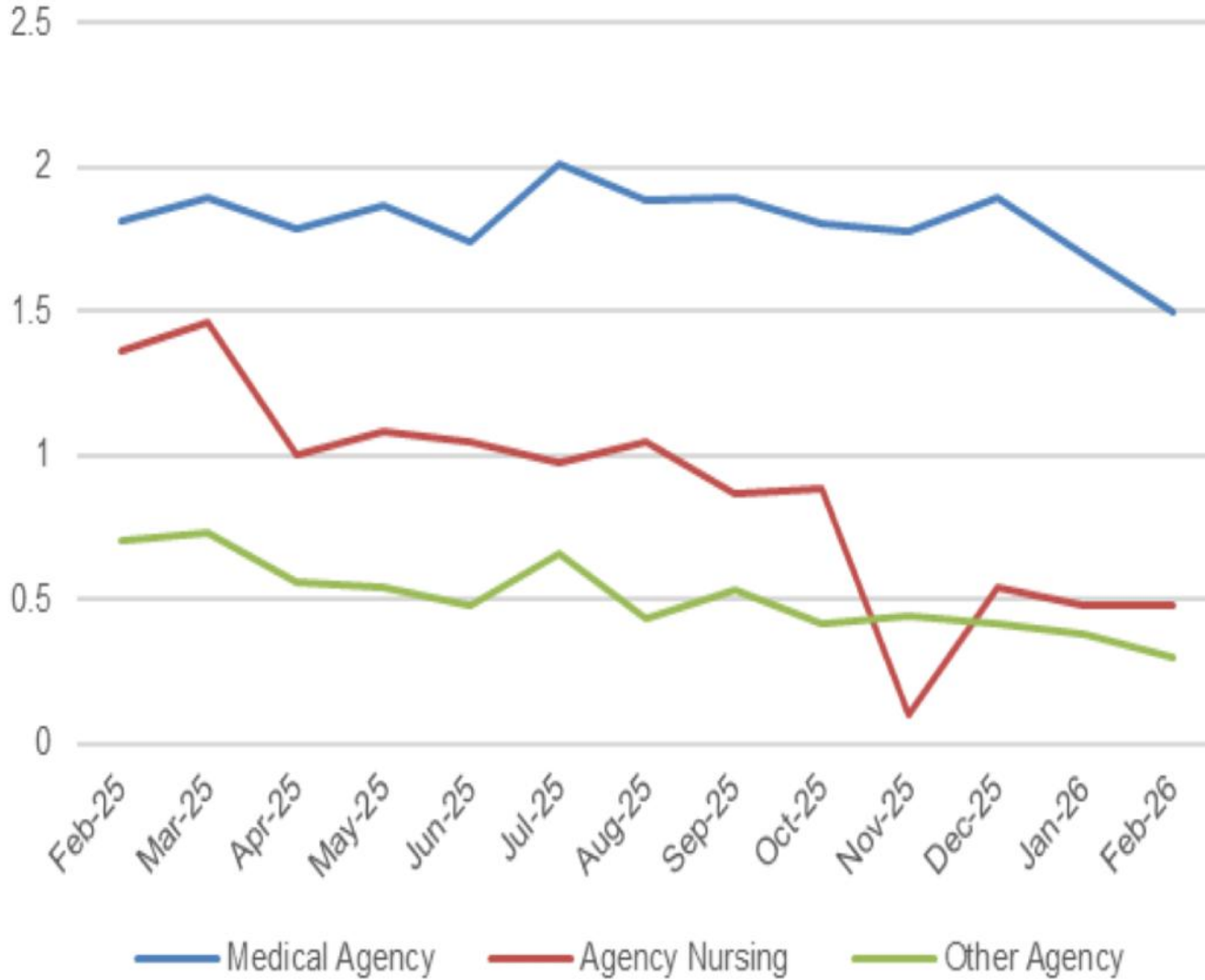
	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual											Forecast	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	1.2
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.2	0.3	2.9
East Area	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.1	2.8
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.5	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	0.8	0.6	0.7	0.8	10.8
Ysbyty Maelor													
Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.2	0.2	0.2	0.2	3.6
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.2	0.3	4.2
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.2	1.9
Other incl pan BCU Cancer Services and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.4	0.3	0.2	0.2	3.2
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	2.6	2.3	2.6	36.2



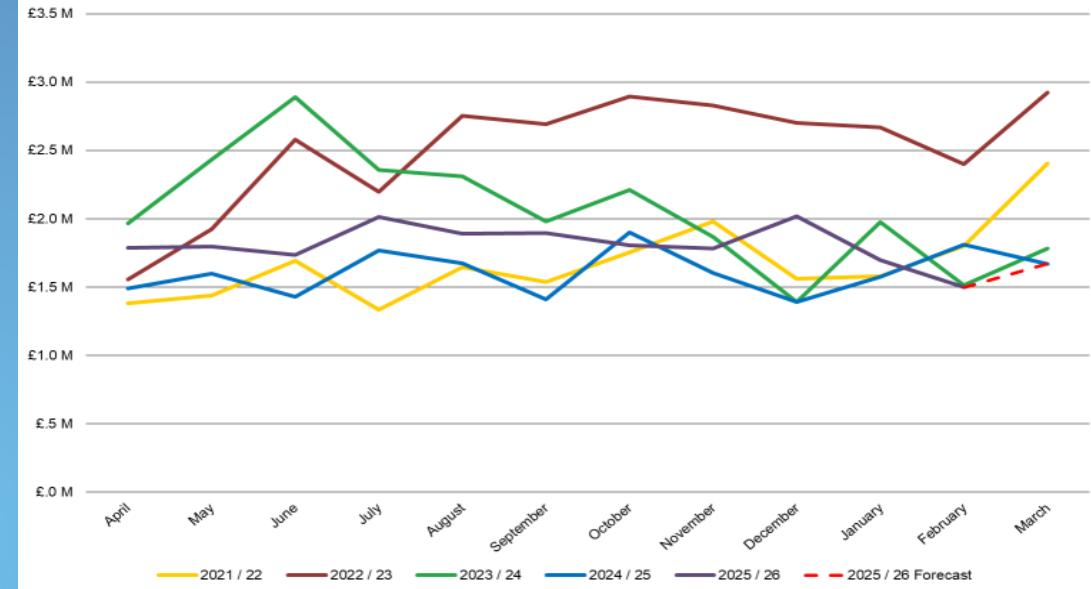
- Agency expenditure for February is £2.3m representing 2.3% of total pay, a reduction of £0.3m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £36.2m, a £0.7m reduction compared to the £36.9m annual forecast outturn reported at Month 10 and a £10.8m (23.0%) reduction from 2024/25 total Agency spend of £47.0m. It is also expected that Agency costs will continue to reduce further following implementation of the additional centralised controls.
- February Medical Agency expenditure is £1.5m, £0.2m lower than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Gwynedd (£0.4m), Women's (£0.1m), Mental Health (£0.2m), and Cancer Services (£0.1m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.5m for the month and is in line with previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Maelor Wrexham (£0.1m), Ysbyty Glan Clwyd (£0.2m) and Gwynedd (£0.1m). Agency nurses are used to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.3m in month 11 and is in line with previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.3m).
- Work continues to ensure the Cabinet Secretary workforce enabling action is met within the required areas. Nil agency spend is forecast for the remaining months of the year against Estates & Ancillary and Admin & Clerical Agency staffing group. There has been minimal spend reported to date against Healthcare Support Worker staffing group with spend forecast to reduce over the remaining months of the year.

