

## **Bundle Local Partnership Forum 10 December 2025**

### 1 PRELIMINARY MATTERS

- 1.1 13:45 - L25.55 Welcome and Apologies  
*Jan Tomlinson, LPF Co-Chair*
- 1.2 L25.56 Declarations of Interest  
*Jan Tomlinson, LPF Co-Chair*
- 1.3 13:47 - L25.57 Unconfirmed minutes of Meeting held on 5th August 2025  
*Jan Tomlinson, LPF Co-Chair*  
L25.57 Unconfirmed Minutes LPF 25.8.25 V0.2
- 1.4 13:52 - L25.58 Action Log Update  
*Jan Tomlinson, LPF Co-Chair*  
L25.58 LPF Action Log
- 1.5 13:57 - L25.59 Staff Story - Culture Change Leaders  
*Katie Sargent, Assistant Director Of Communications And Engagement*  
L25.59.1 LPF Coversheet - staff story 10.12.25  
L25.59.2 LPF Staff Story Dec 25

### 2 WORKSHOP

- 2.1 14:12 - L25.60 Foundations for the Future Organisational Structure - Verbal Update  
*Carol Shillabeer - Chief Executive Officer*  
*Ffion Johnstone - Programme Manager - Foundations for the Future*  
*George Roberts - Interim Executive Director People and Organisational Development*
- 2.2 14:57 - L25.61 Strategic Planning - Progress Report  
*Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning / Kamala Williams, Head Of Health Strategy And Planning*  
L25.61.1 Strategic Planning Progress Report V2  
L25.61.2 APPENDIX 1 Strategy Workshop Output Report

### 2.3 15:27 - Break

### 3 LEAD ITEMS

- 3.1 15:32 - L25.62 Welsh Language Services Annual Monitoring Report 2025-2026  
*Eleri Hughes-Jones, Head Of Welsh Language Services*  
L25.62.1 Welsh Language Services Annual Monitoring Report 2024-2025  
L25.62.2 Appendix 1 - Welsh Language Services Annual Monitoring Report 2024-2025
- 3.2 15:42 - L25.63 Culture, Leadership and Engagement - Retention Update  
*Jason Brannan, Deputy Director of People*  
L25.63a LPF Coversheet - Retention Slides 10.12.25  
L25.63b LPF Retention Slides for 10th December 2025 V2

### 4 ROUTINE REPORTING

- 4.1 15:52 - L25.64 People Services and OD Directorate Overview Report  
*George Roberts, Interim Executive Director of People Services and Organisational Development.*  
*to include:*  
*Employee Relations Report*  
*Workforce Policies Group Report*  
*Workforce Partnership Group*  
*Workforce Engagement Update*  
*Job Evaluation Programme Report*  
*Equality and Human Rights Update*  
*Speak Out Safely*  
*Health & Wellbeing*

L25.64 WOD Overview Report v0.1

- 4.2 16:07 - L25.65 Items from Trade Union Partners / Escalations  
*Jan Tomlinson, LPF Co-Chair*  
*Billy Nichols, LPF Deputy Chair*
- 4.3 16:22 - L25.66 Finance Report  
*Russell Caldicott, Executive Director of Finance*  
L25.66.1 25-26 Finance Report Coversheet - Month 7 Final - LPF  
L25.66.2 BCU 2025-26 M07 Finance Report Final V2 - LPF
- 4.4 16:32 - L25.67 Corporate Planning Update  
*Emma Lea, Head of Business, Planning and Programmes - CIHC*  
L25.67 LPF Planning Update 10-12-25
- 5 CLOSING BUSINESS
- 5.1 16:47 - L25.68 Review of Meeting Effectiveness  
*Jan Tomlinson, Co-Chair*
- 5.2 L25.69 Date of next meeting  
*1-4pm, 3rd February 2026*  
*Venue TBC*



## DRAFT Local Partnership Forum

### Minutes of the meeting held on 25<sup>th</sup> August 2025

Present	Role / representing Trade Union
Carol Shillabeer (CS)	Joint LPF Chair (Chairing)
Jan Tomlinson (JT)	Joint LPF Chair / UNISON
George Roberts (GR)	Lead Executive, Interim Executive Director of Workforce & OD
Lynne Bushell (LB)	Head of Health, Safety and Security
Sharon Cawdell (SC)	UNISON
Gillian Cooper (GC)	Talent Management Senior Practitioner
Sharon Eyre (SE)	Senior Nurse Informatics - ePMA
Alison Griffiths (AG)	Director Of Nursing
Ceri Harris (CH)	Head Of Equality and Human Rights
Anthony Hughes (AH)	Risk Assurance Manager
Ffion Johnstone (FJ)	Programme Director - Foundations for the Future
Michelle Jones (MJ)	Finance (deputising for Executive Finance Director)
David Maslen-Jones (DM-J)	Assistant Director Of Occupational Health, Safety And Security
Katie Sargent (KS)	Assistant Director of Communications and Engagement
Rebecca Testa (RT)	Head of Organisational Development
Pam Wenger (PW)	Director of Corporate Governance
Steve William (SteveW)	WAST
Susan Williams (SueW)	CAMHS Practitioner
Fiona Lewis (FL)	Corporate Business Officer, Minute taker

#### PRELIMINARY MATTERS

##### L25/38 Welcome and apologies

The Chair warmly welcomed everyone to the meeting, noting apologies from Russell Caldicott (Michelle Jones to deputise), Dyfed Edwards, Vic Peach, Jackie Hughes, Gareth Evans (Workforce), Helen Stevens-Jones, Debi Payne, Billy Nichols and Rebecca Gigg.

A discussion took place regarding the format and locations for future meetings. The following options were discussed:

- possibility of making alternate meetings attendance-only, and not allowing any virtual attendance
- sharing venues between West, East and Central
- when in-person meetings take place, use for focus sessions.

##### Action:

- **L25/38.1 George Roberts and Jan Tomlinson** to discuss possible meeting formats.

**L25/39 Declarations of Interest**

There were none.

**L25/40 Minutes of the previous meeting, held 6 May 2025.**

The minutes were approved as an accurate record of the meeting, except for two amendments.

- **The Salary Sacrifice Scheme (SSS).** The current scheme is subject to HMRC regulations through the Minimum Wage legislation and was causing issues for some staff. Several staff had received rejections from NWSSP without any explanation. Jason Brannan assured Members that NWSSP had already identified this and were dealing with it as a matter of urgency, noting that this was having a high impact on affected employees. NWSSP were developing a programme to allow staff to input their information and receive clarification of what they would be able to purchase. All people affected by this situation had been contacted directly and supported and a new communication was due to be released imminently.
- Cath Jones should be noted as RCN (not NMC) and note her as Interim Staff Side Secretary and not Deputy Chair Staff Side.

**Action:**

- **L25/40.1 FL** to amend minutes accordingly.

**L25/41 Matters Arising and Action Log Updates**

All actions to close agreed and updates were added to the Summary Action Plan

**LEAD ITEMS****L25/42 A Staff Story – Improving Welsh Language Provision in Service Delivery**

This story was presented by Katie Sargent and came from Lucy Handy, a Speech and Language Therapist, who had worked in England but came to work at Ysbyty Penrhos Stanley in Holyhead. When Lucy took up her post, she was unable to speak Welsh and decided to make a concerted effort to immerse herself in the Welsh culture and language. She had found this to be beneficial both personally and at work, where she works with pre-school children, their families and carers. Lucy was also a finalist for a Staff Achievements Award, due to take place at the end of September.

Lucy highlighted:

- She would like staff to be encouraged to 'have a go' and not be embarrassed for trying to speak Welsh. She believed that people scared to try to speak Welsh, due to a lack of confidence
- the themes around the use of the Welsh Language across the Health Board and considered what action might be taken to learn from and emulate what Lucy and her team are doing

- Many staff contact the Welsh Language Team regarding the cost of courses cost, therefore there is a need to raise awareness amongst all staff that Welsh language training is provided by the Health Board for free.
- She believed that departments could easily utilise her team's approach in providing a bilingual service and should be encouraged to recognise the importance of linguistic diversity when providing comprehensive patient care.
- The Work Welsh Scheme: BCUHB SALT Team Project
- The visibility for staff who are Welsh speakers and learners
- The need for staff to identify Welsh-speaking patients and learn basic phrases
- The need to monitor the Workforce's Welsh language skills and celebrate the achievements of learners

**Members:**

**noted** the themes raised in this story around the use of the Welsh Language across the Health Board and considered what action might be taken to learn from and emulate what Lucy and her team are doing.

**L25/43 Risk Management - Risk Appetite Presentation**

Pam Wenger introduced Anthony Hughes, who provided a Risk Management presentation, highlighting the following:

- The strengthened approach to risk structure in BCUHB and the drive for improvement of Risk Management, which included
  - The robust Risk framework, which included annual reviews of the risk appetite
  - the procedures and guides for operational risk management
  - training
  - Risk Betsinet pages and Teams risk channel
  - Dashboards, which have enabled tracking and driving improvements.
  - Structure for escalation
  - Annual Internal Audits, which have showed an improvement and provided external assurance on processes
  - The development of risk maturity audits across departments, monitored by the Risk Management Group
  - The annual setting of risk appetite is now business as usual, with committees monitoring risks above tolerance
- The ongoing work around the 26 Corporate Risks on the Corporate Risk Register
- Overdue risks reduced from 34% to 14%
- Improvement to risk scrutiny, with all staff going through at least one form of risk management training.

Pam Wenger noted that Risk Management was in a far healthier position however still required more embedding.

**Members:**

**Noted** the Risk Management presentation.

**L25/44 2024 NHS Staff Survey Results**

Katie Sargent presented her update on the organisational response to findings from the 2024 Staff Survey, and detailed the local priorities and actions being taken following the staff survey. She noted the following:

- 17.4% of the workforce completed the survey, a reduction by three percentage points from the 2023 survey. The Wales average was 21.9%.
- Across the Health Board, seven of the ten themes improved since 2023.
- Detailed the preparations for the 2025 Survey
- The expectation for ownership and accountability for acting on survey findings was clearly communicated by the Chief Executive, when she wrote to all IHC, Divisional and Corporate Directors.
- That this was the first year that the Organisation had been able review the data down to team, department and sub-divisional level through various heatmaps
- Key themes highlighted by the staff survey were:
  - Morale
  - Development
  - Staff recognition
  - Communication
  - patient safety
  - Our values
  - Flexible working
  - Teamwork
  - Inclusion
- The BCUHB Action Plan, which was due to be agreed by the Executive Committee, was developed through a comprehensive review of local action plans submitted by divisions and IHCs across the Organisation.
- Ways of increasing participation, with Directors and managers being held formally accountable for achieving a minimum participation rate of 23% within their respective areas of responsibility.
- Local improvement targets will be introduced for IHCs, Divisions and Corporate Directorates over the next two years.
- Insights from previous surveys to encourage participation, including:
  - Enhancing confidentiality and anonymity
  - Continuous engagement, with 'You said, we did' section
  - Focused thematic responses
  - Local ownership and support
- Looking at introducing 'pulse' surveys, which would provide a snapshot local approach for Culture Dashboard
- KS noted that staff issues concerning the staff survey were they felt it took too long to complete and that the time taken would be wasted if nothing was ever done to action recommendations.

Following the presentation, the Forum discussed the need for:

- clearer directions for employee engagement
- clearer strategic direction, noting points along the way of the journey
- consistent Health Board objectives
- the ambition to get more people to share their views

**Members:**

- **Considered** the areas of local focus detailed in the report, and

- **Considered** how it can support securing local ownership for responding to the upcoming 2025 survey and showing support to ensure teams are sighted on the local Corporate actions in response to the findings.

### **L25/45 People Services and Organisational Development Directorate Overview Report**

Carol Shillabeer welcomed George Roberts as the new Interim Executive Director of People and Organisational Development. GR provided her update, during which she highlighted the following:

- The Workforce Partnership Group. Jan Tomlinson and Kay Hannigan noted how well Management and the Trade Unions worked together. Carol Shillabeer to contact Dyfed Edwards regarding letting the Welsh Minister to let them know how successfully the WPG works.
- Attendance Management which involved reinforcing the message around compassionate leadership
- the need to ensure there was appropriate release time for Trade Union colleagues to attend meetings
- Organisational Change, including the need for continued staff engagement
- Employment Case Management, including the effects of a lengthy employment tribunal process on staff. A task and finish group had been established to consider actions that can be taken to prevent avoidable harm.
- Ongoing review of Workforce Policies
- Job Evaluation Performance Update, including challenges affecting performance against KPIs
- The formation of the PADR Group, from across the Organisation, to ensure appropriate career development support and guidance is provided to staff.
- Trac Sample Audit Findings
- Culture and Leadership Programme Update
- Values and Behaviours Framework
- Recruitment of Culture Change Leaders
- Employee Engagement including the Staff Survey and the Staff Achievement, Seren Betsi and Long Service awards
- Update for the Strategic Equality Objectives and Action Plan 2024-2028
- Staff Health and Wellbeing update

#### **Action:**

- **L25/45.1 Carol Shillabeer** to contact Dyfed Edwards regarding letting the Welsh Minister know how successfully BCU's WPG works.

#### **Members:**

- **Noted** the update on People Services and Organisational Development Directorate Overview Report

### **L25/46 Strategic Occupational Health and Safety (SOHS) Report**

Lynne Bushell presented her report, highlighting the following:

- The transition to NHS Employer Health and Safety Standards
- Health and Safety (H&S) Self-Assessment approach, checklist, results/findings

- Gradual but significant improvements in Fire Safety and Manual Handling (MH) training compliance across workers – permanent, fixed temporary, bank, locum and honorary
- An overview of Health, Safety and Security Strategic Plan, which included:
  - building a sustainable team
  - undertaking a comprehensive gap analysis to inform a clear improvement plan approach
  - revision of the SOHS Group, to ensure it is fit for purpose, as required by statute
  - Undertake a comprehensive review of key H&S policies
  - To integrate H&S within Environment and Estates Directorate with embedded reporting lines
- Findings and recommendations following the Health and Safety Audit (May 2024)

**Members:**

- **Noted** the Strategic Occupational Health and Safety Report.

**ROUTINE REPORTING****L25/47 Items from Trade Union Partners / Escalations**

**L25/47.1** Concern was raised regarding Radiology recruitment. The process is too complex and taking 3 months to complete. Not fit for purpose. It was agreed that a deep dive should take place into the ECR process.

**Action:**

**L25/47.1.1 George Roberts** to link with Jackie Hughes regarding difficulties the Radiology Department finding with ECR process, and to organise a deep dive into streamlining the ECR process.

**L25/48 Foundations for the Future – Verbal Update**

George Roberts and Ffion Johnstone provided a verbal update on the Foundations for the Future programme:

- Now at the design stage.
- Described the five key pillars – strategy, structures, process, culture and People
- Focussing on:
  - treating patients as close to home as possible
  - prevention
  - understanding the strategic direction of the Health Board and to streamline processes

**Members:**

- **Noted** the verbal update on Foundations for the Future

**L25/49 M03 Finance Report**

Michelle Jones, deputising for the Executive Director of Finance, presented the M3 Finance report, noting a previous request for a less detailed presentation. The key headlines were:

- Current challenges facing NHS Wales
- More money available however more areas to be spent on
- Reporting a deficit of £7.8m as at 30.06.25, with an in-month deficit for June at £1.6m, an improvement of £0.8m from previous month, however £0.2m more than forecasted
- National Insurance funding confirmed on a non recurrent basis by WG is £18.7m which will present a shortfall of £4.2m (18.3% of costs). The Health Board is in dialogue with Welsh Government over the methodology deployed. Actions to mitigate costs taking place.
- The Health Board's financial plan required a savings target of £40m to be delivered in 2025/26. As at M3 yet to identify substantial savings target
- BCU performing well in relation to other Health Boards.

Members:

- **Received** and scrutinised the Finance Report

### **L25/50 Planning Update Report**

Dylan Williams shared the Organisations areas of development, the breadth of work with key areas:

- The Health Planning Strategy. The Health Board's 2025/28 IMTP had not been accepted as balanced by Welsh Government and was being reviewed
- Challenged Services identified through Special Measures – Urology, Vascular, Ophthalmology, Dermatology, Orthopaedics, Orthodontics, Oncology and Plastics – and the targeted improvements taking place
- Service Changes – Tywyn and Penley Community hospitals
- Corporate Planning. Productivity challenges noted as workforce had increased by 2000, however fewer patients being seen.
- Special Measures Key Programmes and Major Changes Programmes.
- The need for the LPF to be part of the planning process

### **FOR INFORMATION**

#### **L25/51 Minutes of the People and Culture Meeting, held on 10.4.25**

The Minutes of the People and Culture Meeting, held on 10.4.25, were **noted**.

#### **L25/52 Quality and Performance Reports to Board – May and July 2025**

The Quality and Performance reports to Board, May and July 2025, were **noted**.

#### **L25/53 Chief Executive's Report to Board**

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

## **CLOSING BUSINESS**

### **L25/54 Review of Meeting's Effectiveness**

It was felt that the meeting was hampered by its hybrid nature, and that a review was necessary as to the effectiveness of hybrid meetings. The possibility of whether alternate meetings could be face to face only. Carol Shillabeer, Jan Tomlinson and George Roberts to discuss formats for future meetings.

#### **Action:**

**L25/54.1 Carol Shillabeer, Jan Tomlinson and George Roberts** to discuss formats for future meetings.

#### **Date of next meeting**

*1.00pm, Tuesday, 4<sup>th</sup> November 2025*

#### Future meetings:

*3<sup>rd</sup> February 2026*

*[Meeting closed at 16.00hrs]*

## Local Partnership Forum Action Log

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
<b>Items Suggested for Closure</b>						
1	n/a	8.10.25	To discuss delays to the recruitment process/ECR	George Roberts Jackie Hughes	November 2025	<b>Suggest action closed</b> 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	<b>Suggest action closed.</b> 4.11.25 Added as a discussion topic for meeting agenda.
3	L25/47.1	5.8.25	<b>L25/47 Items from Trade Union Partners / Escalations.</b> GR to link with Jackie Hughes regarding delays to recruitment process/ECR. Provide a deep dive into the ECR process	George Roberts	November 2025	<b>Suggest action closed</b> 3.12.25 – advised action complete
4	L25/54.1	5.8.25	<b>L25/54 Review of Meeting Effectiveness</b> 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	<b>Suggest action closed</b> 3.12.25 – advised action complete
5	L25/54.2	5.8.25	<b>L25/54 Review of Meeting Effectiveness</b> To add a comfort break into future	Fiona Lewis	November 2025	<b>Suggest action closed.</b> 4.11.25 Added onto CoB for future agendas



			meeting agendas			
6	L25/09.2	05.02.25	<b>L25/09 CEO Briefing – Organisation Progress and Special Measures Verbal Update</b> CS to share the formal advice the Organisation had received following the discovery of RAAC in Wrexham.	Carol Shillabeer	May 2025	<b>Suggest action closed</b> 03.12.25 – a survey has been undertaken on the RAAC investigation and a remedial plan is being implemented to mitigate all risks.
<b>Items Closed at 05.08.25 meeting</b>						
5	L25/30.2	6.5.25	<b>L25/28 Workforce Report</b> To promote and encourage LPF attendance of TU colleagues.	Jan Tomlinson Billy Nichols	August 2025	<b>Suggest action closed.</b> <b>5.8.25</b> Actioned.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Staff story - Culture Change Leaders' motivations for getting involved in the Culture and Leadership Programme and their views about its impact to date.
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 10 December 2025
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>Following the approval and support of the Board in September 2023 to improve culture, leadership and engagement in the Health Board, we are undertaking an evidence-based programme specifically designed to improve healthcare cultures and leadership. The programme has been developed by Professor Michael West, The King's Fund, Centre for Creative Leadership and NHS Improvement.</p> <p>The Culture and Leadership Programme is part of Objective 3 of our Three Year Plan 2024-27 and is governed through the major change programme Foundations for the Future.</p> <p>The programme is supporting us to better understand our organisational culture using evidence-based tools and developing tailored approaches to enable compassionate, inclusive and collective leadership and deliver culture change. The programme is managed and monitored under the major change programme Foundations for the Future.</p> <p>Culture Change Leaders (CCLs) are key to supporting the Culture and Leadership Programme. Today's storytellers share their experiences as employees of the Health Board and their motivations for becoming CCLs.</p>
<b>Argymhellion:</b> <i>Recommendations:</i>	<p>The Forum is asked to note the themes raised in the two stories including how expectations around our organisational values and behaviours might prevent experiences like those described by our storytellers.</p> <p>It is asked to consider what action might be taken to further support and endorse the work of the CCLs across the organisation.</p>
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Georgina Roberts Interim Executive Director of People and Organisational Development
<b>Awdur yr Adroddiad:</b>	Katie Sargent Staff Experience and Engagement

<b>Report Author:</b>				
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	<b>Arwyddocaol Significant</b> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>				
<b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):</b>		<ul style="list-style-type: none"> <li>• Creating compassionate culture, leadership and engagement</li> <li>• Improving quality, outcomes and experience</li> <li>• Establishing and effective environment for learning</li> </ul>		
<b>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</b>		N/A		
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>		No.  This approach is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.		
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>		N/A		
<b>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)</b>		N/A		

<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There is no additional financial cost attached.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>N/A</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>N/A</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>N/A</p>
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b></p> <p>Preparing the next Staff Story, aligned to the Forum's business wherever possible.</p>	
<p><b>Rhestr o Atodiadau:</b> Dim</p> <p><b>List of Appendices:</b> None</p>	

<b>Staff story title</b>	Staff story – Culture Change Leaders’ motivations for getting involved in the Culture and Leadership Programme and their views about its impact to date
<b>Staff story format</b>	Written and video
<b>Consent received to share staff story</b>	<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**

The culture of NHS systems, and those organisations within them, is crucial to ensuring the delivery of high-quality, safe and effective patient care.

Following the approval and support of the Board in September 2023 to improve culture, leadership and engagement in the Health Board, we are undertaking an evidence-based programme specifically designed to improve healthcare cultures and leadership. The programme has been developed by Professor Michael West, The King’s Fund, Centre for Creative Leadership and NHS Improvement.

The Culture and Leadership Programme is part of Objective 3 of our Three Year Plan 2024-27 and is governed through the major change programme Foundations for the Future.

It provides opportunities for an organisation to understand it’s culture using evidence-based tools and to develop tailored leadership approaches for

developing compassionate, inclusive and collective leadership and deliver culture change.

Culture Change Leaders (CCLs) are key to supporting the Culture and Leadership Programme.

They are a cross section of staff from all parts of the organisation who come together to make a difference by supporting the Culture and Leadership programme on an organisational level and locally within their teams by utilising the engagement tools explored during the CCL induction programme.

To ensure we are a compassionate, collective and inclusive organisation, the Culture and Leadership Programme offers a variety of tools to support us in discovering what our current culture is like so that we can shape the culture we want to see in the future.

CCLs have been involved in deploying some of these tools and have conducted Board and Senior Leadership conversations, facilitated culture focus groups and are promoting and embedding best practice within local teams.

Any member of staff can get involved as a CCL. Indeed, the more diverse the network of CCLs in terms of professions, job roles and geographic areas, the more spread we will have across the organisation, leading to greater awareness, engagement and participation.

Due to the overwhelmingly positive response to the first intake of Culture Change Leaders, a second recruitment drive is now underway.

Today's storytellers share their experiences as employees of the Health Board and their motivations for becoming CCLs.

**Staff story transcript**  
**Di Platt, Business Manager**

**My background**

I was born and bred in Salford and started my career first as a planner at the Manchester Evening News, then as a Microsoft Trainer in the private sector. Following a degree in Education at the University of Manchester and a Masters in Research at Keele University, I moved into the public sector, working for a local authority on children missing from education.

Having moved to the beautiful Clwydian Range of North Wales back in 2008, I joined the Betsi family as PA to the Executive Director of Therapies.

I gained invaluable experience at corporate level and was soon seen to be member of staff who was relied on, and wanted career development. I was successful in undertaking a secondment to the Chief Executive's Office as Business Manager and fully enjoyed the time there and had the opportunity to return during COVID-19.

I then decided I needed to gain operational experience, so that I could obtain a more “rounded” understanding of how our organisation worked, and who knows where it would take me!

### **My experience of cultures at work**

Working within the corporate environment is an experience. It is a fast-paced, no day is the same, but one that I have embraced throughout my career (with all the challenges) that come with it!

The culture in any organisation depends on the people and how we embrace our working relationships to achieve our goals. Betsi is such a large scale organisation and that I think our experience of the culture very much depends on where you work and with whom.

At Betsi I experienced bullying for the first time. If I am being very honest, it floored me! The behaviour of this senior individual would not have been accepted in any other organisation in which I’d worked. Here, it was tolerated or ignored. Including by me, as I didn’t know how to respond or who to go to for support. I questioned myself – is it me? Am I doing something wrong to cause this behaviour? What can I do differently tomorrow to try to have a better working relationship?

I did my best to muddle through each day. Reflecting on my experience, I knew that I needed to do something, as knew this wasn’t right. I felt that how we treat staff here needed to change, but Betsi is a large organisation, so how was one person going take on this task?!

I do not feel bitter or angry about my experience – but it has propelled me into getting involved with a positive movement that I feel will really make a difference to all those who might be going through a similar experience to what I went through.

### **Becoming a Culture Change Leader**

When the opportunity arose to express an interest in becoming a Culture Change Leader, I jumped at the chance. I knew that the Board and Chief Executive wanted this change and this was a chance for me to be part of the future of Betsi.

I was part of the first cohort which started in January 2025 and from the first session held with the great team from People and Organisational Development (they know who they are), it was just fantastic.

It was a brilliant cohort of staff, from different services across our Health Board, who are there not because they have been asked, but more importantly, because they have wanted to be there and wish to make a difference. The training which was undertaken was excellent.

I am fortunate to have a fantastic manager and Director, who supported me on this journey to become a Culture Change Leader. I also need to acknowledge that I am fortunate to work with great team too. The culture in this team is positive, encouraging and supportive – quite different to my experience elsewhere in the Health Board.

### **The difference Culture Change Leaders are making**

To change the culture of a large organisation is a challenge, but services are undertaking this challenge and, each day, taking steps to improve it.

As Culture Change Leaders, we want to make a positive impact (whether small or large) but the overall goal is to make Betsi a place people wish to work and be proud to work for the organisation. I love working here and have a good network of colleagues right across the organisation who all want to see change.

Our new values and behaviours are simple and should be part of our everyday working life. These were agreed by staff following genuine engagement and felt different to the usual initiatives we are told about after the event.

Being able to participate in the senior leaders interviews was very encouraging. I led on the conversation with a member of the senior leadership team and the conversation demonstrated that they too are committed to making lasting change.

#### **Di's feedback**

- Induction - Executives should join the induction programmes and a section on the structure of the Senior Leadership Team
- Clear outcomes of where the feedback given is being listened to – even when it is hard to hear - and, once reported, it's reported but what actually happens?
- When poor behaviour is challenged, will support be there? It is mentioned but will it? Knowing that you will be supported is very important as this is the only way to change culture.

#### **Staff story – Katherine White, Medicine Management Specialist Nurse**

##### **My background**

I started my nursing career in 2006 and have remained in the same hospital throughout. I wanted to share my story with you about a life changing event that happened in work, how I felt at the time and what I am trying to do to promote a positive, supportive culture change in my role and as part of the wider CCL team.

My current career path was chosen following on from an incident I was involved in as a ward sister. I was the nurse in charge when a patient deteriorated and passed away unexpectedly. This was investigated and seen as an avoidable incident.

This is a very distressing situation for anyone to find themselves in, but as the nurse in charge I felt that I should have known and done more. The guilt of the 'what if' and 'if only' were overwhelming and the management of the situation was not supportive at all.

No-one involved was allowed to talk about the incident to anyone, we were not involved in any part of the investigation process or informed about any developments.

It was one of the most isolating times of my life. I had recently returned from maternity leave and was concerned about my family as well as dealing with the remorse of not saving a patient, which as a nurse is the worst experience imaginable.

The not knowing was the worst - no-one explained what the process was or what coroners court was. I thought there was every possibility that I would not see my child grow up and I had no-one to ask. It was such a taboo subject that when raised with any managers, we were told we are not allowed to discuss it.

From the date of the incident to the coroner's court was three years. There were so many times when I questioned if nursing was what I wanted to do, should I stay, can I carry on?

During the court hearing there was so much information that none of the staff on shift that day knew about or had heard before. It is a very traumatic experience and not being prepared for the information being shared caused a more isolating experience.

I moved away from this clinical area following on from this incident and had different managers. It was only after this that I realised that how I was treated is not the way it has to be and I wanted to do all I could to ensure that I never enable anyone to feel isolated or unsupported.

### **My current experience of cultures at work**

When I come across people in my current role, it is generally when they have made an error during the course of their work. Having empathy, compassion and listening to understand are crucial for me to encourage colleagues to speak openly and honestly with me. I need to earn trust so I can really understand the incident from their perspective.

It can be challenging, as they can feel that they are about to be told off for doing something wrong. Sometimes they feel punished because they are stopped from undertaking certain practice for a period of time and they often worry about the impact this has on their colleagues and their workload.

Treating people fairly and having emotional intelligence are really important. I try to focus on people's strengths and look for the positive, rather than focus on any negatives, which people tend to do. Openness is really important for patient safety and improvement but also for the broader culture of the organisation.

### **Becoming a Culture Change Leader**

I became a learning rep for the Royal College of Nursing last year, and at the same time, noticed adverts for CCLs. I was interested and wanted to find out more, so I met with a member of the Culture Team. She explained the Culture and Leadership programme – I was inspired by the vision of the planned changes!

So I attended the first face-to-face cohort of CCLs.

Already I am seeing the difference and can explain to colleagues that I am a CCL and am championing a more open, compassionate, respectful culture and can pass on their concerns.

I work with a lot of teams and in the next few months, would like to see more of those teams being more receptive to a culture of openness and to using the tools we have as part of this programme, for example looking at the strengths and weaknesses in teams with a supportive approach.

