

## **Bundle BCU People and Culture Committee 3 March 2025**

- 1 12:00 - PRELIMINARY MATTERS
- 1.1 12:00 - PC25/01 Welcome and Apologies - Verbal (Chair)
- 1.2 12:01 - PC25/02 Declarations of Interest - Verbal (Chair)
- 1.3 12:02 - PC25/03 Unconfirmed Minutes of Meeting held on 19.12.24 - Attached (Chair)  
PC25.03 Minutes from P&C Committee 19.12.24 V0.02 Unconfirmed (Public)
- 1.4 12:05 - PC25/04 Matters Arising & Action Log - Attached (Chair)  
PC25.04 Action Log P&C Committee - Public (Updated 13.02.25)
- 2 12:10 - STAFF STORY
- 2.1 12:10 - PC25/05 Staff Story - Paper (Deputy Director of People)  
*A short film will accompany the paper and Katie Sargent to join for this item*  
PC25.05 Staff Story Coversheet Final  
PC25.05.1 Staff Story Final GR Approved
- 3 12:40 - STRATEGIC PRIORITIES
- 3.1 12:40 - PC25/06 Equality Update Report - Paper (Deputy Director of People)  
*Ceri Harris to join the meeting for this item*  
PC25.06 People and Culture Paper 13.2.25 Equality amended Feb 25  
PC25.06 Appendix 1 - Annual Equality Monitoring Report  
PC25.06 Appendix 1.1 - Annual Equality Monitoring Report - Narrative Statutory Employment Reports 2023 24 with Trends  
PC25.06 Appendix 2 – The Gender Pay Audit  
PC25.06 Appendix 3 – Race Pay Audit
- 3.2 13:10 - PC25/07 Foundations for the Future Programme - Verbal (Chief Executive)  
*Ffion Johnstone to join for this item (Paper to follow)*
- 3.3 13:25 - PC25/08 People Operations Report - Paper (Deputy Director of People)  
PC25.08 People Operations Report Coversheet - Final Version  
PC25.08.1 People Operations Report Final
- 3.4 13:40 - PC25/09 Culture, Organisational Development & Engagement Update - Paper (Head of Culture Development)  
*Nia Thomas to present the paper and Rebecca Testa to join for this item (Papers to follow)*  
PC25.09 Culture, Organisational Development & Engagement Update  
PC25.09 Culture, Organisational Development & Engagement Update App 1 Communication Socialisation Plan VBF Draft v0.2  
PC25.09 Culture, Organisational Development & Engagement Update App 2 V BF Embedding Plan - high level  
PC25.09 Culture, Organisational Development & Engagement Update App 4 - BCUHB Board SLT Conversation key messages information sheet  
PC25.09 Culture, Organisational Development & Engagement Update App 3 - BCUHB Board SLT Conversation record sheet v0.3
- 3.5 13:55 - PC25/10 Education and Training Plan 2026/27 - Paper (Deputy Director of People)  
PC25.10 Education Training Plan 2026-27 - Final
- 4 14:05 - GOVERNANCE AND ASSURANCE
- 4.1 14:05 - PC25/11 Corporate Risk Register Report - Paper (Director of Corporate Governance)  
PC25.11 Corporate Risk Register Report PC Committee February 2025
- 4.2 14:15 - PC25/12 Final Internal Audit Report on Consultant Job Planning - Paper (Associate Director of Workforce Planning & Performance)  
PC25.12 Final Internal Audit Report Consultant Job Planning BCU-2425-20

- 5 14:25 - FOR INFORMATION
- 5.1 14:25 - PC25/13 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
  - PC25.13 P&C Private Session Items Reported in Public
- 5.2 14:26 - PC25/14 Committee Forward Workplan - Paper (Head of Corporate Affairs)
  - PC25.14 Workplan for P&C Committee (Live Version as at 05.02.25)
- 5.3 14:27 - PC25/15 Thematic Report on Equality Matter (Improving Inclusion and Accessibility in Public Services in Wales) - Paper (Deputy Director of People)
  - PC25.15.1 Covering Letter for Thematic Report - Equality Matters
  - PC25.15.2 Equality Matters January 2025
- 6 14:28 - CLOSING BUSINESS
- 6.1 14:28 - PC25/16 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 14:30 - PC25/17 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 14:34 - PC25/18 Date of Next Meeting - 10.04.25
- 6.4 14:34 - Resolution to Exclude the Press and Public  
*"Those representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960."*

**Betsi Cadwaladr University Health Board (BCUHB)**  
**UNCONFIRMED Minutes of the People & Culture Committee**  
**held in Public on 19 December 2024**  
**in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Jones	Independent Member (Chair of People & Culture Committee)
Billy Nichols	Independent Member (Vice Chair of People & Culture Committee)
Clare Budden	Independent Member
Karen Balmer	Independent Member ( <i>via Teams</i> )
<b>In Attendance</b>	
Georgina Roberts	Senior Associate Director People Services
Pam Wenger	Director of Corporate Governance
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Carol Shillabeer	Chief Executive
Dyfed Edwards	Chair of the Health Board ( <i>Observer</i> )
Nick Graham	Associate Director of Workforce Optimisation ( <i>via Teams</i> )
Dave Harries	Head of Internal Audit
Katie Sargent	Organisational Development – Engagement Lead
Mike Parry	Associate Director of the Board
Ceri Harris	Head of Equality & Human Rights
Eleri Hughes-Jones	Head of Welsh Language Services ( <i>part meeting</i> )
Nia Harris	Head of Organisational Development
Nia Thomas	Organisational Development Manager ( <i>part meeting</i> )
Dewi Owen	Organisational Development Practitioner ( <i>Observer - part meeting</i> )
Tracey Eccles	Speaking up Safely Guardian ( <i>via Teams – part meeting</i> )
Nesta Collingridge	Head of Risk Management ( <i>via Teams – part meeting</i> )
<b>Committee Support</b>	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>
<b>OPENING BUSINESS</b>
<b>PC24/88 Welcome and Apologies</b>
Apologies were noted for Jason Brannan.
<b>PC24/89 Declarations of Interest</b>
No declarations of interest were raised.
<b>PC23/90 Unconfirmed Minutes of Meeting held on 10.10.24</b>
It was agreed that the minutes of the meetings held on 10.10.24 were a true and accurate record.

## PC24/91 Matters Arising & Action Log

### Operating Model

- There was discussion around action **PC24/72.2** relating to the recruitment of a Programme Director. It was confirmed that Ffion Johnstone has been appointed to this role and agreed that this action could be closed. It was also agreed that the Operating Model should be referred to as the Foundations for the Future Programme going forward.

The Committee reviewed the remaining actions and agreed to close the actions that were proposed for closure.

## STAFF STORY

### PC24/92 Staff Story

The Chair confirmed that this is the first staff story received by the Committee and will be a key part of the remit of the Committee going forward. It was confirmed that it is important to address the outcome of the story and what action should come back to the Committee in terms of progress.

In presenting to the Committee, the Organisational Development, Engagement Lead highlighted:

- The staff story has been shared via the Speaking up Safely Guardian and is based around fixed term contracts.
- The story focuses on a member of staff who moved to North Wales to take up a clinical role. The staff member was not paid during December 2023 due to the establishment control process which had an impact on their work and home life and the individual also felt let down by the Health Board.
- The issue has now been addressed and the member of staff now has a permanent position within the organisation however this issue has left an impact on the staff member.
- The key messages from the staff story are based around job insecurity, being unable to pay bills and feeling undervalued.
- Fixed term contracts have been identified by Workforce as an issue and work is underway to review how these are being used.
- It was confirmed that the only areas that should be using fixed term contracts are maternity cover, long term sickness and limited term projects.
- Further work is required to address the process for emergency payments and also ensure managers have a basic level of training in this area.

As part of the discussion, the Committee:

- Noted that the key issues are now being addressed such as providing communication and training for managers, simplifying the process and monitoring fixed term contracts.
- Confirmed that the Health Board do not include a probation period within our terms of reference.
- Highlighted the need to be more people orientated rather than process focussed and work is taking place with Shared Services to develop a simplified process.

- Acknowledged that some staff experience severe hardship and there is a need to ensure signposting is provided where required.
- Suggested aligning staff stories to strategic items included on the agenda as we move forward, inviting staff members who share their stories to join the meeting and also provide assurance to the Committee that these issues are being addressed to ensure they are not repeated.
- Agreed the need for learning to be shared with staff via the People & Culture Sub Groups within the IHCs.

**Actions:**

- **PC24/92.1** Start to align staff stories to strategic items included on the agenda going forward.
- **PC24/92.2** Share the learning relating to fixed term contracts via the People & Culture Sub Groups within the IHCs.

It was resolved that the Committee:

- **NOTED** the paper.
- **RECEIVED** the staff story.

## STRATEGIC PRIORITIES

### PC24/93 Equality Report

Members noted that this was an introductory report to start to shape how the Committee can influence and help develop the Equality agenda. In presenting the report, the Head of Equality & Human Rights highlighted:

- The Team have developed a four-year action plan identifying the strategic objectives for equality and human rights and the report focusses on two key areas which are the Welsh Workforce Race Equality Scheme (WRES) and the Worker Protection (Amendment of Equality Act 2010) Act 2023
- The WRES measures the impact of data across the organisation from recruitment to exit interview.
- Information from ESR and the staff survey has been reviewed and shows a low level of staff declaring their ethnicity which suggests people may be experiencing discrimination however there is a long-term plan to address this issue.
- The Team have linked in with the Speaking up Safely Team and recognised there is little representation to take forward concerns raised and this is being reviewed.
- The Worker Protection Act was introduced in October 2023 and the organisation have a duty of care to provide safe spaces for staff to raise concerns in relation to sexual safety.
- The Team are developing the policy to align to the Act and there will be moral and financial implications for the Health Board.

As part of the discussion, the Committee:

- Queried whether the WRES Report is operational and asked for this to be shared outside of the meeting to provide additional information.
- Suggested that ESR may provide some barriers in this area and there is a need to get the system working well for new starters to ensure data is being captured.

- Advised that the risk assessment relating to sexual harassment is reviewed and processes are put in place to ensure staff understand the policy and action is being taken which will provide a level of assurance.
- Agreed that the WRES Report requires Board level visibility.
- Suggested further work is needed to ensure the data is being reviewed to highlight where targeted actions and focus is required.
- Highlighted that as a major employer of 20,000 staff, this provides the Health Board with the opportunity for staff to become champions of equality within the local communities.
- Stated that the Strategic Equalities Plan has been signed off by the Board and an update should come to the Committee for assurance.
- Confirmed that there is a need to shape the strategic direction and areas of focus for the WRES Report to go to Board and form part of the Board Development Plan and also back to the Committee for assurance.

**Actions:**

- **PC24/93.1** Share the WRES Report with the Committee outside of the meeting.
- **PC24/93.2** Provide an update to the Committee on the Strategic Equalities Plan for assurance.
- **PC24/93.3** Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.

It was resolved that the Committee:

- **NOTED** the updates.

**PC24/94 Welsh Language Services Introductory Paper**

Members noted that this was an introductory report into Welsh Language Services and this has been the focus of a recent Board Development Session. In presenting the report, the Head of Welsh Language Services highlighted:

- There is a current focus on the Welsh Language Commissioner five-year strategy and the main themes include Health & Social Care, Workplace and Young People.
- An outline structure has been developed which links in with areas of work such as organisational development, promotion and engagement, this is currently working well.
- There are issues relating to legislation and there is a need for further work to develop plans to increase the ability to deliver clinical consultations in Welsh.

As part of the discussion, the Committee:

- Agreed on the importance of being able to deliver high quality, language appropriate care.
- Queried what we want to achieve as an organisation in terms of Welsh Language speakers and whether there should be a minimum expectation as this is a great opportunity as a major employer to make a difference in this area.
- Considered other languages and the ambition to provide any resident with services in their first language whatever that may be and how this links with the Strategic Equalities Plan. It was confirmed that a service for different languages is being provided but this needs to be developed further and shared more widely.

- Confirmed that discussions have taken place at Board level and there is a need to move forward to ensure patients receive care in Welsh as required as this supports better outcomes for patients.
- Agreed the need to focus on Children & Young people, Older people and Mental Health as priority areas and the Team are linking in to the IMTP and the Annual Plan.
- Acknowledged that BCU are making progress and this has been recognised at the NHS Wales Leadership Board.
- Recognised the high standard of Welsh Language learning support available to staff and suggested this is promoted when recruiting to roles.
- Confirmed that tutors are available across the organisation working with a range of staff including Executive Directors, front line staff and overseas employees and this support will continue to develop.
- Agreed the need to promote Welsh Culture as well as Welsh Language.

It was resolved that the Committee:

- **CONSIDERED** the report as an initial discussion platform for future papers and assurance.

*Nia Harris & Dewi Jones joined the meeting*

## **PC24/95 People Operations Report**

Members received the report and noted the progress. In presenting the report, the Associate Director of Workforce Optimisation highlighted:

- The change in the structure of the report into three sections – People, Leadership & Development and Culture & Engagement.
- There has been a reduction in vacancy rate and turnover however further work is required in relation to retention.
- The Health Board have the lowest sickness absence rate in Wales however there is a need to understand the trends, in particular relating to stress and anxiety.
- The PADR rate has increased to 77.8% and there has been an increase across the majority of areas.
- There has been significant improvement relating to time to hire and the challenge is now to maintain the improvement.

As part of the discussion, the Committee:

- Considered progress in terms of workforce planning confirming that the workforce planning function is being developed and during Q4 the Team aim to address the medical staffing function.
- Noted the current challenges and suggested there is a need to provide assurance that the issues are being addressed.
- Acknowledged the triangulation of vacancy, sickness and PADRs to identify any pattern of issues and proposed the Team review a further breakdown of the areas of stress being recorded.
- Agreed to complete some wider mapping in relation to workforce planning to gain some clearer information and also address the action being taken to address the issues raised in the report.

**Action:**

- **PC24/95.1** With regards to the new format of the paper, include what is being done about the issues raised in the report and also include wider mapping in relation to workforce planning.

It was resolved that the Committee:

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

**PC24/96 Culture, Leadership & Engagement Update**

Members received the report and noted the progress. In presenting the report, the Head of Organisational Development and the Organisational Development Manager highlighted:

- The organisation currently has 62 culture change leaders and the Team are working to gain additional leaders across all areas of the Health Board.
- Some staff groups experience retention issues and high turnover of staff, these areas may require a stronger focus on culture change and a heat map will be developed as we move forward to identify any problem areas.
- Work is taking place with Trade Unions and Managers to help introduce the organisation's cultural values as soon as new staff are inducted.
- The Team are working closely with the new Retention Lead, James Johnson to ensure there is clarity around retention issues and required action and intervention as well as engagement with the Trade Unions.

As part of the discussion, the Committee:

- Queried the effectiveness of the staff survey and the need for a higher response rate and views from a broader group of staff to gain more valuable data.
- Suggested the Committee review the staff survey including the results at a future meeting and link this in to a broader discussion on staff engagement.
- Discussed how other organisations engage with their staff and referred to Northumbria Healthcare NHS Trust who complete a staff survey four times per year and gain a 70% response rate, it was agreed that this information would be shared.
- Considered the use of pulse surveys to target certain areas and start to work on local engagement to provide tailored solutions as different approaches are required in different areas.
- Suggested the information received from the Foundations for the Future Programme will be a good source of information.
- Agreed the need for the organisation to be clear on our values and cultures and develop good relationships for staff and line managers.

**Actions:**

- **PC24/96.1** Clarify that James Johnson has engaged with Trade Unions.
- **PC24/96.2** Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.
- **PC24/96.3** Share an example of the Staff Survey from Northumbria Healthcare NHS Trust.

It was resolved that the Committee:

- **DISCUSSED** and **NOTED** the information provided in the report.

### **PC24/97 Values & Behaviours Engagement Plan**

Members received the report and noted the progress. In presenting the report, the Head of Organisational Development highlighted:

- The support received from the Committee and the Board to enable this work to take place.
- The Values and Behaviours Framework was approved by the Board in November 24. This will now start to be embedded along with the leadership pledge and the video footage.
- Co-design is taking place to inform the plan and the Team have been gaining feedback from forums, the Padlet and external colleagues of the Stakeholder Reference Group.
- A workshop is due to take place in January 25 with the colleagues aligned to the work to address areas including transformation, research, value and sustainability.
- A toolkit is in development and will be going out for consultation shortly ensuring a wide range of staff are included in the consultation including front line staff.

As part of the discussion, the Committee:

- Queried the timelines and pace of the programme.
- Agreed that the Team now need to move forward with the delivery plan, monitor the implementation of the plan and provide assurance back to the Committee.
- Acknowledged the need for a strong approach to leadership at Board level to drive culture change.

#### **Action:**

- **PC24/97.1** Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan.

It was resolved that the Committee:

- **NOTED** the information provided within the report.

### **PC24/98 Foundations for the Future Programme**

The Chief Executive provided a verbal update highlighting:

- The Board were briefed on the Programme during an informal Board discussion and the Discovery Phase Report has now been published within the organisation.
- The design phase has commenced and workshop sessions are being held.
- Ffion Johnstone has been appointed as the Programme Director which will strengthen the programme management approach.
- An outline design is due to be developed by the end March and will go through the governance route for further discussion.

#### **Action:**

- **PC24/98.1** Item to return to the next Committee with a formal paper and the Programme Director may also be in attendance.

It was resolved that the Committee:

- **NOTED** the update.

*Tracey Eccles joined the meeting.*

## **GOVERNANCE & ASSURANCE**

### **PC24/99 Speaking Up Safely Update Report**

Members received the report and the Speaking up Safely Guardian highlighted:

- In July 2021 a Speaking up Safety Framework was implemented to provide staff with an anonymous approach to raise concerns.
- The paper outlines the current framework and a current refresh of the freedom to speak up.
- Tracey Eccles was appointed as the Speaking up Safely Guardian in October 24 and further work is required to build a wider range of guardians within the organisation.

As part of the discussion, the Committee:

- Suggested that it may be more difficult to raise issues in clinical areas.
- Agreed that all staff should feel safe to speak up and there is a need to break the hierarchical culture.
- Acknowledged the importance of implementing a mechanism to provide this service and also the need to ensure additional systems are in place that may help to reduce the requirement of this service.

It was resolved that the Committee:

- **NOTED** the update provided

### **PC24/100 On-Call Arrangements – Final Internal Audit Report**

Members received the report and the Senior Associate Director People Services highlighted:

- The paper informs the current position in relation to the actions from the Internal Audit Report.
- The report coincides with the respect and resolution process which is also being addressed.
- Communication has gone out to staff to remind them of the need to factor in compensatory rest following an on-call session.
- The Head of Internal Audit noted the lack of progress in relation to the audit recommendations highlighting that this has been extended.

As part of the discussion, the Committee:

- Suggested that there is not enough detail in the paper to provide assurance stating the need to include the recommendations with the paper going forward.
- Queried why the actions are not being addressed and suggested people need to be held accountable.

- Confirmed that the Audit Committee have a strong oversight of Internal Audit reports and a new process is being put in place to address out-standing audits.

**Action:**

- PC24/100.1** Final Internal Audit Report on On-Call Arrangements including the recommendations to come back to the Committee with a more comprehensive update and response plan.

It was resolved that the Committee:

**PC24/101 Corporate Risk Register Report & Board Assurance Framework**

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

- All risks currently sit within the tolerance set and the actions are progressing.
- Following an Internal Audit recommendation, a change in process has been developed to scrutinise risks in more detail.
- The Health & Safety risk has been reviewed in depth and now includes further controls.
- In relation to the People, Culture & Wellbeing risk, retirement has been identified as an issue and this needs to be scrutinised in more detail to ensure there are actions in place to address this.
- The Risk Scrutiny Group in January will have a deep dive into these risks.

As part of the discussion, the Committee:

- Queried why the Health & Safety target risk date has been extended to 31.12.25 as this is a significant risk.
- Confirmed that the Health & Safety team are developing a framework for the whole organisation to prioritise the key areas and this will require a twelve-month period.
- Acknowledged that the Team are completing a review of the operational risks in relation to Health & Safety to ensure actions are aligned.

It was resolved that the Committee:

- RECEIVE ASSURANCE** on the corporate risks within the report.

**FOR INFORMATION**

**PC24/102 Summary of Business to be Reported from Private**

It was resolved that the Committee **NOTED** the report.

**PC24/103 Committee Forward Workplan**

It was resolved that the Committee **NOTED** the forward workplan for information.

**FOR NOTING – Workforce Policies**

It was resolved that the Committee **NOTED** the following Workforce Policies:

- NHS Wales Protocol for Recognising Continuous Service WP77
- WP4 a Procedure for NHS Staff to Raise Concerns



- All Wales Recovery of Overpayments Procedure

## **CLOSING BUSINESS**

### **PC24/104 Agree Items for Referral to Board / Other Committees**

It was agreed that there were no items to be referred to the Board.

### **PC24/105 Review of Meeting Effectiveness**

As part of the discussion, the Committee:

- Agreed there had been some good discussion.
- Suggested the term update is not used in future and papers clarify the ask of the Committee.
- Acknowledged the need to promote the role of the Committee within teams to confirm that is to provide assurance to the Board in key areas.
- Stated that once the Executive Director of Workforce & OD has been appointed this will provide some further strategic direction.

### **PC24/106 Date of next meeting**

Thursday 13<sup>th</sup> February 2025, 9.30-12.30pm

### **Resolution to Exclude the Press and Public**

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

## People & Culture Committee Action Log (Public)

Updated 13.02.25

### Open Actions

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/93.2	19.12.24	<b>Equality Report</b> Provide an update to the Committee on the Strategic Equalities Plan for assurance.	Jason Brannan Ceri Harris	Feb 2025	<b>Remain Open</b> <b>29.01.25</b> An update has been provided as part of the Equality Update Report presented to the Committee at the Feb 25 meeting.
2	PC24/93.3	19.12.24	<b>Equality Report</b> Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Jason Brannan Ceri Harris	Feb 2025	<b>Remain Open</b> <b>29.01.25</b> Report shared with the Committee and update / progress to be reported at the Feb 25 meeting.
3	PC24/95.1	19.12.24	<b>People Operations Report</b> With regards to the new format of the paper, include what is being done about the issues raised in the report and include the mapping on where the workforce is recruited from.	Nick Graham	Feb 2025  Revised timescale April 2025	<b>Remain Open</b> <b>29.01.25</b> Issues have now been added to the report. Work has progressed on where our workforce is recruited from, as of yet we do not have enough data. This will be added to future reports once we have collated this over a reasonable time period.
4	PC24/96.2	19.12.24	<b>Culture, Leadership and Engagement Update</b>	Jason Brannan Katie Sargent	June 2025	<b>Remain Open</b> <b>29.01.25</b> In progress - we



			Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.			anticipate receipt of the HEIW dashboard with quantitative data by the end of this month. A plan to distribute the data amongst staff survey leads locally is in place and findings will inform action to address issues and to promote the positive findings. The qualitative data (the free text comments) is expected to be available to us by the end of March. We await confirmation from HEIW on the national reporting of overall 2024 results.
5	PC24/97.1	19.12.24	<b>Values &amp; Behaviours Engagement Plan</b> Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan.	Jason Brannan Nia Thomas	June 2025	<b>Remain Open</b> <b>29.01.25</b> An appendix is attached to the Culture, OD and Engagement being presented to the February 2025 Committee. The document details the high level values and behaviours embedding plan, along with a communications and socialisation plan.
6	PC24/100.1	19.12.24	<b>On-Call Arrangements - Final Internal Audit Report</b> Final Internal Audit Report on On-Call Arrangements including the	Jason Brannan Pam Wenger Angela Wood Andrea Orme	April 2025  Revised timescale	<b>Remain Open</b> <b>29.01.25</b> This work remains ongoing. People & OD colleagues are working with



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

			recommendations to come back to the Committee with a more comprehensive update and response plan.		June 2025	Emergency Preparedness, Planning and Response (EPPR) colleagues within the Executive Director of Public Health's department to draft an on-call management policy. Training sessions have been introduced for all on-call managers. Work is now commencing on reviewing posts included on the on-call rota and those that should be. Information will be shared at the Operational Leadership Team meeting, (chaired by the Chief Operating Officer) to help gain clarity on the most efficient way to enable discussions to commence with colleagues as necessary. An update on the response plan recommendations will be prepared for the June 2025 meeting.
7	PC24/73.1	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> In relation to R2 on the Audit Wales Workforce Planning Audit Action Plan - Audit Service level workforce planning – bring this back to Committee in a wider form to include looking at workforce needs for the organisation for the next ten years.	Nick Graham	Dec-2024  Revised timescale April 2025	<b>Remain Open</b> <b>14.01.25</b> An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25. <b>12.12.24</b> A report will be



						scheduled for a future meeting of the Committee.
8	PC24/75.1	10.10.24	<b>Amendments to Committee Terms of Reference</b> Amend TOR to state all professional registration rather than highlighting specific professions and include the Operating Model work.	Philippa Peake-Jones	Dec-2024 Feb-2025  Revised timescale April 2025	<b>Remain Open</b> <b>05.02.25</b> The ToR for all Committees are being revised and the P&C Committee ToR will be included on the agenda for the April meeting. <b>25.11.24</b> This will be taken forward as part of the review of all ToR which will take place by the end of March at which time further work regarding the Operating Model will be able to be considered.
<b>ACTIONS PROPOSED FOR CLOSURE</b>						
1	PC24/73.4	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> Link progress being made against internal and external audit reports, including the Audit Wales Workforce Planning Review from the People & Culture Committee to the Audit Committee.	Pam Wenger Jason Brannan	Dec-2024  Revised timescale Feb 2025	<b>Action proposed for closure</b> <b>06.02.25</b> The recommendations from the Review of Workforce Planning Arrangements are included on the audit tracker. An update on the Q4 actions will be presented to the April 25 meeting as per PC24/73.1. <b>12.12.24</b> Work is taking place to link this with the audit tracker which is presented to the Audit Committee.
2	PC24/92.1	19.12.24	<b>Staff Story</b> Start to align staff stories to strategic items	Jason Brannan Katie Sargent	Feb 2025	<b>Action proposed for closure</b> <b>29.01.25</b> The February staff



			included on the agenda going forward.			story is focused on experiences of a LGBTQ+ staff member and a colleague from India to align with the agenda items on Equality, Diversity and Inclusion so that Committee members can consider how our EDI work and policies impact on staff.
3	PC24/92.2	19.12.24	<b>Staff Story</b> Share the learning relating to fixed term contracts via the People & Culture Sub Groups within the IHCs.	Jason Brannan Katie Sargent	Feb 2025	<b>Action proposed for closure 29.01.25</b> This has been actioned.
4	PC24/93.1	19.12.24	<b>Equality Report</b> Share the WRES Report with the Committee outside of the meeting.	Ceri Harris Laura Jones	Feb 2025	<b>Action proposed for closure 05.02.25</b> the report has been shared with Committee members outside of the meeting.
5	PC24/96.1	19.12.24	<b>Culture, Leadership and Engagement Update</b> Clarify that James Johnson has engaged with Trade Unions.	Jason Brannan Nia Harris	Feb 2025	<b>Action proposed for closure 05.02.25</b> A response from James Johnson along with a Retention Project Initiation Document have been circulated outside of the meeting.
6	PC24/96.3	19.12.24	<b>Culture, Leadership and Engagement Update</b> Share an example of the Staff Survey from Northumbria Healthcare NHS Trust.	Philippa Peake-Jones Mike Parry	Feb 2025  Revised timescale April 2025	<b>Action proposed for closure 06.02.25</b> National NHS Staff Survey shared via email from Mike Parry for information.



7	PC24/98.1	19.12.24	<b>Foundations for the Future Programme</b> Item to return to the next Committee with a formal paper and the Programme Director may also be in attendance.	Carol Shillabeer Ffion Johnson	Feb 2025	<b>Action proposed for closure</b> <b>06.02.25</b> A paper on the Foundations for the Future Programme has been included on the agenda for the February 25 meeting and Ffion Johnstone has been invited to attend.
<b>Closed Actions (as agreed at meeting on 19.12.24)</b>						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC24/72.2	10.10.24	<b>Operating Model</b> Share an Operating Model timeline with the organisation once agreed by the Foundation for the Futures Programme	Georgina Roberts	Dec-2024  Revised timescale Feb 2025	<b>12.12.24</b> Recruitment to the Programme Director Role currently under way. Timeline to be agreed at Board.  <b>19.12.24</b> Now have appointed Ffion Johnston
1	PC24/69.3	10.10.24	<b>Staff Stories</b> Katie Sargent to link into the Workforce Partnership Group/Trade Unions with regards to how they can input into the Staff Story focussing on themes and connecting in with the Staff Survey.	Katie Sargent	Dec 2024	<b>12.12.24</b> A paper has been included on the agenda for the December meeting. Katie Sargent will continue to work with Trade Unions on future possible stories and has a growing list of topics including: homelessness, veterans, menopause, carers, long Covid, international nurses.
2	PC24/70.2	10.10.24	<b>People Operations Report</b> Clarify the numbers within the report and in	Jason Brannan Nick Graham	Dec 2024	<b>12.12.24</b> Focus areas will be identified going forward.



			future highlight areas to focus on inviting the responsible service managers to join the Committee to highlight the issues and determine how the Committee can help to make improvements.			
3	PC24/70.3	10.10.24	<b>People Operations Report</b> Look at presenting the paper under the three headings Leadership and Development, People and Culture and Engagement.	Jason Brannan Nick Graham	Dec 2024	<b>12.12.24</b> Layout of paper updated for the December meeting.
4	PC24/70.4	10.10.24	<b>People Operations Report</b> In future papers highlight requests for flexible working and partial retirement	Jason Brannan Nick Graham	Dec 2024	<b>12.12.24</b> Data to be included in future iterations of the report.
5	PC24/71.2	10.10.24	<b>Culture, Leadership &amp; Engagement Update</b> Review the Values & Behaviours work at the Development Session on 19.11.24	Jason Brannan	Dec 2024	<b>26.11.26</b> Update provided at the P&C Committee Development Session held on 19.11.24.
6	PC24/72.2	10.10.24	<b>Operating Model</b> Make the Committee aware once the Discovery Report goes live.	Georgina Roberts	Dec 2024	<b>12.12.24</b> Discover Report shared with IMs mid-November.
7	PC24/73.3	10.10.24	<b>Audit Wales Workforce Planning Review Update</b> Share the link to the Workforce Intelligence Pack with the Committee.	Nick Graham	Dec 2024	<b>12.12.24</b> Link shared with Committee members.
8	PC24/76.1	10.10.24	<b>Corporate Risks for Committee</b> Circulate the risks that the Committee have oversight for noting that they are within tolerance.	Philippa Peake-Jones	Dec 2024	<b>25.11.24</b> This information has been circulated to the Committee via email.
9	PC24/80.1	10.10.24	<b>Review of Meeting Effectiveness</b> The fair work element of the well-being objectives being presented to the PPHP Committee to be included on the agenda for the next People & Culture Committee.	Pam Wenger	Dec 2024	<b>25.11.24</b> This has been included on the P&C Committee forward workplan for the February meeting. A review of the well-being



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						objectives will also be included on the agenda for the PPHP Committee in February.
10	PC.24/80.2	10.10.24	<b>Review of Meeting Effectiveness</b> The Committee to understand the new duty in relation to sexual harassment and the risks and mitigating measures linked to this. Potential for a member of the team to join the next meeting to provide an overview.	Jason Brannan	Dec 2024	<b>26.11.26</b> This is addressed in the Equality Report included on agenda for the December meeting. The Head of Equality & Human Rights will be presenting the report.



<b>Teitl adroddiad:</b>  <b>Report title:</b>	Staff story - the importance of inclusivity and ensuring equity of opportunity for under-represented groups			
<b>Adrodd i:</b>  <b>Report to:</b>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b>  <b>Date of Meeting:</b>	Thursday, 13 February 2025			
<b>Crynodeb Gweithredol:</b>  <b>Executive Summary:</b>	<p>This paper provides the Committee with our second staff story, following the first at the December 2024 meeting.</p> <p>In response to the Committee's request to align each story with the workplan and agenda items, equality and inclusion is the theme this time.</p> <p>The focus is on the experiences of two colleagues. Catherine is a transgender woman and Rakesh is from India. Both describe feeling that they have been overlooked for job and progression opportunities and have referred to a lack of support from the organisation.</p> <p>We aspire to an inclusive culture, but what is the climate felt by employees in our organisation? What do people from under-represented groups think and feel about how they are valued at work?</p>			
<b>Argymhellion:</b>  <b>Recommendations:</b>	The Committee is asked to note the experiences of our colleagues and consider the impact of these experiences on them and the wider workforce.			
<b>Arweinydd Gweithredol:</b>  <b>Executive Lead:</b>	Jason Brannan, Deputy Director People Services			
<b>Awdur yr Adroddiad:</b>  <b>Report Author:</b>	Katie Sargent, Employee Experience and Engagement			
<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 type="checkbox"/>	
<b>Lefel sicrwydd:</b>  <b>Assurance level:</b>	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>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><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>Creating compassionate culture, leadership and engagement</p> <p>Establishing an effective environment for learning</p>
<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>	<p>No</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>No</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>	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>	N/A
<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>	For discussion by the Committee
<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:</i> (or links to the Corporate Risk Register)</p>	N/A

<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> <b>Next Steps:</b></p> <p>To share learning more widely, including at the Local Partnership Forum and local People and Culture Groups</p>	
<p><b>Rhestr o Atodiadau:</b></p>	

<b>Staff story title</b>	Staff story - the importance of inclusivity and ensuring equity of opportunity for under-represented groups
<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>

<b>Staff story background</b>
<p>We aspire to an inclusive culture, but what is the climate felt by employees in our organisation? What do people from under-represented groups think and feel about how they are valued at work?</p> <p>This is our second staff story and the focus is on the experiences of two colleagues. Catherine is a transgender woman and Rakesh is from India. Both describe feeling that they have been overlooked for job and progression opportunities and have referred to a lack of support from the organisation.</p> <p>It is against the law to discriminate against people at work because of:</p> <ul style="list-style-type: none"> <li>• age</li> <li>• gender reassignment</li> <li>• being married or in a civil partnership</li> </ul>

- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex
- sexual orientation

These are called 'protected characteristics'.

Our Strategic Equality Plan aims to provide a workplace for our employees that is free from discrimination.

## **Staff Story Transcript**

### **Catherine**

I am just a normal person with some brilliant skills and I want to be part of a team and contribute. I am sharing my story as I want to do the right thing and highlight the way my experience has affected me.

I feel sad about it and that I am a nobody. I feel lost.

### **Catherine's Journey**

I was born Catherine in my head. I have always felt it. Even my mum thought she was having a girl. My soul was stuck in a boy's body. From being very young, my mental health suffered. But I am strong. I managed to get to forty years of age putting on an act for others every day. It was exhausting. Every day I would cry.

My fear was that I would live and die as a man and lose all opportunity to truly be me. I didn't like myself.

After many years, I summoned the courage to come out as trans. This was a big change for me and I felt happy and proud of myself. The support I had from friends, family and colleagues was amazing.

I had my operation in 2016 and I cried tears of joy when I came round. It was a weird feeling leaving hospital as all the stress, anxiety and self-hate I felt every day of my life was gone. I didn't know what happiness was until I came out as trans then had the operation.

Some people think I am a man and that I've just had an operation. But I have never been a man. I just want to live my life as me, happy.

### **Catherine's Career**

I served in the Royal Navy for 12 years until June 1999 and have high professional standards and a strong work ethic. On leaving the Royal Navy, I established my

own technology business, employing over 50 staff. I had this business for over 20 years.

It was a fulfilling but very stressful experience and I could never switch off. I was always working, always worrying. I would even dream about work when it wasn't keeping me awake at night.

I have a degree in IT and Management and I am currently completing a Master's in Business Management.

### **Joining the Health Board**

When COVID-19 hit, I reassessed my life and decided that I needed a change. I also wanted to use my skills to help the NHS, which was undergoing its most serious crisis.

I applied for a contact tracing role in the Test, Trace and Protect team and got a phone call almost straight away. I took the role and absolutely loved it.

My role was Senior Business Manager (Band 7) and I established and trained staff to use a new CRM (customer relationship management) software system, which is what I'd done in industry and the education sector in my business. I was able to improve processes, come up with solutions and I enjoyed great job satisfaction.

I really felt that I was contributing and colleagues, with only one exception, were welcoming and kind. I felt valued, accepted and respected as me.

### **Subsequent Interviews**

When my two-year fixed term contract came to an end, I was surprised and disappointed to receive no support or encouragement to find another role in the Health Board. I was told I could apply for a Band 3 role, which I am overqualified for.

I persisted, as felt I had more to give, and I went on to apply for 13 jobs in the Health Board over eight months. I was shortlisted and undertook seven interviews but I was not offered any of the jobs I was interviewed for, despite meeting the essential criteria. I just want to be accepted for who I am and what I can offer.

I felt I had performed well during the interviews and when I asked for feedback following rejection, was usually informed I was appointable and had done well, but on this occasion I was not successful. Although only one interview was very difficult because a panel member did not look at me, I felt that there might be an issue because I am trans. But how could I determine that?

That's when I sought support from the Health Board's Veterans Lead and I cannot overstate how grateful I am to them. They were concerned when I told them about my experience and got People and Organisational Development (POD) colleagues involved. I felt they were trying to make sure any future interviews I did were fair.

My next interview was for a Deputy Operations Manager at a vaccination centre. I was chuffed that I got the job. I have experienced some difficulties in this role, but I wish to focus on how, as a member LGBTQ+ staff, I was made to feel.

### **Rakesh**

I originally come from India and began my career with the NHS in North Wales 20 years ago as a Band 7. I remain in the same position, which makes me feel quite disheartened. I believe I missed out on opportunities and support during my journey. This experience has motivated me to assist and support others.

It is not that I have not tried to achieve career progression.

Many others are going through similar challenges – not just me. I want to highlight some of the issues we encounter. If potential recruits saw others like themselves here, it could encourage them to join. I aspire to see the organisation grow and provide care for everyone.

### **Rakesh's Career**

Aligning my personal values with development across the four pillars of clinical career, education, research and leadership, development has been central to the meaningful impact I've been able to make, particularly in underserved communities.

I started my journey in India, where I trained as a physiotherapist, and then moved to the UK in 2006. I pursued a Master's in Rehabilitation at Bangor University, which allowed me to expand my knowledge and deepen my clinical and research skills.

In my career, I've focused on underserved populations, particularly in dementia and mental health. I recognised a gap in knowledge for treating these conditions, so I developed professional courses to train staff and physiotherapists in North Wales, integrating education and research to drive better patient outcomes.

I also took on leadership roles, leading initiatives that supported South Asian communities, addressing health challenges and mental health stigma. One of these projects provided free services to improve health outcomes, while another used swimming to promote well-being and challenge stereotypes.

Through these experiences, I've always stayed true to my passion for making a positive impact in the lives of others.

I have also engaged in reverse mentoring with the Executive Director of Allied Health Professionals and Health Science, which was a valuable experience. I believe others should have similar opportunities to better understand the foundational culture, especially those who have migrated from different countries.

Currently, I am pursuing a part-time PhD at Bangor University, sponsored by BCUHB. However, I had to advocate strongly to secure this position. I feel I could

have started this journey years ago, and I believe valuable time has been lost. With my extensive experience, my goal is to become a Consultant Therapist.

I am very proactive. Last week, I travelled to Manchester to participate in a promotional video for the Chartered Society of Physiotherapists.

### **Rakesh's accomplishments beyond his role**

I am an active member of the Bangor Indian & Friends Association (BIFA), which now boasts over 150 members, with 90 per cent being doctors and medical staff from BCUHB. I also facilitate a support group for them. In my role at BIFA, I have organized numerous cultural events, including Diwali, Eid, and Holi, bringing together Health Board staff and community members to celebrate and raise funds for charity.

