

Bundle Local Partnership Forum 3 February 2026

- 1 PRELIMINARY MATTERS
 - 1.1 13:00 - L26.1 Welcome & Apologies
Jan Tomlinson, Chair
 - 1.2 13:01 - L26.2 Declarations of Interest
Jan Tomlinson, Chair
 - 1.3 13:02 - L26.3 Unconfirmed Minutes of the Meeting held on 10 December 2025
Jan Tomlinson, Chair
L26.3 LPF 10.12.25 unconfirmed minutes
 - 1.4 13:07 - L26.4 Action Log Update
Jan Tomlinson, Chair
L26.4 Action Log
 - 1.5 13:12 - L26.5 Staff Story - Sickness Absence
Katie Sargent, Head of Employee Engagement and Experience
L26.5a LPF coversheet - staff story Feb 26
L26.5b LPF Staff Story Feb 26 - sickness absence
- 2 LEAD ITEMS FOR MEETING
 - 2.1 13:32 - L26.6 Sickness Absences - Verbal Update
George Roberts, Interim Executive Director of People and Organisational Development
 - 2.2 13:42 - L26.7 Peoples Services and OD Directorate Overview Report
George Roberts, Interim Executive Director of People and Organisational Development
L26.7 WOD Overview Report
 - 2.3 13:57 - L26.8 Items from Trade Union Partners - Verbal Update
Jan Tomlinson, Unison / Billy Nichols, Independent Member
 - 2.4 14:12 - L26.9 Foundations for the Future - Verbal Update
George Roberts, Interim Executive Director of People and Organisational Development
 - 2.5 14:27 - L26.10 Finance Report
Russell Caldicott, Executive Director of Finance & Performance
L26.10a 2025-26 LPF Finance Report Coversheet
L26.10b BCU 2025-26 M09 Finance Report - LPF
 - 2.6 14:37 - L26.11 Corporate Planning Updates
Paolo Tardivel, Executive Director of Transformation and Strategic Planning
L26.11 Corporate Planning Update
- 3 14:47 - FOR INFORMATION
 - 3.1 L26.12 Minutes of the People & Culture Committee Meeting
L26.12 Minutes from P&C Committee 16.10.25 V1.0 (Public) Confirmed
 - 3.2 L26.13 Quality Report
L26.13 Integrated Quality Report Jan 26
 - 3.4 L26.14 Chief Executive's Report to the Board
L26.14 CEO Report
- 4 ANNUAL REPORTS FOR INFORMATION
 - 4.1 14:52 - L26.15 Ombudsman
Covered within Quality Report.
- 5 14:57 - CLOSING BUSINESS
 - 5.1 L26.16 Agree Items for Referral to Board / Other Committees
Jan Tomlinson, Chair
 - 5.2 L26.17 Agree items for Chairs Assurance Report to the Board

Jan Tomlinson, Chair

5.3 L26.18 Review Risks Highlighted in the meeting for referral to the Risk Management Group
Jan Tomlinson, Chair

5.4 L26.19 Review of Meeting Effectiveness
Jan Tomlinson, Chair

5.5 L26.20 Date of Next Meeting - 5 May 2026
Jan Tomlinson, Chair

Betsi Cadwaladr University Health Board (BCUHB)
Unconfirmed Minutes of the Local Partnership Forum
held in Public on 10 December 2025
held via Teams

Members Present	
Name	Title
Jan Tomlinson	Co-Chair, Unison
Carol Shillabeer	Chief Executive, BCU
In Attendance	
Tehmeena Ajmal	Chief Operating Officer (Part Meeting)
Jason Brannan	Deputy Director of People
Russell Caldicott	Executive Director of Finance (Part Meeting)
Dyfed Edwards	Chair, BCU
Rebecca Gigg	Emergency Department
Jacqueline Hughes	Radiology
Michelle Hughes-Devonport	Associate Director of People Services (West)
James Johnson	Workforce – Retention Lead
Stuart Keen	Director of Environment and Estates
Emma Lea	Planning Manager (Part Meeting)
David Maslen-Jones	Assistant Director Of Occupational Health, Safety And Security
Andrea Orme	Workforce
Debra Payne	Dietetics
Ffion Pursglove	RGN Representative
George Roberts	Executive Director of People & Organisational Development (OD)
Helen Roberts	Estates and Facilities
Sioned Roberts	Welsh Language Officer (Part Meeting)
Katie Sargent	Assistant Director of Communications & Engagement
Kamala Williams	Head Of Health Strategy and Planning
Angela Wood	Executive Director of Nursing & Midwifery
Toni Wood	Maternity Services
Committee Support	
Harriet Abbott	Minute Taker

PRELIMINARY MATTERS

L25.55 Welcome and Apologies

Apologies were received from: Billy Nichols, Paolo Tardivel, Victoria Peach, Eleri Hughes-Jones, Rebecca Testa, Sue Williams, Alison Kemp, Amanda Chesworth, Gareth Evans (Workforce), Geoffrey Armstrong, Katherine White, Vivienne Nelson, Alison Tardivel, Denise Roberts, Rebecca Hawthorne, Carys Love, Lauren Belk, Nia Thomas, Kay Hannigan, Helen Stevens-Jones, Ffion Johnstone, Fiona Lewis.

James Johnson attended on behalf of Rebecca Testa. Sioned Roberts attended on behalf of Eleri Hughes-Jones. Kamala Williams and Emma Lead attended on behalf of Paolo Tardivel.

L25.56 Declarations of Interest

No declarations of interest were received.

L25.57 Unconfirmed Minutes of the Meeting held on

It was agreed that the minutes of the meeting held on **25 August 2025** were a true and accurate record.

It was noted that the papers for the meeting were shared via email one day prior to the meeting.

[Carol Shillabeer and George Roberts joined the meeting].

L25.58 Matters Arising & Action Log

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

It was resolved that the Committee:

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

[Dyfed Edwards joined the meeting].

L25.59 Staff Story – Culture Change Leaders

The Assistant Director of Communications & Engagement presented the item, and gave incite to the staff members stories and their experiences. Highlights included:

- Reference to attempts made to improve cascade of information in BCUHB regarding the Culture Change Leaders programme and how staff can get involved, as well as the importance of visibility to enable engagement.

In discussing the item, members:

- Gave thanks to the individuals who provided their staff stories, and noted the importance of ensuring representation of all bands and service areas across the Health Board in regards to the Culture Change Leaders programme.
- Were advised of the progress made in relation to the program, with 200+ culture leaders now established across BCU.
- Were advised on the ongoing work to identify gaps and priority areas that remain across the organisation.
- Emphasised that all individuals can contribute to culture and culture change, and noted how this can influence teams and services.
- Advised that further work is needed to ensure all services are aware of the programme.

WORKSHOP

L25.60 Foundations for the Future Organisational Structure – Verbal Update

The Chief Executive and Executive Director of People & OD presented the item and highlighted the following:

- A detailed structured design will be submitted to Board in January 2026. Following this discussion at Board, a further update will be given to the LPF.
- A Discover, Design and Deliver approach is being taken for implementation.
- The programme is composed of five workstreams, each with an executive lead. The workstreams are Strategy, Culture, people, Structures and Processes.
- A strategic intent workshop was held on 8 October 2025, with two further workshops focusing on primary care and secondary care scheduled for December and January.
- In relation the Culture, the Culture Change leaders programme feeds into this work, and a recent culture synthesis report was received by the Board in November. BCU have been highly commended by Prof Michael West for this work.
- The People workstream encompasses workforce planning, talent management and succession planning.
- The Process workstream includes work such as an integrated performance framework, integrated planning framework, and Quality Management systems.
- The Structures workstream involves refreshing the executive portfolio, reviewing current structures and how these will evolve and engagement sessions.
- The design aspect of the approach involves a 6-step methodology
- The new organisational structure consists of three areas i. Primary and Community care, ii. Regional and Acute Services and iii. Corporate functions.
- Final versions of the structure are being prepared for the Board in January 2026. This phase is regarding posts Band 8c and above. Once this consultation is complete, the programme will review the remaining bands.
- The programme will move into the next implementation stage in early 2026/2027.

[Stuart Keen joined the meeting].

In discussing the item, members:

- Were thanked for their continued participation and engagement.
- Queried the representation currently involved, and requested that information is shared with the learning representatives.

[Tehmeena Ajmal joined the meeting].

L25.61 Strategic Planning – Progress Report

Kamala Williams presented on behalf of Paolo Tardivel and highlighted the following:

- Feedback is being requested from members on the strategy.
- The Current 10-year strategy commenced in 2018, however it is felt that this current strategy has not had the impact initially envisaged.

- Similarly, to Foundations for the Future, a Discover, Design and Deliver approach is being taken.
- It is expected that the objectives will be signed off by Board in January 2026, with the aim of concluding the current 10-year strategy by Quarter 1 of 2026/27.
- The aim is for there to be one strategy for the Health Board, which can be used to translate other strategies into strategic plans.
- A workshop was held on 8 October in conjunction with the Bevan commission, with positive feedback received from attendees. An Output report summarising the outcomes of the event has been shared with partnership groups. A learning session is scheduled with Hywel Dda University Health Board for shared learning.
- Outcome report and survey to be shared with members for input and feedback, with deadline of 31st December for responses.

In discussing the item, the members:

- Requested the strategy make reference to care closer to home being provided as near as responsibly achievable to home.
- Highlighted the importance of equity, and acknowledged that disproportionate support may be required to reduce inequalities between communities. It was advised that the workshop scheduled for December referenced in item LF25.60 will focus on primary care and pathways, and cover this area.

The following actions were agreed:

- **Action L25.61.1:** Outcome report and survey to be shared with members for input and feedback.

LEAD ITEMS

L25.62 Welsh Language Services Annual Monitoring Report 2024-2025

Sioned Roberts presented on behalf of Head of Welsh Language Services, and highlights included:

- The report has also been presented to People & Culture Committee, the Welsh Language Forum and the Board.
- Awareness training workshops are taking place, along with successful staff engagement campaigns.
- All risk areas highlighted within the report were reviewed in 24/25, none of which required escalation. These risks are monitored quarterly.
- In regards to translation services, in 24/25, within BCU over 4.6 million words were translated, which provides a significant increase on previous years.
- 92.3% of staff have completed the new Welsh Language mandatory training module.

In discussing the item, the members:

- Noted the work being completed by the team, and the impact of this on the organisation, and how the Welsh language and culture is being embraced and encouraged in BCU.
- Thanked the team for their continued work and support.

L25.63 Culture, Leadership and Engagement – Retention Update

The item was jointly presented by Jason Brannan and James Johnson.

In discussing the item, members:

- Noted the overall leavers rate, and how this had decreased on previous years.
- Raised concern over the relatively high turn down rate of flexible working requests, and highlighted the importance of noting change of employee circumstances, and looking at how BCU as an employer can support staff with these changes. It was requested for this aspect to be reviewed and further information to be brought back to a future meeting.
- Noted an increased retention rate across Wales, and discussed the wider factors directly and indirectly impacting on this.
- Highlighted that it is important to have some level of turn over, as is it important to bring in new individuals and ideas, for learning and development.
- Noted the number leaving the Health Board for negative reasons has decreased, but acknowledged that this figure still exists. It was queried where this information is shared and how it is acted upon to improve environments for remaining teams.
- Were advised that leavers questionnaires are completed electronically as standard, but that paper versions are available on request. If concerns are raised or noted within a leaver's questionnaire, this is escalated to the Associate Director of People and monitored in the People and Culture Committee.

The following actions were agreed:

- **Action L25.63.1:** Work to be undertaken to review and explore turn down rate of flexible working requests, and update to be brought to a future meeting.

[Russell Caldicott joined the meeting].

ROUTINE REPORTING

L25.64 People Services and OD Overview Report

The item was presented by the Interim Executive Director of People Services and OD. Highlights included:

- 57 Respect and Resolution cases are currently open. The number is higher than usual; however, an increase of some level was anticipated with the increased work around values and behaviours that is taking place.
- There is now over 200 Culture Leaders identified across the Health Board.
- The PADR paperwork is currently under review, with a pilot having commenced in November that is due to conclude before the end of the year. Feedback following this review will be shared with the forum.
- Each health board in Wales has been asked to review their current offer of statutory and mandatory training, to establish a national approach. Trade Union input has been requested and shared as part of this work.
- The BCU Staff Survey closed on 1st December. Completion rate this year has increased from 17.4% last year, to 24.7%, exceeding the target of a 5% increase. This is the second highest return rate of Welsh Health Boards.



- A WRES task and finish group is being established. Trade Union representation will be requested as part of this work.
- Increased levels of flu are being seen within the North Wales. Staff are encouraged to receive the flu vaccination through the flu campaign.

In discussing the item, members:

- Noted the points regarding flu vaccination. It was agreed for social media posts to be shared where able.

The following actions were agreed:

- **Action LP25.64.1:** Drive for flu vaccination to be shared on social media pages.

L25.65 Items from Trade Union Partners / Escalations

The Long Service Award was discussed as part of the item. In discussing this topic, the members:

- Noted the topic had been discussed previously at People & Culture Committee, but were keen to ensure feedback was received from trade union partners.
- Were advised of a drafted paper by Jackie Hughes, The paper references feedback from staff on the recent amendment to the Long Service Award, some negative feedback regarding the withdrawal of the previous £100 voucher and limited communication prior to this coming into effect, and some positive around the events that have been held in place.
- Recommendations from some trade union partners that included
 - i) awarding those who are eligible for the Long Service Award this year the £100 voucher that has been awarded in previous years.
 - ii) BCUHB and trade union partners to work collaboratively to establish a new scheme to come into effect for 2027/28, appropriately managing expectations.
- Clarified that the new process will become automatic, rather than requiring staff to apply when eligible.

[Carol Shillabeer and Angela Wood left the meeting].

- Clarified that the financial aspect of the award was withdrawn due to perceived procurement issues. Work is ongoing with the Communications and Engagement team around this area, and the opportunities of gaining support from other agencies was referenced and the importance of collaborative working emphasised.
- Were advised of negative feedback the Communications and Engagement team had experienced due to the changes implemented, and group emphasised the importance of dignity and respect.
- Were advised that through People & Culture Committee, a group has been established in partnership which will update the Committee in April 2026.
- Requested for a member of BCUHB to attend the next All Wales Partnership forum, as there was no BCU representation at the November meeting.

[Carol Shillabeer re-joined the meeting].

The following actions were agreed:

- **Action L25.65.1:** invite to be shared with the Executive Director of Peoples Services and OD to ensure BCUHB representation at the next All Wales Partnership forum.

L25.66 Finance Report

The Executive Director of Finance presented the item, and the following points were highlighted:

- The Health Board has a £16.3mil deficit year-to-date as of month 7. There is no Welsh Health Board that does not have a year-to-date deficit, with only two Welsh Health Boards forecasting a break-even position at end of financial year.
- Financial pressures include funding shortfalls such as National Insurance contributions, that leaves a resource shortfall constraint to be funded by the Health Board, and Welsh Risk Pool claims.
- Non-clinical, non-pay spend is being explored to see where improvements can be made.

Members were requested to submit any further questions via email, following further review of the papers shared.

L25.67 Corporate Planning Update

Emma Lea, Head of Business, Planning & Programmes

The Head of Business, Planning & Programmes presented the item regarding the Interim Medium-Term Plan (IMTP) update, and highlights included:

- Members are asked to feedback on the paper's contents, and contribute to shaping the priorities.
- Feedback received from Welsh Government regarding the IMTP last year, along with internal feedback, and this is being factored into future planning, leading to outcomes of early engagement and an attempt to adopt a continuous planning process moving forward.

[Angela Wood re-joined the meeting].

- Previously the process has felt "stop, start", and not always visible for services. This updated process focuses more on developing service level plans to ensure visibility.
- Planning guidance has been issued regarding strategic alignment and work is being undertaken with services to support with this work.
- An update will be shared with the forum following the next Workforce Partnership Group.

[Dyfed Edwards left the meeting].

- A workshop with partner agencies is scheduled for 16 December to explore highlighted themes, which include topics such as agency and efficiency controls, and education.



Members were requested to submit any feedback via email, following further review of the papers shared.

CLOSING BUSINESS

Any Other Business – added during the meeting.

The following action was agreed:

- Circulation and attendees list to be review and updated.

L25.68 Review of Meeting Effectiveness

It was agreed that:

- The meeting ran well.

L25.69 Date of next meeting

3rd February 2026, Venue TBC.

Unconfirmed

Local Partnership Forum Action Log

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	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	
2	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	
3	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	
Items Suggested for Closure						
1	L25.61.1	10.12.25	Strategic Planning – Progress Report Outcome report and survey to be shared with members for input and feedback.	Kamala Williams/Harriet Abbott	December 2025	Suggested Close 11.12.25 Report shared with attendees via email.



Items Closed at 10.12.25 meeting

1	n/a	8.10.25	To discuss delays to the recruitment process/ECR	George Roberts Jackie Hughes	November 2025	Closed 3.12.25 – advised action complete.
2	Email 11.8.25 between George and Jan	11.8.25	Agreed between George and Jan that Nov meeting should include a discussion re the HB's 10 year strategy to look at what will work look like, about AI and how services will be delivered.	George Roberts	November 2025	Closed 4.11.25 Added as a discussion topic for meeting agenda.
3	L25/47.1	5.8.25	L25/47 Items from Trade Union Partners / Escalations. GR to link with Jackie Hughes regarding delays to recruitment process/ECR. Provide a deep dive into the ECR process	George Roberts	November 2025	Closed 3.12.25 – advised action complete
4	L25/54.1	5.8.25	L25/54 Review of Meeting Effectiveness Look into alternating face to face meetings with Teams meetings. To use face to face only meetings for workshops	Carol Shillabeer George Roberts Jan Tomlinson	November 2025	Closed 3.12.25 – advised action complete
5	L25/54.2	5.8.25	L25/54 Review of Meeting Effectiveness To add a comfort break into future meeting agendas	Fiona Lewis	November 2025	Closed 4.11.25 Added onto CoB for future agendas
6	L25/09.2	05.02.25	L25/09 CEO Briefing – Organisation Progress and Special Measures Verbal Update	Carol Shillabeer	May 2025	Closed 03.12.25 – a survey has been undertaken on the RAAC investigation and a remedial plan is being implemented to mitigate all risks.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

			CS to share the formal advice the Organisation had received following the discovery of RAAC in Wrexham.			
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Local Partnership Forum

Staff story – The Experience of Long Term Sickness on the Employee and the Importance of Supportive Managers

Dyddiad y Cyfarfod Date of Meeting	03 February 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	Georgina Roberts Interim Executive Director of Workforce and Organisational Development
Pwrpas yr Adroddiad Report Purpose	For Noting

Crynodeb Gweithredol Executive Summary

Sickness absence in the NHS has a significant impact, affecting patient care, service capacity and costs. High levels of absence can disrupt service delivery, increase the reliance on agency staff and contribute to staff burnout and turnover, ultimately impacting continuity of care and adding to financial strain. Health reasons are also increasingly a cause for staff to leave the NHS.

Sickness absence levels tell us about the physical and psychological health and wellbeing of a workforce. Item 2.1 on the agenda provides a closer look at our sickness absence data and this staff story complements that, by describing the human impact of sickness absence on both the individual, the manager and wider team.

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

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

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	12.6.25	Discussion
People Manager's Forum	Accessible permanently	

Acronymau / Rhestr Termiau
Acronyms / Glossary of Terms

1. **Y SEFYLLFA**
SITUATION

1.1

1.2

2 **Y CEFNDIR**
BACKGROUND

2.1

2.2

3 **MATERION PENODOL I'W HYSTYRIED**
SPECIFIC MATTERS FOR CONSIDERATION

3.1

3.2

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






4.1

4.2

5 **ARGYMHELLION**
RECOMMENDATIONS

5.1 Gofynnir i'r Pwyllgor/Cyfarfod/Grŵp:
The Committee/Meeting/Group is asked to:

- **GWNEUD SYLWADAU/COMMENT XXXX**
- **CEFNOGI/SUPPORT XXX**
- **CYTUNO/AGREE XXX**

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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <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 <i>A ydych chi wedi ystyried Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog:</i> Armed Forces Covenant Due Regard Duty <i>Have you considered the Armed Forces Covenant Due Regard Duty?</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>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 Aseiad 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>	

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

Staff story background
<p>Sickness absence levels tell us about the physical and psychological health and wellbeing of a workforce. Item 2.1 on the agenda provides a closer look on our sickness absence data but this story shows the human impact of sickness absence on both the individual, the manager and wider team.</p> <p>The national target level for absence is 4.2 per cent and BCUHB remains significantly above that level.</p> <p>The report shows that:</p> <ul style="list-style-type: none"> • at the end of December 2025, monthly sickness had increased to 6.93 per cent up from 6.37 per cent at the end of October and 5.58 per cent at the end of March 2025; • rolling absence is 6.11 per cent compared with 6 per cent for the previous year;

- as at the end of December, 1,530 staff were off sick, of which 829 had been off work for more than 28 days;
- absence attributable to stress, anxiety and depression continues to account for 30.1 per cent of all sickness absence. This equates to 454 staff being off work for this reason alone; and
- the average length of absence for staff with stress, anxiety and depression is currently 41 days compared with an average of 13 days for all absences.

Sickness absence rates are known to relate to a huge array of factors. Research has highlighted its relationship with season, infectious disease outbreaks, job satisfaction and employee engagement, workload, effort-reward imbalance, socioeconomic status and gender. Therefore, the solutions needed to reduce high levels of sickness absence are likely to be numerous.

Sickness absence in the NHS has a significant impact, affecting patient care, service capacity and costs. High levels of absence can disrupt service delivery, increase the reliance on agency staff and contribute to staff burnout and turnover, ultimately impacting continuity of care and adding to financial strain. Health reasons are also increasingly a cause for staff to leave the NHS.

Staff story transcript

Daniel French – the importance of sharing my story

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

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

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

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

Early career

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

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

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

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

Joining the Health Board

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

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

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

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

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

Support from the organisation

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

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

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

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

The road to recovery

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

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

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

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

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

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

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

Returning to work

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

I've always had a welcoming return from colleagues. There is always the slight nerves but it's normal I think. My advice to colleagues who have a team member returning to work after a period of absence would be to be understanding because some day you may be in the same position. Just have a positive thought for the person returning, make them feel welcomed again or even better make it feel like they never left to go off sick.

A fulfilling work life

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

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

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

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

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

Staff story - organisational reflections

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

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

Sickness definitions

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

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

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

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

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

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

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

Our 2024 NHS Wales staff survey results, though based on a response rate of just 17.4 per cent of our workforce, shows that almost 40 per cent of respondents felt unwell as a result of work-related stress during the last year, which is slightly below the NHS Wales benchmark.