### **The difference Culture Change Leaders are making**

I am part of a cohort of people looking to make a real difference. I have learned a lot as part of the CCL induction process. I will often get called in to have the 'difficult conversations' by colleagues! I am also interested in looking at the wider impact of the CCLs on what's happening in the Health Board.

I think that all leaders should be aware of all the tools we have available to us as part of this programme, as we want it to touch every part of the organisation – from ward to Board. It's still early days – I am not convinced that most clinical staff would know about the culture change work yet, but I think it will take time especially as people "on the floor" are juggling competing priorities and don't often have time to look online or read emails.

### **Katherine's feedback**

- Could we do more to improve the cascade of information across the organisation? Some ideas are that we could ensure that details of the Culture and Leadership Programme and our new values and behaviours are included in things like safety briefs and ward handovers.
- The roadshows that have been undertaken about culture change really help spread the message. Being visible is important as it can prompt staff to have those conversations and get involved.

### **Health Board reflections**

We aim to develop a compassionate, inclusive and collective culture by demonstrating compassionate behaviours involving a focus on relationships through careful listening to, understanding, empathising with and supporting other people. Our ambition is to create these conditions to help us retain talent and

recruit the next generation to enable staff experience and, in turn, patient outcomes in North Wales to be the best possible.

Research suggests that the most powerful factor influencing culture is **leadership** and we are investing in improving leadership and management across the organisation, while recognising that we can all lead, regardless of seniority. We all have a key role in developing this culture through all our interactions with each other and service users.

Those best placed to feel that progress is being made in our organisation are our staff. Through national listening tools such as the annual NHS Wales staff survey and by developing our own structured, robust listening approaches, our aim is to understand, respond and improve employee experience to make working at BCUHB a fulfilling and rewarding career.

Listening is important but it is only effective if employees feel heard. Our ambition is to create a cycle of listening, involvement, action and feedback. Responding to employee feedback creates a sense of being heard.

As well as gaining an insight into what employees are thinking, feeling, and doing, we also need to understand the reasons behind why they do so. This will enable us to identify issues such as emerging skills gaps, issues with burnout, wellbeing, and team culture. Crucially, it provides a sound evidence base for taking any remedial initiatives or action with confidence.

The impact of our organisational culture is far reaching and indicators of how people feel at work include:

- organisational performance and clinical outcomes;
- patient experience;
- levels of bullying and harassment;
- staff experiences of discrimination;
- sickness absence and presenteeism;
- staff turnover; and
- challenges attracting new staff.

As we develop more robust listening and measuring mechanisms for staff voice, we will monitor and track these indicators.

In addition, a culture dashboard has been developed to provide a snapshot of a range of useful metrics related to culture improvement and engagement that will indicate progress and areas for improvement. Alongside the dashboard, NHS Wales staff survey data, feedback from colleagues as part of the Foundations for the Future Discovery and Design work, Mental Health and Learning Disabilities

Division Staff Voice and Staff Connect workshops and Speaking Up Safely data are being used to build a picture of key themes on an ongoing basis.

<b>Teitl adroddiad:</b>  <b>Report title:</b>	<b>Strategic Planning – progress report</b>
<b>Adrodd i:</b>  <b>Report to:</b>	Local Partnership Forum
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Wednesday 10 <sup>th</sup> December 2025
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>The Health Board is entering a new phase of strategic planning following a period of stabilisation under Special Measures. Earlier strategies, including Living Healthier, Staying Well (2018) and the Clinical Services Strategy (2021), are now being refreshed to better reflect current priorities and operational realities.</p> <p>A new Strategy Programme is being established, built around three key products: a Strategic Intent for health and wellbeing, a new 10-Year Strategy, and a Clinical Services Plan (CSP). These co-created foundational documents will guide future service delivery and planning, utilizing a structured development process and involving wide engagement across staff, partners, stakeholders and communities. This paper provides an overview of strategy work to date</p> <p>On 8<sup>th</sup> October 2025, Betsi Cadwaladr University Health Board (BCUHB), in partnership with the Bevan Commission, launched a programme to shape the future of health and care in North Wales. Held at Conwy Business Centre, the Strategy Development Event brought together 75 participants, including Health Board leaders, staff, partners, stakeholders and community representatives, to begin co-creating a bold vision and strategic intentions for health and wellbeing in North Wales for the decade ahead.</p> <p>The output report from the event, included as appendix 1, includes a draft Strategic Vision and four draft Strategic Intentions. These will be tested and refined through wider engagement over the next 2 months with the aim of gathering further insights which will also inform the Discovery Phase of the new 10-year Strategy and preparatory work currently underway on the Clinical Services Plan (CSP).</p> <p>Following this engagement, a set of recommended Strategic Intentions will be submitted to the Board in January for approval.</p>
<b>Argymhellion:</b>  <b>Recommendations:</b>	Members of Local Partnership Forum are asked to: <ul style="list-style-type: none"> <li>• <b>NOTE</b> the update provided.</li> <li>• <b>ADVISE</b> on any comments on the 4 draft strategic intentions, see output report appendix 1.</li> </ul>
<b>Arweinydd Gweithredol:</b>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning

<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Kamala Williams, Interim Assistant Director of Strategy			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in Delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>	<b>Strategic Objective 2 – Developing Strategy and long-lasting change.</b>  Refreshing the Health Board 10-year strategy, and implementing an interim Clinical Services Plan are both key priorities outlined within the Health Board Integrated Medium Term Plan (IMTP) and Annual Delivery Plan (ADP).			
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>	Not applicable			
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</b>	Not applicable			
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b>In accordance with WP68, has an SEIA identified as necessary been undertaken?</b>	Not applicable			
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan</b>	Not applicable			

<p><b>gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p>	
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	Not applicable
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	Not applicable
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	Not applicable
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	Not applicable
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	Not applicable
<p><b>Camau Nesaf:</b> <b>Next Steps:</b></p> <p>Test and refine the draft Strategic Intentions, stand up the programme structures required to undertake the Discovery Phase of the new 10-year strategy and continue preparatory work on the CSP phase 2</p>	
<p><b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> Appendix 1 – Output report</p>	

## Strategic Planning – progress report

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### ▪ Background and context

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In 2018, the Health Board approved its ten-year strategy, *Living Healthier, Staying Well* (LHSW), followed in 2021 by the *Clinical Services Strategy* (CSS), also aligned to LHSW. Although both documents remain extant, they were developed prior to the organisation entering Special Measures and as a result do not reflect the Health Board's current strategic priorities or operational realities.

The CSS was intended to be operationalised through a *Clinical Services Plan* (CSP) detailing the preferred configuration of clinical services across the region, however this did not occur and consequently the CSS has limited relevance to the current Board and its strategic direction.

The introduction of Special Measures in February 2023 marked a significant turning point for the organisation, bringing with it a newly constituted Board and fresh perspectives. The initial stabilisation phase focused on rebuilding organisational capacity and laying the foundations for long-term effectiveness. During this period, the Health Board developed five Special Measures Outcomes as part of its response plan. These later evolved into five strategic objectives within the organisation's Annual Delivery Plan and more recently Integrated Medium-Term Plan (IMTP). These objectives have guided the organisation through a critical phase, with a strong emphasis on governance, leadership, and organisational capability.

With many foundational elements now firmly in place, the Health Board is now well-positioned to develop the next set of strategic plans, working with partners, staff, stakeholders, public and communities, to co-create plans that reflect the current priorities, operational realities, and the evolving needs of the North Wales population.

### ▪ The Strategy programme – a new approach

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The Programme introduces three interlinked strategic products, which will in turn provide a framework for the development of the Health Board's Integrated Medium-Term Plan (IMTP) and Annual Delivery Plan (ADP). The products are visually represented in diagram 1 overleaf.

## Diagram 1 – Strategy Programme

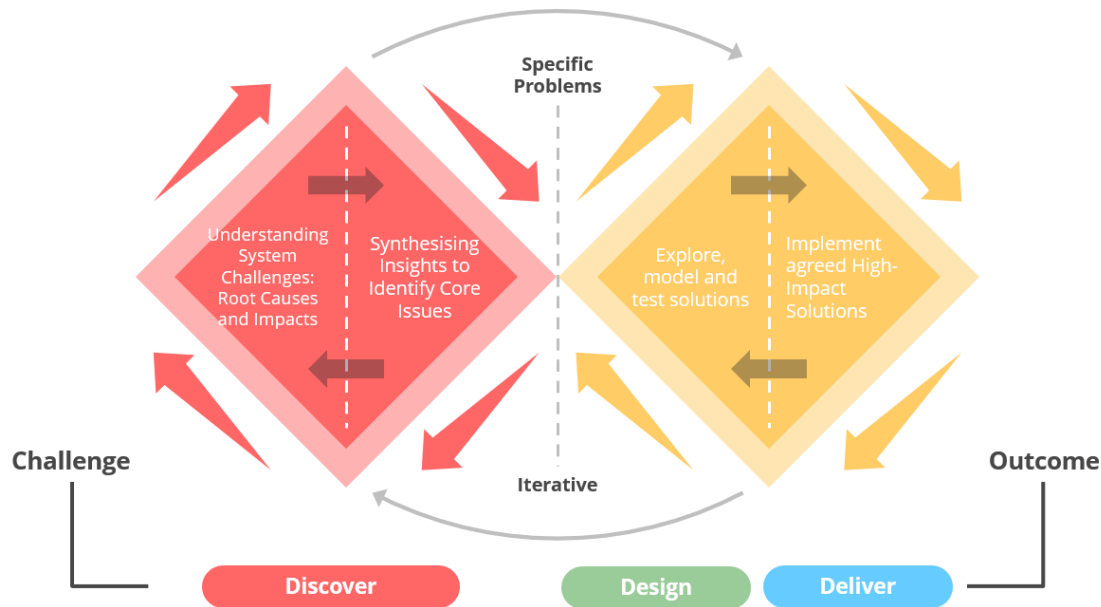


### Strategy products

- **Strategic Intent:** The 'big things' (strategic aims) the Health Board will seek to deliver over the next 5 to 10 years; a cornerstone of the Strategy.  
*By end of January 2026 publish a 'Strategic Intent for health and wellbeing for the population of 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.  
*By the end of March 2026 conclude Discovery phase of the Strategy*
- **Clinical Services Plan (CSP):** One of the Health Board's strategic plans which details how clinical services will be configured to maximise quality, performance and value.  
*By the end of March 2026 agree CSP methodology and establish CSP programme. The strategy products provide the framework for the Health Board's Integrated Medium Plan 3- Year (IMTP) and Annual Delivery Plan (ADP) to deliver against.*

The development process for these three products follows a structured methodology comprising three phases: **Discover** → **Design** → **Deliver**, ensuring an effective and iterative planning cycle, see diagram 2 overleaf.

## Diagram 2 – Development process Strategic Intent and Strategy



While the refreshed Clinical Services Plan (CSP) will be developed using the same overarching methodology as the other two strategic products, it is recognized that additional more detailed and specific guidance will be necessary to support a more structured and coordinated approach. This will help ensure that related workstreams are brought together rather than progressed in isolation, enabling the development of a coherent and integrated system-wide plan for clinical services. This structured approach is designed to:

- Minimise unintended consequences across service areas
- Ensure alignment with the Health Board's strategic objectives
- Support the delivery of services that are responsive to the evolving needs of the population

Given the scale and complexity of this undertaking, a dedicated methodology and framework, which is currently being refined, will be applied to guide the process. This will:

- Promote consistency across planning activities
- Enable meaningful clinical engagement throughout development
- Ensure alignment with national priorities and expectations

Each of the three strategic products has defined delivery milestones within the Integrated Medium-Term Plan (IMTP), as illustrated in Diagram 1. These milestones provide a clear framework for accountability and enable effective tracking of progress.

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## ▪ Work completed to date

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Strategic planning sessions have been held with both the Board and the Regional Partnership Board (RPB), establishing a shared understanding of priorities and direction of travel.

A dedicated development session on prevention was convened with the Planning Population Health and Partnerships Committee (PPHP), contributing to the strategy discovery work, preparatory work on the CSP, and development of the IMTP guidance for 2026/29.

In addition, a major strategy development event took place on 8<sup>th</sup> October, bringing together a broad spectrum of internal and external stakeholders. Participants included Health Board staff, statutory and non-statutory partners, and representatives of community groups. The purpose of the event was to gather diverse insights to inform the development of all three strategic products, with a particular focus on shaping the Health Board's strategic intent.

Findings from the 8<sup>th</sup> October event have been presented to the PPHP Committee at its October meeting, the November meeting of the Regional Partnership Board (RPB) and to an Informal Board Development session on the 27<sup>th</sup> November. Members at each of these meetings were invited to provide feedback to further refine the strategic direction.

Collaboration with other Health Boards on their strategic planning work has continued. Hywel Dda's Clinical Services Plan approach has been of particular interest given similar challenges. Hywel Dda CEO and Executive Director of Planning presented to the CEO chaired Strategic Planning and Service Change Group in November on the approach and latest lessons learned insights.

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## ▪ The forward plan

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The Strategy Programme is structured around the three strategic products, with tailored engagement and development activities for each.

### **Upcoming Events**

- Community by Design Event – 16<sup>th</sup> December 2025
- Board Strategy Session – January 2026 (focused on the Strategic Intent)

### **Strategic Intent (including Strategic Vision for the Health Board)**

An output report capturing key insights and themes from the October 8<sup>th</sup> Development Event is included as Appendix 1.

Through mid-November to mid-January, further engagement with stakeholders will be undertaken to seek feedback on the Strategic Vision and to test and refine the four draft

Strategic Intentions for health and wellbeing in North Wales, which were co-created at the Strategy Development event. This phase will ensure broad input and alignment across partners and communities.

At the January Health Board meeting, formal approval will be sought for the Strategic Intentions, alongside an implementation plan to support delivery of the Strategic Intent across the region. The Strategic Vision will be subject to further refinement and will be finalized once the Strategy Design Phase commences.

### **10-year Strategy - Discovery Phase**

The Discovery phase of strategy development will continue into Quarter 1 of the next financial year to allow for deeper exploration, refinement, and alignment. This will encompass a series of structured activities designed to strengthen the strategic foundation and ensure an effective and inclusive approach. Key activities will include:

- **Governance:** Establishment of core governance structures, including activation of a Strategy Board, formation of associated workstreams, and implementation of mechanisms for Executive oversight.
- **Scope definition:** Clarification of the strategy's purpose and objectives, including overarching goals, desired outcomes, and coverage. This will support the development of a single, integrated strategy underpinned by aligned strategic plans, for example including but not limited to, Mental Health, the CSP, Estates, Digital and People.
- **Best practice and historical insight:** Incorporation of learning from comparable systems and reflection on relevant past experiences within BCU to inform future direction.
- **Evidence base:** Compilation and synthesis of national and local intelligence, including horizon scanning, using both qualitative and quantitative data sources.
- **Engagement:** Ongoing stakeholder engagement to ensure insights are informed by a broad and representative range of perspectives.
- **Output:** Production of a Discovery Report summarizing key issues and insights to inform the next phase of strategic development.

### **CSP Preparatory Work**

Preparatory work for the CSP is underway, drawing on lessons from the CSP – Phase 1 'challenged' services and emerging examples of service transformation.

Key issues emerging from the preparatory work undertaken to date include:

- **Service Configuration:** Increasing demand and treatment complexity require a different model of care, delivering services locally where possible while consolidating expertise regionally where necessary. Oncology and Vascular surgery are example of services that are already working on this approach, with other specialties (e.g., Dermatology, Ophthalmology, Gastroenterology) engaging in early-stage redesign workshops.

- **Workforce Planning:** Consultant workforce challenges are compounded by recruitment difficulties and over-reliance on locums. Initiatives supporting International Medical Graduates (IMGs) and Certificate of Eligibility for Specialist Registration (CESR) qualification are underway, with joined-up training schemes emerging in collaboration with North West England. Addressing establishment gaps and improving retention are urgent priorities.
- **Pathway Reform:** There is a recognized need to clarify care boundaries between primary and secondary services and improve 'Advice & Guidance' mechanisms. While there is progress in some areas e.g., teledermoscopy, broader pathway reform remains an area of opportunity to be pursued. National guidance (e.g., GIRFT) is available to support this work, but primary care engagement and resource transfer will be critical to deliver change. Such pathway reform will also include standardization of care across regional secondary care pathways to support best value.
- **Estate Utilisation:** Optimizing estate usage is essential. The CSP must clearly define the purpose and productivity of physical assets, ensuring alignment with service models and strategic priorities.

To support this transformation, it is recognized that services will need to be supported to:

- Operate cohesively across the North Wales footprint
- Establish, support and empower clinical leadership at Health Board level
- Assess current and future demand over longer time horizons
- Focus on prevention, early intervention, and measurable outcomes
- Address inequities in access, experience, and outcomes
- Prioritise high-value interventions and reduce variation
- Define care pathways across all settings and partners
- Centralize where necessary, localised where possible
- Leverage digital tools to enhance care and patient empowerment
- Build strategic links with external providers for patient and workforce flow
- Strengthen workforce planning and make North Wales an attractive place to work
- Expand local training opportunities
- Promote research and innovation to improve care quality

**Timeframe (for the 6 months ahead, the programme will be delivered over period 2025/26 to 2027/28)**

Product	Activity
<b>Strategic Intent</b>	<ul style="list-style-type: none"> <li>▪ Strategy Development Event output report – Nov.</li> <li>▪ Engagement with RPB and PSBs – Nov to Jan.</li> <li>▪ Primary and Community Care strategy event – Dec.</li> <li>▪ Health Board approval – Jan.</li> </ul>
<b>10-Year Strategy</b>	<ul style="list-style-type: none"> <li>▪ Agree scope and process as part of Framing stage – Nov.</li> <li>▪ Horizon scanning and lessons learnt – Oct to Nov.</li> <li>▪ Build evidence base e.g. Population health needs – Oct to Feb.</li> <li>▪ Engagement with Partners, Staff and Communities – Oct to Feb.</li> <li>▪ Discovery phase report – Jun.</li> <li>▪ Produce draft strategy – Jul to Sep.</li> <li>▪ Engage and finalise strategy – Oct to Dec.</li> </ul>
<b>Clinical Services Plan</b>	<ul style="list-style-type: none"> <li>▪ Engagement with Partners, Staff and Communities – Oct to Feb.</li> <li>▪ Develop Case for Change – Nov to Mar.</li> <li>▪ Finalise CSP methodology – Dec to Mar.</li> <li>▪ Agree scope, process, design principles incl engagement – Feb to Jun.</li> <li>▪ Discovery phase report – Sep.</li> <li>▪ First wave of services through design – Oct to Dec.</li> </ul>
<b>Governance</b>	<ul style="list-style-type: none"> <li>▪ Mobilise formal programme governance – Nov.</li> <li>▪ Establish Partner and Clinical reference groups – Dec.</li> <li>▪ Continue reporting through Executive sub-group Strategic Planning and Service Change, PPHP and Board.</li> </ul>

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▪ **Summary**

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The organisation has made significant progress in stabilisation and in establishing the foundations for strategic planning. A clear and structured approach is now in place to guide the development of the next phase of strategic products. While it is essential that this process is approached with care and deliberation, the Board can be assured that momentum is building, and delivery is progressing with confidence and clarity.



**GIG**  
CYMRU  
**NHS**  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

**Comisiwn  
Bevan  
Commission**

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## **Betsi Cadwaladr University Health Board Strategy Development Event**

**8th October 2025**

**in partnership with The Bevan Commission**

## **Output Report**



## Executive Summary

On 8 October 2025, Betsi Cadwaladr University Health Board (BCUHB), in partnership with the Bevan Commission, launched an ambitious programme to shape the future of health and care in North Wales. At the Strategy Development Event in Conwy Business Centre, 75 participants including Health Board leaders, partners, and community representatives came together to co-create a bold vision for the next decade.

This event marked the beginning of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP). Together, these will provide a clear roadmap to improve health and wellbeing across North Wales while ensuring the most effective use of Health Board resources. Participants explored future trends, population health insights, and heard powerful stories from local communities about their experiences and aspirations.

Through presentations and collaborative workshops, attendees envisioned what success could look like in 2035: a thriving, healthier North Wales with services designed around people, prevention, and partnership. They identified the major challenges ahead and the transformative changes required to meet them — shifting from reactive care to proactive health promotion, strengthening integration across health, social, and community services, improving hospital experiences, and creating a future-ready environment.

The day concluded with a call to think differently: to turn barriers into opportunities and unlock bold ideas for change. The insights and draft strategic intentions developed during this event, and outlined in this report, will guide the Health Board's long-term strategy and CSP laying the foundations for a healthier future for all.



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## The Event - on the day

On 8 October 2025 BCUHB, in partnership with the Bevan Commission, hosted a foundational Strategy Development Event at Conwy Business Centre. This event marked the formal launch of work to develop a new 10-year organisational strategy and Clinical Services Plan (CSP).

The event opened with remarks from the Chief Executive and Chair of the Health Board and the Chief Executive of the Bevan Commission, setting the tone for an ambitious and collaborative day of activity. The morning session featured presentations from the Bevan Commission on future trends in health and social care and from the Health Board's Executive Director of Public Health on the current and future population health challenges facing North Wales. These were followed by a panel discussion titled "Voices from the Community," where representatives from a range of community groups shared their experiences of health and wellbeing and their hopes for the future.

Participants were then invited to reflect on the presentations and panel discussion before engaging in two interactive exercises. The first focused on horizon scanning to identify the major challenges and opportunities likely to shape health and wellbeing in the region over the next decade. The second was a forward-looking exercise to imagine what success could look like in 2035, envisioning a thriving, healthier North Wales and defining the transformative changes needed to achieve it. Feedback from these sessions was analysed after the event and used to develop a draft strategic vision statement for the Health Board.

Feedback from the morning session was collated and four emerging themes were identified:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen co-ordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Participants explored these themes in greater depth, generating ideas for actionable deliverables and shared priorities to inform the development of draft strategic intentions.

The final session encouraged participants to challenge assumptions and think differently about barriers and opportunities for change. Closing remarks were delivered by the Chief Executive and the Chair of the Planning, Population Health and Partnership Committee, after which participants were invited to share their final reflections.



## Co-creating a Strategic Vision for Health and Wellbeing in North Wales

*Dialogue*

*Integration and  
System Thinking*

*Leadership for  
change*

*Trust and  
Legitimacy*

**DRAFT**

***We envision a future where everyone has a fair chance to live a healthier, happier life. Over the next decade, we will work with communities and partners to empower people to stay well and to access the care they need, when they need it. Together, we will create high-quality, compassionate, and sustainable care that transforms health and wellbeing across North Wales***

*Best use of  
resources*

*Getting the Basics  
Right – Strong  
Foundations*

*Individuals and  
Communities as  
assets*

*Accessibility for All*

*Co-creation,  
Co-design and  
Co-production*

*Building Resilience*

## Feedback from morning session – Key Themes

### Strengthen coordination across health, social, and community service

- Promote compassionate care by prioritising “hugs not drugs” and reducing over-medication.
- Ensure seamless care across sectors through integrated, not fragmented, services.
- Recognise and support the vital role of a sustainable third sector in community health.
- Strengthen collaboration across health, social care, and partners through joined-up working.
- Align efforts across the system with shared, system-wide goals for collective impact.

### Shift from reactive care to proactive health and wellbeing

- Tackle poverty, health inequalities, and homelessness
- Promote self-care, early intervention, and health education throughout the life course
- Support unpaid carers and empower communities
- Drive culture change and manage expectations around quality of life
- Shift from “firefighting” to “smoke detecting” – proactive vs reactive care

### Foster a future-ready environment

- Invest in “digital skills and access” to ensure both staff and communities are equipped to engage confidently with evolving technologies.
- Build trusted relationships through open, consistent communication that empowers communities and fosters shared responsibility.
- Align funding and planning around what matters to people, resources should support co-designed/produced, value-driven change
- Encourage research-informed innovation that delivers measurable value and impact.

### Improve hospital care experiences and outcomes

- Quality and value at the heart of service delivery
- Offer of alternatives to meet diverse needs and preferences
- Shared outcomes – collaborative success across sectors
- “No wrong door” approach – seamless signposting and support
- Inclusive experience – especially for vulnerable
- Enhance experience through “you said, we did” feedback loops, co-designed services, and communication that builds trust and transparency.

## Draft Strategic Intentions

Building on the 'big issues' identified during the morning session, in the afternoon session participants were divided into groups to explore how best to deliver the collective ambition within key priority areas. Four themes were selected for in depth discussion:

1. **Shift from reactive care to proactive health and wellbeing**
2. **Strengthen coordination across health, social, and community service**
3. **Improve the experience and outcome of healthcare**
4. **Foster a future-ready environment**

Insights from these group discussions, combined with the morning's reflections, were synthesised through thematic analysis. This process informed the development of draft strategic intent statements, listed below, which capture the shared priorities and collective ambition of all participants.

**Focus on health and wellbeing** (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities

**Enhance the coordination of care** for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care

**Improve access, outcomes and experience** in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership

Create a modern, people-centred healthcare system that is **future focused** and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.

## Final Thoughts

At the end of the day attendees were asked '**Reflecting on today, what should we keep in mind to ensure this work is successful and improves the health and wellbeing of communities across North Wales?**'


### Summary of final thoughts

The final reflections from the event underscored a collective commitment to **community engagement, partnership, and meaningful action**. Participants emphasised the importance of valuing communities as equal partners, maintaining open and transparent dialogue, and adopting a clear "you said, we did" approach to build trust and accountability.

There was a resounding call to move beyond discussion and into delivery, focusing on co-creation, citizen involvement, and timely implementation. Success was seen to depend on starting with a small number of well-chosen priorities, delivering them effectively across the region, and ensuring collaboration with the Third Sector and all relevant stakeholders.

The event itself was praised for its energy, diversity, and thought-provoking debate. It reinforced a shared vision for **prevention, wellbeing, and system change**, with investment in early intervention, the use of North Wales' natural assets, and support for community-led initiatives such as "Nifty 60s" identified as vital enablers.

The message was clear: **be bold, act with urgency, and sustain the conversation—turning ambition into action for a healthier future for North Wales.**



"Follow up the day with clear actions"

"...value communities as an asset"

"Brave decisions and strong voices are needed"

"Keep talking, be transparent and reach out to partners for advice"

"Ensure dedicated time to focus and deliver on tomorrow"

## Next Steps

### Strategic vision and Strategic Intent

- **November and December 2025** – engagement with stakeholders to test and refine Strategic Vision and Strategic Intent for health and wellbeing in North Wales.
- **January Health Board 2025** – approval of Strategic Intent for health and wellbeing in North Wales, alongside an implementation plan for the Strategic Intent.

### Strategy programme

- **November 2025 to March 2026** - Discovery Phase for new 10-year strategy. Further engagement and insight and evidence gathering to include further development of the Strategic Vision.



<b>Teitl adroddiad:</b>	Welsh Language Services Annual Monitoring Report 2024-2025
<b>Report title:</b>	
<b>Adrodd i:</b>	Local Partnership Forum
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	10 December 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner).
<b>Executive Summary:</b>	<p>The Health Board became subject to the Welsh Language Standards on 30 May 2019.</p> <p>Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards.</p> <p>The annual report must include the following information:</p> <ul style="list-style-type: none"> <li>• The number of complaints received in relation to compliance with the standards</li> <li>• The Welsh language skills of employees</li> <li>• The number of new and vacant posts advertised during the year and the level of Welsh required</li> <li>• Training to improve the Welsh language skills of the workforce</li> </ul> <p>This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.</p> <p>The Health Board's aim is to ensure that the language needs and preferences of patients influence the planning and delivery of services.</p> <p>This is aligned to the Health Board's overall objectives, aimed at creating a favorable environment where patients and the public are assured of the commitment to deliver language-appropriate care.</p> <p>The following areas have been a priority over the reporting year:</p> <ul style="list-style-type: none"> <li>• <b>Building an effective organisation</b> by ensuring we have a robust self-regulatory framework in place to ensure we are operating in line with our statutory requirements</li> <li>• <b>Developing strategy and long-lasting change</b> by implementing our commitment to deliver on our commitment</li> </ul>

	<p>within the Health Board's Integrated Medium-Term Plan 2025-2028</p> <ul style="list-style-type: none"> <li>• <b>Creating compassionate culture, leadership and engagement</b> through organisational development through appropriate models of Welsh language training support to improve the language skills of the current workforce</li> <li>• <b>Improving quality, outcomes and experience</b> by ensuring that staff are aware of the 'Active Offer', with a visible commitment in providing care-centered on language need</li> <li>• <b>Establishing an effective environment for learning</b> through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector</li> </ul> <p>In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goal.</p> <p>Some of these key accomplishments include:</p> <ul style="list-style-type: none"> <li>• Improved statutory compliance within the Integrated Health Communities through an intense and comprehensive self-assessment approach</li> <li>• Improved overall compliance in creating a bilingual corporate identity and language visibility</li> <li>• Increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support</li> <li>• Awareness training and workshops delivered at the North Wales Medical School, Wrexham University and numerous second and higher educational settings, demonstrating how the Welsh language is used in the workplace</li> <li>• Conducting a successful staff engagement campaign, 'Use your Welsh', raising awareness of the "Active Offer" sharing positive patient outcomes for improved learning</li> </ul> <p>Information detailed within this report expands on how services have significantly advanced during 2024-2025, setting the platform for further involvement over the next reporting year.</p> <p>The report was approved at the Health Board's Board meeting on 25 September 2025, and was then submitted to the Welsh Language Commissioner's Office.</p>
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Forum is asked to note the report.</p>
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Teresa Owen, Executive Director of Allied Health Professionals and Health Science</p>
<p><b>Awdur yr Adroddiad:</b></p>	<p>Eleri Hughes-Jones, Head of Welsh Language Services</p>



<b>Report Author:</b>				
<b>Pwrpas yr adroddiad: Purpose of report:</b>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd: Assurance level:</b>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>	All			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:</b>	The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011.  This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales.  The Measure also: <ul style="list-style-type: none"> <li>• created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”)</li> <li>• established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance</li> <li>• gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language</li> </ul>			



<b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i>	N/A
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b> <i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i>	N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b> <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	<p>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern.</p> <p>This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.</p>
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b> <i>Financial implications as a result of implementing the recommendations</i>	There are no immediate financial implications.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b> <i>Workforce implications as a result of implementing the recommendations</i>	There are no immediate workforce implications.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b> <i>Feedback, response, and follow up summary following consultation</i>	N/A
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (or links to the Corporate Risk Register)	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>	N/A



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

<b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Next Steps:</b> N/A	
<b>List of Appendices:</b> Appendix 1 – Welsh Language Services Annual Monitoring Report 2024-2025	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Welsh Language Services

Annual Monitoring Report  
2024-2025



*Author: Eleri Hughes-Jones*

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## Executive Summary

This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account to the Welsh Language Commissioner on compliance with the Welsh Language Standards (the Standards) over the reporting year.