I was honoured to be appointed a Member of the Order of the British Empire (MBE) in last year's King's Birthday Honours List for my services to black, Asian, and minority ethnic communities. This recognition was a significant source of pride for me.

### **Cultural Differences**

I really enjoy living here, which is why I've been here for over 20 years. However, many colleagues from overseas choose not to stay. There are various reasons for this, including a lack of community support, family connections, and concerns about the education system. In my culture, parents prioritise sending their children to excellent schools. Some are disappointed with the local schools, particularly private ones, and are willing to relocate anywhere in the world to ensure a quality education for their families. I believe that better education is key for South Asian communities including for their children.

There are also concerns related to the Health Board. While we meet the criteria for equality at Betsi, I feel we fall short on equity.

Here are a few examples of equity issues for the South Asian community working at BCUHB where equality criteria are met but equity is lacking:

#### **1. Career advancement opportunities**

Equality: All staff have access to training and development programmes.

Equity Issue: South Asian employees may face barriers such as cultural biases or lack of mentorship, limiting their chances for promotions or leadership roles.

#### **2. Cultural competency training**

Equality: Training programmes are available to all staff.

Equity Issue: Training may not adequately address the specific cultural needs and contexts of South Asians.

#### **3. Support networks**

Equality: All employees can join support groups.

Equity Issue: There may be insufficient culturally relevant support networks for South Asian staff, making it harder for them to find community and support within the workplace.

#### 4. Flexible working arrangements

Equality: Policies for flexible working are available to all staff.

Equity Issue: South Asian employees may require more tailored flexible arrangements due to cultural or family obligations, which may not be fully accommodated.

#### 5. Recognition and representation

Equality: All employees are recognised for their contributions.

Equity Issue: The achievements of South Asian staff may not be highlighted or celebrated equally, leading to a lack of visibility and representation within the organisation.

#### 6. Health and wellbeing resources

Equality: Health and wellbeing resources are offered to all staff.

Equity Issue: These resources may not consider the specific health concerns or cultural practices of South Asian employees, making them less effective for this group.

I have many Muslim colleagues who fast and pray for 30 days during Ramadan. This can affect their productivity, as they may not be able to give 100 per cent. How is Betsi supporting these staff members? Simple gestures, like saying "Happy Diwali" or "Happy Eid," in the weekly BCUHB News Bulletin could show our multicultural staff that we are thinking of them.

Additionally, many people struggle to understand different accents, so more support may be needed to ensure clear communication among everyone. I would like to see greater efforts to foster understanding between local Welsh colleagues.

There are also instances where outdated or offensive terms are used, such as "coloured" which can be hurtful to some colleagues.

Housing is another significant issue for newcomers from abroad. Why can't Betsi establish connections with local estate agents and landlords to assist those new to the country in finding available accommodation? Providing a list of key contacts for newcomers would be very helpful.

#### **Our Approach to Understanding Colleagues**

I organise cultural events to foster community and connection among our staff. However, I believe BCUHB could play a more active role in initiating these events. I'm not asking for financial support, rather, I want the organisation to recognise the importance of making these gatherings a regular occurrence rather than an exception. It often feels like I have to push and plead for senior managers to attend, which raises the question: are the Board truly taking this issue seriously? There seems to be a significant gap here, and it's vital that all staff feel seen and supported. We need to move beyond merely ticking boxes - genuine engagement is essential.

For new international staff joining us, we must consider what we are offering them in terms of support. Many of these individuals won't have family nearby, making it

even more crucial to create a welcoming environment. What initiatives are in place to help them integrate into both the workplace and the local community?

I participated in the Staff Survey, but I found it to be quite lengthy. I know several colleagues who chose not to complete it for the same reason. A shorter survey with simpler language would likely encourage more participation and provide valuable feedback on experiences.

Additionally, I believe it would make a significant difference to have senior leadership representation that reflects our diverse workforce. It's important for people like me to see leaders who share similar backgrounds and experiences. Why aren't we doing more to ensure that our leadership is representative of our staff? Currently, it seems that only the Interim Medical Director is non-white, despite Betsi being filled with talented staff from various backgrounds. We do not even have any Independent Board Members from a diverse background. This lack of representation can impact morale and feelings of belonging among our diverse teams. We need to actively work towards building a leadership team that reflects the rich diversity of our workforce.

### **Impact on Staff Member and Suggestions for Improvement**

#### **Catherine**

We all want to go to work and enjoy it. But something is seriously wrong when everyone is an individual and not a member of a team.

Change has got to start from the top. Senior managers have power and if you are seen to challenge that, life can become difficult. That is why many people stay silent. I'm not perfect but I know staff matter. Looking after staff matters. I don't understand the resistance to new approaches and learning from others with different backgrounds and experience.

I know from running my own business that staff who are happy will go above and beyond for you.

I feel that my happiness was taken away at work and it hurt me more than anything.

I don't feel valued. I have never had an appraisal with a manager in five years. I am not complacent, so asked colleagues for 360 degree feedback and it was positive.

#### **Rakesh**

I feel a deep sadness that our efforts to drive inclusion at Betsi seem to rely heavily on just a few individuals. This is not sustainable and we need to ensure that the responsibility for fostering an inclusive environment is shared across the organisation. It's disheartening to feel that some staff members are treated

differently and I believe we can easily improve this situation with genuine commitment. We must turn our words into meaningful actions.

To raise the voices of diverse staff at BCUHB, we need to create structured platforms where everyone can share their experiences and perspectives. This could include regular forums, focus groups, or listening sessions specifically designed to gather feedback from under-represented communities. By actively inviting diverse voices into discussions, we can ensure that all staff feel valued and included in decision-making processes.

As an organisation, we should also focus on enhancing social awareness regarding individuals from different backgrounds. This could involve educational workshops and training sessions that celebrate cultural diversity and promote understanding among staff. By increasing awareness of different cultural practices and challenges, we can foster a more empathetic and supportive workplace.

Inclusion should not be a checklist item, it should be a fundamental aspect of our organisational culture. Everyone should feel a sense of belonging at Betsi. North Wales is a beautiful place to live and grow the family with so much to offer, and we should emphasise that employees don't need to leave to find a welcoming community. Instead, we must enhance the support systems available to them, helping them to integrate both professionally and personally.

Let's commit to creating an environment where diverse voices are not just heard but celebrated. By doing so, we can build a stronger, more inclusive organisation that truly reflects the rich tapestry of our workforce. Together, we can ensure that every staff member feels included, valued, and supported in their journey at BCUHB.

## **Staff Story – Organisational Reflections**

### **Our Organisational Approach to Inclusion**

People are made up of multiple identities (intersectionality). They may have experiences formed from multiple characteristics like race, gender, sexuality and so on. Inclusion should therefore be looked at holistically and include multiple elements such as cultural competency, gender neutral language and accessible environments.

Inclusion practices involve cultivating an environment where the diverse perspectives and needs of both patients and staff are acknowledged and addressed. This might mean building a wheelchair ramp to accommodate for physical disabilities, providing culturally competent care, or implementing policies that ensure the safeguarding of any group against discrimination.

We should make it clear when employing new staff that they must be welcoming and friendly to **all** colleagues.

By fostering an inclusive environment, we can improve staff morale, patient satisfaction and overall quality of care.

Furthermore, enhancing the experience of colleagues from under-represented backgrounds helps attract staff to work for an organisation and retain existing staff. This in turn helps patients from under-represented and minority backgrounds to feel more comfortable.

### **Equality Training**

The Equality Team provides support across the Health Board in furthering the equality agenda and supporting teams to act in accordance with the Public Sector Equality Duty and Socio-Economic Duty.

They support teams with advice and guidance relating to equality and human rights legislation and provide a range of training and workshops to promote good understanding of inclusive decision making. They also support people in completing Equality Impact Assessments (EqIAs) and Socio-economic Impact Assessments (SEIAs).

Information can be found on the Equality Team [BetsiNet pages](#).

### **Staff Networks**

As part of our Strategic Equality Plan (SEP) 2024-28, we are striving to ensure that we promote equality, diversity and inclusion, both as an employer and as a public service.

We want our workplaces to be places where staff and patients feel safe, welcomed and listened to. An action within the SEP this year involves the strengthening and promotion of staff networks in order to ensure that all staff have their voices heard and can share their views and experiences with the wider Health Board and contribute to the continued development of an informed and equitable organisation.

We have five active staff networks:

- **Celtic Pride** - the network for LGBTQ+ colleagues
- **BCUnity** - the ethnic minority and international staff network
- **RespectAbility** - staff network for colleagues living with a condition that affects their day to day lives or are caring for someone with a condition
- **The BCUHB GEN** - (Gender Equality Network)
- **ND Network** - new staff network for neurodivergent staff.

In addition, our Equality Champions work with the Equality Team to raise awareness and understanding of the barriers faced by some groups. They work individually and collectively to share messages, best practice and improve practice around equality, diversity and inclusion.

**Understanding How Colleagues Feel**

The 2024 NHS Wales Staff Survey will allow us to examine the survey response data by age, ethnicity and sexual orientation for the first time, so we will be able to monitor any trends and themes from colleagues in various demographic and under-represented groups.

**Hierarchical Culture**

Catherine was bemused when colleagues were introduced to her by their paygrade rather than name: “here’s the Band Four” and found it dehumanising as if a colleague’s worth was connected to their seniority. She had never encountered this sort of behaviour in her career before the NHS.

**Ethnic Diversity**

The North Wales region is not as ethnically diverse as many other parts of the UK. However, the Health Board is, and we will need to consider what more can be done to help all of our colleagues feel that they belong.



<b>Teitl adroddiad:</b> <b>Report title:</b>	DRAFT Equality Report for Discussion– Focus on Equality Annual Report, Strategic Equality Plan, Wales Workforce Race Equality Standard (WRES)
<b>Adrodd i:</b> <b>Report to:</b>	People and Culture Committee
<b>Dyddiad y Cyfarfod:</b> <b>Date of Meeting:</b>	Monday, 03 March 2025
<b>Crynodeb Gweithredol:</b> <b>Executive Summary:</b>	<p>The purpose of this paper is to enable the People and Culture Committee receive assurance on the delivery of the Equality Plan and recommend approval to the Board of the DRAFT Equality Report content that will be considered for approval at the March 2025 Board Meeting. Feedback from this Committee will be utilised to form this final report to Board.</p> <p>Each year the Health Board is required to publish its Equality Annual Report. This Equality Annual report provides you with information on equality activities and achievements undertaken within the Betsi Cadwaladr University Health Board during the period 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. This report looks at how the Health Board has met its legal duties and progress made against its Strategic Equality Action Plan 2020-2024</p> <p>This DRAFT report gives a brief overview of several of the key Equality, Diversity and Inclusion activities and the schedule of activity associated with them over the next 12 months. Papers on these areas have been presented to the Equality and Human Rights Strategic Forum, Local Partnership Forum and Informal Executive Committee.</p> <p>The content of this DRAFT report focuses on progress made and barriers/risks in relation to:</p> <ul style="list-style-type: none"><li>• Governance and Leadership.</li><li>• Partnership working and Engagement.</li><li>• Inclusive Services.</li><li>• Training and Awareness.</li><li>• Staff Support and resources.</li></ul> <p>There are three additional reports or audits that have informed the content of this DRAFT report are</p> <ul style="list-style-type: none"><li>• Annual Equality Monitoring Report</li><li>• <i>The Gender Pay Audit</i></li><li>• <i>Race Pay Audit</i></li></ul>
<b>Argymhellion:</b> <b>Recommendations:</b>	<p><i>The Committee is asked to:</i></p> <p><b>Note</b> the contents of the DRAFT Equality Report</p> <p><b>Consider, Review and Discuss</b> the proposed content of the Equality Report</p>

<b>Arweinydd Gweithredol:</b>	Jason Brannan - Deputy Director of People, Workforce & Organisational Development			
<b>Executive Lead:</b>				
<b>Awdur yr Adroddiad:</b>	Ceri Harris – Head of Equality and Human Rights			
<b>Report Author:</b>				
<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>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lie 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>	Strategic Equality Objectives - 2024-2028			
<b>Link to Strategic Objective(s):</b>				
<b>Goblygiadau rheoleiddio a lleol:</b> <b>Regulatory and legal implications:</b>	Equality Act 2010			
<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>	Yes as part of the wider remit of work within the Strategic Equality Action Plan			
<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>	Yes as part of the wider remit of work within the Strategic Equality Action Plan			
<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> <b>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b>	The risks associated with this paper are:  1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011  4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan			

<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>Training needs to ensure compliance with actions in the Health Boards Strategic Objectives and National Equality Action Plans</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>Workforce and Organisational Development Team support regarding the WRES recommendations.</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>Papers on these key areas have been provided to Equality and Human Rights Strategic Forum, Local Partnership Forum and Executive Committee.</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>Risks identified above.</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>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b></p> <ul style="list-style-type: none"> <li>• Reflect feedback from the People and Culture Committee in the final report to the Board.</li> <li>• Further review by the Executive Committee</li> <li>• Implementation of recommendations contained in the report</li> </ul>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b> Appendix 1 - Annual Equality Monitoring Report Appendix 2 – The Gender Pay Audit Appendix 3 – Race Pay Audit</p>	

## ***People and Culture Committee***

***13th February 2025***

### **DRAFT Equality Report for Discussion – Focus on Equality Annual Report, Strategic Equality Plan, Wales Workforce Race Equality Standard (WRES)**

#### **1. INTRODUCTOIN AND BACKGROUND**

The purpose of this paper is to enable the People and Culture Committee the opportunity to **consider, review and discuss** the proposed content of the DRAFT Equality Report content that will be considered for approval at the March 2025 Board Meeting. Feedback from this Committee will be utilised to form this final report to Board.

Each year the Health Board is required to publish its Equality Annual Report. This Equality Annual report provides you with information on equality activities and achievements undertaken within the Betsi Cadwaladr University Health Board during the period 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. This report looks at how the Health Board has met its legal duties and progress made against its Strategic Equality Action Plan 2020-2024

This DRAFT report gives a brief overview of several of the key Equality, Diversity and Inclusion activities and the schedule of activity associated with them over the next 12 months. Papers on these areas have been presented to the Equality and Human Rights Strategic Forum, Local Partnership Forum and Informal Executive Committee.

The content of this DRAFT report focuses on progress made and barriers/risks in relation to:

- Governance and Leadership.
- Partnership working and Engagement.
- Inclusive Services.
- Training and Awareness.
- Staff Support and resources.

There are three additional reports or audits that have informed the content of this DRAFT report are

- Annual Equality Monitoring Report
- *The Gender Pay Audit*
- *Race Pay Audit*

## 2. DRAFT EQUALITY ANNUAL REPORT CONTENT

Each year the Health Board is required to publish its Equality Annual Report. This Equality Annual report provides information on equality activities and achievements undertaken within the Betsi Cadwaladr University Health Board during the period 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. This report looks at how the Health Board has met its legal duties and progress made against its Strategic Equality Action Plan 2020-2024.

It is not an exhaustive list of activities but a snapshot, highlighting the work undertaken to meet our Public Sector Equality Duty as well as actions identified in the Welsh Government Action Plans.

Incorporated into the Annual Report are three additional documents. These are the Annual Equality Monitoring Report, which provides data on all our staff and their protected characteristics, the Gender pay Audit, which focuses on the pay gap between Men and Women, based on current binary data and for the first time a Race Pay Audit, looking at our data in relation to race and ethnicity, identifying potential disparities.

### **The Main Points within the Action Plan are:**

#### **Governance and Leadership.**

- Impact of Special Measures - recognising the changes to the Board and the impact that has made on progressing some of the actions within the Strategic Equality Plan and National Plans.

#### **Partnership working and Engagement.**

- Proving examples of partnership and engagement work over the past 12 months and the impact that has made to service delivery, equality visibility and staff and patient experiences.

#### **Inclusive Services.**

- Defining what inclusive services look like, providing case study examples of both best practice and where learning has been made.

#### **Training and Awareness.**

- Highlighting the expansion of training provision within the Health Board, both internally and via partnerships, community groups and external organisations.

#### **Staff Support and resources.**

- Building staff networks and resources and making sure this is communicated widely throughout the Health Board.

### **Progress Made**

There has been significant progress made to embed equality within strategies and ensure Equality Impact Assessments and Socio-economic risks assessments are undertaken. The re-establishment of the EQIA Scrutiny group provides another level of scrutiny and quality control of key assessments. More areas of the Health Board have signed up to complete the Cultural Competence Certification Scheme and there has been more visibility of the Equality Teams work through newsletters, intranet, public engagement activities and partnership events.

### **Barriers and Risks**

As with many areas, a shortage of resources to meet the actions within the plan will remain a risk. Such as the training demands for 20,000 staff above and beyond the Treat Me Fairly e-learning resource. The need for further Board Equality Development to ensure that they understand the demands within the National Action Plans and their responsibility to meet their duties.

## Conclusion

The focus for this period is to build visibility of Equality, Diversity and Inclusion into all aspects of the Health Board's workforce and service delivery. Improve inclusive services, embed equality into existing strategies and meet our legal requirements under the Equality Act 2010, building on the positive work that has taken place, and take that forward into the next four-year Equality Plan

## Gender Pay

The Gender pay audit is based on a snapshot date of the 31<sup>st</sup> March 2024, BCUHB employed 19,990 Women and 4968 men, therefore 80% of the workforce are women. All data is provided by Electronic Staff Records (ESR).

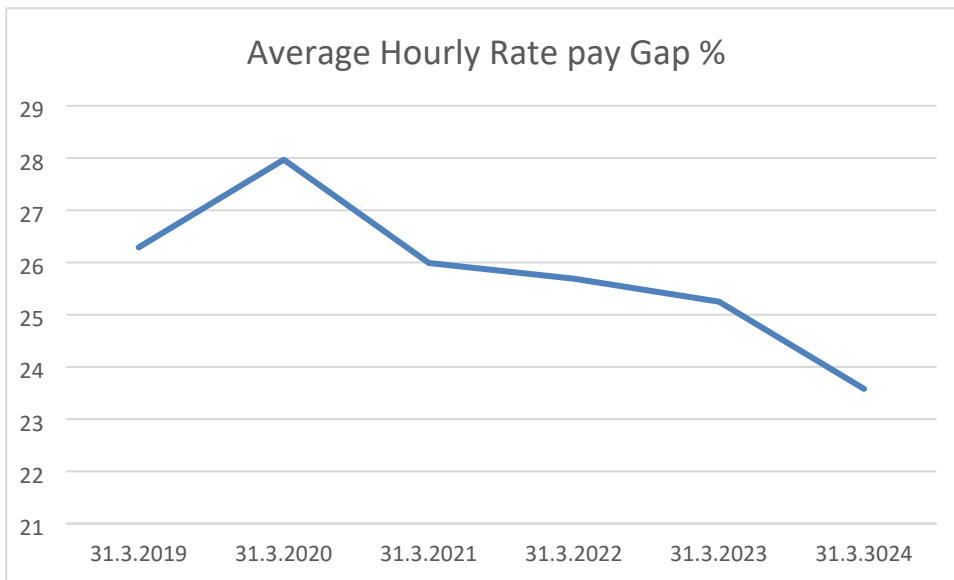
Gender	People	%
Female	19990	80.09%
Male	4968	19.91%
Grand Total	24958	

The Gender Pay report provides data on the Mean and Median hourly rates for men and women, The mean hourly rate is the average hourly wage across the entire organisation, whereby the median hourly rate is calculated by arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of each range.

## Trends in Data

	Mean Hourly Rate	Median Hourly Rate
Male	24.67	18.31
Female	18.86	17.09
Difference	5.81	1.21
Pay Gap %	23.58	6.65

	2019	2020	2021	2022	2023	2024
<b>Average Hourly Pay Gap %</b>	26.29	27.97	25.99	25.69	25.25	23.58



The data shows that the pay gap has improved over the past five years.

### Race Pay Audit

To support our actions within the Strategic Equality Plan, Anti-racist plan, in specific the Workforce Race Equality Standard (WRES) the Health Board have included a Race Pay Audit within the Annual Reporting cycle based on the structure of the Gender pay Audit and a snapshot of equality data.

As of 31 December 2023, BCUHB employed 18,367 white staff, 1441 non-white staff, and 1885 staff who had not declared their ethnicity, therefore 84.7% of the workforce were white, 6.6% were non-white and 8.7% of staff had not declared. Our Mean Race Pay Gap was -53.33%, and Median Race Pay Gap was -24.59%.

Ethnicity	People	%
White	18367	84.7%
Non-White	1441	6.6%
Not Declared	1885	8.7%
Grand Total	21,104	

The data on the Mean and Median hourly rates

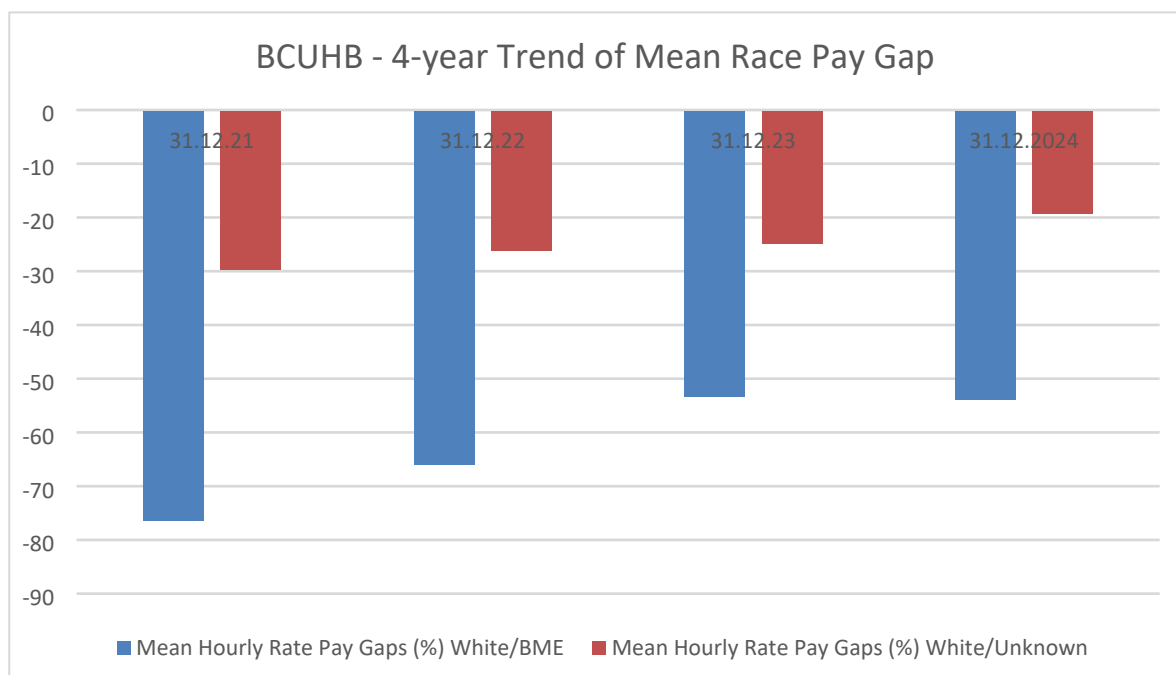
Ethnicity	Mean Hourly Rate	Median Hourly Rate
White	18.9426	16.6508
Non-White	29.0438	20.7458
Not Declared	22.8920	17.9511
Difference between White & Non-White	-10.1012	-4.0950
Difference between White & Not Declared	-3.9494	-1.3003
Pay Gap % between White & Non-White	-53.33%	-24.59%

Pay Gap % between White & Not Declared	-20.85%	-7.81%
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### Trends in Data

	2021		2022		2023		2024	
	White/BME	White/Unknown	White/BME	White/Unknown	White/BME	White/Unknown	White/BME	White/Unknown
<b>Mean Hourly Pay Gap %</b>	-76.33	-29.66	-65.88	-26.15	-53.33*	-24.80*	-53.78	-19.21

\*2023 data generated 'manually' prior to the All Wales ESR Race Pay Gap dashboard being created.



N.B. All pay gap results in this table are negative, i.e. the mean hourly pay rate for Black and Asian Minority Ethnic staff is higher than that of White staff.

As we have only started to collect the data we can currently only map the trends over 4 years.

This data provides us with a baseline that can now measure progress and improvement against and in particular focus on the not declared ethnicity of staff within ESR that was also highlighted in the first WRES report from Welsh Government.

### Focus on Welsh Workforce Race Equality Scheme (WRES) Progress and Action Plan

In the previous meeting a report on the background and recommendation from the first Welsh Government WRES Report was provided. The report has since been shared with members.

In this report a table to provide progress on the recommendations identified in the first Welsh Government report has been included. This will also be fed back to Welsh Government in the Health Boards 6-month update meeting in February. In May 2025, the Health Board are expecting to provide new data from ESR and the NHS Staff Survey that will produce the second report, that the organisation can then measure progress across the whole of the health board and NHS Wales organisations.

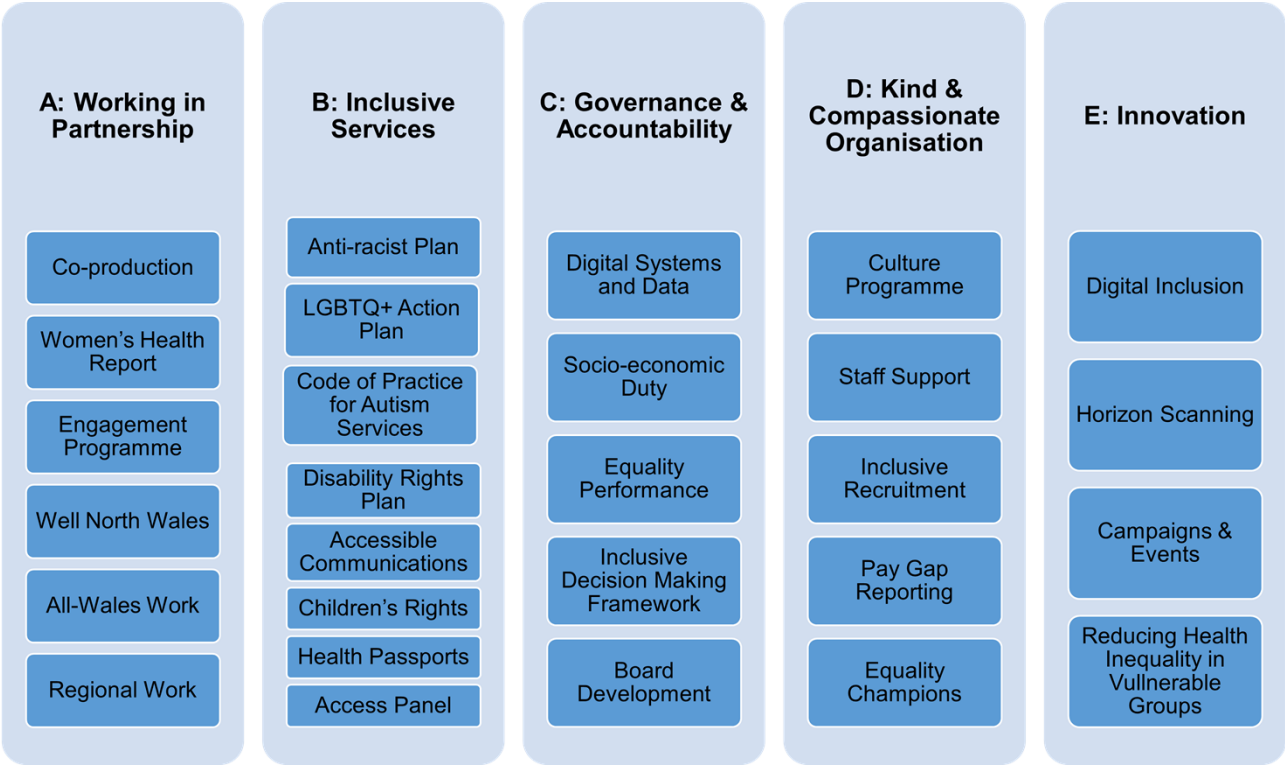
<b>WRES Recommendation</b>	<b>Current</b>	<b>Forecast SEP 2024-2028</b>	<b>Narrative</b>
Absence of ethnic minority board membership			<p>Welsh Government identified an action within the Anti-Racist Action Plan to support the increase of representation on Public Sector through an Aspiring Leadership programme. This was due to start in December 2023, but was delayed. In Nov 2024 the Welsh Government published a revised Anti-racist Action Plan. It sets out that The Welsh Government will review recruitment and progression processes, introduce Equity Advocates, and launch a Senior Leaders' Sponsorship programme for ethnic minority staff. Arm's Length Bodies will continue efforts to diversify Board membership through recruitment reforms and better feedback. Addressing the under-representation of Gypsy, Roma, and Traveller voices, mentoring, coaching, and community leadership programmes will be expanded to increase understanding of racial inequality and strengthen community leadership capabilities. BCUHB is linked to the WG Aspiring Leadership lead to identify programmes of support and has also promoted the programmes within the Dragons Heart Institute such as Climb within our Staff networks and Equality Champions. The next cohort for this 10-month programme will be promoted in the Spring 25.</p>
Progression of ethnic minority staff to senior grades			<p>This year we are publishing our first race pay audit that will set a baseline, which over the Strategic Equality Plan period we can monitor progress, combined with the leadership programmes and led by culture and value work. This is also supported by</p>

			the Aspiring Leadership Programme and programmes such as Climb.
Poor levels of declaration of ethnicity, especially by senior staff			The Race Pay Audit, supports the findings within the WRES report that we have around 2000 staff that have not declared their ethnicity on ESR. In January we had a focused campaign, supported by payslip comms, intranet page and new story, briefings and a CEO request for staff to update their equality data on ESR. In March 25, as will pull together the snapshot data for our next reports we will hopefully report an improvement. We recognise this is a continuous action for us to support current and future staff to complete their data.
Likelihood of ethnic minority staff being appointed after shortlisting			The WRES report identified that, overall, in BCUHB, once shortlisted, Black, Asian and minority ethnic applicants were only 42% (non-clinical posts) to 51% (clinical posts ) As likely to be appointed as their White peers. This indicates the need for additional training for recruitment panels on cultural competence. A new training role has been identified to support this work, who will be appointed in the next 3 months. This will be a long-term action to see significant changes in the data.
Inequitable likelihood of ethnic minority staff being put through capability process			<p>The WRES report states that the relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues in BCUHB is 10.2 (0.63%:0.06%) compared to BHS Wales which is 3.46 (0.21%:0.06%). A recent review of the last 6 months saw we had 2 new capability cases open, of which the staff listed their ethnicity as White British and White Welsh.</p> <p>Reflecting on the las 12 months, a concern has been raised with a cohort of overseas colleagues in general and that has identified a more robust on boarding process is required, more support to open bank accounts, get to know the local area, find accommodation etc. We also</p>

			<p>identified that we had applied more flexibility in terms of progressing through the policy to reflect that they have never worked in the UK or NHS before and may need a little more time to adjust. Nursing seems to have this well in hand and teams are looking at what we can use that is already in place such as the International Workers document is being incorporated into an NHS Wales App to support international staff in the NHS and Overseas staff recruitment programmes.</p>
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**Focus on Strategic Equality Plan 2024-2028**

There were 28 Actions identified in the first year of the Strategic Equality Action Plan



**Progress on those actions as of year 1 quarter 3**

Current	Count	%
Complete	0	0%
On Track	23	82%
Off Track	5	18%
At Risk	0	0%

End of Year	Count	%
Complete	0	0%
On Track	26	93%
Off Track	0	0%
At Risk	2	7%

Focus on those actions off track or at risk of being completed.

Priority	Current	Forecast SEP 2024-28	Narrative
To implement BCUHB Anti racist Action Plan.	Off Track	On Track	The Welsh Government Anti-racist Action plan was recently revised and the timeline for actions need to be amended to reflect these changes. This action is a 4 year plus action involving challenging attitudes and behaviours, reviewing our polices through an anti-racist lens and meeting the recommendations from the Workforce Race Equality Standards report.
To implement BCUHB Code of Practice for Autism Services.	On Track	At Risk	A project lead and clinical lead have now been identified, but the delay in securing these may have an impact on meeting the deadline currently set. Initial work on the Code of Practice was lead from the Equality team, but there was and is a need more senior leadership, involvement and support to enable the project leads to have more capacity to develop this work and embed it within the existing processes.
Ensure the availability of accessible information to patients and carers in line with the Accessible Communication	Off Track	On Track	There has been a delay in the Welsh Government revision of the Accessible Communication Standards. These will have a wider scope to include community languages. 31 objectives have been identified that will impact the Health Board. Additional actions will be

Standards, BSL charter and Welsh Language standards			incorporated into the SEP to reflect this alongside the impending Disability Action plan. The Health Board's involvement in the Bangor University Accessible Services Project for Deaf, Hearing Impaired and sensory loss, provides funding opportunities for accessible communications work including the provision of SignLive video relay interpretation. A BCUHB working group is being developed. A presentation on the standards is planned for the January Patient and Carer group.
Improve BCUHB digital systems and processes to record and monitor patient and workforce equality data	Off Track	On Track	Work has been delayed through the Planned Care programme of work due to a focus on demand and capacity planning. The Data Quality and Information Governance Group has agreed to support progression of the work. Work to produce a scope for systems and to audit our main patient administration systems have now been completed and the final stage of the action is on track.
Establish parity for 'equality' as a performance domain within BCUHB performance framework.	Off Track	On Track	A draft Equality Outcomes Framework has been produced. This will be reviewed alongside the Health Board's Performance Framework. East IHC are piloting an Equality Performance Report and learning program. The working group is meeting this month to take this forward.
To deliver regular equality education sessions to the Board to embed	Off Track	At Risk	The last EDI training session for the Board was held in 2022. With Special Measures and changes to the Board impacting timelines for training. A 9.5hr EDI Board Development

equality and human rights duties			program has been developed to be rolled out in 1-2hr sessions throughout 2025. This will include mixture of external stakeholders with lived experience and representation from the Equality and Human Rights Commission and Welsh Government, supported by the Health Boards Equality team.
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The Health Board are expecting the Welsh Governments Disability Action Plan to be published in 2025, which will create an additional stream of actions in addition to the existing national plans.

**3. BUDGETARY/FINANCIAL IMPLICATIONS**

There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are incorporated into existing action plans.

**4. RISK MANAGEMENT**

The risks associated with this paper are:

- 1971  
Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011
- 4986  
Failure to deliver the Health Board’s obligations under the Anti-Racist Wales Action Plan

**5. EQUALITY AND DIVERSITY IMPLICATIONS**

These areas identified in this paper are incorporated into the Health Boards Strategic Equality Objectives and Action Plan, which has an associated WP7 Equality Impact Assessment and Socio-economic Assessment completed. Progress is also included in quarterly Assurance Reports that are presented to the Equality and Human Rights Strategic Forum as well as being published on the equality pages of the intranet for full transparency. [Achieving Equity: Strategic Equality Plan 2024-2028 Progress Reports](#)

**6. NEXT STEPS**

- Reflect feedback from the People and Culture Committee in the final report to the Board.
- Further review by the Executive Committee
- Implementation of recommendations contained in the report

## **7. RECOMMENDATIONS**

- **Note** the contents of the DRAFT Equality Report
- **Consider, Review and Discuss** the proposed content of the Equality Report



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Equality Annual Report



**2023-2024**

# Accessibility Statement

This report and any supporting documents are available in Welsh, and can be made available in other languages and formats on request.

For other formats, please contact: Patient Advice and Liaison Service Tel 03000 851234

[BCU.PALS@wales.nhs.uk](mailto:BCU.PALS@wales.nhs.uk)



To contact the Equality Team at BCUHB email: [BCU.Equality@wales.nhs.uk](mailto:BCU.Equality@wales.nhs.uk)

# Contents

**Accessibility Statement**

**Foreword**

**Executive Summary**

**Main Report**

**Section 1: Introduction**

1.1 Structure of the Report

1.2 Special Measures

1.3 Population

**Section 2: Delivering on the Equality Duties**

2.1 Anchor Institution

2.2 Our Strategic Equality Plan

2.3 Our Equality Objectives 2020-2024

2.4 Governance Arrangements

2.5 Statutory reporting

2.5.1 Strategic Equality Plan

2.5.2 Equality Annual reports

2.5.3 BCUHB Statutory Employment Data Report

2.5.4 Gender Pay Gap Reporting

2.5.5 Race pay Gap Reporting

2.5.6 Disability Pay Gap Reporting

### **Section 3: Reporting on Our Progress**

3.1 Focus on National Plans

3.2 Focus on Engagement

3.3 Focus on Patient and Carer Experience

3.4 Inclusive decision-making

3.5 Public Sector Partnerships

3.6 Focus on our workforce

3.7 Focus on increased understanding

3.8 Focus on training and development

3.9 Focus on public Health

3.10 Focus on support for Armed Forces community

3.11 Focus on Spiritual Care

3.12 Focus on Pledges and Charters

### **Section 4: Developing our Strategic Equality Objectives and Plan 2024-2028**

### **Section 5: Conclusion**

### **Acknowledgements**

### **Appendices**

Appendix A: Population information

Appendix B: Equality legislation and Strategic Context

## Appendix C: BCUHB Vision, Values and Purpose

### **Attachments**

1. Equality Annual Monitoring Report
2. Gender Pay Audit Report
3. Race Pay Audit Report

# Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report covering the period April 2023 – March 2024. This report summarises some of the work the Health Board has undertaken to demonstrate our commitment to advancing equality and human rights.

As you can imagine in a Health Board of this size, it would be difficult to capture all the work, projects and services that deliver inclusive patient focused services, so this report holds a spotlight on some of those areas of work.

The year April 2023 – March 2024 has been a time of great change and challenge. In February 2023, the Health Board was placed under Special Measures and one of the key challenges has been in embedding equality within the five outcome measures identified as well as within strategic documents, such as the Health Board's Annual Plan. I feel that although the Health Board has robust procedures and processes in place for us consider equality in our decision making, there is further work needed to embed equality into Health Board strategic planning and to raise the profile of equality and inclusion across the senior management teams including The Board.

The reporting period April 2023 – March 2024 is the final year of our Strategic Equality Plan (SEP) 2020-2024. The plan aimed to inform the delivery of inclusive services and provide a workplace free from discrimination by embedding and strengthening equality and human rights principles and practices across all functions of the Health Board. This annual report reflects on that last year of the 2020-24 SEP and the work that has been undertaken during that year to engage with our stakeholders and develop the priorities for the next four years in preparation for the Strategic Equality Plan (SEP) 2024-2028.

There has been significant work underway across NHS Wales to deliver against the actions contained within the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan for Wales. These provide a significant part of the

backdrop for improving experiences for everyone in our community and for our workforce.

We are confident that this report demonstrates our organisational commitment to equality, diversity and inclusion, and the progress made during 2023- 2024.



Jason Brannan - Deputy Director of People, Workforce and Organisational Development

# Executive Summary

This Equality Annual report provides you with information on equality activities and achievements undertaken within the Betsi Cadwaladr University Health Board during the period 1<sup>st</sup> April 2023 and 31<sup>st</sup> March 2024. This report looks at how the Health Board has met its legal duties and progress made against its Strategic Equality Action Plan 2020-2024.

It is not an exhaustive list of activities but a snapshot, highlighting the work undertaken to meet our Public Sector Equality Duty as well as actions identified in the Welsh Government Action Plans.

## Main points

- Governance and Leadership.
  - Impact of Special Measures - recognising the changes to the Board and the impact that has made on progressing some of the actions within the Strategic Equality Plan and National Plans.
- Partnership working and Engagement.
  - Proving examples of partnership and engagement work over the past 12 months and the impact that has made to service delivery, equality visibility and staff and patient experiences.
- Inclusive Services.
  - Defining what inclusive services look like, providing case study examples of both best practice and where learning has been made.
- Training and Awareness.
  - Highlighting the expansion of training provision within the Health Board, both internally and via

partnerships, community groups and external organisations.