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

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

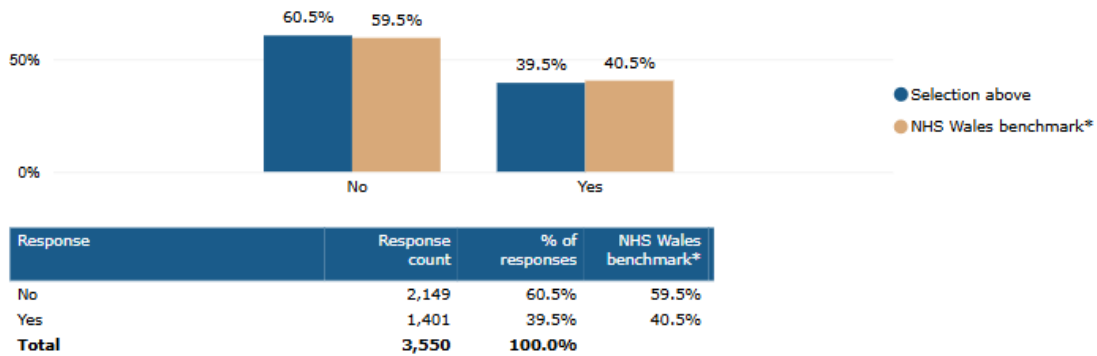


Figure 3 – NHS Wales staff survey responses from 3, 550 BCUHB employees

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

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

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

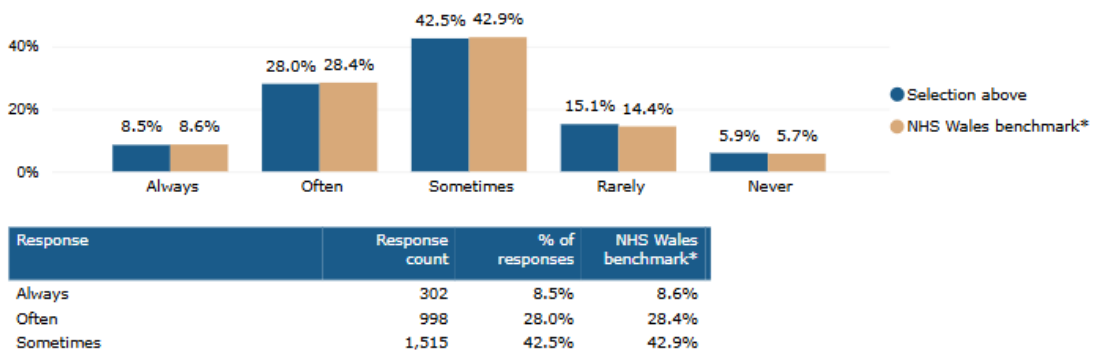


Figure 4 - NHS Wales staff survey responses to question on emotional exhaustion

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

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

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

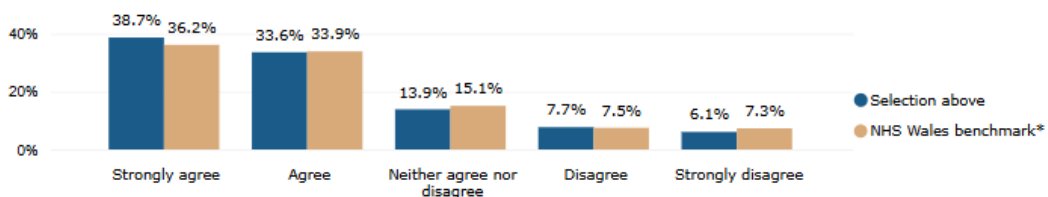


Figure 5 - NHS Wales staff survey responses on manager recognition of wellbeing

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

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

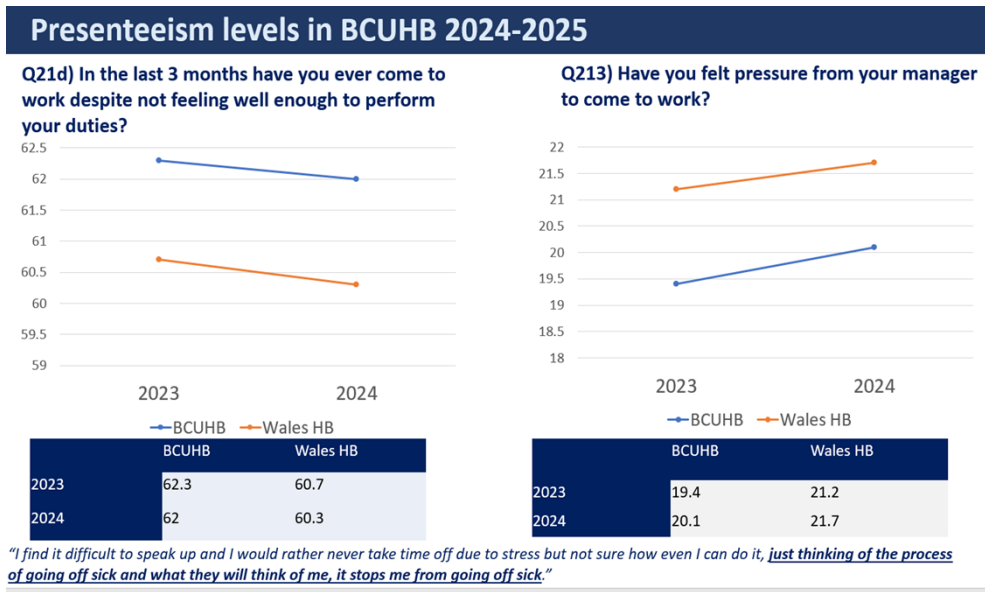


Figure 6 – NHS Wales staff survey questions relating to presenteeism

Local Partnership Forum

People Services and Organisational Development (OD) Directorate Overview Report

Dyddiad y Cyfarfod Date of Meeting	03 February 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	Kay Hannigan Jamie Ann-Keegan 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 Tim Gweithredol Lead Executive Team Member name and title	George Roberts, Interim Executive Director of People Services & Organisational Development

Pwrpas yr Adroddiad Report Purpose	For Noting
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Crynodeb Gweithredol Executive Summary
<p>This report provides an update on key activities within the following Workforce functions:</p> <ul style="list-style-type: none"> • 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
Workforce Directors	19/01/26	Supported to be presented at LPF

**Acronymau / Rhestr Termiau
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 how the IMTP planning process and the views of group members were canvassed and comments were noted. A presentation was given on the Cultural Change leaders, the synthesis report, the leadership and behavioural framework and the leadership programme.

The All Wales HCSW agreement was discussed along with the implementation plan and proposed timescale.

Other topics included the adoption of the Dying to Work Charter and the proposals in relation to the catering price update proposals.

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 December monthly sickness had increased to 6.93% up from 6.37% at the end of October and 5.58% at the end of March 2025. Rolling absence is 6.11% compared with 6% 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 December 1530 staff were off sick of which 829 had been off work for more than 28 days.

Absence attributable to stress, anxiety and depression continues to account for 30.1% of all sickness absence, this equates to 454 staff being off work for this reason alone. The average length of absence for staff with stress, anxiety and depression is currently 41 days compared with an average of 13 days for all absences. Absences attributable to cough, cold and flu accounted for the absence for 198 staff with an average absence length of 4 days.

It is reported anecdotally from both management and trade union partners that we are witnessing younger people with much more serious conditions.

The all Wales Managing Attendance in Work Policy has been revised, and training continues to be rolled out. 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 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:

- 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.

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 34 live cases at the end of December 2025. The last 12 months show an increasing trend with an increase from 29 in the same period in the previous year. However, this is a reduction from 41 cases at the end of November 2025.

People Services are working in partnership with Trade Unions in a task and finish group to progress the implementation of the principles of Aneurin Bevan University Health Board and HEIW's Reducing Harm approach and Mersey Care's Four-Step process. The aim of adopting these approaches in our employee relations cases 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.

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

IHC/Pan BCU/Support Service	12 weeks or less	13- 24 Weeks	24 weeks plus	Total
West	2	2	0	4
Centre	4	0	4	8
East	4	1	2	7
Pan BCU (CDIO, ICD Primary & Regional)	1	0	0	1
Mental Health & Learning Disabilities	2	3	5	10
Estates	1	0	0	1
Office of Medical Director	0	0	0	0
Womens	1	0	1	2
Diagnostic & Clinical Support Services	0	0	0	0
Other corporate	0	0	1	1
Total	15	6	13	34

Workforce Policies

Since the last LPF update the Workforce Policy Group has reviewed, developed and approved a number of Policies in partnership with Trade Unions and Health Board stakeholders.

Since the previous LPF update, the list below includes 14 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. WP60 - Exit Interview Procedure
2. WP1c - Consultant Recruitment Procedure



3. WP63 - Death in Service Procedure
4. WP10 - A Guide to Supporting Employees with a Terminal Illness
5. WP32 - NHS Wales Anti-sexual Harassment Policy - English
6. WP34 - Policy for the Management of Specialty to Specialist Career Progression - Regrading
7. WP13 - All Wales Flexible Working Policy
8. WP27 - Guidelines on the Fair Treatment of Disabled People at Work in BCUHB
9. WP46 Salary Sacrifice Additional Annual Leave Purchase
10. WP26a – Job Evaluation Procedure Guidance
11. WP8a - Procedure For Impact Assessment Work For Evidencing Due Regard For Equality Impact, Socio Economic Impact, Human Rights, Welsh Language Requirements And Armed Forces Covenant
12. WP8a Appendix 1 - Template - Integrated Impact Assessment - Read only
13. WP42 - Guidance on Dealing with Hate Incidents
14. WP16 - NHS Wales Secondment Policy - English

All Wales policies in development or under review

- All Wales Managing Attendance at Work Policy
- All Wales Disciplinary Policy
- All Wales Relocation 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
- WP22 Mufti Allowance Procedure and Forms
- WP47 BCUHB Telephone Line Rental Procedure
- WP24b BCUHB Gateway Protocol for the NHS Knowledge and Skills Framework
- 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

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

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 have been developed for the Temporary Staffing teams again so that there is clear internal guidance to follow for those teams. In addition, the Resourcing teams are developing operating procedures for

- GP Recruitment
- 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.

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 Policies 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

Job Evaluation Update

Monthly Performance Overview - December 2025

As of **Monday 12th January 2026**, there are a total of 8 requests waiting to be matched.

6 of the jobs have been seen by at least one panel but have been sent back to management with panel queries. We are now awaiting further clarification or revised job descriptions to be submitted back to us. Due to the standard of JDs being submitted our panels have been forced to ask for clarification and additional information which adds to the matching time.

The JE team are currently working within the expected 4-week KPI's for full matching as there are no jobs that have been waiting over 4 weeks to be seen at their first panel.

7 requests received for processing during December 2025 (excludes track changes):

- 4 new vacant
- 3 Re-band / Review

Approvals Achieved during December 2025:

- 5 track change requests were approved
- 4 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

Longest Running Case

- The longest running case as at the date of this report was 13 days **awaiting the first panel**.

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)
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
Jul-25	19	26	14	0
Jun-25	12	22	15	0
May-25	9	20	26	0
Apr-25	9	27	23	4
Mar-25	7	43	10	34
Feb-25	9	45	8	35
Jan-25	8	44	19	37

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 December 2025:

The average number of days to process a request (excluding track changes): 6 days

The longest number of days to process a request (excluding those which had queries and went to numerous panels) This was over Christmas & New year: 13 days

Average number of days to process a track change request: 1.8 days

Culture and Leadership Programme Update

The Discovery phase has been completed and culminated into the production and presentation of a Synthesis Report at the Health Board meeting on 27th November 2025 with positive feedback. The 3 year Culture and Leadership Improvement plan was approved by the Board and is to be followed up by a presentation of a more detailed plan to the February meeting of the People & Culture Committee.

The Synthesis report has been shared internally with our Culture Change Leaders and Design Group members, it has featured as a news item on BetsiNet, viva engage channels, and our stakeholder distribution list.

The Culture Team are attending the Stakeholder Reference group in March to present the Synthesis report.

The next steps will be to:

- Work up a more detailed Improvement plan ready for People & Culture Committee approval
- Align the Improvement plan to the Foundations for the Future workstreams timelines
- Identify and engage with subject matter experts to begin wider engagement and co-design of workstreams via workshops
- Confirm governance arrangements for workstreams?
- Await staff survey results for any measurable benefits to date

There has been integration of Cultural elements into the Quality Management System (QMS) maturity assessment framework.

A short video clip has been developed to provide staff with an update on the progress and outcomes from the Culture & Leadership programme. This will feature on Betsinet shortly.

Wide engagement around the programme continues across the organisation via forums, networks, team away days, conferences etc.

A Podcast episode on 'Culture, Compassion and Psychological Safety in Healthcare' has been recorded with Bangor University's Health Equity team.

A Core Module has been developed on the Culture & Leadership programme, this will be launched on the Venture Hub.

Values & Behaviours Framework

We are continuing to implement the Values & Behaviours embedding plan, adding actions as deemed necessary to ensure successful implementation of the values and behaviours framework throughout the organisation. We are currently conducting mini audits on areas of the plan to ensure implementation has been completed and thorough.

Progress has been made in some hard-to-reach areas e.g. Medical workforce – Meeting with Executive Medical Director end of January 2026.

There is wider interest outside of the Health Board in the work that has been delivered to date e.g. Regional Workforce Board have asked to receive an update.

A draft Values Based Recruitment toolkit has been developed and shared for initial feedback.

Integration of Values & Behaviours elements into the Quality Management System (QMS) maturity assessment

Due to the number of requests received into the Culture team, a training session will be offered to teams highlighting the V&BF, personal impact on others and support to embed the V&BF. A Team Cultural Assessment will be offered as part of the session.

Awaiting staff survey results for any measurable benefits to date.

The Values and Behaviours poster rollout has been very successful to date, an infographic below highlights some of the achievement:



Organisational Development Update

Leadership

Integrated Leadership Development Framework (ILDF)

Work is continuing to provide a suite of leadership resources and programmes to support leaders and leadership development within the health board. Progress to date is below:

Moel Famau Pathway – Learning to Lead and Manage (4-week programme)– open to all staff. Cohorts commenced in April 2025 and to date 116 staff have completed the programme. A further 4 cohorts will be running from January to March 2026.

Mynydd Mawr Pathway – Fundamentals of Leadership & Management (6-month programme for new managers/supervisors). Cohorts commenced in June 2025 and to date 74 staff have completed the programme. A further 3 cohorts will be running between January and March 2026. A revised on line programme with refreshed module content launched at the end of Q3, providing opportunities for staff who are unable to attend face-to-face sessions or who want a flexible approach to learning. The online programme will be available to enroll onto on a quarterly basis, and follows the face-to-face route, with enhanced rigour through assessment, check-in and evaluation processes. 12 staff have enrolled on the first online cohort to date.

Glyder Fawr Pathway – Advanced Clinical Leadership Programme

(11-month programme aimed at senior clinical leaders) – is progressing well, with participants attending monthly modules. The programme is due to complete in March 2026.

Wednesday workshops – a variety of Wednesday Workshops for all staff are underway -

Attendance to date:

Compassionate Leadership for all –14

Compassionate Leadership for Managers - 72

Coaching Approach - 50

Conversations with Care (Managing Difficult Conversations) - 79

Workshops have been scheduled throughout the year through to March 2026, with availability across East /West/Central.

People Managers Forum – The People Managers Forum continues to provide monthly sessions and a community of practice for people managers to network and build their skills and competence. The PMF has continued to grow throughout 2025, with attendance on average around 125 per month. Plans for 2026 will focus on growing it further with topical subjects provided by subject matter experts.

Month - 2025	Attendance	Overall, how satisfied are you with the forum? (Out of 5)
April – Improving Staff Engagement	98	4.55
May – Wellbeing at Work	198	4.52
June – EDI Managers Perspective	118	4.00
July – ESR Managers Perspective	127	4.42
August – Corporate Induction	122	4.71
September – Developing your team	160	4.50
October – Managing attendance	206	5.00

November – Holding a facilitated discussion	128	4.737
December – Using data to inform practice	102	4.29

Talent Management

Review of PADR process and paperwork – the pilot for testing the revised PADR process took place across the following areas of the organisation and was open for 8 weeks from 8th September – 7th November 2025.

Mental Health and Learning Disabilities Division
Physiotherapy team (West)
Pharmacy (Central)
People and Organisational Development

A data analysis of the feedback is currently in progress and the following actions will be implemented:

- A further extension to the pilot period during Q4 to gather additional feedback
- Develop for launch a detailed communication and engagement plan
- Development of a 3-month PADR Form to support newly appointed employees to be finalised.
- Simplified PADR form/process for Facilities division (without links) currently in draft to be finalised and piloted
- Revision to current PADR policy
- PADR Toolkit to be developed in an easy and accessible booklet supported by editable forms and paperwork on BetsiNet.

Talent Management Maturity Matrix – HEIW’s maturity matrix has been completed by key stakeholders from across the organisation to gain feedback on the fundamental aspects of talent management, i.e. how we identify talent, how we mobilise talent, how we develop talent and talent pools to provide a benchmark that will enable the organisation to build a talent management strategy that identifies the strengths and areas for development. The analysis of the feedback from this exercise can be seen in appendix xxx.

The next step is to share and launch HEIW Talent Management and Succession Planning tools and templates to support talent management.

Mandatory Training

Mandatory Training Compliance Level 1 for November 2025 is 90.7%, Level 2 is 87.8%, both levels achieving the minimum baseline of 85%.

Work continues to align mandatory training identified in Statutory Mandatory Training Policy and Procedure WP30 to ensure compliance is correctly reflected and attached in ESR. The next subject to be processed as identified in the Core Skills Training Framework is Prevent Training. This training will be mandatory for all NHS staff, including those who do not directly interact with patients or service users. The training is designed to help healthcare staff in the NHS understand and identify individuals who may be susceptible to radicalisation.

WPF Business Committee reached an agreed position regarding protected CPD time for registrants, to be implemented, in local partnership across NHS Wales organisations from 1st April 2026. A provision of a minimum of 52 hours protected CPD time for registrants was agreed, the issue of the inclusion or exclusion of Statutory and Mandatory Training was not agreed. A BCUHB task and finish group will consider the Statutory and Mandatory training that registrants are required to undertake within BCUHB and decide on what should be appropriately included in protected CPD time and what proportion of Protected CPD time would remain for wider professional development.

Induction

Work has taken place to update and refresh the Corporate Induction Handbook, Corporate Induction Checklist and Line Managers guide to Corporate Induction. The documents have been created in partnership with colleagues across BCUHB to support new starters joining the organisation. This has subsequently been approved via formal routes and will soon be released to the organisation in the coming months.

Specialist OD (SpOD)

SpOD Service Access Criteria & Readiness Assessment Work

The SpOD team have been doing work on developing a set of referral criteria, including inclusion and exclusion criteria ready to test out with critical friends in the organisation in early 2026. This work is seen as being necessary in terms of managing capacity and clarifying expectations of the team, with SpOD being acknowledged as a small resource for the size of organisation alongside a need to consider where best to make use of the skills, knowledge and experience available in the Specialist OD team.

Alongside this work, we have also been developing a 'readiness decision support tool' that we can use with People colleagues as well as with teams to assess a team/service area's level of readiness for engaging in interventional work. This readiness conversation supports better initial contracting around what may be an appropriate 'next step' as well as help clarify whether the intervention should take place at the level of the team or at a different level of the system.

POD Meetings

Attendance from SpOD continues at POD meetings across Pan services and two of the three IHCs alongside colleagues from People Services, Occupational Health, Equalities and SWSS. POD meetings continue to act as a point of contact for POD

colleagues working with teams and services allowing for intelligence sharing, informal support, case consultation and requests for direct intervention and support.

Team Intervention Work

The Specialist OD team continue to be actively involved in working with a number of service/team level pieces of consultation and intervention work across all 3 IHCs and with Pan services. This is work supporting teams in both clinical and corporate areas of the Health Board. Intervention work ranges from early-stage diagnostics work (e.g., surveys, 1:1 interviews, team inquiries), interventional work with teams and services (e.g., working with interpersonal conflict, team/group dynamics, sense-making work, and with systemic patterns and recurring issues), through to the design and development of bespoke team coaching interventions for senior leadership teams.

OD Consultation Conversations

SpOD team members offer regular consultation conversations for colleagues in People Services providing a space for reflection, reformulation of current ways of understanding concerns in teams, and working through ideas for what might be a helpful next step intervention. The SpOD team have developed a consultation conversation template that allows for some data capture around types of concerns being brought to consultation, what levels of the system interventions are currently being carried out in, formulation and hypothesis building around what might be the factors driving issues and concerns, and suggestions for next step interventions.

Through testing the consultation work in practice and reflecting on what the team is learning in doing this important work, as well as through connecting with colleagues from across the wider OD community in relation to what types of consultation offer are available in other health boards, as well as public and private sector settings, we continue to refine and develop our approach to offering internal consultation work.

Foundation for the Future (FFTF)

SpOD have now completed the development of a Team Working Journey 'product offer' for teams in BCUHB, as connected to the work underway with Foundations for the Future. This includes a suite of stepped resources linked to a team diagnostic that will support teams to identify which level of team development support they need. This suite of resources, which will be hosted on a Team Working page in the FFTF hub on Betsi.Net, ranges from self-administered team discussion resources to facilitated team coaching sessions supporting teams through the Team Working journey which is informed and based upon the evidence-based Affina Team Working approach developed by Professor Michael West and colleagues.

We have additionally designed, developed and delivered 1 ½ days of initial training in the Team Working Journey to People colleagues including Associate Directors, Heads of People Operations and People Business Partners. This will be followed up by a series of 'skills builder' session in 2026 alongside drop-in sessions and action learning sets for People colleagues supporting this work when the team working offer goes live in the Health Board.

Wales OD Network

The SpOD team continue to lead on organising and hosting the Wales OD Network and have been doing so since 2018. These network sessions support OD practitioners and colleagues in linked fields of practice, e.g., People colleagues, L&D colleagues, and change management practitioners to meet on a bi-monthly basis and learn from peers in a community of practice designed to enhance OD skills and knowledge across a range of OD theories, frameworks and practices. Membership has broadened from a North Wales cohort to one that encompasses the whole of Wales, as well as now also attracting colleagues from different parts of NHS England who are looking for organised community of practice spaces to participate in.

New Team Member – bank

We have been successful in recruiting Dr Graham Curtis onto our Specialist OD practitioner bank which will allow us to draw on Graham's considerable OD experience, knowledge and skills as needed based on the work of the team at a given time. Dr Curtis is a former director at Roffey Park Institute, one of the world's leading providers of OD learning and development, as well as previously an executive in the charity and private sectors and has supported strategic level OD consultation and intervention work in regional, national and international settings.

Raising the External Profile of OD in BCUHB

Gareth Evans, Lead for Specialist OD will be interviewed for the 'OrgDev' podcast in early 2026 after being approached by its hosts following the work he has published on Medium and LinkedIn around relational, systemic and complexity-informed approaches to OD. Gareth has also been invited to be a guest speaker for an 'advanced practitioner' learning series for the Human Systems Dynamics (HSD) international community, on how he makes use of the key theoretical and practical complexity science informed models and methods from HSD in his OD work. Additionally, the SpOD team have put in a bid to host a practitioner workshop at the next DoOD conference being organised by NHS Employers for summer 2026. We are waiting to hear back from DoOD as to whether we have been successful in this bid.

Finally, the SpOD team have participated in a number of pieces of academic research with colleagues from across the OD community nationally (White Papers, Masters and PhD levels) looking at research questions around 'whole systems level organisational trauma', 'working systemically with teams in transition', 'effective supervision for the OD profession', and around 'hosting effective reflective and sense-making spaces' for teams and groups in organisations.

Speaking up Safely (SUS)

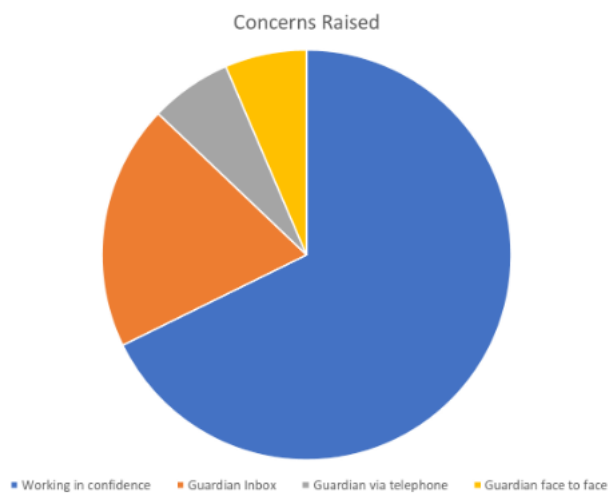
The Speaking up safely service (SUS) continued throughout 2025 to receive concerns through a variety of routes including:

- *Work in Confidence*, the independent anonymous concerns raising platform that allows staff in BCUHB to engage in anonymous two-way conversation with a member of the SUS Multi-Disciplinary Team or Speak up Safely Guardian.

- *Other*: Guardian inbox, other inbox or telephone conversation and are all recorded within the 'Case Management' section within the 'working in confidence' platform.

The Pie chart below illustrates the route of concern raised from the **31** concerns received through quarter 3 (01-10-2025 to 31-12-2025).

- A. Working in confidence = 21 (68%)
- B. SUS Guardian inbox = 6 (19%)
- C. Face to face conversation = 2 (6.5%)
- D. Telephone call = 2 (6.5%).



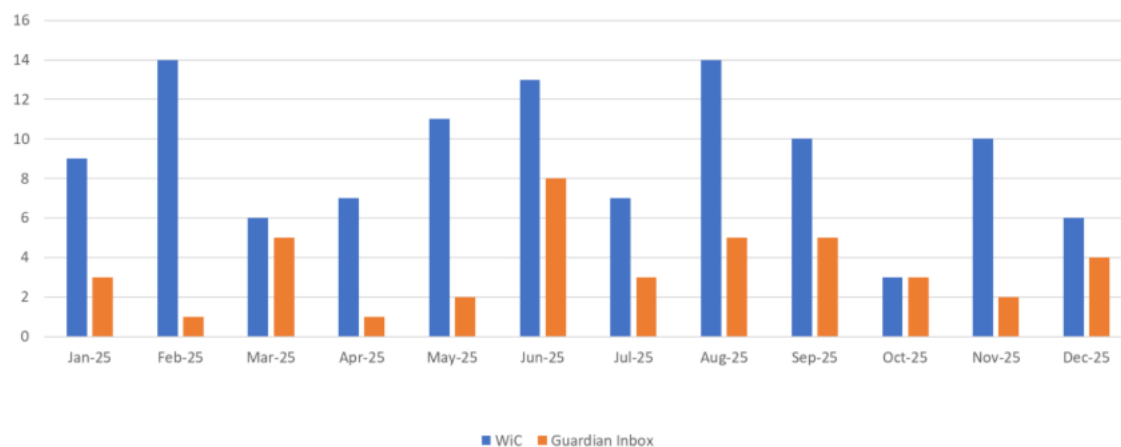
*Data Source: 'Working in confidence' Platform January 2026

Since its launch in 2021, 510 staff have registered on the Working in confidence platform with 338 conversations around concerns being raised either through the platform or Guardian direct. Of the **338** conversations, **24** Cases remain open with an average time to close of 71 days.