The report reflects the requirements and content as stated within Standard 120 of the Standards:

- Complaints
- Workforce Planning
- Recruitment
- Language Skills
- Training to improve Welsh language skills

This report also addresses compliance with Welsh Government's Five-year plan, 'More than just words'. An overview of progress is provided, including service developments and key achievements from April 2024 to March 2025.

### Vision for the Health Board

The Health Board's ambition is to ensure that the language needs and preferences of patients influence the planning and delivery of services.

This is aligned to the Health Board's overall objectives, aimed at creating a favorable environment where patients and the public are assured of the commitment to deliver language-appropriate care.

The following areas have been a priority over the reporting year:

- ***Building an effective organisation*** by ensuring that a robust self-regulatory framework is in place, operating in line with statutory requirements.
- ***Developing strategy and long-lasting change*** by delivering on the commitment within the Health Board's Integrated Medium-Term Plan 2025-2028.
- ***Creating compassionate culture, leadership and engagement*** through organisational development and appropriate models of Welsh language training support to improve the language skills of the current workforce .
- ***Improving quality, outcomes and experience*** by ensuring that staff are aware of the "Active Offer", with a visible commitment in providing care centered on language need.
- ***Establishing an effective environment for learning*** through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector.

### What has been achieved

In evaluating the current position against the objectives set during the reporting year, the Health Board has accomplished its goals.

Some of these key accomplishments include:

- Improved statutory compliance within the Integrated Health Communities through an intense and comprehensive self-assessment approach.
- Improved overall compliance in creating a bilingual corporate identity and language visibility.
- Increase in the uptake of Welsh language training, in addition to achieving all training targets established as part of the 'Work Welsh' Agreement for 2024-2025 with the National Centre for Learning Welsh to ensure continuation of funding support.
- Awareness training and workshops delivered at the North Wales Medical School, Wrexham University and numerous second and higher educational settings, demonstrating how the Welsh language is used in the workplace.
- Conducting a successful staff engagement campaign, 'Use your Welsh', raising awareness of the "Active Offer" sharing positive patient outcomes for improved learning.

This report will elaborate on what has been achieved and how this has been done.

In addition, these accomplishments have been reflected upon to set the objectives for where the Health Board wants to be this time next year.

### Setting the ambition for 2025-2026

The forward vision has been established within the Health Board's Integrated Medium-Term Plan 2025-2028, but the next reporting year will focus on building on the positive infrastructure created by the strategic approach taken to deliver the Welsh Language Standards.

It will also identify which vulnerable groups to support, both from a patient and workforce perspective. Additional work will also be undertaken to promote the use of Welsh within the organisation. This will be delivered on a step-by-step basis, through increased visibility and social presence, staff engagement, and adopting a Language Champions' Programme to demonstrate how the language can be incorporated and normalised within core functions.

## Background and Current Position

This report not only reflects the Health Board's progress against the requirements noted in Standard 120, it also demonstrates how the service is designed to address the needs of the population.

The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support mechanisms required to mainstream language requirements into service planning. It also provides a network of support on an operational level to ensure all written correspondence is provided bilingually, and that there is a structure in place to develop the workforce to improve their language skills.

It consists of four services that support the organisation to both deliver legislative requirements and to address patients' needs.

1. Legislative Compliance  
Ensuring that the organisation is supported to deliver its obligations under the Welsh Language (Wales) Measure 2011.
2. Promotion and Engagement

In line with the operational elements of delivering the 'More than just words' Five-year plan, services are actively supported and projects and schemes initiated to increase understanding and awareness of culture, and the impact on patient care.

### 3. Training Provision

The Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provided by the 'National Centre for Learning Welsh' with the Welsh Government-funded 'Work Welsh' Agreement.

### 4. Translation Services

The Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

## Self-Regulation and Governance

Structural accountability is provided through the Welsh Language Strategic Forum (the Strategic Forum), chaired at Executive Director level, with the Health Board's Chairman appointed as Board-level Welsh Language Champion. The Strategic Forum establishes internal governance arrangements. The Terms of Reference steers the strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance to the People and Culture Committee, as well as annually reporting to the Board on compliance and achievements.

### Welsh Language Services Risk Register

It is essential that the Health Board recognises potential areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the "Active Offer" principle in line with 'More than just words', and delivering the 'Bilingual Skills Policy and Procedure'.

All risks have been reviewed during 2024-2025, with all three risk ratings currently at moderate or minor. In assessing current position, no risks required escalation.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

### Internal Performance Assurance

This report presents a combined analysis of the Bilingual Services Mystery Shopper exercise conducted across Health Board settings over the reporting year, including acute sites, community hospitals, specialist services and managed practices. The assessments focus on front-line services and creating a bilingual environment through the monitoring of:

- Reception Services
- Telephone Services
- Signage

It is pleasing to note that the findings reflect the Health Board’s commitment to providing inclusive, bilingual services to patients and visitors.

The percentage of reception areas providing full Welsh-medium responses demonstrates a steady improvement, reflecting an increase in awareness and capacity amongst front-line staff to deliver services in Welsh. There is consistent effort in greeting patients and visitors, with many sites offering neutral or bilingual greetings.

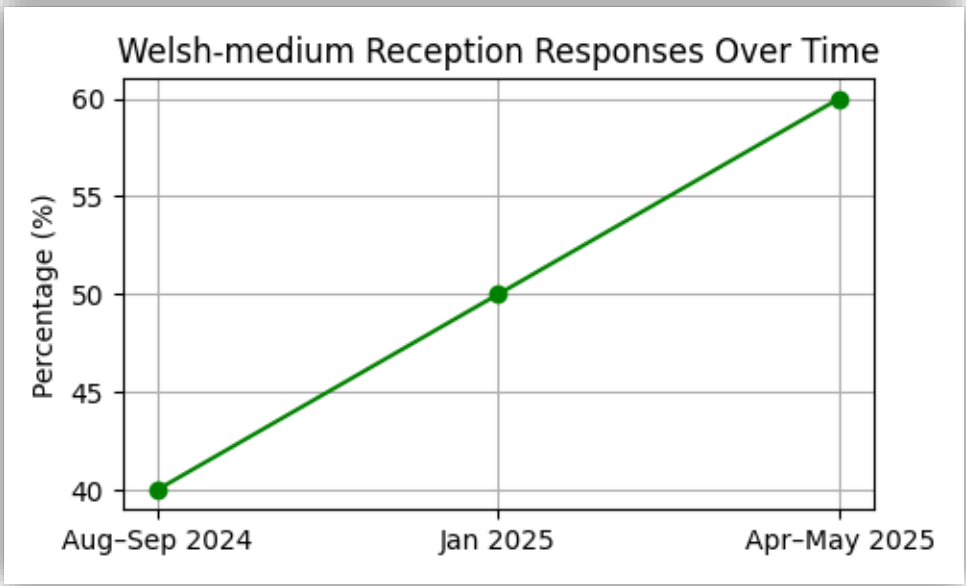


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

There has been a marked increase in telephone services, demonstrating improved compliance and staff training.

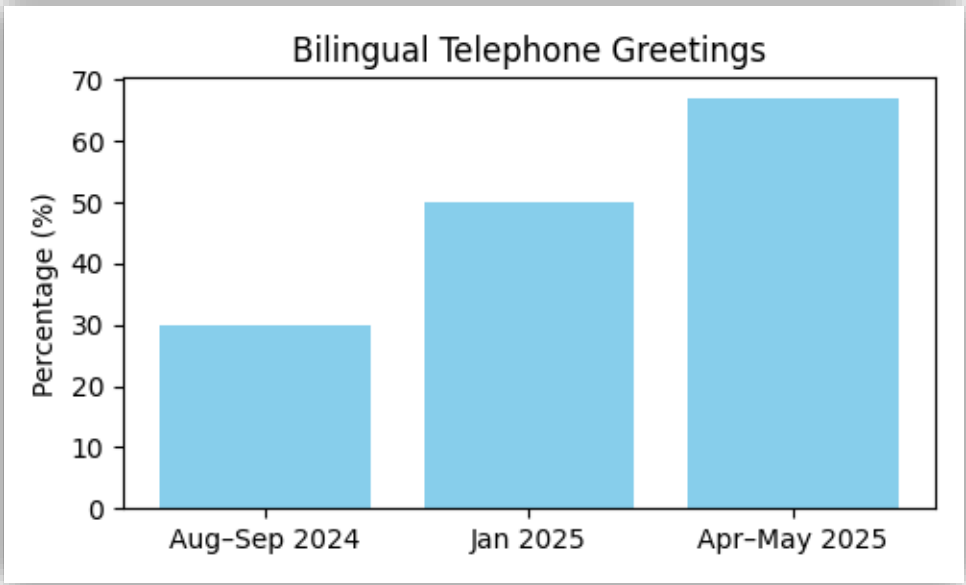


Figure 2: Proportion of telephone calls greeted bilingually.

The ability to deal with calls fully through the medium of Welsh has improved, with more staff either responding directly or transferring to Welsh-speaking colleagues. Bilingual answerphone messages were also apparent, maintaining standards across the organisation.

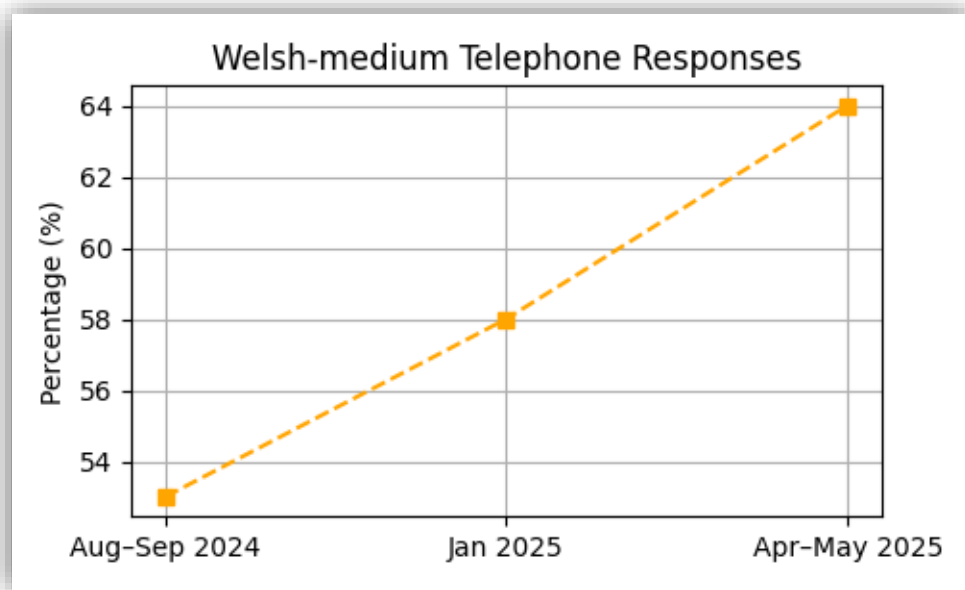


Figure 3: Percentage of telephone enquiries handled in Welsh.

Temporary signage compliance with the Welsh Language Standards has shown positive progress, with several sites achieving full compliance. Permanent signage across nearly all sites were fully bilingual and displayed equal prominence.

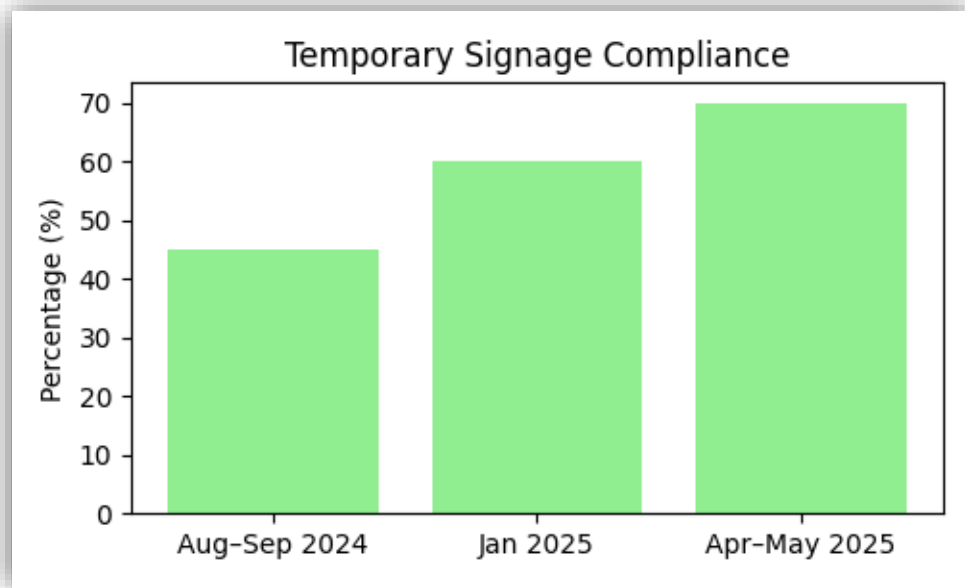


Figure 4: Compliance of temporary signage with Welsh Language Standards.

In conclusion, the combined results from all reporting periods indicate a positive trajectory in the Health Board's bilingual service provision to comply with Welsh Language Standards. Whilst there are still areas for development, the overall picture is one of dedication, demonstrating a growing commitment to embed the Welsh language into everyday healthcare interactions. This ensures that the Health Board aligns with statutory obligations, fostering a more inclusive and culturally respectful environment.

Continued efforts and targeted actions will further enhance the delivery of bilingual services across all sites.

## Welsh Language Standards

The Welsh Language Standards (the Standards) have been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the implementation of the Standards, monitoring compliance and providing organisation-wide directive.

### Intensive Support and Data Analysis

During the last year, work has focused primarily on working with the three Integrated Health Communities (IHCs) across north Wales (East, West and Central) on implementing action plans following a self-assessment of compliance.

To ensure full compliance with the Welsh Language Standards, an extensive evaluation exercise on compliance has been undertaken with all three IHCs across north Wales. The evaluation allows a broader understanding of services' own compliance against each Standard to establish current compliance, providing evidence to support their reviews. Areas of potential non-compliance were addressed through action plans targeting specific areas where additional support was required.

The main focus was compliance against the Service Delivery Standards, i.e., public facing services. This is the areas where the Health Board has seen the most complaints over the last three reporting years, namely:

- Correspondence (Standards 1-7)
- Answering the Phone (8, 9, 10)
- Documents and forms (Standards 36-38)
- Signage (Standards 47-49)
- Reception services (Standards 50 – 53)

The main findings portrayed an overall positive rating, with 'Correspondence' and 'Documents and Forms' seeing the highest level of compliance.

The areas with the highest level of mixed compliance were 'Telephony Services' and 'Reception Services'. In order to address these gaps in services, these have been given priority as they are often the first point of contact for many patients and their families. Actions taken to mitigate these concerns have been outlined within the 'Bilingual Skills Policy and Procedure'. This Policy identifies front line posts where the ability to speak Welsh is an essential criteria when advertising a post. If services have not been successful in appointing Welsh speakers, following a robust approval process, posts can be advertised with Welsh language skills as a desirable criteria, with the proviso that the successful candidate learns Welsh within a specific timeframe. A dedicated

training course for Reception Staff has been developed and is currently being rolled-out in priority areas.

Standard	% of compliance		
	IHC West	IHC Central	IHC East
Correspondence	30%	83.1%	71.4%
Telephony Services	70%	61.1%	50%
Documents and Forms	20%	83.3%	50%
Signage	70%	83.3%	64.3%
Reception Services	40%	50%	28%

This work is currently being rolled-out with pan-North Wales Services and this approach will be adopted on a continuous cycle of improvement basis.

### Mainstreaming Language Requirements

Work has progressed in mainstreaming Welsh language requirements into the Health Board’s core business. This included ensuring Welsh language needs were addressed from the outset in the following areas:

- The development of the Royal Alexandra Hospital, Y Rhyl where scope and benefits were mapped against the well-being goals of the Future Generations Act, ensuring ‘A Wales of vibrant culture and thriving Welsh language’;
- The potential procurement of an all-Wales e-rostering system where technical specifications for a fully bilingual system were scrutinised to ensure language preference of patients are recorded;
- The development of an ‘All ages Mental Health System’ whereby Welsh language requirements were secured in the tender specifications, scrutinising deliverability of potential suppliers;
- The development of a service advice and support system within Learning Disability Services where the requirement of Welsh language consultations were highlighted in the health Board’s Integrated Assessment Screening Tool (IAST), addressing preferred languages with care being delivered closer to home.

These examples demonstrate how the Health Board has progressed the normalisation of Welsh language within service developments, and digital infrastructures.

### Standard Operating Procedures

Standard Operating Procedures (SOPs) have been produced on specific Standards, providing detailed guidance for staff to ensure accurate understanding and compliance. SOP development prioritised areas of concern that were highlighted either by external concerns or through the self-assessment tool. SOPs have been created for:

- Meetings not open to the public (Standards 21, 22, 22a and 22ch)
- Reception Services Standards (50, 52 and 53)
- Corresponding with the public (Standard 7)

- Answering the telephone (standards 8, 9 and 10)

All SOPs have been published on the Health Board's intranet site, 'BetsiNet'. Work will continue during the next reporting year to create further SOPs to include all Standards.

### Increasing the Health Board's capacity to deliver services in Welsh in line with Standard 110

A plan for the next five-year period for Standard 110, which requires the Health Board to increase its ability to offer to carry out clinical consultations in Welsh, was approved by Welsh Language Strategic Forum. The plan focuses on developing bilingual services through recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. As the plan is scrutinised internally, a pilot has taken place with one vulnerable group identified within 'More than just words', namely dementia services. As part of 'Dementia Action Week' the service focused on the "Active Offer" principle of providing services to patients in Welsh, without them having to ask for it. This has been implemented through the implementation of the 'language Choice scheme' where orange 'Welsh' magnets are placed above a patients' bed.



This work is now expanding to Stroke Services which has also been identified as a priority group within 'More than just words'

## Workforce Development Programme

The Health Board's Welsh Language Training Team has successfully delivered a wide range of Welsh language courses tailored to the needs of the organisation, with a 29 per cent increase in the number of staff learning Welsh over the reporting year.

The Team have taken a direct approach in strategically aligning training provision with legislative requirements, and systematically identifying learning gaps across the organisation. Courses have been tailored for front-line services, and priority groups have received direct support to focus efforts on increasing capacity to deliver services in Welsh.

The Welsh Language Training Team renewed a twelve-month contract with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This followed the success and accomplishments achieved during the 2023-2024 agreement, ensuring the continuation of opportunities and collaborative working as well as employing a Support Officer.



## Welsh Language Training Provision Data Analysis



Offered 22 different Welsh language training courses throughout the year.



Increased number of face-to-face sessions tailored for different departments/Teams, including Speech and Language Therapy.



In-house tutor has taught over 200 members of staff.  
Mixture of 1:1 and group sessions.  
Courses tailored for the health care sector.



96% of the learners were 'very happy' with the provision.  
100% of the learners 'enjoyed' attending courses.  
71% continued to learn Welsh after completing a course.



Renewed a 12 month contract with the National Centre of Learning Welsh.



An increase of 32% of learners accessed the online 'Work Welsh' courses, with the self-studying courses proving to be very popular.



Nine Board Members have attended 1:1 lessons via Teams.



Three board members passed the Courtesy Welsh language exam.



37 members of staff attended 5-day intense courses at Nant Gwrtheyrn.



The 'Y Gymraeg yn Betsi' Facebook group continues to showcase examples of good practice and success stories, with 483 followers at present, which is a 25% increase since April 2024.



Two members of staff passed the 'Tystysgrif Sgiliau Iaith / Welsh Language Skills Certificate' – an accredited qualification by the Coleg Cymraeg Cenedlaethol.



Dr Darren Cornish won the 'Welsh Language Award' at BCUHB Achievement Awards 2024. He has been studying and learning Welsh with the Health Board's Welsh Language Tutor.

## Translation Services

The Translation Team provides support for all Health Board services in the form of written translations and interpretation services. The sustained demand for translation demonstrates the Health Board's commitment to provide a seamless and timely bilingual service to service users in line with the statutory requirements and an increased visibility of the language in the Health Board's operations.

The Team continues to ensure that quality control standards are upheld in all aspects of translation, prioritising time-sensitive information so that staff and patients are able to access information in their preferred language.

In 2024-25, the team entered into a Service Level Agreement (SLA) with Aneurin Bevan University Health Board to provide translation support for written translation requests. This collaborative arrangement has proved to be successful, with both parties aligning to continue with this arrangement for 2025-2026. The value of the SLA was undertaking the translation of 480,000 words for the duration of the agreement, receiving a total value of over £28,000.

Board meetings are also conducted bilingually, with items and papers assessed and translated, and a simultaneous translation service is also provided. As the meetings are streamed live online, separate Welsh and English videos are streamed simultaneously so that the public can follow discussions fully in Welsh or English. Urgent requests for translations have included press releases, patient correspondence, annual reports and information for social media platforms. Public and patient facing requests are prioritised with a turnaround timeframe of same-day or 1-2 working days. An out-of-hours service is also provided for urgent communications.

Overall, the number of words translated during the reporting year was 4,648,140 compared to 3,721,696 during 2023-2024. This is a significant increase and the table below demonstrate the top five services who have requested translations, with Workforce and Organisational Development being the highest service demand. These requests predominantly focus on the translation of job descriptions, ensuring full compliance with Standard 107 which requires all job descriptions to be available bilingually.

Service	Number of Words Translated
Workforce and Organisational Development	1,361,424
Corporate Office	289,626
Mental Health and Learning Disabilities	177,009
Communications Team	160,867
Speech and Language Therapy Services	146,887

The Translation Team continues to offer support in the form of simultaneous translation provided either face-to-face or on the online platforms of 'Zoom' and 'Microsoft Teams'. A total of 45 requests were received with the majority requiring interpretation for stakeholder events, meetings and conferences, and interviews for applicants who wish to have their interviews in Welsh.

## Raising Awareness amongst the Current and Future Workforce

### Raising Awareness across the Organisation

In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board. Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.

Comp Matrix - Default

Division	Compliant	Non-Compliant	Compliance %
Health Community Centre (HCCX)	4533	537	89.41%
Health Community East (HCEX)	4807	377	92.73%
Health Community West (HCWX)	3855	268	93.50%
Integrated Clinical Delivery - Primary Care (ICDP)	396	13	96.82%
Integrated Clinical Delivery - Regional Care (ICDR)	1368	145	90.42%
Mental Health & LDS (MX00)	2096	103	95.32%
Midwifery and Womens Services (WXXX)	733	93	88.74%
Corporate Services	2043	118	94.54%
<b>Total</b>	<b>19831</b>	<b>1654</b>	<b>92.30%</b>

## 'Use your Welsh' Campaign

A campaign was held in March with the aim of highlighting the importance of offering services to patients in Welsh, and encouraging them to use whatever level of Welsh they have. A number of events were held during the campaign which included:



Stalls at the three main hospitals where staff came to receive advice and guidance about various topics relating to bilingual service provision; collect resources and find further details about the range of Welsh language training courses that are available.



Positive patient experience story highlighting the excellent service provided in Welsh at Ysbyty an Clwyd's Children's Ward.



1:1 confidence building 'Turbo Charge Your Welsh' course launched for staff.



A special 'take-over' program on Radio Ysbyty Gwynedd to hear about the experiences and journeys of some of the Health Board's Welsh language learners.



Launch of a new 'Welcome Course' for complete beginners.

The distribution of supporting resources, including a vocabulary handout to give staff the confidence to use their Welsh during meetings, as well as sharing YouTube clips to help with the pronunciation of the vocabulary and phrases.



Other key achievements that successfully raised awareness of Welsh language services offered to patients included:

- St David-s Day celebrations, with a focus on the importance of Welsh language when providing services to children. Events were held at the Children's wards in all three main sites, with special visits from popular Welsh cartoon characters 'Dewin' and 'Doti'. In collaboration with 'Cymraeg i Blant / Cymraeg for Kids', story sessions were held for children and they also sang along to nursery rhymes on the wards.
- The Welsh Language Commissioner visited ysbyty Glan Clwyd to learn more about the Health Board's Welsh language achievements across services including actively offering services in Welsh in the Pharmacy Department, Chaplancy Services and the Children's Wards. It was a valuable opportunity to demonstrate how Welsh is increasingly embedded in daily work across the Health Board.
- The Welsh Language Team was shortlisted at the NHS Wales Awards 'in the 'Equitable Care' category for implementing the 'Language Choice Scheme'.



## Influencing the Future Workforce

The Health Board has maximised its partnership working with universities, schools and partners to raise awareness of Welsh language being a skill in the workplace. Awareness sessions and workshops have been delivered to:

- Medical students at the North Wales Medical School as part of the new Medicine Programme.
- Health care students across numerous specialities at Wrexham University.
- Secondary school pupils in a number of schools across North Wales.
- Students and pupils as part of 'Careers Wales' events.

Feedback has been extremely positive across all disciplines, with students, partners and providers praising the Health Board for the delivery of sessions, and for its pro-active approach in reaching out to the future workforce.

## Sharing Positive Patient Outcomes

A positive patient story was shared widely within the Health Board to share learning as part of the 'Use your Welsh' campaign. Delyth Roberts shared her experience of being able to access Welsh-medium care when her seriously ill six-year old daughter was admitted to the Children's Ward at Ysbyty Glan Clwyd.

Reflecting on this story, it establishes what services strive to achieve:

- An environment where patients and the public are assured that their language choice are taken into consideration.
- A care setting where language choice is actively offered.
- An improved package of care that takes into account the wider context and needs of patients.

What arrangements had the Children's Ward at Ysbyty Glan Clwyd put in place to deliver this:

- Recording language of choice, and acting upon this.
- Placing orange 'Welsh' magnets above the patient's bed to ensure the wider clinical workforce were aware of their language choice when approaching the patient.
- Welsh-speaking staff identified with the orange 'Welsh' logo on their uniforms.
- Creating a bilingual environment with Welsh books, activities and toys.
- Non-fluent members of staff using whatever Welsh they had.

As a result, the outcomes achieved were positive, as was the overall experience:

- Mother and child felt more comfortable in an extremely distressing situation.
- The mother felt their needs were listened to, and implemented.
- Better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene.
- Took the pressure off them of having to ask for any aspect of the care in Welsh.

By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey.

[Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'](#)



## Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

### Workforce Planning

- **Number and percentage of the organisation's employees whose Welsh language skills have been assessed across the organization.**

Count of Employee Number	2022/23		2023/24		2024/25	
Individual Proficiency Level	Total	%	Total	%	Total	%
0 - No Skills / Dim Sgiliau	9101	46.9%	9645	46.25%	10217	48.33%
1 - Entry/ Mynediad	2914	15%	2781	13.34%	2739	12.96%
2 - Foundation / Sylfaen	1410	7.3%	1371	6.57%	1394	6.59%
3 - Intermediate / Canolradd	1456	7.5%	1438	6.9%	1472	6.96%
4 - Higher / Uwch	1700	8.7%	1588	7.62%	1600	7.57%
5 - Proficiency / Hyfedredd	2829	14.6%	2743	13.15%	2778	13.14%
<b>Total</b>	<b>19,410</b>	<b>91%</b>	<b>19,566</b>	<b>93.8%</b>	<b>20,200</b>	<b>95.54%</b>
<b>Total number of staff</b>	<b>21,326</b>		<b>20,852</b>		<b>21,142</b>	

#### 2024 / 2025 Data:

**95.54 per cent of the entire workforce had recorded their Welsh language skills on ESR**

#### 2023 / 2024 Data:

**93.8 per cent of the entire workforce had recorded their Welsh language skills on ESR**

## Training to Improve Welsh Language Skills

- ***Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level.***

### 2024 / 2025 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 995

This total equates to 4.7 per cent of the Health Board's current workforce

### 2023 / 2024 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 771\*

This total equates to 3.6 per cent of the Health Board's current workforce.

## Recruitment

- ***Number and percentage of new and vacant posts advertised with the requirement that:***

### 2024 / 2025 Data:

- Welsh language skills are essential	- 301 (6.5 per cent)
- Welsh language skills are desirable	- 4238 (92.2 per cent)
- Welsh language skills to be learnt	- 49 (1.1 per cent)
- Welsh not a required skill	- 8 (0.17 per cent)
- Total number of vacancies advertised	- 4596

### 2023 / 2024 Data:

- Welsh language skills are essential	- 298 (5.5 per cent)
- Welsh language skills are desirable	- 5048 (93 per cent)
- Welsh language skills to be learnt	- 66 (1.2 per cent)
- Welsh not a required skill	- 14 (0.2 per cent)
- Total number of vacancies advertised	- 5426

## Complaints

- ***Number of complaints received about the implementation of the Welsh Language Standards***

The Health Board received six new complaints in relation to compliance with the Welsh Language Standards during the reporting year.

The complaints included:

- Lack of Welsh language reception services.
- Temporary signage.
- Language choice not considered as part of conducting a patient assessment within neurodevelopmental services.

All complaints were fully addressed under the Welsh Language Measure complaints timeframe or under the Putting Things Right Regulations.

None of the complaints were escalated to investigation status by the Welsh Language Commissioner, and all complaints were resolved following the initial communication. Two complaints resulted in receiving Advice Under Section 4 of the Welsh Language (Wales) Measure 2011, whereby the Health Board was requested to provide further clarification to evidence internal findings.

## Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- Improving the quality of care provided through the language of choice.
- Increasing compliance with legal and statutory requirements.
- Identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care.
- Improving organisational development in terms of how the workforce is supported to deliver services through the medium of Welsh.