- Staff Support and resources.
  - Building staff networks and resources and making sure this is communicated widely throughout the Health Board.

### **Progress Made**

There has been significant progress made to embed equality within strategies and ensure Equality Impact Assessments and Socio-economic risks assessments are undertaken. The re-establishment of the EQIA Scrutiny group provides another level of scrutiny and quality control of key assessments. More areas of the Health Board have signed up to complete the Cultural Competence Certification Scheme and there has been more visibility of the Equality Teams work through newsletters, intranet, public engagement activities and partnership events.

### **Barriers and Risks**

As with many areas, a shortage of resources to meet the actions within the plan will remain a risk. Such as the training demands for 20,000 staff above and beyond the Treat Me Fairly e-learning resource. The need for further Board Equality Development to ensure that they understand the demands within the National Action Plans and their responsibility to meet their duties.

### **Conclusion**

The focus for this period is to build visibility of Equality, Diversity and Inclusion into all aspects of the Health Board's workforce and service delivery. Improve inclusive services, embed equality into existing strategies and meet our legal requirements under the Equality Act 2010, building on the positive work that has taken place, and take that forward into the next four-year Equality Plan.

# Section 1: Introduction

## 1.1 Structure of this report

Promoting equality, inclusion and valuing diversity are all fundamental to accessing health care and addressing better health outcomes. The following report is divided into different sections, which provides information and evidence to demonstrate how we have discharged our equality duty. This evidence includes:

- Delivering on the Equality Duty – Public Sector Equality Duty and Socio-economic Duty.
- Reporting progress on our Strategic Equality Objectives - Year 4 Plan.
- Strategic Equality Objectives and Plan 2024-28 – Developing our objectives.

## 1.2 Special Measures

In February 2023, the Health Board was placed back into Special Measures. The Health Board recognises that there is significant progress to be made in the leadership and culture of our organisation, and equality and inclusion alongside compassionate leadership will be at the heart of these improvements. It also recognises the impact that has on our workforce and public reputation.

The Health Board have had to adapt our services and move to work with our community, its public services partners, our volunteers and our employees to ensure Betsi Cadwaladr University Health Board provides a high standard of care and services ensuring we meet our commitments to deliver quality, care and excellence.

As a response to being placed in Special Measures the Health Board have identified its five core outcomes.

Outcome 1: Be a well-functioning Board.

Outcome 2: Have a clear, deliverable plan for 2023/24.

Outcome 3: Have stronger leadership and engagement.

Outcome 4: Have improved access, outcomes and experience for citizens.

Outcome 5: Be a learning, self-improving organisation.

As part of the Health Boards improvement plans under Special Measures, there are also a number of specific service areas of focus. These are:

- Planned care, including ophthalmology and services for cancer (oncology).
- Urgent and emergency care, including ambulance waiting times.
- Mental Health, including services in the community, for children and adolescents and neurodiversity.
- Vascular
- Urology

The Health Board's response to addressing special measure concerns raised was approved at the BCU Health Board meeting on the 25<sup>th</sup> May 2023. The Health Board agreed it would take a "stabilisation to sustainability" approach broken down into three 90-day cycles towards each of the five outcomes. Progress is regularly reported to Welsh Government.

### **1.3 #TheBetsiWay**

Launched within the Health Board in April 2023, #TheBetsiWay is an Improvement System and range of methodologies to support understanding and effective solutions to improve the processes of delivering high quality services and care across the health board.

The Betsi Way Improvement System includes an improvement toolkit which has been designed to help staff and offers a suite of bespoke tools rooted in science and specifically designed and chosen for use in Betsi.

“The Betsi Way”, based on the best improvement methodologies, cuts through the jargon and provides an easy-to-understand guide as to how to approach, understand and solve problems of any scale.

## 1.4 Population

North Wales has a resident population of 686,909 persons (on census day 2021), living across an area of approximately 2,500 square miles. It is bordered by Irish Sea to the North and west, Ceredigion and Powys to the south, and England to the east.

The region is defined by coastland, rural areas particularly in the west, and more urban areas in the east predominantly in and around Wrexham and Deeside. The majority of settlements are along the coast, including resorts popular with tourists such as Rhyl, Llandudno, Pwllheli, Prestatyn and Tywyn. It is mountainous and is home to Eryri National Park, and the mix of natural features is a strong draw for tourists and visitors.

Betsi Cadwaladr University Health Board is the largest health organisation in Wales, and is responsible for providing primary care, community care, mental health and acute hospital services for the population of North Wales. Further demographic information is provided within Appendix A.



# Section 2: Delivering on the Equality Duties

## 2.1 Anchor Institution

We are an ‘anchor institution’, which means that we are a large organisation, and our long-term sustainability is tied



into the wellbeing of the populations we serve. Our responsibilities are both as a health provider and employer.

## 2.2 Our Strategic Equality Plan

For the reporting period of this annual report, we will be providing progress on the Strategic Equality Plan (SEP) for the period 2020-2024.

As a listed body in Wales under the Equality Act 2010, we are required to draw up a Strategic Equality Plan at least every 4 years. The purpose of the Strategic Equality Plan is to document the steps that BCUHB is taking to fulfil its duty.

Our Equality Objectives and related year 4 action plan was informed by gathering and analysing information from national and local sources, evidence, and from impact assessments undertaken as well as from ongoing engagement with staff and service users. The planned work during 2023-2024 was developed using principles of co-design with our Equality Stakeholders and Staff Networks.

## 2.3 Our Equality Objectives 2020-2024

1	We will prioritise action to help identify and mitigate the impact of poverty for recipients of healthcare at risk of or actually living in low income households in North Wales.
2	We will prioritise action to reduce health inequalities and increase the accessibility of healthcare for people sharing different protected characteristics in North Wales.
3	We will prioritise action to respond to key policy and legal developments in healthcare for people sharing different protected characteristics in North Wales.
4	We will prioritise action to advance gender equality in North Wales.
5	We will prioritise action to address personal security for people sharing different protected characteristics accessing health services in North Wales.
6	We will increase engagement with individuals and groups sharing different protected characteristics in North Wales.

7	We will prioritise action to increase participation for people sharing different protected characteristics in health services across North Wales.
8	We will prioritise action to develop an inclusive culture where leaders routinely demonstrate their commitment to promoting equality within BCUHB and beyond and enable a fair and inclusive workforce.
9	We will prioritise action to advance race equality in North Wales.
10	We will prioritise action to deliver the Public Sector Equality Duty.

## 2.4 Governance arrangements

During 2023-2024, work has been ongoing to ensure that the equality duty is part of all new governance arrangements within the Health Board. This also includes citing equality considerations with new terms of reference for all governance meetings and where appropriate having a representative from the Equality team.

During the year 2023-2024, work has continued to advance equality through the delivery of the final year of this current Strategic Equality Plan. The Health Board's focus during this year is the co-production work to identify the Strategic Equality Objectives for the next four years.

## 2.5 Statutory reporting

In line with our statutory duty, we have published the following:

### 2.5.1 Strategic Equality Plan

The Equality Objectives set out to deliver in our 4 - year Strategic Equality Plan sets the foundation for advancing equality across the Health Board. Our Strategic Equality Plan (SEP) for the period 2020-2024 was agreed and published in March 2020. The four-year plan is aligned to Regulations 14 and 15 within the Public Sector Equality Duty.



## 2.5.2 Equality Annual Reports

This report will join our latest and past Equality Annual Reports, which are published on our website in line with regulation 16 of public sector equality duty: Wales.

[Equality and Human Rights Reports - Betsi Cadwaladr University Health Board](#)

These reports provide progress statements that arise from complying with the specific duties within the permitted timelines set by the Equality and Human Rights Commission. In line with regulation 16, our annual reports include:

- The steps taken to identify and collect relevant information
- How the Health Board has used relevant information it holds in complying with the general duty and the specific duties
- The progress made in order to fulfil each equality objective
- A statement of the effectiveness of:
  - Arrangements for identifying and collecting relevant information, and
  - Steps taken in order to fulfil each equality objective
  - Employment information that the listed authority has collected.

## 2.5.3 BCUHB Statutory Employment – data report

Attached to this report is our Annual Monitoring Equality Data Report. This provides comprehensive data on our staff, including recruitment, leavers and disciplinary / grievance data sets.



#### **2.5.4 Gender Pay Gap reporting**

Also attached is our Gender Pay Gap for this reporting period. This provides information on regulations 2017 within the Equality Act, which requires organisations with more than 250 employees to calculate and publish gender pay gap information. All figures are based upon data taken from the NHS ESR (Electronic Staff Record) payroll systems as at the latest snapshot date (31st March 2023). The report contains the following:

- Average and Median Hourly Rates and Pay Gaps
- Average and Median Bonus and Pay Gaps
- Proportion of staff receiving a bonus
- Number and percentage of males and females divided into four groups (Pay Quartile) ordered from lowest to highest pay.

#### **2.5.5 Race Pay Gap reporting**

For the first time we have included a Race Pay Gap report for this period. This supports our commitment within the Welsh Governments Anti-Racist Wales Action Plan and provides us with data and intelligence within the Health Board to see where there are gaps experienced by our current and potential staff, looking at recruitment data, progression and training data where available as well as the information model of the Gender Pay Audit reporting.

#### **2.5.6 Disability Pay Gap reporting**

At this time more work and development is needed to ensure that staff have the confidence to update their ESR data in the area of disability and impairments. We believe there is currently an under reporting of staff information in relation to disability and impairments and therefore a Disability Pay Gap report would not provide the insights needed. One of our future actions, alongside the implementation of future Welsh

Government Disability Action Plans would be to improve the data and enable us to complete our first Disability Pay Gap report.

## Section 3: Reporting our progress

Section 3 of our report outlines our progress in the final year of our current Strategic Equality Plan.

In this section of the report there will be a spotlight on actions from year 4 of the 2020-24 plan.

In each area we have linked the work with the corresponding number for the strategic Equality Objective. We will also indicate its connection with the National Plans.

### 3.1 Focus on National Plans - linked to objectives 2 3 6 7 8 9 10

#### 3.1.1 Welsh Government Anti-racism action plan and progress

The Welsh Government Anti-racist Action Plan was published in June 2022 and we have developed a comprehensive plan to address the health actions and continue to engage with our stakeholders to implement the plan. We have:

- Developed a BCUHB plan to implement the Anti-racist Wales Action Plan with governance in place.
- Commissioned Diverse Cymru to deliver cultural competency courses.
- Commenced engagement with external stakeholders.
- Appointed an Executive Race Equality Champion.
- Undertaken an Equality Impact Assessment for the plan.
- International Staff Guide and Support.



- Published plan on a page – [link here](#).
- Prepared for Welsh Workforce Race Equality Standards Reporting.
- Diverse Cymru Accreditation scheme to more areas.
- Gypsy, Roma and Traveller Health Needs Assessment.

### 3.1.2 Welsh Government – LGBTQ+ Action Plan 2 3 6 7 8 9 10

In February 2023, the Welsh Government published the LGBTQ+ Action Plan for Wales. A BCUHB action plan to implement the health-related actions is in place and we have:-

- Promoted the plan internally.
- Held a listening event for staff.
- Attended Community and Pride events.
- Undertaken research into LGBTQ+ Older Carers.
- Led on the development of a Community Quilt Project for HIV and AIDS Awareness.

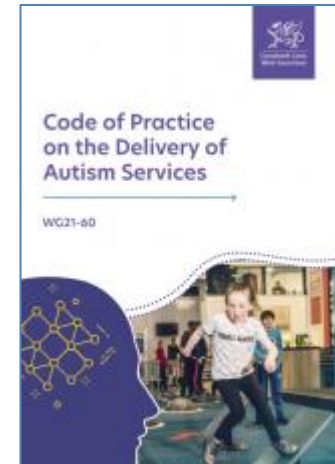


### 3.1.3 Code of Practice on the Delivery of Autism Services

2 3 6 7 8 9 10

We have launched a co-produced Steering Group to move the Health Board towards compliance with the Code of Practice. We have agreed to work to a set of co-production principles and to self-assess on an annual basis.

- Establishment of Code of Practice Task and Finish Group.
- Development of Action Plan to support the Code of Practice implementation.



### 3.1.4 All Wales Standards for Accessible Communication

2 3 6 7 8 9 10

A Sensory Loss and Accessible Health Care information hub was established for staff, which contains sensory loss toolkit guides for Primary Care, Community Services and Secondary Care. During the next 18 months the standards will be reviewed and updated as well as their scope widened to cover more areas of accessible communication. See appendix B for information on the All-Wales Standard for Accessible Communication.

### 3.2 Focus on Engagement - linked to objectives 6 7 8 9 10



Over 2023-24, Our Engagement Team has continued to collaborate and work with partners to deliver

shared engagement opportunities, reduce duplication of effort and deliver on shared outcomes. By developing and creating new relationships, the Health Board has created opportunities to engage and involve communities in decisions.



To support engagement, the public engagement team developed toolkits and guidance documents. The Health Boards Internet page also has a dedicated section for the public, where they can find out about engagement opportunities, take part in surveys. [Have your say - engagement opportunities - Betsi Cadwaladr University Health Board.](#)

Engagement with communities across North Wales is continuing through maintaining and developing networks and channels of engagement that services can use to involve and listen to the public and partners.

Within the Health Board's Engagement team, we have dedicated Engagement Officers for East, West and Central areas as well as a dedicated engagement officer for underserved communities.

In addition to this support for the public, the team have developed an intranet page of resources for staff engagement.

### **3.2.1 Example of Targeted Intervention**

Feedback from Welsh Government has been very positive in terms of engagement and progression across the engagement domain. From a public engagement perspective, our focus has been on supporting the embedding of engagement across the organisation.

During 2023-2024, the Health Board have undertaken a wide-ranging engagement on a range of strategies including the Health Board's Clinical Services Strategy, which used a range of engagement tools and approaches.

### **3.2.2 Bite-Size health events**

The Health Board continue to offer Bite-Size health events. These events strengthen our engagement with businesses to provide health advice and guidance direct to North Wales residents in their place of work. It is a collaboration between the Public Engagement Team, BCUHB services, and our partner organisations, working together to improve access to information. Bite-Size health sessions provide a range of support and health information including:

- Blood pressure checks
- Mental health and wellbeing
- Health screening
- Smoking cessation
- Alcohol and substance misuse
- Carer's information
- Active lifestyle
- Healthy eating
- Diabetes

The events can support people to:

- Improve their health and wellbeing.

- Identify opportunities to take steps before health problems worsen, or by preventing health problems from occurring in the first place.
- Talk to people about their own health who don't normally engage with health services.
- Find out about ways to reduce levels of depression and anxiety which may help employers reduce days lost to sickness.

### 3.2.3 Engagement with our Diverse Communities



One of the priorities for 2023-2024 has been to expand the membership of our Equality Stakeholder meetings, this has included extending invitations to BAWSO, Gypsy, Roma and Traveller Wales, North Wales Chinese Women's Society and African Society, North Wales Trans, Non- binary and Intersex Network.

Engagement work has been undertaken with:

- North Wales Ethnic Multicultural Association - Health and wellness session Ecole
- Attendance to Eid Celebrations
- Menopause session with North Wales Deaf community via Centre of Sign Sight Sound (COS)
- Betsi Bollywood Night
- Learning Disability Conference
- Diverse Cymru Audit of All Wales NHS Workforce Policies
- North Wales African Society Children's book launch
- Wrexham Multicultural Hub events
- Pride Events across North Wales

- Community Quilting sessions
- North Wales Interfaith

### 3.2.4 Equality Stakeholders Group

Equality stakeholders are a group of people that represent different parts of the North Wales population and meet regularly to discuss health care services. Over the past year, meetings of the Equality Stakeholder Group continue to raise issues and barriers faced by patients and carers. One of the areas we have been successful in to increase the membership of this group to be more representative of the diversity we have in North Wales and include more community groups.



### 3.3 Focus on Patient and Carer Experience - linked to objectives:



Our Patient and Carer Experience Team provide comprehensive support to gather patient experience, which is used to inform service planning and delivery.

Every day, we collect the views of our service users so that we can really understand what matters to them, especially when people are at their most vulnerable. With permission, we then share the feedback with the relevant managers via the Patient Safety and Experience Team in order to both learn, and to identify areas where we need to improve. Patient and Liaison Service (PALS) are working directly with the Medical Examiner Office to ensure families have an opportunity to have any unanswered questions answered around the loss of a loved one and to share their experiences.



#### 3.3.1 Developing Patient stories

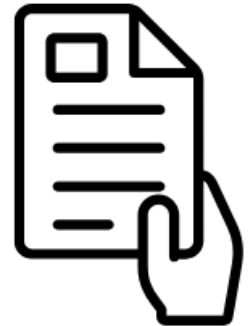
One of the key roles of the patient and carer experience team is to work closely with patients, carers and their families, and with their permission record patient stories. These are stories of individuals from their own perspective regarding a health care setting, or the care they have received. The short videos are put together to share the impact this had on the patient and or family and aims to find learning and improve the experiences of others through that learning. Patient stories have been identified as a powerful tool to understand their lived experience and improve future care. One experience that was shared in a patient story was:

### **Robyn's Story – Trans Voice Service Patient Story:**

This story focused on the support Robyn had received at BCUHB via the new Trans and Diverse Voice and Communication Therapy, how Robyn had shared how this service had given them support and empowered them to find their true voice. It highlighted the use of video group clinics to support patients and was shared as an awareness and learning tool throughout the Health Board as why inclusive care matters.

### **3.3.2 BCUHB Patient Information Readers Panel:**

The BCUHB Patient Information Readers Panel reviews all patient information leaflets across the Health Board. It has recently updated its Patient Information guidance and checklists to ensure that all BCUHB Patient Information documents meet a standardised set of criteria prior to review by the Patient Information Readers Panel. This is to ensure that they meet our Health Board standards for patient information and that they are fully accessible to a variety of users. The Readers Panel includes representation from the Equalities Team to ensure that it encompasses important equalities feedback on all leaflets passing through panel.



### **3.3.3 Staff Neurodiversity Stories Group**

The Patient Experience Team have also been working with the newly formed Neurodivergent (ND) staff network as part of the ND Stories Group, supporting from a Patient Stories perspective with toolkits, documents, guidance and advice to support the collection of Neurodiversity Staff Stories sharing the experiences of Neurodiverse staff across BCUHB and how these can be used to inform and guide change within the organisation. This has been led by the network chair and Equality Team and has been co-produced with staff.

### **3.3.4 Patient and Carer Champions**

The Patient and Carer Champion role allows members of staff to personally support the Patient and Carer Experience Team to drive change and understand patient feedback.



The role of a Patient and Carer Champion is to:

- Liaise with the patient experience team and actively promote the collection of patient experience feedback.
- Signpost patients, service users and their carers to supportive services.
- Ensure that ward/area patient experience information is up to date.
- Ensure that the needs of carers are identified and supported.
- Escalate any patient experience problems to both the service and the Patient and Carer Experience Team.

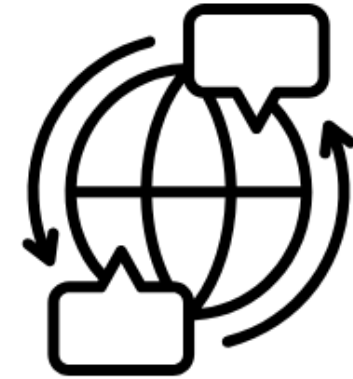
Staff who are Patient and Carer Champions meet monthly. Over the past year, 16 guest speakers attended these meetings to deliver signposting and awareness training representing the following topics:

- Age Cymru - HOPE Advocacy Project.
- BCUHB Equality training.
- Welsh Interpretation and Translation Service training.
- Domestic Abuse Safety Unit.

### 3.3.5 Interpretation and Translation Services



To support patients and staff with Interpretation and Translation Services the Health Board had launched a digital roll out of 24-hour access to interpreters. Digital equipment called 'Interpreter on Wheels' are placed in Emergency Departments, and Outpatients and Women's Services. During 2023-2024 training and awareness has been undertaken to promote this new service. This will enable more patients to access Interpretation and Translation services and minimise delays in accessing care.



### 3.4 Inclusive decision-making - linked to objectives



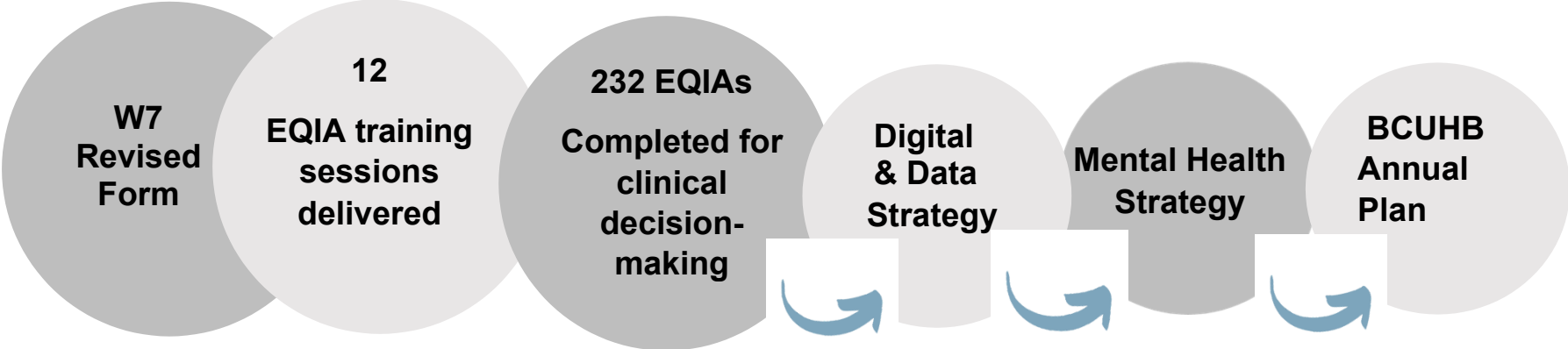
#### 3.4.1 Equality Impact Assessments and Socio-economic Impact Assessments

During 2023/24 the previous process for Equality Impact Assessments (EQIA) and Socio-economic Impact Assessments (SEIA) were revised to be incorporated into one template for useability, with an increased focus on equality risk, alignment with the Socio-economic Duty and intersectionality. The Health Board values and current Strategic Equality Objectives were also included, so that those completing the forms had a better understanding of where Equality and Socio-economic factors fit into the bigger picture of service delivery and decision making.

As a result, further training was provided to support those completing assessments as well as the re-introduction of the EQIA Scrutiny group. The group includes internal and external membership and is an additional

governance layer to spot check and review the quality and content of completed assessments. During 2023-24 this has included the Mental Health Strategy, Digital and Data Strategy and the Health Boards Annual Plan.

The Assessments procedures are in place for ensuring we meet our statutory duties. Internal audit of board papers indicated that all strategies and major planning decisions had undergone EQIA. Procedures are in place



for clinical policies to ensure that all clinical policies have EQIA completed. A range of training, advice and guidance is in place to support staff undertaking assessments.

### 3.4.2 Socio-economic Duty progress

The Health Board has completed the Welsh Government progress tracker to monitor compliance. The progress tracker indicates that there has been progress during year one and two in the following areas:

- Considering socio-economic disadvantage and reducing inequality in decision-making/policy development.
- Tracking and reporting on impact.
- Engagement, involvement and consultation.

The duty is now included within governance procedures and SEIAs are completed for the majority of strategic decisions during the decision-making process rather than retrospectively.



### 3.5 Public Sector Partnerships – linked to objectives 1 2 3 4 5 6 7 8 9 10



#### 3.5.1 All Wales approaches – Equality Leadership Group

We have continued to work with the NHS Wales Equality Leadership Group to share good practice and identify areas of work where we can adopt a “Once for Wales” approach. We have contributed significantly through the

Equality Leadership Group to national work including consultations and engagement sessions on the Anti-racist Wales Action Plan, the LGBTQ+ Action Plan, the Locked-Out report, the 'Is Wales Fairer' Report and the "3Ps" Planned Care Improvement Programme.

### 3.5.2 North Wales Public Sector Equality Network- NWPSEN

We have continued to work with our public sector partners which include North Wales Local Authorities, North Wales Police, North Wales Fire and Rescue Service, North Wales Police and Crime Commissioner, Eryri National Park Authorities, and North Wales Housing Association. During 2023-2024, the network has:

- Promoted and hosted events during Hate Crime week.
- Worked in partnership to develop shared strategic Equality Objectives for the 2024-28 plans.
- Focused on shared learning on Barrier to Employment.

### 3.6 Focus on our workforce - linked to objectives 1 5 6 8 9



#### 3.6.1 Staff Equality Networks

During 2023-24 there has been a time to reflect on the effectiveness of the current Staff networks. In January 2024 we launched our fifth staff network, the ND Network. Focusing on supporting staff who are Neurodivergent.

Over the past 18 months the Equality team had seen an increase in requests for support from both managers and staff members who were looking for advice and support. The Network is an informal safe space to get peer-to-peer support, highlight issues, celebrate wins, share knowledge and ideas, make connections across the health board and work with the Equalities Team to have a positive impact on Neurodivergent equality, inclusion, diversity and belonging in BCUHB!

Since launching there are over 250 staff who have become members and got involved. The network is continuing to grow and have a schedule of activities planned over the next year, including network speaker events, development of resources and staff wellbeing activities.

Our staff networks have continued to provide peer support and act as collective voices for colleagues and groups that have been traditionally under-represented or who have experienced discrimination within the workplace. The networks have been an integral part of the engagement undertaken in developing the Strategic Equality Objectives and Action plan for the next 4 years as well as getting involved in awareness events throughout the year such as Pride, International Women’s Day, Learning Disability Week and Black History Month.



**Neurodiversity  
Network Launch!**

**2024**

→ **Wednesday 24th January  
12-1:30pm, on Teams**

If you still haven't signed up  
scan the QR code to register



←

Contact:  
BCU.Equality@wales.nhs.uk  
for further enquiries

### 3.6.2 Staff Wellbeing Support Service



The Staff Wellbeing Support Service (SWSS) provides a range of support to staff. This year the service has co-ordinated various projects including:

- Awareness campaigns to promote available resources
- Menopause support and resource service ‘Menopause Matters’
- Cost of Living Support Group – see section 10 for further information
- Speak Out Safely

- Guidance for Staff in Crisis
- Trauma Risk Management Service

We monitor the take up of the SWSS by protected characteristic group to identify any perceived or actual barriers to access or differential outcomes.

### 3.6.3 Speak Out Safely



Codi Llais Yn Ddiogel - Speak Out Safely is BCUHB’s approach to supporting staff to raise concerns when going through formal routes to raise their concern may not be an option for the staff member concerned. The approach offers an independent and anonymous web-based platform called ‘Work in Confidence’, which supports anonymous two-way conversation between staff and one of the Speak Out Safely Team. This can be in person, virtually, by phone or by e-mail. Speak Out Safely has been introduced to ensure that all staff, students, contractors and volunteers working within the Health Board have opportunities to have their concerns heard and taken seriously. During this year there have been an increase in the team providing support, aiming to be more representative and visible for staff to feel confident to contact and get support.



### 3.6.4 Supporting our International Workers



A piece of work that began in the last year in collaboration with the International Nursing Practice Development Management Team (East), the Corporate Equality Team, and BCUnity Ethnic Minority and Overseas staff network, to develop a support pack, has been shared wider in the NHS in Wales and helped with the development of content



of an All-Wales App being developed.

The document and future finalised app will help colleagues settle well in Wales as they relocate to join our own or other Health Boards. The information pack is designed to assist colleagues in their transition to working in the United Kingdom.

The welcome pack provides information on the many questions international colleagues may have prior to travelling, and includes information on a broad range of areas, from banking and grocery shopping to policing and education and steps to follow upon arrival in the UK, including useful information and tips compiled by recently arrived colleagues. We aim to support our international colleagues as much as possible to prepare for their time in north Wales and in the Health Board.

### 3.6.5 Focus on Step into Work and Supporting Employment Programmes



Step into work is one of the employment programmes that includes Project SEARCH as well as others, that BCUHB is proud to be involved in, The Step into Work Adult Volunteer Work Placement Programme provides opportunities for a range of people with barriers to recruitment in line with the Welsh Government BCUHB targets and the tackling poverty agenda and helps participants develop their confidence by participating in activities and supports them to access training, qualifications and work experience or volunteering.

Placements will be for groups including Workless Households, Long Term Unemployed (LIFT), Communities First Projects, Agoriad, Scope, North Wales Regional Equalities Network (NWREN), Not in Education, Employment or Training (NEETS), Higher Education Students (HE), Further Education (FE) Students, evacuees, those on benefits and In Work Poverty.

To date over 440 job opportunities have been secured from our programmes including permanent, fixed term, apprentices and bank.

Participants are supported by peer mentors, who draw on their own experiences to help others. Peer mentors work

with the participants on activities to help overcome barriers to education, training or employment. Participants will receive support in areas such as developing interpersonal skills, budgeting, accessing housing, medical care and accessing financial support.

### **Central IHC Facilities department – promoting equality and diversity**

The Facilities department has exhibited unparalleled dedication to fostering an environment where every individual feels valued, respected and empowered, resulting in transformative impacts across various spheres.

Successfully supporting individuals from the Step into Work Programmes with learning disabilities and or neurodiversity through Project SEARCH, other individuals with barriers to recruitment, such as furthest from the labour market, Black and Minority Ethnic groups, Refugees, long-term unemployment, Veterans and people experiencing in-work poverty. The department proudly now has employees from the programmes incorporating, permanent, bank staff and the first in North Wales Supported Shared Apprenticeship Porter (SSA). SSA to support individuals who cannot because of reasons of disadvantage partake in a mainstream apprenticeship.

The Facilities team is committed to promoting personal outcomes by taking time to mentor, buddy and train. Each member of the team empowers individuals to lead fulfilling lives and achieve their goals, regardless of their circumstances or background, upholding the principles outlined in the Equality Act 2010. The support provided is life changing and beyond their normal working daily tasks and staff should be recognised on a broader scale for their effort and dedication.

Through our unwavering dedication to diversity and inclusion, the Facilities Department has significantly enhanced the health and well-being of its diverse workforce population. By embracing cultural difference and providing tailored support, ensures equitable access to work for all, regardless of background or identity. This approach has not only improved health outcomes but also fostered trust and confidence among marginalised communities, leading to increased engagement with healthcare services.

The Facilities Department positively influences communities across North Wales, actively engaging with local stakeholders, implementing culturally sensitive outreach programmes, the team has promoted health literacy, reduced disparities and strengthened community resilience. Through these initiatives focused on removing barriers to recruitment we have become a trusted partner in fostering vibrant and thriving communities. Recognising the vital role of families in promoting health and wellbeing, the Facilities Department has implemented inclusive practices that support families. Feedback from families is powerful and insightful. Prioritising person centred support, providing resources for caregivers the service ensure that families feel supported and empowered throughout the journey, one quoted:

*'I cannot thank you for everything you have done and all the support, you have changed our lives. A never came out of his room and we were unable to leave him alone, now he speaks about his day, goes out into the community and we have even bought a business in St Martins. This is something we never thought possible'.*

This improves patient outcomes and fosters a sense of belonging and solidarity among families from diverse backgrounds. Demonstrating a steadfast dedication to investing in our staff, future employees and community partnerships in line with the 'Healthier Wales Plan' Socio-Economic Duty and BCU values.

## **Project Search**

Project SEARCH is a 12-month internship for young education leavers with learning disabilities or autism, aimed at developing the skills to support them into employment. The initiative is a four-way partnership between Coleg Llandrillo, BCUHB, Agoriad supported employment agency and Project SEARCH.

Glan Clwyd is the host providing a fully immersive experience of working in a hospital environment. Coleg Llandrillo's Independent Living Skills department provides the education aspect and looks after student welfare, while Agoriad provides job coaching, teaching learners the skills needed for particular roles and supporting them while in those roles.



The learners praised the scheme in a YouTube video which you can [watch here](#).

### **A Step Into Management (ASIM) –**

A Step Into Management is part of BCUHB's in house management development programme for those that are currently in supervisory, team leader and manager roles as well as those that aspire to be. In the period 2023-2024, 119 members of staff successfully completing their leadership and management journey.



## 3.7 Focus on increased understanding and awareness - linked to objectives 2 6 7 10



During the year, we have increased our promotional work both externally and internally to continue to build understanding of equality and inclusion and our role in reducing inequality. The promotion of key events has brought many people together to share good practice and insights into lived experience for a range of equality campaigns. These have been promoted through a network of over 80 Equality Champions across all areas of the Health Board. Here are some examples of the work undertaken during this period.

### 3.7.1 NHS Wales Equality Week

Equality Week 15<sup>th</sup>-19<sup>th</sup> May 2023 was promoted across all NHS staff in Wales. The week was coordinated by the Chair of the All Wales NHS Equality Leadership Group with support from NHS organisations in Wales. BSL interpretation was provided for all of these sessions. Lunchtime learning sessions took place for:

- How to better support our international staff
- The Challenges of engaging with the unengaged
- Mental Health support in the Showman and wider Roma, Gypsy Traveller community
- Inequality in health for those in the justice service
- Health Inequalities of the impact of waiting lists

Over 1500 staff across NHS Wales attended during the lunchtime sessions, with the sessions recorded and shared



on the Health Boards intranet pages for further reach.

### 3.7.2 Pride Events



We have seen over the past few years a growth of the number of Pride events happening across Wales and in North Wales during 2023-2024. The Equality team joined our sexual health, public health and engagement colleagues to attend three pride events across North Wales, as well as being invited to support a local school event.

We spoke to members of the public to raise awareness of the Sexual Health Service and the work of the Equality Team, as well as encouraging people to come forward and share their experiences of the healthcare system with us to inform our forthcoming action plans and Strategic Equality Plan and LGBTQ+ Actions.



### 3.7.3 Monthly Equality Children’s Book Competition

Our monthly Equality Children’s Book Competitions was launched in early 2023 to promote equality and inclusion across a range of topics. Each book links to a theme such as Disability History Month, South Asian Heritage Month, International Women’s Day and Autism Acceptance. The competitions promote an understanding of equality issues and inclusive healthcare.

Aimed at health board staff, since the launch, over 400 staff have registered into the competitions. These are promoted bi-lingually and Welsh language versions are included.

**June- Staff Book Competition**

**The Boy at the Back of the Class**  
by Onjali Q. Raufy

The Boy at the Back of the Class is a child's perspective on the refugee crisis, highlighting the importance of friendship and kindness in a world that doesn't always make sense. There used to be an empty chair at the back of my class, but now a new boy called Ahmet is sitting in it.

Closing date - 30th June

TO ENTER: EMAIL  
BCU.Equality@wales.nhs.uk

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

### 3.7.4 Equality Staff Competitions



In addition to the children’s books competition the equality team offered further opportunities for staff to win equality themed competitions and find out about exciting diverse events happening across North Wales.

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

Win 2 tickets for the celebration of Africa in Wales Festival  
June 1/2/3  
Neuadd Ogwen - Bethesda  
Weekend of sublime music from all over Africa with dance, Afro-Welsh performances, workshops, film, and art/photography exhibitions and much more!  
To Enter email: BCU.Equality@wales.nhs.uk stating which day you would like to attend.  
Closing date May 26th  
Find out more via QR code

**Windrush@75**  
To mark 75 years of the Windrush landing at Tilbury Docks, we are inviting staff to enter a draw to win one of the Royal Mail Commemorative Windrush coins designed by Valda Jackson.  
Closing date 28th July  
Email: BCU.Equality@wales.nhs.uk

**WINDRUSH 75**

**STAFF COMPETITION**  
BOLLYWOOD SUMMER BONANZA  
8TH JULY 4-9PM  
Email for a chance to win 2 tickets for the Bollywood Summer Bonanza organised by Bangor Indians & Friends Association (BIFA).  
The event is raising money for local Mental Health charity.  
BRYN IOR BEACH HOTEL  
CAENARFON  
Email: BCUID@wales.nhs.uk  
Closing date 30th June

### 3.7.5 Menopause and Menstrual Health

Previously a Menopause Matters group had been established to identify support needed for all staff that may be affected by the peri-menopause, menopause and post-menopause, including andropause sometimes referred to as the male menopause.

Occupation Health has been working closely with the Equality team to build on the Menopause Awareness sessions and Menopause Champions to develop resources for staff. The first BCUHB Staff Menopause Café was held in June 2023 with over 300 staff taking part in the first 6 months. The sessions are held monthly online, with face-to-face sessions offered at East, West and Central areas on a rolling schedule.



The Equality team have also been supporting awareness campaigns around menstrual health, with information available in the Equality Briefings and at stalls at our hospitals.

### 3.7.6 Ramadan Support and Iftar events



In March 2023, for the first time the Health Board welcomed staff to attend 3 Iftar events, supported by the Equality team and Chaplaincy service. In addition to the Quran Cube blue tooth speakers introduced earlier in the year, this is part of a suite of resources and celebrations open to all staff, Muslim and non-Muslim to gain a better understanding of the faith and impact of Ramadan on both staff and patients and how we can better support them.



### 3.7.7 Mental Health Awareness Week

Staff across the Health Board wore green this week to raise awareness of the impact of anxiety on people's mental health. The Mental Health Foundation made anxiety the theme of Mental Health Awareness Week this year, highlighting that nearly three-quarters of the population (73%) had felt anxious at least sometimes in the previous two weeks, with one in five people (20%) anxious most or all of the time. BCUHB shared the video below on social media to highlight the importance of acknowledging the impact of anxiety, the importance of mental health, the prevalence of mental health problems



and some of the support available through BCUHB. To see the video, click here: [Mental Health Awareness Week 2023](#)

### 3.7.8 Diwali Event



In 2023 the Health Board was able to share with staff two Diwali events happening across North Wales. Working in partnership with Bangor India Friends Association (BIFA) and providing 40 free spaces for their Diwali celebration. The Chair Dyfed Edwards took part in the lamp lighting ceremony at the start of the event and enjoyed the community meal with over 200 members of the community attending. The event raised £1000 that was donated to Awyr Las for equality initiatives.

### 3.7.9 Busy Bags



One of the projects to benefit from the funding raised at the Diwali event was the commissioning of Busy Bags. The idea for this initiative came from an Emergency Department Staff Nurse, Emma Eccles, who recognised there was a need to create resources to help support autistic children visiting the hospital.

Over time, Emma noticed that autistic children were struggling with the environment of an Emergency Department, bright lights, loud noises and different smells make the area unsettling for those with autism.

Busy Bags started off being small bags with items such as fidget spinners in, until she realised more was needed. Emma worked with the Equality Team to secure £500 of funding from



Awyr Las: The North Wales NHS Charity which then went onto purchase 100 Busy Bags from Autistic UK to support children across the whole of BCUHB.

The Busy Bags contain a light wand, bubble bracelet, activity book, notepad, squeeze toy, ear plugs, colouring pages and crayons, along with a bilingual My Health Passport document so medical staff are aware of a child's individual needs and how to support them.

Talking about the project, Emma said: "I noticed that when an autistic child visited the Emergency Department, they were finding the environment unsettling. There are so many bright lights and different sounds and smells, the department can be really overwhelming."

"I decided to try and help these children and offered fidget spinners to them, until I spoke with Ceri in the Equality Team who helped me secure some funding from Awyr Las. The Busy Bags will make such a huge difference to children coming into the department."

The 100 bags have been distributed between the Emergency Departments at the three acute hospitals.

### 3.7.10 Focus on HIV/AIDS Strategy



One of the priority actions identified in the Welsh Government's LGBTQ+ Action plan is the development of a HIV Action Plan for Wales. This was published in March 2023. In the action plan it looks to support Fast Track Health Boards to be established. On the 6<sup>th</sup> December representatives from the Equality Team, Sexual Health and Public Health team came together with Local Government, Fast Track Wales and the President of Fast Track Europe to sign the Paris Declaration on Fast Track Cities. This means that Fast Track North Wales is official and will be working with the health board and communities to raise awareness of treatments and support for HIV/AIDS, work to remove stigma and meet the Fast Track Europe and Welsh Government goals to see no new cases of HIV/AIDS by 2030.