The Bar chart below illustrates the total number of concerns over the last 12 months received via:

- Working in Confidence Platform
- Direct to Speak up Safely Guardian.

Data Source: 'Working in confidence' Platform January 2026



The table below highlights the number and percentage of concerns raised via categories, (1st October 2025 – 31st December 2025)

Data Source: 'Working in confidence' Platform January 2026

Category of Concern	Number Received WIC	Number received SUS Guardian	Percentage of Total Concerns	Percentage Difference since Quarter 2
Data Source: 'Working in confidence' Platform January 2026				
Leadership & Management issues	5	3	25.8%	↑13.1%
Bullying & Harassment	5	1	19.3%	↓9.7%
Equality, Diversity & Inclusion	3	2	16.1%	↑11.5%
Other	3	1	12.9%	↓3.4%
Patient Safety & Quality	2	1	9.6%	↓6.2%
Systems & Processes	3	0	9.6%	↓3.3%
Behavioural/Relationship	0	2	6.4%	↓2.6%
Staff Safety	0	0	0%	↓20%
Infrastructure & Environmental	0	0	0%	No Change



Sexual Safety	0	0	0%	No Change
Total Cases	21	10		

Other activity within SUS:

- Implementation will commence during quarter 4 for a process change for Speaking up Safely/Codi Llais Heb Ofn (SUS/CLHO). The Process change will include a change within the arrangements for reporting a concern through 'Speaking up Safely' which will enable BCUHB to evidence alignment of the process for SUS with the Welsh Government Speaking up Safely framework for the NHS in Wales.
https://www.gov.wales/sites/default/files/publications/2023-10/speaking-up-safely_0.pdf
- SUS Lead Guardian will commence rollout of a recruitment drive for seconded SUS Guardians once funding is identified.
- Recruitment and engagement continues with Speaking Up Safely Champions within BCUHB.
- Development of a 'Learning Exchange group' with All Wales Guardian's has now been established which allows collaboration and standardisation across SUS networks across Wales. Following the Initial work which included the review of the 'Maturity Matrix' which was developed to identify alignment with the Welsh Government Speaking up safely framework plans are in progress to develop an All Wales Training Module for Speaking up Safely.

Retention Programme

Year 1:

- Focus given to Health Education and Improvement Wales 'Nurse Retention Self-Assessment Tool'. Establishment of baseline information from completed questionnaire submissions.
- Relationships established between BCUHB Retention Lead and nursing colleagues to determine use of self-assessment tool and feedback on data collected.
- BCUHB's 'Nurse Retention Plan' in line with Welsh Government and Health Education and Improvement Wales directives. Plan informed by themes and findings from self-assessment submissions.
- MH&LD support via Wellness, Work & Us Project Group. Opportunities for improvement of staff retention within division via job-satisfaction survey and subsequent 'Staff Voice' programme.
- Establishment of All-Wales Community of Practice for collaborative approach to NHS retention, including uniform implementation of Quality Improvement (QI) methodology and processes.
- Dashboard development in line with Electronic Staff Record Business Intelligence and Health Education and Improvement Wales national retention dashboard.

Dashboard alignment with other retention-based ESR BI reporting mechanisms, including BCUHB's Culture Dashboard.

- Targeted retention improvement via Exit Interview and Flexible Working processes as a means of understanding avoidable staff attrition.
- Focus on BCUHB staff turnover and churn rates via variables such as age, site-base, PADR compliance and opportunities for career progression.

Year 2:

- Development of Retention Guidance & Toolkits
- Development of Retention Intervention Methods
- Analysis of Workforce Retention Metrics
- Retention & Workforce Planning
- Retention & Recruitment/Onboarding
- Business Continuity Planning for 2026

ESR Business Intelligence Data (06/01/26)

Staff Retention at **91.2%** (December 2025). Previously at **90.6%** (December 2024).

Turnover at **7.4%** in December 2025 (previously **7.9%** in December 2024). In December 2025 there were **1330** leavers, of which **785** were deemed avoidable. In December 2024 there were **1417** leavers, of which **874** were deemed avoidable.

There has been a decline in staff leaving BCUHB over the last year, with November & December 2025 demonstrating the lowest leaver rates during the 12-month period. The most significant reduction in turnover has been within Nursing & Midwifery, currently standing at **5.3%**.

The national retention programme is under review for purposes of continuity and development. The discovery phase has highlighted the need to improve a number of NHS workforce retention metrics, including: induction and onboarding; supervision and support; career progression and development; recognition and reward; health and wellbeing; mentoring and coaching; flexible working and retirement; respect and resolution; sickness absence and return to work; stay conversations and exit interviews.

A range of datasets have been developed to identify improvement opportunities and to demonstrate impact. This approach has been reviewed and endorsed by Professor Nick Rich of Swansea University and initial HEIW findings suggest that a total of **912** staff leavers from across NHS Wales have been avoided since the programme was launched. This has contributed significantly to workforce availability, as well as to maintaining existing levels of skill and expertise which are crucial to optimising service quality and safety.

**Number of All Wales Avoided Leavers by Staff Group
December 2023 - September 2025**

Professional Group	Number of Leavers Avoided
Allied Health Professionals	125
Additional Professional and Scientific	66
Medical and Dental	190
Healthcare Science	47
Nursing and Midwifery	484
Total	912

Activity of the last 21 months has laid a strong foundation upon which to build a solid workforce retention programme within BCUHB. Progress has been made with a number of retention metrics and dashboard and toolkit resources have been developed to promote workforce engagement and assist with the interpretation of results.

Initial data intelligence has provided insight into health board retention culture and employee feedback has elucidated information by which to develop meaningful retention strategies. Collaboration with Nursing & Midwifery and Mental Health & Learning Disability teams has led to awareness-raising of staff retention, including the introduction and implementation of intervention tools to improve workforce turnover. Likewise, a review and update of BCUHB's Exit Interview Policy has removed procedural anomalies and introduced a stay conversation approach as a preventative measure to reduce avoidable resignations.

Significant financial cost avoidance associated with reduced staff turnover is starting to be realised across Wales. Reliance on temporary staff is reducing and lost training and onboarding costs equating to **£51m** have - according to HEIW - already been saved. Key to programme success has been the collective and collaborative approach of the Retention Community of Practice which has led to the successful spread and scale of retention improvement across NHS Wales. To fully establish programme impact, a validated evaluation is being undertaken in Quarter 4 of this financial year.

Regular attendance and support at a wide range of BCUHB groups and meetings has built strong working relationships. This has resulted in:

- Retention Masterclasses for Diagnostic Services in conjunction with HEIW
- Staff Voice Engagement Workshops with BCUHB's MH&LD Division
- Updated Exit Interview Policy
- Flexible Working Guides
- Nursing & Midwifery Seminar Support & Delivery
- Trade Union Engagement
- Corporate Induction & Staff Wellbeing Handbook Development
- PADR Redesign
- Development of Stay Conversation Resources & Guidance
- Nursing & Midwifery Self-Assessment Tool - Guidance & Support
- Exit Questionnaire Redesign
- Development of MH&LD Sickness Absence Checklist
- Review of MH&LD Stress-related Absence Data
- HSE Linked Thematic Analysis - Staff Voice Workshops
- Phase 2 National Retention Proposal Involvement
- ESR BI Reporting & Data Presentations
- OD Business Continuity Planning
- Medical & Dental Recruitment & Retention
- WG & Cabinet Minister Retention Updates
- Impact of Redeployment Process on Workforce Retention
- Recruitment & Onboarding Survey Design with NWSSP
- National Retention Programme Nursing Times Award Nomination for Workforce Team of the Year
- Support for HCA Staff Turnover at Bryn Hesketh Unit, Colwyn Bay

Employee Engagement

Improving culture, leadership and engagement

Work has been completed to cross reference actions from the overarching Culture, Leadership and Engagement Improvement Plan with the workstreams being developed and delivered by the Staff Engagement and Experience Team.

This is to align activity and provide clarity around ownership and delivery of improvement work.

NHS Wales Staff Survey 2025

The NHS Wales Staff Survey closed on 1st December. We improved on our 2024 completion rate of 17.4 per cent (3,577 staff) and achieved a 45 per cent increase in surveys completed with a completion rate of 24.9 per cent of staff (5, 203). This is 73 short of our highest ever number of responses to the survey which was back in 2018.

We achieved the second-highest number of forms completed of all NHS organisations in Wales, after Cardiff and Vale on 6, 108.

HEIW supplied daily updates on our response rate, enabling us to monitor areas with low uptake in order to intervene and provide targeted support.

We expect to receive the survey results from HEIW at the end of January and the free text comments at the end of February, with HEIW due to publish a national report on the survey results at the end of April.

We are now completing the necessary preparatory work to support teams across the organisation to develop local action plans in response to what staff told them, focusing on two or three key areas. This work includes offering training sessions for local staff survey leads to use the improved HEIW data dashboard to interrogate responses on a local level.

We are also making further improvements to the action plan templates available to colleagues to support local improvement work in response to the survey. We said, We did template posters that local leaders can tailor to local improvement plans are also being made available."

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 will open before Easter and we are currently devising a new approach to the judging process, involving colleagues from across the organisation.

We are also reviewing our approach to event funding and exploring what more might be done to secure income from external partners to support the cost of the event. Last year, almost 90 per cent of the cost of the event was covered by sponsorship, ticket sales and NHS Charities Together funding.

Long service awards

It is timely to take stock of our entire approach to recognising long serving staff and to consider how this might be achieved within current financial constraints.

A Task and Finish Group has been established to provide the Board's People and Culture Committee with recommendations about the organisational approach to recognising long service in the future. The first meeting was held on January 21st with further meetings scheduled for February and March. The Group's areas of focus include:

- **Career milestones to be recognised** – do we recommend recognising milestones other than the current 25 years service?
- **Eligibility criteria** – including consideration of NHS or BCUHB and predecessor organisation service.
- **Automation of process** – feedback has strongly indicated that staff do not feel they should be expected to apply for any award. In addition, many colleagues (up to 75 per cent of those eligible) who have completed long service are unaware of the award and do not apply, which is inequitable. The Group will explore how automation might be achieved including the use of available ESR data to identify eligible staff, a process for contacting them and managing any anomalies.
- **Consideration of ongoing funding including charitable funding and sponsorship from external partners.**
- **A long service recognition offer recommendation** - to include consideration of meaningful ways to recognise staff such as events, gifts, certificates etc.
- **Timeline for introduction of any new approach** – including consideration of colleagues who reach the 25 year milestone during 2026.
- **Consideration of how any new process aligns with the Health Board's wider reward and recognition offer** (Staff Achievement Awards, Seren Betsi, Greatix).

The duties of the group will be to assess the areas of focus above and provide recommendations, including costings, risks and benefits, to members of the Board's People and Culture Committee to consider at their April 2026 meeting.

Seren Betsi

Our refreshed Seren Betsi recognition programme aligned to our organisational values of compassion, openness and respect continues, with a new member of staff or team being recognised for demonstrating these values every month. Award recipients are presented with a slate trophy, pin badge and certificate by a member of the Executive Team.

Their stories are promoted on BetsiNet and locally and this encourages peer recognition and celebration of a job well done.

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

Revised and New Areas

All Wales Accessible Communication and Information Standards

In September 2025, the revised All Wales Accessible Communication and Information Standards went live, these revised standards replace the previous Standards which were focused on Sensory loss.

The new standards now cover:

- People who are D/deaf, deafened or hard of hearing, and British Sign Language (BSL) signers (it is important to also note the linguistic differences between the Deaf BSL signing community, and those who are deaf, deafened, or hard of hearing)
- People who are blind or partially sighted
- People who are deafblind
- People who have language and communication access barriers including dementia, learning disabilities and mental health conditions.
- People who have language and communication barriers in relation to neurodivergence
- People who have language and communication barriers in relation to low literacy
- Parents and carers who experience language or communication barriers
- People whose preferred language is not English or Welsh (including people seeking sanctuary, refugees and migrants)

The standards include 13 new indicators that the Health Board will be measured against. We are still awaiting further details on the implementation plan and timeline for each stage of the implementation of these indicators. The Health Board established a Task and finish group to prepare for the revised standards in April 2025, this has now changed to a BCUHB Implementation Group to prepare for the first reporting framework planned for April 2026.

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 Year 2, quarter 3.

- 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
- LGBTQ+ Health Fair – 100 people attended
- Developed and rolled out Recruitment Support focused for Ethnic Minority staff members.
- Supported several Cultural Celebration events across North Wales, such as Onam, Diwali
- Supported All Wales Black History Month events
- Publish Pay reports on Gender, Race and Disability
- Secured funding for Ethnic Minority Health Fair and established Planning group with 50% representation from Ethnic Minority community
- Establishment of Accessible Communication Standards Implementation Group
- Completion of Conversations We Need to Have training round 1
- Completion of Suicide and Self-ham Awareness sessions
- All Wales Equality and Human Rights web resource launched
- International Day of Disabled People online webinar held – 146 people attended
- Transgender Day of Remembrance vigil held at Ysbyty Wrexham Maelor Chapel

Revision of Health Boards Anti-racist Action Plan

The Health Board developed its action plan in 2022, in response to the Welsh Government's Anti-racist Action Plan for Wales. At that time the actions were presented in two parts. Part A focused on actions in service delivery and part B focused on Workforce based actions. Since 2022, the action plan has been revised to reflect changes to the Welsh Government Action Plan, where timelines had changed and some previous identified actions removed.

In November 2025, the Equality team revised the plan, providing updates and archiving completed actions so it reflected the current position and included additional year three SEP actions. The revised action plan will be presented at the January Equality and Human Rights Strategic Forum meeting.

Update on Hate Crime Charter Mark work:

In August 2025, BCUHB were awarded with the Hate Crime Charter Trust Mark, from Victim Support. This Trust Mark demonstrates the ongoing commitment to the Hate Crime Charter to reduce hate crime/incidents and support victims of such acts.

As part of the ongoing action plan for the Hate Crime Charter, which is aligned to our Strategic Equality Plan 2024-2028, during the last 3 months, a new pilot course has been run aimed at supporting managers dealing with incidents relating to hate.

The session was run by Manager at Victim Support on the 13th November 2025, and 25 managers were in attendance. There are plans to roll this out with wider communications in 2026, with a planned session in May 2026.

Work is also underway with the establishment of a task and finish group to co-design a BCUHB Staff Hate Crime Toolkit, which brings together a range of information and user-friendly guidance for staff who may be the victim, or supporting colleagues through an incident. This will also provide information for bystanders. The toolkit will align to current BCUHB policies and procedures. Membership for this group has been requested via Equality Staff Networks and Equality Champions. There are 12 members of the working group chaired by an Equality Manager with external representation from Victim Support. The toolkit is expected to be completed by summer 2026.

Update on Funded Programmes of Work

The team had been successful in identifying and applying for several funding streams to support the implantation of our actions. Many of these streams and projects have been or are currently offered to staff including.

Staff network events:

Staff networks held in-person meetings in November and December which provided network members the opportunity to meet other members face to face, discuss issues that are important to them and develop ways for the networks to help address them, and to discuss ways of improving the ways the networks operate to better serve members.

The BCU Culture team also attended to talk about the Culture Change programme and how members can be involved in that work. The meetings facilitated positive and constructive discussions from which plans for the year ahead have been drafted for members to discuss and agree. These plans include communication methods, peer support and advice, network meeting design, newsletters, longer term actions, Securing (protected) time for network activities, guest speakers for the networks, network events and ways of reaching People Services (HR) colleagues.

Baton of Hope – Suicide Awareness

The team arranged suicide and self-harm awareness training for key staff groups. 109 staff attended over 4 sessions. Feedback included:

- “Great delivery, understandable and relatable and enjoyed it and feel more confident in attending this course – excellent”



-
- “Course leaders were kind, compassionate and supportive. Difficult subject presented very well, enjoyed the way the information was presented and interaction”
 - “Facilitators were both obviously knowledgeable but also clearly passionate about their role. I felt cared about as an individual not just another person on the course. Practical and useful advice to put into place both in and out of work and with myself. Thank you so much.”
 - “For such a dark subject the course was delivered with such professionalism and kept the course content interesting. I have gained valuable knowledge and experience to take this with me throughout my career.”

Neurodivergence: Conversations we need to have.

Over 400 staff have attended. Feedback has been very positive with requests for further sessions and for more detailed conversations. A full feedback report is being drafted.

Celebrating Diversity and creating a sense of Belonging

Funding was used to build a programme of Cultural and Diversity Engagement with our staff, aiming to improve understanding and inclusion.

Key areas to note:

- Pride celebrations
- Presence at Pride events through May-July
- Focus on LGBTQ+ and Welsh Language – event will be held on the 19th Feb – spaces available [LGBTQ+ Inclusive Welsh Language](#)
- South Asian History Month and celebrations
- Bollywood film night on the 15th August at Theatre Colwyn.
- Diwali Celebrations in East and West North Wales
- Onam event in Sept recognising the impact from our Kerela workforce
- Black History month events
- Recognising upcoming anniversary of 25 years of Filipino staff working in the health board.
- Celebrating Disability History Month in December – panel session and Arts project working with local young people.

The activities described align with obligations and commitments within the WG Anti-racist Action Plan, LGBTQ+ Action Plan and soon to be published Disability Action Plan, alongside the Health Boards Strategic Equality Objectives and Action Plan.

This one-off funding enabled the organisation to kickstart and increase participation within our staff networks and inspire staff to get involved in more sustainable activities and programmes throughout the following years.

Appointment of Culture, Education and Training lead

Oluwaseun Adedibu has now joined the team and has linked with the Culture leadership programme, public health and our Patient Advisory Liaison (PALs) team to develop key resources around EDI and cultural sensitives/competence.

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; these sessions were held fortnightly throughout the final quarter of 2025 and will continue during 2026.
- 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.
- 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.

Equality Focused Health Fairs

One of the strategic objectives in the health boards Equality Plan is focusing on engagement and reduction of health inequalities. Recognising that although the health board either hosts or partners on engagement events throughout the year for the general public. Some people and community groups may not feel welcome or feel their specific health needs are understood.

In October the Health Board held its first LGBTQ+ Health fair at Pontio in Bangor, with 8 focused workshops and 2 panel sessions alongside 25 stalls. A combination of health board, third sector and community organisations. A planning group was established with over 50% of the membership being from community focused groups, who lead the identification of workshop choice. Over 100 people attended the event face to face. The workshops that were held in the main room, were also recorded and these recordings have also been made available as an additional teaching resource.

This model is being replicated for our first dedicated Ethnic Minority Health Fair planned for 26th February 2026. The workshop choices were identified via a co-productive voting process. Parallel to the event, there will be recruitment workshops, providing job application support and interview skill sessions for the ethnic minority community, recognising some of the barriers identified from the WRES feedback report and NHS Staff survey feedback. Stalls are also available for Health Board, Public and third sector organisations and community groups. Bookings for the event can be made via [North Wales Ethnic Minority Health Information Fair Tickets, Thu 26 Feb 2026 at 09:30 | Eventbrite](#)

The equality team is currently working with partners to confirm funding to expand the health fair model to include groups such as Deaf and Sensory loss and disabled people, recognising the implementation of new action plans in these areas from Welsh Government over the next 18 months.

Men's Health Project:

This project was developed from a discussion in the Gender equality Network (GEN); the project's aim is to understand the health and wellbeing needs of our male workforce at BCUHB and develop achievable, meaningful initiatives and resources that support the physical, mental, and social wellbeing of our male colleagues.

A survey has been circulated throughout December 2025 asking all our male members of staff, inclusive of people who identify as men and non-binary to confidentially share their views, ideas and challenges associated with men's health. The project aims to help create a healthier and more supportive workplace for everyone. 113 colleagues completed the survey, providing insights and suggestions that the project group will use with stakeholders and SME's to develop actions.

Development of Year 3 strategic Equality Actions

The EDI actions for year 3 of the Health Boards Strategic Equality Objectives will be presented at the January Equality and Human Rights Strategic Forum.

Areas to be included are:

- Inclusive Leadership programme
- BCUHB WRES Task and Finish Group and All Wales WRES Task and Finish Group
- Focus on Recruitment – data around shortlisting within WRES

- Personal development support – i.e. Reverse Mentorship, Aspiring leadership programmes.
- Analysis of WRES data and implementation of recommendations
- Development of EQIA Standards framework
- Implementation of All Wales Accessible Communications Standards
- Development of Disabled Peoples Rights Action Plan

Staff Wellbeing Support Services Update

The Staff Wellbeing and Support Service (SWSS) continues to operate under significantly reduced capacity. Following advertisement for two 8b Practitioner Psychologists, interviews will be held on the 15th of January. Due to the high quality of the candidates who have applied, we are hopeful to recruit two full-time psychologists into these posts.

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 therefore 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.

Between the 3rd of November and the 19th of December, 13 individual psychology sessions were offered to staff. Three of these were cancelled by the staff member due to illness or other factors. Ten sessions were attended. The main difficulty reported was psychological distress whilst going through the Respect and Resolution process, from both sides of the process. The second most commonly-reported difficulty was psychological trauma impacting ability to engage in work. At present, due to staffing constraints within SWSS, staff are offered a maximum of three sessions of psychological formulation and intervention. So far, no staff member has required more than three sessions of support.

Work continues on the Creative Ways to Wellbeing project, which is a joint initiative with the Arts in Health team. The Emotional Wellbeing Assistant within SWSS has been supporting a group-based programme for staff who are on long-term sick leave with stress, depression and anxiety. This comes to an end on the 18th of December. The EWA has also been offering group-based creative sessions to a number of teams, including Dietetics and Palliative Care in East.

From these sessions, average stress levels reduced as follows:

Dietetics (11 staff members present): pre-session stress average 5.2, post-session average 2.5 – reduction of 2.7 points on a ten-point Likert scale.

Palliative Care (12 staff members present): pre-session stress average 6.0, post-session average 3.3 – reduction of 2.7 points.



Comments included:

“Very positive and I feel very satisfied with the session”
“More of this please! I feel much more content”
“It made the weight of all the other stresses feel lighter”

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:

- One session of reflective practice was held with the Occupational Health Support Advisors. During this session, the team identified that they did not have a need for further sessions, which was seen by them as a positive.
- The Professional Nurse Advocate team within community settings have requested reflective practice sessions, to better allow them to support their staff. Two sessions have now occurred. Qualitative feedback has been positive: “The plan we came together over today has given me reassurance and confidence around providing meaningful support for the team.”
- 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.

The service continues to be involved in several initiatives and working groups such as:

- Reviewing the organisation’s approach to burnout.
- Streamlining our approach when a colleague dies in service.
- Working with colleagues across the BCUHB footprint to strengthen our wellbeing offer for staff.

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

A further area for development within SWSS 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. Following discussion in the People and Culture Meeting around use of charitable funds for the Rounds, further discussion will be had relating to the value of the Rounds to the Health Board, and whether these should continue.

Occupational Health & Wellbeing

Counselling

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, **135 staff members** are actively accessing the service, reflecting an expected increase during the winter period. A further **125 staff members** are currently on the waiting list to be seen by one of our counselling practitioners.

We are pleased to report positive progress in reducing 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. We anticipate further reductions as several planned developments are implemented.

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.

We are also pleased to confirm the appointment of **two new counselling practitioners**, both of whom have now commenced in post and completed their induction. These appointments provide an additional **1 WTE** to the service, strengthening our capacity and supporting our ongoing efforts to reduce waiting times.

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 161 referrals into the service for counselling. This to date has been our highest in demand recorded in the last five years.

