



**PWYLLGOR DIWYLLIANT, POBL A DATBLYGU SEFYDLIADOL
PEOPLE, ORGANISATIONAL DEVELOPMENT & CULTURE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	17 February 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Progress Report on Glangwili Theatres Sickness and Culture
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Paula Goode Clinical Care Group Director Planned and Specialist Care Olwen Morgan, Assistant Director of Nursing

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA
SBAR REPORT**

Sefyllfa / Situation

During 2024–2025, a complex and escalating pattern of workforce, cultural and safety concerns emerged within Theatres at Glangwili Hospital (GGH).

The Head of Nursing for Planned Care sponsored the Organisation Development Relationship Manager (ODRM) to undertake a culture exploration exercise in GGH Theatres. Engagement sessions highlighted workforce and staffing challenges that were adversely affecting staff wellbeing across the team. In response, the Head of Nursing and General Manager established a Task and Finish (T&F) Group to focus on these issues, whilst also engaging Operational Workforce to provide some bespoke support in relation to absence management. A Theatre Improvement Action Plan was developed and with progress overseen through the T&F Group until its conclusion.

This report provides an update on actions and progress in relation to GGH Theatres. Senior operational leaders within the Clinical Care Group for Planned and Specialist Care maintain direct accountability and oversight, ensuring that appropriate actions are in place to stabilise the service, strengthen workforce resilience and support a positive and safe working environment.

Cefndir / Background

Increased sickness absence, interpersonal conflict and staffing concerns were key issues impacting on the quality and safety within theatres. Three anonymous, formal concerns relating to GGH Theatres were received by Health Inspectorate Wales (HIW) during 2025.

Themes highlighted within these concerns:

- Staffing Deficits and Workforce Instability
Increasing Dependence on Temporary Workforce and Insourcing

- Wellbeing, Morale and Cultural Tensions
- Growing Safety Concerns and Near-Miss Incidents
- Leadership, Communication and Trust

Key recommendations from the OD Culture survey:

- Improve leadership visibility and communication.
- Address workforce gaps with targeted recruitment and retention strategies.
- Encourage open communication and create safe spaces for feedback.
- Enhance recognition and fairness through structured programs.
- Strengthening career development and training access.

Asesiad / Assessment

Significant work has been undertaken to support, stabilise and improve the quality and safety of Theatres in GGH.

Key areas of progress:

- Establishment of the Theatre Steering Group, chaired by a Senior Clinician. This group is well attended with good engagement from clinicians and management. The daily theatre staffing review meetings are now, by consensus, held weekly. Theatre activity is clinically prioritised and any necessary changes discussed with clinicians and managers to reach a consensus. This supersedes the T&F Group established by the Head of Nursing.
- Appointment of an experienced Clinical Director (CD) for Anaesthetics, Critical Care and Theatres (internal appointment).
- Recruitment of a General Manager (GM) for Anaesthetics, Critical Care and Theatres (6 months secondment advertised) *Both the CD and GM posts form part of OCP 2*
- Appointment of an experienced Senior Nurse Manager (SNM) - external appointment.
- Increased funding for the recruitment of 10 wte Registered Practitioners (October 25) facilitated to reflect turnover rates. (R.R. 2028)
 - *Band 6 x 3 (1 internal, 2 external commenced December 2025 and January 2026)*
 - *Band 5 x 4 (all experienced, overseas theatre nurses, commencing in February 2026)*
 - *Band 5 x 3 (newly registered)*
- Comprehensive and structured staff induction and mentorship according to experience, supported by the Theatre Practice Development Team
- Safer Staffing Review undertaken and approved by the Executive Director of Nursing, Quality and Patient Experience. Business Case produced as part of the CCG planning submission to achieve the safe staffing levels. On-going recruitment requires careful management, over time, to ensure that staff receive adequate supervision and support. It is understood that Health Education Inspectorate Wales (HEIW) are leading on a review and development of new guidance on skill mix for theatre staffing which will inform ongoing work in this area. (R.R. 2028)
- Improvement in sickness absence management, supported by HR and SNM
- Progress with completion of staff Performance Appraisal Development Review (PADR)
- Supporting staff training and development.
- Development of Team Building time outs in conjunction with the OD & Culture Team.