Pay Costs - Agency

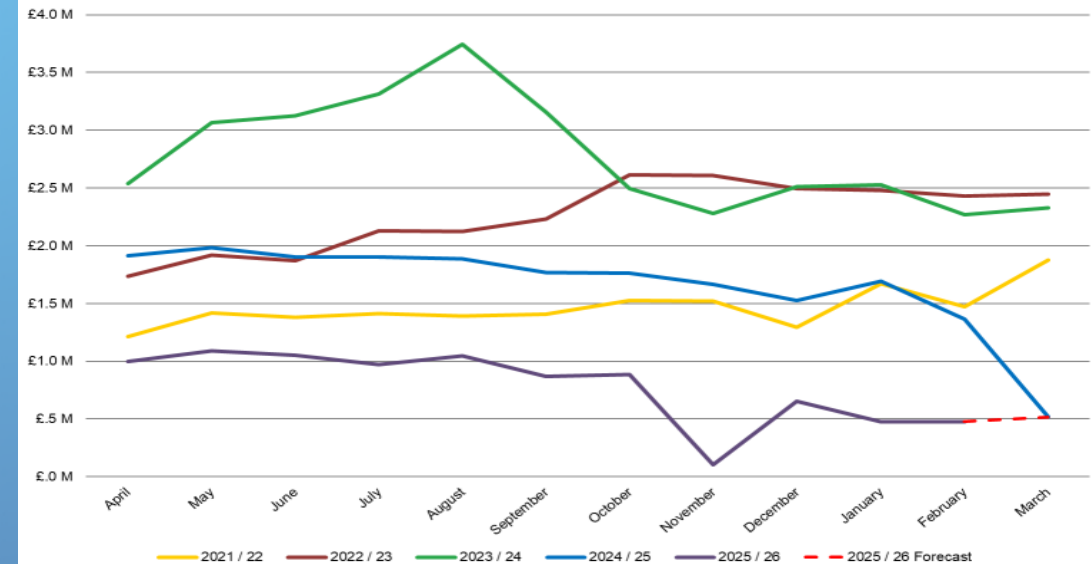
Agency Costs



Medical Agency Costs

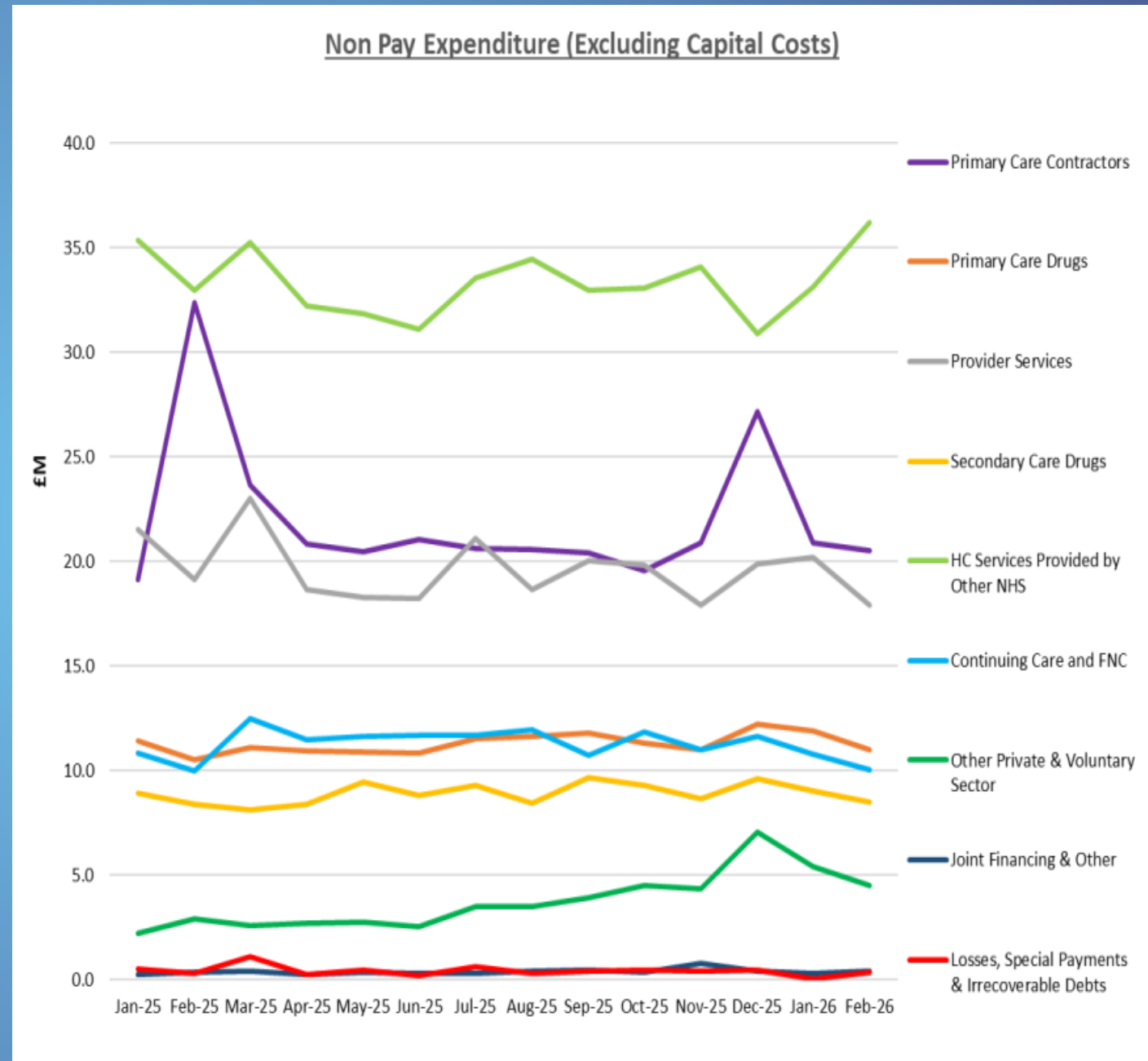


Nursing Agency Costs



Expenditure - Non-Pay

- Primary Care Contractor:** February expenditure is £0.4m (1.8%) less than previous month and £1.4m less than forecast for the month due to a reduction across Ophthalmic Services, Dispensing, Clusters and Managed Practices.
- Primary Care Drugs:** Expenditure is £0.9m (7.8%) less than previous month due to backdated GP prescribing weight loss medication included within previous month's position. The reduction in February spend also reflects fewer prescribing days compared to January. Spend is £0.1m less than forecast for the month.
- Provider Services Non-Pay:** Spend is £2.3m (11.4%) less than previous month and £1.3m less than forecast due to £1.0m accountancy gain from release of old year PO accruals, £0.4m consumables stock adjustment and £0.9m reduction in Utilities spend in-month.
- Secondary Care Drugs:** Expenditure decreased by £0.5m (5.9%) from previous month and £0.4m less than forecast, of which £0.2m reduction is Ysbyty Wrexham Maelor insourcing, AMD, Ophthalmology and Hep C secondary care drugs spend plus a £0.3m reduction in Cancer Services aseptic drugs. Other secondary care sites and Area Teams also reported a reduction in secondary care drugs spend across multiple medical specialties.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £3.1m (9.2%) higher than previous month, of which £3.0m is JCC Vertex Quarter 3 spend funded by WG.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure decreased by £0.8m (7.3%) from previous month and £0.8m less than forecast, due to a £0.8m accountancy gain reported in month.
- Other Private & Voluntary Sector:** In month spend decreased by £0.9m and is £1.1m less than forecast of which £1.0m reduction is reported within Commissioning due to lower activity on planned care than forecast and rehab discharges reflected within the February position.



Allocations

	£m
Total Allocations Received	2,357.1
Total Allocations Anticipated	13.5
Total Welsh Government Income	2,370.6

- The Health Board is funded in the main from the Welsh Government allocation via the Revenue Resource Limit (RRL). Total Revenue Resource Limit (RRL) for the year is 2,370.6m.
- Confirmed allocations to date are £2,357.1m. This includes £12.9m allocation for COVID-19, with £10.2m of COVID income profiled into the year-to-date position.
- Further anticipated allocations in year total £13.5m as detailed in the table.

Description	£m
Allocations Received	2,357.1
Total Allocations Received	2,357.1

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	0.9
Removal of IFRS-16 Leases (Revenue)	-4.6
RTT Waiting Times	1.6
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
Planned Care Additional funding Phase 5	2.0
Cataract funding 2025/26	4.2
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.4
Dermatology MOPs funding	1.2
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.0
Waiting Times – Outpatient Appointments	0.9
Other	1.2
Total Allocations Anticipated	13.5



Opportunities

- The below are opportunities to the Health Board's financial position for 2025/26. Where it is clear of specific costs for risks and opportunities, these are incorporated into the forecast position.

Opportunities / mitigations	£m	Level
Potential to deliver improved outturn on identified mitigations	17.4	Low
Total Opportunities	17.4	

Balance Sheet

- The closing cash balance as at 28th February 2026 was £16.5m, which included £11.4m cash held for revenue expenditure and £5.1m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2025-26 of £5.9m made up of £3.0m revenue cash and £2.9m capital cash.

	Opening Balance Beginning of Apr 25 £'m	Closing Balance End of Feb-26 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	733.2	747.5
Intangible assets	0.8	0.4	0.8
Trade and other receivables	119.7	125.2	124.7
Non-Current Assets sub total	860.7	858.8	873.0
Current Assets			
Inventories	20.5	20.5	20.5
Trade and other receivables	128.7	192.6	192.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	16.5	5.9
Non-current assets classified as held for sale	0.6	0.0	0.0
Current Assets sub total	155.6	229.6	219.1
TOTAL ASSETS	1016.3	1088.4	1092.1
Current Liabilities			
Trade and other payables	232.3	203.1	203.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	126.7	126.7
Current Liabilities sub total	286.2	329.8	329.7
NET ASSETS LESS CURRENT LIABILITIES	730.1	758.6	762.4
Non-Current Liabilities			
Trade and other payables	23.9	23.9	26.1
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.2	126.9
Non-Current Liabilities sub total	144.7	150.1	152.9
TOTAL ASSETS EMPLOYED	585.3	608.5	609.5
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	390.3	391.3
Revaluation Reserve	218.2	218.2	218.2
PDC (Trust only)	0.0	0.0	0.0
Retained earnings (Trust Only)	0.0	0.0	0.0
Other reserve	0.0	0.0	0.0
Total Taxpayers' Equity	585.4	608.5	609.5

Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £60.3m, which includes £2.2m IFRS16 and £58.1m Capital. Year to Date expenditure is £36.3m.

BUDGET 2025/26

1) Capital Resource Limit 2025/26		£m	Brief Overview / Update		
WG Discretionary Capital		14.2	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).		
All Wales Scheme		43.8			
Total CRL		58.1			

CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	3.3	3.0	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.7	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	1.9	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	1.5	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.1	1.0	-	Programmed planned works progressing supported by tenders/purchase orders.
All wales funding brokerage to be re-provided from discretionary	1.5	0.0	1.5	-	Brokerage managed within the programme.
WG Discretionary Capital	14.2	7.4	13.8	0.4	Under Commitment

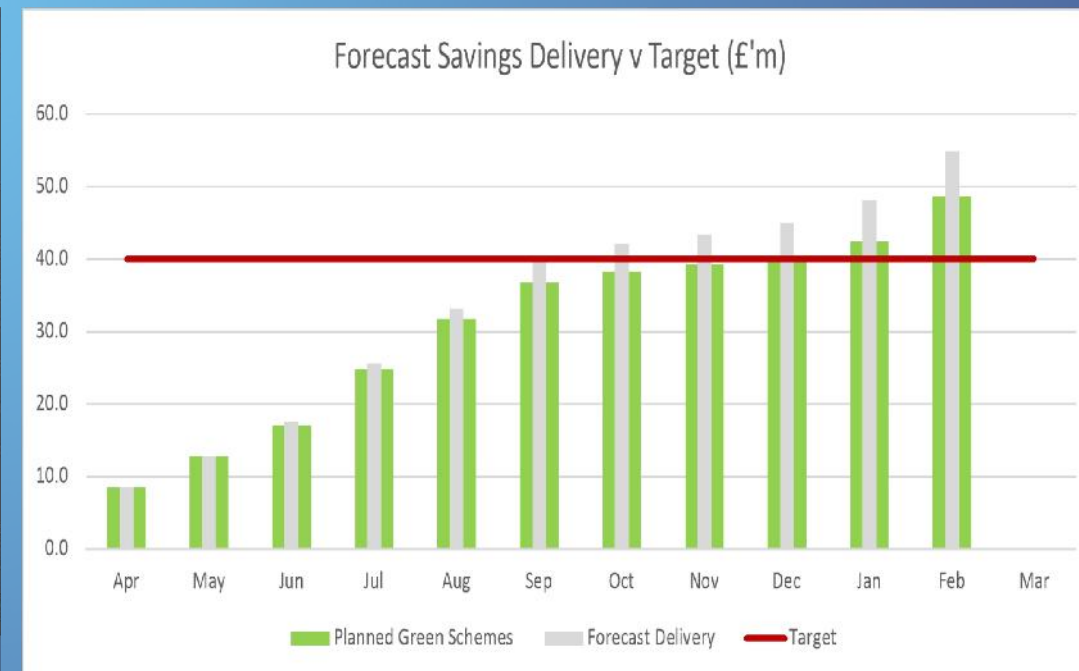
Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	15.7	14.6	15.9	0.2	The project is progressing with completion forecasted late March 2026. Welsh Government have confirmed any overspend will need to be managed within the Health Board discretionary capital.
Year End Funding – October 2024	0.1	0.1	0.1	-	The project is complete, awaiting the final account.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	1.4	2.9	-	The project is programmed over the next 2 years. The contractor has commenced works in line with programme and CRL cashflow.
TEF - Fire	2.4	1.0	2.4	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infrastructure	2.4	1.5	2.4	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decarbonisation	0.2	0.0	0.2	-	The TEF funding profile and priorities for decarbonisation has revised. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Mental Health	2.0	0.9	2.0	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Infection Prevention Control	0.8	0.2	0.8	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
TEF - Decontamination	0.8	0.4	0.8	-	The TEF funding is across a number of projects. The programme is being managed over 2 years, with any changes approved by WG and reprofiled to ensure CRL is achieved.
IRCF - Conwy & Llandudno Junction Health & Social Care Centre	-0.2	0.0	0.0	0.2	It has been confirmed that the project will be deferred to 27/28 as part of the IRCF prioritisation. As a result the Health Board has returned all this year and prior year funding as agreed with Welsh Government.
IRCF - Caledfryn, Denbigh Health and Wellbeing Hub – acquisition costs and related fees	0.3	0.2	0.3	0.0	The current CRL reflects the design costs which is profiled to spent in year. The BJC will not be completed by March 2026, the capital adjustments will be managed.
DPIF - All Ages Mental Health Digital Solution	0.6	0.4	0.6	-	The hardware will be procured in 2025/26.
Nuclear Medicine Consolidation at YGC	0.7	0.3	0.7	-	The current CRL reflects the fees to progress to FBC which is profiled to be spent in year. Preconstruction work appointment is progressing and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.7	7.7	-	The project is over two financial years. There is currently a medium risk in terms of procuring the additional elements within the overall project. This has been highlighted and is being mitigated.
Non-Radiology Ultrasound Replacement	0.3	0.1	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	1.3	3.9	-	The purchase of the equipment has already been instigated. The programme for enabling works to support the equipment will be realised in full within this financial year. £0.5m underspend has been returned to Welsh Government as a result of a competitive tender for the Mammography equipment.
DPIF - RISP	0.2	0.2	0.2	-	The Health Board went live 5th September 2025. Stable operation was confirmed in December and final payment are due in Month 12.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.4	0.4	-	This project is over a two year period with initiation in 24/25. It is forecasted that the project will complete in this financial year and the CRL will be spent in full.
DPIF - Digital Maternity Cymru	0.1	0.1	0.1	-	The equipment for the project has received and receipted.
Mobile C-Arm/Image Intensifier Replacement	0.3	0.0	0.3	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
Radiology Ultrasound Replacement	0.9	0.0	0.9	-	Procurement process is underway with confirmed lead time and delivery by 31st of March 2026.
End of Year Digital Funding 2025-26	1.0	0.7	1.0	-	End of year funding has been received for server replacements. The equipment has been procured and delivery schedule in March 2026.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
DPIF - Connecting Care	0.5	0.4	0.5	-	Hardware for Connecting Care is being procured with final delivery before the year end.
Entonox cracking devices	0.0	0.0	0.0	-	The scheme has been deferred into the next financial year.
Commercial Research Delivery Equipment Call Funding	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
All Wales Capital	43.8	28.9	44.3	-0.4	Over commitment

Savings Performance against Target

- The Health Board's financial plan has set a target of £40.0m to be delivered in 2025/26, profiled on an equal twelfth's basis with savings identification, reporting and monitoring developed through a Value and Sustainability thematic model.
- Full year forecast value of Green Schemes is £54.9m (comprising of £36.6m Savings, £0.9m Income Generation, £0.7m Cost Avoidance and £16.8m Accountancy Gains). A forecast increase of £6.8m from month 10. Of these, £26.0m have been identified as recurring, with a full year effect of £32.3m, and £29.0m are non-recurring savings. Full year plan value of Red Schemes totals £1.3m and full year plan value of further pipeline opportunities totals £2.4m.
- A series of financial recovery and expenditure reduction measures have been implemented, with all divisions instructed to identify a minimum of 1.5% expenditure reductions. This has generated a range of risk-assessed initiatives, where those identified as low risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.
- In-month delivery includes Savings of £3.1m, £0.1m Income Generation/Cost Avoidance and £6.2m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £51.8m, of which £23.5m is recurring, against a target of £36.7m.