QTR 3 Health and Wellbeing Report

Health & Wellbeing Champions:

- 25 new Champions signed up to the network
- 20 Champions completed the ICAN Mental Health & Suicide awareness training
- 26 Champions completed the Induction training for the Champion role
- 21 Health & Wellbeing Champions have enrolled on 'Walk Leader training' ran by the Ramblers. The course is an online course which will start at the end of January 2026, with a view to Champions running walking groups for colleagues in their area.
- We have received approval to collaborate with Endometriosis UK to work alongside them to achieve endometriosis friendly employer status and embed endometriosis

champions in the Health Board Champions to better support staff with endometriosis.

Menopause

We held the Menopause live roadshow in East from 13-15 October 2025. We visited Wrexham Maelor hospital, Preswylfa offices and Mold hospital and held face to face and online sessions, the following sessions were delivered;

- Intimacy and menopause
- Neurodiversity and menopause
- Nutrition and lifestyle and menopause
- 12 x 1:1 appt slots

We supported approximately 150 staff with their menopause journey;

- Hybrid awareness sessions and drop-in clinics – 103 staff members
- Departmental closed sessions – 12 staff members; Sessions delivered to the Pharmacy team in Wrexham
- Roadshow stand across various sites – Approx. 40-50 staff

The next Menopause live roadshow will be held in the West and will take place from 2-4 March 2026.

This Quarter we held an online session for managers supporting their teams with menopause and had 14 attendees.

Over 30 members of staff attended virtual menopause cafes in this quarter.

Occupational Health & Wellbeing roadshows

We visited 4 sites in quarter 3 taking wellbeing information and support direct to staff on the ground;

- Royal Alexander hospital
- Deeside community hospital
- Ysbyty Glan Clwyd hospital
- Abergele hospital

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

The main themes at the roadshow continue to be menopause, mental health and stress.

Bespoke wellbeing team support requests

We delivered 8 bespoke wellbeing sessions over quarter 3;

- Wellbeing drop-in to support a team bereavement at Ysbyty Alltwen
- Tissue Viability away day - Stress awareness session
- Palliative care registrar training day – Arts in health practical wellbeing session
- Pharmacy wellbeing drop-in at YGC
- Deeside wellbeing event

- Stress awareness and self-care session at the HCA Conference in Llandudno
- Dental team away day session (Deeside) - Stress awareness & mindfulness session
- YGC Porters requested support to help deal with trauma and general wellbeing

Following the Tissue Viability away day session, the Central District Nursing team have requested monthly face-to-face OH&WB awareness and self-care sessions throughout 2026.

OH & WB awareness sessions

We delivered 3 OH&WB awareness sessions this quarter;

- Nurse Preceptorship session
- HCA Conference in Llandudno
- Band 6&7 leadership programme at Wrexham Maelor

Occupational Health & Wellbeing

Team away day

The Occupational Health and Wellbeing team had their annual team away day at the RSPB nature reserve in Llandudno on Tuesday 11th November 2025, 33 members of the team attended out of a possible 42. The session was facilitated by [Coed Lleol \(Small Woods Wales\)](#) who focus on improving health and wellbeing by getting people active in local woodland and the outdoors. They work with a wide range of skilled and experienced outdoor activity leaders offering immersive experiences in nature they lead numerous nature-based wellbeing projects across Wales. They are used by referral agencies as a source of social prescribing to green nature-based health solutions using nature and the outdoors to improve physical and mental wellbeing.

Wellbeing workshops

Coed Lleol woodland wellbeing sessions:

Partnership working with Coed Lleol and Conwy Council has allowed us to run 3 wellbeing woodland days in and around Conwy;

- Caerdroia in the Gwydir Forest 6/11/25 – 10 attendees
- Bodlondeb Woods 18/11/25 – 11 attendees
- Pensychnant Nature Centre – Scheduled 3/3/26 fully booked

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



Average measure of wellbeing before taking part in the session was 6/10, compared with 9/10 after the session showing a remarkable improvement in post event wellbeing.

Comments from staff;

The overall impact on my wellbeing was truly remarkable. It was incredibly valuable to talk things through with other NHS colleagues and take meaningful time away from work to fully embrace the calming atmosphere of the woodlands

The day was a real breath of fresh air, literally and mentally. Being out in the forest, using traditional tools, and trying forest bathing gave me a proper chance to slow down and reset. It was relaxing, hands-on, and a great way to connect with others outside of work. I left feeling calmer, clearer, and really appreciated the time to focus on wellbeing

the pace of the day was really good the lady taking the session was really informative and included everyone and didn't make you feel daft or stupid. I came aware from the session feeling I had had a nice day, I didn't feel guilty that I was not in work/at my desk working. The breathing activity was really good and listening to things around you made you calm.

I was feeling very stressed and overwhelmed the day before the session. Sandwiched between being a carer to both a disabled child and a parent. I felt like I really had time to focus on myself and how I was feeling during the session. To stop and really take in my surroundings without the guilt I usually feel when I do something for myself. I felt my mind was not full of all the things I needed to do and I could just clear my thoughts.

Coed Lleol L2 Practicing wellbeing in nature training – 11 staff have been trained up to obtain a nationally recognised Agored level 2 Cymru qualification equipping them to support future sessions and further embed wellbeing in nature approaches within their roles. The course covered group facilitation, wellbeing theory and environmental understanding.

A celebration event for the project is being planned for 20th March at Pencychnant Nature Centre to bring together participants, artists, and project partners to share learning and showcase artworks and discuss future opportunities – Our Chair: Dyfed Edwards is opening this event.

A 6-week arts and health course called 'Creative wellbeing' was piloted in partnership with Conwy County Council aimed at supporting staff currently off work with mental health issues/those in work but struggling with their mental health to support a timelier return to work or support staff to stay well in work. The course ran from 13th Nov – 18th December at Mostyn art gallery, Llandudno, 9 people attended

week one with a completion rate of 6 people on the last session – attendees were sourced from the Occupational Health Counselling list.

A summary report is currently being written based on the feedback from attendees and potential second course is being planned alongside Conwy Council who funded the course. Feedback was extremely moving and participants gained immensely from attending, one staff member said *'If this course hadn't come along when it did, who knows where I would have been right now, thank you so much'*.

Staff engagement

We have conducted a Men's health survey to help us understand the health and wellbeing needs of our male workforce at BCUHB inclusive of people who identify as men and non-binary colleagues. The provided will guide us in developing meaningful initiatives and resources that support the physical, mental, and social wellbeing of our male workforce. 113 staff have completed the survey, 53% of which would like to be involved in the men's health development group which will be created this month.

Core Occupational Health Service Activity:

The Occupational Health service continues to see a significant increase not only in the volume of referrals but also in the complexity of cases being presented. Manager referrals have continued to rise, from an average of 800 per quarter in 2023 to over 1,000 per month in 2025.

To address the current backlog, which has resulted in waiting times exceeding eight weeks, the service has secured additional doctor time through bank arrangements and also obtained approval for agency specialist practitioners to provide support for an eight-week period.

Additional pressure was created by a change in working processes with Mantoux prescriptions.

2 x Agency staff recruited, anticipated to start in January 2026.

We have also noted a growing number of referrals related to alleged substance misuse involving both alcohol and drugs. Discussions are underway to explore how best to support this staff group, and we aim to collate and report these figures in the next update.

Full reports on activity shown below:

Areas	Q1	Q2	Q3	Q4
Management Referrals	929	1018	1045	
Grand Total	929	1018	1045	

Areas	Q1	Q2	Q3	Q4
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Central	316	34%	370	36%	355	34		
East	309	33%	321	32%	349	34		
West	304	33%	327	32%	341	32		
Grand Total	929	100%	1018	100%	1045	100%		

Reason Given for Referral	Q1		Q2		Q3		Q4	
Condition affecting Work Fitness	No Data	No Data	313	31%	307	29		
Counselling	No Data	No Data	7	1%	3	0		
Equality Issues in the Workplace	No Data	No Data	5	0%	10	1		
Ill health Retirement	No Data	No Data	8	1%	10	1		
Long term sickness	No Data	No Data	233	23%	232	22		
Pregnancy Related	No Data	No Data	16	2%	19	2		
Rehab advice	No Data	No Data	15	1%	9	1		
Short term sickness	No Data	No Data	101	10%	87	8		
Skin concerns	No Data	No Data	1	0%	0	0		
Wellbeing referral	No Data	No Data	307	30%	348	33		
Workplace incident / accident	No Data	No Data	12	1%	20	3		
Grand Total	37	0%	1018	100%	1045	100%	0	0

This is still affecting the ability to accurately report in some areas but we are working closely with Civica to rectify this.

As shown above the interventions implemented had a positive effect on the ability to deliver on KPI's and due to all the hard work from the occupational health and wellbeing staff we have successfully hit targets since September 2024.

Self – Referrals

Activity Linked to Self-Referrals	Q1 Count	Q2 Count	Q3 Count	Q4 Count
All Self-referral Activity's recorded	481	313	381	
Grand Total	481	313	381	

Flu Update

A total of 9,271 BCUHB employees have received the influenza (flu) vaccination at the end of this quarter, which equates to 43.7% and shows improvement from the previous year's 33% uptake in the same quarter.

Breakdown into organisation area uptake, colour coded red as all presenting at under 50% uptake and demonstrating a range of 13%.

Staff groups uptake, colour coded red for those representing under 50% and amber 50-75% uptake, and demonstrating a range of 20% . Trend showing the weekly percentage increase, those highlighted in yellow are static.

Staff Group	Number Staff Vaccinated	Total staff in Org level group	Number of staff to vaccinate and hit 75% Target	Percentage staff vaccinated	Trend
M&D Dental	21	40	9	52.5%	0.0%
M&D Consultants	315	619	149	50.9%	> 3.2%
Additional Professional, Scientific & Technical	421	908	260	46.4%	> 2%
Administrative & Clerical	1915	4210	1243	45.5%	> 1.9%
Nursing & Midwifery	2963	6697	2060	44.2%	> 2%
Healthcare Scientists	152	347	108	43.8%	> 2.3%
Allied Health Professionals	629	1471	474	42.8%	> 2.4%
M&D Resident Doctors	82	193	63	42.5%	> 1.6%

Estates & Ancillary	724	1718	565	42.1%	> 1.2%
M&D Middle Grades	126	302	101	41.7%	> 2%
Additional Clinical Services (Nursing)	1400	3387	1140	41.3%	> 1.9%
Additional Clinical Services (Non Nursing)	463	1158	406	40.0%	> 1.9%
M&D GPs	47	119	42	39.5%	> 1.7%
Students	13	40	17	32.5%	0.0%

Priority areas uptake, colour coded red for those representing under 50% and amber 50-75% uptake, and demonstrating a range of 48.9% Trend showing the weekly percentage increase, those highlighted in yellow are static.

Org L6	Number Staff Vaccinated	Total staff in Org level group	Number of staff to vaccinate and hit 75% Target	Percentage staff vaccinated	Trend
Scheduled Care YMW (HX45) L6	82	111	1	73.9%	> 2.7%
Surgical YG (HX05) L6	104	166	21	62.7%	> 4.9%
Childrens West (AX07) L6	54	90	14	60.0%	0.0%
Childrens East (AX47) L6	52	92	17	56.5%	0.0%
Unscheduled Care YMW (HX43) L6	147	288	69	51.0%	> 1%
Womens East (WX01) L6	84	170	44	49.4%	> 1.2%
Childrens Central (AX27) L6	62	128	34	48.4%	> 4.6%
Medicine YG (HX03) L6	102	212	57	48.1%	> 1.4%

Scheduled Care (HX25) L6	40	85	24	47.1%	0.0%
GMS East (AX51) L6	44	95	27	46.3%	> 2.1%
Emergency Care YG (HX11) L6	75	171	53	43.9%	> 1.2%
NW Cancer Nursing (HXQE) L6	58	138	46	42.0%	0.0%
Medicine & Unscheduled Care YGC (HX23) L6	96	240	84	40.0%	> 4.6%
Community Medicine West (AX04) L6	16	45	18	35.6%	0.0%
Womens Central (WX21) L6	59	172	70	34.3%	> 2.3%
Emergency Quarter YMW (HX50) L6	62	192	82	32.3%	> 2.6%
Womens West (WX41) L6	49	153	66	32.0%	> 0.6%
Emergency Care YGC (HX27) L6	65	218	99	29.8%	> 2.3%
Womens Corporate (WX71) L6	4	16	8	25.0%	> 1.2%

Flu vaccines have been offered to all BCUHB employees, including bank and volunteers, any healthcare students, and Welsh Ambulance whilst in ED departments. The total number of flu vaccines provided to these groups is 13,248, demonstrating an increase of 4,265 from last year. Staff have been able to access a flu vaccine from a Local Peer Vaccinator working alongside them, attending drop-in sessions or via walk-about clinics provided from the Health Protection Service, bookable appointments led by the Integrated Vaccine Service, at a Community Pharmacy, or at their own GP surgery.

End of report:



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

ASESIADAU O EFFAITH / IMPACT ASSESSMENTS		
Cydraddoldeb <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:	N/A
	Os naddo, dylech gynnwys y rheswm: If no, please include rationale:	N/A
Asesiad o'r Effaith Economaidd-gymdeithasol <i>A ydych chi wedi cynnal Asesiad o'r Effaith Economaidd-Gymdeithasol?</i>	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	N/A
	Os naddo, dylech gynnwys y rheswm:	N/A

Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	If no, please include rationale:	
<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	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
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 <i>Have you considered the Armed Forces Covenant Due Regard Duty?</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 Ddiogelu Data	Do/Yes: <input type="checkbox"/>	Naddo/No: <input checked="" type="checkbox"/>
	Canlyniad/Outcome:	

<p><i>A ydych chi wedi cynnal prawf Sgrinio o'r Aseiad 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 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>Compliance with Employment Law</p>	
<p>Enw Da Reputational</p>	<p>Choose an item.</p>	
<p>Effaith ar Adnoddau <i>(Pobl / Ariannol)</i> Resource Impact <i>(People / Financial)</i></p>	<p>Choose an item.</p>	



Local Partnership Forum

2025-26 BCU Finance Report – Month 9 (December)

Date of Meeting	03 February 2026
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	Not Applicable
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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 9 (December 2025). 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 31st December 2025, driven by the year to date impact of £18.8m local pressures (£4.4m JCC pressures, £7.2m Capacity pressures, £5.4m Out of Area MHLD placements and £1.6m cost overruns including contracting pressures & CHC) and £6.6m national pressures (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC), offset by £6.1m additional savings and £1.8m mitigating actions.

The in-month (December 2025) position is reporting a marginal surplus of £0.04m, with the below table summarises monthly actual and forecast variance for 2025/26:

	2025/26													
	Actual									Forecast			Total Year to Date	Forecast Outturn Position
	April	May	June	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Mar		
Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	(1.0)	0.0	0.0	0.0	(0.1)	(17.3)	(17.4)

The forecast outturn position has been revised to report a projected deficit of £17.4m, with additional financial controls implemented to seek to improve the outturn within the remaining months of the financial year ending 31st March 2026.

The movement from break-even to a forecast deficit is in part driven through the Health Board being unable to mitigate national pressures that materialised following submission of the plan. 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 with additional pressures from JCC of £6.8m for cross border patients. 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).

Risk to delivery of the plan was 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, 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's has delivered the targeted savings of £40.0m contained within the financial plan for 2025/26. As at the end of December (Month 9), the Health Board having identified £36.5m Green saving schemes and fortuitous Accountancy Gains of £8.4m, giving a combined total of £45.0m, an increase of £1.6m from previous month.

Of these savings, £24.7m are recurring schemes with a full year effect of £33.4m and £20.2m 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 £1.8m and full year plan value of further pipeline opportunities totals £3.1m. 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 £58m. (Year to Date expenditure is £24.6m.)

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 Factors
IMTP	Integrated Medium Term Plan
CRL	Capital Resource Limit
FOG	Financial Oversight Group

BCU 2025-26 M09 Finance Report

Please see Appendix A - BCU 2025/26 M09 Finance Report – December 2025

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</p> <p>BAF risks</p> <p>BAF SP14 – Estates & Capital</p> <p><i>(There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations</i></p>



	<p><i>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>Wellbeing of Future Generations Act – Wellbeing Goals</p>	A Resilient Wales
	If more than one applies, please list below:

IMPACT ASSESSMENTS		
<p>Equality <i>Have you undertaken an Equality Impact Assessment Screening (which includes the requirements of the Welsh Language Standards)</i></p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	Not applicable
	If no, please include rationale:	
<p>Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i></p>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	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>Quality <i>Have you undertaken a Quality Impact Assessment Screening?</i></p>	Enablers of Quality Data to Knowledge	Domains of Quality Effective
	If more than one applies, please list below:	If more than one applies, please list below:
<p>Wellbeing of Future Generations Act – Wellbeing Goals</p>	A Resilient 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 type="checkbox"/>	No: <input type="checkbox"/>
	Outcome:	
	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 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 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 December - Month 9 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 the impact of £6.7m national pressures post submission of the plan (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC) with £18.8m of local pressures, £7.2m Capacity pressures, £5.4m Out of Area MHL D placements and £1.6m cost overruns (contracting pressures & Continuing Healthcare), offset by £6.1m additional savings and £1.8m mitigations. The Health Board has revised its forecast outturn in light of these in year pressures, with a £17.4m forecast deficit. Additional financial controls implemented with immediate effect 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 31st December 2025 was £6.6m, including £6.3m for Revenue expenditure and £0.2m 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 Savings attained year to date total £45.0m (above plan) with £36.5m green savings schemes and Accountancy Gains of £8.4m. Contained within the £36.5m are £24.7m recurring savings with a full year effect of £33.4m which is below the £40m targeted in 2025/26 Red schemes and pipeline opportunities total £4.9m, 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 £58.2m. Year to date expenditure totals £24.9m.
	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, the risk to delivery estimated at £20m. 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 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 was shared with the wider leadership of the Health Board through the Integrated Performance – Executive Delivery Group and Operational Leadership Team forums Chaired by the Chief Operating officer. ➤ In December 2025, the Financial Oversight Group agreed to implement 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 9 Position

In Month: £209.2m against plan of £209.2m

Balanced

Full Year Forecast: £1788.0m against plan of £1770.7m

£17.3m adverse

2025/26 Full Year Position

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

The Health Board continues to place focus on cost reductions to improve the outturn for the current financial year

YTD Divisional Variance

West IHC	£11.7m adverse
Central IHC	£11m adverse
East IHC	£18.1m adverse
Womens	£2.3m adverse
MH & LD	£15m adverse
Commissioning Contracts	£7.9m adverse
ICD Primary Care	£4m favourable
ICD Regional Services	£4m adverse
Support Functions	£2.4m adverse
Other Budgets	£51m favourable



Savings

In-month: £4.8m against target of £3.3m

£1.5m favourable



Full Year Savings Delivery

£45.0m against target of £40.0m

Target Surpassed by £5.0m (Additional red schemes and opportunities of £4.9m are under review)