### 3.7.11 World AIDS Day and Launch of Community Quilt Session



As part of the work of the strategy on the 1<sup>st</sup> December 2023, the Health Board marked World AIDS Day and launched its community quilt project. Whereby over the next 12 months it will hold community quilting sessions inviting staff, patients, community groups and the wider public to join the sessions to design and make a quilting square that will form part of three quilts that will be put on display at the sexual health clinics across North Wales, supported by an exhibition in 2025 in libraries across North Wales to continue to share the awareness messages of support and prevention to meet the goal of zero new transmissions

by 2030.

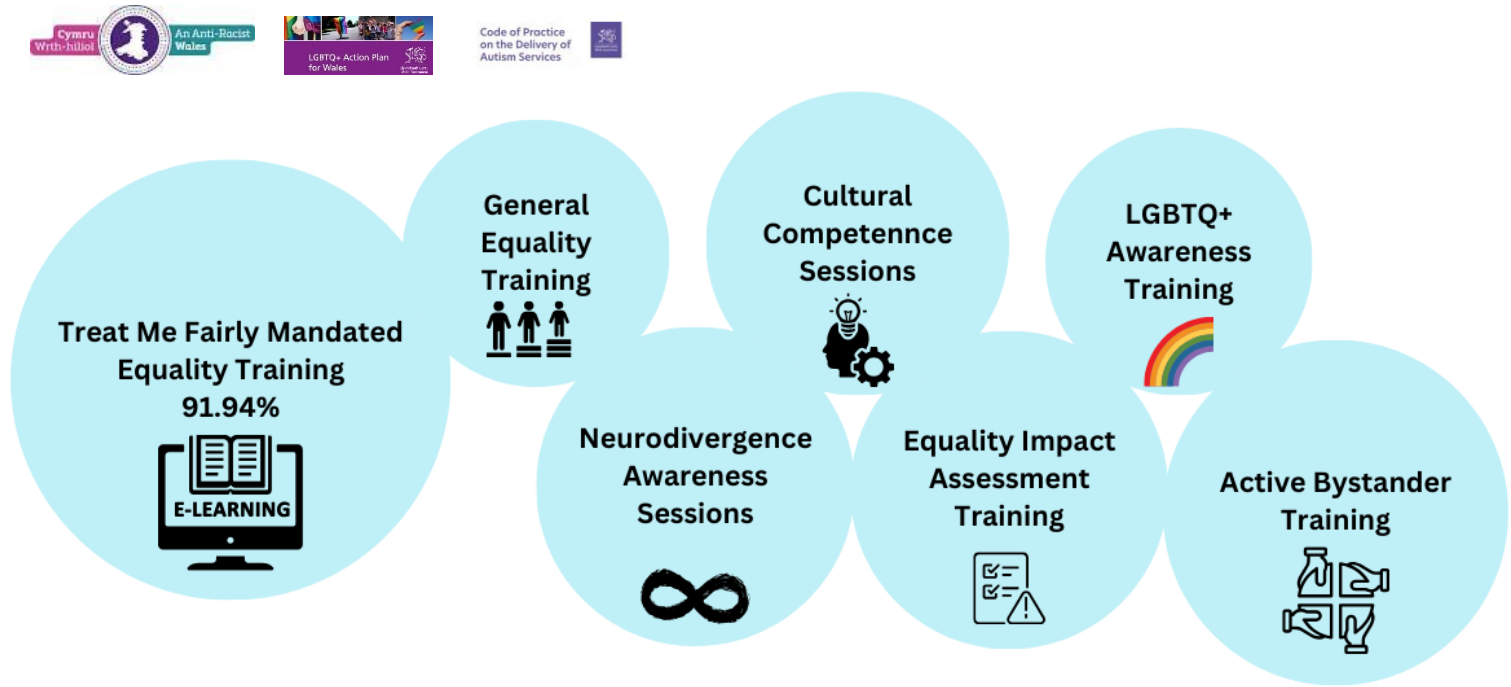
### 3.7.12 Other events promoted during 2023-2024

- Black History Month.
- International Women's Day & International Men's Day.
- Launched Here and Proud – LGBTQ+ awareness.
- Hate Crime Week.
- International Nurses Day.
- Carers Rights Week and Social Model of Disability sessions.
- Cynnig Cymraeg Week.
- South Asian Heritage month.

- Learning Disability Week.
- Trans Day of remembrance vigil.
- Refugee Week.
- Race Equality Week.
- LGBTQ+ History Month.
- Sensory Loss Awareness Month.
- Disability Pride.

This is just a snapshot and not an exhaustive list.

### 3.8 Focus on training and development – linked to objectives 1 2 3 5 8 9 10



#### 3.8.1 Treat Me Fairly Mandatory Training

All staff are required to undertake mandated Equality Training – called Treat Me Fairly. At the end of March 2024, our compliance rate across the Health Board was 91.94%.

### **3.8.2 General Equality Training**

General Equality Training has been delivered to Patient and Carer Champions as well as across GP practices on request. External training events are also promoted. During 2023/24 Equality training was provided to 1<sup>st</sup> year nurses at Bangor and Wrexham University.

### **3.8.3 Cultural Competence Training**

Diverse Cymru has delivered Cultural Competency training resulting in greater awareness of culturally sensitive care and greater recognition of the diversity across Wales and beyond. This training has been promoted as part of the Anti-racist Action Plan and offered directly to departments and service areas as part of their Cultural Competence Certification Scheme.

### **3.8.4 LGBTQ+ Training**

As part of our commitment to the Welsh Governments LGBTQ+ Action Plan we have developed an inhouse LGBTQ+ training support which we have delivered to departments and divisions across the health board. As part of this work, we have also supported the Sexual Health Team and Wales Gender Services to deliver Trans Inclusive Sexual Health Care as well as develop resources in partnership with Unique and other North Wales based LGBTQ+ organisations such as our 'It's Just Good Care' guide, 'Gender Inclusive Language Toolkit'.

### **3.8.5 Neurodivergence Awareness Sessions**

This year we have also developed a session on Neurodivergence, to gain a better understanding of the support needs and resources that are already available to support Neurodivergent staff, patients and their families.

### 3.8.6 Equality Impact Assessment and Socio-economic Impact Assessment Training

There has been a range of face to face and online equality related training delivered during the year 2023-2024. Training sessions on Equality Impact and Socio-economic Assessments have carried out with Public Health, Mental Health and Learning Disability team, Transformation and Planning Team, the Student Nurse Forum and the COVID-19 Vaccination Team.

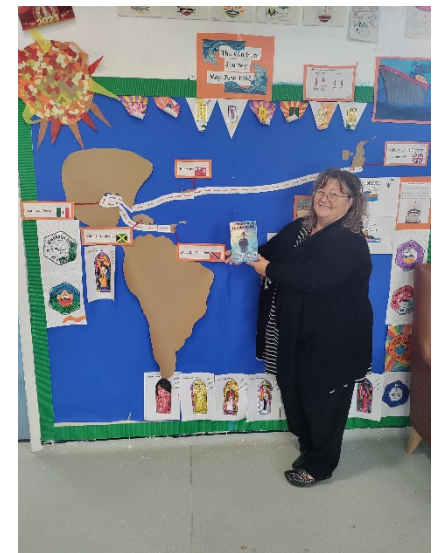
### 3.8.7 Case study: Embedding Cultural Competence

The Therapeutic Support Service has worked hard at undertaking Cultural Competence Accreditation through the scheme run by Diverse Cymru. This has been an ongoing piece of work and has been beneficial to patients, families and staff.

They have fully committed to the principles of cultural competence. Posters that reflect the diverse range of languages spoken in our community are now displayed around the premises. Their new “diversity board” in the staffroom is regularly updated – anyone can pin any news or articles that reflect the diversity of our community.

There are visual examples of the work of the department in every room which reflects the diversity of our community. This includes posters, room signs and our diversity board within our staff room.

In place from November 2023, they have installed a world map with photographs and artwork from our various cultural events which decorates our environments and enhances the feeling of diversity and inclusion within the department.



The department have been building up a library of resources within our environments which reflect the diversity of our

community such as world cookbooks, multi faith resources, and items such as lights for Diwali celebrations. They have also held discussions in clinical supervision with other professionals including Psychology and Behaviour Analysts) regarding new research and a scoping review looking at ethnic disparities in the use of restrictive practices in adult mental health inpatient settings.

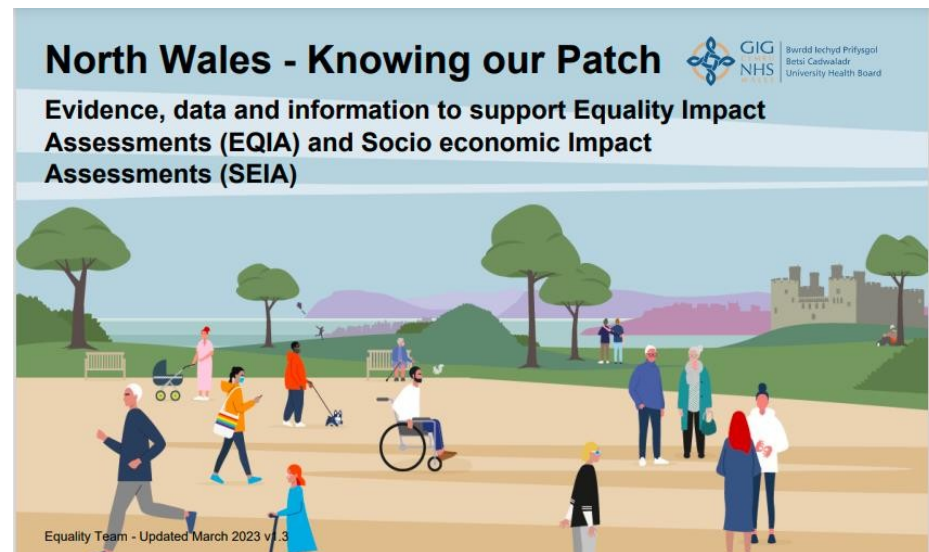
### 3.9 Focus on Public Health - linked to objectives 2 3 6 7 8 9 10



Reducing health inequality is at the heart of our Public Health work. Our Public Health Team plays an active role in the Equality and Human Rights Strategic Forum, the delivery of the Strategic Equality Plan Implementation Plan and the development and delivery of our Anti-racist Action Plan.

#### 3.9.1 Knowing Our Patch

The Public Health Team in partnership with the Equality Team have supported the production of our “Knowing Our Patch” document. This document presents collated demographic information of Protected Characteristics and socio-economic circumstances, and is designed to support inclusive service design and delivery.



#### 3.9.2 Well North Wales

The Health Board’s health inequalities programme is Well North Wales, which is a regional programme focusing on working with the most disadvantaged populations in North Wales. More recently, the Well North Wales programme has been supplemented by the development of the Inverse Care Law programme and the development of the Community Support Hubs.

Well North Wales has evolved to focus on supporting four key themes:

- Infrastructure: developing Health and Wellbeing hubs in Penygroes and Bangor. These will foster new ways of working, and enable prevention activities alongside more traditional interventions. By involving the voluntary and community sector, and focusing on social prescribing as a means of addressing non-clinical issues, health outcomes for people living in poverty can be improved.
- Food poverty: Active support for a network of initiatives across the region, ensuring that some of the most disadvantaged populations have:
  - Accessed affordable, nutritious food.
  - Enhanced their cooking skills.
  - Made healthier lifestyle choices.
- Homelessness and vulnerable groups: Working with local authorities and the housing sector to promote wellbeing services.
- Social prescribing: enabling individuals to have access to social prescribing programmes that enable them to participate in activities that help improve their health and well-being.

### 3.10 Focus on support for Armed Forces community – Linked to objectives

3 7 8



We have implemented the new requirements for the Armed Forces Act 2021 to enshrine the Armed Forces Covenant. Further information is available within Appendix B on the Armed Forces Act. During 2023-2024, this work has included:

- Further developing the Veterans' staff network.
- Further developing the Armed Forces Community Intranet site including information for Reservists.
- Improved the Health Boards' external website related to support available to the Armed Forces community members for both staff and patients.
- Promoting the Poppy veteran identification programme.
- The Poppy programme is set to be implemented across all acute admission areas across the Health Board.
- Remembrance Services held 10<sup>th</sup> November 2023 across the three main sites.
- Support the Fighting with Pride Military Charity and campaigns.



### 3.11 Focus on Spiritual Care - linked to objectives

2 3 5 6 7 8 9 10



All our staff are expected to provide a level of spiritual support appropriate for their role and are supported by our Chaplaincy Service, which represents faith communities across North Wales.

### 3.11.1 Chaplaincy support

Our support to patients, carers, families and staff includes:

- A listening ear and pastoral care in difficult times – including 24-hour urgent pastoral care.
- Religious care.
- Contact with different faith communities.
- Supporting last rites for patients.
- Support at times of bereavement.
- Resources – multi-faith trolleys and access to chapels.

### 3.11.2 Qu'ran cubes

To mark the end of Ramadan we received a donation of Qur'an Cubes, which are small Bluetooth speakers, which recite the verses of the Qu'ran in 24 different languages. These were kindly donated by the charity Quran for Hospitals and are available for both patients and staff.



### 3.11.3 Multi-faith celebrations

During 2023-2024, we have acknowledged a wide range of faiths and celebrations which were included within our Equality@BCU twitter feed.

Examples of faith calendar dates include Ramadan, Eid, Passover, Easter Blessing, Diwali event in Bangor, Mosque open day – at Wrexham Islamic Cultural Centre, and Happy Vaisakhi.



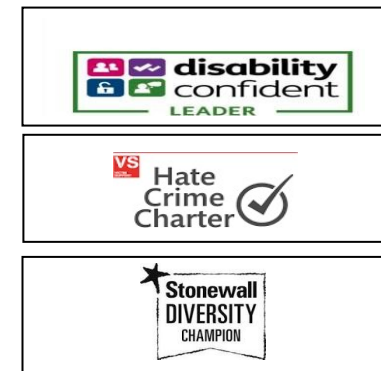
The Equality Team is also a member of the North Wales Interfaith Network which mean quarterly online and face to face to share a deeper understanding of faith and non-faith and what brings us together.

### 3.12 Focus on Pledges and Charters - linked to Objectives 1 2 3 4 5 6 7 8 9 10

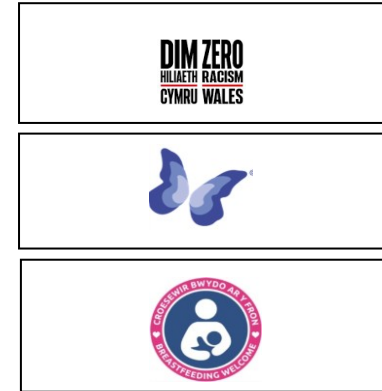


These are our pledges, charters and accredited schemes for 2023-2024. These schemes enable us to adopt best practice and share a wide range of resources across other organisations.

- Disability Confident.
- Hate Crime Charter.
- Stonewall Diversity Champion: We renewed our membership as a diversity champion for 2023-2024.
- Zero Racism Wales: The health board pledged to Zero Racism – 2022.



- Dementia Friendly: Dementia friendly services since 2019.
- Breastfeeding Friendly: Ongoing membership to the Breastfeeding Welcome scheme.
- Children's Charter.



## Section 4: Developing our Strategic Equality Objectives and Plan 2024-2028

### 4.1 How did we develop our Strategic Equality Objectives for 2024 – 2028?

The Equality Objectives for 2024-2028 have been co-designed, recognising that a focus on health alone will not meet the diverse needs of our population. Taking a whole system approach and working in partnership with a range of people and organisations across the public, private and third sectors is the most effective and inclusive way to understand the experiences, views and needs of our population, and how we can appropriately respond to them. In June 2023, the Health Board launched a public survey, inviting public sector organisations, businesses, community groups, patients, carers and the wider population of North Wales to complete. This was available online and several face-to-face engagement sessions took place across North Wales.

The Equality team attended community group meetings and events to meet as many members of different communities across North Wales as possible. The results of the engagement work were analysed by the Equality Team and an initial 17 themes emerged. From these, six overarching objectives were identified. These give the framework for the development of the action plan. This information alongside who took part can be found in Appendix

3. Additional engagement work has been undertaken as part of the Anti-racist Action Plan and the LGBTQ+ Action plan. Further engagement was undertaken by North Wales Public Sector Equality Network that has led to the development of Shared Actions. The can all be found in our published SEP. [BCUHB Strategic Equality Objectives and Action Plan 2024-2028](#)

We undertook extensive analysis of our strategic drivers, legislative requirements and local intelligence to ensure these are reflected in the plan while also aligned to the Integrated Medium-Term Plan.

A total of 28 actions have been identified that will be the focus of the first year of the action plan. Some of these actions such as the national plans will continue for the timeline of the action plan, while other have a more focused timeline.

The progress on the action plan will be reported quarterly to the Equality and Human Rights Strategic Forum within the Health Board, as well as to People and Culture Committee, the Board and Bi-annually to Welsh Government. The annual report will continue to be published and provide details of progress against the 28 actions identified as well as future actions.

# Our Strategic Equality Objectives for 2024-20



**Objective A: Achieving equity by working in partnership – ‘nothing about you without you’**

**Objective B: Achieving equity by providing high quality inclusive services**

**Objective C: Achieving equity through Governance and Accountability**

**Objective D: Achieving equity by being a kind and compassionate organisation**

**Objective E: Achieving equity by innovation**

## Section 5: Conclusion

This Equality Annual Report highlights some areas of key work that we have undertaken across teams and individuals, and by working in partnership to work towards advancing equality, promoting human rights and tackling health inequalities.

The publication of the Anti-racist Wales Action Plan and the LGBTQ+ Action Plan for Wales has placed a requirement upon us as a Health Board to address discrimination and provide equitable access into our services. These plans involve actively identifying and changing the policies, behaviours and beliefs that perpetuate discrimination and inequality. As a result, these have been included as priorities in the new Strategic Equality Objectives and Action plan, this will ensure that the actions are imbedded into services and Health Board plans.

Our People Strategy is driving a range of actions to improve recruitment, retention and development opportunities for staff. We have made significant improvements to monitoring data and aligning this work to our Equality Strategy. We strive to be an employer of choice; one that is free from discrimination, harassment, and victimisation, and led by compassionate leadership.

In February 2023, our Health Board was placed into Special Measures. We recognise that there is significant progress to be made in the leadership and culture of our organisation, and equality and inclusion alongside compassionate leadership will be at the heart of these improvements. We have seen as a result of Special Measures a focus on the Culture and Values in the organisation, with dedicated plans to develop a more inclusive and supportive organisation. This should be better reflected in the next annual report as work in these areas are progressed.

The Equality Impact Assessment and Socio-economic Impact Assessment procedures are embedded within all key changes within our services, Health Board plans, policy reviews and strategies to ensure inclusive decision

making.

The appointment of an Executive Champion for Equality has been a positive step towards having direct executive participation in our equality agenda. More is to be done, but this is a start to get greater accountability for key areas such as the Welsh Government Anti-racist Plan and LGBTQ+ Action Plan.

External Equality Stakeholders have been fundamental in the progress made on our Strategic Equality Plan, and in holding us to account. The role of our stakeholders has helped us deliver a range of guidance – based on lived experience insight. We thank our Stakeholders for their time, supportive challenge and ongoing scrutiny of how we demonstrate our commitment to equality and human rights. Our external equality stakeholders will have an even stronger representative voice in the coming years.

Examples of our day-to-day activities within the Health Board are enriched by embedding an ethos of inclusion and diversity. The example of embedding cultural competence in the work of our Therapeutic Support Service highlights the benefits and impacts of participation and acknowledgment of diversity.

The work of our engagement team highlights our partnerships with different organisations and communities across North Wales. Engagement work reaches out to different communities to ensure voices from all communities can be heard about the decisions that affect them.

All people across North Wales have the right to accessible health care. We acknowledge that occasionally patients or carers may not always have a positive experience in accessing and receiving care. Our Patient and Carer team work hard to ensure that we constantly learn from patient and carer feedback, and that we make it as easy as possible for our service users and their carers and families to share their views with us.

Changes in how people access translation and interpretation services has improved during 2023-2024 and digital access now provides timely access for staff to arrange an interpreter. Face to face interpretation remains an option for patients where required.

As we begin our new 4-year Strategic Equality Plan, we have much work to do to ensure people across North Wales and our staff are welcomed into inclusive and accessible services that meet their needs. We are committed that our new 4-year Strategic Equality Plan 2024-2028 will continue to be delivered in partnership with our equality stakeholders to represent views across North Wales.

# Acknowledgements

**We are always grateful for all the support that we receive from all of our stakeholders who represent a diverse and inclusive range of organisations and people, including:**

Autistic UK

North Wales Independent Advocacy Service

Unique Transgender Network

Community Health Council (now Llais)

North Wales Regional Equality Network

Wheeleability

Arfon Access Group

FDF Centre for Independent Living

Fair Treatment for Women in Wales

Centre for Sign Sight Sound

Victim Support

EYST

BAWSO

Race Council Cymru



Race Equality First

North Wales Africa Society Disability Wales

Bangor Indian Friends Association

North Wales Ethnic Multicultural Association.

**We would also like to acknowledge the support of every member of our staff networks:** Celtic Pride, BCUnity and International Staff network, RespectAbility, The Gender Equality Network, ND Network and Veterans Staff Network.

**We would also like to acknowledge the support of each of our Equality Champions.**

**Finally thank you to all those staff, of whom there are too many to mention, who have made a positive contribution to advancing Equality and Human Rights this year.**

# **Appendices**

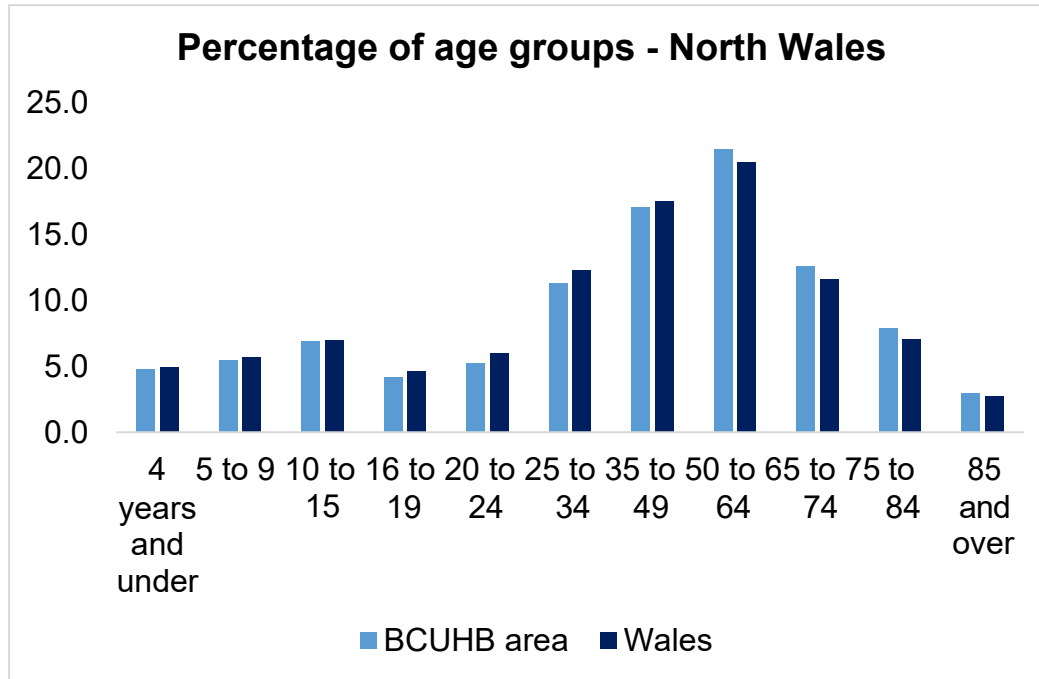
**Appendix A: Population information**

**Appendix B: Equality legislation and Strategic Context**

**Appendix C: BCUHB Vision, Values and Purpose**

# Appendix A: Population information

A snap shot about North Wales: Source: Nomis 2022



Across North Wales, Flintshire has the largest population (156,100) followed by Wrexham (135,957). Anglesey has the smallest population at 70,043.

Flintshire and Wrexham also have a younger population with 19% of the population aged 15 years and under, and Anglesey and Conwy have an older population with 26% and 28% respectively aged 65 and over. Conwy also has the greatest percentage of people aged 85 and over at 4% of the population.

Welsh speakers:

North Wales is home to more Welsh-language speakers than elsewhere in Wales. The highest percentages of people (across Wales) aged three years or older able to speak Welsh were in North-West Wales, with 64.4% in Gwynedd, and 55.8% in Anglesey.

**A snapshot of our demographics**

**Sex / Gender**

Male 48.9%

Female 50.1%



**Religion**

- Christian – 49.8%
- Muslim - 0.8%
- Hindu - 0.2%
- Sikh - 0% - 248
- Jewish - 0% - 311
- Buddhist - 0.3%
- Other - 0.5%
- No religion - 47.1%



**Sexual Orientation**

- Gay or Lesbian 1.3%
- Bisexual 1.0%
- Pansexual 0.1%
- Asexual 0% (269)
- Queer 0% (88)
- Other 0% (59)
- No answer 8.1%
- Heterosexual 89.4%



**Gender identity**

- Trans - 703 people
- Non Binary – 254 people
- Not answered – 39,253 people



Caution should be taken with LGBTQ+ census data as this is considered as significantly under estimated.

## **Disability / long term conditions and impairments**

### **72,235 people**

10.5% as

defined under

the Equality Act

**Carers** 10.3%

>19 hours of

care per week



## **Ethnicity**

White – 96.8% compared to Wales 93.8%

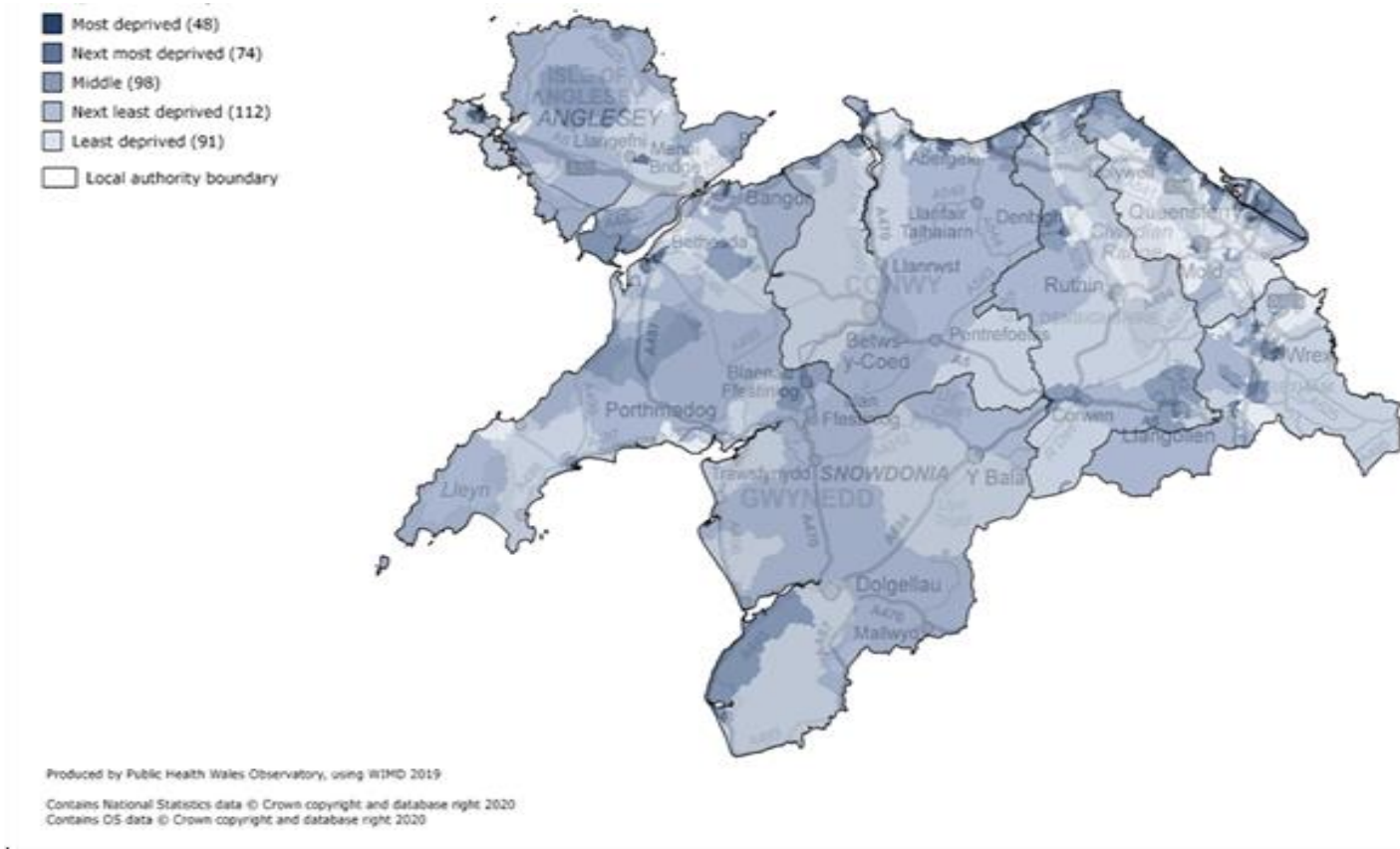
Asian, Asian British or Asian Welsh – 1.4% compared to Wales 2.9%

Black, Black British, Black Welsh, Caribbean or African – 0.3% compared to Wales 0.9%

Mixed or Multiple ethnic groups – 1.1% compared to Wales 1.6%

Other ethnic group – 0.4% compared to Wales 0.9%

# Map showing Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019<sup>1</sup>



<sup>1</sup> Source: [WIMD - Explore \(gov.wales\)](https://explore.wales.gov.uk/)

# Appendix B: Equality Legislation and Strategic Context



## **The Equality Act 2010**

The Equality Act 2010 protects people and groups from unfavourable treatment and makes it unlawful to discriminate, harass or victimise people because of a reason related to their protected characteristic.

## **The Public Sector Equality Duty**

Section 149 of the Equality Act 2010 requires us to demonstrate compliance with the Public Sector Equality Duty (PSED), which places a statutory duty on the Health Board to:

- Eliminate unlawful discrimination, harassment, and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

Our Health Board also has a specific duty under the PSED to undertake the following actions:

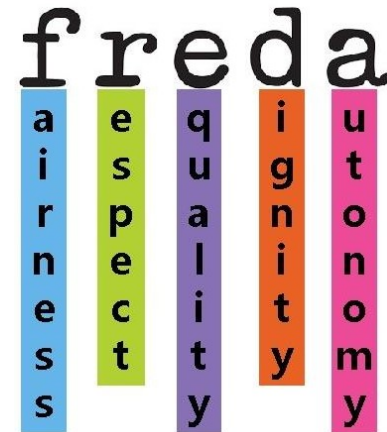
- Publish information to demonstrate compliance with the Equality Duties, at least annually.
- Set equality objectives, at least every 4 years.

## The Socio-economic Duty

The Socio-economic Duty was introduced by the Welsh Government on 31st March 2021, implementing a previously dormant section of the Equality Act (2010). Its aim is to deliver better outcomes for those who experience socio-economic disadvantage. It further enhances current equality legislation and the Well-being of Future Generations (Wales) Act 2015 and Social Services and Well-being (Wales) Act 2014. The Socio-economic Duty places a requirement on the Health Board that when taking strategic decisions, the Health Board has due regard for the need to reduce inequalities of outcome that result from socio-economic disadvantage.

## The Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the FREDA principles.



## **All Wales Standard for Accessible Communication**

An All Wales Standard for Accessible Communication and Information for People with Sensory Loss produced by Welsh Government (2013) sets out the level of service people with sensory loss should expect to be met when they access health care. These standards apply to adults, young people and children.

## **Armed Forces Act 2021**

The covenant aims to prevent service personnel and veterans and their families being disadvantaged when accessing public services. This introduced a statutory duty to have “due regard” to the principles of the Armed Forces Covenant.

## **Welsh Government - Anti-racist Wales Action Plan**

In June 2022, the Welsh Government published the “[Anti-racist Wales Action Plan](#)”. The Anti-Racist Wales Action Plan places a responsibility on public bodies to report demonstrable progress in areas detailed in specific actions. Health is one of the component parts of the plan, and BCUHB will be undertaking the actions contained within the five Health priority action areas:

Leadership. 21:27

- 1.
2. Workforce.
3. Data.
4. Access to services.
5. Health Inequalities.



Leadership



Workforce



Data



Access to services



Health inequalities

## Welsh Government – LGBTQ+ Action Plan

On the 7<sup>th</sup> February 2023, the Welsh Government published the LGBTQ+ Action Plan. The Welsh Government has said that it “wants to make Wales the most LGBTQ+ friendly nation in Europe” with the stated aim “to show our clear commitment to respecting, protecting, and fulfilling the human rights of all LGBTQ+ people in Wales”. Health is one of the component parts of the plan.

The Welsh Government wants to make Wales the most LGBTQ+ friendly nation in Europe. It is an ambitious goal, but we believe we can support all LGBTQ+ people in Wales to live their fullest life: to be healthy, to be happy, and to feel safe. This LGBTQ+ Action Plan for Wales has been established to help coordinate action by the Welsh Government and other agencies. The plan sets out an overarching vision to improve the lives of and outcomes for, LGBTQ+ people. It includes a wide range of policy-specific actions relating to human rights, education, improving safety, housing, health and social care, sport, culture, and promoting community cohesion.

Health is one of the component parts of the plan, and BCUHB will be undertaking the actions contained within the health related actions:

- Understand and improve the experience of LGBTQ+ people in the health and social care sectors.
- Ensure maternity and fertility services are accessible and straightforward to use for LGBTQ+ people.
- Ensure the development of the new mental health strategy takes account of LGBTQ+ people.
- Publish and act on a new HIV Action Plan and overcome barriers to LGBTQ+ people accessing sexual health services.
- Review the Gender Identity Development pathway for young people in Wales.
- Continue to develop the Wales Gender Service.
- Improve the data recording and change processes for maintaining trans, non-binary and intersex people's medical records.

## **BCUHB Strategic Equality Plan**

Our [Strategic Equality Plan](#) (SEP) for the period 2020-2024 was agreed and published in March 2020. As a listed body in Wales under the Equality Act 2010, we are required to draw up a Strategic Equality Plan at least every 4 years. The purpose of the Strategic Equality Plan is to document the steps that BCUHB is taking to fulfil its duty. During 2023-24 we have engaged widely to develop the SEP for the next 4 years. This was published on the 28<sup>th</sup> March 2023. [bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/strategic-equality-plans/strategic-equality-plan-2024-28/](https://bcuhb.nhs.wales/use-of-site/publication-scheme/class-five-our-policies-and-procedures/equality-and-human-rights/strategic-equality-plans/strategic-equality-plans/strategic-equality-plan-2024-28/)

# Appendix C: BCUHB Vision, Values and Purpose

For more information visit: [About the Health Board.](#)

## Our Vision

We will improve the health of the population, with particular focus upon the most vulnerable in our society.

We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.

We will develop our workforce so that it has the right skills and operates in a research-rich learning culture.

## Our Values

Put patients first.

Work together.

Value and respect each other.

Learn and innovate.

Communicate openly and honestly.

## Our Purpose

To improve health and deliver excellent care.

## The Health Board's Strategic goals

Improve health and well-being for all and reduce health inequalities.

Work in partnership to design and deliver more care closer to home.

Improve the safety and outcomes of care to match the NHS's best.

Respect individuals and maintain dignity and care.

Listen to and learn from the experiences of individuals.

Support, train and develop our staff to excel.

Use resources wisely, transforming services through innovation and research.

For more information visit: [About the Health Board.](#)



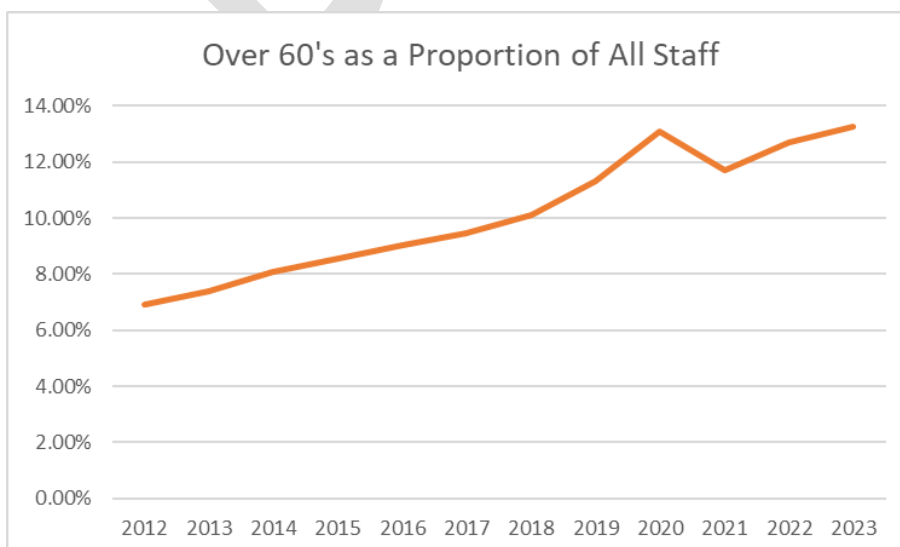
# BCUHB Statutory Employment Reports – 2023/24 Commentary

## 1. STAFF IN POST

### 1a. Age Band

The current staff profile shows a resumption in the trend towards an increasingly ageing workforce:

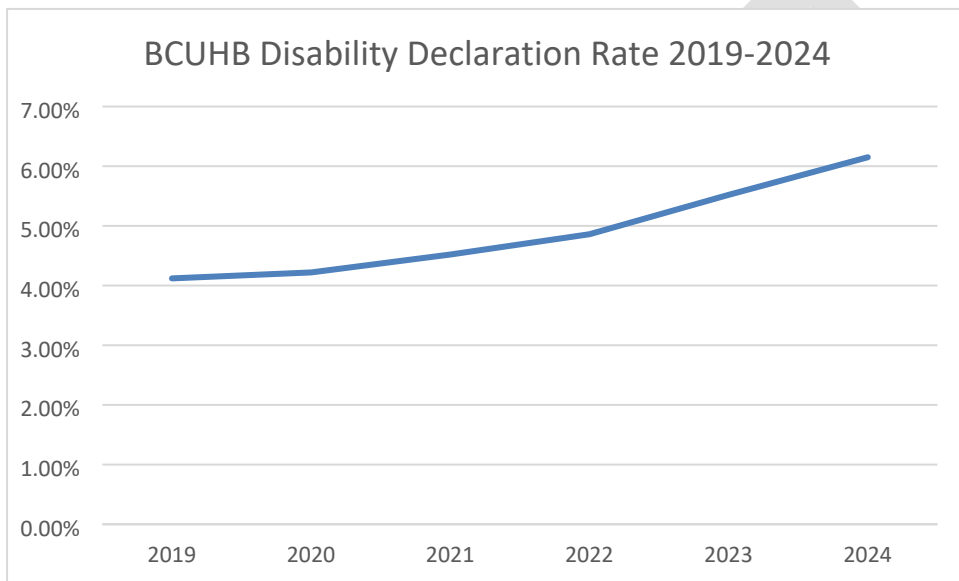
- The number of Under-25s in the workforce has increased this year to the highest number in the past five years to 887 and now represents 4.24% of the workforce. The number is still disproportionately low compared to 2021 Census statistics (9.37% of population of North Wales). Of applicants for roles with the Health Board, 13.66% were under 25, higher than the North Wales population, and is a marginal increase against last year (13.21%). This may indicate a levelling out of the number of under 25's applying for posts in the Health Board during the Covid-19 pandemic, which was 34% higher in 2021-22. Research by the North Wales Public Sector Equality Network to support the "Is Wales Fairer?" report showed that unemployment rates are disproportionately high in the under 25 age range.
- In 2020-21, during the pandemic, the percentage of over 60s compared to the number of under 25s in the workforce declined. The reversal of this continues, as data shows that the proportion of over 60s in our workforce increasing to 13.27% - 2775 staff. This is an increase against the 2399 over 60s shown in 2021-22 data. The overall number of staff has increased to 20,909 from 18921 in 2020-21, making the number of over 60s a slightly smaller proportion of the overall staff population that it would have been previously.