Service Performance against Target	Annual				Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	FYE £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
West Integrated Health Community	7.9	6.7	1.1	6.4	7.2	6.1	1.1
Central Integrated Health Community	10.0	7.8	2.2	5.5	9.2	7.3	1.9
East Integrated Health Community	10.0	9.9	0.1	9.0	9.1	8.8	0.3
MHLD	3.9	6.3	-2.4	8.4	3.6	5.9	-2.3
Womens Services	1.2	0.6	0.6	0.4	1.1	0.6	0.5
Diagnostic and Specialist Clinical Support	1.8	1.9	0.0	0.4	1.7	1.7	0.0
Cancer Services	1.5	1.6	-0.1	2.0	1.4	1.4	0.0
Community Dental Sevices	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.4	0.2	0.2	3.3	3.1	0.2
Saving Total	40.0	38.2	1.8	32.3	36.7	35.0	1.7
Accountancy Gains		16.8	-16.8			16.8	-16.8
Total		54.9	-14.9	32.3	36.7	51.8	-15.1



Local Partnership Forum

INTEGRATED MEDIUM -TERM PLAN (IMTP) 2026-29

Date of Meeting	05 May 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim) Emma Lea, Assistant Director of Corporate Planning (Interim)
Lead Executive Team Member name and title	Paolo Tardivel, Executive Director of Transformation & Strategic Planning (Interim)

Report Purpose	For Noting
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Executive Summary

The purpose of this paper is to present the Betsi Cadwaladr University Health Board Integrated Medium-Term Plan (IMTP) 2026–2029 to the Local Partnership Forum (LPF). The IMTP was endorsed by the Health Board on 26 March 2026 and formally submitted to Welsh Government on 31 March 2026, in line with the NHS Wales Planning Framework.

The IMTP sets out the Health Board’s strategic intentions and delivery priorities for the period 2026–2029, with a particular focus on what the organisation aims to deliver in 2026/27. It reflects a transition from organisational stabilisation towards system-wide delivery, with a strong emphasis on prevention, coordinated care, improved access and outcomes, and the development of a modern, sustainable health and care system for North Wales.

Central to the plan is the recognition that delivery of these ambitions is explicitly dependent on effective partnership working across health, local government, social care, the third sector, primary care contractors and wider system partners.

On 13 February 2026, the Chief Executive, on behalf of the Health Board, submitted an Accountable Officer letter to Welsh Government confirming that the organisation would not be in a position to submit a balanced IMTP for the

forthcoming year. This position reflects unavoidable and material financial pressures which exceed the Health Board's available recurrent funding. Despite exhaustive efforts to maximise efficiencies, deliver savings and mitigate cost pressures, the organisation remains in a planned deficit position.

The IMTP therefore represents an unbalanced but credible annual plan, set within a three-year strategic context. It demonstrates:

- clear and quantified savings trajectories aligned to the Value and Sustainability programme;
- realistic delivery assumptions aligned to capacity and workforce considerations;
- full transparency regarding financial risk, affordability gaps and mitigating actions; and
- alignment to Welsh Government priorities, Ministerial Advisory Group recommendations and Special Measures de-escalation criteria.

The presentation to the Local Partnership Forum focuses on highlighting those areas of the IMTP where successful delivery in 2026/27 requires collective system action, including prevention and health inequalities, community capacity, urgent and emergency care flow, workforce sustainability and place-based service models.

It provides an opportunity to reinforce shared understanding of system dependencies and to support alignment between the IMTP and partnership priorities.

Members are asked to resolve:

- To note the Integrated Medium-Term Plan 2026–2029 submitted to Welsh Government.






Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	Date	Outcome, Evidence and Data
Regional Partnership Board (RPB)	16/01/26	See collateral and minutes
Joint PPHP / PFIG Committee	20/01/26	See committee collateral and minutes
Health Board	29/01/26	See private collateral and minutes



Local Partnership Forum (LPF)	03/02/26	See committee collateral and minutes
PFIG	24/02/26	See committee collateral and minutes
Board Development	26/02/26	See collateral
Stakeholder Reference Group (SRG)	02/03/26	See committee collateral and minutes
PPHP	05/03/26	See committee collateral and minutes
Health Professionals Forum (HPF)	06/03/26	See committee collateral and minutes
PFIG	17/03/26	See committee collateral and minutes

Acronyms / Glossary of Terms	
PPHP	Planning, Population Health & Partnerships Committee
PFIG	Performance, Finance and Information Governance
IMTP	Integrated Medium-Term Plan



ASSESSMENT	
Link to Strategic Priorities	    
	<p>2. Developing strategy and long-lasting change</p> <p>If more than one applies, please list below:</p>
Design Principles	<p>Simplify, Standardise, and Adopt Best Practices</p> <p>If more than one applies, please list below:</p>
Corporate Risks and Board Assurance Framework	<ul style="list-style-type: none"> ▪ BAF24-01 - Not Fully Building an Effective and Accountable Organisation ▪ BAF24-02 - Not Delivering Strategic Development and Digital Transformation ▪ BAF24-03 - Not Achieving Long Term Financial Sustainability ▪ BAF24-04 - Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability ▪ BAF24-05 - Not Engaging with Citizens, Partners and Communities ▪ BAF24-06 - Not Delivering the Required Improvements to Transform Care and Enhance Outcomes ▪ BAF24-07 - Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk ▪ BAF24-08 - Not Implementing Evidenced Based Improvement and Innovation
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Pass
	If no, please include rationale:	



Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Pass
	If no, please include rationale:	
Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i>	Enablers of Quality All Apply	Domains of Quality All Apply
	If more than one applies, please list below:	If more than one applies, please list below:
Wellbeing of Future Generations Act – Wellbeing Goals	A Healthier Wales	



Environmental /Sustainability Impact (5Rs)	If more than one applies, please list below:	
	No - Not Applicable	
	If more than one applies, please list:	
Armed Forces Covenant Due Regard Duty Have you considered the Armed Forces Covenant Due Regard Duty?	Yes: <input checked="" type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	Pass
	If no, please include rationale:	
Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	
Legal	Yes (Include further detail below)	
	There is a statutory duty to develop an IMTP under the NHS (Wales) Act 2006, as amended by the NHS Finance (Wales) Act 2014. The Health Board must prepare a plan which sets out its strategy for securing financial balance, whilst improving the health of the population and providing healthcare to meet needs.	
Reputational	There is no direct impact on the reputation of the Health Board as a result of the activity outlined in this report.	
Resource Impact (People / Financial)	Yes (Include further detail below)	
	The IMTP outlines how the organisation intends to utilise its resources, both people and financial.	

Integrated Medium Term Plan (IMTP)

Local Partnership Forum

5th May 2026



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Purpose of Today



- To explain what the IMTP is seeking to deliver in 2026/27
- Be clear where that delivery depends on partnership action / system working
- Set out a shared commitment

“Our approach must focus on quality of life, prevention, early intervention and improved coordination across the whole system, delivered in partnership with local authorities, primary care, the third sector and communities.”

Dyfed Edwards & Carol Shillabeer (IMTP 2026-2029)

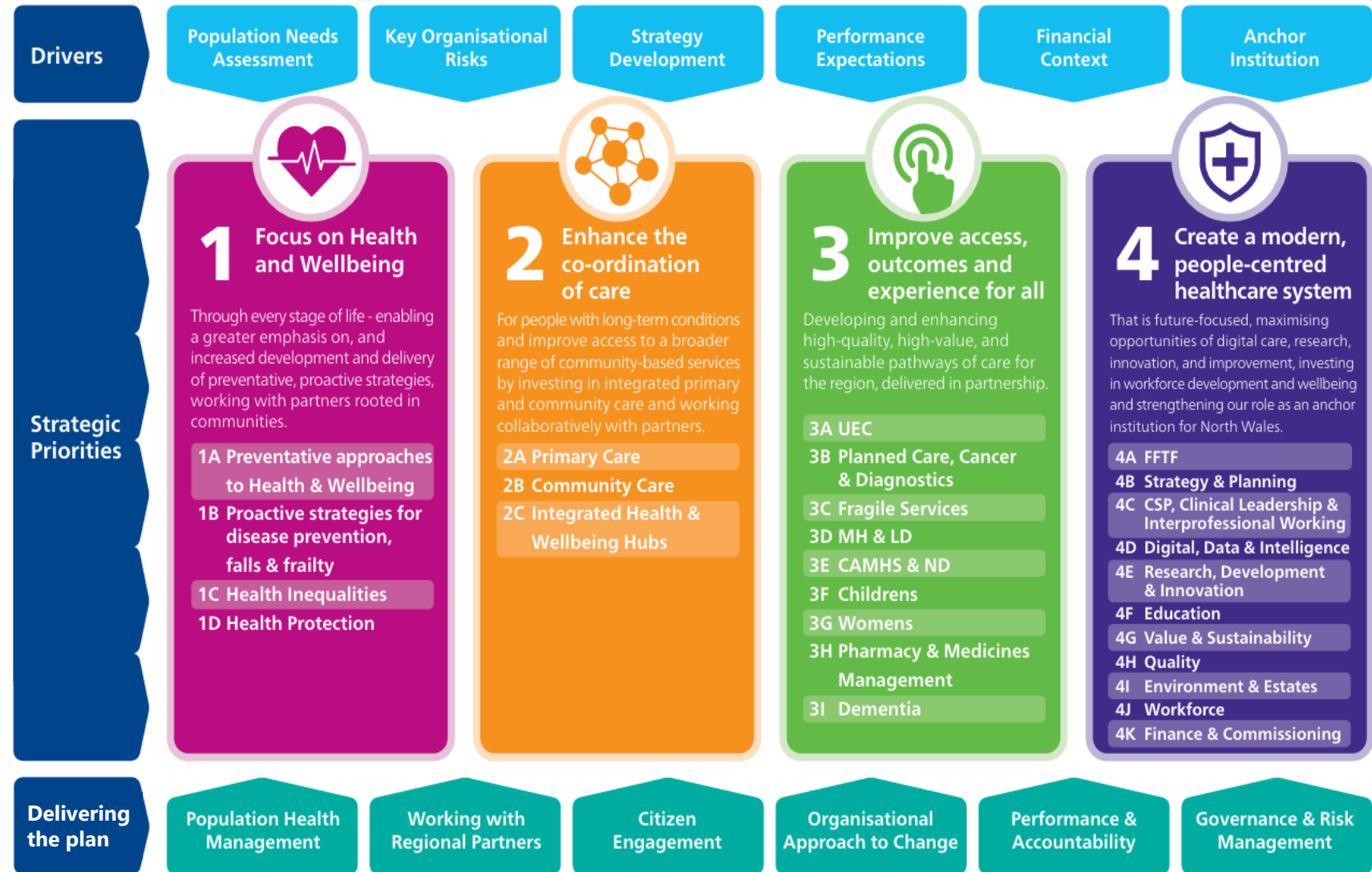


- Started the journey to more **continuous planning**, developing aspects of the plan more organically through for example the PPHP development session on prevention.
- Earlier and more **engagement**, both internally and externally.
- **Planning Maturity Matrix** self-assessment informed improvements to the **Integrated Planning Framework**.
- More detailed **service level plans** submitted for all services across the organisation, with **alignment** to those key priorities highlighted within the **IMTP**.
- The plan itself is much **more delivery focused**, with **timescales**, **impact** for the population and **risks/mitigations** all embedded within the plan itself.
- Absolute **clarity** on which **Welsh Government requirements** are covered where in the plan, across all Planning and Performance framework related requirements as well as Ministerial Advisory Group (MAG) recommendations and Special Measures de-escalation criteria.
- Important but **more business-as-usual** elements of the Health Board's work captured in a **separate section**, meaning deliverables tracking is focused on the key priorities.
- The plan is **stretching**, yet **realistic** and **deliverable**.
- Progress made, although more to do on a truly **unified modelling** approach with services – taking a regional approach will help this.