COVID-19 Impact

£8.3m YTD Cost

£13.0m COVID funding allocation from WG



Year to Date Income

£131.9m against budget of £125.8m

£6.1m favourable



Year to Date Pay

£893.2m against budget of £853.8m

£39.4m adverse



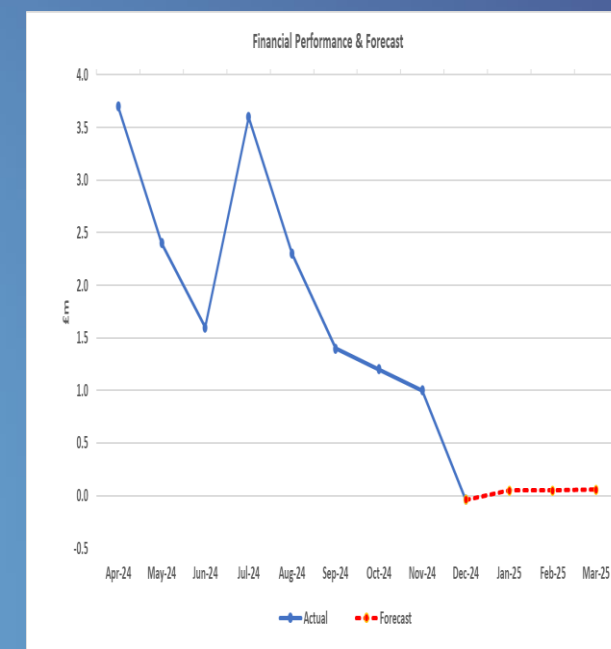
Year to Date Non-Pay

£1,023.2m against budget of £1,039.3m

£16.1m favourable

Revenue Position

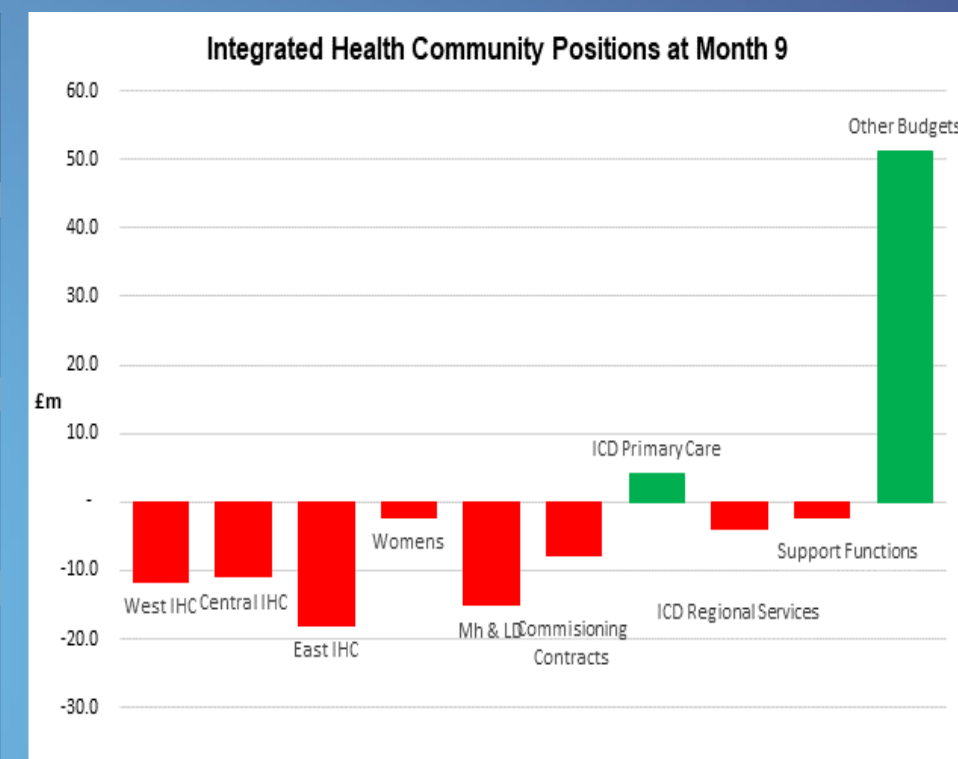
	Actual									Forecast			2025/26 Cumulative against Plan				Full Year Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(194.6)	(205.8)	(199.3)	(196.7)	(201.4)	(1,767.3)	(1,767.3)	0.0	0.0%	(2,364.6)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(16.4)	(18.0)	(14.1)	(14.2)	(17.5)	(125.8)	(131.9)	(6.1)	4.8%	(177.6)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	98.8	100.2	96.7	96.4	96.4	853.8	893.2	39.4	4.6%	1,182.7
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	113.3	123.6	116.7	114.5	122.6	1,039.3	1,023.2	(16.1)	-1.5%	1,377.0
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, and a small surplus of £0.04m reported in-month.
- Key drivers of the year to date deficit include £18.8m local pressures (£4.4m JCC pressures, £7.2m Capacity pressures, £5.4m Out of Area MHLD placements and £1.6m cost overruns (including contracting pressures & CHC) and £6.6m national pressures (£3.5m English tariff inflationary pressure above funded uplift and £3.2m Employers NIC) offset by £6.1m additional savings and £1.8m of 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 End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
WG RESOURCE ALLOCATION	(209.2)	(209.2)	0.0	0%	(1,770.7)	(1,770.7)	0.0	0%	0.0
WEST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.0	1.0	0.0		0.0
West Area	19.6	19.5	0.1		159.6	162.5	(2.9)		(5.3)
Ysbyty Gwynedd	11.9	12.8	(1.0)		105.9	114.2	(8.4)		(11.2)
Facilities	1.2	1.2	(0.0)		10.8	11.2	(0.4)		(0.6)
Total West	32.8	33.7	(0.9)	-3%	277.3	289.0	-11.7	-4%	(17.0)
CENTRAL INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		1.1	1.2	(0.1)		(0.1)
Central Area	25.6	25.5	0.0		212.4	210.8	1.5		(0.3)
Ysbyty Glan Clwyd	14.8	16.3	(1.5)		132.7	144.9	(12.2)		(16.7)
Facilities	1.5	1.5	(0.0)		13.1	13.3	(0.2)		(0.2)
Total Central	41.9	43.4	(1.5)	-4%	359.2	370.2	(11.0)	-3%	(17.3)
EAST INTEGRATED HEALTH COMMUNITY									
Management	0.1	0.1	0.0		0.9	0.8	0.1		0.1
East Area	28.4	29.2	(0.8)		235.2	245.1	(9.9)		(12.2)
Ysbyty Wrexham Maelor	12.8	13.7	(0.8)		114.7	123.0	(8.3)		(10.7)
Facilities	1.4	1.4	(0.0)		12.4	12.3	0.1		0.1
Total East	42.7	44.3	(1.6)	-4%	363.2	381.2	(18.1)	-5%	(22.8)
Total Midwifery and Women's Services	4.4	4.7	(0.3)	-8%	38.8	41.1	(2.3)	-6%	(3.2)
Total Mental Health and LDS	15.3	16.8	(1.4)	-9%	137.9	152.9	(15.0)	-11%	(18.6)
Total Commissioning Contracts	32.3	31.7	0.6	2%	243.9	251.8	(7.9)	-3%	(11.0)
INTEGRATED CLINICAL DELIVERY PRIMARY CARE									
Dental North Wales	4.3	3.6	0.7		28.1	24.5	3.6		4.0
Community Dental Services	0.6	0.5	0.1		5.6	5.2	0.5		0.6
Other Primary Care	0.1	0.2	(0.0)		1.3	1.4	(0.1)		(0.2)
Total Integrated Clinical Delivery Primary care	5.0	4.3	0.7	15%	35.0	31.0	4.0	11%	4.3
INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES									
Provider Income	(1.9)	(2.9)	1.0		(17.2)	(19.6)	2.4		2.8
Diagnostic and Specialist Clinical Support	7.7	8.0	(0.3)		65.7	70.5	(4.8)		(6.7)
Cancer Services	6.2	6.4	(0.2)		56.4	57.9	(1.6)		(2.4)
Total Integrated Clinical Delivery	12.0	11.5	0.5	4%	104.8	108.8	(4.0)	-4%	(6.4)
Total Service Support Functions	15.1	15.5	(0.4)	-3%	131.5	133.8	(2.4)	-2%	(4.2)
Total Other Budgets	7.6	3.3	4.3	57%	79.1	28.0	51.0	65%	78.7
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 an improvement of £1.0m from November in month position. The forecast has been changed in M9 reporting a £17.4m deficit against the financial plan for the year.
- Variable pay costs have increased in December by £0.9m from November driven by increases 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
	Actual									Forecast			YTD Budget	YTD Actual	YTD Variance	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12				
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	
Administrative & Clerical	13.2	13.3	13.3	13.3	15.2	13.8	13.8	13.7	14.1	14.1	14.1	14.1	113.7	109.5	4.2	171.0
Medical & Dental	22.3	22.7	22.2	23.0	26.7	23.7	24.1	23.3	21.8	21.8	21.7	21.7	171.0	188.1	(17.1)	263.9
Nursing & Midwifery Registered	28.8	29.1	29.2	28.9	33.6	30.1	30.4	29.7	30.2	30.2	30.1	30.1	226.8	239.9	(13.1)	365.7
Additional Clinical Services	14.2	14.7	14.6	14.4	16.2	14.8	14.8	14.6	14.9	14.9	14.9	14.9	109.8	118.5	(8.7)	181.0
Add Prof Scientific & Technical	3.9	3.9	3.9	4.0	4.8	4.1	4.2	4.3	3.8	3.8	3.8	3.8	35.6	33.1	2.4	46.2
Allied Health Professionals	6.4	6.3	6.4	6.4	7.5	6.8	6.7	6.7	6.5	6.5	6.5	6.5	50.9	53.2	(2.4)	78.5
Healthcare Scientists	1.7	1.7	1.7	1.7	2.0	1.8	1.8	1.8	1.6	1.6	1.6	1.6	14.5	14.4	0.1	19.6
Estates & Ancillary	4.3	4.4	4.5	4.3	4.7	4.5	4.4	4.4	4.7	4.7	4.7	4.7	34.9	35.5	(0.6)	56.5
Students	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.7	0.8	(0.1)	1.1
Health Board Total	94.9	96.3	96.0	96.1	110.7	99.9	100.4	98.8	97.6	97.7	97.7	97.5	757.7	793.1	(35.3)	1,183.6
Other Services (Incl. Primary Care)	3.1	3.1	3.1	3.0	3.3	3.4	3.0	3.0	3.2	3.2	3.2	3.2	22.9	25.2	2.3	37.8
Total Pay	98.0	99.4	99.1	99.2	114.0	103.3	103.4	101.8	100.8	100.9	100.8	100.6	780.7	818.3	(37.6)	1,221.4

Non-Pay Costs as per Monitoring Return Table	2025-26												Cumulative			Full Year Forecast
	Actual									Forecast			YTD Budget	YTD Actual	YTD Variance	
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12				
	£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	21.8	22.2	22.1	197.3	191.5	5.7	257.6
Primary Care - Drugs & Appliances	10.9	10.9	10.8	11.5	11.6	11.8	11.3	11.0	12.2	11.4	10.3	11.4	99.3	102.0	(2.6)	135.1
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	18.3	18.5	19.2	211.3	172.5	38.8	228.6
Secondary Care - Drugs	8.4	9.4	8.8	9.3	8.4	9.7	9.3	8.6	9.6	8.9	8.8	8.9	77.2	81.5	(4.3)	108.1
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	34.1	33.5	33.5	285.2	294.1	(8.9)	395.2
Continuing Care and Funded Nursing Care	11.5	11.6	11.7	11.7	12.0	10.7	11.9	11.0	11.6	11.9	11.1	11.9	99.8	103.6	(3.8)	138.5
Other Private & Voluntary Sector	2.7	2.8	2.5	3.5	3.5	3.9	4.5	4.3	7.1	5.0	5.0	5.3	28.4	34.8	(6.4)	50.2
Joint Financing and Other	0.3	0.3	0.3	0.3	0.4	0.4	0.3	0.8	0.4	0.5	0.4	0.4	2.4	3.5	(1.1)	4.8
Losses, Special Payments and Irrecoverable Debts	0.2	0.4	0.2	0.6	0.3	0.4	0.5	0.4	0.4	0.4	0.4	0.4	2.3	3.5	(1.2)	4.7
Non-pay costs	105.7	106.1	104.7	112.1	109.8	110.3	110.2	109.0	119.3	112.3	110.2	113.1	1,003.2	987.1	16.1	1,322.7
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	36.1	36.1	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	116.7	114.5	122.6	1,039.3	1,023.2	16.1	1,377.0

Health Board Pay:

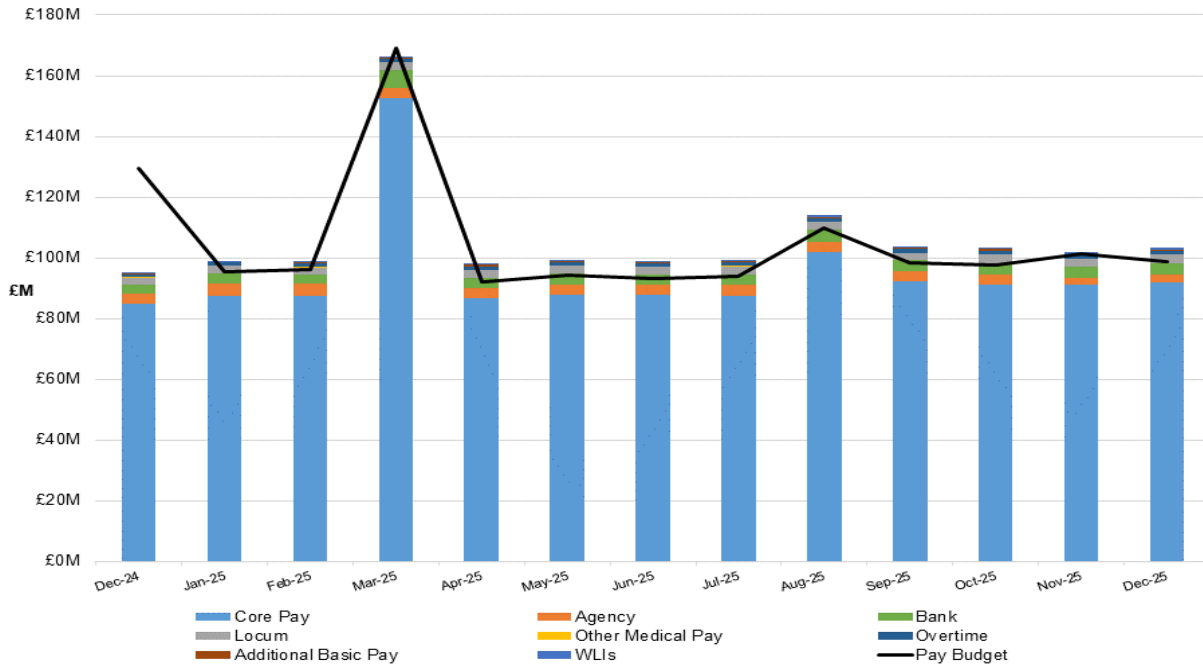
- Month 9 (December) Provider Services Pay increased by £1.4m from previous month.
- Overall variable pay costs have increased in December.
- Further detail on Variable Pay is reported in Slide 7 and Agency in Slide 9.

Non-Pay Expenditure (excluding Depreciation):

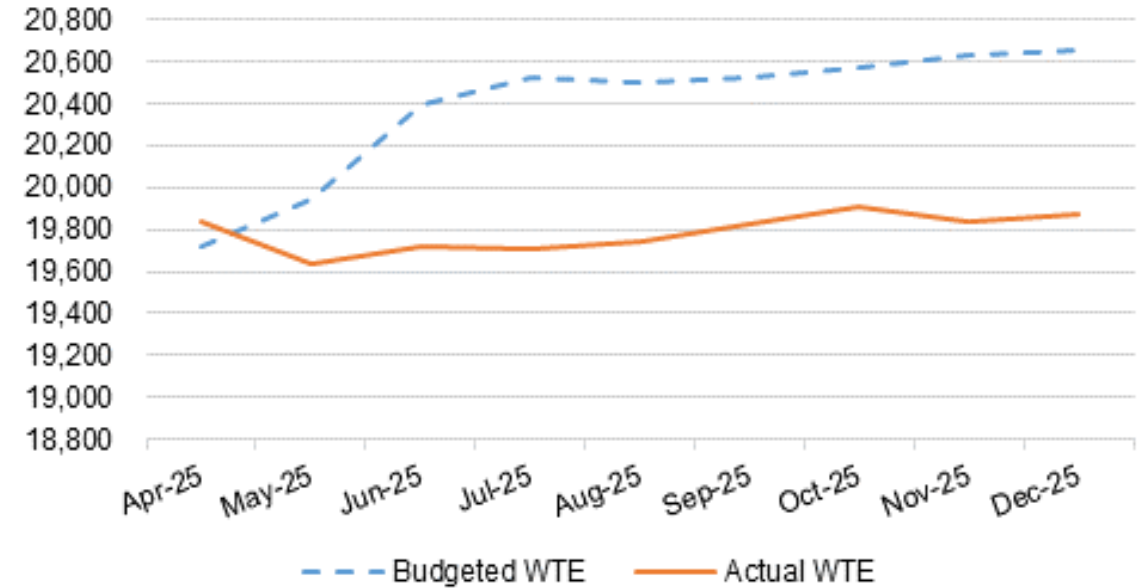
- Total Non-Pay expenditure (excluding AME/DEL Depreciation) increased by £10.3m from previous month.
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

Expenditure – Pay

Pay Costs



Pay-WTE



Variable Pay	2025/26									
	M1	M2	M3	M4	M5	M6	M7	M8	M9	Total
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	28.7
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	1.2	1.1	10.7
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	2.3	3.0	23.8
WLI	0.4	0.4	0.5	0.4	0.5	0.1	0.6	0.6	0.5	4.0
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	3.8	3.6	32.2
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.5
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	0.5	0.4	3.6
Total	11.2	11.7	11.3	11.8	12.1	11.1	12.2	10.7	11.6	103.6

- December budgeted WTE increased by 12 WTE from November. See Slide 8 for further detail.
- Variable Pay totals £11.6m for December, an increase of £0.9m from previous month driven by Increases of £0.6m in Agency and £0.7m in Locums.

Pay - WTE

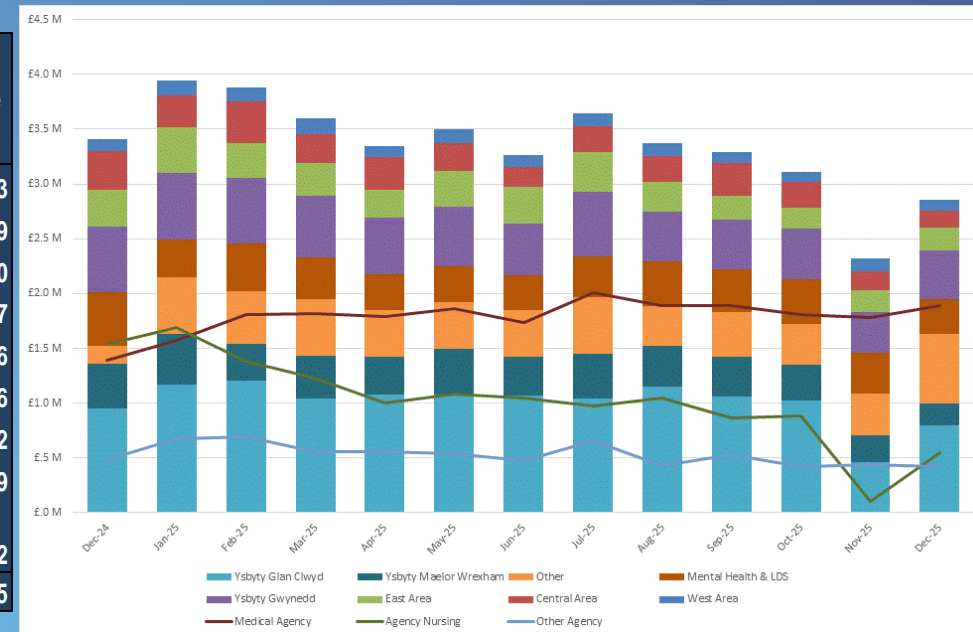
	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Movement M9 V M8
Budgeted WTE	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,649	12
Actual WTE	19,839	19,635	19,720	19,708	19,741	19,822	19,907	19,844	19,869	25

- Budgeted WTE increased by 12 WTE in December from previous month, with the below table providing further detail on Budgeted WTE movements.
- Actual worked in December is 19,869, an increase of 25 WTE from November.

	25/26										Explanation of movements (>5wte) from previous month	
	WTE Budget											
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	M08 Nov	M09 Dec	In Month Movement		
West IHC - Management	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	0	
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	1,838	1,840	1,840	2	
West IHC - Facilities	368	368	368	380	380	380	382	382	382	382	0	
Centre IHC - Management	7	7	7	7	7	7	8	8	8	8	0	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	2,310	2,309	2,309	-1	
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	1	
Centre IHC - Facilities	408	408	408	422	422	422	422	422	421	421	0	
East IHC - Management	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	2,485	1	
East IHC - Ysbyty Wrexham Maelor	1,868	1,874	1,835	1,892	1,893	1,896	1,906	1,954	1,962	1,962	8	5.95 WTE Budget for Progress Chasers.
East IHC - Facilities	356	356	365	365	365	365	365	365	365	365	0	
Midwifery & Womens' Services	687	693	694	694	694	694	694	695	696	696	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	2,327	2,327	2,327	0	
COVID Programmes	149	150	151	0	0	0	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	168	167	167	-1	
Other Primary Care	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	1,028	0	
Cancer Services	416	416	423	423	425	424	423	423	423	423	1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	2,249	2,249	2,249	0	
Med ED/R&D	115	116	116	117	119	122	123	124	125	125	1	
Health Board Total	19,719	19,941	20,400	20,522	20,502	20,527	20,575	20,637	20,650	12		

Pay Costs - Agency

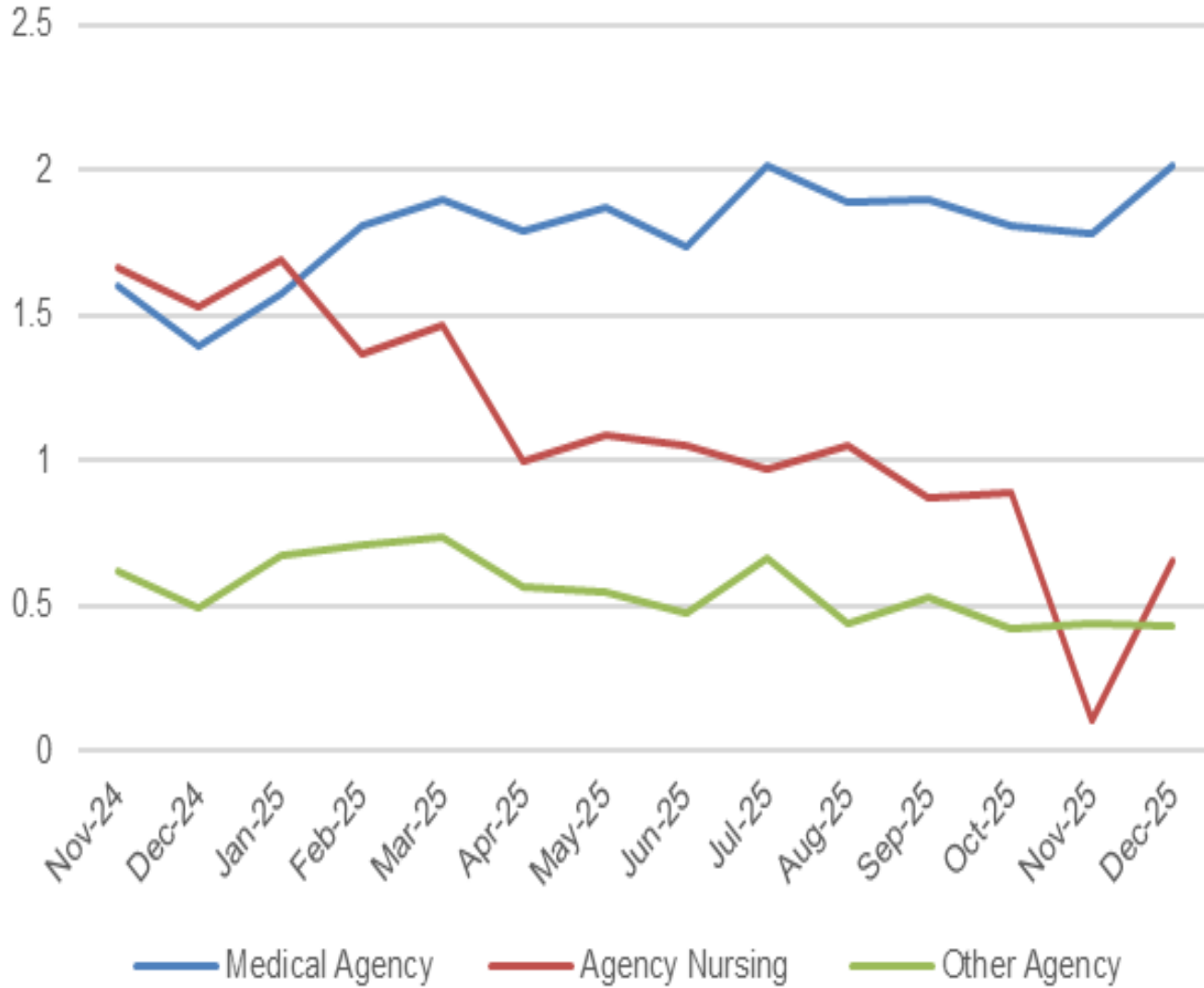
	2025-26 Agency Spend £m												Full Year Expenditure £m
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Actual Nov-25	Actual Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26	
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.3
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.3	0.3	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	0.2	0.2	3.0
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.5	0.5	0.4	5.7
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	0.5	0.8	1.0	0.9	0.9	11.6
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	0.3	0.3	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	0.2	0.2	1.9
Other incl pan BCU Cancer Servcies and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.3	0.4	0.3	0.2	0.3	3.2
Total Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	2.3	2.9	3.0	2.9	2.9	37.5



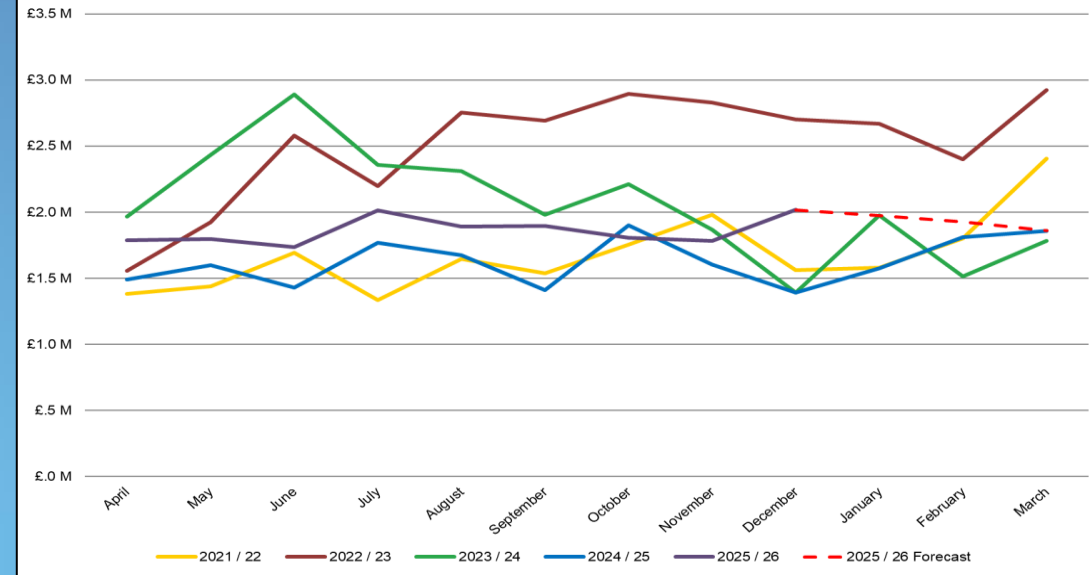
- Agency expenditure for December is £2.9m representing 2.8% of total pay, an increase of £0.6m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £37.5m, a £0.3m reduction compared to the £37.8m annual forecast outturn reported at Month 8 and a £9.5m (20.2%) 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.
- December Medical Agency expenditure is £1.9m, £0.1m higher than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.6m), Ysbyty Gwynedd (£0.3m), Women's (£0.2m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.5m for the month, an increase of £0.4m from previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Maelor Wrexham (£0.1m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and Ysbyty Glan Clwyd (£0.2m). Agency nurses are used to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.4m in month 9, the same as in month 8. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).
- 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