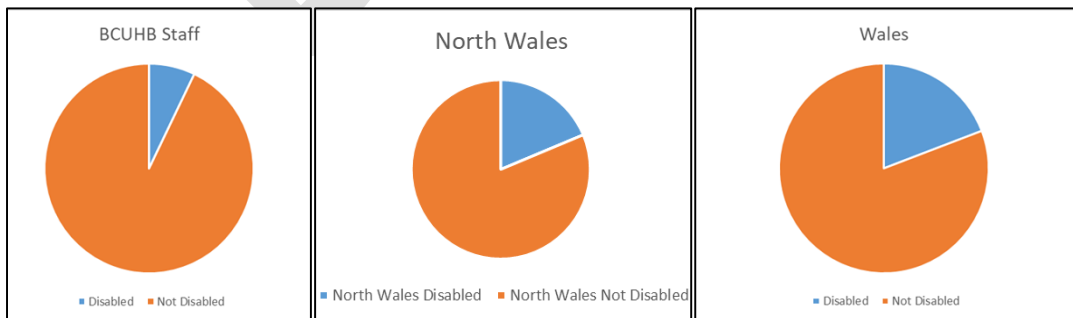
- Whilst the actual number of staff aged 70 or over remains relatively small, there has been a significant proportionate increase over the last 12 years from 56 in 2012 to 205 in 2020. This trend reversed in 2021 (164 staff, 0.87% of the workforce) and has begun to increase again to 198 staff, 0.95% of the workforce in 2023-24.

**1b. Disability**

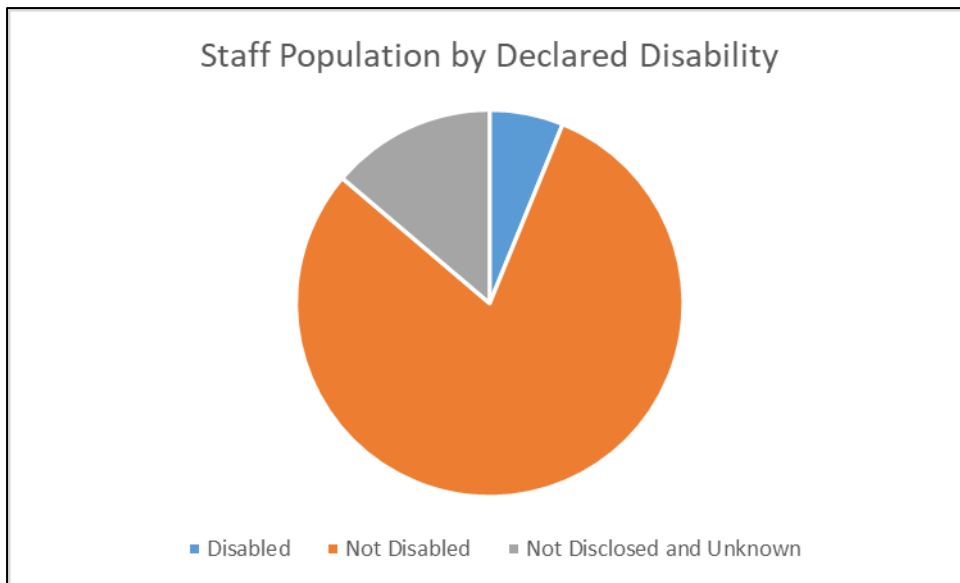
We continue to encourage and support employees to update their equality information in ESR, 942 staff have declared a disability (6.15% compared to 4.52% in 2020-21).



In Wales, the age-standardised proportion of disabled people (21.1%) has decreased, compared with 2011 (23.4%), and data from the Annual Population Survey 2015-2017<sup>1</sup> suggests that across North Wales, 77,000 (18.7%) of people aged 16 to 64 are disabled. However, the “not disabled” category here included those for whom this data is unknown.

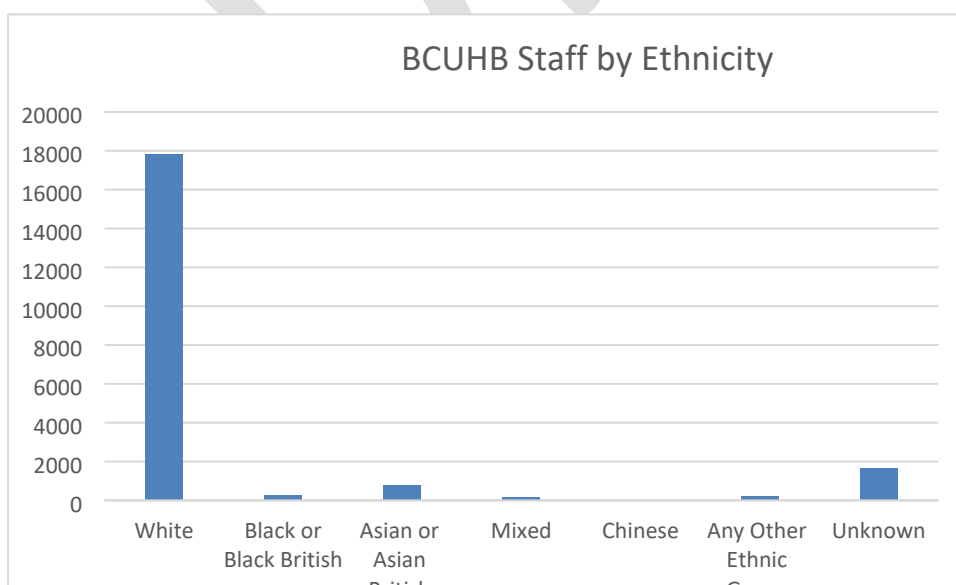


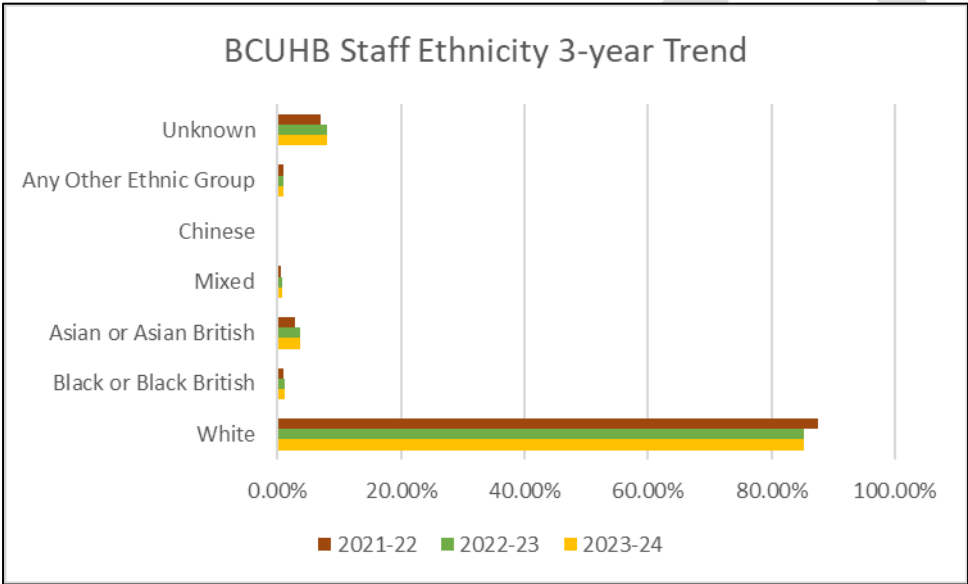
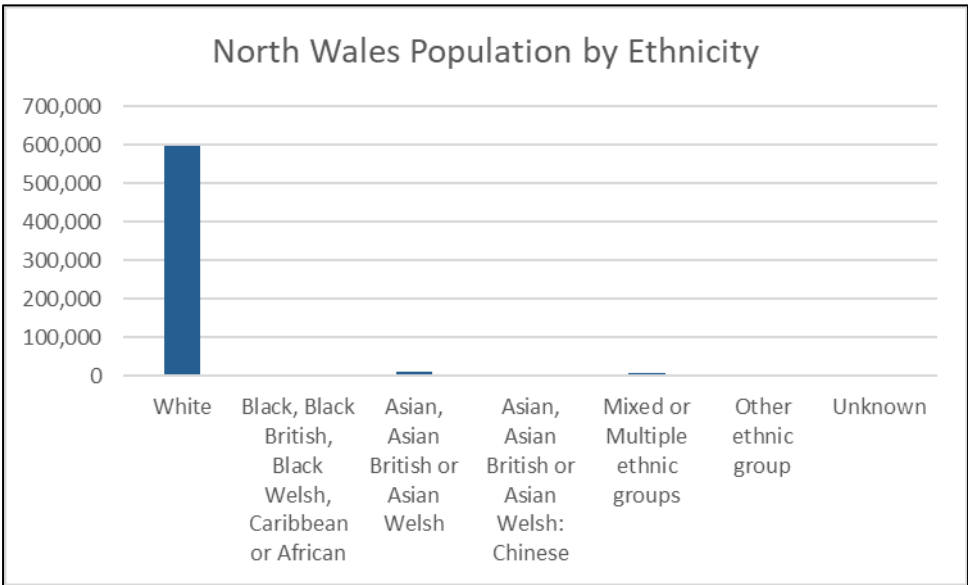
At BCUHB 13.79% of staff (1741) have not disclosed whether they have a long-term health condition, or the information is unknown. This is a reduction against the 2022-23 number which was 14.34% not disclosed or unknown.



### 1c. Ethnicity

- The ethnic profile of our organisation has changed since last year. Staff declaring an ethnicity other than white is 6.85% compared to 5.52% in 2022. The proportion of staff declaring Black or Black British backgrounds is almost four times as high as the 2021 Census for North Wales (1.28% compared to 0.36%). The number of staff identifying as Asian/Asian British is more than double the Census (3.68% compared to 1.45%).





North Wales Population (2021) by Ethnicity and Local Authority Area (including BCUHB %)  
(Source: Nomis August 2023)

	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	BCUHB Staff
Asian, Asian British or Asian Welsh (including Chinese)	1.8%	2.1%	1.1%	2.2%	2.2%	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.2%	0.3%	0.2%	0.4%	0.6%	1.2%
Mixed or Multiple ethnic groups	1.1%	1.1%	0.9%	1.1%	1.2%	0.7%
White	96.9%	96.5%	97.6%	96.2%	96.0%	86.9%
Other ethnic group	0.3%	0.4%	0.3%	0.5%	0.6%	1.0%

Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%
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We have continued to promote disclosure and support staff to update their personal details in ESR and will continue to do so via payslip messaging and ESR user alerts through 2024-25. The number of staff whose ethnic background is unknown has increased from 1414 on 31<sup>st</sup> March 2023 to 1659 on 31<sup>st</sup> March 2024. This represents an increase of 17%.

#### 1d. Gender (Sex)

- The ratio of women and men employed remains unchanged at approximately 80% / 20% and this is reflected in the breakdown of appointments to the Health Board. The split of applicants has changed little since last year. Last Year 64.82% of applicants were women, this year this figure was 65.31%
- 25% less people were appointed this year. The average appointment rate was 4%, with 2% of male applicants appointed, down from 4% last year, and 7.4% of female applicants appointed, whereas in 2022 1.4% of male applicants were appointed and 1.9% of female applicants were appointed.
- The ratio of women to men leaving the organisation is similar, showing that women were slightly less likely than men to leave the Health Board, with a ratio of 77.52% / 22.48%.

#### 1e. Religion and Belief

- There have been no significant changes to the proportions of staff declaring different religions or beliefs in our organisation, although the numbers of people declaring Atheism has continued to rise, and now stands at 14.87%, up from 14.03% last year and 12.83% in 2022. A significant proportion of our staff continue to decline to declare their religion or belief (15.7%), however this has reduced from 2022 (16.46%).

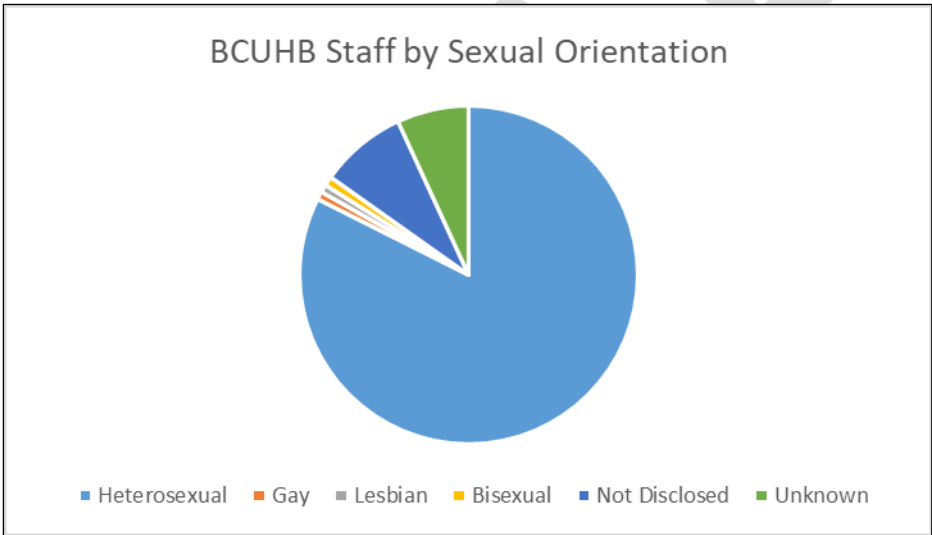
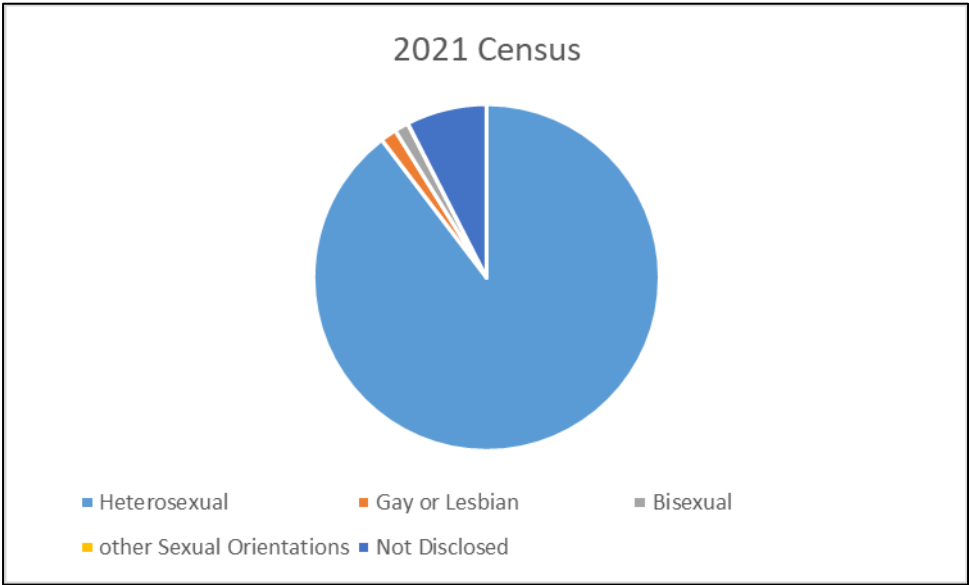
#### 1f. Sexual Orientation

- BCUHB is reporting 2.39% of staff as having declared their sexuality as lesbian, gay or bisexual as at 31<sup>st</sup> March 2024. This has increased since 2022, where the figure was 1.87%.

The 2021 Census collected data on sexual orientation for the first time. and from comparing BCUHB results with the census we can see that the results are broadly similar, with the most significant differences being the percentage of respondents declaring themselves heterosexual being lower in BCUHB and the 'not disclosed' number being higher in BCUHB. One could make a tentative assumption that each category would rise proportionately if the disclosure rate increased to 100%.

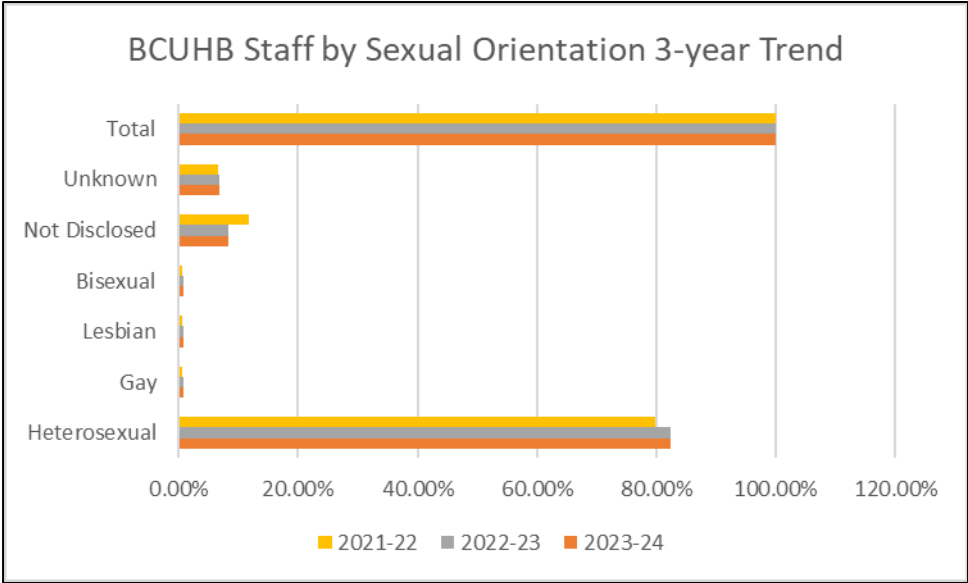
In 2023-24, 8.32% of staff did not disclose their sexual orientation information, which is an improvement from 11.65% undisclosed on 31<sup>st</sup> March 2022.

- the Equality Team’s efforts to promote and support staff declaration in ESR is likely to have continued to contribute to the reduction in the undisclosed number.
- The Comparison between the 2021 census and the BCUHB data can be seen here:



**Note:**

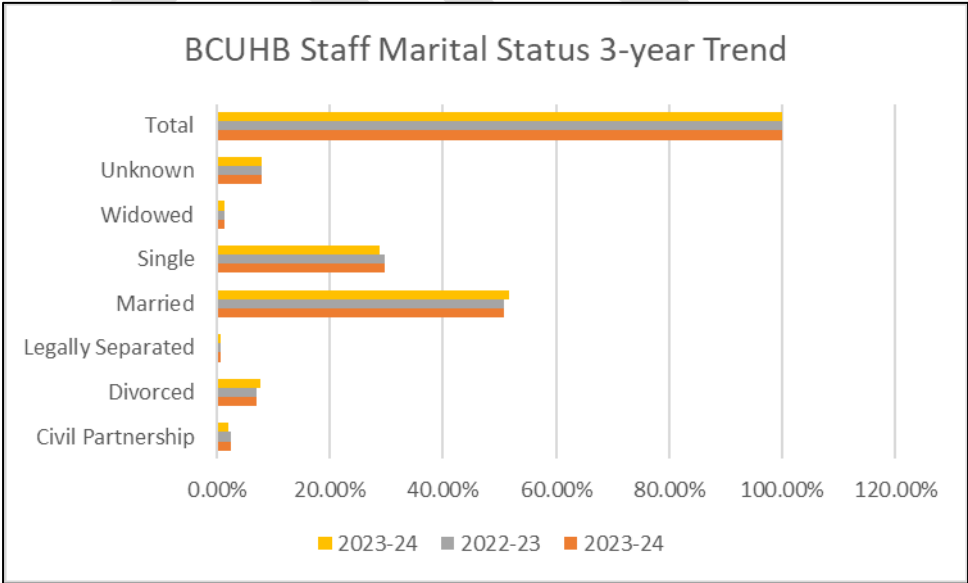
The following responses have been categorised as follows:  
 Not stated (person asked but declined to provide a response) – Not Disclosed  
 Undecided – Not Disclosed  
 Other sexual orientation not listed – Not Disclosed  
 Unspecified – Unknown



**1g. Marital Status**

Office of National Statistics 2020 population estimates show that 50.6% of people over the age of 16 in England and Wales are married. This percentage is very similar in the Health Board at 50.73%. This figure has dropped since 2022 and 2021, which was 51.65 % and 53.09% respectively. Only 44.84% of applicants to the Health Board were married, and a lower number again were appointed (39.91%).

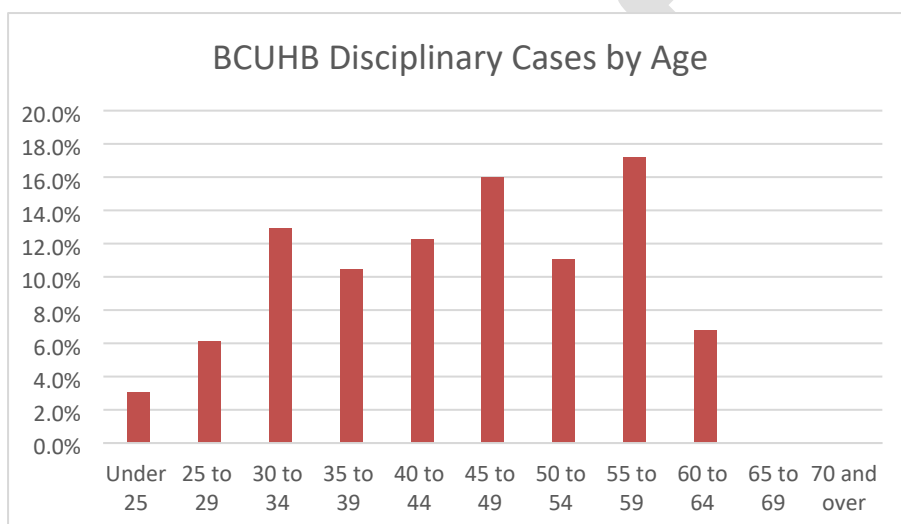
Notably, this year has seen a further decrease in applicants not stating their marital status. For the year ending 31<sup>st</sup> March 2021, 18.18% of applicants did not state their marital status compared with 1.6% for the year ending 31<sup>st</sup> March 2022 and 0.13% for the year ending 31<sup>st</sup> March 2024.



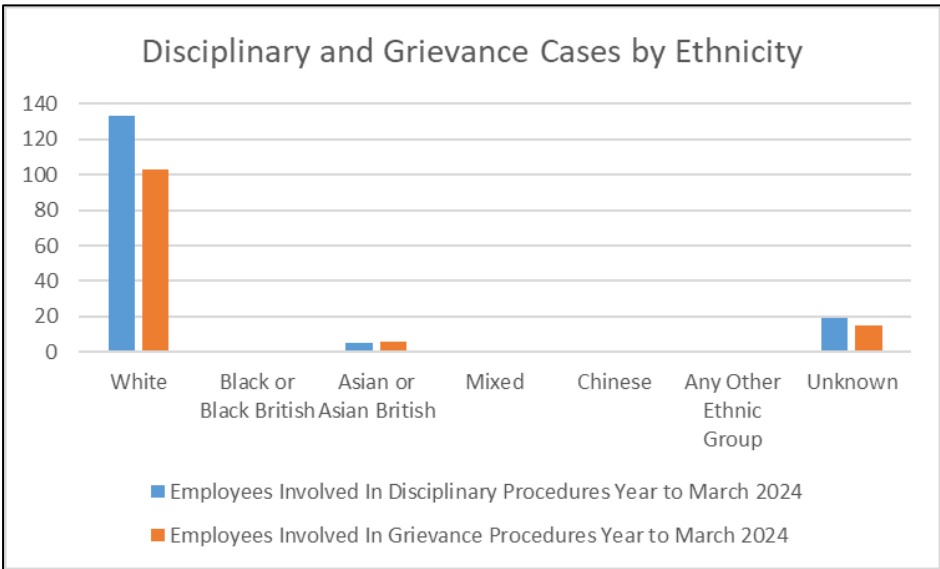
**2. STAFF INVOLVED IN DISCIPLINARY OR GRIEVANCE CASES**

Findings of note when considering the proportion of staff from protected characteristic groups involved in disciplinary and grievance cases compared to the proportion all staff involved in disciplinary and grievance cases are as follows:

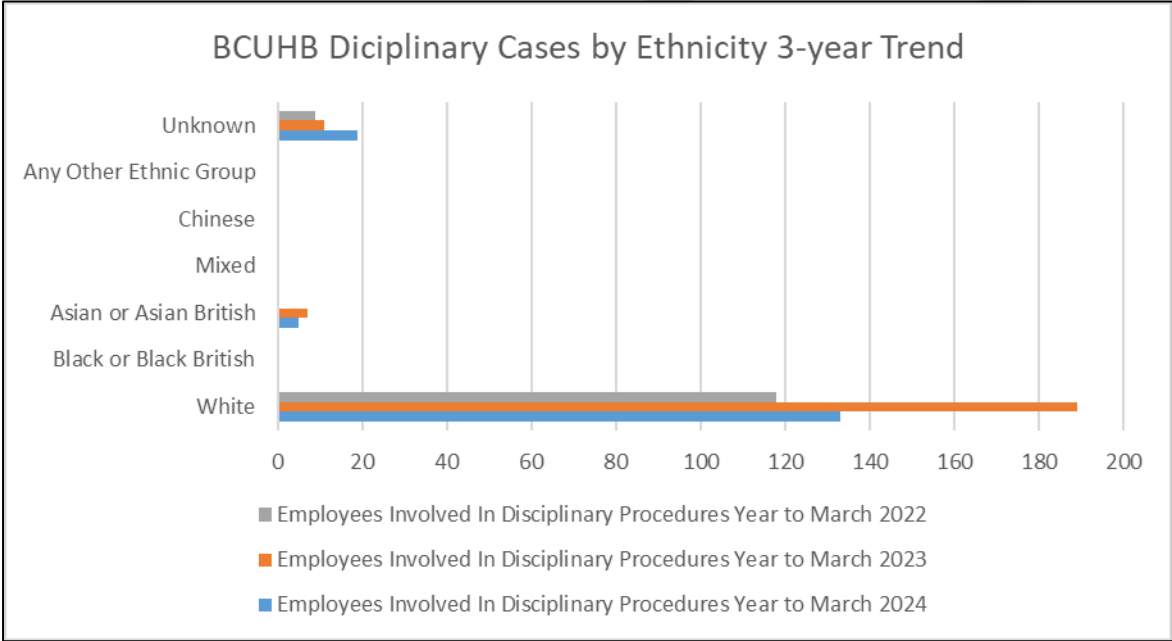
- There are proportionately 13% more men involved in disciplinary cases and 12% more men were involved in grievance cases than women when compared to the ratio of men and women in the organisation.
- The age groups with proportionately higher involvement in disciplinary cases are the Under 25, 25-29, 30-34, 40-44, 45-49, and 55-59 age groups, which is the highest, as the 55-59 age group constitutes 13.86% of the staff population but accounts for 17.2% of all disciplinary cases. The over 70 age group, a cohort of 198 staff has had involvement in less than 5 disciplinary cases.
- Men also submit proportionately more grievance cases, with 32.58% of cases.
- 36.4% of all grievance cases involve staff in the 50-59 age group.

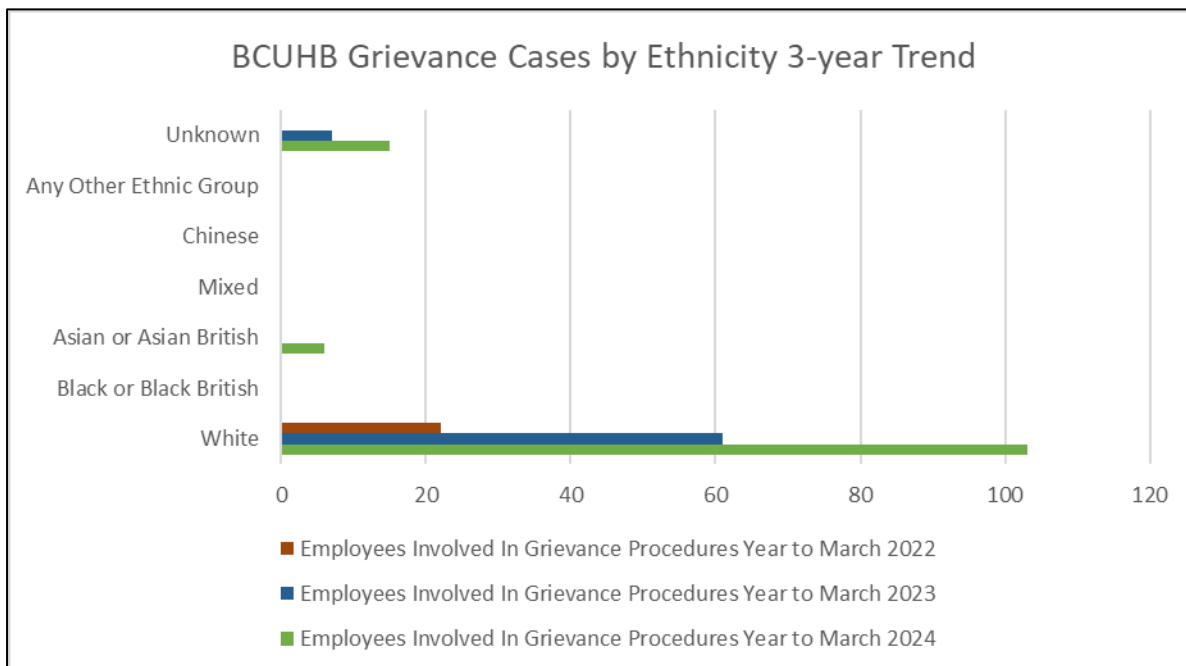


- When we consider disciplinary and grievance cases by ethnicity, we do not see a significant difference between cohorts against their size in the organisation, however the number of Asian employees involved in disciplinary cases is 0.61% higher than the proportion of the employee population that Asian staff hold. The numbers of other ethnic minority staff involved in disciplinary cases are too low to register.



Notable, Asian staff account for 4.55% of grievance cases (6), but only account for 3.68% of the staff population. This indicates that there may not be a significant fear or reticence to speak up.





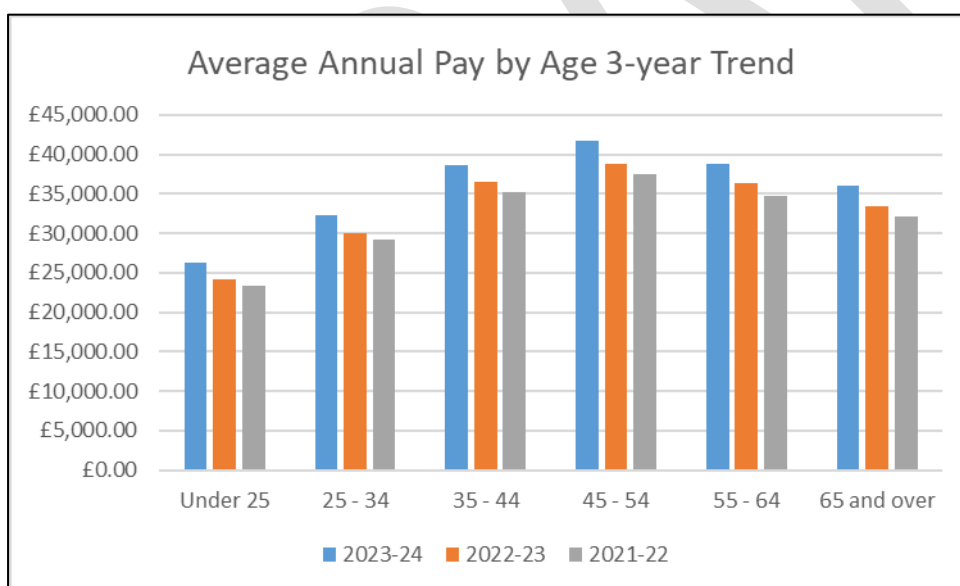
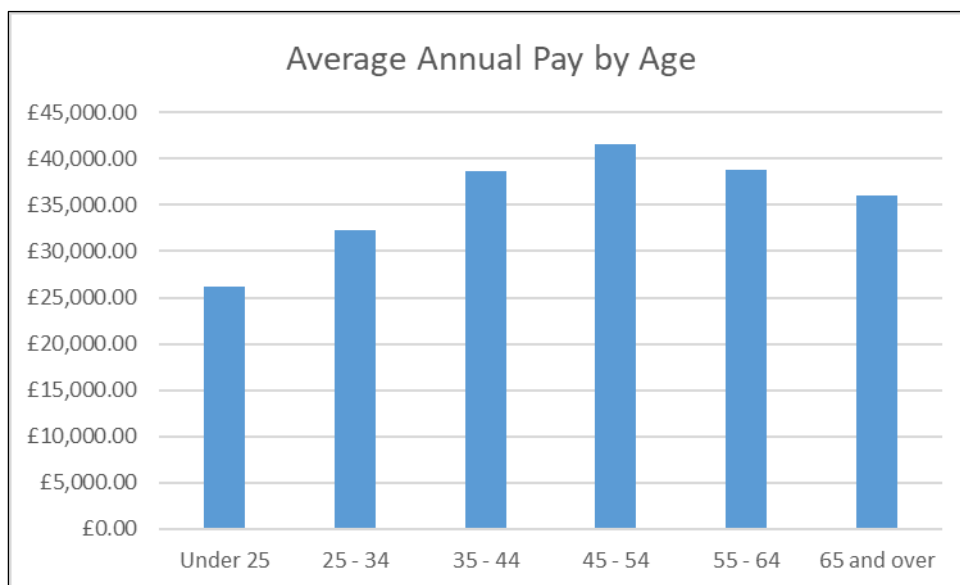
### 3. PAY, BAND AND STAFF ROLES

#### 3a. Gender Pay, Band and Staff Role

- Average pay for male staff continues to be higher. Overall, the average pay of male employees is £45,848 compared to £35,348 for females. This is reflected in every staff group, except allied health professionals and students, with the biggest gender pay gaps appearing in administrative and clerical roles and medical and Estates and Ancillary roles.
- Women are over-represented in the most grades. 91.4% of female employees are employed at band 7 or below, compared to 74.27% of males. This is largely unchanged from the previous year.
- Female employees are more likely to be on a permanent contract. 96.51% of female employees are permanent compared to 93.1% of male employees.
- However female employees are far more likely to work part time than male colleagues. 48.58% of female employees are on part time contracts compared to 20.84% of male employees.
- There remains a significant difference in the proportion of consultants by gender. Across BCUHB, 2.89% of staff are consultants. Just 1.17% of our female employees are consultants, whereas 10.16% of our male employees are consultants. Males account for 67.44% of consultant roles which receive a higher level of pay award, and this will be the most likely contributor to a gender pay gap. This has dropped from 2023, when males accounted for 69.3% of consultants.

### 3b. Age and Pay

- Average pay across different age bands shows a distribution curve that is broadly what we would expect to see. Earnings rise as people get older, gain more experience and progress up pay scales. As people reach 50 and beyond, we would expect a reduction as staff elect to take advantage of flexible working patterns to reduce their working hours, work less additional hours and access early retirement options.



### 3c. Disability and Pay

- The average pay of disabled staff is lower than that of those that have not declared whether they have a disability or not (“Not declared or undefined”). The same applies to staff that have declared that they do not have a disability.
- Staff who have declared a disability have an average annual pay 16.88% lower than those that are Not declared or undefined.
- Staff who have declared that they do not have a disability have an average annual pay 11.74% lower than those that are Not declared or undefined.

- The pay gap between all staff that have declared a disability and those that have declared that they do not have a disability is 5.81% in favour of the “not disabled” cohort.
- This has reduced from 8.25% in 2021-22. Looking at the staff groups, the disability pay gap is highest in administrative and clerical positions (-3.65%). Notably, no students declared a disability in the data for last year, however, this year students declaring a disability showed a positive pay gap of 11%.
- In the Medical and Dental staff group, average pay for disabled staff is also higher than that of non-disabled staff with a 13.93% difference.

#### **4d. Ethnicity and Pay**

- Average pay for staff from white backgrounds is less than all other Ethnic Groups. 68.3% of our Black, Asian and Minority Ethnic staff are employed in medical and dental or nursing and midwifery professions which largely explains this difference. On average, the highest paid ethnic group are Asian/Asian British employees.

#### **4e. Religion or Belief and Pay**

- Average pay for staff who have declared their religion as Sikhism, Hinduism or Jainism is higher than all other groups. This is largely because the majority of staff declaring these religions are employed within Medical and Dental Staff Group where average earnings are significantly higher than any other staff group. Those declaring their religion or belief as Other, Atheism or Christian are the lowest paid.

#### **4f. Sexual Orientation and Pay**

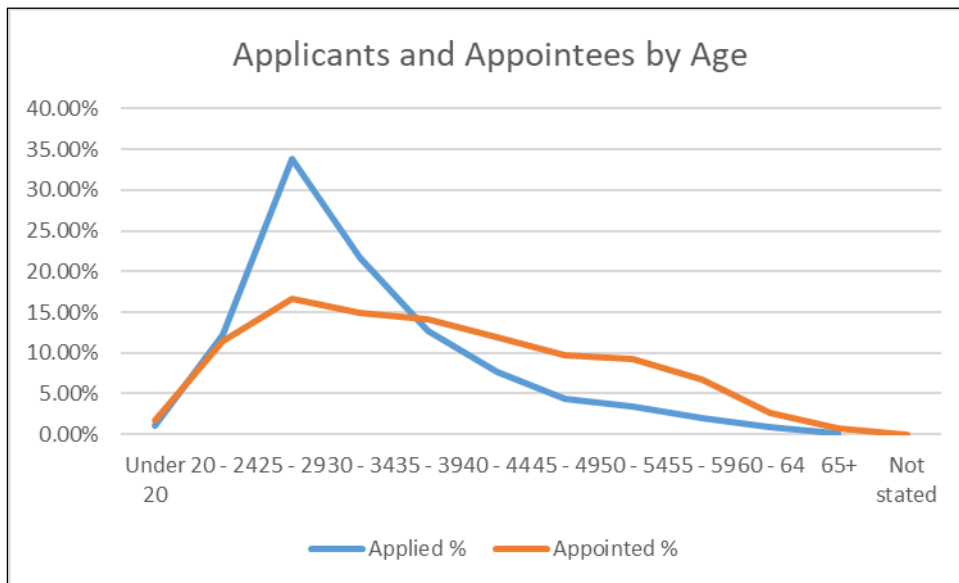
There is a negligible difference in average pay between the heterosexual and gay/lesbian staff groups, but staff declaring themselves bisexual have a lower average pay. Staff declining to declare have a higher average pay than all other groups.

### **5. APPLICANTS TO THE HEALTH BOARD**

There are some interesting differences in the profile of those applying for roles within the health board compared to that of those appointed.

- People between the ages of 25-34 make up the largest cohort of applicants, accounting for 55.44% of applicants. This cohort also, as one might expect, accounts for the largest cohort of successful applicants, making up 31.5% of all those appointed. In 2020-21, this was true for the 35-39 age group, so the biggest cohort of applicants has remained younger. When considering the ageing employee population, this result reinforces the idea that the ageing workforce is due to employees staying with the organisation throughout their working lives.