- The Health Board remains on a journey of **stabilisation** > **standardisation** > **sustainability**. Much of the stabilisation is complete, lots more work to do in standardisation and then on to sustainability.
- Crucial strategic and transformational enablers underway with **Foundations for the Future** and the **Clinical Services Plan** unlocking effective **pan North Wales** working through **organisational structures, modern workforce, clinical and service models**.
- **Operational delivery** is a key focus, becoming synonymous with **patient safety** and not just about **access**.
- Fundamental principles are about improving **productivity, efficiency and quality**, reducing **unwarranted variation** and freeing up resources to **invest into prevention and early intervention** – improving **outcomes and experience**.
- Shift thinking from attempting to medically treat every individual illness to **managing quality of life** across multi-morbidities, working with **partners** across the **whole system**.
- Got to be **ambidextrous** – address the **here and now** challenges and create **long-term** sustainable services embedded in **communities** and addressing **health inequalities**.
- Plan is set in a **challenging financial environment** with the Health Board having to make tough decisions and enact a robust financial recovery plan

This year the organisation has taken the first steps into its **new strategy development**, approving the 4 Strategic Intent statements that were co-created with partners. These replace the 5 Strategic Objectives as the Health Board transitions from Special Measures response into the new strategic direction.

- Covers **2026–2029**, with detailed focus on **2026/27**
- Developed during stabilisation and post-Special Measures recovery
- Shifts from:
 - internal improvement → **whole-system delivery**
 - hospital-centric → **community and prevention first**
- Anchored on **four Strategic Intent**s (Section 4)



Prevention & Health Inequalities

- Marmot principles
- Anchor Charter commitments
- Social prescribing, inclusion health

Community Capacity & Flow

- Community by Design
- Frailty, falls, palliative care
- Delayed pathways of care

Urgent & Emergency Care

- Whole-system flow (front door → back door)
- Ambulance handovers depend on discharge

Workforce & Sustainability

- Integrated workforce planning
- Third sector scalability
- Primary care stability

What Partners are being asked to do differently...Move from → to

Engagement → **Co-production**

Organisational plans → **Shared system priorities**

Activity focus → **Outcomes and flow**

Short-term fixes → **Sustainable models**

Formal Partnership Mechanisms

- Regional Partnership Board (RPB)
- Public Service Boards (PSBs)
- Anchor Institution Framework
- Joint commissioning arrangements
- Integrated governance for Community by Design
- ...

Shared Commitments & Key Questions

Health Board is committing to:

- Clear priorities and programme management
- Transparency on delivery risks and dependencies
- Early engagement on service change
- Shared data and intelligence

Where do we go from here?

1. Where can partnership accelerate delivery fastest?
2. Where are the biggest shared risks?
3. What support do partners need to commit fully?
4. How should LPF track delivery through 2026/27?

What we are asking from our Partners:

- Joint ownership of prevention and inequalities
- Commitment to scaling community alternatives to hospital
- Shared accountability for discharge and flow
- Support for workforce and third sector sustainability

Learning & Reflection Opportunity

While its fresh in mind:

- What was your experience?
- How can we improve planning through our next cycle?
- What else?

Thank you and Questions

**Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the People & Culture Committee
held in Public on 9 April 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 (<i>via Teams</i>)
Paul Lambert	Independent Member
Clare Budden	Independent Member
In Attendance	
Jason Brannan	Deputy Director of People
Clara Day	Executive Medical Director (part meeting)
Dyfed Edwards	Chair of the Health Board (part meeting)
Debbie Eytayo	Executive Director of People and Organisational Development
Jody Evans	Assistant Head of Risk Management
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment and Estates (<i>via Teams</i>)
Georgia Roberts	Senior Associate Director People Services
Katie Sargent	Head of Employee Engagement and Experience
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Corporate Governance Manager
Philippa Peake-Jones	Head of Corporate Governance

OPENING BUSINESS
<p>PC26.01 Welcome and Apologies</p> <p>Apologies were noted for Teresa Owen and Tehmeena Ajmal.</p>
<p>PC26.02 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PC26.03 Unconfirmed Minutes of Meeting held on 4 December 2025</p> <p>It was agreed that the minutes of the meeting held on 4 December 2025 were a true and accurate record.</p>
<p>PC26.04 Matters Arising & Action Log</p> <p>The Committee reviewed the action log and agreed to close the actions that were proposed for closure.</p>

STAFF STORY

PC26.05 Staff Story

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

- Due to the sensitive nature of the subject matter, there was no video to accompany the story on this occasion.
- The 'Speak Up Safely' guardian had been consulted and the individuals involved in the story had decided not to escalate the issues further and wished to remain anonymous.
- Information and data had been gathered from colleagues across the Health Board regarding the issues being addressed.
- The issue highlighted took place in theatres and the Head of Employee Engagement and Experience read out the statement shared by the individuals involved.

In discussing the staff story, the Committee:

- Recognised the importance of addressing issues in this area noting the impact of the statement received. The statement refers to the language and culture within the organisation, highlighting which behaviours are considered acceptable or unacceptable.
- Confirmed the team's endorsement of the All Wales Communications and Engagement Strategy which outlines the appropriate methods for conveying such matters to staff.
- Referred to the 2024 Staff Survey data highlighting that 9.5% of employees reported unwanted sexual behaviour from patients, services users, or the public and 3.8% of employees reported unwanted sexual behaviour from colleagues noting that only 17% of the workforce completed the Staff Survey during this period therefore the actual figures could be higher.
- Acknowledged the need for an organisational approach to effectively manage Medical Workforce issues to review and align consultant behaviour with established standards, initiate constructive conversations and address persistent concerns across the organisation.
- Referenced the support required for International Medical Graduates joining the Health Board in relation to cultural norms and expectations to integrate international staff effectively and ensure all staff clearly understand what behaviours are considered acceptable or unacceptable as it is the responsibility of the organisation to foster a supportive workplace culture.
- Highlighted concerns around power dynamics and questioned whether the whistleblowing system is functioning as intended. It was confirmed that focus is required to implement the Culture Change Programme within the Medical Workforce to support and educate staff. The 80% female composition within the Health Board may underline an existing power imbalance prompting the need for ongoing staff education, implementation of consistent standards and urgent action against unacceptable and discriminatory behaviours.
- Noted the work taking place to promote a culture where staff feel safe to speak up and challenge inappropriate behaviour, including the need to roll out bystander training to empower employees with tools and support to intervene and uphold acceptable standards across the organisation.

- Stated that all new employees, regardless of heritage and background, need to have a clear understanding of the organisational norms, values and behavioural expectations and a commitment to work in accordance with these standards.
- Confirmed that targeted engagement may be required for international recruits to help people embed into the culture of living in North Wales. It was confirmed that work is taking place to help build communities and develop social activities for international recruits.

It was resolved that the Committee:

- **NOTED** the themes raised.

STRATEGIC PRIORITIES

PC26.06 People Operations Report

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

- Vacancy rates have increased by 8.3% as anticipated due to controls instigated around costs.
- Corporate services currently display the highest vacancy rate with Estates and additional Clinical Services also experiencing elevated vacancy rates.
- Monthly sickness rates remain high, a deep dive into sickness is underway following the sickness actions presented to the Committee in December 2025.
- There has been an increase in respiratory illness levels as expected during the Winter months and ongoing work is taking place around staff vaccinations.
- PADR completion rates remain at 80%, showing a 2% increase compared to last year.
- Mandatory Training compliance is consistently above the 85% target and currently stands at 91%.

In discussing the report, the Committee:

- Acknowledged the sickness figures and queried whether there are any persistent areas of concern that could identify issues at a strategic level and therefore could be targeted. It was confirmed that hot spot areas are identified and the information is correlated at operational level suggesting that hot spot reports could be reviewed in further detail to identify any trends over a length of time at strategic level.
- Queried when the new PADR system will be fully rolled out, it was confirmed that this is still in the testing phase, it is being trialled with local teams and is due to be launched between April and June 2026. A training and education programme will also be shared alongside the system to provide support.
- Challenged the outcome of the information being provided querying what action is being taken to address specific areas such as strengthening talent management, managing high application volumes and retaining quality candidates for future roles. It was noted that AI has had an impact on the volume of applications being received and this also has a consequence on the quality being provided.
- Referred to the Staff Survey results which indicate that staff pride in working for the organisation remain below the Welsh average, it was suggested a short-term plan may be required to address this issue as the Culture Change Programme will be a long-term process. It was also suggested that further work is completed to identify

staff interested in partial retirement and link this to succession planning and retention.

- Questioned whether there are unintended consequences of not appointing permanent employees and relying on bank and agency staff. It was confirmed that there are controls in place for bank and agency staff, a number of positions are being held as part of the Foundations for the Future programme however managers are being encouraged to permanently appoint staff to lower level posts.
- Highlighted that those areas rated with the lowest compliance figures need to be informed to ensure lead Directors are given the opportunity to share any action being taken to address percentage rates noting that the Corporate Governance Directorate is performing well and the statistics require context to provide the overall picture.

It was resolved that the Committee:

- **NOTED** the current position provided.

PC26.07 Employee Experience and Engagement Report

The Committee received the report and the Deputy Director of People and the Head of Employee Engagement and Experience highlighted:

- The content of the report aligns to the commitments in the Integrated Medium Term Plan to develop a sustained and compassionate culture, nurture culture change leaders and establish a Culture, Engagement and Leadership Improvement Plan for 2025-2028.
- Organisational improvements in employee engagement have focused on building staff connections, recognising achievements and fostering a sense of belonging, with Professor Michael West contributing to the learning and progress.
- A clear engagement approach is required defined by improved communication and involvement with employees, development of wellbeing and recognition noting that the Seren Betsi Award has been relaunched. It was also noted that engagement needs to be measured through the use of staff surveys and focus groups to ensure the process can be adapted as we move forward.
- Recent staff survey data indicates a downward trend in engagement, with core engagement at 69%, further feedback is expected next month to ensure this can be triangulated with the work being completed.
- There is a need to listen to staff and this area of work is being developed through the People Managers Forum, sessions with the Chair and Chief Executive and the use of staff engagement tools to ensure support is available for managers.
- A strategic framework is being utilised to provide alignment with Culture and Leadership Programme to ensure synergy in this area of work.
- The Staff Survey highlights that 70% of staff feel valued by their managers but only 40% of staff feel valued by the organisation therefore further work is required to enable local ownership for managers to address issues and provide support such as compassionate and awareness sessions.

In discussing the report, the Committee:

- Acknowledge the relaunch of the Seren Betsi award noting the value in engaging with and recognising staff contributions and understanding the importance of what

organisational culture means to individuals to develop a more positive outlook towards the organisation.

- Recognised the amount of activity completed and the aim to achieve more positive than negative outcomes suggesting this could be tested by opinion polls as we move forward on the improvement journey.
- Suggested workforce team initiatives could be implemented at local level such as providing drop-in sessions to involve staff more directly and provide assurance that engagement is taking place. It was confirmed that recent shifts have been seen following the last Staff Survey which has encouraged teams to take responsibility for areas of staff engagement such as providing time for staff to complete surveys and discussing culture and engagement at local People and Culture meetings to maintain the momentum.
- Referred to the “You Said, We Did” document suggesting this could be bolder and more honest by reflecting on the issues highlighted. It was confirmed that there are areas where managers are asking staff to complete short surveys around how they are feeling and suggested the need to encourage others to do the same to help identify and address issues in a timely manner.
- Noted the Strategic Intent and queried whether this has previously been shared. It was confirmed that this is part of the overarching Culture and Leadership Programme which aligns to the Synthesis Report. The Board have approved the Health Board Strategic Intentions therefore this work needs to align with the ongoing development of the organisation strategy.
- Queried the level of engagement within clinical and medical teams and whether these groups are encouraged to provide feedback on improving ways of working. It was confirmed that the clinical workforce are currently disengaged due to slow decision making processes but do want to contribute to change therefore timely progress is required around the Clinical Services Plan and the Foundations for the Future Programme to enhance engagement in this area.