However, the Health Board is looking forward to the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included within the Welsh Language Services' Annual Delivery Plan, in addition to extending support to primary care colleagues. The main objectives align with a vision to fully embrace the culture of the organisation, and increasing capacity to deliver services bilingually.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Improving our Staff Retention across North Wales			
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 10 December 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	Improvement of workforce retention within the NHS to strengthen both its current and future needs.			
<b>Argymhellion:</b> <i>Recommendations:</i>	Members of the LPF are asked to: <ul style="list-style-type: none"> <li><b>NOTE</b> the work implemented over the past 2 years</li> </ul>			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Georgina Roberts Interim Executive Director of People and Organisational Development			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Jason Brannen Deputy Executive Director of People and Organisational Development			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>	<ul style="list-style-type: none"> <li>Increase awareness and understanding of <b>good retention practice</b> amongst line managers, management teams and Boards</li> <li>Develop, share and embed <b>best practice retention interventions</b> (supported by a</li> </ul>			

	<p>Quality Improvement/Community of Practice approach)</p> <ul style="list-style-type: none"> <li>• Balance generic and profession-specific workforce retention support (<b>hot spots</b>)</li> <li>• Support managers to develop effective <b>retention improvement for local needs</b></li> <li>• Increase use and visibility of <b>retention metrics</b> to demonstrate measurable improvement</li> </ul>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	N/A
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	N/A
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There is no additional financial cost attached.
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	N/A
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	N/A
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p>	N/A

<b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Camau Nesaf:</b> Gweithredu argymhellion	
<b>Next Steps:</b>	
<b>Rhestr o Atodiadau:</b> Dim	
<b>List of Appendices:</b> 1 LPF Retention slides	

# Improving our Staff Retention across North Wales



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

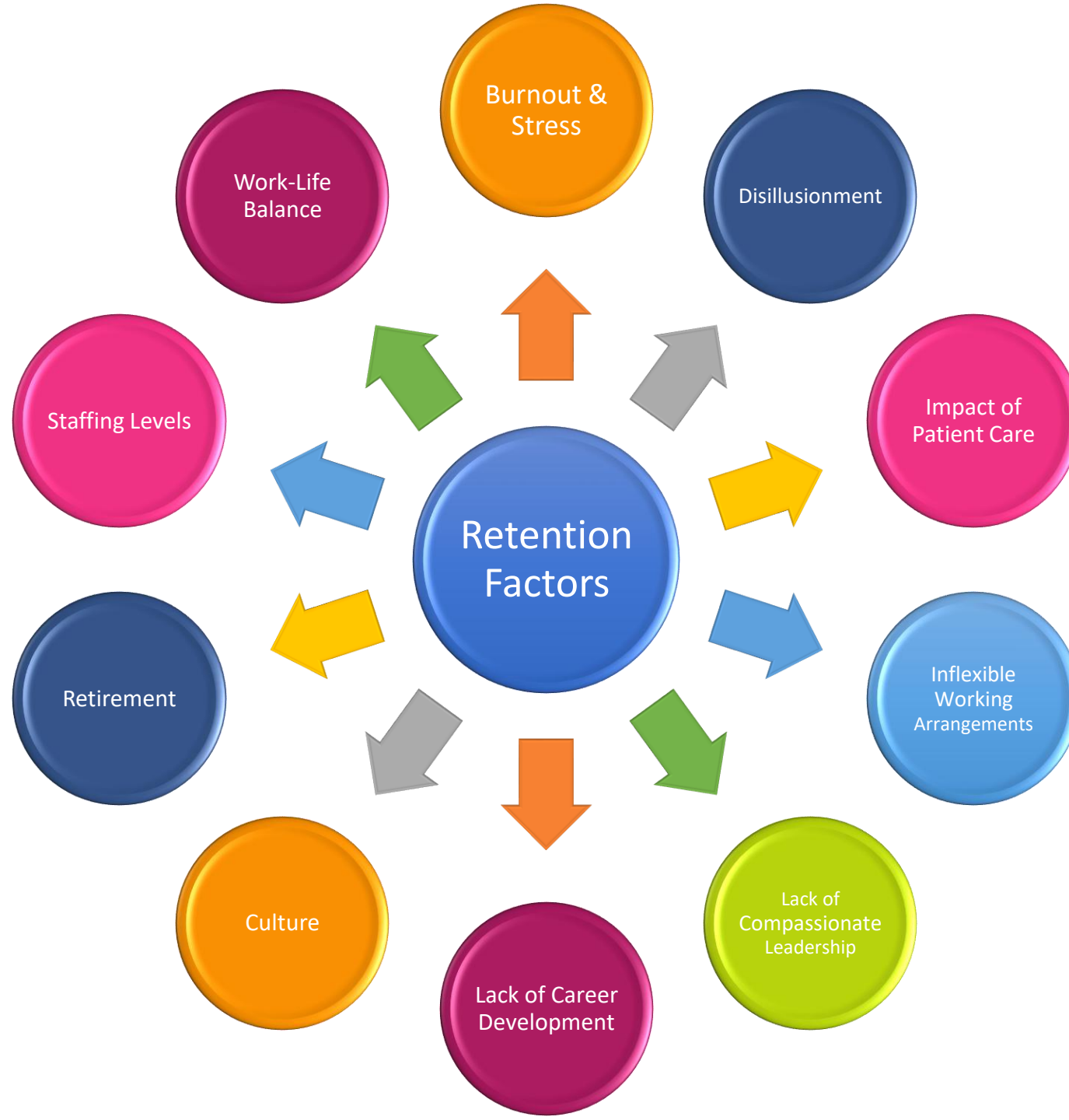
## **Aim of National Retention Programme (2024 – 2026):**

To improve workforce retention within the NHS to strengthen both its current and future needs

### **Objectives:**

- Increase awareness and understanding of **good retention practice** amongst line managers, management teams and Boards
- Develop, share and embed **best practice retention interventions** (supported by a Quality Improvement/Community of Practice approach)
- Balance generic and profession-specific workforce retention support (**hot spots**)
- Support managers to develop effective **retention improvement for local needs**
- Increase use and visibility of **retention metrics** to demonstrate measurable improvement

# Range of factors affecting workplace retention



# Reasons for Leaving the NHS

- Relocation and retirements are the most commonly cited reasons
- Also work-life balance, health issues and carers needs
- Incompatible working relationships, wanting a better rewards package and undertaking further education/training also feature
- GPs: burnout, job satisfaction, physical working conditions
- Consultants: pensions taxation
- Nurses: retirement, personal circumstances, too much pressure
- Other Staff Groups: workload, workplace culture, feeling undervalued, discrimination, bullying, harassment, abuse from managers or colleagues

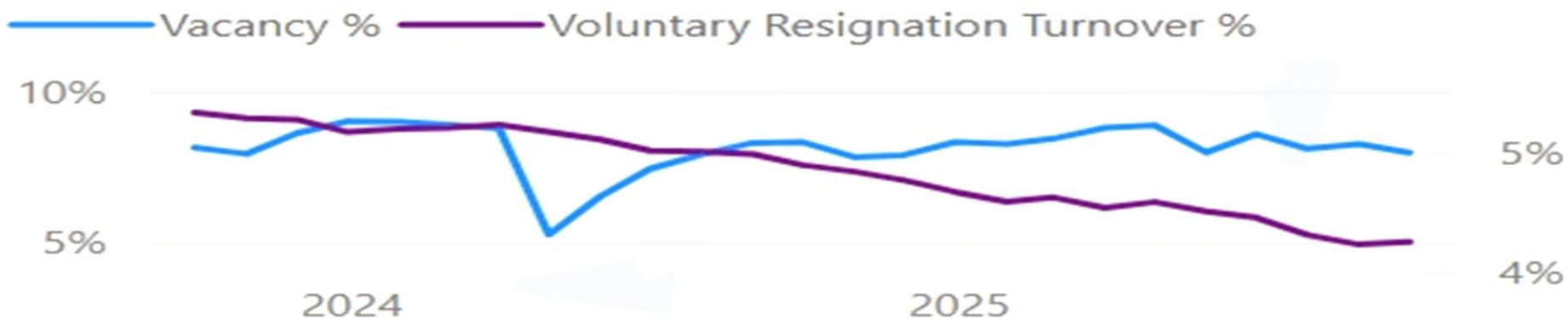
## ESR Business Intelligence Data (31/10/25)

- Staff Retention at **91%** (September 2025). Previously **90.4%** (September 2024) & **90.2%** (September 2023).
- Turnover at **7.7%** September 2025 (previously **8.1%** September 2024). In September 2025 there were **1376** leavers, of which **786** were deemed avoidable. In September 2024 there were **1440** leavers, of which **908** were deemed avoidable.
- There has been a steady decline in staff leaving BCUHB over the last year, with August & September 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 **5.4%**.

### Staff Retention %

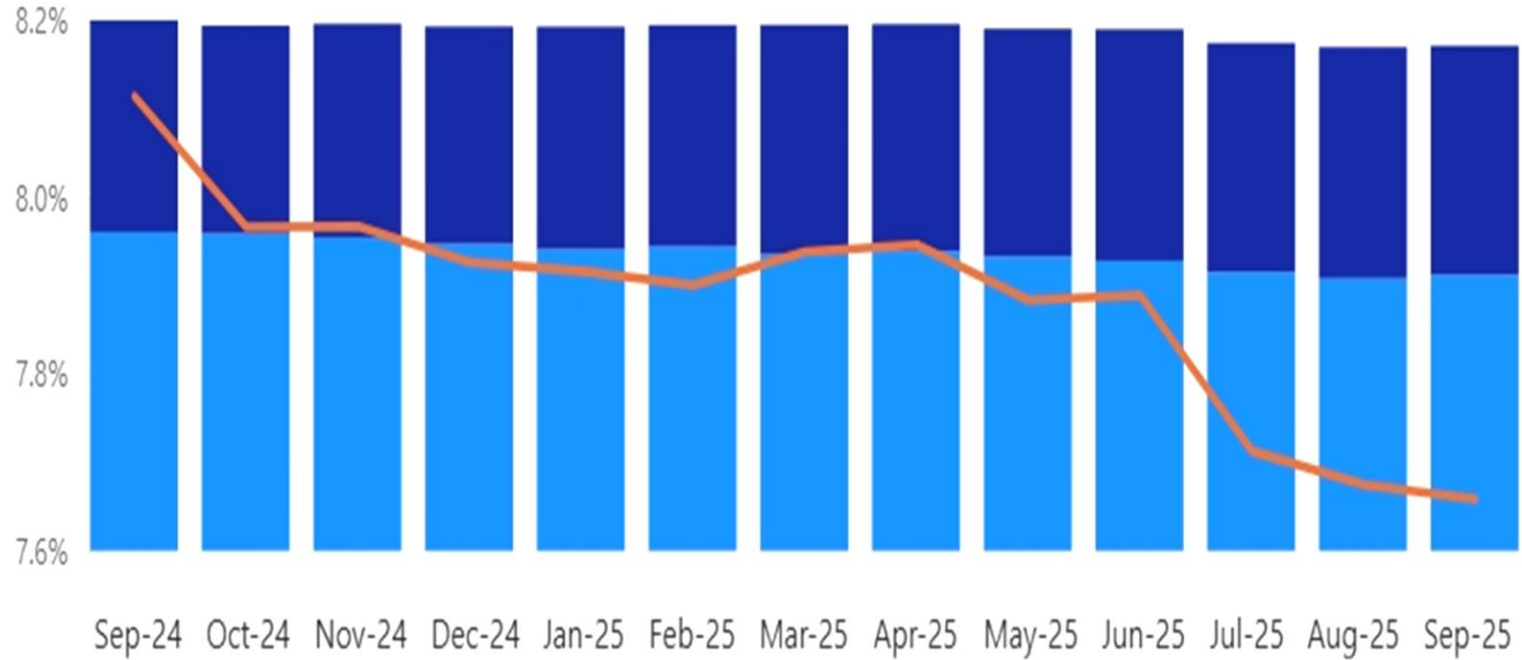


### Vacancy % and Avoidable Turnover %



## Turnover %/Rolling 12 Month Leavers FTE (Excluding M&D Training Grades)

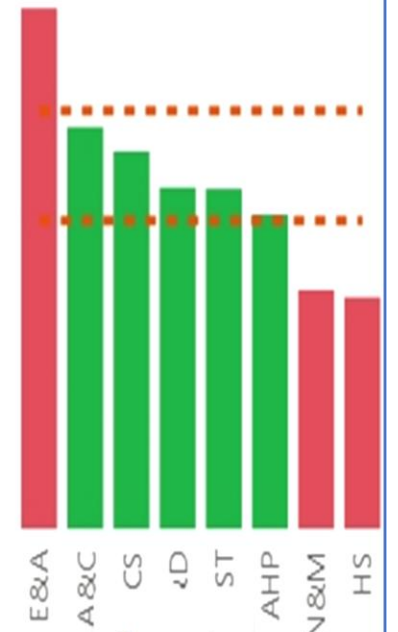
Avoidable/Unavoidable ● Avoidable ● Unavoidable ● Turnover Rate %



Turnover Rate %	8.1%	8.0%	8.0%	7.9%	7.9%	7.9%	7.9%	7.9%	7.9%	7.9%	7.7%	7.7%	7.7%
Leavers FTE (12m)	1440	1424	1426	1417	1418	1419	1424	1424	1411	1412	1381	1373	1376

# 7.7%

Prev Year: 8.1% (-0.5%)  
2025-09



Zoom In

# Areas of Focus for Improved Workforce Retention

- **Working patterns:**

- Expectations of work and work-life balance are changing
- Flexibility is crucial to attracting and retaining talent
- Flexible working is very important for staff with caring responsibilities or health concerns
- Flexible retirement and later career options for continued working are also key to retention

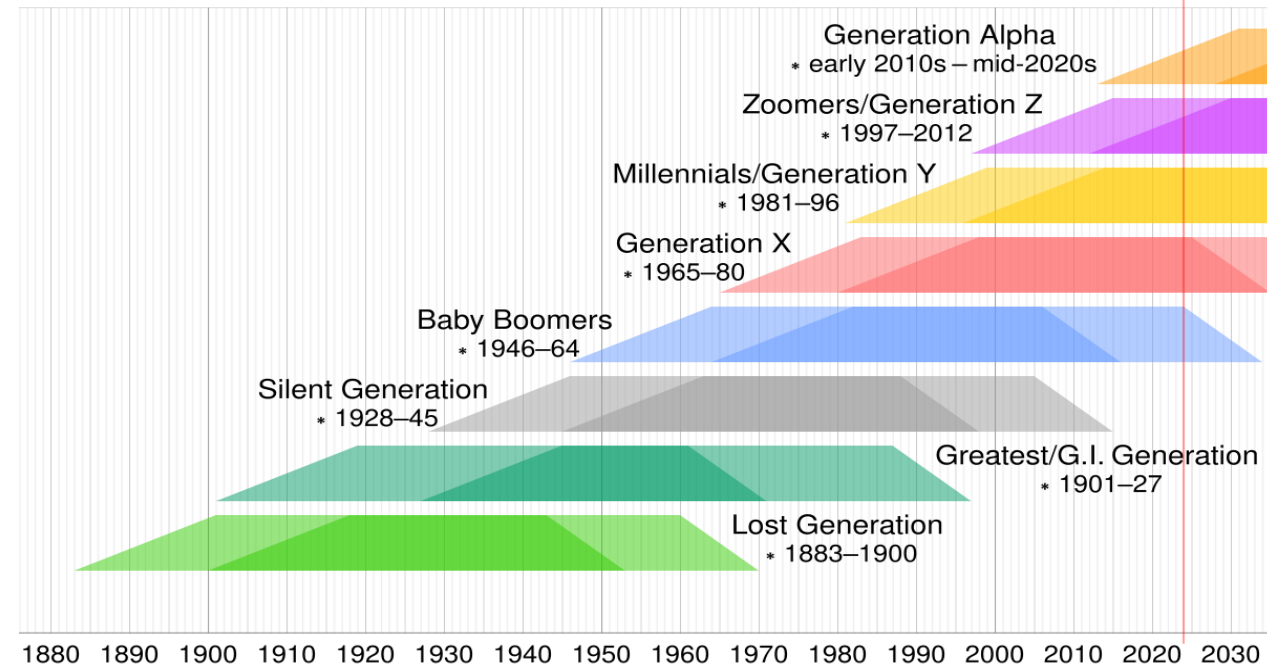
- **Career development:**

- Encouraging and supporting learning
- Mapping out career pathways
- New starters being properly supported and new applicants being given realistic expectations
- Coaching and mentoring are particularly important for early career staff
- Staff in the later stages of their careers should also feel valued and supported
- Retention is a particular challenge during training (financial costs and the student experience are significant factors that impact positive retention outcomes)

# Changing Generational Skills

## How can we make the most of the generational differences to improve NHS retention?

- ✓ Young graduates entering the workforce are likely to know more about current technology trends whilst older employees will have knowledge, skills and confidence acquired from many years of employment.
- ✓ If older and younger workers have different sets of skills we should encourage and exploit this diversity to enhance workforce retention and patient care.
- ✓ Inter-generational work is a vital driver for future retention. The more diverse a team, the more ideas are likely to be developed to generate genuine improvement in patient care.



*“Each generation imagines itself to be more intelligent than the one before it, and wiser than the one that comes after it”, George Orwell, 1903 - 1950*

# Next Steps

- Development of local retention plans
- Self-assessment tools and questionnaires for all staff groups
- Development of All-Wales Retention Hub & Community of Practice
- Targeted staff engagement concerning issues that affect retention
- Development of retention metric monitoring, reporting & understanding
- Progressing actions in line with findings outlined in local plans

- There is much already going on and there is a great deal to build on both locally and regionally
- Adoption of a whole workforce approach whilst recognising the need for profession-specific components - the programme started with a specific focus on nursing
- The scope of the programme does not include pay conditions (Welsh Government remit)



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# Diolch Yn Fawr/ Thank You

James.Johnson2@wales.nhs.uk



GIG  
CYMRU  
NHS  
WALES

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Betsi Cadwaladr  
University Health Board



<b>j Teitl adroddiad:</b> <i>Report title:</i>	People Services and Organisational Development (OD) Directorate Overview Report			
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 04 December 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This report provides an update on key activities within the following Workforce functions:</p> <ul style="list-style-type: none"> <li>• Workforce Partnership Group</li> <li>• Job Evaluation</li> <li>• Workforce Policies</li> <li>• Employee Relations</li> <li>• Culture &amp; Leadership Programme</li> <li>• Organisational Development</li> <li>• Employee Engagement</li> <li>• Equality and Human Rights</li> <li>• Speak up Safely</li> <li>• Health &amp; Wellbeing</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Forum is asked to <b>NOTE</b> this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	George Roberts, Interim Executive Director of People Services & Organisational Development			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Kay Hannigan Jamie Ann-Keegan Llinos Jones Claire Thomas-Hanna Nia Thomas Rebecca Testa Katie Sargent Ceri Harris Tracey Eccles David Maslen-Jones			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>

<p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p>	
<p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p>	<p>Compliance with Employment Law</p>
<p>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>N/A</p>
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>N/A</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>CRR 2836 – Stress-related absence CRR 2376 – Sickness absence</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no direct financial implications as a result of this report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct workforce implications as a result of this report.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>N/A</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p>	<p>N/A</p>

<b>Reason for submission of report to confidential board (where relevant)</b>	
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b>	

## **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.

The group discussed and agreed the content of the Social Partnership Annual Report 2024/25 for submission to the Social Partnership Council. This confirmed the baseline assessment of social partnership across BCU as required by the Social Partnership and Public Procurement (Wales) Act. The Act focusses on how organisations can work together in Wales to deliver public services in a fair and responsible way. A Social Partnership Council has been established for Welsh Ministers to talk with partners to meet social well-being goals. The council is made up of government, employers and workers including trade unions, providing advice to the Welsh Ministers about the best ways social partnership can work.

Presentations were received on the design and implementation of the new PADR process, and an update was received in relation to the culture and leadership work.

The implementation of the Welsh Government Pay Letter AFC(W) 02/2025 including arrears in August 2025 was noted.

## **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 on the length of absences.

As at the end of October monthly sickness absence had increased to 6.37% an increase on the 5.85% reported in June 2025 and the 5.58% recorded at the end of March 2025. The rolling figure also increased slightly to 6.10% from 6.05%. The National target level for absence is 4.2% and BCUHB remains significantly above that level. It is reported anecdotally from both management and trade union partners that we are witnessing younger people with much more serious conditions. Absence attributable to stress, anxiety and depression now accounts for 30.1% of all sickness absence.

Over half of the absence is long-term meaning that the staff member has been off work for more than 28 days and is most prevalent in band 2 roles, currently 8.61%. The staff group

most likely to be absent is HCSW at 8.81%, followed by estates and facility staff at 8.1%, and nursing and midwifery staff at 6.8%. There is also a high correlation between age and absence with absence being recorded at 9.1% for staff in the 61 to 65 age bracket and 9.9% for those in the 66 to 70 age bracket. As the age that staff can access both the NHS pension scheme and the national pension age rises employers will see an increasing number of staff falling into these age brackets.

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:

- Matrons Quality Roster West IHC, move to 7 day working
- Llandudno Orthopaedic Centre
- The relocation of staff to the Caledfryn Health and Wellbeing hub in Denbigh.
- Health Visiting West IHC
- West Cluster Primary Care OT
- Acute Cardiac Unit East IHC changes to start and finish times
- Blood Service Line Management Structure, Childrens services Central IHC
- Central IHC relocation of the ND team
- Silver On Call Rota
- Nuclear Medicine PET relocation to one location at YG
- North Denbighshire Sustainability Proposal
- Foundations for the Future

### **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 35 live cases at the end of October 2025. This is a small decrease from 37 cases in October 2024 and is a reduction from 41 cases at the end of September 2025. We have

seen an improving trend over the last 12 months and there remains a reduction in the number of disciplinary cases overall.

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 31<sup>st</sup> October 2025.

IHC/Pan BCU/Support Service	12 weeks or less	13- 24 Weeks	24 weeks plus	Total
West	7	4	1	<b>12</b>
Centre	0	1	4	<b>5</b>
East	2	4	1	<b>7</b>
Pan BCU (CDIO, ICD Primary & Regional)	0	1	0	<b>1</b>
Mental Health & Learning Disabilities	1	4	3	<b>8</b>
Estates	0	0	0	<b>0</b>
Office of Medical Director	0	0	0	<b>0</b>
Womens	0	0	1	<b>1</b>
Diagnostic & Clinical Support Services	0	0	0	<b>0</b>
Other corporate	0	0	1	<b>1</b>
<b>Total</b>	<b>10</b>	<b>14</b>	<b>11</b>	<b>35</b>

## 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 April LPF update, the list below includes 30 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. WP2 - Clinical Impact Awards Procedure
2. WP4 - Establishment Control Procedure
3. WP13 - All Wales Flexible Working Policy - Welsh and English Versions
4. WP14b - All Wales Special Leave Policy - Welsh and English Versions
5. WP14e - Adoption Leave Procedure
6. WP14g - Parental Leave Procedure

7. WP14h Maternity and Adoption Leave Forms.
8. WP15 - Partnership and Recognition Agreement
9. WP15a - Time Off and Facilities Agreement for Trade Union Duties and Activities
10. WP25 - Adverse Weather Conditions Transport Disruption Procedure
11. WP26 - Job Evaluation Policy and Procedure Welsh and English Versions
12. WP26a – Job Evaluation Procedure Guidance
13. WP30 - Statutory Mandatory Training Procedure
14. WP35 - Time Off In Lieu Recording Form - Appendix 1
15. WP36 - Flexitime Guidelines
16. WP37 - Appendix 1 - Childcare Vouchers Procedure - Edenred Childcare Vouchers and Tax Free Childcare FAQs
17. WP37 - Childcare Vouchers Procedure
18. WP38 - All Wales Reserve Forces Training and Mobilisation Policy - Welsh and English Versions
19. WP40 - All Wales Employment Break Scheme Policy and Procedure Welsh and English versions
20. WP40 - APPENDIX A - Welsh and English versions
21. WP46 Additional Annual Leave Purchase Procedure
22. WP49 - All Wales Pay Progression Policy - Welsh and English Versions
23. WP58 - Electronic Staff Record (ESR) System Policy And Procedure
24. WP59 - Personal File Management Procedure
25. WP62 - Dress Code Guidelines - Welsh and English Versions
26. WP66 - All Wales Menopause Policy - Appendix 1 - Welsh and English Versions
27. WP66 – NHS Wales Menopause Policy - Welsh and English Versions
28. WP82 Appendix 3 - Temporary Injury Allowance Process
29. WP82 - Temporary Injury Allowance Procedure
30. WP84 - All Wales Procedure for Addressing Concerns about Capability, Performance and Conduct of Doctors and Dentists - Upholding Professional Standards in Wales - Welsh and English Versions

### **W&CDs due to be published on Betsinet**

The list below details the approved Written and Control Document (W&CD) currently under Quality Assurance(QA) by the Corporate Governance team.

- WP60 Exit Interview Procedure
- WP1c Consultant Recruitment Procedure

### **W&CD that have been approved and with the author to Quality Check (QC) before submitting to Corporate Policy for final QC.**

- WP42 Guidance on Dealing with Hate Incidents / Crimes Against BCUHB Staff
- WP27 Guidelines for the fair treatment of disabled people in BCUHB

### **W&CD that are in the final stage of approval**

- NHS Wales Anti Sexual Harassment Policy
- NHS Wales Policy for the Management of Specialty to Specialist Career progression - Regrading

### **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 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)
- Consideration of Criminal Convictions Policy
- Fixed Term Contract Policy

**The Policy, Process and Compliance Team are working with the authors in the form of policy development sessions to update the following Written and Control Documents;**

<b>Name of W&amp;CD</b>	<b>Date of Session</b>
WP22 MUFTI Allowance and forms	21 <sup>st</sup> October 2025
WP69 Employer Pension Contributions – Alternative Payment Policy	23 <sup>rd</sup> October 2025
WP56 Procedure of the management of the larger person	4 <sup>th</sup> November 2025
WP24b BCUHB Gateway Protocol for the NHS Knowledge & Skills Framework	11/11/2025
WP47 Telephone Line Rental Procedure	14/11/2025
OHW02 Staff Health and Wellbeing Guidelines	9/12/2025
WP33 Staff Mental Health Wellbeing Stress Management Procedure, Stress Risk Assessment and Wellness action plan	16/12/2025

#### All Wales Policies

NHS Employers have confirmed that All Wales Policies are considered extant and will be reviewed/updated for specific reasons, i.e. changes to legislation and regulation, or when particular issues need to be addressed.

#### Key points to raise on People Policy Development

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

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

#### Job Evaluation Performance Update

##### **Monthly Performance Overview - September 2025**

As of **Monday 15<sup>th</sup> October 2025**, 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.

**8 requests received for processing during September 2025 (excludes track changes):**

- 6 new vacant
- 2 Re-band / Review

**Approvals Achieved during September 2025:**

- 10 track change requests were approved
- 9 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 9 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 JDs)	Monthly backlog (excluding track changes)	Requests processed (not including All Wales JDs)	Requests > 4 weeks (excluding those in queries box)
Sept-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;

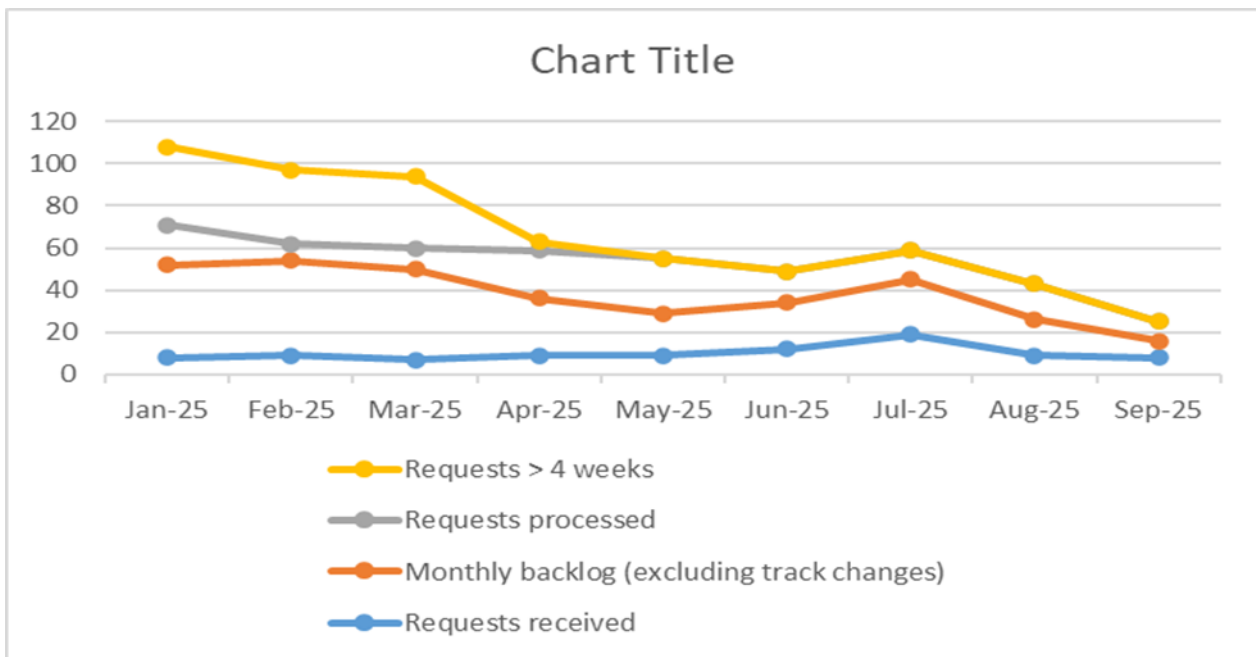
- When a panel must be cancelled or cut short to only a half day, due to matcher availability/sickness absence.
- The same people cannot and will not sit on both the job matching panel, and consistency checking panel, for the same JD.
- Due to the standard of JDs being submitted our panels have been 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 because 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 September 2025:**

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

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

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



### TRAC Sample Audit Findings

One of the management actions in the Internal Audit report were to address instances where Job Descriptions advertised on TRAC had no CAJE reference number visible, and it was not possible to verify if it was the correct band and description for the advertised role.