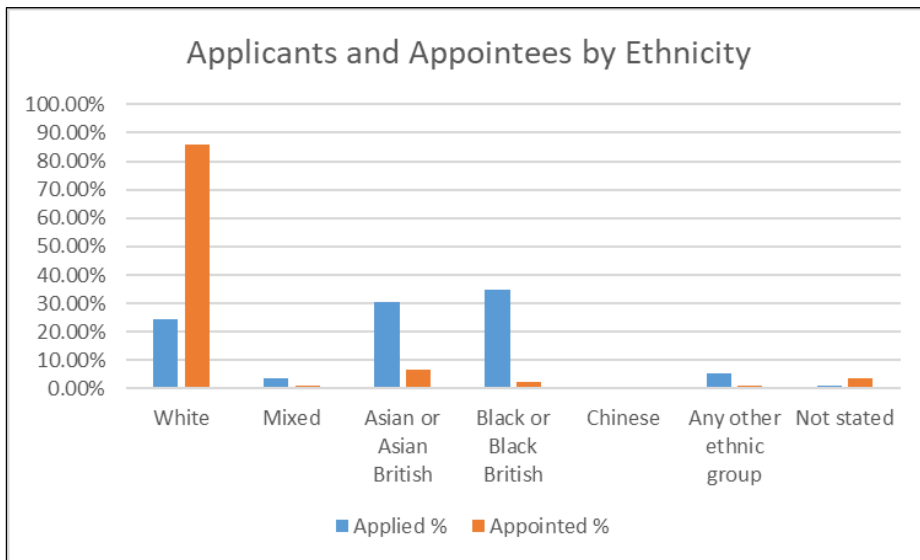
- In terms of actual success rate, those from the 55-59 age range have the most success when applying to the health Board. This relates to a sizeable number of positions, with 203 roles appointed to from a cohort of 1417 applicants, meaning 14.33% of those who applied were appointed. The number of applicants is smaller than most other age groups.



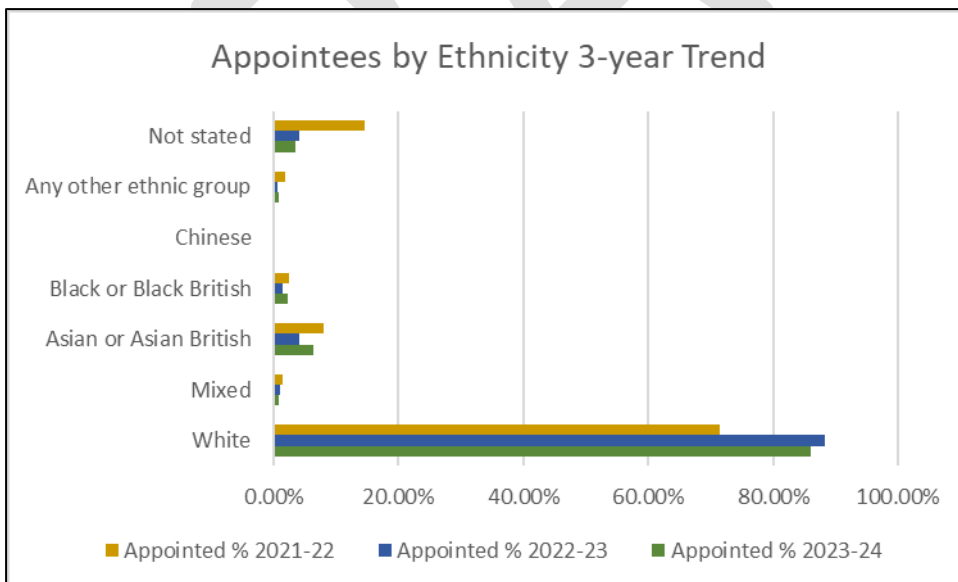
- 2.62% of applicants to the Health Board declared a disability and accounted for 6.08% of appointees.
- 2021 census data that indicates approximately 21.1% of the population in Wales declared a disability or long-term health condition<sup>1</sup>

<sup>1</sup>[Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/disabilitiesandlongtermhealth/indicators/disability)

- 96.46% of applicants declared no disability and accounted for 89.81% of appointees.
- 0.14% of applicants did not state whether they had a disability, yet this cohort accounted for 2.54% of appointees.
- White applicants are most likely to be appointed. 15% of White applicants were appointed. 12% of applicants who did not state their ethnicity were appointed. 34.94% of applicants were Black or Black British yet successful applicants from this group were just 2.37%. Initial work to understand this result suggests the used of automated electronic job applications from international applicants which may be skewing the data. Further work is planned to understand this better. 30.39% of applicants were Asian or Asian British and 6.45% of appointees were from this group.



- In 2021-22, 11.95% of applicants to the Health Board declared their religion or belief as Islam. In 2023-24 this figure is 17.76%. This group made up 2.2% of appointees, however in 2020-21 0.97% of successful applicants were Muslim. The religious group most likely to be appointed are those who did not wish to state their religion. This group accounted for 0.14% of applicants, yet 2.54% of appointees; a success rate of 77.55%.
- 65.31% of applicants were female. When we look at appointments we see that 81.5% of final appointees were female, almost 1% higher than the female employee population number.

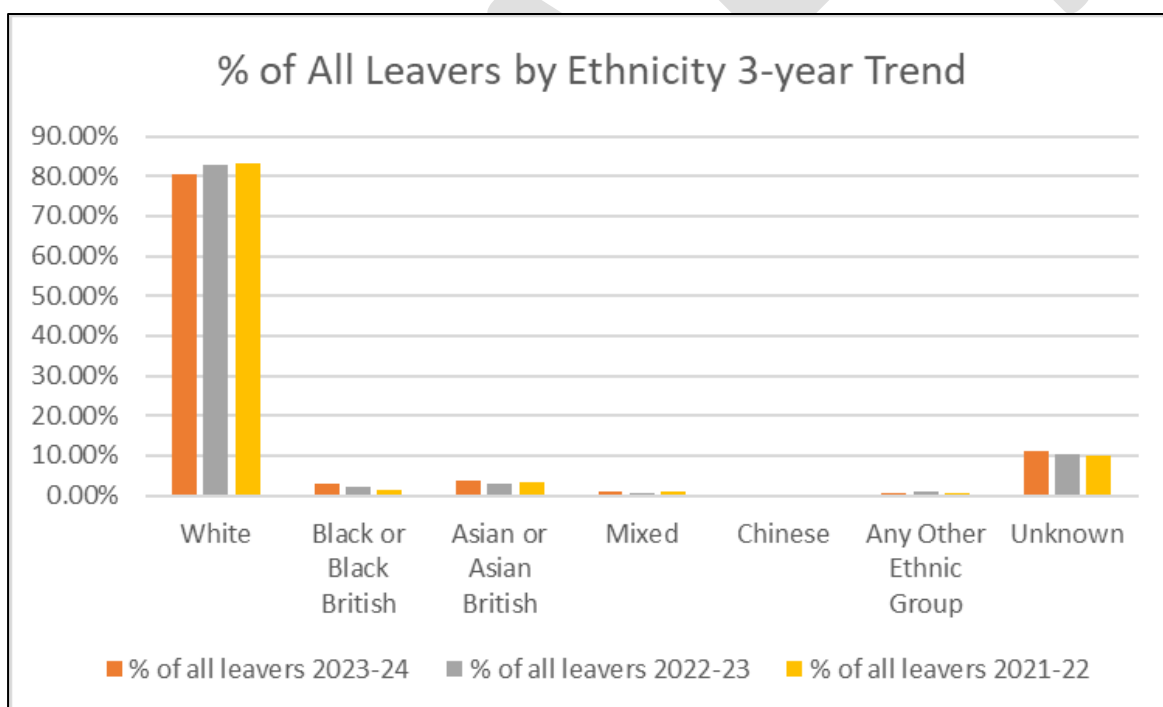


## 6. STAFF WHO LEFT BCUHB

- The split of leavers by male and female is 22.48% men to 77.52% women. When we recall that the staff population is 19.19% men to 80.81% women, we can see that men are more likely to leave than women.
- As of 31<sup>st</sup> March 2024, over 55s made up 44.97% of leavers in one year. This has dropped from 46.16% in 2022, but is still a significant cohort. This is largely

explained by retirements and early retirements which we would expect to see, and likely influenced by the residual impacts of the pandemic and impacts of workforce unrest and recognised difficulties in the NHS seen in recent years. Despite this, over 60s account for 13.27% of the overall workforce – nearly twice the proportion of 2014, and the highest number since these records began in 2012.

- 74.44% of leavers declared themselves not disabled in 2023-24 and 18.84% of staff who left BCUHB had either not declared a disability or their disability status was unknown (compared to 13.79 % of all staff), and 6.72% are disabled leavers. There is a lower proportion of staff leaving who had declared that they are not disabled than the overall profile (74.44% of leavers and 80.06% of the workforce profile).
- White employees make up a lower proportion of leavers than they do the overall staff profile. 88.34% of leavers were white compared to the White workforce profile of 85.22%. Conversely, Black or Black British make up 1.28% of the workforce profile, but make up 2.98% of leavers. From this we can conclude that White and Asian or Asian British staff are less likely to leave than Black or Black British staff.
- Staff whose ethnicity is unknown account for 11.14% of leavers, but account for only 7.93% of the staff population.
- Asian or Asian British staff make up 3.68% of the workforce profile and 3.7% of leavers.



# Gender Pay Gap Report

As of 31st March 2024



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## **Betsi Cadwaladr University Health Board GENDER PAY GAP REPORT – 31<sup>st</sup> MARCH 2024**

### **Index of Contents**

INTRODUCTION	3
1. WHAT IS COVERED IN THIS REPORT	3
Key Reporting Metrics:	4
<b>Mean Gender Pay Gap in hourly pay</b>	4
<b>Median Gender Pay Gap in hourly pay</b>	4
<b>Proportion of males and females in each pay quartile</b>	4
<b>Gender pay reporting and gender identity</b>	4
2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA	5
<b>Mean and Median Rates</b>	5
<b>Bonus Payments</b>	7
<b>The proportion of staff receiving a bonus**</b>	9
<b>Quartile Data</b>	9
<b>Gender Pay Gap by Pay Band</b>	11
3. PROGRESS ON CLOSING THE GENDER PAY GAP	12
4. NEXT STEPS	12
5. CONCLUSION	13
6. STATEMENT BY OUR HEAD OF EQUALITY AND HUMAN RIGHTS	13

## **INTRODUCTION**

The gender pay gap reporting obligations are outlined in The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017. As an organisation that employs more than 250 people Betsi Cadwaladr University Health Board (BCUHB) must publish and report specific information about our gender pay gap on our own and Welsh Government's website.

The regulations state that the Gender Pay Gap Information should be provided as a snapshot on 31<sup>st</sup> March each year and published before the following March.

It is important to recognise and understand that the Gender Pay Gap differs from Equal Pay. Equal Pay means that men and women in the same employment performing 'equal work' must receive 'equal pay', as set out in the Equality Act 2010. It is unlawful to pay people unequally because of their gender. The NHS Agenda for Change Job Evaluation process evaluates the job and not the post holder. This job evaluation process looks at the job without reference to gender or any other protected characteristic so equal pay is assured.

Gender pay gap reporting is a valuable tool for BCUHB not only in terms of compliance but also for the organisation to assess levels of equality in the workplace. Specifically, in respect of female and male participation, and how effectively talent is being maximised.

The Gender Pay Gap report focuses on comparing the pay of male and female employees and shows the difference in average earnings.

### **1. WHAT IS COVERED IN THIS REPORT**

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. A further report will be provided that breaks down Agenda for Change and Non Agenda for Change pay to give a more comprehensive picture above what is required by statutory reporting requirements.

## **Key Reporting Metrics:**

### **Mean Gender Pay Gap in hourly pay**

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between women's mean hourly wage and men's mean hourly wage.

### **Median Gender Pay Gap in hourly pay**

The median hourly rate is calculated by arranging the hourly pay rates of all male or female employees from highest to lowest and finding the point that is in the middle of each range.

### **Proportion of males and females in each pay quartile**

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of men and women in each of the four parts.

This report does not look at whether there are differences in pay for men and women in equivalent post, or WTE at the size of the role. This means that the results will be impacted by differences in the gender composition across groups and job grades.

### **Gender pay reporting and gender identity**

Current Advisory, Conciliation and Arbitration Service (ACAS) and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e., transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

## 2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA

**Agenda for Change (AfC)** is the current NHS grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.



The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

The Non-Agenda for Change (Non-AfC) group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board.

As of 31<sup>st</sup> March 2024, BCUHB employed 19,990 women and 4968 men therefore 80% of the workforce were female.

	Female: 80% (19,990)		Male: 20% (4968)
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Gender	People	%
Female	19990	80.09%
Male	4968	19.91%
<b>Grand Total</b>	<b>24958</b>	

### Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
<b>Male</b>	24.67	18.31
<b>Female</b>	18.86	17.09
<b>Difference</b>	5.81	1.21
<b>Pay Gap %</b>	<b>23.58</b>	<b>6.65</b>

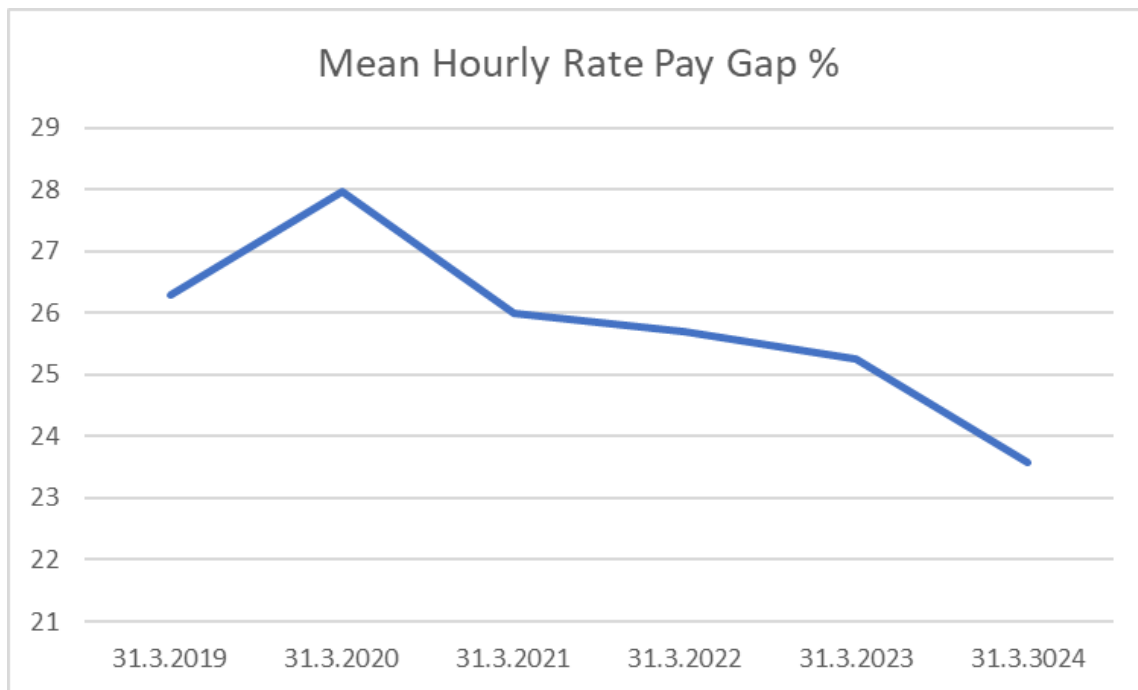
Mean Gender Pay Gap = 23.58%; Median Gender Pay Gap = 6.65%

The average is calculated over different numbers of employees, we employ 15,022 more female employees than male therefore this will account for some of the variance.

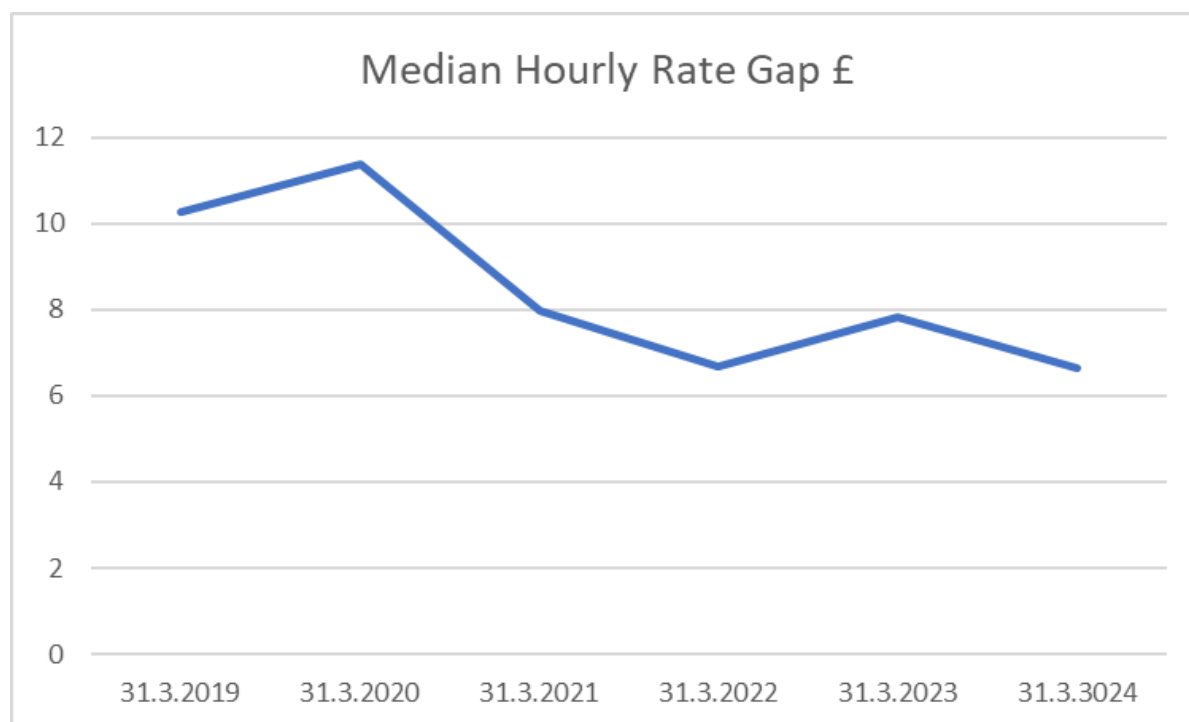
Women’s mean hourly rate is 23.58% lower than men. In other words when comparing mean hourly rates, women are paid 76.42p for every £1 that men get paid.

Women’s median hourly rate is 6.65% lower than men. In other words when comparing median hourly rates, women are paid 93.35p for every £1 that men get paid.

### Mean Hourly Rate Pay Gap Trend



## Median Hourly Rate Pay Gap Trend

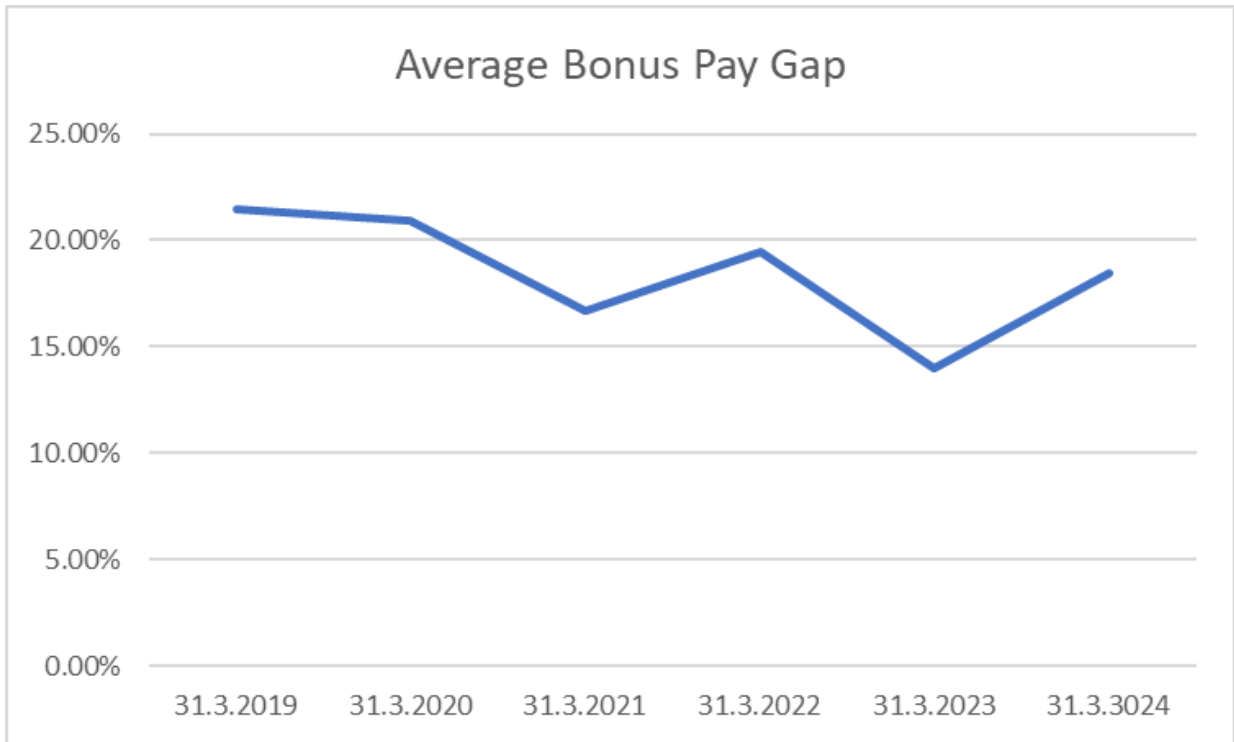


## Bonus Payments

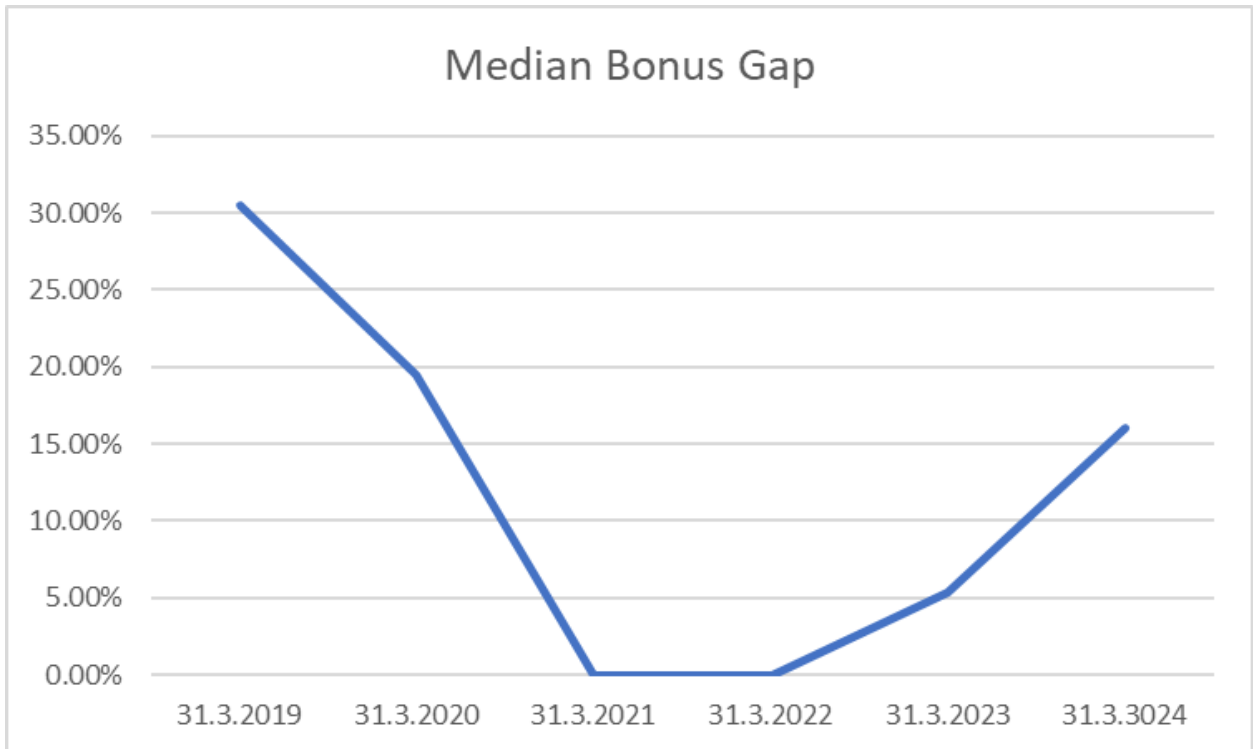
Gender	Average Bonus (£)	Median Bonus (£)
Male	12,276.58	11,905.14
Female	10,014.17	10,002.00
Difference	2,262.41	1,903.14
Pay Gap %	18.43	15.99

In line with the reporting requirements, our Average bonus gap of 18.43% is based on actual bonuses, so it does not consider part-time work. This gap has increased from the previous year's figure of 13.98% in 2023. The median bonus gap has increased from 5.31% to 15.99%. This is the midpoint in the range of bonuses that male and female staff received; this would suggest that the value of bonuses received by men at the high end of the range has increased, while the equivalent for women has decreased very slightly. 10 more men received a bonus this year compared to last year. The number of women receiving a bonus increased by 7. The number of men receiving a bonus continues to be almost exactly three times that of women.

## Average Bonus Pay Gap Trend



## Median Bonus Gap Trend



## The proportion of staff receiving a bonus\*\*

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	83	19999	0.42
Male	248	4968	4.99



\*\* Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

## Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts, or quartiles, and describes the percentage of men and women in each.



Quartile	Female	Female %	Male	Male %
1	4509	83.02	922	16.98
2	4469	82.20	968	17.80
3	4656	85.65	780	14.35
4	3956	72.77	1480	27.23

Quartile 1: Lower quartile (lowest paid)

	83.02% (4,509)		16.98% (922)
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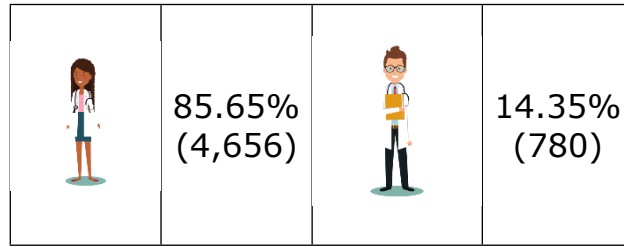
**16.98% of the lower quartile are men**

Quartile 2: Lower middle quartile

	82.20% (4,469)		17.80% (968)
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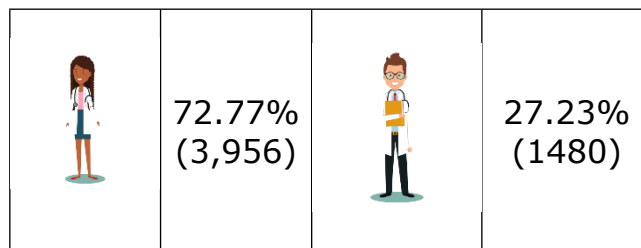
**17.80% of the lower middle quartile are men**

Quartile 3: Upper middle quartile



**14.35% of the upper middle quartile are men**

Quartile 4: Upper quartile (highest paid)

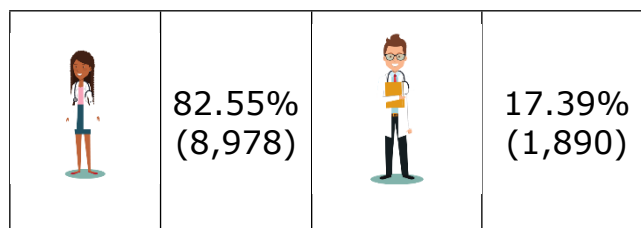


**27.23% of the top quartile are men**

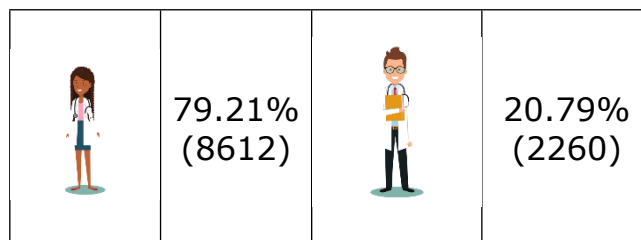
The highest variances are in the upper quartile.

51.05% (8978) of females were in roles within the lower and lower middle quartiles and 48.95% (8612) in the upper middle and upper pay quartiles. This compares with 45.54% (1,890) males in the lower and lower middle quartiles and 54.46% (2260) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles



Upper Middle and Upper Pay Quartiles



## Gender Pay Gap by Pay Band

The table below shows the ratios of male to female staff across the pay bands.

Pay Band	Female	Male
Band 2	19.23%	21.42%
Band 3	15.14%	13.28%
Band 4	9.01%	5.70%
Band 5	19.88%	13.28%
Band 6	17.94%	11.88%
Band 7	10.19%	8.72%
Band 8a	3.25%	3.36%
Band 8b	0.98%	1.30%
Band 8c	0.69%	1.10%
Band 8d	0.24%	0.67%
Band 9	0.15%	0.27%
Non-Agenda for Change	0.20%	0.40%
Associate Specialist	0.12%	0.50%
Clinical Assistant	0.00%	*
Consultant	1.17%	10.16%
Dentist	0.17%	0.50%
Foundation Yr 1 / Yr 2	0.11%	0.30%
Other Medical	0.36%	0.85%
SHO / House Officer	0.00%	0.00%
Specialty Doctor / Staff Grade / Trust Grade	1.05%	5.70%
Specialty/Specialist Registrar	0.11%	0.47%

Figures below 5 are suppressed and denoted by \*

### Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

### **3. PROGRESS ON CLOSING THE GENDER PAY GAP**

The Health Board recognises that there are factors outside of our control or influence which are impacting on pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS.

### **4. NEXT STEPS**

The Health Board has several key documents that identify the importance of fair recruitment, staff wellbeing and equity. These include our People Plan, our current Strategic Equality Plan 2024-2028 and our Integrated Medium-Term Plan. These strategic documents outline the Health Board's plans for addressing our pay gaps and pay differences.

We will consider how to improve and promote by:

- Using data in Pulse surveys, staff wellbeing and the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Exploring data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring how to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Looking at ensuring leadership and personal development opportunities are not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- Providing active bystander training as part of recruitment training for managers.
- Continuing and grow menopause support for staff, recognising the impact menopause can have on personal development and staff retention.

- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

## **5. CONCLUSION**

Over the past 2-3 years, the Health Board has not seen a significant improvement in its pay gap, which has remained around the 25-28% mark. This year, however, we have seen an improvement from a mean hourly rate of £25.25 and median hourly rate of £7.84 last year to a mean hourly rate of £23.58 and median hourly rate of £6.65 this year. In addition, we are now seeing emerging evidence that the cost-of-living situation is impacting on our workforce as staff are leaving the NHS to work in other sectors.

In the Health Board we have significant nurse vacancies which we know has a predominately higher female uptake. These vacancies have a significant impact on our workforce data.

This report highlights the disproportionate imbalance of pay for men in Non-AfC roles relative to women.

Also worth noting, at this current time, is that the Health Board no longer employs junior doctors. They are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

In recent years there has been more female junior doctors coming through training. The impact of this is that we should start to see a greater balance of genders in medical and dental roles over the next 10 years. This should then address the imbalance we currently see in the pay gap across all roles in the NHS.

Betsi Cadwaladr University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our gender pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

## **6. STATEMENT BY OUR HEAD OF EQUALITY AND HUMAN RIGHTS**

“Pay gap reporting is very important in understanding women’s position our organisation, and the differences between women and men’s pay and bonuses in BCUHB.

Healthcare roles, and in particular nursing are widely recognised as being more commonly occupied by women. Despite this, gender pay gaps typically occur in NHS organisations as men tend to occupy more of the senior medical

workforce roles. 80% of our workforce is female, however 67% of our medical consultants are male. This factor influences our bonus pay gap, and our medical workforce benefit from Clinical Excellence and Commitment Awards.

We are committed to tackling all forms of inequality, including gender inequality at work. Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan.

With this in mind, we will continue to improve our understanding of the professional experiences of women in our medical workforce to ensure equitable career progression between men and women, inclusive of non-binary colleagues. The continued development of the BCUHB Gender Equality Network (GEN) and our commitment to promote and improve sexual safety in healthcare will contribute towards these goals.

We are very encouraged to see that our average hourly rate pay gap and median hourly pay gap have both reduced this year”.

# Race Pay Gap Report

As of 31st Dec 2023



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## Betsi Cadwaladr University Health Board RACE PAY GAP REPORT – 31<sup>st</sup> DECEMBER 2023

### Index of Contents

INTRODUCTION	3
1. WHAT IS COVERED IN THIS REPORT	5
Key Reporting Metrics:.....	5
Mean Race Pay Gap in hourly pay .....	5
Median Race Pay Gap in hourly pay.....	5
Proportion of white, non-white and not declared staff in each pay quartile.....	5
<b>Categories used in the report.</b>	5
Race pay reporting .....	6
2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA	6
Mean and Median Rates.....	8
Bonus Payments .....	10
The proportion of staff receiving a bonus** .....	10
Quartile Data.....	11
Race Pay Gap by Pay Band.....	13
3. NEXT STEPS	13
4. CONCLUSION	14
5. STATEMENT BY OUR DEPUTY DIRECTOR, PEOPLE SERVICES	15

## INTRODUCTION

The Health Board has a statutory duty to comply with the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 which came into force on 5<sup>th</sup> April 2011. A Race Equality Action Group was established in November 2021 to progress the Workforce Race Equality Action Plan developed at the request of the Equality and Human Rights Strategic Forum in April 2021 to inform actions to deliver the Health Board's Strategic Equality Objective 9: "We will priorities action to advance race equality in North Wales"

Following publication of the Welsh Government Anti-racist Wales Action Plan (ARWAP) in June 2022 the meeting structure and associated terms of reference have been reviewed to reflect the increased scope to develop anti-racism action plans for both employment and service delivery. The ARWAP states Welsh Government will:

*"Require NHS organisations to develop anti-racism action plans; for both employment and service delivery as a specific part of their wider approach to equality, inclusion and diversity. Progress will be monitored and reported via IMTP and Annual Plans, and the Joint Executive Team process"*

As part of our commitment to adopting to an anti-racist approach to our delivery of service and developing and supporting our workforce, we have developed this race pay gap report. By commencing work in this area we will start to gain insights of the difference in average hourly pay between different groups across the workforce. From April 2024 BCUHB will be required to implement the Wales Workforce Race Equality Standards (WRES). The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains,

- Leadership & Progression,
- CPD & Training;
- Discipline & Capability;
- Bullying, Harassment and Discrimination.

It will highlight where there are disparities in the experience of Black, Asian and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues to improve the experiences of the Ethnic Minority workforce. Improving workforce experience for Ethnic Minority staff will improve the experience of all staff, and in turn that will improve patient and public outcomes, supporting the quadruple aims of [A Healthier Wales: Our Plan for Health and Social Care](#). By producing an annual race pay gap report we will have a more complete picture of our

employee experience, which will inform the actions to address and improve the organisations WRES results.

Race pay gap reporting is a valuable tool in allowing the organisation to assess levels of equality in the workplace. Specifically, in respect of participation across ethnicities, and how effectively talent is being maximised.

The Race Pay Gap report focuses on comparing the pay of white, non-white and staff who have not declared their ethnicity and shows the difference in average earnings.

# 1. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. Future reports will be produced that break down Agenda for Change and Non-Agenda for Change pay to give a more comprehensive picture above what is required by statutory reporting requirements. This report applies to the 12-month period ending 31<sup>st</sup> December 2023.

## **Key Reporting Metrics:**

### **Mean Race Pay Gap in hourly pay**

The mean hourly rate is the average hourly wage across the entire organisation, so the mean race pay gap is a measure of the difference between the mean hourly wage of white staff, non-white staff and those that have not declared their ethnicity.

### **Median Race Pay Gap in hourly pay**

The median hourly rate is calculated by arranging the hourly pay rates of all white staff, non-white staff and those that have not declared their ethnicity. from highest to lowest and finding the point that is in the middle of each range.

### **Proportion of white, non-white and not declared staff in each pay quartile**

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of white, non- white and 'not declared' people in each of the four parts.

This report does not look at whether there are differences in pay between white, non- white and 'not declared' people in equivalent post, or WTE at the size of the role. This means that the results will be impacted by differences in the ethnicity composition across groups and job grades.

### **Categories used in the report.**

The data collected for this report has been taken from the Electronic Staff Record (ESR) system. There are seven ethnicity categories used in ESR. In order to ensure that the results of the pay gap analysis are easy to understand and enable straightforward analysis and monitoring, we have analysed our data in the following categories:

1. White

2. Non-white
3. Undeclared (for those staff who have not recorded an ethnicity in ESR).

## **Race pay reporting**

This is the first time that a race pay gap report has been produced in BCUHB. As part of the Anti-racist Wales Action plan, we will be commencing annual reporting against the measures of the Wales Workforce Race Equality Standards (WRES) from April 2024.

The WRES is a tool which will be used to capture evidence of the workforce experience at a national and organisational level. It will enable workforce data to be consistently scrutinised against common indicators grouped under four domains,

- Leadership & Progression,
- CPD & Training;
- Discipline & Capability;
- Bullying, Harassment and Discrimination.

It will highlight where there are disparities in the experience of Black, Asian and Minority Ethnic health and social care staff. By doing this it will support organisations to implement targeted action to address systemic issues to improve the experiences of the Ethnic Minority workforce. Improving workforce experience for Ethnic Minority staff will improve the experience of all staff, and in turn that will improve patient and public outcomes, supporting the quadruple aims of [A Healthier Wales: Our Plan for Health and Social Care](#).

Additionally, by reporting our race pay gap, in conjunction with WRES reporting, we will be better able to understand the landscape of our workforce from the perspective of race.

## **2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA**

**Agenda for Change (AfC)** is the current NHS grading and pay system for NHS staff, with the exception of doctors, dentists, apprentices and some senior managers.




The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

A set of national job profiles has been agreed to assist in the process of matching posts to pay bands. All staff will either be matched to a national job profile, or their job will be evaluated locally.

AfC is designed to evaluate the job rather than the person within it, and to ensure equity between similar posts in different areas.

The Non-Agenda for Change (Non-AfC) group which includes Medical, Dental and Senior Manager salaries reflects the highest paid positions within the Health Board.

As of 31<sup>st</sup> December 2023, BCUHB employed 18,367 white staff, 1441 non-white staff, and 1885 staff who had not declared their ethnicity, therefore 84.7% of the workforce were white, 6.6% were non-white and 8.7% of staff had not declared.