It was resolved that the Committee:

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

PC26.08 Three Year Culture, Leadership and Engagement Improvement Plan

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

- The plan has been developed following feedback from the Board and now includes clear overarching objectives and identifies the measures for delivery.
- The objective owners will receive support from the Culture and Leadership team to ensure they are aware of their responsibilities aligned to this plan.

In discussing the report, the Committee:

- Agreed that the report requires further work to review and reprioritise the actions to ensure they support organisational change and provide assurance to the Committee against delivery of the actions going forward.
- Confirmed the need to align this work with the Foundations for the Future Programme.

Action:

- **PC26.08.1** Bring the Three Year Culture, Leadership and Engagement Improvement Plan back to a future meeting of the Committee once further work has been completed to review and reprioritise the actions.

It was resolved that the Committee:

- **SUPPORTED** and **AGREED** the Three-Year Culture, Leadership & Engagement Improvement Plan recognising that further work was required in terms of the 'actions'.

PC26.09 Strategic Workforce Planning Framework

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

- The report was shared with the Committee for noting and assurance not for approval.
- A verbal update has previously been shared with the Committee; the framework has now been developed and shared with the Executive Committee before being presented at the meeting.
- The framework sets out the position of the organisation and will be rolled out for implementation across service areas.

In discussing the report, the Committee:

- Suggested 'for noting' items could be shared outside of Committee meetings going forward. It was agreed that this would be discussed at the next Chair's Assurance Group.
- Queried whether the Committee should review the implementation and effectiveness, it was confirmed that the report provides assurance that the implementation will align to the Three-Year Culture, Leadership and Engagement Improvement Plan but suggested an annual update to the Committee would be useful commencing in April 2027.
- Confirmed that, subject to Audit Committee approval, the Internal Audit Team are planning to review Workforce Planning in 2026/27 due to it being previously deferred and this will be a key document to review the implementation.

Action:

- **PC26.09.1** Discuss at the Chair's Assurance Group whether 'for noting' items could be shared outside of Committee meetings going forward.

It was resolved that the Committee:

- **SUPPORTED** the revised Strategic Workforce Planning Framework.

PC6.10 Education and Training Plan 2027-2028

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

- The report was shared with the Committee for noting not for approval.
- The information provides an update on the draft Education Training Plan numbers and the Workforce Planning response to Health Education Improvement Wales

(HEIW) for review ahead of being collectively submitted with all NHS Wales returns to Welsh Government.

- The final draft is due to be submitted by the end of February 2026 and Welsh Government will provide confirmation in August 2026.
- The information is currently contained within Workforce Planning but will require alignment going forward.

It was resolved that the Committee:

- **SUPPORTED** the submission of the 2027-2028 draft Education Training Plan to Health Education Improvement Wales by 31 January 2026.

PC26.11 Strategic Equality Plan 2024-2028

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

- The report provided an update on progress in relation to the actions within the Health Boards Strategic Equality Objectives and Action Plan for 2024-2028.
- There is a need to align this work with the Culture and Leadership Programme noting that some areas of this work are completed on a National basis.
- The report highlights the area that require focus including reducing inequalities in access and embedding equality, diversity and inclusion into governance and decision-making. Work is taking place however significant progress is required in this area.
- The Team continue to review the processes and systems in place to ensure they are sufficient enough to make sure people do not feel discriminated.
- The Recruitment Team are working closely with the Equality, Diversity and Inclusion Team to identify the themes from the previous Workforce Race Equality Standard and provide communication and support where required.
- This work links in with the All-Wales Anti Sexual Harassment Policy as the Equality, Diversity and Inclusion Team have helped to shape the policy.
- Dedicated resource is now available to provide support and the Speak out Safely Guardians are available to signpost people where required.

In discussing the report, the Committee:

- Noted that there may be a gap in reporting, particularly around the breakdown of complaints by ethnicity and gender and whether the information relates to staff, patients or individuals within local communities. It was confirmed that the Equality, Diversity and Inclusion Team are responsible for both patients and staff noting that all Committees need to own elements of equity.
- Agreed to request that the Quality, Safety and Experience Committee review the breakdown of complaints by Ethnicity.

Action:

- **PC26.11.1** Referred an action to the Quality, Safety and Experience Committee to review the breakdown of complaints by Ethnicity.

It was resolved that the Committee:

- **NOTED** and **SUPPORTED** the actions within the Strategic Action Plan.



PC26.12 All-Wales Anti Sexual Harassment Policy

The Committee received the report noting that this had been discussed as part of the previous item on the Strategic Equality Plan 2024-2028.

It was resolved that the Committee:

- **SUPPORTED** the policy and work of the BCUHB Sexual Safety Task and Finish Group.

PC26.13 Foundations for the Future Programme

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

- Work is currently focussed on the structures workstream and Executive colleagues have been socialising the structure with individual teams.
- Feedback is now being received and correlated and the Executive Committee are meeting on a regular basis to discuss this in further detail.
- A deeper dive is due to take place into the current position of the structures and once this has been completed, the programme will move forward to consultation.

In discussing the report, the Committee:

- Acknowledged the need to welcome feedback and encourage direct discussions with staff to allow measured opinions to be reviewed and ensure staff feel as though they are being heard and action is being taken from the feedback provided as this is an opportunity to move forward as an organisation.
- Agreed the need to review how the work aligns with areas such as the Clinical Services Plan to ensure workstreams overlay.
- Confirmed the close connection to the Culture and Leadership Programme by engaging in a compassionate, open and honest manner which will enable engaged leaders.

It was resolved that the Committee:

- **NOTED** the verbal update provided.

GOVERNANCE, RISK AND ASSURANCE

PC26.14 Consultant Job Planning

The Committee received the report and the Executive Medical Director highlighted:

- This is a significant piece of work which is nearing the stage of having a Standard Operating Procedure agreed by the Medical Workforce Group and the British Medical Association noting that the financial elements need to be finalised before circulation.
- The main area of concern relates to work exceeding 10 sessions, which is being rounded down (e.g. 10.5 sessions counted as 10). It was noted that this discourages staff for completing additional sessions therefore work is taking place to enable sessions to be rounded up, this process is already in place across three other Health Boards.

- A series of workshops are being conducted to understand the new Standard Operating Procedure as significant variation currently exists across sites and services with particular issues in Central.
- A policy is now out for consultation at National level which differs from the local policy, a six month period has been set for reviewing and updating the working document.
- There is insufficient specialist capacity within the Health Board to support an understanding of Consultant contracts, and enhanced internal advocacy is required to provide the necessary expertise in job planning and wider workforce matters.
- A national target of 90% completion rate has been set and efforts are required to drive both quality and quantity however full implementation is expected to take two to three years due to the size and complexity of the work.

In discussing the report, the Committee:

- Queried what contracts are being provided for newly appointed Consultants. It was confirmed that there is a need for flexibility around base and travel to allow negotiations to take place if required.
- Agreed that due to the high level of risk, Consultant Job Planning would continue to be monitored by the Committee, to be provided for assurance rather than noting in future and will also be referred to in the Compliance Report to the Audit Committee.

Action:

- **PC26.14.1** The People and Culture Committee to continue to monitor progress against Consultant Job Planning to be provided for assurance rather than noting in future.

It was resolved that the Committee:

- **NOTED** the update provided.

PC26.15 Corporate Risk Register

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

- There are two risks related to the Committee and going forward, deep dive sessions will take place to review individual risks.
- A wider approach to risk management is being taken forward where risk owners will be requested to confirm the actions being taken in relation to key areas over the next six months to drive down risks within the risk appetite set by the Board.

In discussing the report, the Committee:

- Suggested the need to focus on movement and progress, it was confirmed that there is a need to ensure risk owners are managing their risks and when Executive Directors are invited to provide updates at the Audit Committee, this will also include an update on risks.
- Stated that further work is required in relation to fragile services to ensure these are picked up, it was confirmed that a refresh across all of the risks will be completed to pick up any areas required and ensure clear actions are stated.

It was resolved that the Committee:

- **NOTED** the update on the two strategic risks **CRR25-02** and **CRR25-07** both scoring **16** and remaining above the Health Board's risk tolerance.
- **ENDORSED** both risks for submission to the Board, noting no proposed scoring changes.
- **APPROVED** the revised due dates for three actions and request short impact rationales.

PC26.16 Corporate Governance Report

The Committee received the report and it was resolved that the Committee:

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

CLOSING BUSINESS

PC26.17 Agree Items for Referral to Board / Other Committees

It was agreed to request that the Quality Safety and Experience Committee to look at the breakdown of complaints by Equality.

PC26.18 Review of Meeting Effectiveness

It was agreed that there had been a more succinct agenda that also allowed sufficient time for discussion.

PC26.19 Date of next meeting

Thursday 9 April 2026, 9.30am

PC26.20 Resolution to Exclude the Press and Public

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

Health Board

INTEGRATED QUALITY AND PERFORMANCE REPORT (IQPR)

Dyddiad y Cyfarfod Date of Meeting	26 March 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Ed Williams Dirprwy Cyfarwyddwr Perfformiad Deputy Director for Performance
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	Russell Caldicott Cyfarwyddwr Gweithredol Cyllid Executive Director of Finance
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol **Executive Summary**

This paper presents the Board with a comprehensive overview of Access, Workforce, and Financial performance for the purposes of information and assurance. The report details current performance against established indicators, highlights areas of achievement and challenge, and outlines actions being undertaken to address identified risks and drive improvement.

The Board is invited to consider the contents of this report and to seek clarification or further information as required.

- **Planned Care**
 - Patients waiting 52 weeks or more for their first outpatient appointment:
The Operational teams have utilised national funds to deliver substantial reductions in patients waiting, from 31,905 patients waiting over 52 weeks to reporting 6,504 (an 80% improvement)
 - Patients waiting over 104 weeks for all stages of treatment

The number waiting at the end of February 2026 was 3,098 (under the planned end of March trajectory of 3,782) and an improvement of over 70% from 12 months prior.

○ **Cancer (national standard 75%)**

In January 2025 the Health Board treated 50.8% (232 out of 457) of patients within the targeted 62 days, with treatment of backlogs impacting on reported performance in month adversely (breaches reported at time of treatment). The targeted performance to move out of special measures being 55% consistently over a period of months, with plans in train to achieve this targeted delivery, noting level one targeted performance to be 75%.

○ **Diagnostics**

Over 12,000 additional diagnostic episodes have been undertaken following the implementation of the National initiative to see 45,000 additional first new outpatient appointments. The further 15,000 local outpatient episodes and additional elective activity stimulating further demand for diagnostic activity and placing pressure on the service to deliver.

However, performance has improved to 19,397 patients waiting in excess of 8 weeks for a diagnostic in February 2026 (21,800 in January 2026) demonstrating the impact of the additional solutions in place to deliver improvements in Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy. Plans are being closely monitored to continue to improve patients waiting over 8 weeks at the end of March 2026.

○ **Urgent & Emergency Care**

The Minister has identified performance in relation to patients waiting in excess of 12 hours and ambulance handovers exceeding 45 minutes as two priority areas of concern. Even when accounting for February being 3 days shorter than January, performance has improved as follows:

- Patients waiting in excess of 12 hours: 3,280 (26% of attendances)
- Patients waiting in excess of 24 hours: 1,727 (11% of attendances)
- Patients waiting in excess of 48 hours: 685 (5% of attendances)
- Ambulance handover delays over 45 minutes: 2,057 (62% of conveyances)
- Longest ambulance handover delay: 28 hours

The number of patients experiencing delays to their pathways of care is higher at 348 in February 2026 (322 in January), the number of bed days lost has decreased slightly at 13,992 (14,180 in January). This is over 4,000

higher than the bed days lost in February 2025. Statistically, there has been no improvement in the number of pathways of care delays since April 2023.