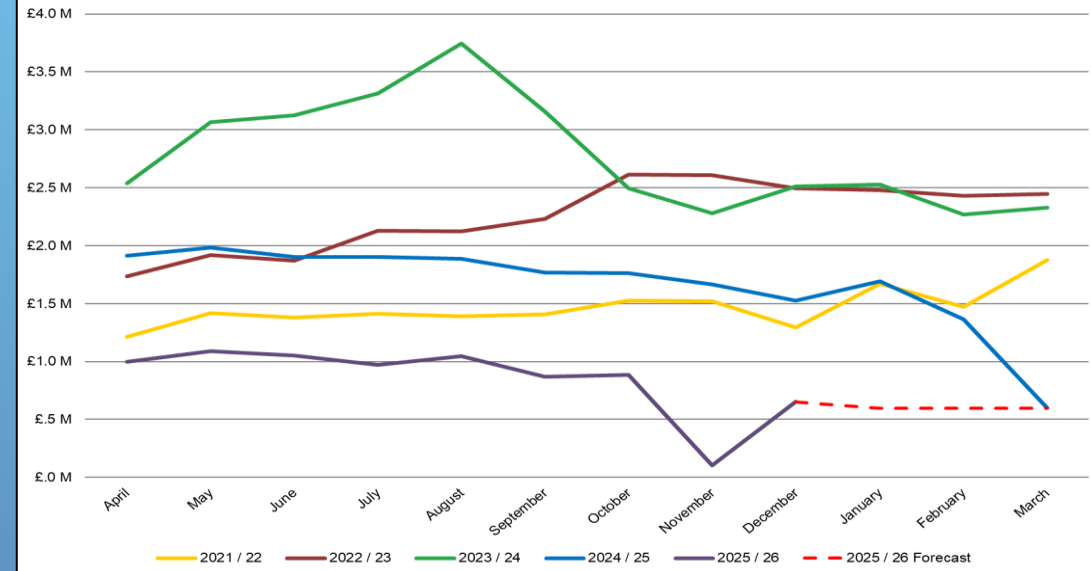
Agency Costs



Medical Agency Costs

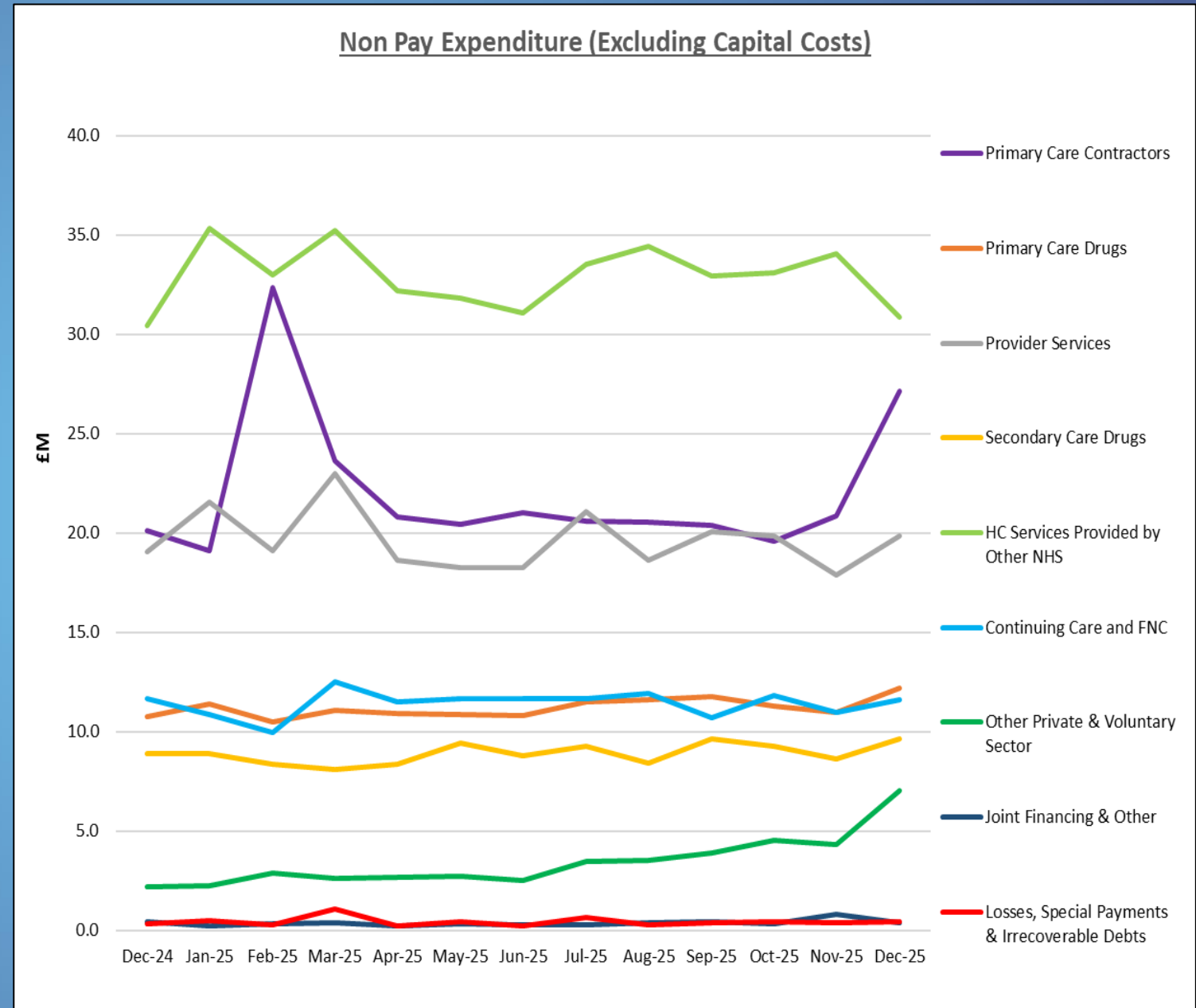


Nursing Agency Costs



Expenditure Non-Pay

- Primary Care Contractor:** November expenditure is £6.3m (30.0%) higher than previous month being mainly due to the year-to-date impact of the £1.1m GMS Dispensing/PADMS uplift, £8.3m GMS Pay agreement uplift and £1.7m 2025/26 Dental 4% pay uplift, all of which are funded via WG RRL.
- Primary Care Drugs:** Expenditure is £1.2m (11.0%) higher than previous month due to both an increase in prescribing days in December (December included 23 days compared to 21 days in November) and increase in GP prescribing weight loss medication, however this is offset by an in-month increase in Pharmacy rebate income.
- Secondary Care Drugs:** Expenditure increased by £1.0m (11.4%) from previous month, of which £0.3m is catch up of Cancer Services Aseptic and Homecare Drugs plus increase in Gastroenterology and Community Homecare drugs spend and backdated FP10 spend. MHL D have also reported a £0.1m increase due to catch up in Buvidal drugs costs.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £3.2m (9.3%) less than previous month, which is partly impacted by the £2.7m additional vertex spend funded by WG included within previous month's position.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £0.7m (5.9%) from previous month, due to an increase in Adults and Children's CHC packages and 1:1 support.
- Other Private & Voluntary Sector:** In month spend increased by £2.7m being predominantly due to the ID medical insourcing contract invoice processed in December with spend backdated to September funded from the WG planned care funding allocation, offset by a £0.1m reduction in MHL D Out of Area Placements (OOA) spend.



Expenditure – Pay & Non-Pay

	£m
Total Allocations Received	2,333.2
Total Allocations Anticipated	31.4
Total Welsh Government Income	2,364.6

- 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 2,364.6m.
- Confirmed allocations to date are £2,333.2m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into December.
- Further anticipated allocations in year total £31.4m as detailed in the table.

Description	£m
Allocations Received	2,333.2
Total Allocations Received	2,333.2

Description	£m
Allocations anticipated	
DEL Non Cash Depreciation	7.0
AME Non Cash Depreciation	6.8
Removal of Donated Assets / Government Grant Receipts	-0.8
Removal of IFRS-16 Leases (Revenue)	-4.5
IM&T Refresh Programme	2.5
Six Goals	2.7
RTT Waiting Times	1.6
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	1.7
WRP top slice for 25/26 as per IMTP	-7.6
Cataract funding 2025/26	5.8
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.2
Waiting Times – Outpatient Appointments	4.6
Dermatology MOPs funding	1.3
Other	1.0
Total Allocations Anticipated	31.4



Risks and Opportunities

- The below are risks and opportunities to the Health Board's financial position for 2025/26. Where it is clear of specific costs for both risks and opportunities, these are incorporated into the forecast position.
- The Health Board continues to place emphasis on the additional controls to improve on the forecast outturn for 2025/26, so as to mitigate the risk for 2026/27 of the conditionally recurrent £82m funding not being secured for 2026/27.

In Year Risks and Opportunities

Risks	£m	Level
Joint Commissioning Committee Performance	0.8m	Medium
Total Quantifiable Risks	0.8	

Opportunities / mitigations for the identified risks	£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 31st December 2025 was £6.6m, which included £6.3m cash held for revenue expenditure and £0.2m 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 Dec-25 £'m	Forecast Closing Balance End of Mar 26 £'m
Non-Current Assets			
Property, plant and equipment	740.2	729.7	745.5
Intangible assets	0.8	0.5	0.8
Trade and other receivables	119.7	125.2	125.7
Non-Current Assets sub total	860.7	855.4	872.0
Current Assets			
Inventories	20.5	20.9	20.5
Trade and other receivables	128.7	164.3	162.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	6.6	5.9
Non-current assets classified as held for sale	0.6	0.0	0.0
Current Assets sub total	155.6	191.7	189.1
TOTAL ASSETS	1016.3	1047.1	1061.0
Current Liabilities			
Trade and other payables	232.3	219.0	198.9
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	98.5	87.7
Current Liabilities sub total	286.2	317.5	286.5
NET ASSETS LESS CURRENT LIABILITIES	730.1	729.6	774.5
Non-Current Liabilities			
Trade and other payables	23.9	23.9	24.0
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	120.9	126.6	126.9
Non-Current Liabilities sub total	144.7	150.4	150.9
TOTAL ASSETS EMPLOYED	585.3	579.1	623.6
FINANCED BY:			
Taxpayers' Equity			
General Fund	367.2	361.0	405.4
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	579.2	623.6

Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £58m. Year to Date expenditure is £24.6m.

BUDGET 2025/26

1) Capital Resource Limit 2025/26	£m	Brief Overview / Update 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).
WG Discretionary Capital	14.2	
All Wales Scheme	43.8	
Total CRL	58.0	

CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	2.3	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.5	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	1.3	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.5	3.0	-	Programmed planned works progressing supported by tenders/purchase orders.
Mental Health	1.0	0.0	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	4.6	13.8	0.4	Under Commitment

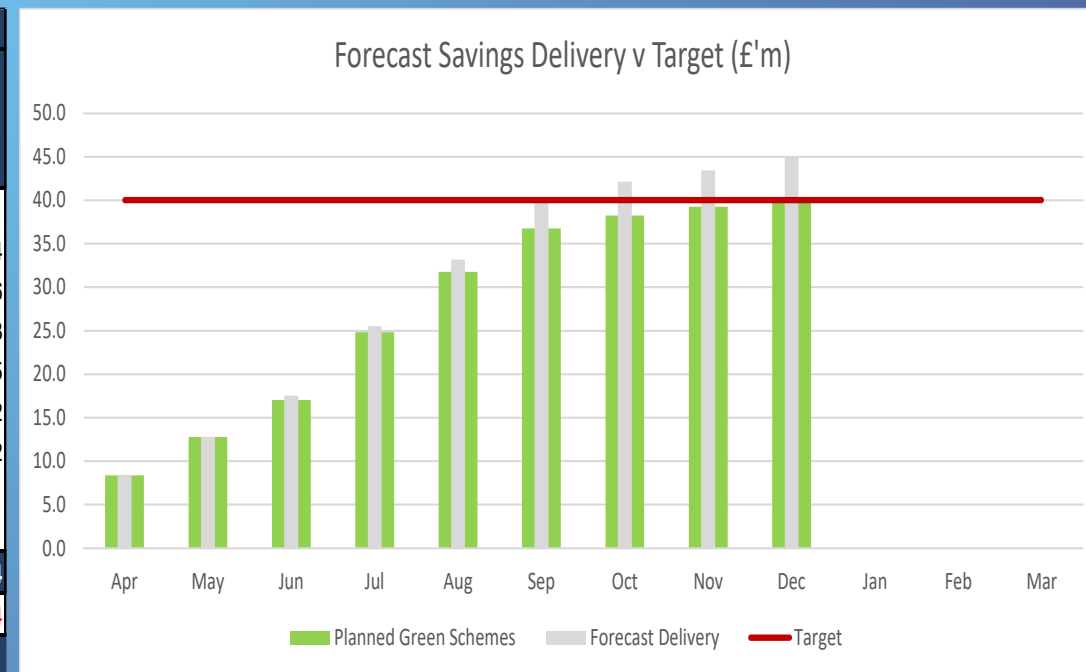
Capital

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	12.1	15.9	- 0.2	The project is progressing with completion forecasted early 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 programme has been revised as items have moved into the diagnostic programme, this is reflected in the revised CRL.
Electrical Infrastructure upgrade - Ysbyty Glan Clwyd	2.9	0.7	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	0.4	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.5	2.4	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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 is across a number of projects. Business cases have been approved with allocations. 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	0.7	2.0	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.0	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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	0.1	0.8	-	The TEF funding is across a number of projects. Business cases have been approved with allocations. 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 be spent in year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	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 being reviewed and may impact full spend of CRL.
Replacement Diagnostic and Treatment Equipment	7.7	4.5	7.7	-	The project is for two Linear Accelerators and a Spect CT, all of which are profiled to be delivered in this financial year. £2m underspend has been returned to Welsh Government as a result of a competitive tender for the Linac's.
Non-Radiology Ultrasound Replacement	0.3	0.0	0.3	-	These medical devices will be procured in year.
Replacement Diagnostic and Treatment Equipment - Phase 2	3.9	0.1	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	0.0	0.2	-	The Health Board went live 5th September 2025. Payment will be due once stable operation has been reached, which is reflected in the cashflow.
DPIF - Medicines and Prescribing: Electronic Prescribing and Medicines Administration (ePMA)	0.4	0.2	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	0.0	0.1	-	The project is currently in situ with the funding to be spent by the end of the financial year.
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	0.0	1.0	-	End of year funding has been received for server replacements. The programme is currently in procurement stage and will be delivered by March 2026.
Trophon, Wrexham Maelor Theatre	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
DPIF - Connecting Care	0.5	0.0	0.5	-	Hardware for Connecting Care is being procured with delivery before the year end.
Entonox cracking devices	0.0	0.0	0.0	-	Equipment will be delivered by March 2026.
All Wales Capital	43.8	20.0	44.3	-0.4	Over commitment
Total Capital Funding Available	58.0	24.6	58.0	0.0	

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 £45.0m (comprising of £35.0m Savings, £0.8m Income Generation, £0.7m Cost Avoidance and £8.4m Accountancy Gains). A forecast increase of £1.6m from month 8. Of these, £24.7m have been identified as recurring, with a full year effect of £33.4m, and £20.2m are non-recurring savings. Full year plan value of Red Schemes totals £1.8m and full year plan value of further pipeline opportunities totals £3.1m.
- 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 £3.5m, £0.2m Income Generation/Cost Avoidance and £1.1m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £36.1m, of which £17.7m is recurring, against a target of £30.0m.

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	6.6	1.2	7.5	5.9	4.8	1.1
Central Integrated Health Community	10.0	8.0	2.0	6.8	7.5	6.1	1.4
East Integrated Health Community	10.0	9.4	0.6	8.7	7.5	6.9	0.6
MHLD	3.9	5.3	-1.4	7.4	2.9	4.3	-1.3
Womens Services	1.2	0.6	0.6	0.3	0.9	0.4	0.5
Diagnostic and Specialist Clinical Support	1.8	1.9	0.0	0.4	1.4	1.6	-0.2
Cancer Services	1.5	1.5	0.0	2.0	1.1	1.0	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.1
Corporate & Support Services	3.6	3.3	0.3	0.2	2.7	2.6	0.1
Saving Total	40.0	36.5	3.5	33.4	30.0	27.6	2.4
Accountancy Gains		8.4	-8.4			8.4	-8.4
Total		45.0	-5.0	33.4	30.0	36.1	-6.1





Local Partnership Forum

IMTP 2026-29 DEVELOPMENT PROGRESS REPORT

Date of Meeting	03 February 2026
Publication Status	Open/ Public
	Not Applicable
Report Author name and title	Paolo Tardivel, Executive Director of Transformation & Strategic 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 report is to update the Local Partnership Forum on progress in developing the Health Board's 2026–29 Integrated Medium-Term Plan (IMTP) and to outline the key next steps required to finalise the submission by the end of March 2026.

Building on the learning from last year's planning cycle and engagement with Independent Members, partners, staff and Welsh Government, this year's IMTP aims to be more focused, realistic and deliverable, with clearer prioritisation and stronger alignment between strategy, operational plans, and resource allocation.

The IMTP is being developed within a strengthened strategic context, informed by the proposed Strategic Intent for Health and Wellbeing in North Wales. They also help shift emphasis from foundational organisational recovery towards longer-term transformation, while recognising that the organisation remains at Level 5 escalation and must demonstrate progress across all domains of the NHS Wales Escalation Framework and not just the NHS Wales Planning Framework.

Important improvements have been made to the planning approach this year, including earlier and broader engagement, a more continuous planning process, and integration of Annual Delivery Plan detail directly into the IMTP narrative. A major enhancement is the move to unified numerate planning, bringing together



demand, capacity, activity, workforce and finance modelling. Executive budget owners will now be able to make more holistic prioritisation decisions across their entire portfolios and not only focus on available additionality in isolation.

The remaining work involves finalising service plans, aligning resources to agreed priorities, and refining trajectories and delivery risks. A sequence of Board and Committee meetings throughout February and March will support scrutiny and refinement, ahead of final consideration by the Board on 26th March 2026 and formal submission to Welsh Government by 31st March 2026.

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

Committee / Group / Individuals	Date	Outcome, Evidence and Data
N/A – Covered within the report		

Acronyms / Glossary of Terms

PPHP	Planning, Population Health & Partnerships Committee
PFIG	Performance, Finance and Information Governance
QSE	Quality, Safety & Experience Committee
EHR	Electronic Healthcare Record
IMTP	Integrated Medium-Term Plan
ADP	Annual Delivery Plan
CSP	Clinical Services Plan
UEC	Urgent and Emergency Care
HCAI	Healthcare Associated Infection
GMS	General Medical Services
QMS	Quality Management System
MCP	Major Change Programme

IMTP 2026-29 DEVELOPMENT PROGRESS REPORT

1. SITUATION

- 1.1 The purpose of this report is to provide Local Partnership Forum Members with an overview of the progress made and next steps in the development of the 2026-29 Integrated Medium-Term Plan (IMTP).

2 BACKGROUND

- 2.1 The IMTP represents the Health Board's three-year plan for delivery of its strategic objectives and key priorities. It is a statutory requirement for Health Boards to produce a financially balanced IMTP that meets the expectations set out by the Cabinet Secretary for Health and Social Care in the NHS Wales Planning Framework.
- 2.2 Last year was the first time in the organisation's history that it submitted an IMTP which was financially balanced and approved by the Health Board, although it was not subsequently supported by Welsh Government.
- 2.3 This year's IMTP will be presented to the Health Board for approval on the 29th March 2026 and if approved, submitted to Welsh Government by 31st March 2026.

3 SPECIFIC MATTERS FOR CONSIDERATION

3.1 STRATEGIC CONTEXT

- 3.1.1 The Health Board's strategy development programme is well underway, focused on three principal areas:
- [Strategic Intent](#) – Development of a Strategic Intent for Health and Wellbeing in North Wales, co-created with partners.
 - [10-Year Strategy](#) – The choices and principles that will enable the Health Board to realise its Strategic Intent and fulfil its other obligations.
 - [Clinical Services Plan \(CSP\)](#) – How clinical services will be configured to maximise quality and performance.

3.1.2 These principal areas are all progressing, albeit at differing levels of maturity due to the natural sequencing involved, with the Strategic Intent work furthest advanced. It is being presented to the Board on 29th January and includes four new Strategic Intent Statements which, pending Board approval, will be used as the strategic framing for the 2026-29 IMTP. These replace the previous five strategic objectives which originally evolved from the initial Special Measures response plan and focused more on building the right foundations to build an effective and sustainable organisation for the long term. Within the IMTP, the new Strategic Intent Statements will support the organisation to look forward, acting as a bridge between the foundational work undertaken and the new 10-Year Strategy and clinical services transformation.

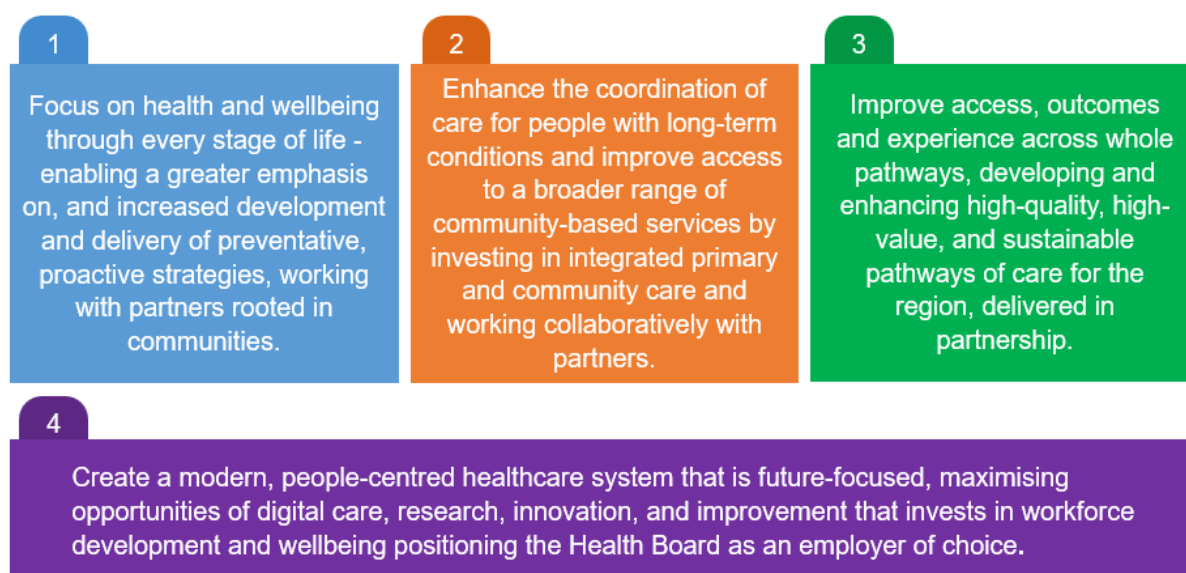


Figure 1: Proposed four Strategic Intent Statements (wording to be finalised following January Board meeting feedback)

3.1.3 It is worth recognising that whilst the Health Board has made significant progress against the six domains of the Special Measures (Level 5 escalation status) Escalation Framework, it remains an organisation at Level 5 escalation. This is an important piece of context for the development of the IMTP.

3.2 LEARNING AND IMPROVEMENTS

3.2.1 There is now an established cycle of learning and reflection at the start of each financial year to inform improvements in the planning cycle. This year included input from Independent Members, Executive Team, Partners,

teams contributing to the process and Welsh Government. It was supplemented later in the year by the Planning Maturity Matrix self-assessment and resultant action plan presented to Board in November.

- 3.2.2 A number of improvements resulted from all of this feedback, the key ones being:
- **Involve key stakeholders early in the planning cycle** (e.g. Board Members and Partners), enabling strategic priorities to be influenced. The Informal Board session in June and Regional Partnership Board (RPB) session in July are good examples of this.
 - **A more realistic and deliverable plan with fewer priorities**, ensuring capacity to deliver. That has been one of the core guiding principles of this year's plan development, leading to a structural change to the plan where those areas that are more business as usual in nature are represented in a different section of the plan that doesn't contain deliverables that will be tracked via the IMTP process.
 - **A more delivery focused plan containing milestones, trajectories and delivery risks**. Another structural change for the plan this year is to bring in the Annual Delivery Plan (ADP) level detail into the main IMTP document and include associated trajectories and risks.
 - **Inform the plan through the year, rather than over compressed timeframes during Q3 and Q4**. The concept of 'continuous planning' was adopted this year, taking conversations from Board/Committee, Executive Management, partner meetings, staff and citizen engagement opportunities, to inform the plan and strategy work. Similarly a development session of PPHP in September focused on Prevention, a partners and communities event co-hosted with the Bevan Commission in October and a Community by Design event with clinicians in December have all made important contributions too.
- 3.2.3 These improvements are designed to lead to a more focused, realistic and delivery orientated plan, that has been developing throughout the year. All of these improvements and more are reflected in a significant re-write of the Health Board's Integrated Planning Framework that was approved by Board in November.

3.3 **APPROACH**

3.3.1 The approach to this year's planning cycle has been around the broad phases outlined below. This represents a full 12-month cycle, with some of the phases overlapping as work evolves, rather than strictly sequentially. Each phase has some of the key milestones and critical activity highlighted to aid understanding, although this doesn't describe the entirety of the activity.