The agreed management response would be to undertake a routine sample audit of JDs with compliance monitoring reported as part of the routine updates to Local Partnership Forum (LPF).

As per this agreed audit action, JE has undertaken this sample audit weekly since 1<sup>st</sup> July 2025.

During September, 90 JDs were checked, 12 were returned to recruiting managers for clarify around correct CAJE numbers.

The team are recording the JD information such as staffing group and directorate and will report upon any emerging trends we see through this data as the months progress.

### Culture and Leadership Programme Update

The Culture & Leadership programme which BCUHB is following is an evidence-based model designed by Professor Michael West, King's Fund, Centre for Creative Leadership and NHSI



A Compassionate behaviours video has been co-produced with HEIW and is supported and endorsed by Professor Michael West.

We are currently in collaboration with HEIW and Professor Michael West to create an Organisational Case Study of the best practice, impact and learning from the implementation of the culture change work to date.

### Values & Behaviours Framework

The co-produced Values & Behaviours Framework was approved by the Board on the 28<sup>th</sup> November 2024. Thereafter was a period of co-design with Culture Change Leaders and the Culture & Leadership Programme Design Group members to inform the socialisation and embedding plan which ensures the Framework is socialised and embedded into all our policies, procedures and ways of working. This plan is well underway with 80% of current identified actions completed or in progress.

To support the embedding of the Values & Behaviours from day to day, feedback from staff suggested that an additional resource in the form of a toolkit would be useful. The toolkit was launched in May 2025 and provides resources, links, guides and examples of best practice to support teams across the Health Board to live the required behaviours.

### Culture Change Leaders (CCL's)

87 Culture Change Leaders (CCLs) were taken through an induction programme and provided with an introduction to Culture, Compassionate Leadership behaviours as well as guidance to support the Culture & Leadership programme through the discovery phase in cohort 1. This included facilitating Board/SLT conversations, facilitating Culture Focus groups, and crucially, influencing culture change at a local grassroots level.

121 staff members have committed to the second cohort of CCL induction programmes that commenced in late October.

All IHC, PAN and Corporate Services Directors and Senior Leadership Teams have been informed of who their CCL's are with suggestions of how they could be included to support wider divisional work e.g. staff survey action plans, members of local People & Culture Committees. Some IHCs e.g. East are inviting CCLs along to local People & Culture meetings.

CCL's have a 12 month development plan in place to support engagement and CPD and can attend optional bi-weekly drop-in surgeries to receive advice on how to develop culture within their teams.

Quotes from current CCL's include:

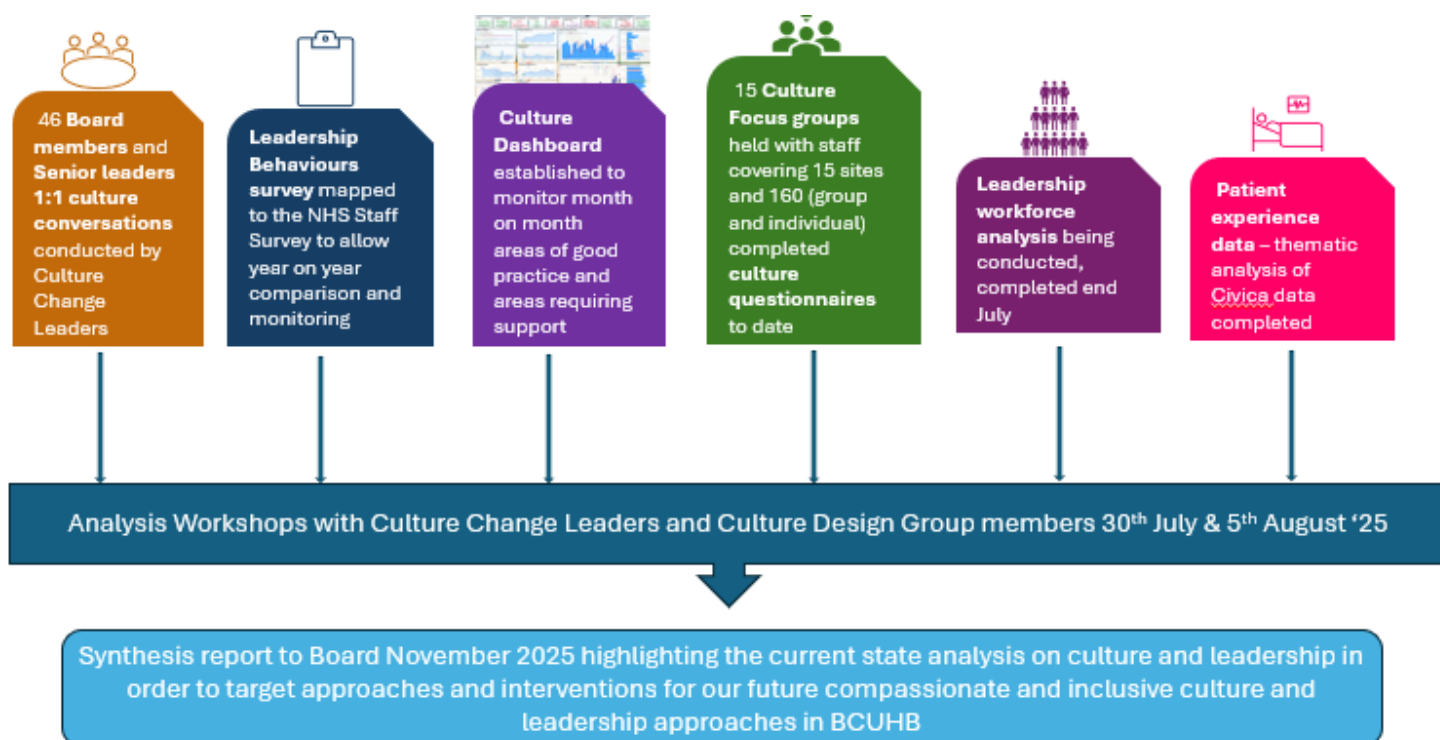
*“It has been inspiring to share the journey, to hear the experiences and challenges of colleagues while working on ways to empower ourselves and develop the culture of the organisation and to deliver the values and behaviours in a real and meaningful way. As more local areas embrace the change in culture,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

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

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

## Discovery phase

The below is a diagrammatic representation of how all 6 discovery tools were used and the subsequent steps taken to produce the synthesis report which was presented at Foundations for the Future Programme Board, Executive Tea and People & Culture Committee and will continue to be presented at Board in November. The synthesis report includes a suggested improvement plan based on the findings, which will inform the design and delivery phases of the programme.



## 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:

### **Q1 and Q2 Activities focused on:**

**Moel Famau Pathway – Learning to Lead and Manage (4-week programme)**– open to all staff. 3 cohorts delivered April – July 2025. – 23 completions to date. Cohorts 3 – 12 scheduled from Sept 2025 to March 2026 in East/West/Central. (Including 3 new cohorts from 1pm – 5pm as requested by colleagues)

**Mynydd Mawr Pathway – Fundamentals of Leadership & Management (6-month programme for new managers/supervisors).** Face to face sessions delivered for 2 cohorts in June & July (24 colleagues).

**Glyder Fawr Pathway – Advanced Clinical Leadership Programme** (12 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 -**

Compassionate Leadership for all  
Compassionate Leadership for Managers  
Coaching Approach  
Conversations with Care (Managing Difficult Conversations)

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

**People Managers Forum** – 11 sessions for people managers completed from Nov 2024 – September 2025 held on a monthly basis. The forum provides monthly sessions and a community of practice for people managers to network and build their skills and competence. The next session takes place on the 16<sup>th</sup> October 2025 and will provide a focus on managing attendance at work.

### **Q3 and Q4 Activities will focus on:**

**Cadair Idris – Mid Level Leadership Programme** aimed at middle managers across the organisation is a new programme in development. The Organisational Development team are working in collaboration with Powys Teaching Health Board, to implement their CLIP (Clinical Leadership Immersive Programme) which is grounded in the principles of compassionate leadership and provides an experiential learning experience together with action learning and coaching support. The first cohort is in planning for delivery in Q4 (March 2026).

**Mynydd Mawr Pathway – Fundamentals of Leadership & Management** – a revised on line programme with refreshed module content will be 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.

**Coaching and Mentoring** - the coaching network will be refreshed providing a new resources toolkit to support managers to utilise and embed coaching strategies in their day to day work. In addition a toolkit of resources will also be developed to support both mentors and mentees.

## **Talent Management**

### **Q1 and Q2 Activities focused on:**

**Review of PADR process and paperwork** – the review of the PADR process is underway with the draft toolkit, process and PADR form completed and ready for testing with agreed pilot areas – the pilot areas identified are:

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

A training programme for both appraisers and appraisees has been developed and training dates shared with pilot areas in readiness. Pilot dates will run from 8<sup>th</sup> September for a period of 8 weeks.

**Talent Management Maturity Matrix** – HEIW's maturity matrix has been sent out to key stakeholders 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.

### **Q3 and Q4 Activities will focus on:**

**PADR** – feedback from pilot areas to be analysed and any revisions to process made before soft launch of new process in Q4.

**Talent pools** to be identified will be informed by the soft launch of the new PADR process.

## **Mandatory Training**

Mandatory Training Compliance Level 1 for September 2025 is 91.2%, Level 2 is 88.1%, both levels achieving the minimum baseline of 85%.

Work has been completed to reflect the mandate of Safeguarding Adults Level 3 in the ESR system, a data cleanse of who is required to undertake Safeguarding Adults Level 2 as also been completed. As requested by Welsh Government, Anti- Racism training is now live for all BCU staff to complete. Work continues on the remaining subjects that require compliance attaching in the ESR system.

A new innovate workbook has been created and signed off by the Mandatory Training Review Group to assist with the process of mandating training, the workbook provides essential information to the subject matter expert and outlines the governance of consideration for mandate. It also provides guidelines on when a mandatory training request is accepted for resubmission to the group for consideration of mandate.

Work is near completion for the offer an additional methodology to complete mandatory training by way of a standardised workbook. After consultation, the standardised template has been agreed. The Subject Matter Experts will populate their training content ready for use at the September 2025.

## **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)**

### **POD Meetings**

Attendance at POD meetings has now been shared between members of the SpOD team to ensure OD representation across all three IHCs and Pan services. 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 from POD colleagues.

### **Team Intervention Work**

The Specialist OD team continue to be actively involved in a number of service/team level pieces of consultation and intervention work across all 3 IHCs and with Pan services too. This is across a range of clinical team/service and corporate team settings. Intervention work ranges from early-stage diagnostics work (e.g., surveys, 1:1 interviews, team inquiries), interventional work with teams and services through to the design and development of bespoke team coaching interventions for senior leadership teams.

### **OD Consultation Clinics**

SpOD have set up a booking system for WOD colleagues to book in for consultation meetings with the SpOD team to support them with their intervention work with teams and services. Currently, the SpOD team are developing their OD consultation model ahead of the clinic system going live in Q1 2026.

### **Foundation for the Future (FFTF)**

Developing the 'product offer' for team working support and interventions in BCUHB, as connected to the work underway with Foundations for the Future. This will include 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 will range from self-administered team discussion resources to facilitated team coaching sessions supporting teams through the Team Based Working journey which is informed and based upon the evidence-based Affina Team Working approach developed by Professor Michael West and colleagues.

## **Speaking up Safely (SUS)**

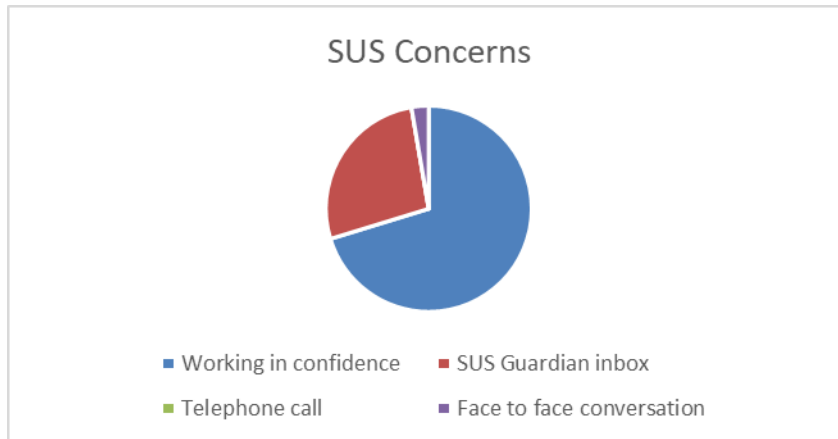
The Speaking up safely service (SUS) continues to receive concerns through a variety of routes including:

- *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 **51** concerns received through quarter 2 (01-07-2025 to 31-10-2025):

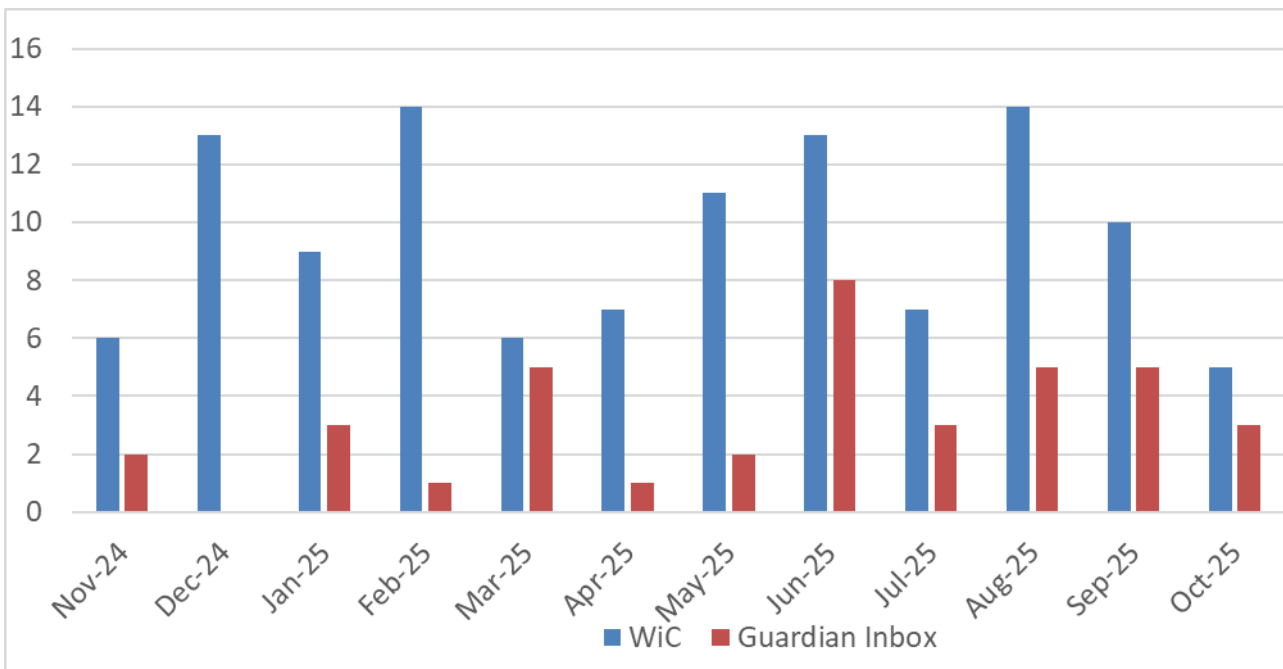
A. Working in confidence = 37 (73%)

- B. SUS Guardian inbox = 13 (26%)
- C. Face to face conversation =1 (2%)
- D. Telephone call = 0 (0%)



Since its launch in 2021, 492 staff have registered on the Working in confidence platform with 321 conversations around concerns being raised either through the platform or Guardian direct. Of the **321** conversations, **25** Cases remain open (**9.3%**) with an average time to close of 70 days.

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



The table below highlights the number and percentage of concerns raised via categories, (May to October 2025)

Category of Concern	Number Received WiC	Number received SUS Guardian	Percentage
Bullying & Harassment	16	4	29.1%

Leadership & Management issues	7	5	12.7%
Staff Safety	11	2	20%
Patient Safety & Quality	3	3	15.9%
Other	9	2	16.4%
Behavioural/Relationship	5	1	9.1%
Equality, Diversity & Inclusion	3	2	4.6%
Systems & Processes	1	3	4.3%
Infrastructure & Environmental	0	0	0%
Sexual Safety	0	0	0%
<b>Total Cases</b>	<b>55</b>	<b>22</b>	

#### Other activity within SUS:

- The SUS Lead Guardian will commence rollout of a recruitment drive for seconded SUS Guardians once funding is identified.
  - Recruitment and engagement continue with Speaking Up Safely Champions within BCUHB.
- Development of a 'Learning Exchange group' with All Wales Guardian's is now established which allows collaboration and standardisation across SUS networks across Wales. Initial work includes the development of an All Wales Training Module for Speaking up Safely and a 'Maturity Matrix' to identify alignment with the Welsh Government Speaking up safely framework.
- Completion of a process review to align BCUHB SUS referral process along with collation of outcome data with the Welsh government framework for Speaking up Safely is awaiting BCU Workforce and Operational development executive direction.

#### 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:**

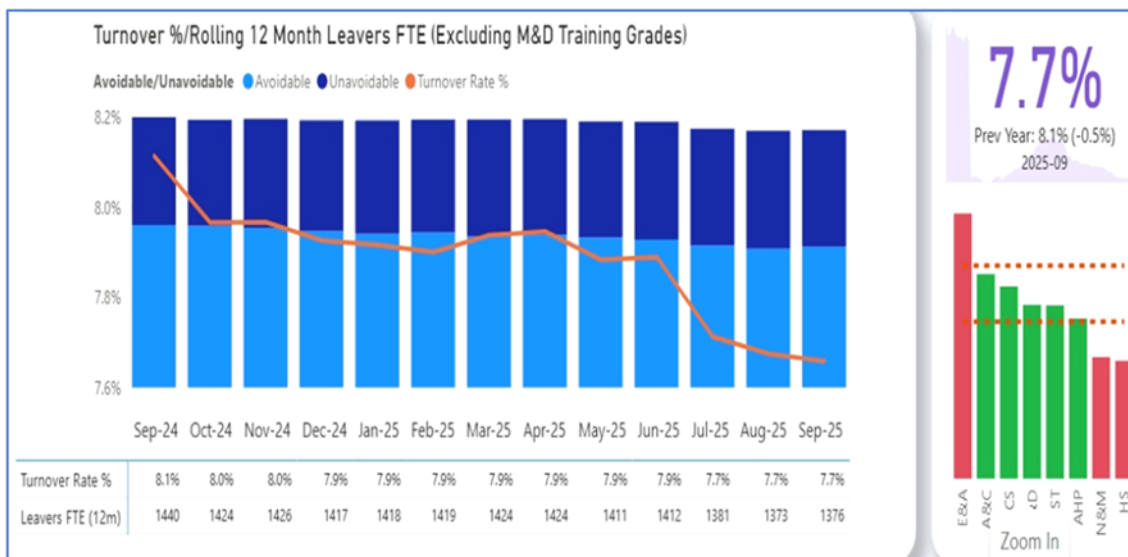
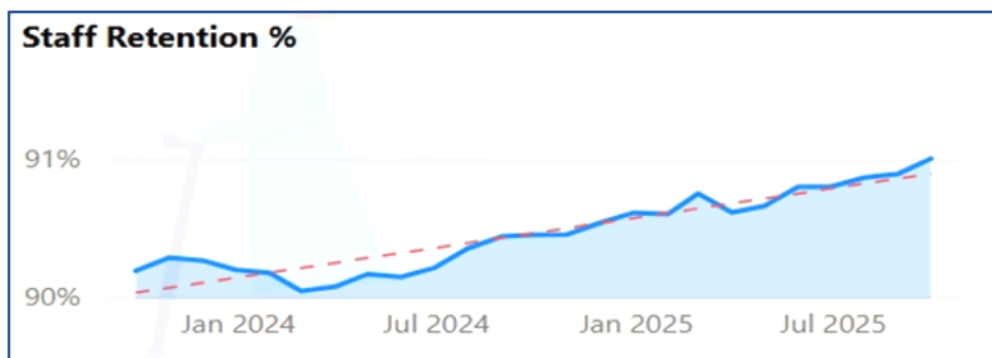
- Development of Retention Guidance & Toolkits
- Development of Retention Intervention Methods
- Analysis of Workforce Retention Metrics
- Retention & Workforce Planning
- Retention & Recruitment/Onboarding
- Business Continuity Planning for 2026

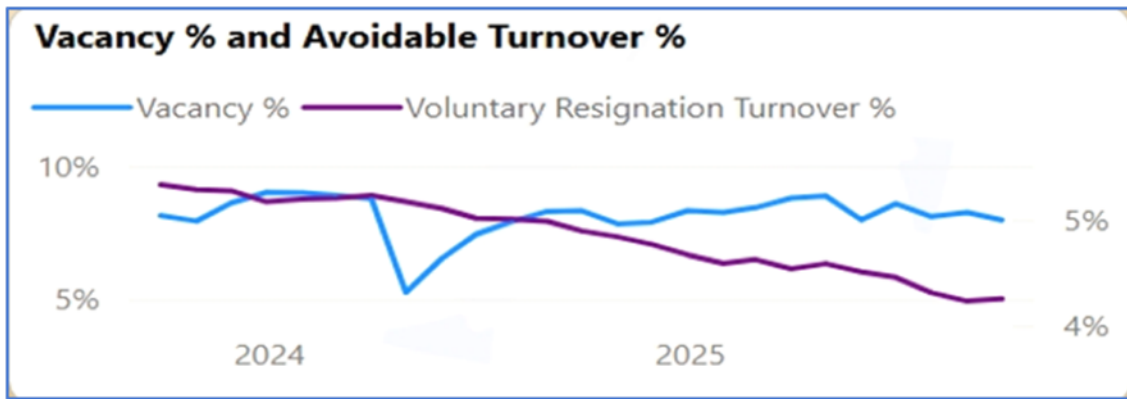
**ESR Business Intelligence Data (31/10/25)**

Staff Retention at **91%** (September 2025). Previously, **90.4%** (September 2024) & **90.2%** (September 2023).

Turnover at **7.7%** September 2025 (previously **8.1%** September 2024). In September 2025 there were **1376** leavers, of which **786** were deemed avoidable. In September 2024 there were **1440** leavers, of which **908** were deemed avoidable.

There has been a steady decline in staff leaving BCUHB over the last year, with August & September 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 **5.4%**.





The activity of the last 18 months has laid a strong foundation upon which to build a robust workforce retention programme if funding allows. Progress has been made with a number of retention metrics, including: recruitment and induction; supervision and support; career development; recognition and reward; health and wellbeing; flexible working and retirement; sickness absence and return to work; stay conversations and exit procedures.

Dashboard and toolkit resources have been developed and updated to promote workforce engagement and to assist with the interpretation of results. Initial data intelligence has provided insight into areas of BCUHB culture, with employee feedback providing key information to explore 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.

Across Wales, financial savings associated with reduced staff turnover are starting to be realised. Reliance on temporary staffing will reduce and lost training and onboarding costs will be avoided. To identify programme impact to date, a national programme evaluation will be undertaken in Quarter 4 of this financial year.

## Employee Engagement

### NHS Wales Staff Survey 2025

The NHS Wales Staff Survey went live on **6<sup>th</sup> October and will close on 1<sup>st</sup> December**. It is a chance for all colleagues to give anonymous feedback about how they feel about where they work.

We are determined to improve on our 2024 completion rate of 17.4 per cent (3,577 staff) and have asked all managers to assist in this by encouraging their teams to fill in the survey. HEIW have supplied daily updates on our response rate, enabling us to see areas with low uptake in order to intervene and provide targeted support.

To further support increasing uptake, HEIW have provided Health Boards with £1,000 funding to support incentivising staff and we have launched a 'golden ticket' prize draw, which has led to an uptick in survey completions. Other promotional activity includes:

- comprehensive information, including Q&A, *We Said, We Did* poster, downloadable promotional products including Teams backgrounds and email signatures, regular updates on survey performance added to BetsiNet page.
- responding to early feedback around the challenges of staff not knowing where they were in the complex survey hierarchy by developing a new poster for managers to display, listing their local Tier 2 and Tier 3 information. This has been accessed on BetsiNet.
- newly designed pull-up promotional display banners now up in all three district general hospitals and community sites.
- loaning iPads out to teams who struggle to access PCs to support survey completions.
- attendance at local People and Culture Committee meetings, team away days (e.g. corporate governance), Grand Round and team meetings to promote the survey and take questions on it.
- promotion and encouragement of managers to cascade staff survey information at the People Manager's Forum October and November meeting and Viva Engage community.
- Culture Change Leaders supporting with the distribution of promotional materials including posters, pens, keyrings and paper copies of the survey in their areas.
- messages urging staff to complete the survey on October and November payslips.
- supporting the Nursing directorate to run two promotions:
  - "BCUHB Nursing and Midwifery's The Wheel" – where all nursing staff are invited to join a Friday Teams call every week with the chance to win treats for their ward – the call presents an opportunity to update staff face to face (virtually) about progress in participating in the staff survey and nursing performance specifically.
  - sharing examples of the action/change in response to staff feedback over the last 12 months in nursing with a focus on morale and patient safety and developing further examples with Mental Health and Learning Disability colleagues on staff engagement and Quality Directorate example focussed on staff feedback from the inquest process.

## **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

Our annual Staff Achievement Awards were held at the end of September. Almost 500 guests gathered at Llandudno's Venue Cymru to celebrate the achievements of the 30 finalists, whittled down from a record 450 nominations across ten categories that were submitted this year. It was a brilliant night and you can see a highlights video on BetsiNet.

The event was made possible thanks to the generosity of eleven of our partners and suppliers who sponsored each category and Centerprise International, an IT supplier, the principal sponsor of the event. £22, 500 towards the cost of the event was secured via sponsorship and just under £6, 000 towards the cost of the event was raised through ticket sales. The event has grown in popularity year on year, and staff are willing to pay to attend.

Feedback from over 60 attendees gathered included:

*“Uplifting and great to see how happy people are within their team.”*

*“Great to see the achievements of others, sometimes being introduced to services that you didn't know existed.”*

*“The evening buzzed with energy, running like clockwork and exactly as planned.”*

*“The event was so organised and I felt really special and appreciated. I will cherish the evening, it was an amazing night.”*

*“The choir was brilliant, the whole atmosphere was wonderful and focussed on showcasing our amazing staff.”*

*“It was my first time attending since working in the Health Board. It was a really professional well managed event - it made the nominations feel special. I have been to All Wales awards in Cardiff and this was better. Location was great - lots of room around tables.. The band was great.”*

*“... great to feel the positive vibes in the room from all of the great recognition.”*

### Long service awards

Colleagues who have served 25 years or more in the health service were celebrated at our long service award ceremonies in the East IHC, Central IHC, and West IHC areas in October, attended by almost 100 staff members.

We were successful in securing £17, 500 from NHS Charities Together's staff wellbeing fund which covered the cost of gifts as tokens of appreciation, certificates and three celebration events for over 100 staff members.

Colleagues had their citations about their careers and contributions read aloud before being presented with a framed certificate and full citation. A buffet/afternoon tea was also provided as a token of appreciation.

Carol Shillabeer, Chief Executive attended the West event at the Celtic Royal Hotel in Caernarfon along with Teresa Owen, Executive Director of Allied Health Professions and Health Science.

Executive Director of Finance Russ Caldicott and Executive Director of Public Health Jane Moore made the presentations at the Central event and Chair Dyfed Edwards and Nesta McCluskey, Director of Allied Health Professions for the East IHC attended the East ceremony.

We are in the process of collecting feedback from recipients of the 2025 awards and so far, colleagues have spoken positively of the celebration event and the opportunity to gather with fellow long serving colleagues and hear their citations.

However, a small number have voiced disappointment that no £100 voucher was provided to colleagues as in previous years due to current financial challenges.

The approach to rewarding long service varies across Wales but may form part of the NHS Wales package of benefits, which is currently being developed.

In the meantime, we are undertaking engagement work with colleagues to understand more about their preferences regarding the celebration of long service, which will shape our future approach.

### Seren Betsi

As part of our refreshed corporate approach to rewarding and recognising staff, Seren Betsi was launched in May to promote colleagues and teams who demonstrate and live the new organisational values of compassion, openness and respect.

A different individual staff member or team is chosen each month from existing pipelines (including Greatix, Executive Director of Nursing awards nominations and annual Staff Achievement Awards nominations) and promoted across the Health Board. This connects to the plan to promote and embed the new values across the organisation.

All were presented with a Seren Betsi slate trophy, pin badge and certificate and their stories have been promoted on BetsiNet and locally. All were invited to attend the annual Staff Achievement Awards ceremony in September in recognition of their contributions.

### Equality and Human Rights Update

This update gives a brief overview of some of the Equality, Diversity and Inclusion activities and progress to date this year.

### **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. In the first year of the action plan focused on 28 actions across the five strategic Equality Objectives. Recognising that many of the actions within the plan would continue through the four years, especially those linked to external strategic actions such as the Welsh Governments Anti-racist Wales Action Plan, LGBTQ+ Action Plan and Women's Plan. Year two of the plan has seen additional actions added to the plan, with an increase to 31 actions.

Here is the progress as of Y2Q2

Key achievements from Quarter 2

- North Wales Access Panel surveys 10 public sector sites.
- Hate Crime Trust Mark achieved.
- Updated Health Board Anti-racist Action Plan.
- Culture, Education and Training Lead in post.
- All Wales Equality and Human Rights Website launched.
- Children's Rights Training Offer made available.
- Chaplaincy service launches online referrals.
- Philippine Nurses Association UK: Wales Chapter holds first anniversary celebration.

At Risk or of Concern:

- A1: To identify opportunities in embedding principles of co-production and co design.

- B1a: To implement BCUHB Anti racist Action Plan.
- B1b: To engage with and undertake actions identified by the Wales Workforce Race Equality Scheme
- To develop and implement BCHUB LGBTQ+ Action Plan.
- Implement a My Health Passport system – All About Me, across Primary and Secondary Care.