Whilst plans are in place to support improvements, performance within the urgent and emergency care space continues to deteriorate and will remain an area of concern and focus as we progress into 2026-2027.

○ **Finances**

The Health Board has implemented additional control measures. However, on assessment of the benefits expected in the remaining months of the financial year a recommendation has been made to revise the outturn to a £17.4m deficit for 2025/26.

The revision to outturn represents a deterioration of 0.6% of turnover and places at risk securing conditionally recurrent funding of £82m received in 2025/26 into 2026/27 and beyond.

Members are asked to note the above and further that contained within this summary report that highlights key performance for the Health Board. The appendix to the report (appendix A – The Integrated Performance Report) identifying further the wider performance metrics.

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

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Not applicable for this report		

**Acronymau / Rhestr Termiau
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	



C&V	Betsi Cadwaladr University Health Board
CRR	Cardiff and Vale University Health Board
CTM	Corporate Risk Register Reference
ENT	Cwm Taf Morgannwg University Health Board
GDS	Ear, Nose, and Throat
GP	General Dental Services
HDda	General Practitioner
HEIW	Hywel Dda University Health Board
IHC	Health Education and Improvement Wales
LPMHSS	Integrated Health Community
MH&LD	Local Primary Mental Health Support Services
MMR	Mental Health and Learning Disabilities
NHS	Measles, Mumps and Rubella
NR	National Health Service
PADR	non-recurrent
PFIG	Performance Appraisal and Development Review
QSE	Performance, Finance, and Information Governance Committee
SB	Quality, Safety, and Experience Committee
SM	Swansea Bay University Health Board
WAST	Special Measures
WG	Welsh Ambulance Services NHS Trust
YTD	Welsh Government
	year to date



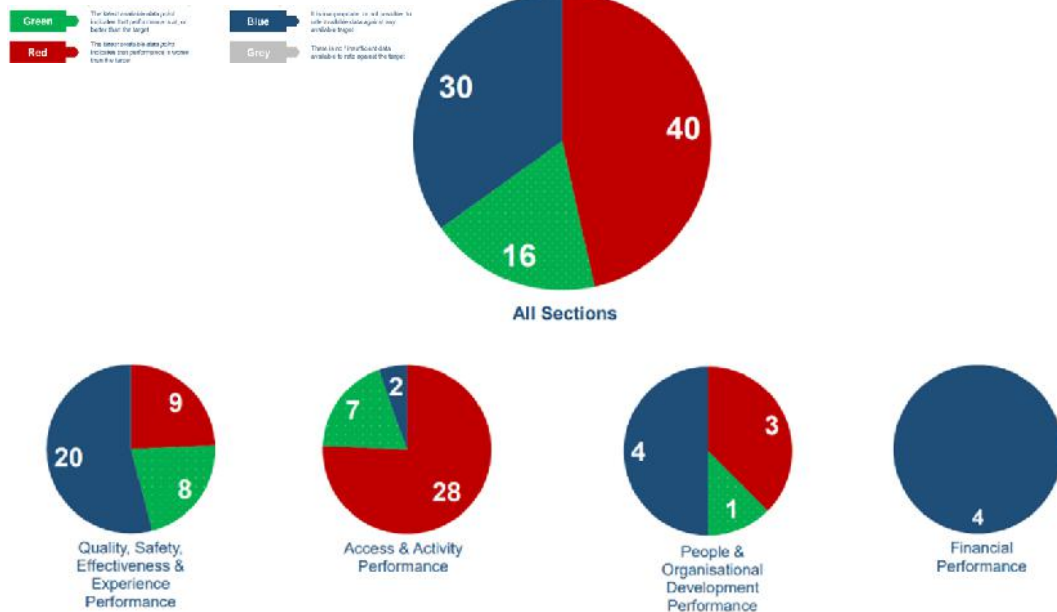
GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board



INTERGRATED QUALITY & PERFORMANCE REPORT

1. Y SEFYLLFA SITUATION



1.1

1.2 Of the measures from the NHS Wales Performance Framework included in the report, 16 are on target, 40 are off target. This is a worsening position compared to January's report (21 on target, 35 off target). It remains clear that there continues to be significant risks to delivery on a number of key metrics for which the attached report at appendix I, gives further detail within the relevant dashboards for each of the four quadrants, as articulated within the above graphic.

1.3 A prioritisation of the metrics off plan has been used to populate the escalation section of the IQPR (see appendix I) to give greater focus to the metrics we are seeking to enhance in the short term. This summary report will indicate some key elements from our quality, our access and activity, our people and our finance as seen within the Health Board.

1.4 The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve (based on historic delivery and in year comparison) and in some instances attains national targeted levels.

1.5 Throughout 2025-26, plans are being implemented to support delivery priorities to substantially improve elective wait times, outpatients (new & follow up) cancer and 8-week diagnostic performance.

1.6 Members are invited to review the detail contained within the performance report to assess areas of key challenge and improvement opportunity, debating delivery on a balanced scorecard.

2 Y CEFNDIR BACKGROUND

2.1 The Performance Directorate now reports through to the Executive Director of Finance's portfolio, with development of the Integrated Quality and Performance Report (IQPR) a key objective to ensure the needs of Operational forums, Executive, Committees and the Health Board are met. The development of the report will build on the launch of the Foundations for the Future model for services, which is essential to ensure clarity on roles, responsibilities and accountability.

2.2 Statistical Process Control Charts (SPC) will be the main vehicle to report performance (historical, current and future trends) ensuring movements in performance are understood. It is essential the users of the reports can ascertain the impact of key actions expected for future performance, and importantly how this compares to that contained within our Integrated Medium-Term Plans (IMTP) and national expectations.

2.3 Initial meetings with the Executive, Senior Leadership and the teams have occurred, with further debate to occur with Health Board colleagues to shape the future report model, the anticipation being this would be supported by;

2.3.1 Hierarchical reporting (the information tailored for the audience)

2.3.2 Review of metrics used for assessment, ensuring relevance

2.3.3 Engagement with Operational and Clinical teams, to ensure actions planned to improve performance are quantifiable and thus can be used to forecast delivery

2.3.4 A refreshed 'Performance and Accountability Framework' that will enable areas and directorates that require additional support to be identified and support offered

2.4 The implementation of 'Foundations for the Future' in providing clarity on roles and responsibilities will support identification of lines of accountability, it is important that the accountability framework recognises high performing areas and differentiates with those requiring support to deliver improvement. Reporting future performance requiring Operational & Clinical colleagues to determine action to be taken and expected impact.

2.5 Whilst these developments are progressed, the report will continue to be presented within the current format, each section will endeavour to enhance reporting with inclusion of;

- 2.5.1 A one-page high level summary of matters to be highlighted to members.
- 2.5.2 Then a page per quadrant, supporting a more focused view of the performance.
- 2.5.3 Finally, each performance metric is then articulated within the report to provide the detail should officers seek to understand more in regards to a particular metric.

3 MATERION PENODOL I'W HYSTYRIED SPECIFIC MATTERS FOR CONSIDERATION

- 3.1 Of the measures from the NHS Wales Performance Framework included in the report, 16 are on target. Whilst this is a deterioration from the previous report (21 on target) it remains clear that there continues to be significant risks to delivery on a number of key metrics described within this report.
- 3.2 The Health Board continues to face significant challenges in attainment of the performance targeted within the national and local plans and escalation continues in these areas as a consequence. However, it is of note that in a number of areas performance continues to improve, with members invited to review the detail contained within the summary and full performance report to assess areas of key challenge and improvement opportunity.

3.3 Quality, Safety and Experience

No New Never Events were registered within this reporting

3.4 Access and Activity Performance

3.4.1 Introduction to Planned Care Delivery

This section contains the greatest number of measures within the report and articulates the access to services experienced by our local population. The Health Board submission of the Integrated Medium-Term Plan (IMTP) indicating attainment of national directives for Planned Care on the basis of;

- Receipt of additional funds to support 104-week delivery
- Ability to commission activity from the private sector for key specialities

The Health Board planned at commencement of the financial year to receive £12.5m to support enhanced delivery, receiving an allocation of £5m upon commencement of the financial year and latterly in December 2025 a further £2m to support commissioning of external provision.

The Health Board continues to seek to improve performance and has implemented additional oversight and escalation within Planned Care, with

further oversight and governance through a weekly meeting of the Chair and Vice-Chair for the Health Board.

3.4.2 Planned Care Performance

3.4.2.1 Patients waiting over 52 weeks for a first outpatient appointment



The introduction of a centrally managed booking service for first outpatient appointment and adoption of GIRFT recommendations for each speciality in regards to clinic bookings resulted in a stabilisation of deterioration in performance that had been experienced throughout the Health Board.

In addition, the national initiative of placement for insourcing to service patients first new outpatient appointments has seen over 2,000 patients per weekend. This additionality has dramatically reduced the numbers of patients waiting for first outpatient appointment and this trend is set to continue for the remainder of the financial year. The position at the end of February 2026 was 7,014 (with unvalidated position as at 13th March of 6,504).

The modelling indicates there will be under 6,000 patients waiting over 52 weeks for a first new outpatient appointment by the end of the financial year. However, it is important to note some of these patients will require further intervention and this will place pressure upon delivery of the future 104-week performance

3.4.2.2 Patients waiting greater than 104 weeks all stages of care delivery



The Health Board set a plan that relied upon an additional £12.5m of resource for insourcing and outsourcing of patients, the plan reflecting post deployment of these funds being to have zero patients waiting over 104 weeks by 31st March 2026.

The additional resources at levels contained within the plan were not received by the Health Board, and thus the targeted improvement in access and reduction in numbers of patients waiting beyond 104 weeks at zero not attained. However, Welsh Government did allocate £5m in quarter one of 2025/26 and then in December 2025 a further £2m to support improved performance, and this combined with improvements in delivery has resulted in a substantial reduction in patients waiting over 104 weeks. The result being a reduction from over 10,000 to the latest position of 3,098 patients waiting above 104 weeks for conclusion of their care, a 70% reduction and significant improvement.

This has been achieved despite a further 3,000 additional patients per month 'tipping' in to the 104 weeks cohort. This significant reduction exceeding that profiled within the revised plan requested and submitted to Welsh Government (post notification additional funding would not be remitted) of 3,782 patients waiting over 104 weeks. The latest available information indicates there will be less than 3,000 patients waiting over 104 weeks for completion of their treatment at the end of the fiscal year.

The Health Board continues to drive improvements alongside the commissioning of activity through the Planned Care Major Programme, improvements in theatre utilisation (early and late starts plus reducing cancellations at short notice or on the day) will support improvements in delivery to that currently articulated.