- **Establish strategic direction** – Early engagement with Board Members on strategic priorities and key areas of focus, later supplemented by discussions with Partners are on priority areas for collaboration. The strategy development work referenced above has also been contributing as it has developed in parallel with this year's process.
- **Evidence gathering and situation analysis** – Understanding population need, current performance, organisational risk, horizon scanning and understanding early indication of any future national priorities.
- **Define priorities, outcomes and ministerial requirements** – Early in Q3 CEO Executive priority alignment sessions were held to inform the plans in more detail. This was in parallel with more detailed Health Board planning guidance being developed to underpin the approach outlined in the Integrated Planning Framework. Assumptions are made on ministerial requirements until they were made available just prior to Christmas.
- **Plan development and co-production** – Development of service level plans for all departments, based on the Health Board planning guidance, working closely with staff, partners and the public where appropriate. An important part of this phase is a two-way contribution and alignment of priorities between partner plans. Plans are expected to cover those services we provide but also commission. There is a lot of work on-going in order to develop unified numerate plans that bring together demand, skill mix, productivity, activity, performance, workforce and finance through a single modelling exercise. This will take into account the likely 2025/26 outturn, the latest intelligence on demand for 2026/27, what is feasible with core capacity at today's efficiency levels, what additional capacity could be sourced, what capacity improvements can be included from both operational and change programme improvement plans. This will be a big improvement on previous years where triangulation between activity, performance, workforce and finance has typically taken place at the end of the process.
- **Review of service plans against requirements** – The formal set of Ministerial requirements came through just prior to Christmas in the form of the NHS Wales Planning Framework, alongside the financial

settlements available for Health Board. This, along with the service level plans that have been developed are brought together to form a number of key outputs in relation to the key programmes of work required, the activity and performance trajectories, how resources are to be utilised in order to deliver the priorities and resultant impacts in relation to workforce and finance. This is an important element of Board Members involvement in taking some key strategic decisions. A big change in this year's planning approach is that Executive budget owners are then able to make the necessary prioritisation decisions on how to use the entire budget available to them (both core funding and any eligible additional funding) in order to deliver the necessary outcomes.

- **IMTP documentation** – This covers a number of the output documents, beyond the IMTP narrative plan itself, including the Annual Delivery Plan (ADP), Ministerial Templates, Minimum Data Set (MDS) and Equality Impact Assessment. The approach being taken in relation to the main IMTP narrative plan, which will be the focus of Board, is for it to be much more focused and succinct, more clearly drawing out the absolutely key priorities and associated delivery plans and impacts, whilst providing a structure for everyone to see their part in the plan.
- **Mobilisation and learning** – Having a proactive plan to mobilise the IMTP right at the start of the year in order to ensure the whole organisation is aligned to the priority delivery areas from the outset. This will involve both internal and external communications and engagement plan, and hard wiring the commitments into individual and team objectives and performance and accountability reviews. The cycle then starts all over again with a reflective piece on learning and improvements, including the annual planning maturity matrix self-assessment.

3.4 PRIORITY AREAS

- 3.4.1 The IMTP is an important delivery vehicle for the Ministerial priorities, but there are also other drivers that are important for the plan to cover, including de-escalation from the current escalation status (Level 5 – Special Measures), local priorities and contribution to the delivery of the organisation's long term strategic goals.
- 3.4.2 The detail within the Ministerial priorities has been circulated to Board Members, but the main areas of focus are:

- **Timely Access to Care** – With particular focus on Planned Care, Diagnostics, Cancer and Urgent & Emergency Care (UEC).
- **Population Health & Prevention** – Covering Diabetes care processes, Vaccination equity, Healthy Weight and Frailty.
- **Community by Design** – Referencing Delayed Pathways of Care and Community & Specialist Palliative Care Nursing, whilst noting that there may be further expectations coming through the developing National Community by Design Programme Board.
- **Mental Health** – Focused on delivery of the broader Mental Health Strategy, Access, Safety and Physical Health.
- **Women’s Health** – Highlighting the need for implementation and further expansion of the Women’s Health Hubs and improvements to Peri-natal mortality rates.
- **Quality & Safety** – A new explicit priority this year targeting improvements to Mortality Rated, Never Events, Complaints Resolution and Clinical Coding.

3.4.3 These Ministerial priorities are underpinned by a set of explicit Delivery Expectations which provide clarity on the applicable key metrics and associated targets. Accompanying these are a set of mandatory “adopt or justify” enabling actions that relate to areas of best practice from national programmes, productivity, utilisation and efficiency measures, ensuring improved value, optimisation of outcomes and reduction in unwarranted variation. The detail behind these, along with a comparison to the 2025/26 requirements have been circulated to Board Members.

3.4.4 The Level 5 (Special Measures) de-escalation criteria are set around the six domains of the NHS Wales Escalation Framework below. They outline the necessary actions and delivery targets required for a Level 5 organisation to be considered for de-escalation to Level 4. There is a large overlap between these and the ministerial requirements, although as would be expected with differing target expectations.

- **Finance, Strategy and Planning** – Evidencing: robust financial governance and control environment leading to a substantial financial improvement trajectory; clarity on strategic vision, roadmap for a CSP, an approvable annual plan, improvements in integrated planning and delivery, achieving level 2 across all planning maturity matrix domains.
- **Performance and Outcomes** – Access targets relating to: Cancer, Outpatients, Planned Care, Diagnostics, Therapies, UEC, Mental Health.

- **Clinical Services** – Understanding the drivers behind a fragile service and evidencing teams have the right information, skills, clinical leadership, improvement plans, outcome monitoring, risk management. Focus is on: Vascular, Dermatology, Plastics, Urology, Orthodontics, Orthopaedics, Ophthalmology, Oncology.
- **Governance and Leadership** – Governance, assurance systems, oversight and scrutiny, effective risk management, governance self-assessment to ensure continuous improvement. Organisational structure led by a complete executive team, effective leadership programme, values and behaviours framework, improved staff engagement, reduced interim and agency, culture of listening learning and improving.
- **Quality of Care** – Effective Quality Management System (QMS), improved HCAs, improved complaints, effective responses to external reports, Duty of Candour and Duty of Quality requirements, assurance over safeguarding arrangements, use of national clinical audits and Value in Health dashboards to support improvement.
- **Population Health and Prevention** – Strong clinical leadership for primary and community care at Board and Executive level, improved activity within community opportunities, a clear strategy for GMS managed practices and fragile GMS practices and community dental provision, all dental contracts in place.

3.4.5 The local priorities for the Health Board align with the areas above, albeit with some specific emphasis in certain areas. The set of Major Change Programmes (MCP) for the organisation are under review with the Community by Design programme set to be a new MCP for 2026/27, joining Planned Care and UEC. The Foundations for the Future (operating model) programme and Value and Sustainability programmes are important pieces of work that are moving into different stages of delivery and maturity and will therefore be assessed as to how they best fit into the portfolio structure. The Strategy and Clinical Services Planning work will be a major focus and critical enabler in 2026/27, as will having a clear mechanism for supporting fragile services to improve. The Key Programmes will continue to feature a set of Health and Wellbeing Hubs, which are going to be a key delivery vehicle for the Community by Design programme, as well as some crucial digital implementations including the Mental Health EHR and the organisation wide EHR. Ensuring that prevention and early intervention, a focus on quality through the next stage of development of the QMS and

developing strong clinical leadership are key to the short, medium and long-term improvements the Health Board are committed to making.

- 3.4.6 This section is not seeking to be exhaustive, but to illustrate the range of drivers and focus areas that are contributing to the formulation of the IMTP, whilst continuing to target a more focused, realistic and deliverable plan that meets the required statutory obligations placed upon the Health Board, within an extremely challenging financial landscape. This will undoubtedly result in some difficult choices, which Board Members will be sighted on via a number of different channels.

3.5 NEXT STEPS

- 3.5.1 There is a large amount of work across the organisation working towards finalisation of the IMTP and underpinning service plans ahead of submission to Board and then Welsh Government at the end of March. Some of the key milestones are:

- **13/02:** Accountable officer letter to Director General Health and Social Care and Early Years in relation to meeting financial balance.
- **24/02:** PFIG - reviewing and refining final versions of the plan.
- **26/02:** Board Development - reviewing and refining final versions of the plan.
- **05/03:** PPHP - reviewing and refining final versions of the plan.
- **26/03:** Public Board consideration of approval of IMTP.
- **31/01:** Welsh Government IMTP submission.






4 KEY RISKS / MATTERS FOR ESCALATION

- 4.1 Keeping the scope of the risks to be the IMTP development process, rather than the individual elements of work within it, the main risk relates to being able to deliver all the expectations set out within the NHS Wales Planning Framework and deliver a financially balanced IMTP.

5 RECOMMENDATIONS

- 5.1 The Committee is asked to:
- Note the contents of the report



ASSESSMENT	
Link to Strategic Priorities	    
	2. Developing strategy and long-lasting change
	If more than one applies, please list below:
Design Principles	Simplify, Standardise, and Adopt Best Practices If more than one applies, please list below:
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 type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	If no, please include rationale:	



Socio-Economic Impact Assessment <i>Have you undertaken a Socio-Economic Impact Assessment</i>	Yes: <input type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	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:
<u>Wellbeing of Future Generations Act – Wellbeing Goals</u>	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 type="checkbox"/>	No: <input checked="" type="checkbox"/>
	Outcome:	
	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	There are no specific legal implications related to the activity outlined in this report.	
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)	There is no direct impact on resources as a result of the activity outlined in this report.	

**Betsi Cadwaladr University Health Board (BCUHB)
Confirmed Minutes of the People & Culture Committee
held in Public on 16 October 2025
in the Boardroom, Carlton Court, St Asaph and via Teams**

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

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

On-Call Arrangements - Final Internal Audit Report

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

It was resolved that the Committee:

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

STAFF STORY

PC25/102 Staff Story

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

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

In discussing the staff story, the Committee:

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

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

Actions:

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

It was resolved that the Committee:

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

STRATEGIC PRIORITIES

PC25/103 People Operations Report

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

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

In discussing the item, the Committee:

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

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

It was resolved that the Committee:

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

PC25/104 Job Evaluation Update

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

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

In discussing the report, the Committee:

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

Action:

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

It was resolved that the Committee:

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

PC25/105 Management of Fixed Term Contracts

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

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

In discussing the report, the Committee:

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

It was resolved that the Committee:

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

PC25/106 Workforce Race Equality Standard (WRES) Report

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

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

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

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

In discussing the report, the Committee:

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

Action:

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

It was resolved that the Committee:

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

PC25/107 Gender, Race and Disability Pay Gap Reports

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

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

In discussing the report, the Committee:

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

Action:

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

It was resolved that the Committee:

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

GOVERNANCE AND ASSURANCE

PC25/108 Item Withdrawn

PC25/109 Corporate Risk Register Report

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

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

In discussing the report, the Committee:

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

It was resolved that the Committee:

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

PC25/110 Corporate Governance Report

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

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

In discussing the report, the Committee:

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

It was resolved that the Committee:

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

CLOSING BUSINESS

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

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

PC25/112 Review of Meeting Effectiveness

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

PC25/113 Date of next meeting

Thursday 4 December 2025, 9.30am

Resolution to Exclude the Press and Public

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

Health Board

INTEGRATED QUALITY REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 2026
Statws Cyhoeddi Publication Status	Open/ Public
	Not Applicable
Enw a theitl Awdur(on) yr Adroddiad Report Author name and title	<ul style="list-style-type: none"> • Patient Safety: Chris Lynes, Deputy Director of Nursing (Patient Safety) and Tracey Radcliffe, Head of Patient Safety • Safeguarding: Michelle Denwood, Director of Safeguarding • IPC: Andrea Ledgerton, Assistant Director of Infection Prevention and Decontamination • Patient and Carer Experience: Chris Lynes, Deputy Director of Nursing (Patient Experience) and Leon Marsh, Head of Patient Experience • Clinical Effectiveness: Dr James Risley, Deputy Medical Director (Clinical Effectiveness), and Joanne Shillingford, Head of Clinical Effectiveness • Quality Assurance: Jo Kendrick, Head of Quality and Erika Dennis, Quality Lead Manager • Healthcare Law: Matthew Joyes, Deputy Director of Quality and Debbie Kumwenda, Healthcare Law Lead Manager
Enw a theitl Aelod Arweiniol o'r Tîm Gweithredol Lead Executive Team Member name and title	<ul style="list-style-type: none"> • Angela Wood, Executive Director of Nursing and Midwifery (Lead Executive) • Dr Clara Day, Executive Medical Director • Teresa Owen, Executive Director of AHPs and Healthcare Science • Dr Jane Moore, Executive Director of Public Health
Pwrpas yr Adroddiad Report Purpose	For Noting

**Crynodeb Gweithredol
Executive Summary**

This report provides the Board with assurance, underpinned by analysis, on significant quality issues alongside longer-term data and information on the improvements underway.

**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	14 January 2026	Supported

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

LocSSIPs	Local Safety Standards for Invasive Procedures
NRI	National reportable Incident
LTP	Listening to People
ESR	Electronic Staff Record

INTEGRATED QUALITY REPORT

1. Y SEFYLLFA / SITUATION

1.1 For the NHS in Wales, quality is defined as continuously, reliably, and sustainably meeting the needs of the population that we serve.

1.2 In achieving this, under the statutory Duty of Quality, Welsh Ministers and NHS bodies will need to ensure that health services are **safe, timely, effective, efficient, equitable**, and **person-centred**. Underpinning these domains are six enablers, which are **leadership, workforce, culture, information, learning and research** and **whole-systems approach**.

1.3 These domains and enablers form the **Health and Care Quality Standards** for Wales introduced in April 2023 through statutory guidance.

2. Y CEFNDIR / BACKGROUND

2.1 The Health Board remains committed to delivering high-quality services across all areas of care. To provide assurance and drive continuous improvement, the Health Board routinely monitors a range of quality metrics. These measures enable informed decision-making, support organisational learning, and underpin growth and development. This report summarises the Health Board's current position regarding quality performance and identifies key actions required to strengthen outcomes and achieve sustained improvement.

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

3.1 Never Events: Four reported – one downgraded (wrong site surgery, wrong implant, retained object).

3.2 LocSSIPs compliance: Documentation gaps noted.

3.3 Oxygen cylinder safety: Competency training ongoing.

3.4 Flu surge risk: Mask wearing reinstated in clinical areas.

3.5 Listening to People: The NHS Complaints, Incident and Redress Process will come into force on the 1st April 2026.

3.6 Trauma Network review: Governance and referral process gaps.



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






4.1 Regulatory compliance: HIW and CIW inspections with overdue actions; Ombudsman recommendations (one overdue).

4.2 Duty of Candour maturity: Currently at operationalising stage; gaps in commissioning and hosting.

4.3 Healthcare Law: Coroner's Prevention of Future Death Notice; 17 overdue Learning from Events Reports with Welsh Risk Pool.

5. ARGYMHELLION / RECOMMENDATIONS

5.1 The Board is asked to take the report as assurance. All exceptions noted in this paper are being monitored and have management plans to track completion. These action plans are tracked through core quality forums.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	    
	<p>4. Improving quality, outcomes and experience</p> <p>Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:</p> <p>5. Establishing an effective environment for Learning</p>
Yr Egwyddorion Dylunio Design Principles	<p>Simplify, Standardise, and Adopt Best Practices</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> <p>BAF-SP18 and CRR-24-04 – Quality, Innovation and Improvement</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:	N/A



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:	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 All Apply	Meysydd Ansawdd Domains of Quality All Apply
	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:
<u>Deddf Llesiant Cenedlaethau'r Dyfodol - Nodau Llesiant Wellbeing of Future Generations Act – Wellbeing Goals</u>	A Healthier Wales	
Effaith Amgylcheddol / Cynaliadwyedd (5Rs) Environmental /Sustainability Impact (5Rs)	Os oes mwy nag un yn berthnasol, rhestrwch hynny isod: If more than one applies, please list below:	
	No - Not Applicable	
	Os oes mwy nag un yn berthnasol, rhestrwch hynny: If more than one applies, please list:	
Dyletswydd Sylw Dyladwy Cyfamod y Lluoedd Arfog <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:	N/A



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:	N/A
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:	N/A
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>	Yes (Include further detail below)	
	Implementation of LTP framework April 2026	



PATIENT SAFETY

Nationally Reportable Incidents

From 01st October 2025 to 30th November 2025, there were 18 Nationally Reportable Incidents (NRIs) occurring by incident date compared with 31 for the previous reporting period. Treatment/procedure issues are the most reported category.

The total number of NRI investigations that were open as at the end of November 2025 was 54 with 4 overdue closures. Cancer, Diagnostics, Mental Health Learning Disability Division and Central and West Integrated Health Communities do not have any overdue currently.

The proportion of NRIs that remain open for more than 90 days continues to be the best across Wales, with the Health Board having only 7% of cases taking longer than 90 days. The median working days to completion is also the lowest at 73 days compared to the All-Wales median of 126 days.

A total of 59 NRI outcome forms were submitted to NHS Wales Performance and Improvement for closure during October and November 2025. Further detail and learning from these closures can be found in the confidential quality report.

Never Events

The Health Board reported four Never Events in October and November 2025 one of which has been downgraded as NHS Performance & Improvement determined it did not meet the criteria for a Never Event.

The Patient Safety Team are undertaking work around Local Safety Standards for Invasive Procedures (LocSSIPs) and stressing the importance of services ensuring the documentation they use is current and compliant with current national and regulatory guidelines.

Further detail and learning can be found in the confidential quality report.

Oxygen Cylinder improvement work

The Health Board provided feedback to BOC (British Oxygen Company that provides medical gases and associated equipment to the Health Board) in writing following the cylinder demonstration in September 2025 identifying concerns about the cylinder labelling. BOC have responded to say that they are unable to change the labelling due to the need for a graduated 'switch on' process rather than a hard on/off but also due to their need to meet the requirements of the global market.

The number of incidents relating to 'no flow' oxygen have reduced from previous reports. The 'No flow Oxygen Improvement group' which is a short-term task and finish group to address key issues is progressing with actions. IHC's and clinical specialties and community sites are working through action plans, with oxygen cylinder practical competencies scheduled to be on ESR by early 2026.

SAFEGUARDING

North Wales Safeguarding Board – Gwynedd Child Practice Review.

‘Our Bravery Brought Justice’

This was an extremely complex and demanding Child Practice Review [CPR], which considered the multi-agency activity relating to eight (8) child victims/survivors of sexual abuse and four (4) child victims/survivors of restrictive processes and restraint, for the period; January 2019 to the 30th September 2023.

The report was published on the 4th of November 2025.

This is a complex case spanning just under 7 years. This Review is unique in its size and scale, analysing ten times the volume of information that is usually reviewed in a CPR.

Recommendations

The review has found that there were fifty-two (52) missed opportunities. Whilst the Review has reported its findings under thematic headings relating to the context of abuse in this school, the recommendations are cross-cutting and provide a framework for improvement which could be considered at national as well as local level. The Recommendations are designed to be practical and achievable, even though some may require changes to National guidance on safeguarding and school governance.

In line with our statutory duty, the BCUHB Safeguarding and Public Protection Team were fully engaged in the review, providing an expert safeguarding lens on the information that was available from all agencies. Clinicians and those involved in the care and treatment of the victims/survivors were supported and encouraged to participate in the learning events and / or interview with the Chair and reviewers.

The review identified 27 recommendations, and makes two direct recommendations to Betsi Cadwaladr University Health Board (BCUHB):

Recommendation 27

1. Data Sharing

27a “Consideration should be given by the Health Board to the sharing of anonymised CAMHS data with Local Authorities to identify hotspots and thematic concerns.”

Rationale

The report does not criticise BCUHB directly, but it highlights where the use of data could possibly support greater safeguarding awareness, with the identification of

trends or themes. It was recognised all the victims/survivors accessed the Child and Adolescent Mental Health Service (CAMHS) and all attended the same school.

2. Safeguarding Assurance

27b “Provide reassurance to the Regional Safeguarding Children’s Board that health professionals seek safeguarding advice when a child presents at an appointment accompanied by a third party without parental consent.”

Rationale

The attendance of Foden when accompanying a young person during the consultations and NHS appointments, as referred to in the report, did not result in any safeguarding concerns. However, the recognised pattern of offending behaviour has established a risk profile documented as a modus operandi, known offending typology.

To support the identification of grooming, it’s been identified clinicians are to document and to seek safeguarding advice when a child or young person attends an appointment with someone other than a parent/carer (third person).

Governance and Assurance

BCUHB has developed an implementation plan which will be agreed at the North Wales Safeguarding Board, monitored by BCUHB Governance arrangements and it will be in line with the Safeguarding Governance and Reporting Framework. The Safeguarding and Public Protection Team have commenced actions to implement the recommendations to ensure we achieve the agreed timescales and obtain evidence by audit activities to provide assurance that we have made a difference.

ICON – Infant Crying Is Normal

This was as a result of recommendations from a Child Practice Review (CPR) commissioned by the North Wales Safeguarding Board. North Wales Safeguarding Board funded the materials and licence to the implementation of ICON.

ICON was launched during Safeguarding Week (11th November 2025). An audit and assurance programme are under development to provide assurance and evidence full implementation. The implementation plan will move into Phase 2, and this will include partner agencies, and this will be monitored by the North Wales Safeguarding Board.

INFECTON PREVENTION AND CONTROL

The Health Board has made progress in reducing several key Health Care Acquired Infections (HCAs). The table below compares performance at the end of November 2025 against the same period in the previous year.

- Clostridioides difficile (C. diff): 20 fewer cases
- Methicillin-resistant Staphylococcus aureus (MRSA): 5 fewer cases
- Methicillin -sensitive Staphylococcus aureus (MSSA): 11 more cases

- Escherichia coli (E. coli): 28 fewer cases
- Klebsiella spp.: 1 less case

When benchmarked against other Welsh Health Boards as of November 2025, our rankings were: **1st** for *Klebsiella*, **2nd** for MRSA and *Pseudomonas*, **3rd** for *E. coli*, **4th** for MSSA, and **5th** for *C. difficile*. This represents a downward trend for MSSA, with an improvement in the position for MRSA, *Pseudomonas* and *E. coli*. Rankings for *Klebsiella* and *C. diff* remain stable.

Strategic Improvement Goals and Initiatives

Aligned with WHC 2025 039, the Health Board is focused on achieving six key HCAI improvement goals for 2025-2027:

1. Reduce the overall burden of *C. difficile* infection by at least 25%.
2. Achieve a reduction of at least 10% in hospital-onset *E. coli* bloodstream infections (BSI).
3. Achieve a reduction of at least 10% in hospital-onset *Klebsiella spp.* BSI.
4. Achieve a reduction of at least 10% in hospital-onset *Pseudomonas aeruginosa* BSI.
5. Decrease MSSA BSI by at least 20% and ensure fewer MRSA BSI cases than the previous year.
6. Undertake a clinician-led audit on the diagnosis and treatment of hospital-acquired pneumonia.

Outbreak data for October and November 2025 shows a positive trend, with the total number of outbreaks decreasing from 13 to seven. These outbreaks accounted for a total of 91 lost bed days during the period. This indicates that infection control measures, including those targeting a *C. difficile* outbreak in the East IHC, are proving effective.

A wide range of improvement activities are underway, reinforcing our commitment to IPC excellence:

Strategic Programmes: Active participation in the National *C. difficile* collaborative, progressing Quality Improvement projects in each IHC, and developing Phase 2 of the patient-facing HABITS programme.

Estates and Cleaning Technology: Securing targeted funding to standardise and increase the fleet of High-Level Disinfection (HLD) technology and create a fit-for-purpose cohort area in Wrexham Maelor Hospital. The use of Adenosine Triphosphate (ATP) monitoring has also been reintroduced to verify cleaning efficacy.

Training and Practice: A proactive training programme continues, with recent focus on respiratory infections and *C. difficile*. In addition, reviews and clinical trials of new manual cleaning and disinfection products are underway to further manage environmental bioburden.

Flu

The Infection prevention team have continued to monitor the number of flu cases and other acute respiratory infections (ARI) closely during October and November, developing a trigger tool to support decision making and stepping up of any actions particularly associated with mask wearing.

During December mask wearing was mandated in clinical areas to address the higher prevalence in hospital, community and amongst staff groups.

PATIENT EXPERIENCE

COMPLAINTS

The following table displays key complaints metrics as of 31st December 2025.

Metric	Current Status	Trend (vs. previous period)
Total Open Complaints	257	Decrease from 270
Number Overdue	43	Increase from 32
Compliance with 75% Target	83.27%	Decrease from 88.15% (but remains above target of 75%)

Analysis of received versus closed complaints between October and December 2025 shows a positive variance of 26 more closures than new complaints. (Received 760 Vs Closed 786) However, there is a strategic risk as the average weekly rates of receiving (55.5) and closing (56.4) complaints are becoming equal. Mitigation plans are being developed, with a greater emphasis on early resolution to manage future demand.

The Health Board's national performance provides significant assurance:

Average Closure Time: We are the best performing Health Board in Wales, resolving complaints in an average of 18 working days.

Real-Time Performance: We have consistently performed better than the Welsh national average for closing complaints within 30 days of receipt since September 2024.

Overdue Complaints: Our performance on overdue complaints is the third best in Wales, and significantly better than other health boards of a comparable size.