In the last report we explained that 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 Networks**

The first focused staff network events have been held. The primary aim of these events is to identify key priorities that the network members would like to focus on for the next 12 months, including involvement with the cultural leadership programme, provision of mentorship support. In December there will final event bringing all the staff networks together.

### **Baton of Hope – Suicide Awareness**

The team have arranged suicide and self-harm awareness training for key staff groups. Spaces for this training is currently fully booked, with a reserve list in place.

### **Neurodivergence: Conversations we need to have.**

Welsh Government published its Code of Practice for Autism Services in 2021. The Code of Practice and accompanying guidance to local health boards, NHS trusts, local authorities and their partners to ensure they understand their existing responsibilities with regard to providing needs-based autism services.

Working with one of our key partners, Autistic UK, based in North Wales. A training package has been developed. One module is an awareness raising module around neurodivergence, the other a practical look at how we can support neurodivergence staff and colleagues.

These sessions have already begun and will continue into the new year.

### **Celebrating Diversity and creating a sense of Belonging**

Funding had also been secured to build a calendar of awareness and staff engagement sessions, with the aim to improve understanding and inclusion.

Key areas to note:

- Pride celebrations
  - Presence at Pride events through May-July
  - Focus on LGBTQ+ and Welsh Language
- South Asian History Month and celebrations
  - Bollywood film night on the 15<sup>th</sup> 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.
- 

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.

### **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 March 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.

In October the equality team, hosted by the Gen Staff Equality Network held its fourth Incel Awareness Session, which it opened up to external partners including the police, local councils and third sector organisations, with over 125 staff booking on to the session. Focusing on the decoding of misogynistic and Incel symbols and emojis and looking at what research tells us and support that is available. Following this session there has been requests for additional training within teams across the health board. As a result, this will be including in the EDI training program.

### **Dying to Work Pledge**

In October, the health board signed the TUC's Dying to Work Pledge, the pledge is a commitment to ensuring that employees who are facing a terminal diagnosis are treated with dignity, respect, and compassion. It aims to provide these individuals with security and choice in how they continue their working lives. The guidance outlines the responsibilities of Workforce employees in supporting affected colleagues, ensuring that organisational policies reflect the values of the pledge, and facilitating communication among all relevant parties. By following this guidance, Workforce employees can help create a supportive and respectful environment for terminally ill colleagues, ensuring their needs and preferences are prioritised throughout their employment journey.

### **Revision of Gender Inclusive Language Toolkit**

The equality team have developed a number of toolkits, designed to provide support and information to staff across the health board. Several years ago, the team in partnership with Unique, one of our local LGBTQ+ community organisations. Due to recent changes in language and understanding the toolkit needed to be reviewed. The team adopted a co-

productive methodology, including not only staff from Celtic Pride, our staff network, but several health board areas and a number of local and national LGBTQ+ and Women's networks. The finalised toolkit is currently being translated and will be available this month on the intranet.

### **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. This model is being replicated for our first dedicated Ethnic Minority Health Fair planned for 26<sup>th</sup> February 2026. The health fair will incorporate a recruitment fair, providing skills workshops on applying for NHS jobs, recognising some of the barriers identified from the WRES feedback report and NHS Staff survey feedback. The equality team is currently seeking 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.

### **Development of Year 3 strategic Equality Actions**

The team is currently developing the EDI actions for year 3 of the health boards Strategic Equality Objectives. Areas to be included are:

- Inclusive Leadership programme
- 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
- Development of EDI Policy Development Toolkit

### **Staff Wellbeing Update**

The Staff Wellbeing and Support Service (SWSS) continues to operate under significantly reduced capacity. The funding for two Principal Psychologist posts has now been approved, and these posts are awaiting Establishment Control approval on TRAC.

As a result, there continues to be no offer of 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. 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.

Emotional wellbeing calls are currently offered to staff who contact the SWSS service, as a one-off contact by our Emotional Wellbeing Assistant (EWA). These calls are viewed extremely positively, with **100%** of staff accessing this stating that they would recommend these calls to a colleague and that they were appropriate for the difficulties experienced. Qualitative feedback is as follows:

“(The EWA) has been a support to me during a time where I feel vulnerable and almost at breaking point. She has listened to me and recommended ways to help me to move forward. I truly appreciate her support.”

“(The EWA) was great supporting via phone call. Very grateful and blessed to have this support at a time when I was at my lowest.”

The EWA has also provided a one-off “Creative Ways to Wellbeing” session to a group of ten palliative care workers. This session was positively received, with average stress levels **reducing by over three points** on a ten-point Likert scale (pre-session stress average 5.4, post-session average 2.0). Comments included:

“I think all staff need this!”

“I will be asking for support for my wider team with these sessions”

“I feel much better – thank you”

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:

- Reflective practice sessions have been set up for the Occupational Health Support Advisors, who often experience difficult and distressing calls. The first of these sessions is scheduled for late November.
- The Professional Nurse Advocate team within community settings have requested reflective practice sessions, to better allow them to support their staff. The first of these sessions is scheduled for mid-November.
- 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. We continue to be in discussion with the Health Board around the best ways to support the Rounds to continue.

### **Occupational Health**

The Occupational Health service has seen arise in not just the number of referrals but also in respect of the complexity of the cases referred, the number of cases referred by managers has risen from an average of 800 a quarter in 2023 to an average of over a 1000 per month in 2025.

Permission has been obtained to recruit additional Doctor time to the bank to cope with a backlog of cases with waiting times of over eight weeks, counselling services remain under pressure as can be seen below

### **Occupational Health and Wellbeing Programme**

The Occupational Health and Wellbeing programme continues to receive significant communication from staff across the health board with wellbeing referrals increasing, demand for wellbeing support becoming a regular ask from managers and roadshows and engagement sessions being very well attended.

The current situation within the programme is one of high pressure and high demand with staff asking for support due to 'reacting' to issues within their departments.

### **Counselling Service**

The service continues to receive a high number of referrals from staff to access counselling support. The majority of these referrals are complex in nature and of high risk. The current numbers of staff who are accessing this service is 109 at time of writing this report. In addition to this, we currently have 119 staff members on the waiting list to be seen by one of our counselling practitioners. This is a reduction since September of 35 but we are anticipating numbers to increase as we approach Christmas and the New Year. We have made some positive progress in reducing waiting times, which now stand at approximately 16-20 weeks. The programme continues to utilise external partner organisations which provide support to our staff (NHS 111, Silver Cloud, Canopi) and staff are made aware of how to access support externally through our support advisor team. We can confirm the appointment of two new counselling practitioners who are set to start end of November and early December 2025. These two positions will add a further 1 WTE to the existing provision and we hope this will further support our ambition to reduce waiting times to under 18 weeks within the next 6 months.

The counselling team continues to provide a broad range of support, primarily through one-to-one sessions. In addition, we have delivered wellbeing workshops, offered crisis support following traumatic incidents across the Health Board, and provided guidance to

teams navigating complex or sensitive situations. We have also worked closely with HR colleagues, offering consultation and support where needed.

#### **Menopause live roadshow in central 2 – 4 June 2025;**

- Hybrid awareness sessions and drop-in clinics – 36 staff members
- Departmental closed sessions – 20 staff members; Sessions were delivered to the North Wales Cancer Treatment Centre and Ward 19a staff at Ysbyty Glan Clwyd
- Roadshow stands across sites various sites – Approximately 70-80 staff members

We had 2 requests from the following departments to arrange awareness sessions in 2025;

- District Nursing team at Rhyl hospital
- Sexual Health team in central

#### **Menopause live roadshow in East 13-15 October 2025;**

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

We have scheduled in menopause live roadshows in West for 2 – 4 March 2026.

#### **Occupational Health & Wellbeing Roadshows;**

We have visited 19 hospitals over the last 12 months delivering Occupational Health & Wellbeing Roadshows taking wellbeing information and support direct to staff on the ground;

- Ysbyty Glan Clwyd x 2
- Ysbyty Gwynedd x 2
- Chirk Community Hospital
- Colwyn Bay hospital
- Mold Community hospital
- Holywell Community hospital
- Wrexham Maelor hospital
- Llandudno Community Hospital
- Ysbyty Cefni
- Ysbyty Alltwn Hospital
- Ysbyty Bryn Beryl Hospital
- Ysbyty Penrhos Stanley
- Ysbyty Eryri (also Bodfan admin offices)
- Ruthin Community Hospital
- Denbigh Community Hospital
- Ysbyty Tywyn
- Ysbyty Dolgellau & Barmouth District Hospital
- Royal Alexandra Hospital
- Deeside Community Hospital
- 

We are currently planning in Occupational Health & Wellbeing Roadshows at the acute sites to be held in the evenings for night staff to attend and benefit from these sessions, and to engage with night/shift workers to find out what their wellbeing needs are and if they differ from day staff needs.

A men's health roadshow was held in men's health week 9-13 June 2025 to engage with men to help inform and expand the men's health programme of support. This was well attended and we received some good feedback so future sessions are being planned for 2026.

### **Bespoke wellbeing team requests;**

Famau ward at Denbigh hospital reached out for wellbeing support. We designed a wellbeing survey and circulated to the team along with a wellbeing action plan which was developed to support the team. This has now been implemented and we have delivered 2 wellbeing drop-ins for staff (March 2025 and June 2025) as part of this wellbeing action plan.

Critical Care team at YGC reached out for wellbeing support and after several meetings with numerous issues within the team that were discussed, we offered the following support mechanisms;

- Wellbeing drop-in for day staff and night staff
- Course of 6 wellbeing sessions for clinical & non-clinical staff
- Support for session for male consultants delivered by one of the OH male Counsellors

EQ team at YGC reached out for emotional wellbeing support for the department as part of a staff wellbeing action plan. Occupational Health and wellbeing team delivered monthly support sessions from July 2025 and continuing through until December 2025 with average attendance at each session of 20 staff.

**Holywell hospital - Fynnon wards a & b** reached out for support around issues with team dynamic and sickness absence - 2 wellbeing drop-ins to be scheduled for day staff and night staff.

Wellbeing drop-in sessions delivered to Ysbyty Alltwen, helping the team with emotional wellbeing and bereavement support.

### **Occupational Health & Wellbeing awareness sessions**

#### January 2025

- Band 6/7 development programme
- Practice Manager wellbeing presentation as part of the Practice managers BCUHB orientation day

#### March 2025

- Occupational Health & Wellbeing had an information stall at the Women's Health Conference at Rhyl Pavilion where we engaged with approximately 100 people about women's health support with internal BCU staff and external organisations

#### July 2025

- Nurse preceptorship wellbeing support session
- Stress support session with the Primary Care team

### **Wellbeing Workshops**

#### March 2025

- Relaxation session delivered to DAAT team as part of their away day at Abergele hospital

- Wellbeing & Wellbeing Champion information session delivered at Managers meeting for DAAT

#### April 2025

- Financial wellbeing awareness session delivered by MaPS & Money works – 22 attendees

#### May 2025

- Stress & self-care session delivered at the Nursing & Midwifery Professional Seminar Day at the Optic Centre

#### September 2025

Partnership working with Coed Lleol and Conwy Council to plan the following wellbeing sessions for BCU staff;

- 4 x Immersive Wellbeing Taster Sessions: Led by trained freelance artists specialising in environmental and heritage-based crafts, these sessions will help NHS staff experience nature creatively, build social connections, and improve job satisfaction. Locations include Golygfa Gwydyr, Pencychanant Conservation Centre, Bodlondeb, and RSPB Conwy – dates scheduled throughout November 2025 through to March 2026
- 4 x Drop-In Sessions at Bryn Y Neuadd Hospital: Informal art and wellbeing activities in the hospital's walled garden will offer staff accessible opportunities to de-stress and connect with nature. Sessions will also welcome participants from Plas Menai Health Centre, encouraging collaboration and peer support.
- Level 2 'Supporting Wellbeing in Nature' Training: Healthcare staff will gain 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 covers group facilitation, wellbeing theory, and environmental understanding
- Celebration Event: A final gathering in Bryn Y Neuadd's walled garden will bring together participants, artists, and project partners to share learning, showcase artworks, and discuss future opportunities. The event will include music, refreshments, staff testimonials, and feedback discussions
- A series of creative ways to wellness sessions have been scheduled with teams following the creative ways to wellness survey feedback.
- NHS Pensions session and financial awareness delivered by MaPS – 128 attendees

#### October 2025

- Tissue Viability away day - Stress awareness session – 75 attendees
- Palliative care registrar training day - Wellbeing session - 10 attendees

#### **Staff engagement – Surveys;**

Occupational Health & Wellbeing have hosted numerous staff surveys to gather evidence on demand and obtain staff feedback on various topics to help shape interventions;

- As part of the 'Eating Well & Being Active' task and finish group – Are you part of a workplace health group?
- Creative ways to wellness – assessing the demand for creative sessions for teams
- POD Workplace survey

#### **Partnership working;**

- Coed Lleol
- Unite the Union as part of the Wales Unite Learning Fund (WULF)
- The Menopause Team

- Conwy Council
- The Menstrual Health Project
- Andy's Man Club
- MaPS
- Moneyworks
- Actif North Wales
- ICAN

### **Under development:**

We have set up a partnership agreement with Sian Young at Conwy County Council to pilot an art and health course for staff who are off work with mental health issues to support a timelier return to work. The course is planned for 13 Nov-18 Dec and attendees are being sourced from the current counselling waiting list.

We have been working on a project to receive funding in support of our wellbeing work. A funding application written alongside the RCA (Royal Cambrian Academy of Art) has been completed to hopefully fund an arts in health 6 week course for BCU staff supporting improved mental wellbeing.

We have also completed a funding application written alongside Coed Lleol to fund 12 spaces for Level 2 Wellness in Nature training, 4 woodland wellbeing days and a series of workshops which will be held at Bryn a Neuadd for BCU staff to attend to support emotional wellbeing challenges.

We have supported a bid for the introduction of a 'Recovery College' in North Wales. This will benefit BCU staff and potential support sessions for staff awaiting wellbeing interventions with Occupational Health.

In collaboration with Actif North Wales, we are in the early stages of developing a physical activity and social connectivity programme linked back to the previous 'Betsi games' initiative – creating a sports event for BCU staff. Plans are in the early development stages.

An SBAR report has been produced for a series of bitesize wellbeing workshops which we hope to deliver across the Health Board, promoting and encouraging engagement in health and wellbeing management.

We are currently in the early stages of scoping provision of self-care videos to support the health and wellbeing of our night time workers. We view this work as key to support our night time staff to better manage their own health and wellbeing whilst in work.

We have been lucky enough to have received an award at the Credit Union Wales celebration in Cardiff for 'sustained commitment to the community, their local credit union, and partners'. Colleagues from the Occupational Health and Wellbeing team attended the celebration to accept the award on behalf of the Health Board.

### **Staff Wellbeing support service Update**

The Staff Wellbeing and Support Service (SWSS) continues to operate under significantly reduced capacity. The funding for two Principal Psychologist posts has now been approved, and these posts are awaiting Establishment Control approval on TRAC.

As a result, there continues to be no offer of 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. 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.

Emotional wellbeing calls are currently offered to staff who contact the SWSS service, as a one-off contact by our Emotional Wellbeing Assistant (EWA). These calls are viewed extremely positively, with **100%** of staff accessing this stating that they would recommend these calls to a colleague and that they were appropriate for the difficulties experienced. Qualitative feedback is as follows:

“(The EWA) has been a support to me during a time where I feel vulnerable and almost at breaking point. She has listened to me and recommended ways to help me to move forward. I truly appreciate her support.”  
“(The EWA) was great supporting via phone call. Very grateful and blessed to have this support at a time when I was at my lowest.”

The EWA has also provided a one-off “Creative Ways to Wellbeing” session to a group of ten palliative care workers. This session was positively received, with average stress levels **reducing by over three points** on a ten-point Likert scale (pre-session stress average 5.4, post-session average 2.0). Comments included:

“I think all staff need this!”  
“I will be asking for support for my wider team with these sessions”  
“I feel much better – thank you”

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:

- Reflective practice sessions have been set up for the Occupational Health Support Advisors, who often experience difficult and distressing calls. The first of these sessions is scheduled for late November.
  - The Professional Nurse Advocate team within community settings have requested reflective practice sessions, to better allow them to support their staff. The first of these sessions is scheduled for mid-November.
  - 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. We continue to be in discussion with the Health Board around the best ways to support the Rounds to continue.

**End of Report**



<b>Teitl adroddiad:</b>	<b>2025-26 Month 7 (October) Finance Report</b>																																																								
<b>Report title:</b>																																																									
<b>Adrodd i:</b>	Local Partnership Forum																																																								
<b>Report to:</b>																																																									
<b>Dyddiad y Cyfarfod:</b>	Wednesday, 10 December 2025																																																								
<b>Date of Meeting:</b>																																																									
<b>Crynodeb Gweithredol:</b>	This report provides a briefing on the financial position of the Health Board as at the end of Month 7 (October 2025). In addition, the report includes an update on delivery of the approved Capital Programme and Savings delivery against target.																																																								
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>The Health Board is reporting a year to date deficit of £16.3m as at 31<sup>st</sup> October 2025, driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLD placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures &amp; CHC) offset by £3.8m additional savings.</p> <p>The in-month (October 2025) position is reporting a deficit of £1.1m, an improvement of £0.2m compared to September's in-month position.</p> <p>The below table summarises actual position to month 7 and an indication of the future improvements required by calendar month to deliver the planned outturn of break-even for 2025/26. The table highlights the need to deliver surpluses in future reporting periods to offset the current adverse financial year to date performance:</p> <table border="1" data-bbox="391 1451 1522 1671"> <thead> <tr> <th rowspan="3"></th> <th colspan="13">2025/26</th> <th rowspan="3">Total Year to Date £m</th> <th rowspan="3">Forecast Outturn Position £m</th> </tr> <tr> <th colspan="7">Actual</th> <th colspan="6">Forecast</th> </tr> <tr> <th>April £m</th> <th>May £m</th> <th>June £m</th> <th>July £m</th> <th>August £m</th> <th>Sept £m</th> <th>Oct £m</th> <th>Nov £m</th> <th>Dec £m</th> <th>Jan £m</th> <th>Feb £m</th> <th>Mar £m</th> </tr> </thead> <tbody> <tr> <td>Total Monthly Surplus/ (Deficit)</td> <td>(3.7)</td> <td>(2.4)</td> <td>(1.6)</td> <td>(3.6)</td> <td>(2.3)</td> <td>(1.4)</td> <td>(1.2)</td> <td>0.0</td> <td>3.0</td> <td>3.7</td> <td>4.7</td> <td>4.9</td> <td>(16.3)</td> <td>0.0</td> </tr> </tbody> </table> <p>The Health Board received £82m as a non-recurrent (one off) allocation for the 2025/26 financial year. There are conditions imposed upon the Health Board in order for this allocation to be made recurrent and received in 2026/27 and beyond. The conditions centre upon attainment of the 2025/26 break-even plan and key first duty of the Health Board.</p> <p>A series of financial recovery 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</p>		2025/26													Total Year to Date £m	Forecast Outturn Position £m	Actual							Forecast						April £m	May £m	June £m	July £m	August £m	Sept £m	Oct £m	Nov £m	Dec £m	Jan £m	Feb £m	Mar £m	Total Monthly Surplus/ (Deficit)	(3.7)	(2.4)	(1.6)	(3.6)	(2.3)	(1.4)	(1.2)	0.0	3.0	3.7	4.7	4.9	(16.3)	0.0
	2025/26													Total Year to Date £m	Forecast Outturn Position £m																																										
	Actual							Forecast																																																	
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risk have been implemented with immediate effect and where the criteria meet a savings definition these are reported as green savings schemes.

The Health Board has debated the challenging financial position and the Chair of the Health Board with Executive and Independent Members have formed a Financial Oversight Group to debate the financial position and mitigations put forward in support of the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board balancing quality, safety, performance and financial considerations.

The above actions are in addition to the continued grip and control actions implemented in 2024/25 that will continue throughout 2025/26.

### Risks

Containment and reversal of cost overruns is now key, with the total risk to attainment of the 2025/26 financial plan assessed as circa £56.6m when national pressures being experienced are taken into consideration (Welsh Risk Pool, English Tariff Inflation, Workforce and Employers National Insurance). The net risk to delivery post actions delivered to date is forecast to total c£42m, national pressures totalling c£28m of this residual shortfall.

### Savings

The Health Board's financial plan for 2025/26 requires a savings target delivery of £40.0m and is profiled on an equal twelfth's basis. There has been a step up in the Savings Plans reported as at the end of October (Month 7) with the Health Board having identified £42.1m against a targeted £40m contained within the plan (£35.6m Green saving schemes and £6.5m Accountancy Gains).

The Health Board has £24.2m identified as recurring, with a full year effect of £32.2m. It is important for the recurrent savings to total £40m as we enter 2026/27 to ensure there is no increase in the planned level of savings for 2026/27 requirement.

Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m. The teams continue to work to move the pipeline and red schemes into green and further identify additional pipeline schemes to ensure cost overruns are mitigated, savings recurrently required for 2025/26 are achieved and further that we enter 2026/27 with identified savings schemes 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 £53.4m (including £0.2m IFRS16 and £53.2m Capital). Year to Date expenditure is £19.1m.

	The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub. The Health board continues to monitor and re-profile the expenditure to ensure risks to delivery of expenditure in accordance with our allocated capital resource limit (expenditure not exceeding plan or being below targeted levels by more than £500,000).			
<b>Argymhellion:</b>	The Board is asked to:			
<b>Recommendations:</b>	<ul style="list-style-type: none"> <li>• <b>Receive</b>, and scrutinise this report</li> </ul>			
<b>Arweinydd Gweithredol:</b>	Russell Caldicott, Interim Executive Director of Finance.			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development			
<b>Report Author:</b>				
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	<b>Arwyddocaol Significant</b> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol Acceptable</b> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol Partial</b> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd No Assurance</b> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b>  <b>Link to Strategic Objective(s):</b>		This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.		
<b>Goblygiadau rheoleiddio a lleol:</b>  <b>Regulatory and legal implications:</b>		The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.		
<b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>		Naddo N		

<p><b><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></b></p>	<p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<p>BAF – Financial Stability</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<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>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Workforce implications as a result of implementing the recommendations</i></b></p>	<p>Not applicable</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b><i>Feedback, response, and follow up summary following consultation</i></b></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b><i>Links to BAF risks:</i></b> (<i>or links to the Corporate Risk Register</i>)</p>	<p><b>Appendix A</b> <b>BAF risks</b> BAF SP14 – Estates &amp; Capital (<i>There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.</i>)</p> <p><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 25/26 Financial Plan</p>

<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><i>Next Steps:</i> <i>Implementation of recommendations</i></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><i>List of Appendices:</i></p> <p>A - 2025/26 Finance Report – October (Month 7)</p>	



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Finance Report October - Month 7 2025/26

**Russell Caldicott**  
**Executive Director of Finance**



# Executive Summary

<b>Objective</b>	<ul style="list-style-type: none"> <li>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.</li> </ul>	
<b>Statutory Financial Duties</b>	<b>Revenue</b>	<ul style="list-style-type: none"> <li>Year to Date deficit of £16.3m (£1.2m deterioration from month 6)</li> <li>Driven by £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHL D placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures &amp; CHC) offset by £3.8m additional savings.</li> <li>Forecast position is to deliver a balanced position, which is in line with the financial plan for the year, noting the significant risks to delivery.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing Cash Balance as at 31st October 2025 was £10.1m, including £1.8m for Revenue and £8.3m 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.</li> </ul>
	<b>Savings</b>	<ul style="list-style-type: none"> <li>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</li> <li>Savings attained year to date total £42.1m (above plan) with £35.6m green savings schemes and Accountancy Gains of £6.5m</li> <li>Year to Date Savings are £27.2m, of which £12.5m is recurring</li> <li>Contained within the £35.6m are £24.2m recurring savings with a full year effect of £32.2m which is below the £40m targeted in 2025/26</li> <li>The additional red schemes and opportunities total £5.9m, work is progressing to turn these 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</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2025/26 is £53.4m. Year to date expenditure totals £19.1m.</li> </ul>
	<b>PSPP</b>	<ul style="list-style-type: none"> <li>Quarter 2 PSPP for paying non-NHS invoices by number was 96.9% (Welsh Government target 95.0%).</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>➤ Quantifiable net risks to the attainment of a break-even outturn position is currently reported at £42.9m. (See further detail in Slide 13)</li> <li>➤ 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 meets a savings definition these are reported as green savings schemes. These actions are in addition to the delivery of schemes required to meet savings targets.</li> <li>➤ A Financial Oversight advisory group has been established following presentation of the challenges to attainment of the financial plan to the Health Board to support the delivery of a balanced financial plan. Specifically, the group will ensure that the delivery of a recovery plan is sustainable and in line with the commitments made by the Board balancing quality, safety, performance and financial consideration.</li> <li>➤ The above actions are in addition to the continued grip and control actions implemented in 2024/25 and the additional mitigations put in place from August 2025.</li> <li>➤ The Health board received non-recurrently £82m in 2025/26, with the risk to not attaining plan being the loss of all or part of this funding allocation as we move into 2026/27 and beyond. Conditions on retention of these funds centre upon attainment of a 2025/26 break-even plan, in delivering the key first duty of the Health</li> </ul>	



# Key Performance Indicators



## Month 7 Position

In Month: £201.6m against plan of £200.4m

**£1.2m adverse**

Full Year: £1383.2m against plan of £1366.9m

**£16.3m adverse**



## 2025/26 Full Year Position

**Forecast Balanced**

**(See Risks to delivering a forecast balanced position – Slide 13)**

## YTD Divisional Variance

West IIC	£18.8m adverse
Central IIC	£17.0m adverse
East IIC	£22.7m adverse
Womens	£2.1m adverse
VI & LD	£12.8m adverse
Commissioning Contracts	£0.8m adverse
CD Primary Care	£2m favourable
CD Regional Services	£5.5m adverse
Support Functions	£2.2m adverse
Other Budgets	£68.8m favourable



## Savings

In-month: £4.6m against target of £3.3m

**£1.3m favourable**



## Full Year Savings Delivery

£42.1m against target of £40.0m

**Target Surpassed by £2.1m** (Additional red schemes and opportunities of £5.9m are under review)



## COVID-19 Impact

£6.2m YTD Cost

£13.0m COVID funding allocation from WG



## Year to Date Income

£97.4m against budget of £95.5m

**£1.9m favourable**



## Year to Date Pay

£694.3m against budget of £659.0m

**£35.3m adverse**



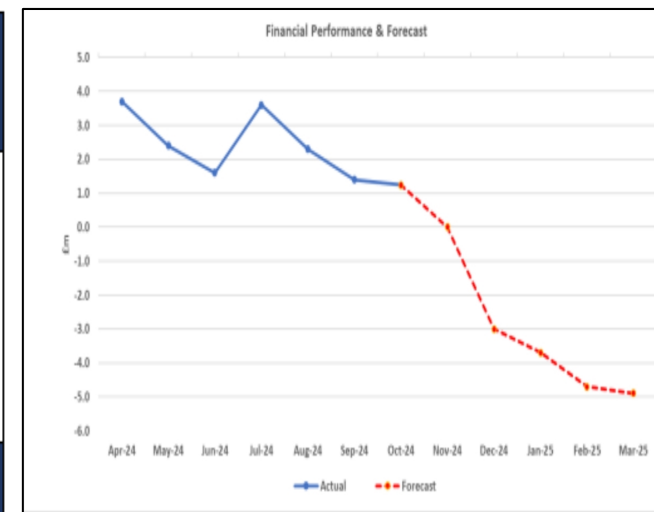
## Year to Date Non-Pay

£786.3m against budget of £803.3m

**£17.0m favourable**

# Revenue Position

	Actual						Forecast						2025/26 Cumulative against Plan				Full Year Forecast
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m	M10 £m	M11 £m	M12 £m	Budget £m	Actual £m	Variance £m	Variance %	
Revenue Resource Limit	(186.5)	(189.5)	(189.9)	(194.9)	(207.5)	(198.1)	(200.4)	(192.5)	(196.9)	(196.1)	(194.4)	(195.2)	(1,366.9)	(1,366.9)	0.0	0.0%	(2,342.0)
Miscellaneous Income	(13.4)	(13.6)	(13.9)	(13.9)	(14.7)	(14.6)	(13.4)	(14.1)	(13.9)	(14.1)	(13.9)	(14.7)	(95.5)	(97.4)	(1.9)	2.0%	(168.1)
Health Board Pay Expenditure	94.9	96.4	96.0	96.1	110.6	99.9	100.4	97.4	97.6	97.8	97.7	97.3	659.0	694.3	35.3	5.4%	1,182.1
Non-Pay Expenditure	108.8	109.2	109.4	116.2	113.8	114.3	114.6	109.2	110.2	108.8	105.9	107.7	803.3	786.3	(17.0)	-2.1%	1,328.0
<b>Total Deficit / (Surplus)</b>	<b>3.7</b>	<b>2.4</b>	<b>1.6</b>	<b>3.6</b>	<b>2.3</b>	<b>1.4</b>	<b>1.2</b>	<b>0.0</b>	<b>(3.0)</b>	<b>(3.7)</b>	<b>(4.7)</b>	<b>(4.9)</b>	<b>(0.0)</b>	<b>16.3</b>	<b>16.3</b>		<b>0.0</b>

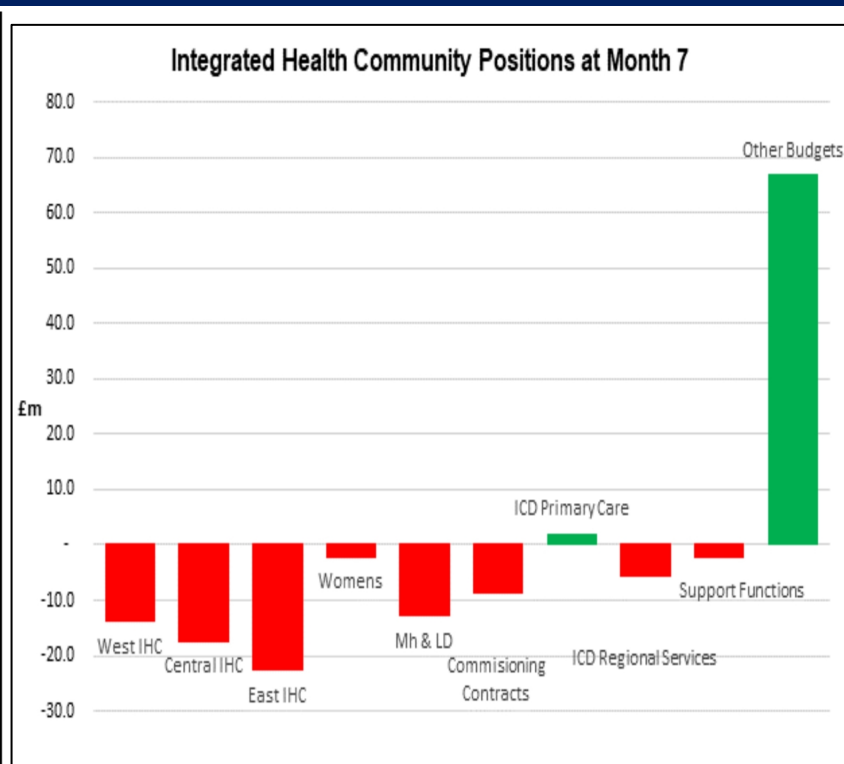


- Year to Date position is reporting a deficit of £16.3m, in-month position is reporting a deficit of £1.2m,
- Drivers of the deficit are £3.4m JCC pressures, £5.7m Capacity pressures including premium working and escalated beds, £4.4m Out of Area MHLD placements, £3.0m English tariff inflationary pressure above funded uplift, £2.5m Employers National insurance contributions, £1.2m cost overruns (including contracting pressures & CHC) offset by £3.8m additional savings.
- 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 directive 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. These actions are in addition to the delivery of schemes required to meet savings targets.
- The above actions are in addition to the continued grip and control actions continued from 2024/25 and the additional mitigations implemented from August 2025, as per below:
  - Temporary workforce – Cease use of non-clinical agency
  - Forums in place to review / approve use of agency for the Nursing and Medical workforce
  - All non-clinical requests for the use of Bank to follow the Enhanced Establishment Control process.
  - All acting up and additional hours requests to follow Enhanced Establishment Control process for non-clinical roles.
  - Non-Pay – all discretionary non-clinical expenditure to be directed to the office of the Executive Director of Finance for scrutiny and approval.
  - From August 2025 additional mitigations have been put in place with immediate effect to support both the financial position and Foundations of the Future Programme. Senior Band 8b and above roles paused for recruitment pending implementation of the new structures. This arrangement will be in place with immediate effect and will remain in place until the implementation of the new structure and will be managed through the existing Establishment Control process.