Patient Safety risks and incident reporting:

The Clinical Care Group leadership Team is developing and leading an incident/accident investigation which considers the system issues that have contributed to the current situation with the aim of learning within a culture of openness and transparency. The Accident Investigation Patient Safety Analysis will commence in April 2026. This will be complimented by the engagement of the Civility Saves Lives team, to assist the launch of a culture of psychological safety, reporting, listening and responding.

Staff wellbeing and morale

Staff health and welfare is a priority. The culture team remain engaged and are supporting the staff. The increased management capacity within theatres is supporting the functioning of theatres. Alongside the Head of Nursing and Senior NM (SNM) they are actively engaging and leading the improvements and changes within theatres. There have been challenges with arranging the structured feedback sessions with the senior clinical staff due to operational demands. Once the feedback is completed a formal Culture Action Plan will be co-produced between the culture team, senior clinical and managerial staff and progress managed and monitored via the Audit Management and Tracking (AMaT) system. The staff want and need to be partners in this cultural and improvement journey for it to be meaningful and sustainable. Progress updates will be reported through the CCG Quality & Governance Meetings.

Staff are being supported to undertake continuous professional development including Masters' programmes. The Practice Development Team support staff training and development. Audit days are also utilised for training and development.

Vanguard:

As part of our wider Clinical Care Group development, the senior management team, including a Band 7 Theatre Practitioner and Service Delivery Manager (SDM) are undertaking a theatre improvement project with Vanguard. As part of this work, senior managers are spending time and working with staff in theatres to understand processes and functioning of the service in order to improve and optimise the quality and safety within theatre services at GGH.

Outcomes and learning from this work can inform and support the wider theatre services within the Health Board. To date, the work completed has developed a focus on core themes, which include safety, culture, recruitment and retention with the 6:4:2 theatre utilisation and efficiency model implementation and enablement seen as rapid response priorities. This model will support the facilitation and protection of Audit days, a core component of quality, safety and learning.

The CCG Quality, Safety & Governance Meeting monitors progress across all the key improvement areas.

Argymhelliad / Recommendation

The People Organisational Development Committee is asked to:

- **TAKE ASSURANCE** that the workforce, cultural, and safety concerns identified during 2024/2025 are being rigorously monitored and addressed through strengthened senior operational accountability and oversight within the Clinical Care Group for Planned and Specialist Care.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.7 Seek assurances that there is the appropriate culture and arrangements to allow the Health Board to discharge its statutory and mandatory responsibilities with regard to Welsh language provision (workforce & patient related).
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	2028 Score 20
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Culture Survey T&F Action Plan Theatre Staffing Review Theatre Steering Group
Rhestr Termau: Glossary of Terms:	Included within the body of the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Diwylliant, Pobl a Datblygu Sefydliadol: Parties / Committees consulted prior to People, Organisational Development & Culture Committee:	Integrated Quality, Financial Performance and Delivery Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	There are short-term financial implications associated with stabilising the service, including investment in staffing and improvement support; however, these actions are expected to support improved productivity, reduced reliance on temporary staffing, and better value for money over time.
Ansawdd / Gofal Claf: Quality / Patient Care:	The actions described are intended to strengthen patient safety, service reliability and quality of care within theatres through improved staffing stability, leadership oversight and a positive safety culture.
Gweithlu: Workforce:	The programme of work is designed to improve workforce wellbeing, morale and retention, supporting a safe, inclusive and sustainable working environment for theatre staff.
Risg: Risk:	Failure to sustain the improvements outlined may increase risks relating to patient safety, workforce stability and service delivery; these risks are actively monitored and managed through established governance arrangements.
Cyfreithiol: Legal:	There are no direct legal implications arising from this report; actions are aligned with the Health Board's statutory duties in relation to patient safety, workforce wellbeing and employment practice.
Enw Da: Reputational:	Effective management and oversight of the issues identified will support public confidence in theatre services and the Health Board's commitment to learning, improvement and transparency.
Gyfrinachedd: Privacy:	No additional privacy or information governance implications arise, as all actions are managed in accordance with existing data protection and confidentiality policies.
Cydraddoldeb: Equality:	Not required for this report.