Between 1st October 2025 and 31st December 760 complaints were received across all sites, it is evident that there has been a significant increase in the number of complaints received specifically to the East IHC, although there is no evidence to suggest any predominant theme or trend relating to a particular service. Of note, complaints related to communication have seen a significant rise, this is directly related to planned care and the difficulties experienced in this timeframe, in relation

to capacity of the planned care phone lines to manage patient queries, resulting in contact through PALS / Complaints.

The main 5 key sub themes of complaints are

120 Complaints = Communication with patient and service users

112 Complaints = Delays in clinical treatment and assessment

79 Complaints = Treatment procedure / delayed

44 Complaints = Treatment procedure wrong or inappropriate

43 Complaints = Inadequate Clinical assessment

Communication Theme

To improve communication and attitude and behaviour, which are intrinsically linked the second wave of culture change leaders has been implemented, the practitioner performance advice (PPA) support has been engaged in any areas identified that are emerging themes of significant concern which will support the improvements required.

The planned care phone lines, and the difficulties of patients “getting through to the BCUHB” has now be resolved with the deployment of additional resources. The Patient Experience Team monitor closely any emerging themes or trends and work closely with planned care team to improve communication, principally questions relating to appointments and waiting times, setting expectations accordingly and referring to the waiting well service as and when appropriate.

Clinical Treatment and Assessment Theme

Covering the remaining 4 sub themes identified above, the key services impacted by delays in clinical treatment are trauma and Orthopaedics, Urology, Ear Nose and Throat, Gastroenterology, and Ophthalmology, this is consistent across all Integrated Health Communities.

To support timelier waiting times, the following initiatives have been implemented:

- Additional activity as steered by the Planned Care Major change programme which includes insourcing outsourcing, waiting list initiatives.
- Waiting times for unscheduled care, quality indicators reported by all key sites through Executive integrated concern oversight panel on a weekly basis for any associated adverse harm.
- A weekly strategic planned care meeting takes place, with complaint themes and trends discussed and actioned.

To support timely and safe discharges from hospital a two-week discharge sprint was undertaken in December 2025 with a focus on improving patient flow through urgent and emergency care specifically the reduction in delayed pathways of care, with a second phase of discharge sprint to commence in January 2026.

PATIENT FEEDBACK

The Patient Advice and Liaison Service (PALS) resolved 1,551 enquiries between October and November 2025, with an average resolution time of just 5.49 working days against a 10-day target. During this period, the service also received 101 written compliments.

Findings from the All-Wales People's Experience Survey (PES) remain highly positive. Based on 13,370 responses, 85.23% of patients rated their overall experience as 'Good' or 'Very Good'. Satisfaction with being treated with dignity and respect (85.13%) and being able to communicate in a preferred language (90.60%) both exceeded the national benchmark. The following quote exemplifies the positive experiences reported:

“The Specialist Palliative Care Team and District Nurses were very helpful and supportive through the entire process. They kept in touch regularly, especially those last few days... We felt well supported by the team. While dad was able to communicate, they spoke to him to confirm his wishes and explain what they were doing, we felt that he was being treated with respect at all times and that they were doing the best for him.” (West IHC)

The Easy Read version of the PES also yielded positive results, with 92.85% of respondents sharing a positive experience. Furthermore, new targeted Maternity and Neonatal surveys were launched in November 2025 to gather specific feedback in these crucial service areas.

Urgent and Emergency Care Feedback (People's Experience Survey)

Overall satisfaction of accessing urgent and emergency care has remained below target. The average level of satisfaction is 47.97% of “very good” responses. This is significantly lower than the organisation as whole (excluding Emergency Quadrant). The Health Board commenced reporting Emergency Care feedback from April 2025 and as such there is no comparative date to identify yearly trends. All other Civic feedback is completed post treatment. However, Emergency Care feedback is completed whilst waiting within emergency care departments. This is important to note as it can influence the feedback that is given.

Advocacy and Support

The Health Board's commitment to a positive patient experience is further demonstrated by the ongoing work of the SWAN model for end-of-life care and the

vital pastoral support provided by the Chaplain & Spiritual Care Service, which responded to 151 requests for support in the reporting period.

This focus on the patient's experience of care is matched by an equal focus on the effectiveness of the clinical care provided.

LISTENING TO PEOPLE: THE NHS COMPLAINTS, INCIDENT AND REDRESS PROCESS

The Welsh Government has implemented a series of changes to National Health Service (NHS Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011. These changes aim to modernise how concerns and complaints about NHS care are raised, investigated, and resolved, ensuring the system is fit for current and future needs. The change in legislation entitled Listening to People: The NHS Complaints, Incident and Redress Process will come into force on the 1st April, 2026. The core aims of this new framework are to:

- Enhance safer care delivery through listening and acting on feedback.
- Promote an open and just culture.
- Increase transparency and trust.
- Mitigate future harm and support staff learning.
- Meet legal and ethical standards.

In proactive preparation, the Health Board is reviewing its patient experience services to align with this new framework.

CLINICAL EFFECTIVENESS

CLINICAL AUDIT

During Quarter 3, 13 Tier 1 national clinical audits were published. Two have been reported, with the remaining 11 scheduled for reporting in December and January 2026.

NICE GUIDELINES

The Health Board has achieved a **significant improvement** in compliance with NICE guidelines. This success is largely attributed to the proactive support provided to departments and the successful implementation of the Audit Management and Tracking (AMaT) tool. The four guidelines currently rated as 'Not Achieved' are under active review.

MORTALITY REVIEW

The interpretation of the Risk-Adjusted Mortality Index (RAMI) is currently challenging due to a temporary reduction in the clinical coding completion target in

2024-25. This anomaly has artificially lowered the number of 'expected' deaths, impacting the RAMI calculation. The national 95% coding target was restored in August 2025, but due to the 12-month rolling nature of the data, it will take a full year for this to be corrected.

Assurance can be taken from the successful work undertaken to streamline the Medical Certification of Cause of Death (MCCD) process. This has enabled relatives to receive accurate death certificates in a timely manner. National data shows that the Health Board is performing well in this area in comparison to other health boards in Wales.

Following the successful appointment of staff to vacant mortality review posts, considerable progress has been made in reducing the backlog of reviews in the Central and East IHCs. This is a critical step forward, ensuring that organisational learning from mortality reviews can proceed without delay.

QUALITY ASSURANCE

HEALTHCARE INSPECTORATE WALES

The Quality Assurance Team continue to work with clinical areas to progress action plans, the below are overdue with targeted plans to progress completion

Inspection – Ysbyty Gwynedd Emergency Department (14–16 Apr 2025)

- **Status:** Overdue
- **Recommendations:** 28
- **Actions:** 66 total; 62 completed (94%)
- **Outstanding:** 4 actions remain
- **Closure Date:** Revised to January 2026.
- **Governance:** Continuous monitoring via Local HIW Review Meeting, Regulatory Assurance Group (RAG), and Executive Delivery Group (EDG).

Inspection – Cemlyn Ward, Ysbyty Cefni (28–29 Jul 2025)

- **Status:** In Progress
- **Recommendations:** 19
- **Actions:** 41 total; 31 completed (76%)
- **Closure Date:** 16 January 2026
- **Governance:** Progress monitored through T4 Programme Group, Regulatory Assurance Group (RAG), and Executive Delivery Group (EDG).

Requests for Assurance: The Health Board responded to three requests for assurance from HIW concerning Clywedog Ward, the Acute Cardiac Unit (IHC East), and the Cardiac Physiology Unit (IHC Central). In each case, improvement actions were detailed, and HIW has not raised further queries on two of the three matters.

CARE INSPECTORATE WALES

A Quality-of-Care Review for Enhanced Community Residential Services (ECRS) on **24 November 2025** found no immediate concerns and noted no areas for improvement.

A previous Quality of Care Review for ECRS on 04 July 2025 also found no immediate concerns but noted minor areas for improvement. The service is progressing well with its improvement plan, which is on track for closure in March 2026.

QUALITY PEER REVIEWS

An exception-based Trauma Network Peer Review, identified gaps in BCUHB transfer documentation, inconsistent MDT communication, and a need for clearer governance. An improvement plan is currently in development with the Health Board Trauma Network team/ IHCs to address these findings.

PUBLIC SERVICES OMBUDSMAN FOR WALES

The Quality Directorate continue to monitor and support all Ombudsman activity. Public Interest Report: One Public Interest Report has an outstanding action related to the Commissioning Assurance Framework. This is progressing through process. A revised deadline of 31 January 2026 has been agreed with the Ombudsman.

Performance Metrics (2024-25): The Health Board has seen positive trends, including a reduction in complaints investigated by the PSOW (down from 81 to 64) needs periods of time, or months and those upheld (down from 41 to 19), alongside an increase in compliance with recommendations (up from 58% to 65%). These metrics demonstrate progress despite challenges, such as cases where agreed deadlines are changed by the Ombudsman or dependencies on other NHS bodies for information in cross-border cases.

Improvement Focus: Key areas for improvement include:

- Strengthening complaint handling and early resolution to reduce escalation.
- Embedding the Listening to People Framework (2026) to improve responsiveness and empathy.
- Building continuous learning from patient feedback, incidents, and Ombudsman recommendations.
- Integrating Ombudsman reporting into governance systems, with stronger tracking via the Quality Dashboard and escalation to Executive level.
- Enhancing Board oversight by embedding Ombudsman reporting into the Quality, Safety & Experience Committee from December 2025.
- Collaborating with other Welsh Health Boards to benchmark performance and maintaining proactive engagement with the Ombudsman's Office.

QUALITY DASHBOARD/QUALITY SCOREBOARD

The Quality Assurance team have been tasked by the Executive Director of Nursing with developing an organisational oversight of Quality measures by way of a Quality Score Card. This will improve the data intelligence to monitor the organisations position and compliance with standards. This tool will provide a structured, visual overview of key quality metrics, strengthening assurance to QSE Committee and the Board. It is a key component of our Quality Management System and directly supports the statutory Duty of Quality.

Update on Quality Management System (QMS) Implementation

The BCUHB Quality Management System (QMS) continues to progress well and remains on trajectory. Significant engagement has been achieved with corporate services and early adopter teams, demonstrating strong organisational commitment to embedding the QMS approach and remains aligned with Challenged Services. Plans are in place for a second re-evaluation stage in the New Year to provide assurance that the QMS remains relevant and continues to meet organisational needs. This process will further strengthen governance and ensure continuous development.

DUTY OF CANDOUR

The Health Board's current maturity for Duty of Candour is rated as 'Yellow/Operationalising' (Average score: 3), which is in line with the national average.

Key strengths were noted in reporting and communication.

Gaps remain in commissioning, however with training bundle approval and integration of the duty into the commissioning framework, the Health Board is on track to move towards Green maturity in 2026.

Improvement work is underway (aligned to the National Maturity Matrix) to include Strengthening policies and procedures, addressing gaps and ensuring consistency with staff training and awareness and monitoring compliance through audit and the Quality Dashboard.

These quality assurance systems are intrinsically linked to our processes for managing healthcare law and embedding organisational learning.

ORGANISATIONAL LEARNING

The Learning Repository is an in-house digital platform designed to capture, validate, and share organisational learning to improve patient safety and clinical practice.

Phase 1, piloting in Pharmacy and Medicines Management, is on track for December 2025. It will enable staff to submit learning, undergo local quality checks, receive SME review, and publish validated insights via SharePoint, with notifications through email and Teams. Medicines Management will share learning on insulin administration errors during this phase to strengthen safe practice.

A **Project Board** oversees governance, strategic alignment, and accountability for the wider rollout in 2026. Alongside this, **Thematic Learning Reviews**, commissioned by the Executive Integrated Concerns Panel or triggered by incidents, identify system-level learning, and promote organisation-wide improvement.

The **Organisational Learning Forum** continues to meet regularly, ensuring insights are shared and embedded into clinical practice.

HEALTHCARE LAW

During the reporting period, the Health Board received one Prevention of Future Death Notice. This related to a case where a CAMHS referral from May 2022 was closed due to missing contact details, resulting in a 42-day delay before action was taken on a subsequent referral. While not contributory to the death, the coroner raised a concern about the risk of future deaths. The Board can be assured that the service has already changed its standard operating process to prevent recurrence.

The Health Board has achieved significant improvement in the number of overdue Learning from Events Reports (LFERs) due with the Welsh Risk Pool (WRP). At the end of November that number stood at 17 (with nearly half in one division) and continued focus remains in place with the aim of achieving a sustainable reduction during quarter three. The latest data from the WRP shows the number of LFERs deferred for further work continues to reduce.

CONCLUSION

This report provides the Health Board with an overview of the Health Board's performance, highlighting strengths and areas for improvement. It reflects a proactive approach to managing quality and safety across services.

Key achievements include strong national benchmarking for reportable incidents and complaints management, alongside progress in reducing historical backlogs such as mortality reviews. While challenges remain—particularly the volume of open patient safety incidents—these are being addressed through targeted, time-bound action plans monitored via core assurance frameworks.

Strategic initiatives will drive further improvement. Full implementation of the *Listening to People* framework will enhance patient experience, the new Quality Scorecard will strengthen governance and transparency, and the Organisational Learning Repository will ensure lessons are systematically embedded into practice.

In summary, the Health Board remains committed to delivering safe, effective, and person-centred care for North Wales through rigorous monitoring, strategic action, and a culture of continuous learning.

Health Board

CHIEF EXECUTIVE REPORT

Dyddiad y Cyfarfod Date of Meeting	29 January 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 17 November and 9 January 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 17th November 2025 and 9th January 2026.

2.0 INTERFACE WITH WELSH GOVERNMENT

2.1 Public Accountability Meeting

Following the Public Accountability Meeting on 20 November 2025 and the Cabinet Secretary's letter of 10 December, the Health Board continues to focus on operational grip, data quality, financial discipline, and strengthened leadership.

Operational performance remains the key challenge across planned care, cancer, and urgent and emergency care, however key progress continues to be made. Waiting times for the longest waiting patients is reducing, more people are being seen for their first outpatient appointment with over 36,000 additional appointments taken up over the last 5 months, and an increased number of people having cataracts operations. A detailed performance report and Urgent and Emergency Care Report follows on the Board agenda, with improvements noted in Child and Adolescent Mental Health service access and some improvement during December in Urgent and Emergency care. There is however significant further improvement needed with targeted actions including increased weekend activity, expanded outsourcing/insourcing, tighter cancer pathway management, and improved discharge and flow processes.

A Data quality issue relating to a Referral to Treatment (RTT) reporting error (caused by omitted SQL code for CONSG activity), temporarily understated the waiting list. The error was detected the following month, corrected, and confirmed as isolated. While patient care was unaffected, the incident highlighted the need for stronger validation, reconciliation, and anomaly detection processes and action has already been implemented to make improvements. Wider learning across NHS Wales has been shared. The Planning, Partnerships and Public Health Committee considered a report in January 2026.

Quality and safety indicators show improvement in complaints handling, incident investigation, and implementation of the Quality Management System, though continued focus is needed to ensure consistent learning across divisions. The next level of development of the QMS will be included in the IMTP for 2026/27.

Financially, although additional controls have now been deployed, the modelling of their impact has indicated a shortfall in mitigation of pressures experienced by the Health Board, the financial performance no longer on track to attain break even in 2025/26. The pressures experienced include allocation shortfalls identified following the setting of the IMTP and financial breakeven plan and significant in-year

pressures from largely additional capacity areas and Mental Health Out of Area placements. An Accountable Officer letter has been sent to the Director General in line with the protocol for deviating from the planned position.

Leadership and culture development continues, supported by the Culture Change Programme, the Values and Behaviours Framework, and enhanced clinical engagement. An update on Foundations for the Future on the Operating Model is included later on the agenda.

2.2 Escalation Status

Escalation Status Update

The Health Board remains at Level 5 escalation, with recent external assessments acknowledge steady and measurable improvements in leadership, governance, clinical quality and financial management.

The Health Board is focused on addressing remaining operational governance weaknesses, improving waiting list and referral systems, improving urgent and emergency care access and strengthening data governance. A report on all de-escalation criteria and progress being made will be available for the Board meeting in March 2026.

2.3 Intensive Support Team

Welsh Government has confirmed the implementation of a strengthened support model for NHS Wales as part of the Escalation and Intervention Framework. BCUHB is included in the first wave development of the Intensive Support Approach which is being rapidly developed between Welsh Government, NHS Performance and Improvement and NHS bodies. The purpose is to accelerate improvements required across key service areas. This enhanced support for BCUHB will operate for the next 6 months initially and will focus on Urgent and Emergency Care, Planned Care and Cancer. All internal and external expertise will be aligned into a single, integrated Intensive Support Team, working alongside the Health Board within existing governance and accountability arrangements.

As part of this new support model, NHS Performance and Improvement (NHSP&I) will provide targeted operational and performance expertise. The initial focus will be on Planned Care, including reducing long waits for treatment, improving the validation of waiting list information, strengthening oversight of outsourced activity, optimising theatre utilisation, and ensuring robust reporting of planned care activity. This work is intended to strengthen delivery, improve reliability of performance information, and support the Health Board in meeting national performance expectations.

The Health Board is also pleased to confirm the appointment of Jane Farrell as Improvement Advisor. Jane's time-limited but high-impact role will provide practical support, coaching, and constructive challenge across Urgent and Emergency Care, Planned Care and Cancer pathways. She will work alongside external Urgent & Emergency Care experts Claire Old and Andy Aldridge, and a newly established Director of Intensive Support from NHS Performance and Improvement. Once the full Intensive Support Team is mobilised, additional support will be directed to:

- **Cancer Services** – improving compliance with the 62-day pathway and strengthening delivery within high-risk tumour sites.
- **Urgent and Emergency Care** – supporting implementation of the Six Goals for Urgent and Emergency Care Programme, reducing ambulance handover delays, and improving Emergency Department flow.
- **Planned care** – supporting validation of waiting lists, capacity and efficiency opportunities.

This enhanced support brings additional capacity, capability and focus into the areas experiencing the greatest operational pressure. It is designed to strengthen the Health Board's delivery, support teams on the ground, and accelerate improvements for patients. The supplementary resource complements and reinforces the work already underway internally to stabilise and improve services.

Further updates will be provided to the Board as this programme of enhanced support progresses and as impacts become visible across key pathways.

2.3 Integrated Quality Planning and Delivery Group – January 2026

The monthly Integrated Quality Planning and Delivery Group was held with Welsh Government Officers on 12th January 2026. The Health Board continues to make measurable progress against several of the domains assessed within the Level 5 escalation framework, which focuses on governance, leadership, performance, finance, quality of care, and fragile services.

Strengthened controls, enhanced operational oversight, improved complaint-handling performance reflect positive movement in key quality, service and governance indicators. At the same time, targeted actions across planned care, cancer, and UEC demonstrate clearer operational grip consistent with the expectations set out in the escalation framework, which requires organisations to show credible improvement in performance and outcomes to support future de-escalation.

3.0 KEY UPDATES

3.1 Electronic Prescribing and Medicines Administration

Wrexham Maelor Hospital has successfully implemented the Electronic Prescribing and Medicines Administration (EPMA) system across all inpatient wards, marking a major milestone in BCUHB's digital transformation. Building on the early adopter rollout in the Heddfan Unit, this is the first collaboration in Wales between a secondary care organisation, Better Meds, and Digital Health and Care Wales.

Over three days, more than 600 inpatients were safely transitioned from paper to digital prescribing, and Wrexham Maelor is now the first hospital in Wales to integrate discharge medicines information with the All Wales Shared Medicines Repository, strengthening medicines safety and communication across care settings. Deployment will continue across East community sites later this month, followed by Central and West in February and March, with learning from Wrexham Maelor informing future rollouts. This achievement reflects strong multidisciplinary collaboration and positions BCUHB as a digital leader in Wales.

3.4 Executive Team

I am delighted to welcome Debbie Eytayo as our new Director of Workforce and Organisational Development who takes up post in February 2026. Debbie brings a wealth of experience and expertise that will be invaluable as we continue to strengthen our workforce plans and support our staff across the Health Board. I would also like to express my sincere thanks to Georgina Roberts for her exceptional leadership and commitment during this transition period. Her guidance and support have ensured continuity and stability, enabling Debbie to step into the role with a strong foundation for success.

3.5 Royal Alexandra Hospital - Health and Wellbeing Centre

The development of the Royal Alexandra Hospital Health and Wellbeing Centre has taken a further step forward with the granting of planning permission by Denbighshire County Council. The Health Board approved the revised business case for a Health and Wellbeing Centre during the latter part of 2025, and the Welsh Government is understood to be finalising its assessment of this, with the outcome expected shortly.

4.0 MEETINGS/VISITS

4.1 Kaiser Learning Event, Royal Society of Medicine

I attended the National Association of Primary Care event for NHS leaders on 25–26 November at the Royal Society of Medicine, London. The programme focused on learning from Kaiser Permanente's integrated care model and how its principles can support the development of neighbourhood-based care within the NHS.

Key themes included building confidence in neighbourhood health as the right approach, practical insights on delivering integrated care, cross-nation collaboration

on shared workforce and service challenges and strengthening leadership to drive this transformation.

The learning gained will directly support our work in BCUHB to develop integrated neighbourhood care models, ensuring services are designed around local population needs and delivered in partnership with communities and multi-disciplinary teams. A recent event, bringing together colleagues from across primary, community and secondary care focused on helping to shape a Community By Design approach for the future.

4.2 BCHUB Maternity and Neonatal National Assurance Assessment

The Welsh Government commissioned an independent, all-Wales assurance review of maternity and neonatal services to ensure they are safe, high-quality, and responsive to the needs of women, babies, and families. This work has involved every Health Board and will result in both national and individual reports, providing a clear picture of strengths and areas for improvement across Wales.

All Health Board assessments have now concluded, and the Minister was briefed in December. I have been the Health Board Chief Executive Member of the Stakeholder Panel (in my capacity as Lead CEO for Maternity and Neonates) for this work and the fourth meeting of the Panel considered the high-level emergent findings. The contribution of both staff who work in the services and of people who have experienced the services has been a key feature of the approach. The Review Panel will be finalising the respective reports in January. It has been confirmed that there will be an overall national report and individual Health Board reports. The national report is expected in February.

4.3 Chair and CEO Drop in sessions

The Chair and CEO drop-in sessions continue to provide an open forum for staff to share ideas, raise concerns, and engage directly with leadership. These sessions are an important opportunity to listen, learn, and strengthen communication across the organisation. Sessions have been held more recently at Ysbyty Gwynedd and Ysbyty Glan Clwyd, with a conversations on a range of matters from how we can be more efficient and effective as a health board, to some of the working practices relating to bank staff, and the work with Local Government of enabling better care solutions out of hospital settings for people with dementia. Feedback from recent sessions has been positive, and we encourage colleagues to take part in upcoming dates.

4.4 Strategic Partnership with Grŵp Llandrillo Menai

Betsi Cadwaladr University Health Board and Grŵp Llandrillo Menai have signed a new Memorandum of Understanding, reinforcing our long-standing collaboration to deliver enhanced training, skills development, and career pathways for people

across North Wales. This agreement aligns education and training routes with the region's healthcare workforce needs, helping to address high-demand roles, expand Welsh-medium pathways, and support outreach in rural communities. A new Strategic Steering Group will oversee delivery to ensure measurable benefits for local people.

This marks a significant step forward in creating clear, supported pathways into healthcare careers and demonstrates our shared ambition to invest in the future workforce of North Wales. Further strengthening this approach, we will soon sign a similar agreement with Wrexham University to expand opportunities even further.

4.5 Hosted visits on Urgent and Emergency Care

The Chair and CEO hosted a series of three visits to District General Hospitals with Council Leaders/representatives and Chief Executives/representatives and the Regional Partnership Board Chair and Senior Partnership Manager. Each visit focused on the local progress being made, by working together, to support people through the urgent and emergency care pathway including discharge from hospital back to the community. Opportunities for further work and key commitment were made to continue to progress the positive approach to partnership working across the North Wales region.






5.0 Conclusion

The report intends to give an overview of key activities undertaken by the Chief Executive as well as important matters to draw attention to which may or may not be subject of other more detailed reports. Feedback on the report is welcome.

6.0 Recommendations

Members of the Board are asked to

- **NOTE** the updates provided in this report.

ASESIAD / ASSESSMENT	
Cyswllt â'r Blaenoriaethau Strategol Link to Strategic Priorities	     <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>Ansawdd</u> <i>A ydych chi wedi ymgymryd â phrawf Sgrinio o'r Asesiad o'r Effaith ar Ansawdd?</i>	Galluogwyr Ansawdd Enablers of Quality All Apply	Meysydd Ansawdd Domains of Quality All Apply

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

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