# 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 %	
<b>WG RESOURCE ALLOCATION</b>	(200.4)	(200.4)	0.0	0%	(1,366.9)	(1,366.9)	0.0	0%	0.0
<b>WEST INTEGRATED HEALTH COMMUNITY</b>	0.0	0.0	0.0						
Management	0.1	0.1	0.0		0.8	0.8	0.0		0.0
West Area	17.5	17.7	(0.2)		120.3	125.0	(4.7)		(9.0)
Ysbyty Gwynedd	11.6	13.0	(1.3)		80.3	88.6	(8.4)		(14.9)
Facilities	1.2	1.3	(0.0)		8.1	8.8	(0.7)		(1.1)
<b>Total West</b>	<b>30.5</b>	<b>32.1</b>	<b>(1.6)</b>	<b>-5%</b>	<b>209.4</b>	<b>223.2</b>	<b>-13.8</b>	<b>-7%</b>	<b>(24.9)</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	(0.0)		0.8	0.9	(0.1)		(0.2)
Central Area	23.1	23.5	(0.4)		159.9	163.5	(3.6)		(9.5)
Ysbyty Glan Clwyd	14.5	16.5	(2.0)		100.5	113.1	(12.6)		(21.9)
Facilities	1.3	1.5	(0.2)		9.3	10.4	(1.0)		(1.8)
<b>Total Central</b>	<b>39.0</b>	<b>41.7</b>	<b>(2.6)</b>	<b>-7%</b>	<b>270.5</b>	<b>287.9</b>	<b>(17.4)</b>	<b>-6%</b>	<b>(33.4)</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	0.0		0.7	0.6	0.1		0.1
East Area	26.1	27.8	(1.7)		175.7	188.1	(12.4)		(20.4)
Ysbyty Wrexham Maelor	12.5	13.9	(1.4)		86.3	95.5	(9.2)		(15.0)
Facilities	1.2	1.4	(0.1)		8.5	9.6	(1.1)		(1.9)
<b>Total East</b>	<b>40.0</b>	<b>43.2</b>	<b>(3.3)</b>	<b>-8%</b>	<b>271.2</b>	<b>293.9</b>	<b>(22.7)</b>	<b>-8%</b>	<b>(37.2)</b>
<b>Total Midwifery and Women's Services</b>	<b>4.2</b>	<b>4.5</b>	<b>(0.3)</b>	<b>-6%</b>	<b>29.8</b>	<b>31.9</b>	<b>(2.1)</b>	<b>-7%</b>	<b>(4.1)</b>
<b>Total Mental Health and LDS</b>	<b>15.5</b>	<b>17.7</b>	<b>(2.2)</b>	<b>-14%</b>	<b>106.7</b>	<b>119.5</b>	<b>(12.8)</b>	<b>-12%</b>	<b>(19.3)</b>
<b>Total Commissioning Contracts</b>	<b>26.6</b>	<b>27.8</b>	<b>(1.2)</b>	<b>-4%</b>	<b>182.6</b>	<b>191.1</b>	<b>(8.6)</b>	<b>-5%</b>	<b>(14.2)</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>									
Dental North Wales	2.8	2.6	0.2		20.8	19.0	1.8		2.5
Community Dental Services	0.8	0.5	0.3		4.4	4.1	0.3		0.4
Other Primary Care	0.1	0.2	(0.0)		0.9	1.0	(0.1)		(0.5)
<b>Total Integrated Clinical Delivery Primary care</b>	<b>3.7</b>	<b>3.3</b>	<b>0.5</b>	<b>12%</b>	<b>26.1</b>	<b>24.1</b>	<b>2.0</b>	<b>8%</b>	<b>2.5</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>									
Provider Income	(1.9)	(2.1)	0.2		(13.4)	(14.6)	1.2		2.0
Diagnostic and Specialist Clinical Support	7.3	8.1	(0.8)		50.5	54.7	(4.2)		(7.8)
Cancer Services	6.1	6.5	(0.4)		42.4	45.0	(2.6)		(5.2)
<b>Total Integrated Clinical Delivery</b>	<b>11.5</b>	<b>12.6</b>	<b>(1.1)</b>	<b>-9%</b>	<b>79.5</b>	<b>85.2</b>	<b>(5.6)</b>	<b>-7%</b>	<b>(10.9)</b>
<b>Total Service Support Functions</b>	<b>14.3</b>	<b>14.7</b>	<b>(0.4)</b>	<b>-3%</b>	<b>100.7</b>	<b>102.9</b>	<b>(2.2)</b>	<b>-2%</b>	<b>(4.5)</b>
<b>Total Other Budgets</b>	<b>15.0</b>	<b>4.1</b>	<b>11.0</b>	<b>73%</b>	<b>90.3</b>	<b>23.5</b>	<b>66.8</b>	<b>74%</b>	<b>146.2</b>
<b>Total Health Board Position</b>	<b>0.0</b>	<b>(1.2)</b>	<b>(1.2)</b>		<b>0.0</b>	<b>(16.3)</b>	<b>(16.3)</b>		<b>0.0</b>

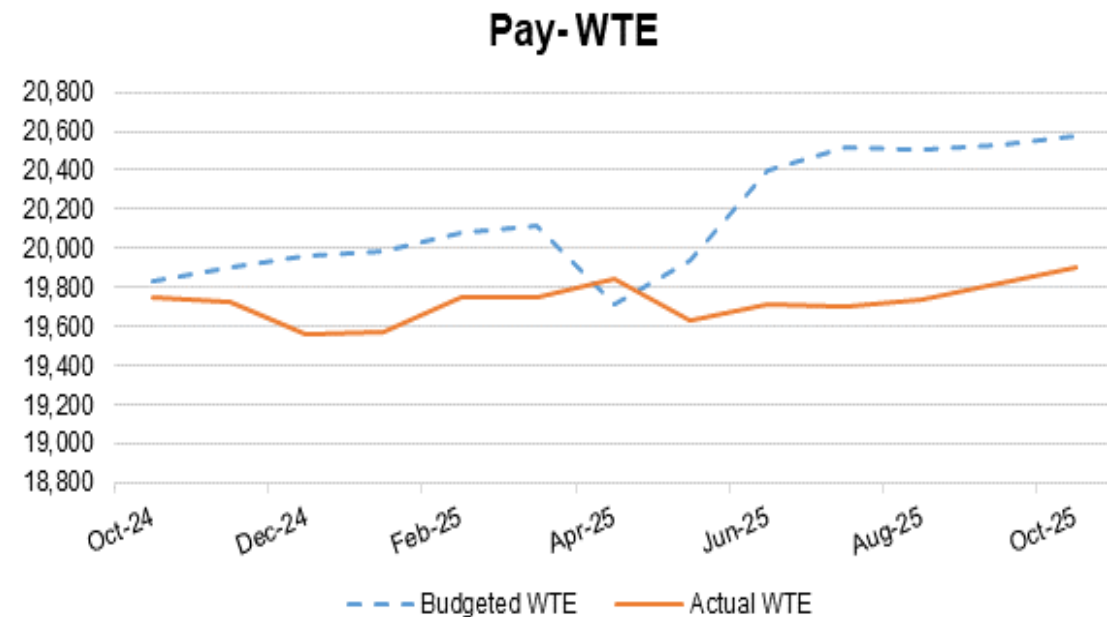
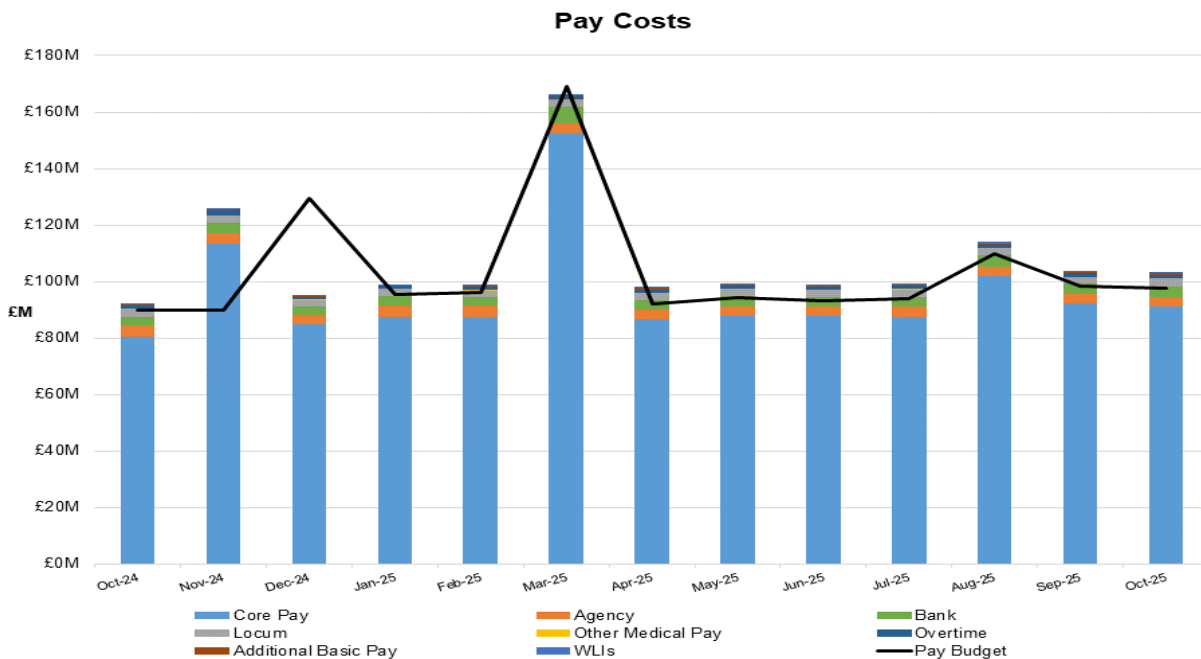


- In-month position is reporting a deficit of £1.2m, an improvement of £0.2m from September in month position. The forecast is to deliver a balanced outturn, which is in line with the financial plan for the year.
- Variable pay costs have increased in October by £1.1m from September driven by increases 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



- October budgeted WTE increased by 48 WTE from September. See Slide 8 for further detail.
- Variable Pay totals £12.2m for October, an increase of £1.1m from previous month driven by increases of £0.1m in Bank, £0.5m WLI's, £0.6m Locums, £0.1m Overtime and £0.1m in Other Non-Medical.

2024-25 Variable Pay	Actual 2025-26							YTD £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	
Agency	3.3	3.5	3.3	3.6	3.4	3.3	3.1	23.5
Overtime	1.1	1.1	1.2	1.2	1.2	1.2	1.3	8.4
Locum	2.6	2.7	2.4	2.8	2.6	2.4	3.0	18.6
WLI's	0.4	0.4	0.5	0.4	0.5	0.1	0.6	2.9
Bank	3.2	3.5	3.6	3.4	3.9	3.6	3.7	24.8
Other Non Core	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.4
Additional Hours	0.4	0.3	0.4	0.4	0.4	0.4	0.4	2.7
<b>Total</b>	<b>11.2</b>	<b>11.7</b>	<b>11.3</b>	<b>11.8</b>	<b>12.1</b>	<b>11.1</b>	<b>12.2</b>	<b>81.4</b>



# Pay - WTE

	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Movement M7 V M6
<b>Budgeted WTE</b>	19,719	19,941	20,400	20,522	20,502	20,527	20,575	48
<b>Actual WTE</b>	19,839	19,635	19,720	19,708	19,741	19,822	19,907	85

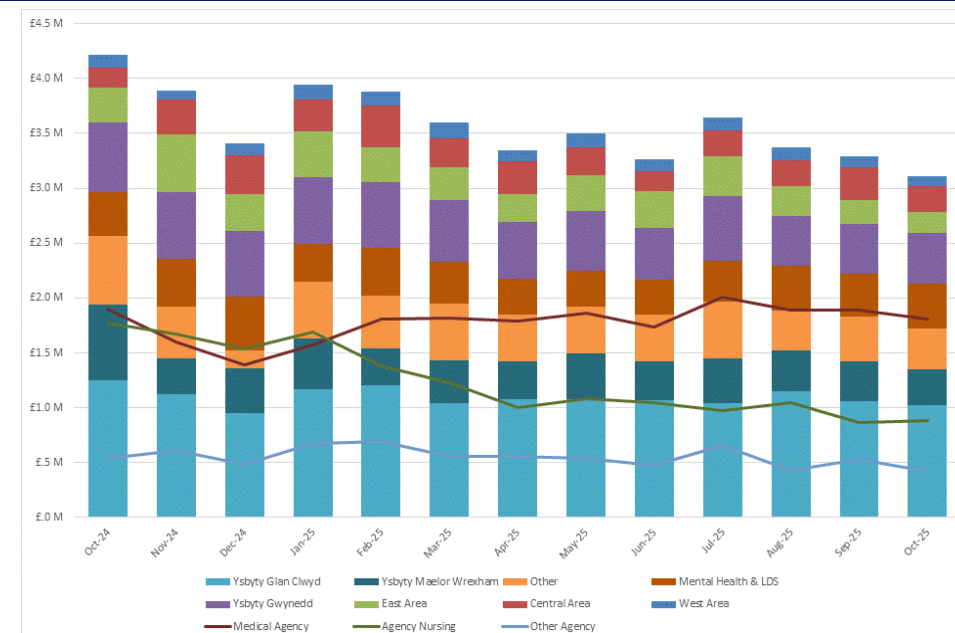
- Budgeted WTE increased by 48 WTE in October from previous month, with the below table providing further detail on Budgeted WTE movements :-
- Actual worked in October is 19,907, an increase of 85 WTE from September.

	25/26								Explanation of movement from previous month
	WTE Budget								
	M01 Apr	M02 May	M03 Jun	M04 Jul	M05 Aug	M06 Sep	M07 Oct	In Month Movement	
West IHC - Management	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	7	5.74wte transfer of AHP budget from Corporate PHW plus 0.51wte skill mix adjustments
West IHC - Ysbyty Gwynedd	1,721	1,722	1,812	1,815	1,814	1,829	1,839	10	7.00wte YG ED Medical Staff Deanery funded posts, 2.5wte TGS funding
West IHC - Facilities	368	368	368	380	380	380	382	2	
Centre IHC - Management	7	7	7	7	7	7	8	1	
Centre IHC - Central Area	2,098	2,159	2,309	2,320	2,311	2,304	2,312	8	3.40wte new Flying Start funding, 1.00wte DCC LA funded post plus wte corrections
Centre IHC - Ysbyty Glan Clwyd	2,174	2,176	2,237	2,235	2,231	2,239	2,241	2	
Centre IHC - Facilities	408	408	408	422	422	422	422	0	
East IHC - Management	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	10	8.00wte AHP Investment fund budget, 2.00wte WG bereavement funding
East IHC - Ysbyty Wrexham Maelo	1,868	1,874	1,835	1,892	1,893	1,896	1,906	10	1wte VBHC Community Heart Failure, 2wte Physician Associates funding, 2.4wte Welshpool Dialysis Income, 2wte Medical Secretaries correction (1 Respiratory and 1 ENT)
East IHC - Facilities	356	356	365	365	365	365	365	0	
Midwifery & Womens Services	687	693	694	694	694	694	694	0	
Mental Health & LDS	2,286	2,287	2,325	2,318	2,319	2,320	2,319	-1	
COVID Programmes	149	150	151	0	0	0	0	0	
Dental GDS	14	14	14	14	14	14	14	0	
Dental CDS	167	167	167	168	169	169	168	-1	
Other Primary Care	15	15	15	15	15	15	15	0	
Diagnostics & SCS	982	1,008	1,010	1,014	1,016	1,020	1,024	4	
Cancer Services	416	416	423	423	425	424	423	-1	
Corporate	1,958	2,009	2,079	2,265	2,250	2,255	2,251	-4	
Med ED/R&D	115	116	116	117	119	122	123	1	
<b>Health Board Total</b>	<b>19,719</b>	<b>19,941</b>	<b>20,400</b>	<b>20,522</b>	<b>20,502</b>	<b>20,527</b>	<b>20,575</b>	<b>48</b>	



# Pay Costs – Agency

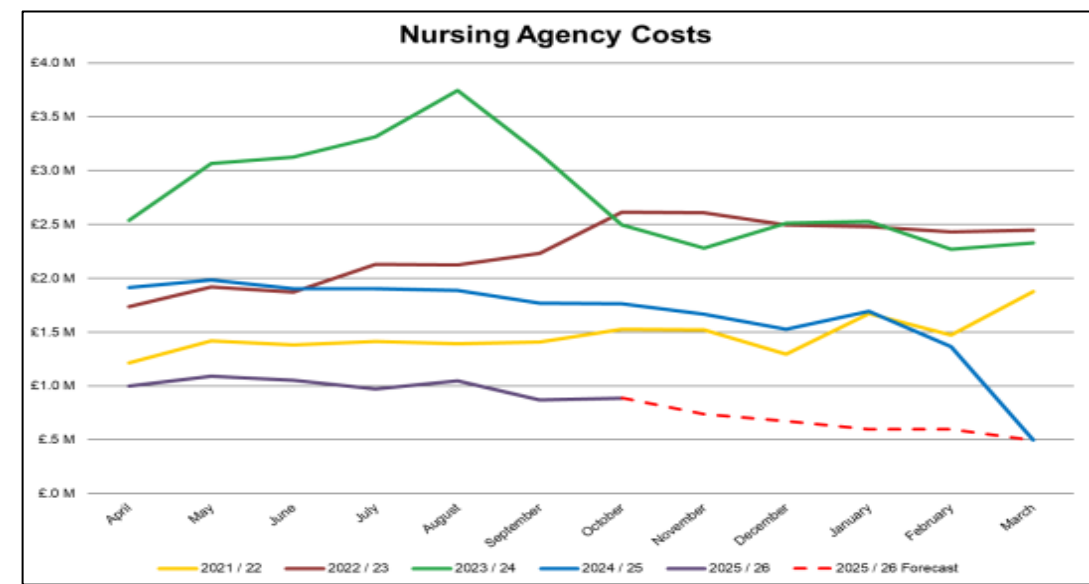
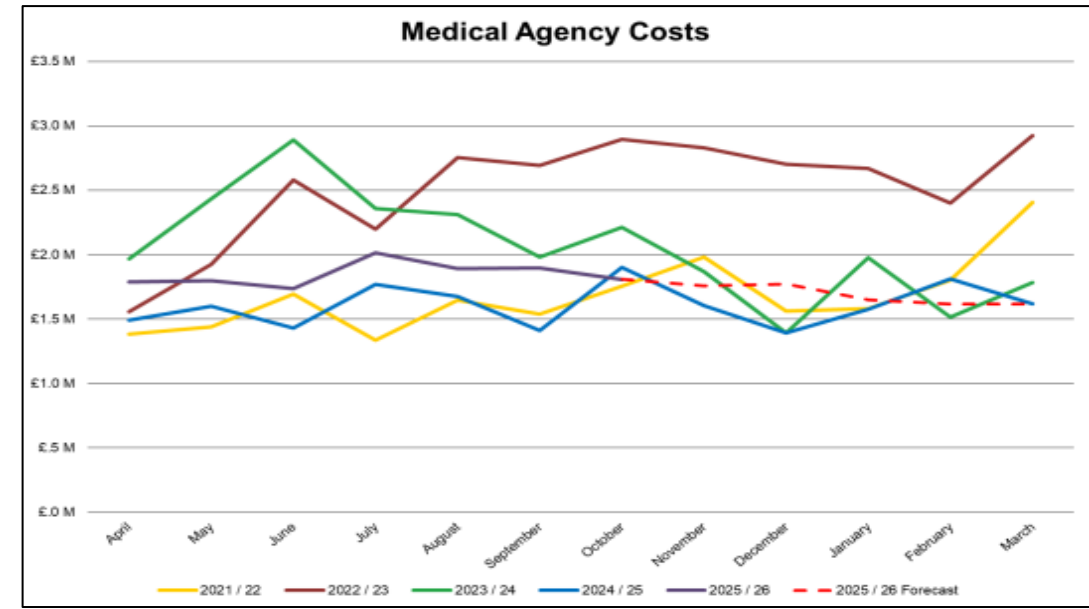
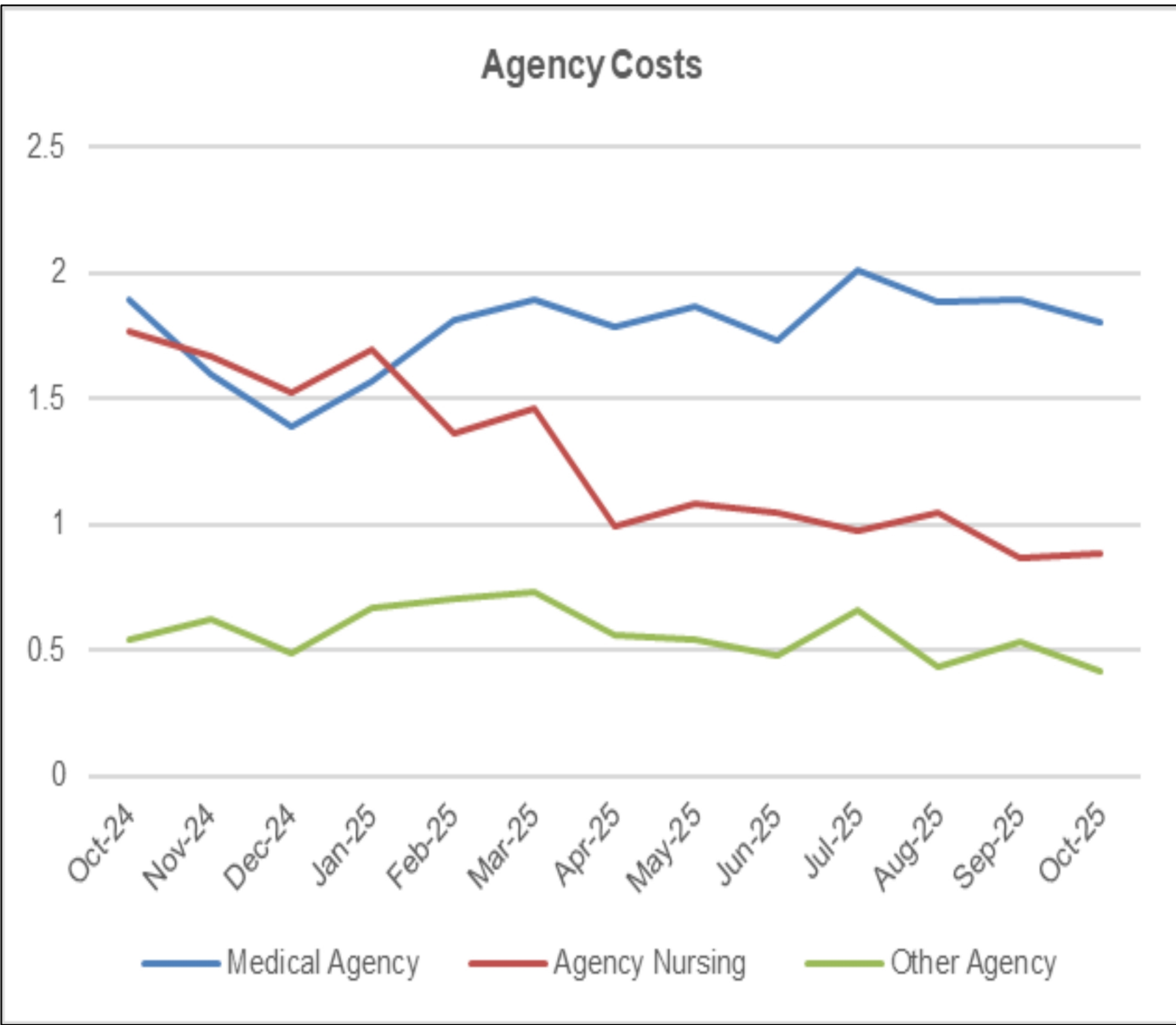
	2025-26 Agency Spend £m												Full Year Expenditure £m	
	Actual Apr-25	Actual May-25	Actual Jun-25	Actual Jul-25	Actual Aug-25	Actual Sep-25	Actual Oct-25	Forecast Nov-25	Forecast Dec-25	Forecast Jan-26	Forecast Feb-26	Forecast Mar-26		
West Area	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.2
Central Area	0.3	0.3	0.2	0.2	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	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	0.2	3.2
Ysbyty Gwynedd	0.5	0.5	0.5	0.6	0.5	0.5	0.5	0.4	0.4	0.4	0.4	0.4	0.4	5.5
Ysbyty Glan Clwyd	1.1	1.1	1.1	1.0	1.2	1.1	1.0	1.1	1.1	1.0	1.0	0.9	0.9	12.6
Ysbyty Maelor Wrexham	0.3	0.4	0.4	0.4	0.4	0.4	0.3	0.2	0.1	0.1	0.1	0.1	0.1	3.2
Mental Health & LDS	0.3	0.3	0.3	0.4	0.4	0.4	0.4	0.3	0.3	0.3	0.3	0.3	0.3	4.0
Womens	0.1	0.2	0.2	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	1.8
Other incl pan BCU Cancer Servcies and Corporate	0.3	0.3	0.2	0.3	0.2	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.2	3.0
<b>Total Agency</b>	<b>3.3</b>	<b>3.5</b>	<b>3.3</b>	<b>3.6</b>	<b>3.4</b>	<b>3.3</b>	<b>3.1</b>	<b>3.0</b>	<b>2.9</b>	<b>2.7</b>	<b>2.7</b>	<b>2.6</b>	<b>2.6</b>	<b>37.3</b>



- Agency expenditure for October is £3.1m representing 3.0% of total pay, a reduction of £0.2m compared to previous months spend. (2024/25 Monthly average £3.9m). 2025/26 Agency annual forecast outturn is £37.3m, a £0.9m reduction compared to the £38.2m annual forecast outturn reported at Month 6 and a £9.7m (20.6%) reduction from 2024/25 total Agency spend of £47.0m.
- October Medical Agency expenditure is £1.8m, £0.1m lower than previous month spend. (2024/25 Monthly average £1.6m). In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.7m), Ysbyty Gwynedd (£0.3m), Women's (£0.1m), Mental Health (£0.3m) and Ysbyty Maelor Wrexham (£0.1m), covering Medical vacancies and sickness.
- Nurse agency costs totalled £0.9m for the month, in line with previous month. (2024/25 Monthly average £1.7m). The use of agency nurses is within Ysbyty Glan Clwyd (£0.3m), Ysbyty Maelor Wrexham (£0.2m), Ysbyty Gwynedd (£0.1m), Mental Health (£0.1m), and East Area (£0.1m) to staff escalated beds and cover ward vacancies. Other agency costs totalled £0.4m in Month 7, a reduction of £0.1m from previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).
- The Cabinet Secretary workforce enabling action has been met within the Estates & Ancillary Agency staffing group with nil spend forecast for 2025/26. £0.4m Admin & Clerical Agency spend has been reported until end of October, however Nil spend is forecast for the remaining months of the year. There has been minimal spend reported to date against Healthcare Support Worker staffing group with spend forecast to reduce to Nil over the remaining months of the year.