3.4.2.3 Cancer Performance (national standard 75%)



In January 2025 the Health Board treated 50.8% (232 out of 457) compared to 52.4% (221 out of 422) in November) of patients within the targeted 62 days, as denoted within the below table;

	BCUHB Total	West	Central	East
Upper GI	77% (24/31) ↑	83% (5/6)	70% (7/10)	80% (12/15)
Haematology	74% (17/23) ↓	100% (6/6)	67% (4/6)	64% (7/11)
Lung	66% (27/41) ↓	57% (8/14)	71% (10/14)	69% (9/13)
Skin	60% (60/100) ↓	63% (15/24)	49% (21/43)	73% (24/33)
Urology	42% (42/99) ↑	50% (18/36)	41% (17/41)	32% (7/22)
Breast	40% (27/67) ↓	64% (9/14)	41% (12/29)	25% (6/24)
Colorectal	33% (13/39) ↑	17% (2/12)	27% (3/11)	50% (8/16)
Gynaecology	33% (9/27) ↓	45% (5/11)	10% (1/10)	50% (3/6)
Head & Neck	30% (7/23) ↑	60% (3/5)	17% (2/12)	33% (2/6)
Total	51% (232/457) ↔	56% (73/131) ↔	45% (80/179) ↓	54% (79/147) ↑

Colour coding: Above target ie 75% and above; 65-74%: below 65%; arrows reflect change from last month

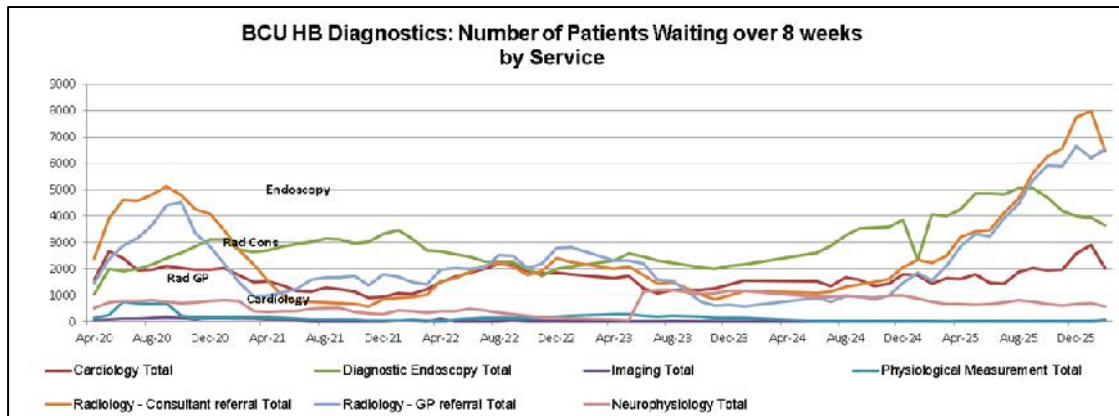
Skin performance fell from 71% in the last quarter to 60% in month due to patients in the dermatology backlog being treated. Reducing the backlog reduces our percentage treated in target in the short term but will lead to improved performance and outcomes in future months. The majority of urology breaches are prostate cancer patients. Insourced prostate biopsies commenced in early February to reduce time to diagnosis. Breast performance remains below plan due to challenges in the screening service in particular.

Colorectal performance improved slightly but pressures in relation to endoscopy capacity remain

Performance across Wales on Cancer performance remains challenged, measures have been deployed to enhance delivery in Dermatology (skin) through insourcing contractual performance, Colorectal with additional endoscopy, Breast through a re-alignment of clinic capacity away from Mondays and additional recruitment to Head and Neck consultants.



3.4.2.4 Diagnostics (performance against the 8-week standard)



Diagnostics performance against the 8-week standard has deteriorated over recent months largely as demand increased (the outpatient national initiative to see 45,000 new outpatients resulting in over 12,000 additional diagnostic tests being required) the demand largely located within Radiology, Magnetic Resonance Imaging (MRI), non-Obstetric Ultrasound and Endoscopy, key information being;

- With 19,397 patients waiting in excess of 8 weeks at end of February 2026 (a decrease from 21,679 reported for January 2026)
- Drivers being increased Endoscopy, Cardiology & Radiology from increased demand from the national initiatives for first outpatient appointments, planned care and urgent suspected cancer performance
- However, for February 2026 there has been an improvement in every modality apart from GP Direct Access Radiology, which continues to grow.
- Welsh Government allocated an additional £3.6m in year to improve waits of 8 weeks at end of March 2026.

Key actions in the current quarter centring upon;

- Interim solutions have been deployed, including mobile MRI and mobile endoscopy suites on sites.
- Continued additional demand management measures

The increased access is set to reduce patient waiting times beyond 8-weeks to approximately 10,000 patients by 31st March 2026, the plan does not achieve a zero position by close of March 2026.

3.4.2.5 Therapy Waits

Just over 1,500 patients are experiencing waits of over 14 weeks to access therapy. These patients are predominantly within Physiotherapy (1,114) and

Dietetics (395), both in the East IHC. An issue preventing improvement in the physiotherapy position in the East remains as accommodation, the teams continuing to develop a solution.

For dietetics, there is a business case requesting resources to provide a service model change in the gastroenterology dietetics service, to reflect the successful pilot programme from 2023/24. Provision of this service would eliminate the over 14 weeks waits in dietetics in the health board.



3.4.2.7 Children's & Adolescent Mental Health Services (CAMHS) and Neurodevelopment

Neurodevelopment waiting times remain a concern, with the Health Board currently ranked as 6th of 7 in Wales with 11.9%. The All-Wales latest performance is 21% as at November 2025 and no Health Boards are achieving the target. However, at 11% BCUHB is achieving its internal improvement trajectory for November 2025.

Ministerial Milestones	Description
No patients waiting over 4 years	Sustained compliance of no patients waiting over 4 years for an assessment
No patients waiting over 3 years	Delivery of no patients waiting over 3 years for an assessment. Trajectory and plan to be compliant with this ministerial priority by end of Quarter 4 has been submitted to Welsh Government for approval
80% of patients seen within 26 weeks	Performance against the national target of 80% remains very low. However, at 11% is in line with internal improvement plan trajectories as we seek to reduce the number of extreme waits first

3.4.3 Urgent & Emergency Care Performance

In February 2026 there were 13,120 attendances to the acute emergency departments in north Wales. Of these, 43.1% were seen within 4 hours and 25% were admitted. Whilst performance against most of the measures are very similar to the February 2025 position, it is of note that the percentage patients seen within 4 hours in February 2025 was 49.5% (a difference of approximately 840 patients).

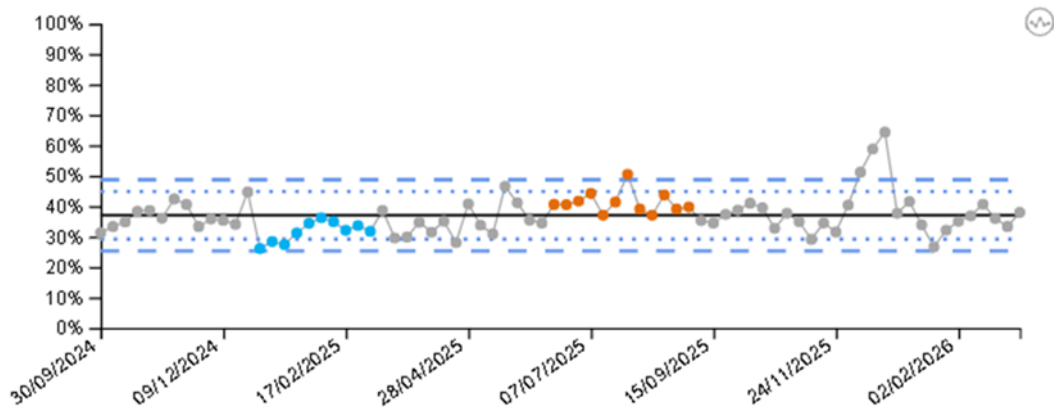
3.4.3.1 Ambulance Handovers within 45 Minutes



There is intense focus placed upon performance in this area, the recent 45 minutes ambulance handover and acknowledgment of harm to patients owing to excessive waiting times is driving an immediate improvement requirement.

The February 2026 position shows an improvement with 2,057 patients waiting over 45 minutes for their handover from an ambulance. 37% of ambulance patient handovers were completed in under 45 minutes. This is the same position as February 2025.

BCU Total - Showing data for: < 45 Min Handovers % Handovers



3.4.3.2 Number patients waiting over 12 Hours in Emergency Departments

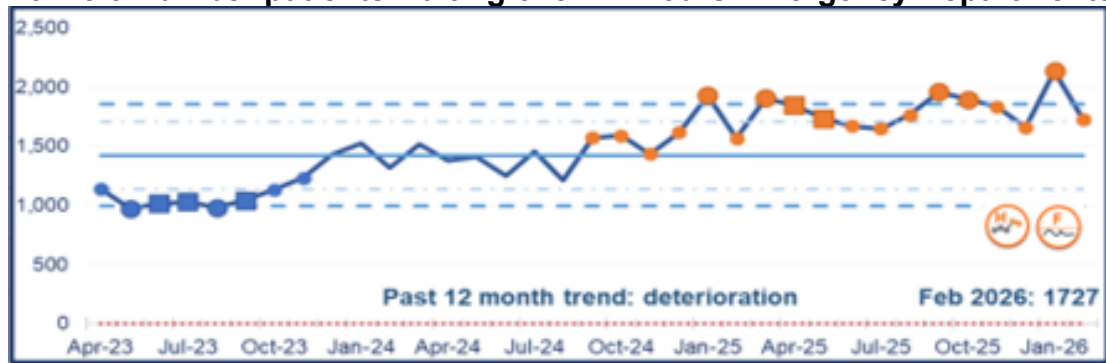
The number of 12-hour waits has decreased to 3,280 (previously 3,656) and is the upper range of the SPC Chart below. Measures to improve performance centre upon a focus on eradication of discharge delays (time of day and medically fit for discharge). Currently only 1 in 6 inpatients are discharged before midday on the day of discharge. The level of outliers significantly impacting the ability of the Health Board to flow through emergency patients. Details of what the health board is doing to improve this position can be seen in the IQPR.



Although the number of patients waiting beyond 24 hours has fallen at 1,727 it remains in a range exceeding normal deviation through the SPC Chart. Work

is progressing with the teams on additional actions that would support enhanced performance in this area and this is detailed in the IQPR.

3.4.3.3 Number patients waiting over 24 Hours Emergency Departments



3.4.4 Summary

The Health Board has achieved improved access for patients waiting for outpatients new (80% reduction in patients waiting) and 104 weeks (70% reduction in patients waiting) for treatment. However, the pace of improvement does not match the ambition of the Health Boards Integrated Medium Term Plan (IMTP).

Major programmes of work in relation to Urgent Emergency Care and Planned Care continue to drive productivity and efficiencies within the Health Board, this being the substantive solution to ensure access to services demands for services are able to be met.

3.5 Workforce and Organisational Development

Key metrics for the People and Organisational Development centre upon;

- Sickness absence has fallen slightly at 6.1%
- The percentage of agency spend as a proportion of the total pay bill totals 2.8%
- The appraisal rate remains over 80% across the Health Board

3.6 Financial Performance (Month 11 (February 2026))

The Health Board has a cumulative deficit to month 11 of £17.3m, drivers being;

- Joint Commissioning Cost Pressures
- Capacity Pressures (additional beds open)
- Out of Area placements (Mental Health)

- English tariff inflation
- Employers National Insurance (funding shortfall)

The Health Board continues to seek mitigations, further costs centring upon national pressures associated with pay structures and Welsh Risk Pool are now to be offset through additional resource allocations (confirmation received 11th December 2025).

If unable to attain financial balance, the £82m conditional allocation for 2025/26 is placed at risk of receipt for 2026/27.






Whilst the financials remain a challenge in attainment for the 2025/26 financial year, it is of note that the savings ask of £40m for the Health Board has been attained and exceeded, see below;

In summary, the Health Board has a risk to delivery of plan totalling approximately £25m and will require additional measures to be deployed if the outturn and conditions associated with securing the £82m is to be attained. A Financial Oversight Group has been initiated in order to provide Board oversight to the deployment of measures to attain financial plan.

4 ARGYMHELLION RECOMMENDATIONS

4.1 Gofynnir i'r Bwrdd: The Board is asked to:

- Receive and note the report for assurance.
- Endorse the improvement actions underway.; and
- Identify any areas requiring further scrutiny or escalation.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     4. Improving quality, 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 <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	
<u>Ansawdd</u>	Galluogwyr Ansawdd Enablers of Quality	Meysydd Ansawdd Domains of Quality All Apply

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

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	No - Not Applicable	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>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?</p>	<p>Do/Yes: <input type="checkbox"/></p>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
<p>Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	



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

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod Date of Meeting	27 March 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
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Crynodeb Gweithredol **Executive Summary**

This report provides an overview of key developments and activities led by the Chief Executive between the 9 January and 13 March 2026. The report covers the key interactions with Welsh Government, developments within the health board and wider partnership and community related matters.

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

Pwyllgor / Grŵp / Unigolion Committee / Group / Individuals	Dyddiad Date	Canlyniad, Tystiolaeth a Data Outcome, Evidence and Data
Not applicable for this report		

Acronymau / Rhestr Termiau **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 9th January and 13th March.