	White 84.7% (18,367)		Non-White 6.6% (1,441)		Not Declared 8.7% (1,885)
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<b>Ethnicity</b>	<b>People</b>	<b>%</b>
White	18367	84.7%
Non-White	1441	6.6%
Not Declared	1885	8.7%
<b>Grand Total</b>	<b>21,104</b>	

## Demographics of the north Wales Population

North Wales Population by Ethnicity and Local Authority Area (including BCUHB %)

(Source: Nomis August 2023)

	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	BCUHB staff
Asian, Asian British or Asian Welsh (including Chinese)	1.8%	2.1%	1.1%	2.2%	2.2%	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.2%	0.3%	0.2%	0.4%	0.6%	1.2%
Mixed or Multiple ethnic groups	1.1%	1.1%	0.9%	1.1%	1.2%	0.7%
White	96.9%	96.5%	97.6%	96.2%	96.0%	86.9%
Other ethnic group	0.3%	0.4%	0.3%	0.5%	0.6%	1.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%

## Mean and Median Rates

Ethnicity	Mean Hourly Rate	Median Hourly Rate
White	18.9426	16.6508
Non White	29.0438	20.7458
Not Declared	22.8920	17.9511
Difference between White & Non White	-10.1012	-4.0950
Difference between White & Not Declared	-3.9494	-1.3003
Pay Gap % between White & Non White	<b>-53.33%</b>	<b>-24.59%</b>
Pay Gap % between White & Not Declared	-20.85%	-7.81%

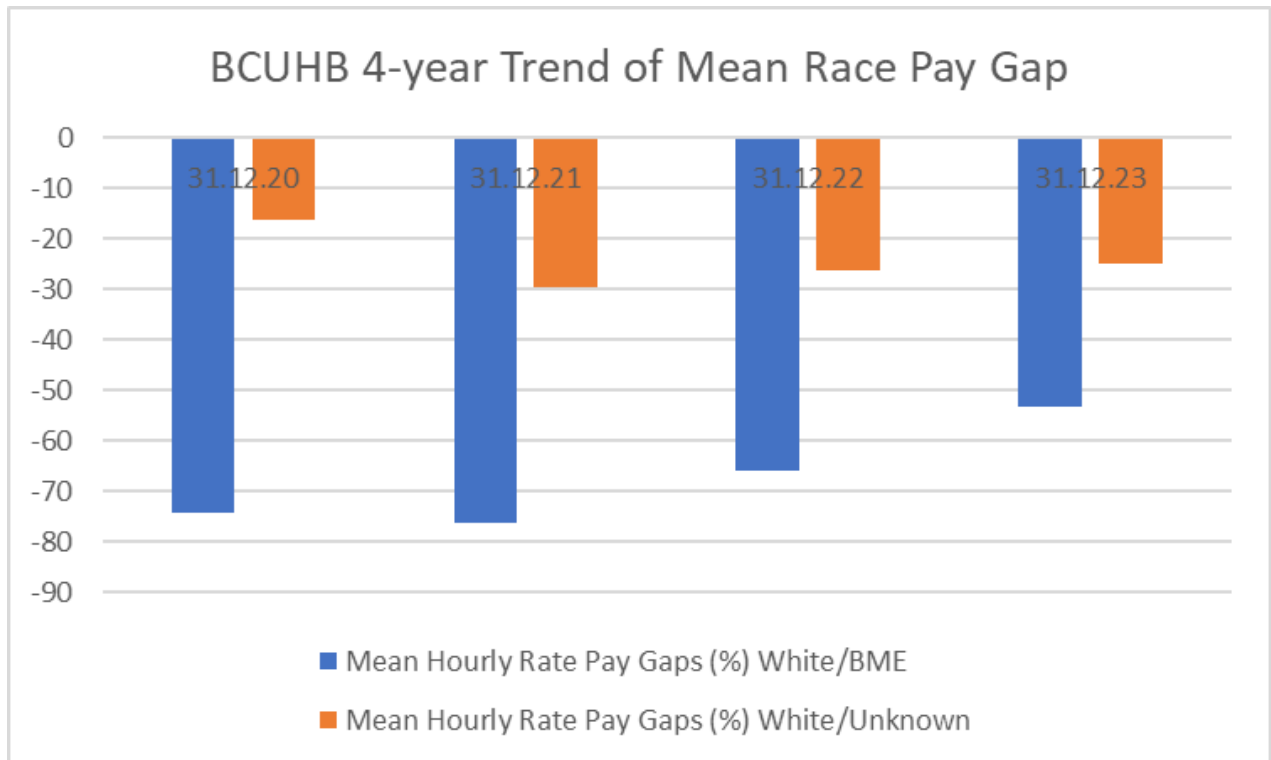
Mean Race Pay Gap = -53.33%; Median Race Pay Gap = -24.59%

The average is calculated over different numbers of employees, we employ 16,926 more white employees than non-white employees therefore this will account for some of the variance.

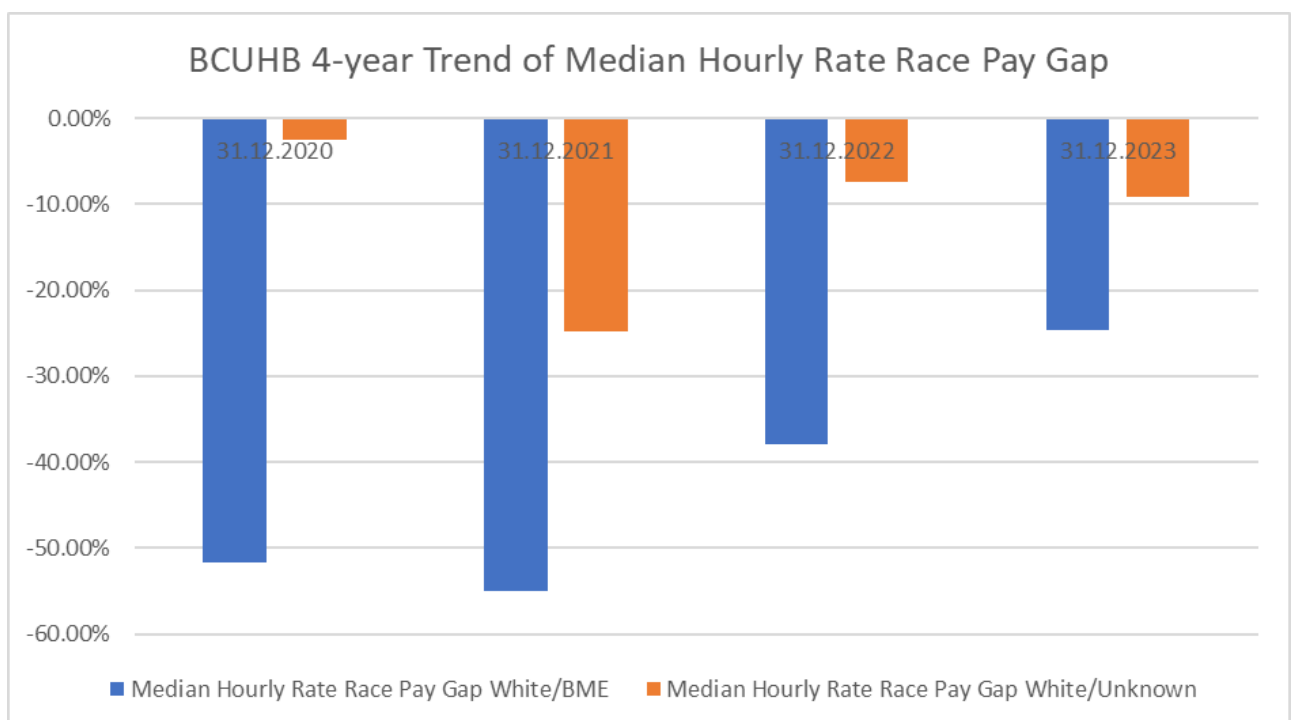
Non-white employees' mean hourly rate is 53.33% higher than white employees. In other words when comparing mean hourly rates, non-white are paid £1.53 for every £1 that white employees get paid.

Non-white employees' median hourly rate is 24.59% higher than white employees'. In other words when comparing median hourly rates, Non-white employees are paid £1.25 for every £1 that white employees get paid.

### Mean Hourly Rate Pay Gap Trend



### Median Hourly Rate Pay Gap Trend



## Bonus Payments

Ethnicity	Average Bonus (£)	Median Bonus (£)
White	9,009.79	9,321.31
Non White	8,118.12	7,501.50
Not Declared	10,151.71	8,612.85
Difference between White & Non White	891.67	1,819.81
Difference between White & Not Declared	-1,141.92	708.46
Pay Gap % between White & Non White	<b>9.90%</b>	<b>7.60%</b>
Pay Gap % between White & Not Declared	-12.67%	7.60%

Our Average bonus gap of 9.9% is based on actual bonuses, so it does not consider part-time work. The median bonus gap figure is 7.6%. This is the midpoint in the range of bonuses that non-white and white staff received; the value of bonuses received by white staff at the high end of the range is higher than that of non-white staff.

The proportion of non-white staff receiving a bonus is over 8 times that of white staff. This is due to the smaller size of the non-white cohort of staff and the high representation of non-white staff in our medical workforce.

### The proportion of staff receiving a bonus\*\*

Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
White	174.00	20199.00	<b>0.86%</b>
Non White	116.00	1612.00	<b>7.20%</b>
Not Declared	40.00	2976.00	<b>1.34%</b>

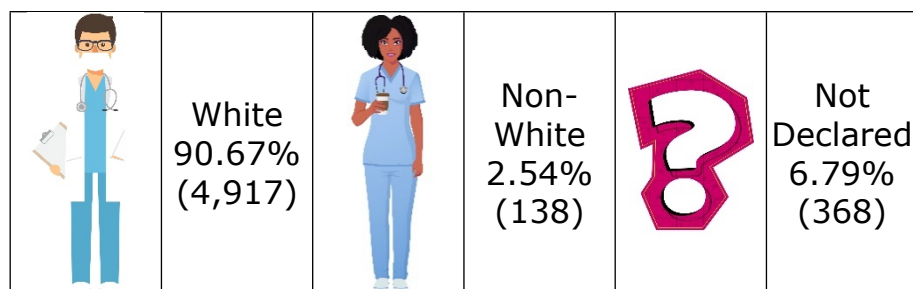
\*\* Bonus payments comprise Clinical Excellence and Commitment Awards paid to medical staff.

## Quartile Data

The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and describes the percentage of white, non- white and 'not declared' people in each.

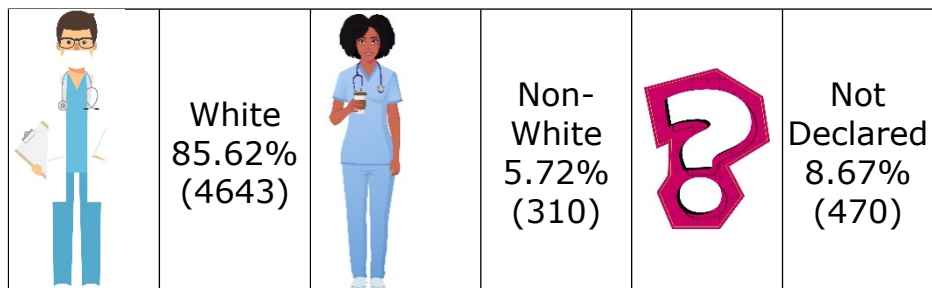
Quartile	White	Non White	Not Declared	White %	Non White %	Not Declared %
1	4917	138	368	90.67%	2.54%	6.79%
2	4643	310	470	85.62%	5.72%	8.67%
3	4620	346	457	85.19%	6.38%	8.43%
4	4187	647	590	77.19%	11.93%	10.88%

### Quartile 1: Lower quartile (lowest paid)



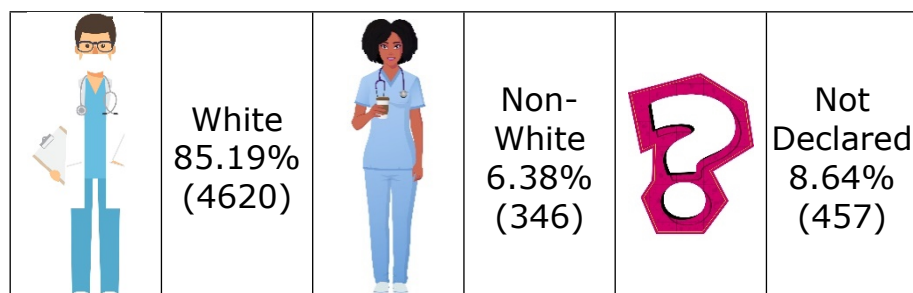
90.67% of the lower quartile are white.

### Quartile 2: Lower middle quartile



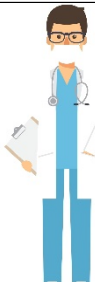


85.62% of the lower middle quartile are white.

### Quartile 3: Upper middle quartile



85.19% of the upper middle quartile are white.

#### Quartile 4: Upper quartile (highest paid)




	White 77.19% (4187)		Non-White 11.93% (647)		Not Declared 10.88% (590)
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77.19% of the upper quartile are white




The highest variances are in the upper quartile.

Non-white staff account for around 6% of the middle two quartiles, which roughly correlates with the non-white proportion of all staff (6.6%). This rises to 11.93% of the upper quartile, almost double the proportion of non-white staff in the whole employee population. Non-white staff account for 2.54% of the lower quartile, less than half of the proportion of non-white staff in the employee population as a whole.

#### Lower and Lower Middle Pay Quartiles

	White 88.14% (9560)		Non-White 4.13% (448)		Not Declared 7.73% (838)
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#### Upper Middle and Upper Pay Quartiles

	White 81.19% (8807)		Non-White 9.15% (993)		Not Declared 9.65% (1047)
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## Race Pay Gap by Pay Band

The table below shows the percentages of staff by ESR ethnicity categories across the pay bands.

Pay Band	Asian or Asian British	Black or Black British	Chinese	Mixed	White	Other ethnic group	Unknown	Total
Band 2	0.37%	0.10%	0.02%	0.1%	17.42%	0.16%	1.45%	19.62%
Band 3	0.20%	0.07%		0.08%	13.74%	0.07%	0.84%	15%
Band 4	0.05%	0.01%	0.01%	0.06%	7.56%	0.02%	0.63%	8.35%
Band 5	0.78%	0.60%	0.02%	0.16%	14.55%	0.31%	2.14%	16.64%
Band 6	0.27%	0.12%	0.02%	0.11%	15.08%	0.15%	0.90%	9.93%
Band 7	0.12%	0.07%	0.01%	0.06%	9.09%	0.03%	0.56%	5.58%
Band 8 and above	0.05%	0.01%		0.04%	5.09%	0.01%	0.37%	6.1%
Non-Agenda for Change	1.7%	0.28%	0.03%	0.12%	2.29%	0.26%	1.43%	0.24%
Medical and Dental				0.01%	0.16%		0.08%	

## Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

## 3. NEXT STEPS

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, and our current Strategic Equality Plan 2020-2024.

The Health Board recognises that there are factors outside of our control or influence, which are affecting pay. We have made a clear commitment in our Strategic Equality Plan to take action to understand our pay gaps, and address and minimise the impact within the constraints of the national pay systems for the NHS. This is a newly developed report, and is intended to help us better understand the landscape of our staff demographics by ethnicity. This report will also inform our work to implement the Anti-racist Wales Action Plan,

including implementation of the Wales Workforce Race Equality Standard. We will also explore opportunities to review our staff turnover rates across pay quartiles and staff groups by ethnicity to further inform this work and provide context.

We will consider how to improve and promote by:

- Using data in Pulse surveys, staff wellbeing and the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of the experiences of Black, Asian and ethnic minority staff in securing development opportunities across NHS Wales.
- Exploring data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring ways to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Looking at ensuring leadership and personal development opportunities are not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- Making active bystander training available for all staff.
- Continuing to promote the international colleagues welcome pack across the organisation with a focus on recruiting managers to help ensure that international recruits settle in to north Wales well.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

## **4. CONCLUSION**

Betsi Cadwaladr University Health Board remains committed to promoting equality, diversity and inclusion. We will use the lessons we are learning through our race pay gap discussions to inform the work we undertake looking at other potential pay gaps within the organisation.

## **5. STATEMENT BY OUR DEPUTY DIRECTOR, PEOPLE SERVICES**

“Pay gap reporting is a vital tool in helping us understand various issues linked to equality in our organisation. This report helps us understand more about the structure of our organisation and where there is an imbalance. We are committed to tackling all forms of inequality, including racial inequality at work. Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan. This reflects the Health Boards’ strategic equality objectives and is supported by an increasing body of evidence, which correlates inclusion, well-being and the workforce’s engagement with the quality of health and care experienced by the people we serve. With this in mind, we will continue to improve our understanding of the professional experiences of black, Asian and minority ethnic people in our workforce to ensure equitable career progression between people regardless of their ethnicity.

This report will support us in understanding where our opportunities are and demonstrates our commitment to acting meaningfully on the results of our annual WRES reports

Maintaining a clear picture of the pay gap and lived staff experience is vital to advancing in this area. We will ensure that we continue to listen BCUnity (our ethnic minority and international staff network) to ensure the lived experiences and voices of the Black, Asian and ethnic minority staff in the organisation are heard, and will help us take the right steps as we progress.”



<b>Teitl adroddiad:</b> <i>Report title:</i>	People Operations Report			
<b>Adrodd i:</b> <i>Report to:</i>	People & Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 13 February 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of December 24.</p> <p>The report is still evolving following feedback from the committee and improvements around the content and information have been made for this report.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>NOTE</b> the current position provided and feedback any observations regarding <b>ASSURANCE</b> required as a result of the reported positions contained in the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
<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 checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<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><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>	Objective 1: Building an effective organisation			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	Not applicable			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>No</p> <p>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</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><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>All risks associated with the subject and scope of this paper are already highlighted and managed through the current risk management structures within the organisation</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>	<p>There is no additional costs associated with this paper at this time.</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>There are no direct implications associated with this paper at this time.</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>Not applicable</p>
<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>	<p>Links to BAF SP12 and CRR 24-01</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>Not applicable</p>
<p><b>Next Steps:</b> <i>Ongoing refinement of this report to support committee oversight</i></p>	
<p><b>List of Appendices: People Operations Report</b></p>	

# People Operations Report January 2025

Jason Brannan

Deputy Director of People



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Executive Summary

- Actual FTE remained constant between November 2024 and December 2024, growing by just 0.8 FTEs, however, an increase in budget of 96.6 FTEs caused the Vacancy FTE to grow by 0.4% to 8.3%. Medical budgets grew by 25.2 FTEs, of which 20.4 FTEs were IHC East, Admin & Clerical budget grew by 30.4 FTEs, of which 18.3 FTE were within Informatics and Nursing budget grew by 22.2 FTEs, of which 15.1 FTEs were within IHC Centre.
- Turnover is on a steady downward trend, currently at 7.9% and down 0.6% on the same period last year with Registered Nursing staff group reporting the lowest turnover rate at 5.9%. BCUHB has a Staff Retention Lead in post to ensure retention initiatives are embedded across all staff groups. This is a role commissioned as part of the non-pay elements of the 2022-4 collective agreement; a line of work at this time seeks to understanding the current drivers behind turnover and exploring initiatives that support retention such 'Stay Conversations' being piloted in MHLDS.
- BCUHB continues to see a rise in staff absence, both rolling (12m) and in month on a like for like and 2 year basis. BCUHB levels are lower than other Welsh HB and Trusts. Sickness absence is slightly up from the same period last year, 5.83% in December 2023 compared to 6% in December 2024. Stress, anxiety and depression continues as the highest reported reason and is the primary reason for the increasing rolling sickness rate. The People services operations teams continue to support staff and managers in accordance with the All Wales Respect and Resolution policy and all cases of reported stress at work should have a stress risk assessed process. The OH and Wellbeing service have undertaken the Health Need Analysis for BCU as part of the National programme; that report also recognises the stress factors reported by employees as a key line of work to focus on. The report has been provided to key forums, such as People and Culture groups and colleagues in SWSS for review. Wider work is underway as part of the planning priorities for 2025/2026 to see how more targeted support can be implemented for areas with high staff absence.
- PADR compliance continues to improve in December 2024, following a period of reducing rates through May to September 2024. It currently stands at 78.5%. The People Service teams review compliance each month, noting services who have sustainably strong performance and advising services where improvement is needed. The service managers report progress through local Finance & Performance groups.
- Level 1 mandatory training compliance remains above the target of 85% at 90.2%. There is a focus on manual handling training accessibility along with guidance around passports.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 56.9 days during December 2024, performing better than the NHS Wales average of 59.3 days. Work targeting time to shortlist has seen the average days reduce from a peak of 18.4 days in October 2023 to 5.3 days in December 2024.

# People



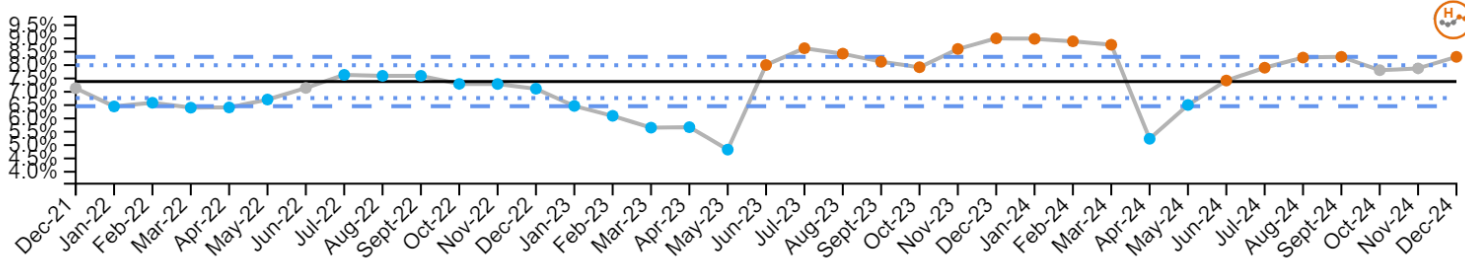
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WALES

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University Health Board

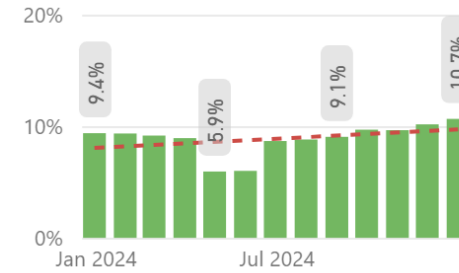
# Vacancy % by IHC

BCU Data as at December 24

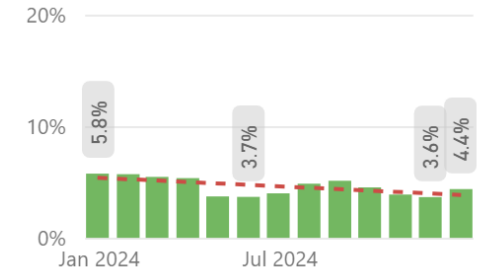
## Betsi Cadwaladr



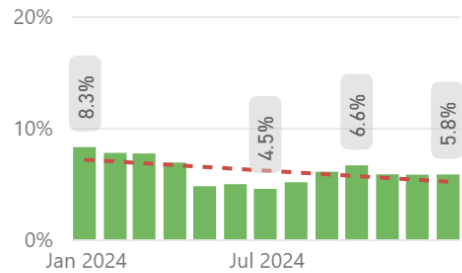
## IHC Centre



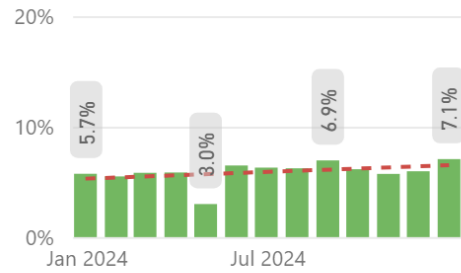
## IHC East



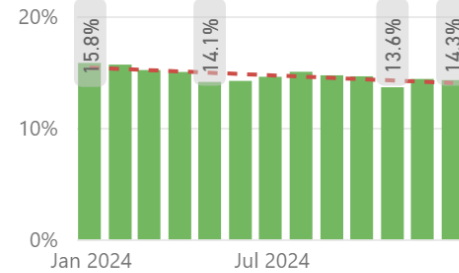
## IHC West



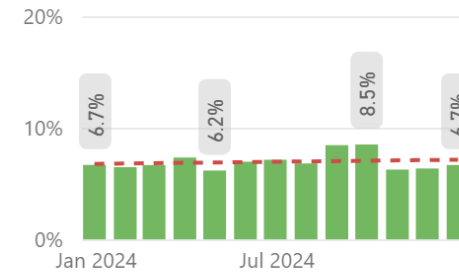
## Cancer/Diagnostics



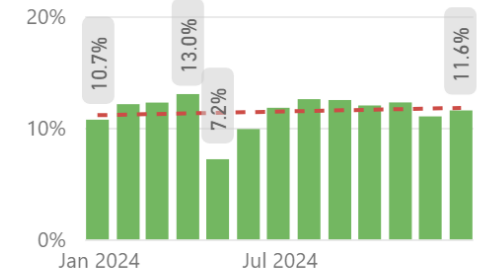
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



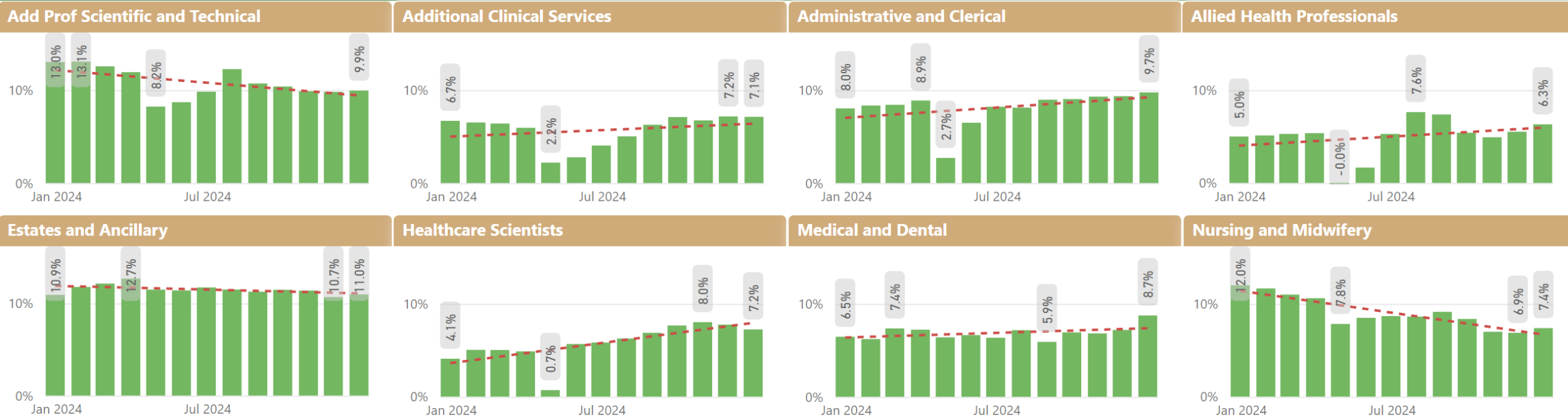
**Analysis :** In December 2024 the BCU vacancy rate increased by 0.4% to 8.3% indicating a special cause for concern with this month falling outside of the of the upper limits. All of the IHCs with the exception of IHC West and MHL D showed an increase in the rate from the previous month with the largest increase being seen within Cancer/Diagnostics of 1.1% followed by IHC East with a 0.9% increase. Of the 3 IHCs, East has the lowest vacancy rate in December 2024 at 4.4% equating to 204.1 FTE vacancies, followed by West at 5.8% with 219.2 FTE vacancies. Both IHCs have seen an improvement in vacancy rates against the same period last year. The vacancy FTE is significantly higher in Centre with 533.3 FTE vacancies equating to a vacancy rate of 10.7% which is an increase of 1.3% against the same period last year. Cancer/Diagnostics and Corporate Services are also showing an increase on the December 2023 position.

**Challenges:** The vacancy position remains a challenge across certain staff groups and IHCs. There are ongoing gaps in some areas, such as medical staffing in Cancer and specifically consultants in Dermatology. Whilst there is progress within MHL D to reduce the vacancy rate, attracting registered nurses and qualified psychologists remains a challenge and there are increases in Band 6 vacancies. Within some areas there is a growing number of requests for decrease in hours for existing staff which may impact the vacancy rate. Within Corporate, there are a growing number of vacancies at A&C bands 2 – 7 and across the staff group internal churn exceeds external recruitment.

**Progress:** Large recruitment events are underway with Recruitment and Temp Staffing teams promoting vacancies via social media, and undertaking presentations at Universities to promote healthcare careers and recruit student nurses to bank. It is anticipated that there will be improvement in consultant vacancies as there are currently a number medical staff working through their CESR who once completed will move into currently vacant consultant posts. In addition, there has been progress with international recruitment for medical gaps with a number of doctors joining the health board over the coming months. GPs continue to be employed and AHP rotations are being managed effectively. A review of market forces is being completed for some DDaT roles due to the competitive resourcing market that exists. Work is ongoing with managers to support reduce time scales across the time to hire of process. There ongoing workforce planning work with services to support service realignment and workforce optimisation.

# Vacancy % by Staff Group

BCU Data as at December 24



**Analysis :** Medical and Dental saw the largest increase in Vacancy % in December with an increase of 1.6% followed by Allied Health Professionals at 0.8%. The increase in the Medical & Dental vacancy % can largely be attributed to IHC East where there was an increase of 4.9% due to an increase of the Budgeted FTE by 20.4. The rate in IHC East now stands at 1.7% having previously been over established. Estates and Ancillary staff group has the highest vacancy rate at 11% and 164.4 FTE vacancies. Within A&C staff group, vacancies have increased significantly over the last 12 months with the vacancy FTE currently standing at 390.3 FTEs, almost half of which are within corporate teams. Nursing and Midwifery vacancies show a large improvement over the previous year with a decrease of 4.6%. However, they have increased slightly within the previous month, growing by 0.5%, which is largely a result of increases within IHC Centre and IHC East. In IHC Centre there has been an increase of Budget FTE of 15.1 whereas in East the Actual FTE has declined by 10.7.

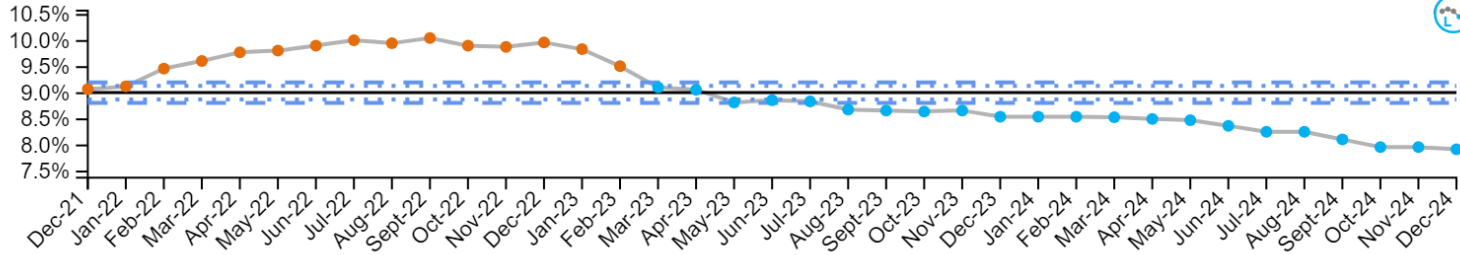
**Challenges :** The increasing number of flexible working requests, to reduce hours or for partial retirement, are impacting on HCSW and A&C vacancy rates. In West IHC, increases in A&C vacancies are the result of services reviewing spending and trying to work differently. A delay in recruitment activity over the Christmas period has also delayed commenced in post for some positions. Within MHLD in the West, supply fails to meet demand and despite numerous initiatives, HCSW shifts are going out to agency. A fasttrack recruitment process initiated to support bank to substantive posts was hindered by the new pay process through Shared Services which took longer than expected to implement, this has now been resolved. Recruitment of medical staff is a significant issue for MHLD, with the vacancy rate currently standing at 32.1%.

**Progress:** Work is ongoing with the Strategic Recruitment team to address consultant gaps, working with the services to advertise, particularly in those hard to fill specialities. There is currently another round of international recruitment underway for MHLD medical posts which if successful will support closing of the current vacancy position. Nurse recruitment is improving with the success of local recruitment, student streamlining and overseas placements. Within MHLD, offers have been made to 14 international nurses with an estimated arrival date in the UK towards the end of January 2025 for additional training and exams before taking up positions. Temporary staffing continue to work with MHLD to recruit to bank to reduce agency costs for both registered and HCSW roles. Development of Workforce Plans within the Therapies directorate has supported a more pro-active approach to engagement with universities to attract future talent to vacancies, particularly in hard to recruit to specialities such as Podiatry and Orthotics.

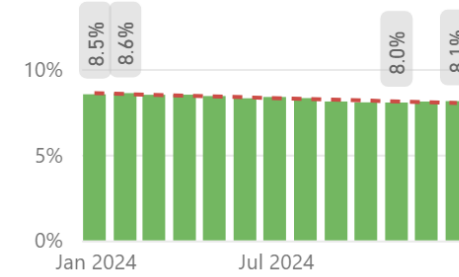
# Turnover % by IHC

BCU Data as at December 24

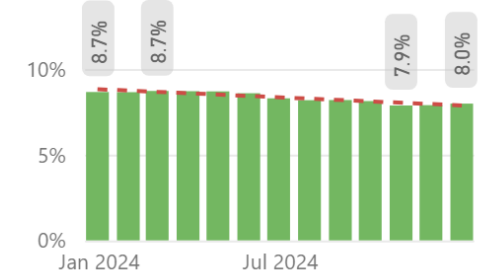
## Betsi Cadwaladr



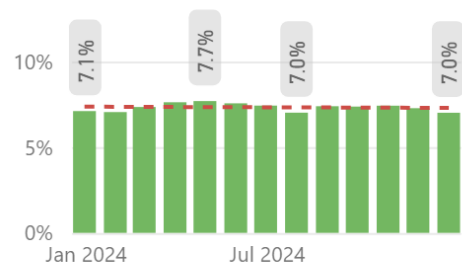
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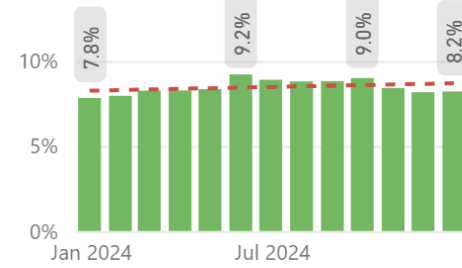
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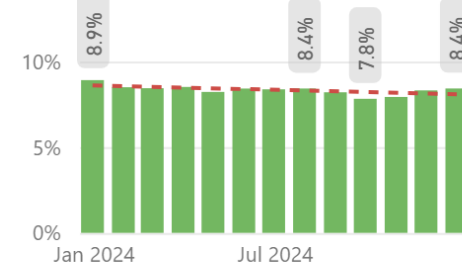
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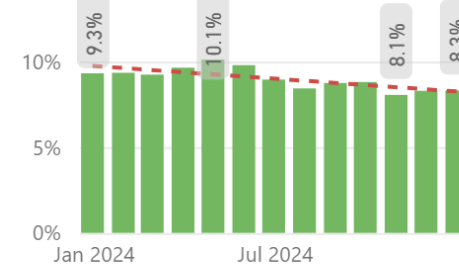
## Cancer/Diagnostics



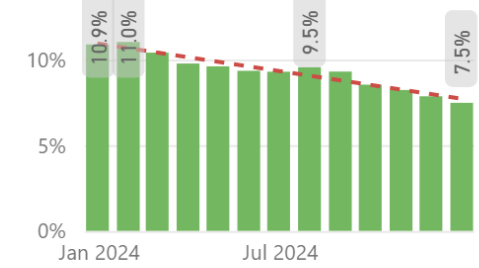
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



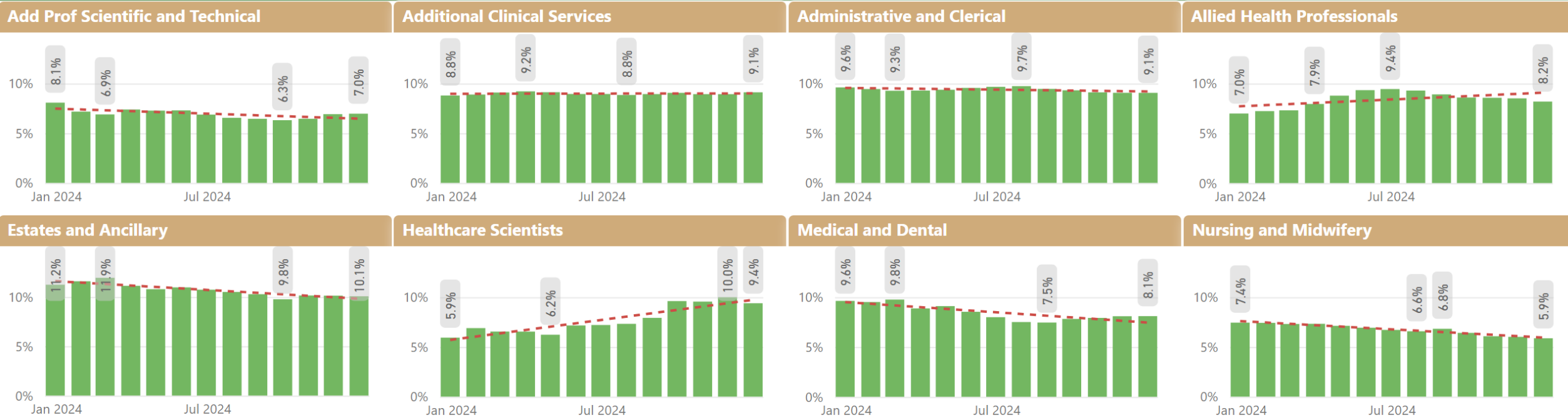
**Analysis:** The BCUHB turnover rate continues to improve month on month and is at 7.9% for December 2024, losing an average of 118 FTEs per month across the 12 month period to December 2024 compared to 124 FTEs over the equivalent period to December 2023. All areas have seen an improvement against the same period last year with the exception of Cancer and Diagnostics. MHL has the highest turnover rate at 8.4%. IHC West is reporting the lowest turnover rate at 7% followed by Corporate Services at 7.5%. Corporate Services has seen the greatest improvement in turnover rate over the last 12 months reducing by 3.4% from 10.9% in December 2023 to 7.5% in December 2024.

**Challenges:** Turnover is showing an improving trend, however, it is noted that levels are higher than optimal and work continues to improve staff retention. There is an increasing number of flexible working requests for reduced hours, in part linked to partial retirement and loss of staff hours via reduction in hours is not reflected in the turnover rate. The turnover rate fails to reflect the internal staff movement, which far outstrips external movement within some areas.

**Progress:** The All Wales Policy for Retirement / Partial Retirement continues to have an impact on turnover in IHC West. People Services teams are working with Womens services to identify USPs for the service and the benefits of working for BCU. Work is underway to be highlight internal staff movement in terms of recruitment to better reflect internal turnover going forward.

# Turnover % by Staff Group

BCU Data as at December 24



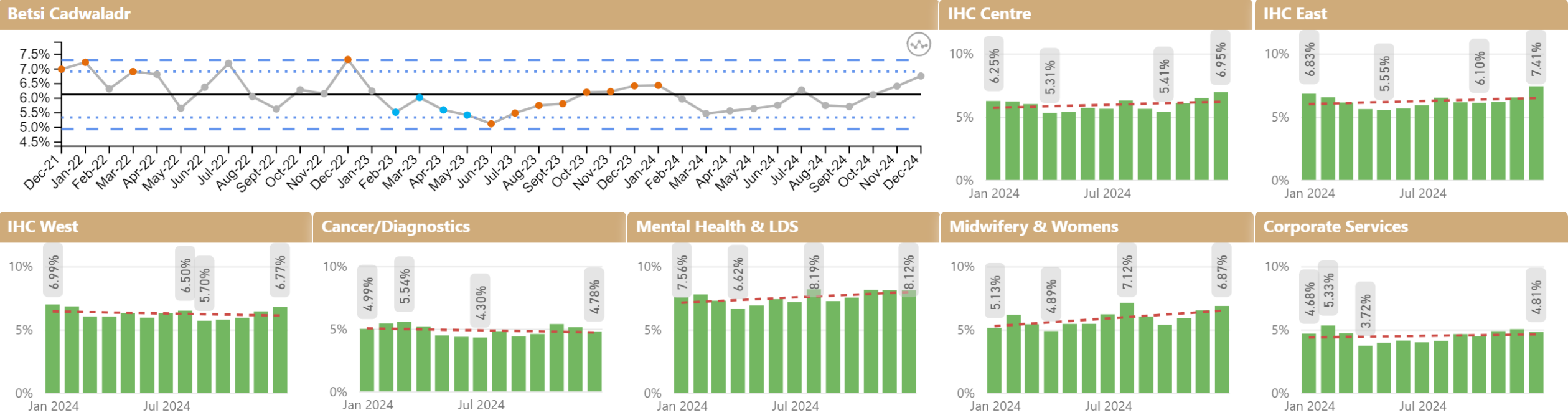
**Analysis :** Nursing staff group has the lowest turnover rate at just 5.9% having reduced at a steady rate across the last 12 months from 7.4% in December 2023. Medical and Dental staff group has also seen an improvement in Turnover across the period reducing 1.5% from 9.6% in December 2023 to 8.1% in December 2024. Similarly Add Prof Scientific and Technical has seen progress against turnover with rates reducing to 7% compared to 8.1% in the same period last year. Healthcare Scientist and AHP staff groups are seeing an increasing turnover rate; the Healthcare Scientist turnover rate is up 3.5% across the last 12 months to 9.4% and AHP staff group has seen a 1.2% increase to 8.2% in December 2024. Estates and Ancillary staff group have the highest turnover rate at 10.1%, however there has been some improvement in recent months. Both Healthcare Scientist and Estates and Ancillary Staff Group have a high proportion of age related leavers, over the last 12 months 38% of leavers within these staff groups were retirement leavers which is far higher than the BCU average of 27%.