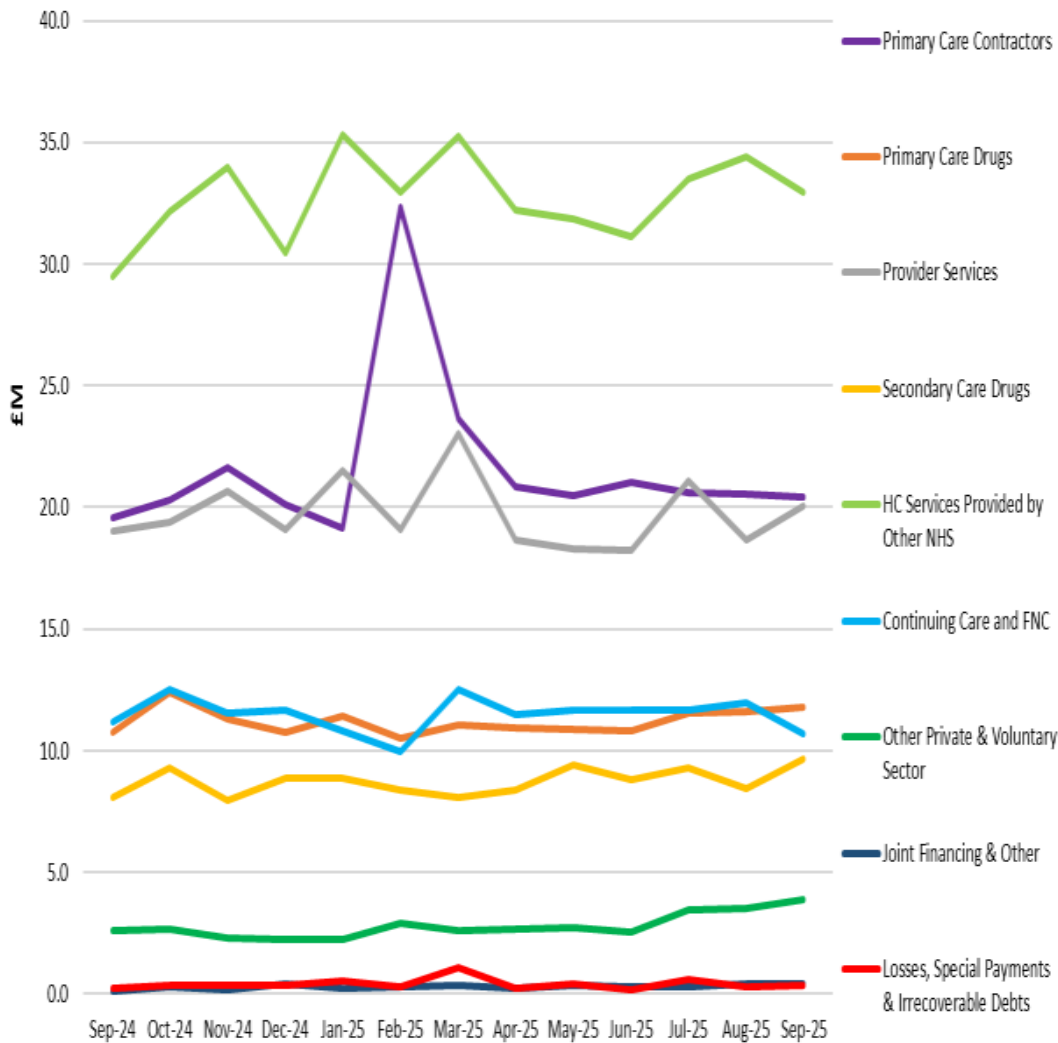


# Pay Costs – Agency



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** October expenditure is £0.8m (4.0%) less than previous month due to a £0.4m accountancy gain and £0.4m reduction in GDS spend.
- Primary Care Drugs:** Expenditure is £0.5m (3.9%) less than previous month due to the average in month cost per prescribing day being down by 0.9%. Average Cost per Item has decreased slightly by 0.1%; August was £7.80 per item compared to July average of £7.90 per item.
- Provider Services Non-Pay:** Expenditure decreased by £0.2m (1.0%), Whilst Clinical Services & Supplies spend increased by £0.9m (M&SE, implants and vaccines), this was offset by a £0.8m reduction in Premises and Fixed Plan expenditure, £0.1m reduction in General Services & Supplies and £0.2m reduction in Other Services -Non-Pay.
- Secondary Care Drugs:** Expenditure decreased by £0.4m (4.1%) from previous month, due to a reduction within Cancer Services. Cancer Services Drugs spend was particularly high in previous month due to both the timing of Homecare charges and catch up of aseptic drugs costs.
- Healthcare Services provided by Other NHS Bodies:** Expenditure is £0.2m (0.5%) higher than previous month, of which £0.5m increase is the year-to-date impact of JCC Genomics and ATMP allocations funded by WG. An in-month increase has also been reported in UCLH Prostatectomy costs due to the significant increase in activity and high inpatient activity in Shropshire community with 2 long stay critical care in CoCH, being partially offset by a reduction in UHNM spend reflecting move to block contract reporting.
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure is £1.1m (10.6%) higher than previous month, of which £0.6m is increase in MHLDC packages with the remaining increase being due to additional adult and Childrens CHC packages reported in Centre and East Area teams plus an increase in 1:1 support.
- Other Private & Voluntary Sector:** In month spend increased by £0.6m being due to the year to date impact of the Hospice funding allocation received from WG.



# Allocations

Description	£m
Allocations Received	2,269.5
<b>Total Allocations Received</b>	<b>2,269.5</b>

Description	£m
<b>Allocations anticipated</b>	
DEL Non Cash Depreciation	7.0
AME Non Cash Depreciation	-0.2
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
Real Living Wage funding	4.2
RTT Waiting Times	4.9
Planned Care additional funding 2025-26 Phase 3 Outpatient support costs	0.6
All Ages Mental Health Digital Solution 25/26	2.2
WRP top slice for 25/26 as per IMTP	-7.0
Cataract funding 2025/26	6.3
Planned Care additional funding 2025-26 Phase 4 Diagnostics	3.6
RIF Neurodevelopment Waiting Times 2025-26	2.8
Pay Award 25/26	37.8
TGS Cohort income	2.0
Waiting Times – Minor Oral Surgery & additional OPD Capacity	2.2
Waiting Times – Diagnostic Conversions from OPD Programme	4.8
Other	1.2
<b>Total Allocations Anticipated</b>	<b>72.4</b>

	£m
Total Allocations Received	2,269.5
Total Allocations Anticipated	72.4
<b>Total Welsh Government Income</b>	<b>2,341.9</b>

- 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 2,341.9m.
- Confirmed allocations to date are £2,269.5m. This includes £13.0m allocation for COVID-19, with £1.1m of COVID income profiled into September.
- Further anticipated allocations in year total £72.4m as detailed in the table.



# 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.

<b>Continuation of existing pressures</b>	<b>£m</b>	<b>Level</b>
Dental Ring Fenced Allocation underspend potential clawback	2.5	Medium
MHLD Out of Area Placements	7.5	Medium
Capacity pressures, including premium working	12.1	Medium
JCC pressure (mainly relating to the non delivery of savings)	5.9	Medium
Inability to mitigate the Employers National Insurance Contribution (ENIC) funding shortfall	4.2	Medium
Inability to mitigate the English tariff increase	5.1	Medium
<b>New pressures</b>		
Additional 25/26 WRP Risk Share costs (value above IMPT)	9.4	High
Workforce Realignment	9.4	Medium
Joint Commissioning Committee Performance	0.5	High
<b>Mitigation Actions</b>		
Conversion of Red & Pipeline Savings Schemes	(5.6)	High
Mitigating Actions - Identified	(8.1)	Medium
Mitigating Actions and Savings still to be identified	TBC	Low
Opportunity to retain slippage on Ringfenced funding (No planned slippage to date)	TBC	Low
<b>Net Quantifiable Risks and pressures</b>	<b>42.9</b>	



# Balance Sheet

- The closing cash balance as at 31st October 2025 was £10.1m, which included £1.8m cash held for revenue expenditure and £8.3m 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 Oct-25 £'m	Forecast Closing Balance End of Mar 26 £'m
<b>Non-Current Assets</b>			
Property, plant and equipment	740.2	732.2	745.4
Intangible assets	0.8	0.5	0.8
Trade and other receivables	119.7	125.4	125.7
<b>Non-Current Assets sub total</b>	<b>860.7</b>	<b>858.1</b>	<b>871.9</b>
<b>Current Assets</b>			
Inventories	20.5	21.2	20.5
Trade and other receivables	128.7	175.0	179.7
Other financial assets	0.0	0.0	0.0
Cash and cash equivalents	5.9	10.1	5.9
Non-current assets classified as held for sale	0.6	0.6	0.4
<b>Current Assets sub total</b>	<b>155.6</b>	<b>206.8</b>	<b>206.5</b>
<b>TOTAL ASSETS</b>	<b>1016.3</b>	<b>1064.9</b>	<b>1078.3</b>
<b>Current Liabilities</b>			
Trade and other payables	232.3	229.4	209.2
Borrowings (Trust Only)	0.0	0.0	0.0
Other financial liabilities	0.0	0.0	0.0
Provisions	53.9	107.9	104.9
<b>Current Liabilities sub total</b>	<b>286.2</b>	<b>337.3</b>	<b>314.1</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>730.1</b>	<b>727.6</b>	<b>764.2</b>
<b>Non-Current Liabilities</b>			
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
<b>Non-Current Liabilities sub total</b>	<b>144.7</b>	<b>150.4</b>	<b>150.9</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>585.3</b>	<b>577.1</b>	<b>613.3</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	367.2	359.0	395.2
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
<b>Total Taxpayers' Equity</b>	<b>585.4</b>	<b>577.2</b>	<b>613.3</b>



# Capital

- The approved Capital Resource Limit (CRL) for 2025/26 is £53.4m (which includes £0.2m IFRS16 and £53.2m Capital). Year to Date expenditure is £19.1m. The forecast outturn reflects the anticipated amendment of £3.9m which is contingency for the Orthopaedic Hub.

BUDGET 2025/26					
1) Capital Resource Limit 2025/26	£m	Brief Overview / Update			
WG Discretionary Capital	14.2	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Health Board by the Welsh Government through the Capital Resource Limit (CRL).			
All Wales Scheme	39.0				
<b>Total CRL</b>	<b>53.2</b>				
CAPITAL PROGRAMME 2025/26	Initial Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Divisions	3.4	1.6	2.9	0.4	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.7	0.2	1.7	-	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	3.5	0.4	3.5	-	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.0	0.1	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.
<b>WG Discretionary Capital</b>	<b>14.2</b>	<b>2.4</b>	<b>13.8</b>	<b>0.4</b>	<b>Under Commitment</b>



# Capital

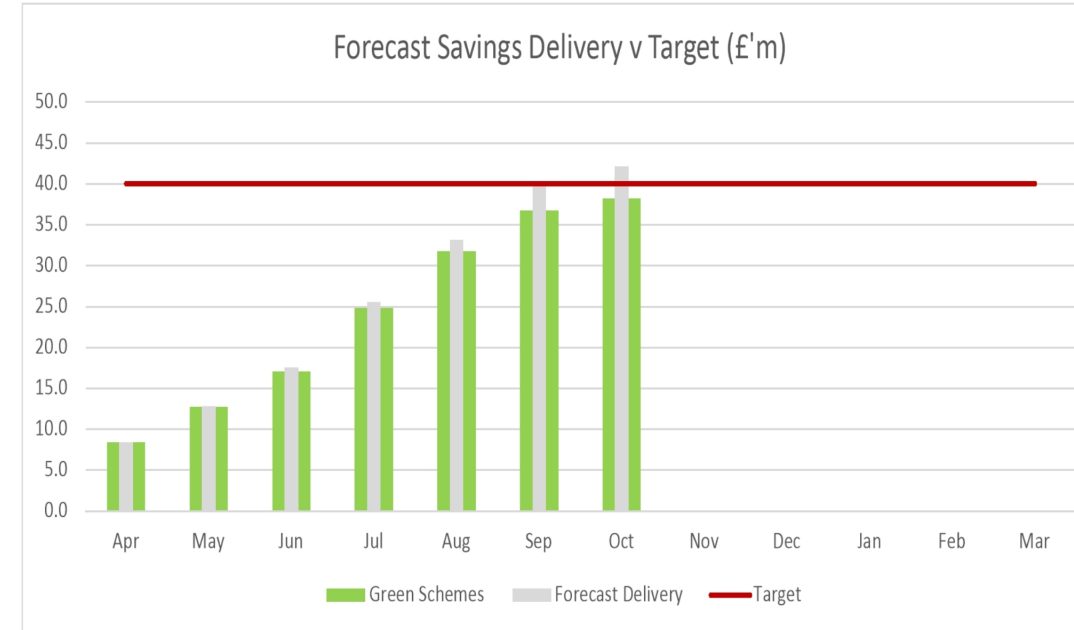
MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Regional Orthopaedic Hub, Llandudno Hospital	11.7	10.6	15.9	- 4.1	The project is progressing with completion forecasted early 2026. The forecast outturn includes the contingency risk pot currently in section 4 in the CRL, profiled to be spent in year. WG 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	0.1	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	0.1	2.4	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infrastructure	3.1	0.4	3.1	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decarbonisation	0.2	0.0	0.2	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Mental Health	2.0	0.5	2.0	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Infection Prevention Control	0.8	0.0	0.8	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
TEF - Decontamination	0.8	0.0	0.8	-	TEF funding is across a number of projects. Business cases have been approved with allocations. All works will progress to achieve the CRL by year end.
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	0.2	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	0.0	0.4	-	Two year project project 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.
<b>All Wales Capital</b>	<b>39.0</b>	<b>16.7</b>	<b>43.4</b>	<b>-4.3</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>53.2</b>	<b>19.1</b>	<b>57.2</b>	<b>-3.9</b>	



# 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 £42.1m (comprising of £34.2m Savings, £0.7m Income Generation, £0.7m Cost Avoidance and £6.5m Accountancy Gains). A forecast increase of £2.1m from month 6. Of these, £24.2m have been identified as recurring, with a full year effect of £32.2m, and £17.9m are non-recurring savings. Full year plan value of Red Schemes totals £2.0m and full year plan value of further pipeline opportunities totals £3.9m.
- 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, £0.1m Income Generation/Cost Avoidance and £1.0m of Accountancy Gains, against a £3.3m Target
- The combined year to date delivery is £27.2m, of which £12.5m is recurring, against a target of £23.3m.

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	1.3	7.3	4.6	3.6	1.0
Central Integrated Health Community	10.0	8.0	1.9	6.8	5.8	5.0	0.8
East Integrated Health Community	10.0	9.0	1.0	8.4	5.8	4.8	1.0
MHLD	3.9	4.9	-1.0	6.6	2.3	3.0	-0.8
Womens Services	1.2	0.5	0.7	0.3	0.7	0.3	0.4
Diagnostic and Specialist Clinical Support	1.8	1.7	0.1	0.4	1.1	1.1	0.0
Cancer Services	1.5	1.5	0.0	2.0	0.9	0.7	0.2
Community Dental Services	0.1	0.0	0.1	0.0	0.1	0.0	0.0
Corporate & Support Services	3.6	3.3	0.3	0.2	2.1	2.1	0.0
<b>Saving Total</b>	<b>40.0</b>	<b>35.6</b>	<b>4.4</b>	<b>32.2</b>	<b>23.3</b>	<b>20.7</b>	<b>2.7</b>
Accountancy Gains		6.5	-6.5			6.5	-6.5
<b>Total</b>		<b>42.1</b>	<b>-2.1</b>	<b>32.2</b>	<b>23.3</b>	<b>27.2</b>	<b>-3.8</b>



<b>Teitl adroddiad:</b> <i>Report title:</i>	2026-29 Integrated Medium-Term Plan (IMTP) - Planning Update and Workforce Engagement
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum (LPF)
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 10 <sup>th</sup> December 2025
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This paper provides an update to the Local Partnership Forum on the development of the 2026-29 Integrated Medium-Term Plan (IMTP), with a particular focus on the workforce, people and organisational implications of the current planning cycle to support clearer visibility of workforce risks, pressures and opportunities.</p> <p>BCUHB is delivering this work through a two-stage planning approach, supporting the organisational move towards a ‘continuous planning’ ethos, embedding planning as an all year-round, business-as-usual activity. The two stages will operate in parallel:</p> <ol style="list-style-type: none"> <li><b>1. Service-Level Planning</b> - operational teams are developing integrated plans which will form the foundation of the IMTP and ensure consistent, evidence-based approach to the use of activity, quality, finance, performance and workforce modelling data.</li> </ol> <p>These plans will be developed and refined through to the end of March 2025.</p> <ol style="list-style-type: none"> <li><b>2. IMTP Development</b> - The Corporate Planning Team and enabling services, informed by service level plans, working with service plan leads from the across the organisation to reflect service level plans within the IMTP development for 2026-29 ensuring alignment with strategic priorities, Welsh Government expectations and organisational workforce requirements.</li> </ol> <p>To support the process a multi- professional team under a collaborative planning group is being established to facilitate corporate services and operational teams to develop plans and provide opportunity to ensure priorities are reflected.</p> <p>This approach provides a structured mechanism for connecting operational workforce issues with strategic planning, ensuring that the IMTP reflects the realities of the workforce and the experience of staff across the organisation.</p> <p>The LPF plays an important role in shaping these proposals, identifying workforce risks, and ensuring that the plan is developed in partnership</p>

	with trade unions and staff representatives.			
<b>Argymhellion:</b> <b>Recommendations:</b>	<p>The Local Partnership Forum Committee is asked to:</p> <ol style="list-style-type: none"> <li><b>NOTE</b> the update on IMTP development, planning assumptions and timelines.</li> <li><b>DISCUSS</b> the emerging workforce themes, risks, implications and priorities that should be reflected in the IMTP.</li> </ol>			
<b>Arweinydd Gweithredol:</b> <b>Executive Lead:</b>	Paolo Tardivel, Interim Executive Director of Transformation and Strategic Planning			
<b>Awdur yr Adroddiad:</b> <b>Report Author:</b>	Emma Lea, Head of Business, Planning and Programmes - CIHC Janerose Buyiekha, Corporate Planning Manager			
<b>Pwrpas yr adroddiad:</b> <b>Purpose of report:</b>	<b>I'w Nodi</b> <b>For Noting</b> <input checked="" type="checkbox"/>	<b>I Benderfynu arno</b> <b>For Decision</b> <input type="checkbox"/>	<b>Am sicrwydd</b> <b>For Assurance</b> <input checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <b>Assurance level:</b>	<b>Arwyddocaol</b> <b>Significant</b> <input type="checkbox"/>  Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <b>Acceptable</b> <input checked="" type="checkbox"/>  Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <b>Partial</b> <input type="checkbox"/>  Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <b>No Assurance</b> <input type="checkbox"/>  Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in Delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <b>Link to Strategic Objective(s):</b>		<p>The approach aligns with the Health Board's <b>five Strategic Objectives</b> particularly:</p> <ul style="list-style-type: none"> <li><b>Building an Effective Organisation</b> - strengthening governance, planning and delivery.</li> </ul>		

- **Compassionate Culture, Leadership & Engagement** - supporting staff wellbeing, engagement and partnership working.
- **Improving Quality, Outcomes and Experience** - ensuring safe staffing, improved working environments and better patient care.
- **Developing Strategy and Long-Lasting Change** - enabling workforce-led redesign and innovation.
- **Environment for Learning and Skills Development** - supporting education, training, digital capability, and professional growth.

It also aligns with the **four emerging Strategic Statements of Intent:**

- **Focus on health and wellbeing** (not only ill-health) enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities
- **Enhance the coordination of care** for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care
- **Improve access, outcomes and experience** in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership
- Create a modern, people-centred healthcare system that is **future focused** and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.

<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b><i>Regulatory and legal implications:</i></b></p>	<p>The approach outlined in this report ensures compliance with all statutory and regulatory duties, including:</p> <ul style="list-style-type: none"> <li>▪ The Duty of Quality <b>and</b> Duty of Candour.</li> <li>▪ NHS (Wales) Planning Framework and NHS Wales Quality Standards.</li> <li>▪ Requirements for equality and health impact assessment (EqHIA) where appropriate.</li> <li>▪ Governance and assurance expectations from Welsh Government.</li> </ul>
<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b></p>	<p>Not applicable</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b></p>	<ul style="list-style-type: none"> <li>▪ <b>Operational Risk:</b> Variation in planning capability across Divisions may delay plan completion.</li> <li>▪ <b>Data Integration Risk:</b> Implementation of the unified modelling approach (“numbers plan”) requires coordination across functions.</li> <li>▪ <b>Workforce Risk:</b> Planning and analytical capacity may limit pace of delivery.</li> <li>▪ <b>Reputational Risk:</b> Late or inconsistent submissions could affect confidence in planning maturity.</li> </ul> <p>All identified risks are aligned and cross-referenced with the Board Assurance Framework (BAF) and Corporate Risk Register (CRR).</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b><i>Financial implications as a result of implementing the recommendations</i></b></p>	<p>No direct financial implications arise from this report. All planning activities are expected to be undertaken within existing resources.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p>	<p>The approach to planning places a strong emphasis on modelling workforce demand,</p>

<p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>supply and productivity. As part of this, the Workforce Directorate is working closely with planning leads to ensure that workforce data, pressures and future staffing trajectories are fully reflected in service plans. This collaborative approach is essential to understanding the impact on staff, identifying risks early, and ensuring that the IMTP reflects a realistic and sustainable workforce position.</p>
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Corporate Planning has commenced engagement sessions with Divisions, Executives, and Planning Leads. Feedback indicates a clear need for:</p> <ul style="list-style-type: none"> <li>▪ Earlier alignment between service plans and IMTP narrative.</li> <li>▪ Improved visibility of workforce, activity, and finance linkages.</li> <li>▪ Enhanced local ownership of deliverables and milestones.</li> </ul>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<ul style="list-style-type: none"> <li>▪ BAF01: Quality and Patient Safety</li> <li>▪ BAF03: Strategic and Service Planning</li> <li>▪ BAF05: Financial Sustainability</li> <li>▪ BAF07: Workforce Capacity and Capability</li> </ul>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Not Applicable</p>
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b> Implementation of recommendations</p>	

# Corporate Planning Update

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## 1. Introduction

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This paper provides an update to the Local Partnership Forum (LPF) on the development of the 2026–29 Integrated Medium-Term Plan (IMTP), including the planning approach, key milestones and emerging workforce priorities.

As one of the Health Board's formal Advisory Groups, the LPF plays a vital role in ensuring that workforce, people and trade union perspectives inform organisational decision-making. Early and ongoing engagement in the IMTP cycle offers a key opportunity for the LPF to shape workforce modelling, culture and leadership priorities, the implications of service redesign, and the wider impact of planning decisions on staff across the organisation.

## 2. Background

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The Integrated Medium-Term Plan (IMTP) is the Health Board's statutory three-year plan, bringing together service, workforce, quality, finance and performance requirements into a single integrated framework. The 2026-29 IMTP is being developed through a two-step process:

- 1. Service-Level Planning (Nov-Dec 2025):** operational teams are producing service level plans which will focus on developing plans which are more data informed and numerate, aiming to link activity, demand, performance, workforce and finance and leading to three year plans better able to articulate their intended impact.
- 2. IMTP Integration and Approval (Jan-Mar 2026):** the Corporate Planning Team together with colleagues in enabling functions (e.g. Workforce, Finance, Performance, Risk, Digital, Public Health, Estates, etc) will consolidate these plans into the final IMTP reflective of the priorities.

The two-step approach aims to support services to develop plans which will align to the emerging Foundations for the Future structures, and allows the flexibility for services to transition to those new structures, whilst maintaining a clear line of sight and visibility into the IMTP.

For the LPF, this planning cycle is particularly important. Workforce sustainability, leadership, organisational culture, new ways of working and staff wellbeing are central to the deliverability of the IMTP. Early engagement with staff organisations is therefore essential to ensure that workforce risks are understood, mitigated and reflected within the plan.

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### 3. IMTP 2026-29 Planning Approach

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The IMTP is built on the principles of **continuous, data-driven, whole-system planning**, ensuring alignment between:

- service needs
- workforce availability and skills
- financial constraints
- quality and performance improvement requirements

The Planning Guidance sets out clear expectations, including:

#### 4.1 Integrated Modelling Requirements

Every service plan must be underpinned by a single integrated “numerate plan” linking:

- workforce
- activity and demand
- productivity
- finance
- performance

This is central to identifying affordability, workforce gaps, skill-mix changes and redesign needs. LPF feedback on workforce assumptions, new ways of working and modelling realism will be important.

#### 4.2 Workforce Planning Assumptions and Expectations

As part of the service level planning a number of assumptions have been made to support teams to plan. These include, but are not limited to, using data and evidence-based practices, together with consideration on how modern workforce models and roles could be developed. Reviewing skill-mix optimisation and redesign opportunities for hard to recruit roles, and/or wider service redesign work to support the move towards more community-based services.

#### 4.3 Strategic Alignment

Plans must demonstrate how they meet the existing five strategic objectives, and their alignment to the four emerging Strategic Intent Statements arising from the BCUHB Strategic Development Event, in partnership with The Bevan Commission, on 8<sup>th</sup> October 2025.

The existing Organisational Strategic Objectives were developed in response to the original Special Measures outcomes. The four Strategic Statements of Intent are as core element of the work to develop a new 10-year organisational strategy

and Clinical Services Plan (CSP) and reflect the future direction of travel for the organisation. Capturing that strategic alignment early in plan development will support the transition from one strategic frame to the next.

### Five Strategic Objectives

1. Building an Effective Organisation
2. Developing Strategy and Long-lasting Change
3. Compassionate Culture, Leadership & Engagement
4. Improving Quality, Outcomes and Experience
5. Effective Environment for Learning and Skills Development

### Four Strategic Intent Statements:

1. **Focus on health and wellbeing** (not only ill-health) – enable a greater emphasis on, and increased development and delivery of preventative, proactive strategies, working with partners rooted in communities
2. **Enhance the coordination of care** for people with long term conditions and improve access to a broader range of community-based services, investing in integrated primary and community care
3. **Improve access, outcomes and experience** in secondary and specialist services, developing and enhancing highly quality, high value and sustainable pathways of care for the region, delivering in partnership
4. Create a modern, people-centred healthcare system that is **future focused** and maximises the opportunities of digital care, research, innovation and improvement and invests in the development and wellbeing of the workforce.

Workforce remains a critical enabler for the delivery of the IMTP.

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## **4. Timeline and key Milestones**

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The two-stage approach to the planning cycle for the IMTP development has commenced and work is underway to develop services levels plans which will form the IMTP Development.

The following is a high-level timeline.

- **28 November 2025:** Service plan stocktake. This is an opportunity to link in with Service Plan leads and gauge the level of plan development, identify

opportunities for further support and/or identify emerging risk to the development of plans.

- **15 December 2025:** Service level plans submitted - Final. It is from these plans that the enabling partners and corporate services will draw from to inform and support the IMTP development.
- **December 2025:** NHS Wales Planning Framework 2026-29 and financial allocations expected.
- **December-March 2026:** IMTP drafting, internal and external engagement, integration and executive review and approval; Service level plans finalised and approved through relevant local governance routes.
- **March 2026:** Board approval, IMTP Submission to Welsh Government

LPF will continue to be updated at key points during the cycle.

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## 5. Workforce Partnership Group (WPG) - Emerging Themes

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Early WPG discussions highlighted several themes relevant to the LPF:

### 5.1 Workforce Sustainability

- Rising vacancy and turnover pressures in key clinical and operational groups
- Continued reliance on temporary staffing due to recruitment challenges
- Need for workforce stabilisation and retention measures

### 5.2 Skills, Roles and New Ways of Working

- Opportunities to modernise skill mix across services
- Expansion of non-medical and extended-scope roles
- Need for clearer links between redesign proposals and workforce modelling

### 5.3 Culture, Leadership and Staff Experience

- Importance of compassionate leadership and cultural improvement
- Need to strengthen PADR, wellbeing support and organisational learning
- Direct impact of culture on recruitment and retention

## 5.4 Agency and Efficiency Controls

- Continued requirement to reduce agency dependency
- Alignment with financial envelope constraints
- Workforce efficiency schemes must be risk-assessed in relation to quality and safety

## 5.5 Education, Training and Development

- Ensuring appropriate workforce development pipelines
- Strengthening professional development aligned with new service models

A Planning Workshop with WPG is scheduled for 12<sup>th</sup> December 2025. The outputs will be used to inform and shape the workforce elements of the IMTP. Continued LPF input is essential to ensure the workforce proposals are realistic, safe and deliverable.

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## 6. Implications for Staff and Trade Union Engagement

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As service plans evolve, several considerations require LPF attention:

- Potential impact of any service redesign on roles, job plans, rotas and skill mix
- Change management requirements and early engagement processes
- Implications for staff wellbeing and workload
- Maintaining safe staffing levels in the context of financial constraints
- Ensuring transparent communication on organisational priorities
- Supporting the employer-staff partnership approach central to the LPF remit

The IMTP will not be deliverable without a stable, engaged and supported workforce. LPF's role in shaping this agenda is critical.

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## 7. Areas Where LPF Input is Requested

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As the IMTP is developed, the LPF will be invited to consider and provide feedback on:

1. The workforce assumptions underpinning the IMTP (vacancies, turnover, agency controls, skill-mix).
2. Emerging workforce risks identified during service-level planning.
3. Implications for staff arising from proposed service changes or redesign.
4. Priorities for workforce wellbeing, culture and leadership that must be reflected in the IMTP.

5. Trade union perspectives on workforce pressures, employment policy, and supporting sustainable change.

This provides opportunities for partnership working to strengthen workforce retention, development and staff experience.

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## 8. Recommendations

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The Local Partnership Forum is asked to:

- **NOTE** the update on IMTP development, planning assumptions and timelines.
- **DISCUSS** the emerging workforce themes, risks, implications and priorities that should be reflected in the IMTP.

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## 9. Conclusion

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The 2026-29 IMTP provides an important opportunity to strengthen workforce sustainability, culture and organisational resilience. The LPF's role is central to this, ensuring that staff experience, trade union insight and professional voice shape both the development and delivery of the plan.

Continued early engagement through the LPF will help ensure that the IMTP is both ambitious and deliverable, grounded in the realities of the workforce that enables safe and high-quality care across North Wales.