2.0 INTERFACE/KEY ANNOUNCEMENTS AND PUBLICATIONS: WELSH GOVERNMENT

2.1 Integrated Medium-Term Plan: Scrutiny Session

The recent Welsh Government scrutiny session tested the robustness of the Health Board's emerging Integrated Medium-Term Plan and sought assurance on our ability to deliver sustained performance improvement across planned care, cancer, urgent and emergency care, and diagnostics. The Executive Team outlined clear trajectories and enabling actions and Welsh Government probed the credibility of the timelines, workforce assumptions, and operational mitigations, emphasising the need for consistent delivery of safety-critical flow improvements, ambulance handover reduction, and strengthened governance of performance risks. The Executive Team committed to refining the final trajectories, evidencing enabling actions already in train, and providing further assurance on capacity, risk management, and implementation certainty ahead of final Integrated Medium-Term Plan (IMTP) submission.

2.2 Intensive Support Team

The implementation of the new Welsh Government *NHS Wales Accountability Framework* issued by Welsh Government comes into effect from April 2026. The Framework establishes clearer expectations for performance, more consistent oversight mechanisms, streamlined national meeting structures aligned to the escalation and intervention framework, and a single performance and outcomes framework to be adopted by all NHS organisations. These changes will shape the way the Health Board engages with national oversight processes, and internal arrangements are now being aligned to ensure full compliance with the expectations of the Framework.

The Intervention Team has now been confirmed as part of the strengthened support arrangements from Welsh Government. As previously communicated, Jane Farrell has been appointed as the Improvement Advisor to lead this integrated team, working across Urgent & Emergency Care, Planned Care and Cancer. The Improvement Advisor will operate alongside the Executive Team and NHS Performance & Improvement (NHS P&I), providing targeted coaching, constructive challenge and specialist delivery support to strengthen grip and accelerate progress in the areas of greatest pressure.

This enhanced support model, led by the Improvement Advisor, brings additional expertise, structure and focus to the Health Board's improvement work and will act as an important mechanism for strengthening delivery discipline and supporting sustainable progress.

2.3 National Assurance Assessment for Maternity and Neonatal Care and Services

The Welsh Government commissioned an Assurance Assessment of Maternity and Neonatal Care and Services, led by Professor Sally Holland with a panel of experts. The Health Board actively participated in the evidence gathering and review process, and although there will be no specific Health Board report the process provided a useful opportunity to again reflect on progress and priorities in this key service area.

In summary the findings of the report include:

Strengths –

- *These include much positive feedback from expectant women and their partners, and new mothers and fathers about many aspects of the quality of their care in maternity and neonatal services. Where they have not received the care they need, many are keen to help services improve.*
- *Staff who engaged with our assessment demonstrated a strong commitment to providing high quality and safe care throughout the maternity and neonatal pathway and we observed much positive practice during our site visits. This commitment was evident despite many challenges in the current system.*
- *Freestanding midwife-led units enable many women to receive antenatal and postnatal care and give birth in high-quality environments, particularly supporting those in rural areas to avoid long journeys to hospital.*
- *At a national and local level, there has been a renewed focus and commitment to maternity and neonatal services in the last few years, and this has led to positive changes in some measurable outcomes.*

Weakness and vulnerabilities-

- *Many families report poor experiences, with concerns about postnatal support, the involvement of fathers and unmet mental health needs.*
- *Our assessment is that national organisations tasked with delivering, commissioning, monitoring, holding to account and driving improvements in maternity and neonatal services are too often working in parallel, rather than maximising the potential of their collective knowledge and remits. The potential for real-time monitoring of data and spotting unsafe trends, understanding inconsistencies and inequalities and setting national and local priorities is not yet realised.*
- *Current staffing levels and configurations do not meet the requirements of current population needs, nor the rapid increase in caesarean births and induction of labour. This means that safety and well-being is compromised throughout the maternity journey. Staff morale has been hit hard by these issues, and by what is experienced as a relentless negativity about maternity services in the public domain.*
- *There are inconsistencies in the organisation and staffing of triage and induction of labour processes and shortages of obstetric theatre provision. Postnatal care, especially, is inadequately staffed and supported.*
- *Analysis and necessary reconfiguration of neonatal provision in south Wales has been unduly delayed.*

- *Wales lags behind Scotland and England in its provision of mental health care in maternity and neonatal units.*
- *The process of responding to incidents, including death and serious injury, is inconsistent, overly procedural and does not reliably involve families. It often serves to further traumatise families who have experienced harm and limits the capacity to learn and improve.*
- *And finally, but importantly, Wales along with the rest of the United Kingdom has seen an unprecedented rise in medical interventions, particularly caesarean rates, without evaluating the consequences for women, babies, families, and for health service resources.*

The Welsh Government response to the Assurance Assessment is yet to be received. For the health board the findings and subsequent response will be considered through Executive fora and Board Committee, specifically Quality, Safety and Experience Committee.

2.4 Royal Alexandra Hospital

The Welsh Government has approved the Business case for the development of the Royal Alexandra Hospital, specifically the Reablement Unit, Minor Injuries Unit, Diagnostics service and other associated elements. This £33M investment in services locally will enable a better offer to people in Rhyl and further afield and will support Ysbyty Glan Clwyd. The work on the development will start in the coming months and will progress swiftly. Phase 2 of the development is currently being worked on in terms of investment in the main hospital and a separate Business case will come to the Board later in the new financial year.

The health board hosted Welsh Government members and key partners to recognise the importance of this development, particularly given the length of time it has taken to successfully gain approval and investment for these services.

3.0 KEY UPDATES

3.1 Executive Team

Since the last Board meeting, there have been several important changes to report on. Following many years of valued service to the organisation, Angela Wood (Executive Director of nursing and Midwifery) has confirmed her intention to retire in August. Her leadership, commitment to quality and support for colleagues have been considerable. There will be an opportunity to recognise Angela's contribution, and recognition of work she has led as her departure approaches; in the meantime, we would wish Angela well during her last few months with the health board.

The Board is also advised of the resignation of Dylan Roberts (Chief Digital and Information Officer) whose final working day will be 9 April. In his time with the health board Dylan has shown innovation and leadership in taking forward key elements of the digital and information agenda. We extend our sincere thanks for his

valuable contribution during a period of considerable operational challenge and wish him well in his future career.

With the Executive Team now almost fully recruited, with recruitment into newly vacant posts being planned, I will now be progressing a structured programme of facilitated development sessions over the coming months. This reflects the organisation's ongoing commitment to strengthening collective leadership capability and aligns with wider development activity already underway, including the regular. These Executive development sessions will focus on building a cohesive leadership culture, supporting role clarity following recent portfolio changes, and ensuring the team is well equipped to lead the organisation through its next phase of improvement. The approach will provide protected time for strategic reflection, shared learning and strengthening executive relationships, helping to embed a unified, resilient and future-focused Executive Team.

3.2 Foundations for the Future

Since the last meeting, significant emphasis has been placed on the socialisation of the *Foundations for the Future* proposals across senior leadership teams to enable Executive Directors to hold open, consistent and transparent discussions with their direct reports on the structural elements of the proposed operating model, ensuring that all senior colleagues receive the briefing within a tight and coordinated timeframe.

Feedback from these sessions, along with insights gathered through wider pre-engagement and socialisation conversations, has been collated and considered by the programme team, reflecting the questions and themes emerging from the various leadership forums Executive Directors have attended. This process has supported clearer understanding of the proposals, helped identify areas requiring further clarification or alignment, and ensured that staff are continually engaged as the programme moves towards the consultation.

3.3 Staff Survey

Part of our aim to improve culture, leadership and engagement is to listen to staff and demonstrate that they are being heard by the Board. One way we have done this is by participating in the 2025 NHS Wales Staff Survey, which was open to all employee for a period of 2 months from 6 October 2025-1 December 2025. We have now received raw response data from the survey, however we expect to receive full results, including qualitative feedback/anonymised free text comments feedback at the end of March 2026.

From the raw data received, we know 5203 of our staff completed the survey which equates to a response rate of 24.9%. Although this is lower when compared to the overall NHS Wales response rate of 30%, it does represent an improvement for the Health Board from 2024 response rate of 17.4%.

The health board achieved a Staff Engagement Index score of 69.3% (70.9% in 2024). This compares to 70.8% NHS Wales (mix of health boards, NHS Trusts and Strategic Health Authorities) staff index score. The staff engagement index score measures staff views on their ability to contribute towards improvements at work, their motivation and their recommendation of the organisation as a place to work. In terms of the staff engagement score, it is positive to note from the raw data that we scored above the NHS Wales average on staff looking forward to going to work 49.2%; staff enthusiastic about their job 65.2%; and staff going the extra mile at work when required 78.5%.

Once we have the full results, we will be able to consider the information by professional groups, seniority and other related demographics. We will provide a detailed report of the findings and proposed actions in response to staff feedback at the next Board meeting. I would like to take the opportunity to thank all colleagues who took the time to share their feedback through the staff survey.

4.0 MEETINGS/VISITS

4.1 His Majesty Coroner meeting

I recently met again with HM Senior Coroner John Gittins to discuss the progress of the health board and priorities for further development. I was able to report the positive progress in relation to the business case approval and procurement of the Mental Health Electronic Health Record with planned implementation starting in 2026/27. Positive working relationships continue to be reported between health board colleagues and the Coroner's Office, with acknowledgment of the significant progress made in relation to the investigation and reporting process, whilst noting that there remain some improvements in relation to consistency of timeframes for reporting which are being taken forward.

4.2 Senedd Members Briefing

As part of the Chair and my ongoing commitment to openness, transparency and constructive engagement with elected representatives, we held our latest structured briefings on 2 March 2026 with Members of Parliament and Senedd Members for North Wales. This provided an opportunity for us to outline recent areas of improvement, acknowledge the challenges we continue to face, and respond directly to questions and concerns raised by members.

The issues discussed reflected what we are hearing consistently through political correspondence, patient feedback, surveys, community conversations, digital engagement and the work of Llais. These included access to planned care; pressures in urgent and emergency care; long waits for children's neurodevelopmental assessments; access to NHS dentistry; and car parking pressures at our acute hospital sites.

Further briefing schedules will be scheduled following the upcoming Senedd election.

4.3 Signing of Memorandum of Understanding with Wrexham University






The signing event with Wrexham University on 16 March marked an important milestone in strengthening our strategic partnership. Through the Memorandum of Understanding, both organisations confirmed a shared commitment to developing the health and care workforce, expanding education and training opportunities, and deepening collaboration in research, innovation and Welsh-language provision. The event brought together senior leaders from both organisations and provided a valuable opportunity to reinforce our joint ambitions. A Strategic Steering Group has already begun overseeing delivery, positioning us to grow local talent pipelines, widen access to learning pathways, and enhance our collective impact across North Wales.

5.0 CONCLUSION

The report intends to give an overview of key activities I have undertaken as Chief Executive and provides an opportunity for feedback.

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	     <p>1. building an effective organisation</p>
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Yr Egwyddorion Dylunio Design Principles	<p>People First</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>
Fframwaith Risgiau Corfforaethol a Sicrwydd y Bwrdd Corporate Risks and Board Assurance Framework	<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</p>

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o'r Effaith ar Gydraddoldeb (sy'n cynnwys gofynion Safonau'r Gymraeg)</i> Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not required</i>
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i> Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	<i>Not required</i>
<u>Answadd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Answadd?</i> Quality	Galluogwyr Answadd Enablers of Quality All Apply	Meysydd Answadd Domains of Quality All Apply



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

<p>Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)</p>	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p>	
	<p>No - Not Applicable</p>	
	<p>Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:</p>	
<p>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?</p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	<p>Not required</p>
<p>Asesiad o Effaith ar Ddiogelu Data <i>A ydych chi wedi cynnal prawf Sgrinio o'r Asesiad o Effaith ar Ddiogelu Data?</i> Data Protection Impact Assessment <i>Have you undertaken a Data Protection Impact Assessment Screening?</i></p>	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>
	<p>Canlyniad/Outcome:</p>	
	<p>Os naddo, dylech gynnwys y rheswm: If no, please include rationale:</p>	
	<p>Do/Yes: <input type="checkbox"/></p>	<p>Naddo/No: <input checked="" type="checkbox"/></p>

Asesiad o Effaith ar Atal Twyll <i>A ydych chi wedi ystyried yr effeithiau ar atal twyll?</i> Counter Fraud Impact Assessment <i>Have you considered the counter fraud impacts</i>	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 <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i>	There is no direct impact on resources as a result of the activity outlined in this report.	