**Challenges :** Turnover remains a challenge across staff groups with the exception of Nursing where there is an ongoing improvement in staff retention.

**Progress :** Benchmarking exercises are underway to improve staff retention alongside a scoping exercise around the use of Annex 21 to increase stability within additional clinical services. It is anticipated that there could be opportunities for staff in terms of development and career development with the implementation of RISP which could positively impact on staff retention across the Add Prof Scientific and Technical and Healthcare Scientists staff groups.

# Monthly Sickness % by IHC

BCU Data as at December 24



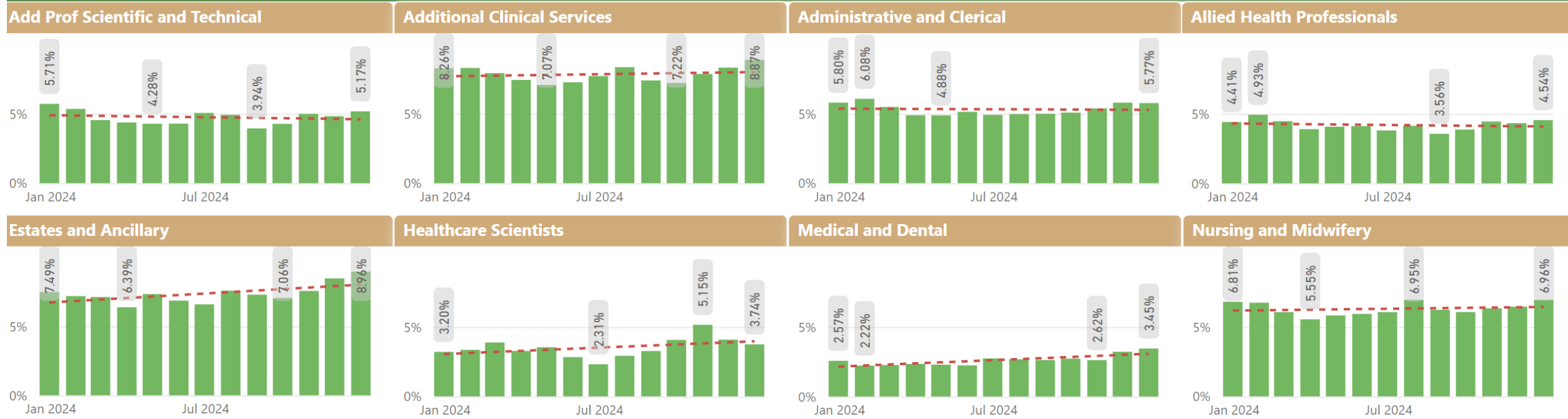
**Analysis :** The BCU monthly sickness rate rose from 6.4% in November 2024 to 6.8% in December 2024, the increase was largely the result of increases in sickness absence related to cold, cough and flu and chest and respiratory. The rolling absence rate remained steady at 6%, which was an increase of 0.2% on the same period in the previous year. MHLD has the highest sickness rate at 8.1% with stress and anxiety sickness absence currently standing at 2.5% compared to the BCU average of 1.8%. Corporate Services has the lowest sickness absence rate at 4.8%. IHC West has seen the greatest improvement in sickness rates over the last 12 months and is currently 0.2% lower than it was in December 2023. In contrast Midwifery and Womens has seen the largest increase 1.7% in this period.

**Challenges:** The sickness rate remains on an upward trend across the Health Board, with Stress and Anxiety absence posing a particular challenge. Monthly sickness has increased across most areas and is significantly higher than December 2023. There are a high number of long term and complex cases with which managers require additional support to facilitate return to work.

**Progress :** The People Services Teams continue to support managers through delivery of training and coaching in relation to the Managing Attendance at Work Policy, and provision advice around complex cases, long term absence and frequent sickness episodes. Sickness continues to be discussed on a monthly basis at local SLTs and drop in clinics are being held to deliver targeted support on individual cases and hotspot areas. Joint working with Occupational Health and Wellness Work and Us Teams supports staff with accessing resources such as counselling, coaching and supporting staff through employment relations issues and facilitating difficult conversations. There is an emphasis on early intervention with the People Services teams proactively reviewing sickness data, including the absence triggers report, to identify hotspots, patterns and outliers, and linking in with those area managers to identify ways of reducing absence and to develop plans to support staff return to work. People Services Teams are commencing audits of sickness absence data within the workforce systems to ensure timely closure of sickness records.

# Sickness % by Staff Group

BCU Data as at December 24



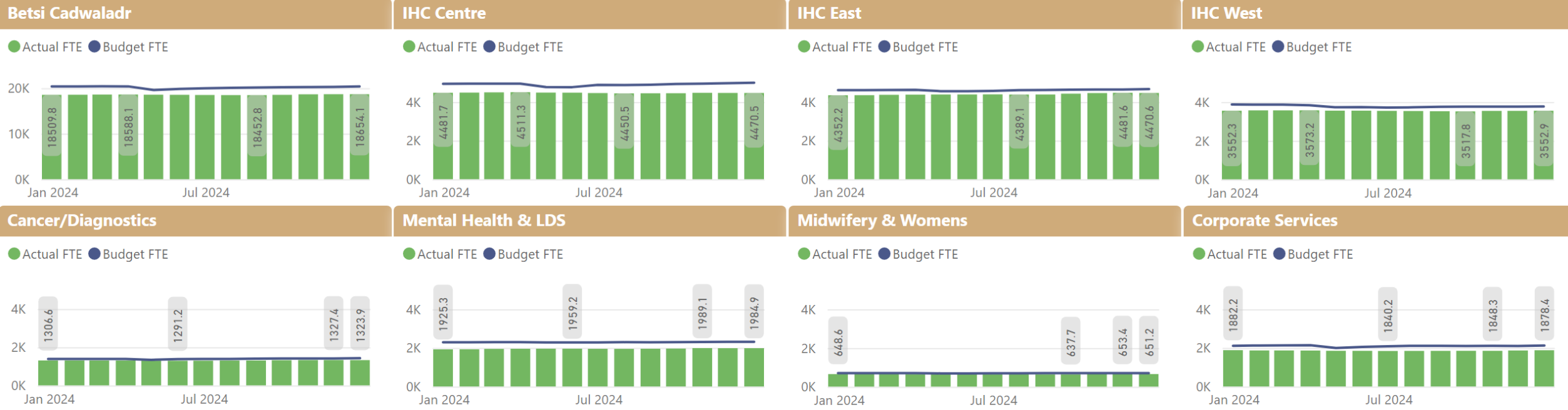
**Analysis** :The largest increase in sickness absence in comparison to the previous year can be seen within the Estates and Ancillary staff group with an increase of 1.5% and now stands at 8.96%. This is largely down to increases within Heart, cardiac & circulatory problems and Injury, fracture absence reasons each accounting for 0.5% of the increase from December 2023. Add Prof Scientific and Technical and Administrative and Clerical were the only staff groups lower than December 2023 by 0.54% and 0.03% respectively.

**Challenges** : Sickness within Estates and Facilities staff group remains high, and coincides with a higher than average aged workforce. HCSW absence levels also remain high with rates increasing through December following an increase in D&V and respiratory illnesses. Whilst clinical demand may factor, low vaccination rates are being looked at to consider whether this is a contributing factor across all areas. Increases in M&D sickness absence are due to more accurate recording of absence within this staff group.

**Progress** : People Services teams continue to support through targeted intervention, advising case by case and leading training for managers in WP11 as well as in civility and compassion. There is a focus on scoping the potential for reasonable adjustments to facilitate and support staff in a return to work. Following promotion of sickness absence recording to Medical and Dental staff group, and delivery of training, there has been an increase in the sickness absence rate for this group suggesting improving accuracy in figures reported.

# Budget v Actual FTE by IHC

BCU Data as at December 24



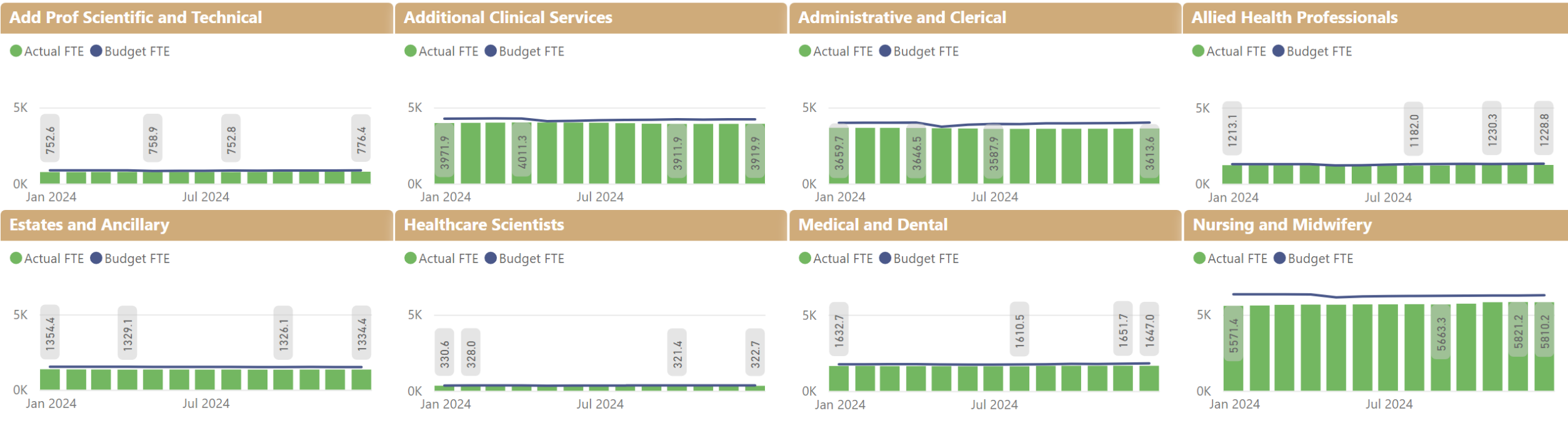
**Analysis :** The Budget FTE is increasing following the resetting of budgets in April 2024 increasing by 96.6 FTEs between November and December 24. Actual FTEs have remained steady in the previous months with only slight increases being seen. In December 2024 the Actual FTE for IHC Centre and East fell with the Budget FTE increasing contributing to the vacancy FTE increasing by 27 and 34.4 FTEs respectively. This trend can also be seen in Cancer/Diagnostics where the Vacancy FTE grew by 16.5 FTE. Whilst Actual FTE grew by 12.1 FTE in Corporate Services this was offset by an increase of Budget FTE of 26.4 FTE causing Vacancy FTE to rise by 14.3 FTE. MHLDS was the only IHC to see a decrease in Vacancy FTE in December of 2.6 FTE. This was mainly due to a decrease in Budget FTE

**Challenges :** Increases in headcount are not reflecting a corresponding increase in FTE due to the numbers of staff requesting reduction in hours and partial retirement.

**Progress :** Work in ongoing to revue establishments as part of workforce planning teams engagement with specific challenged services and this approach will be built into the IMTP as a core element in supporting those services to develop realistic, sustainable and deliverable workforce plans.

# Budget v Actual FTE by Staff Group

BCU Data as at December 24

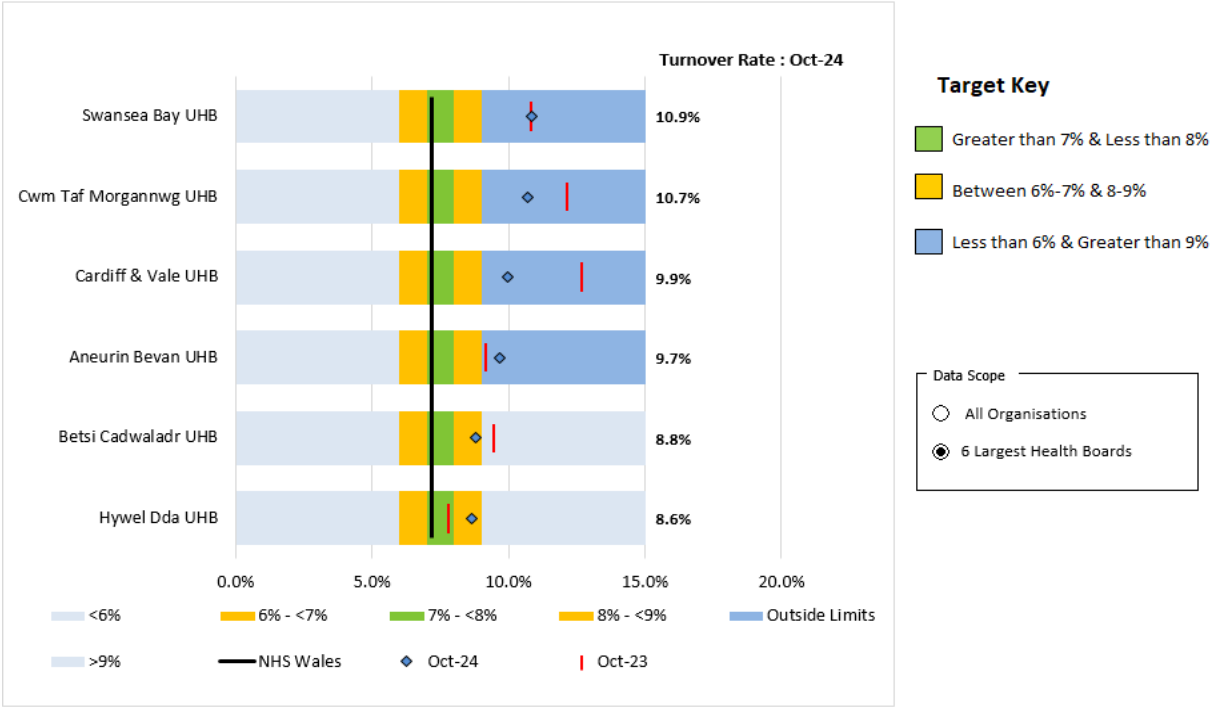


**Analysis :** The growth in Budget FTE in the previous month increased the Vacancy FTE in most staff groups with the only exceptions being Additional Clinical Services and Healthcare Scientists. The biggest increase in Budget FTE can be seen in Administrative and Clerical of 30.4 FTE, followed by Medical and Dental with an increase of 25.2 and Nursing and Midwifery by 22.2 FTE. This caused all of these groups to have an increase of Vacancy FTE. Nursing and Midwifery had the largest increase of Vacancy FTE as, along with the increase of Budget FTE, the Actual FTE decreased by 11. This meant the Vacancy FTE grew by 33.2 FTE. Medical and Dental also saw a decrease in Actual FTE meaning the Vacancy FTE increased in December 2024 by 29.9.

# Workforce Comparators

## Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing Oct-23 & Oct-24

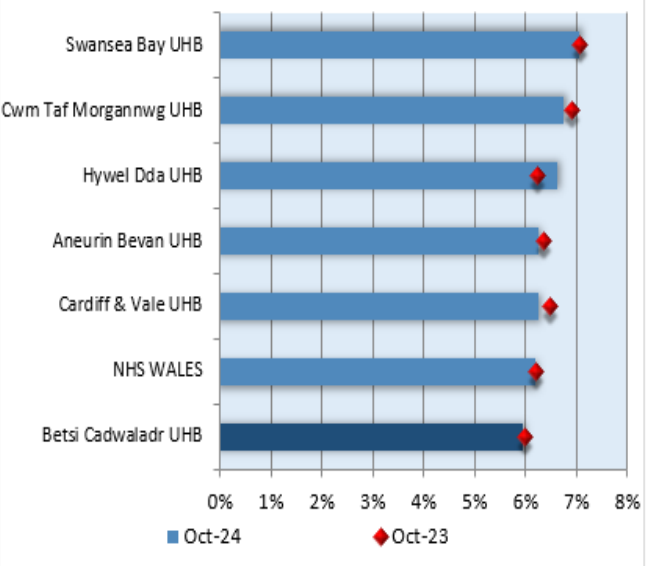


Of the 6 largest Health Boards in Wales, BCU had the second lowest turnover rate in October 2024 at 8.8% behind Hywel Dda at 8.6%. BCU's turnover rate is 2.1% lower than Swansea Bay.

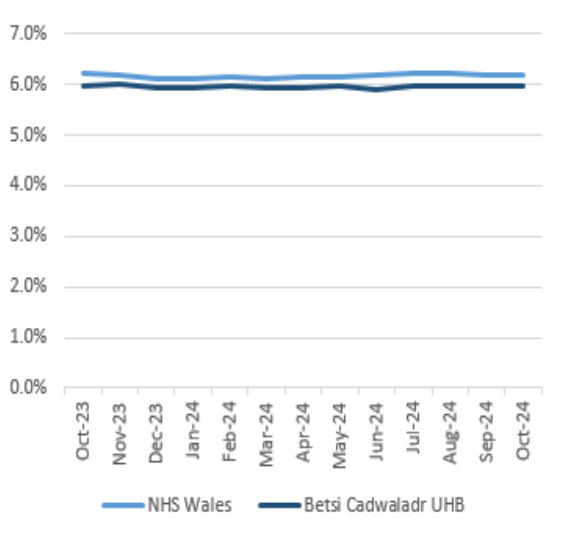
*Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.*

## Sickness %

Rolling Sickness Rate by Health Board Oct 2024



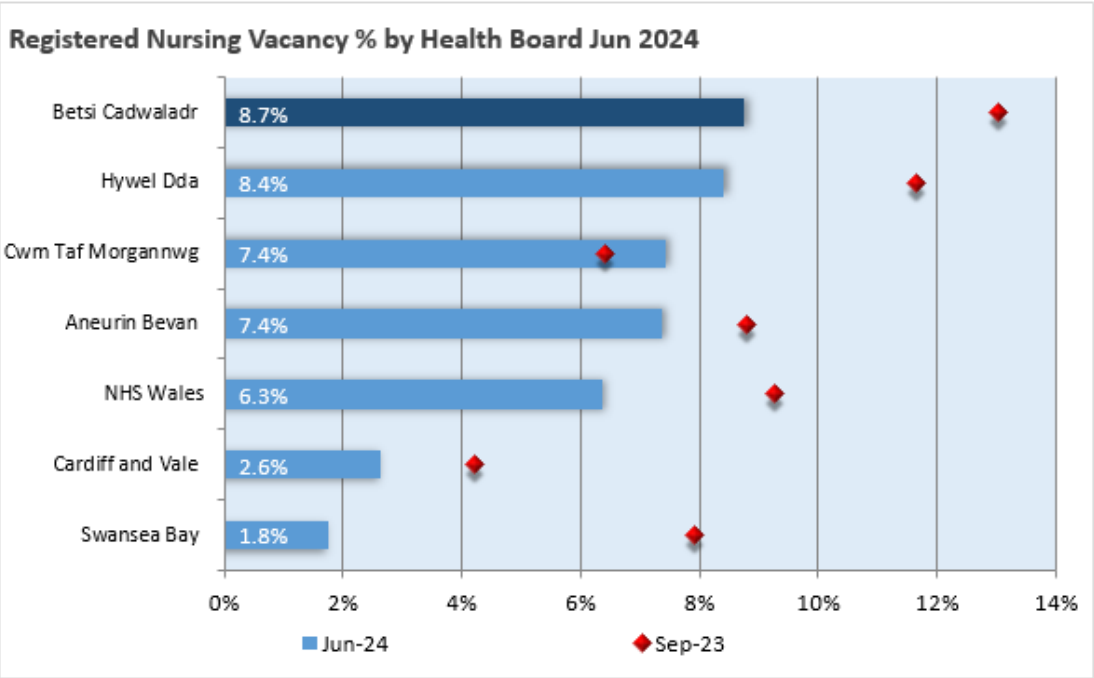
12 Month Rolling Sickness Rate BCU vs NHS Wales



During October 2024, BCU had the lowest sickness rate of the 6 largest health boards at 6% and lower than the NHS Wales overall rate of 6.2%. Swansea had the highest sickness rate at 7.1% followed by Cwm Taf Morgannwg at 6.7%.

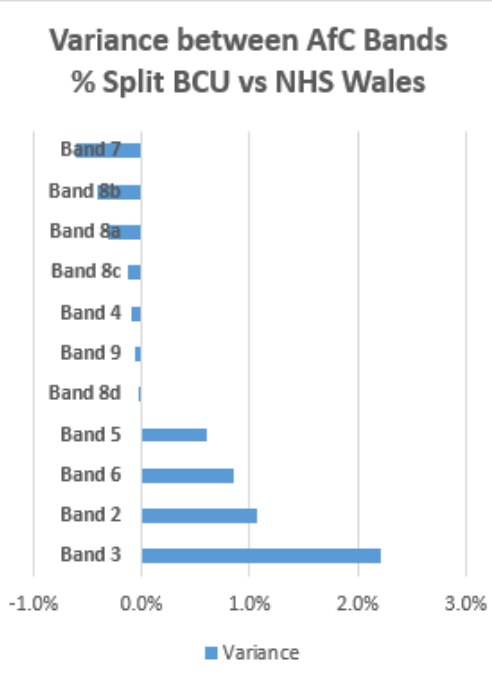
# Workforce Comparators

## Vacancy %



The BCU Registered Nursing Vacancy rate 2.4% above the NHS Wales average in June 2024 and was the highest rate of the 6 largest health boards.

## BCU % Workforce by Pay Band vs NHS Wales % Workforce by Pay Band



AfC Band	BCU % Staff in Post FTE Oct 2024	NHS Wales % Staff in Post FTE Oct 2024	Variance	BCU Staff in Post FTE Oct 2024
Band 3	14.3%	12.0%	2.2%	2581.2
Band 2	17.5%	16.4%	1.1%	3164.0
Band 6	17.4%	16.5%	0.8%	3145.5
Band 5	19.8%	19.2%	0.6%	3586.2
Band 8d	0.4%	0.4%	0.0%	69.3
Band 9	0.2%	0.3%	-0.1%	34.3
Band 4	8.3%	8.4%	-0.1%	1509.3
Band 8c	0.8%	0.9%	-0.1%	148.0
Band 8a	3.6%	3.9%	-0.3%	644.2
Band 8b	1.2%	1.6%	-0.4%	207.5
Band 7	10.1%	10.7%	-0.6%	1835.6

The table above provides the percentage split of the BCU workforce vs the percentage split of the NHS Wales Workforce.

BCU AfC workforce has a greater proportion of bands 3, 2, 6 and 5 than NHS Wales, band 3s account for 14.3% of the BCU AfC workforce compared to 12% of the NHS Wales AfC workforce. Bands 7 and above account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.2% vs 17.8%).

# Highlighted Areas

BCU Data as at December 24

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
☐ Facilities Catering - West (RX55) L6						
2024-03	87.4	8.5%	2.62%	62.6%	84.5%	3.6%
2024-06	87.0	8.9%	3.87%	65.5%	83.0%	3.6%
2024-09	86.3	9.6%	6.55%	63.8%	83.0%	3.4%
2024-12	83.6	13.0%	8.16%	53.7%	85.8%	8.8%
☐ Medicines Management Central (AX23) L6						
2024-03	152.5	6.6%	5.49%	79.6%	88.1%	6.7%
2024-06	148.4	8.1%	4.60%	85.8%	89.5%	8.2%
2024-09	148.1	9.2%	5.28%	77.6%	88.5%	6.8%
2024-12	145.7	10.4%	5.51%	67.1%	87.0%	7.1%
☐ Facilities Porterger - West (RX59) L6						
2024-03	65.4	7.6%	9.00%	81.9%	87.2%	7.0%
2024-06	60.1	15.1%	8.03%	88.2%	88.9%	11.9%
2024-09	60.1	15.1%	8.60%	75.0%	88.4%	13.5%
2024-12	61.7	12.9%	7.15%	47.1%	83.4%	14.3%
☐ Director of Integrated Services/Deputy CEO (YX05) L6						
2024-03	24.2	18.5%		30.8%	76.6%	12.1%
2024-06	20.4	32.6%	8.29%	13.6%	70.7%	13.1%
2024-09	22.4	40.8%	1.30%	33.3%	77.7%	20.9%
2024-12	28.8	33.9%	7.17%	51.7%	73.9%	22.3%

## Analysis :

There are high and increasing levels of vacancy within Catering West. They are also seeing increasing sickness levels and a declining PADR rate well below the target. The latest month has also seen an increase in turnover which would further increase the vacancies within the area.

Medicines Management Central have a high number of vacancies and an increasing sickness rate. PADR compliance in this area has reduced by 12.5% since March 2024.

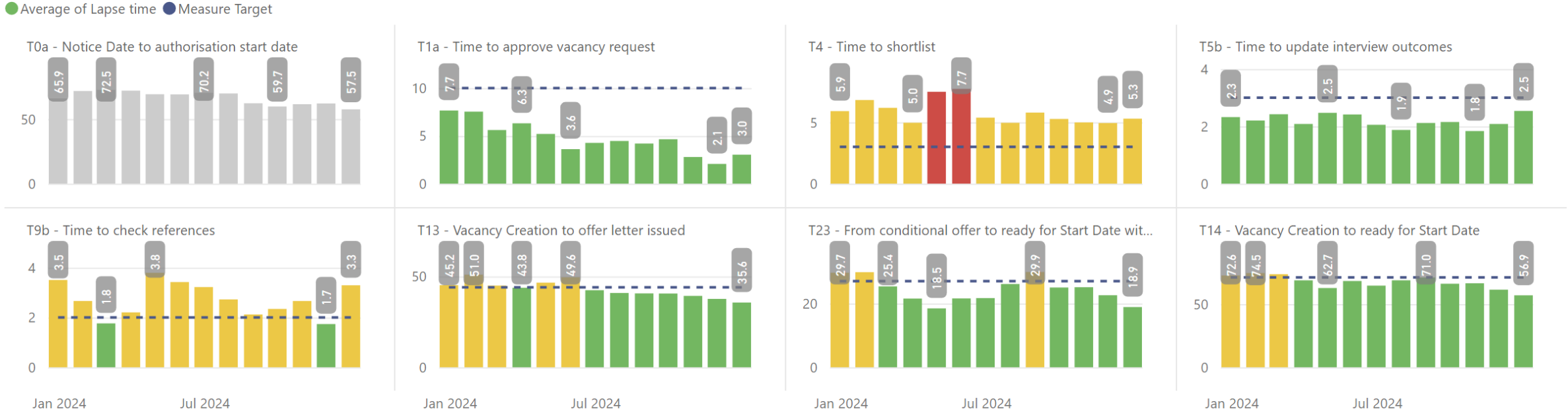
Portering West show a declining Turnover rate with low PADR compliance. Whilst vacancy and sickness rates are still high they have improved within the last quarter.

Director of Integrated Services/Deputy CEO have seen a large increase in turnover rate over the previous months. All of the metrics in the latest month show poor performance compared to targets.

**Progress :** Mandatory training in Facilities Catering has improved following a push in People & Culture meetings and local accountability meetings. In addition the People Ops teams are supporting on some specific absence management interventions.

The table above shows the top 4 deteriorating areas, in order, for 5 key metrics. Each quarter that returns a poorer performance when compared to the previous is given a value. The Org L6s above have the most deteriorations within the previous 4 quarters. Where there is a tie between departments, this is sorted by those with the highest Actual FTE.

# Recruitment KPIs



The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect. The current position across BCU is that against the All Wales average we are performing better than the average in 5 of the 8 metrics, and we are achieving the target against 5 of the metrics.

**Analysis :** There continues to be notable delays in Notice Date to Authorisation Start date where BCU averaged 57.5 days in December 2024 compared to the All Wales average of 45.4 days. However, it should be acknowledged that BCU has an Enhanced Establishment Control process. Time to approve vacancy request was 3 days in October, performing well against the target of 10 days and the All Wales average of 7.1 days. Time to shortlist for BCU took 5.3 days on average, failing to meet the 3 day target, however, it was lower than the All Wales average of 6. BCU failed to achieve the 2 day target for time to check references at 3.3 days and was above the All Wales average of 3 days. BCU has achieved the 71 day target for vacancy creation to ready for start date each month since March 2024 taking an average of 56.9 days in December 2024 and was also slightly better than the All Wales average of 59.3 days.

**Challenges :** There are still general challenges across the Health board but not specific areas were highlighted across this time period.

**Progress :** People Services teams continue to meet with NWSSP, reviewing the KPI metrics and are currently preparing recruitment training to support managers understanding of processes and KPIs. Managers will also be supported via training relating to the ECR process to reduce time scale of recruitment processes.

# Leadership and Development



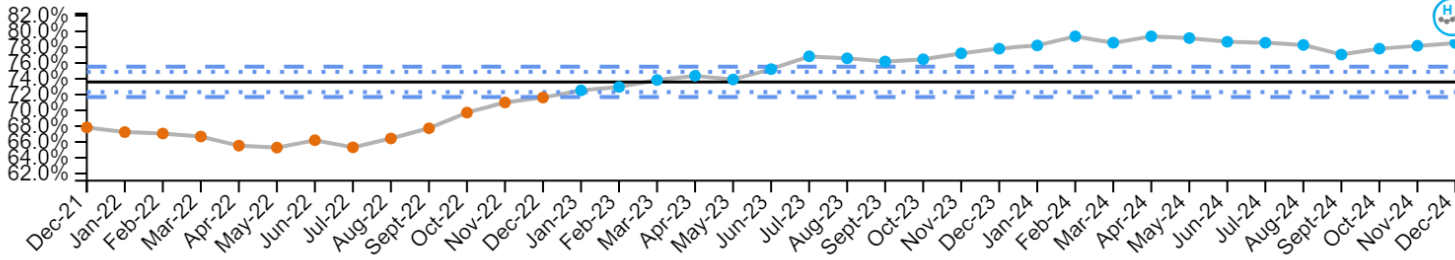
GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

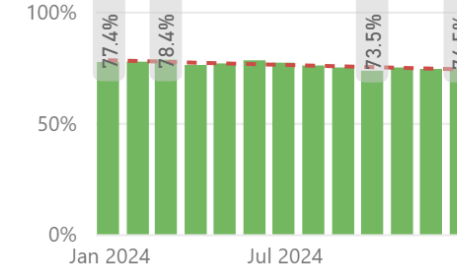
# PADR % by IHC

BCU Data as at December 24

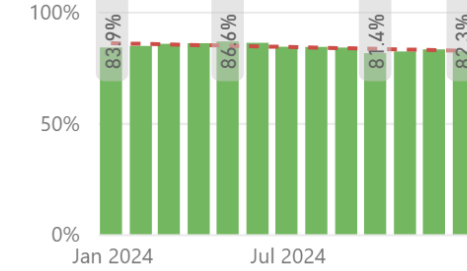
## Betsi Cadwaladr



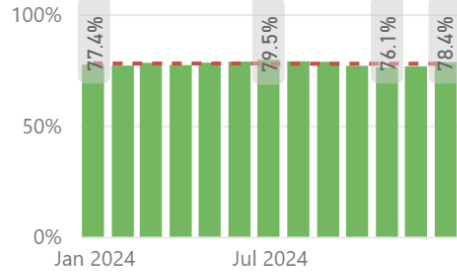
## IHC Centre



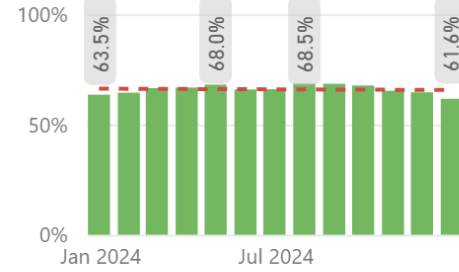
## IHC East



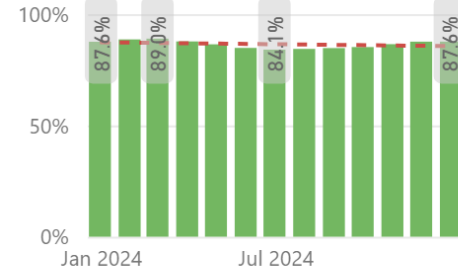
## IHC West



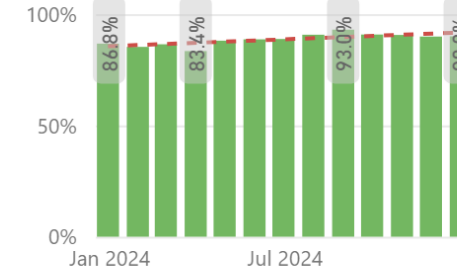
## Cancer/Diagnostics



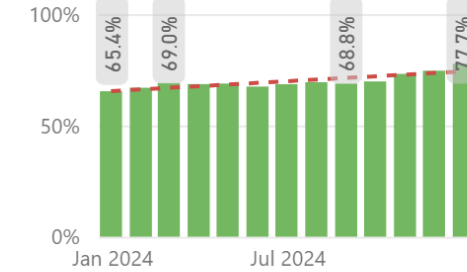
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



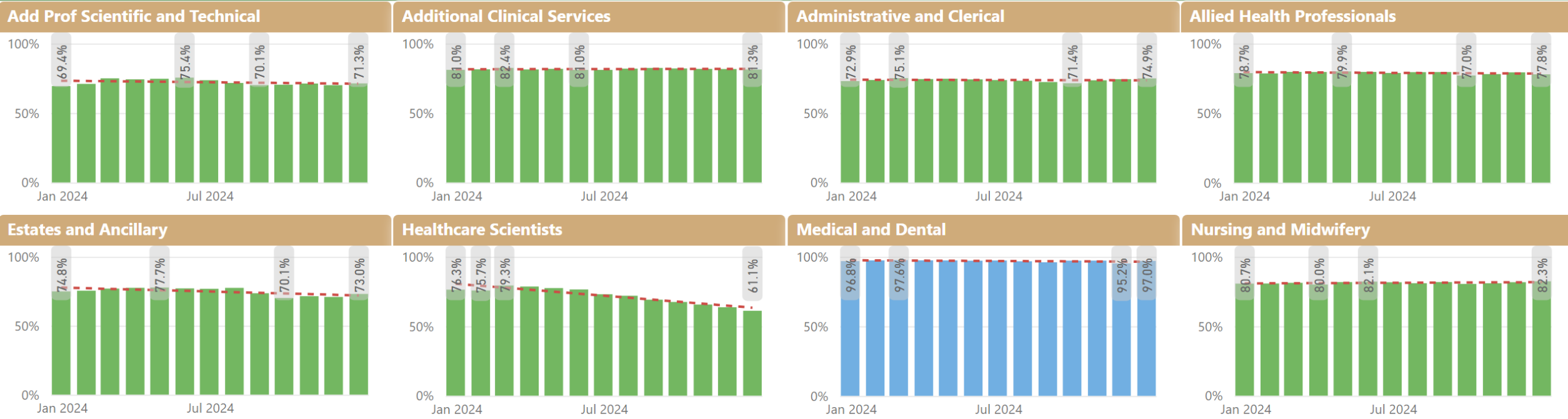
**Analysis :** The PADR rate has slightly increased throughout the previous months and sits at 78.5% in December 2024. At present, only Midwifery and Womens and MHLD are meeting the 85% target. IHC Centre and East have been trending downwards in the previous year and are both lower than they were in December 2023. Cancer and Diagnostics showed the largest reduction in rate during December falling by 2.9% followed by IHC East at 0.7%. Corporate teams have seen improvement over recent months increasing to 77.7% compliance in December.

**Challenges :** Despite small improvements over recent months, a large number of staff are non compliant.

**Progress :** Targeted interventions have realised improvement in compliance in some areas, e.g. Facilities West, Community Medicine West. In MHLD the compliance rate meets the 85% target, however, work continues to increase the compliance rate further with ongoing monitoring in local weekly operational meetings and further reviewed in the Divisions Finance and Performance meeting. In addition, MHLD areas of low compliance are highlighted to relevant SLT's for action.

# PADR/MARS % by Staff Group

BCU Data as at December 24

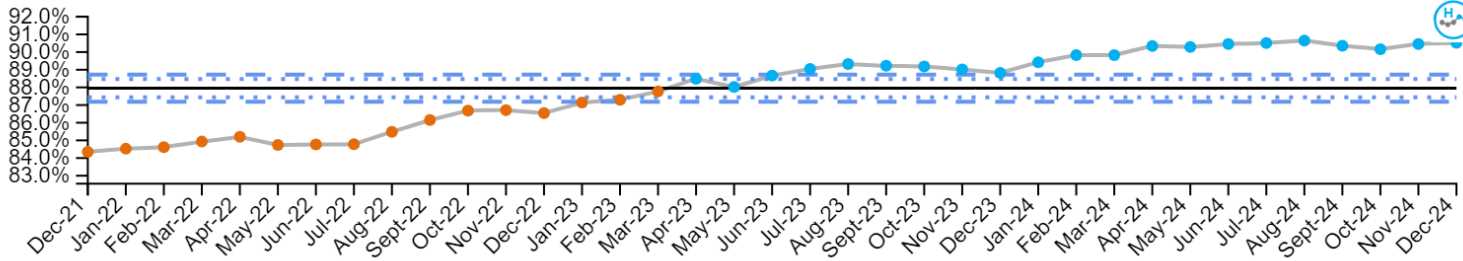


**Analysis :** PADR rates are highest within Nursing and Midwifery staff group at 82.3%, followed by Additional Clinical Services at 81.3%. Healthcare Scientist staff group is reporting the lowest compliance rate at 61.1% having reduced by 15.2% since December 2023. Estates and Ancillary staff group saw the biggest increase during the previous month by 2.2%.

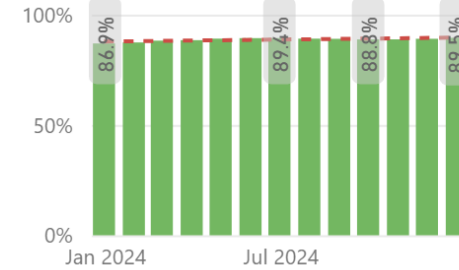
# Mandatory Training % by IHC

BCU Data as at December 24

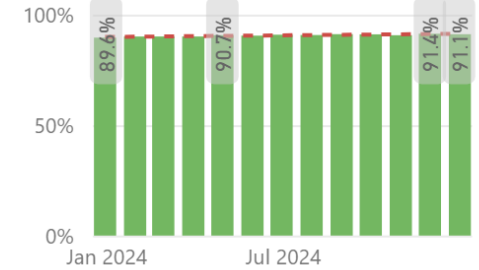
## Betsi Cadwaladr



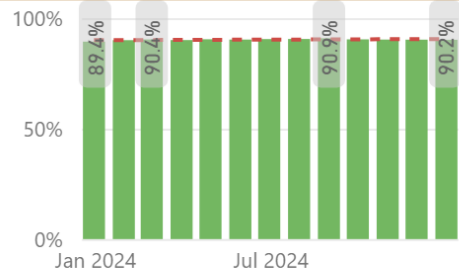
## IHC Centre



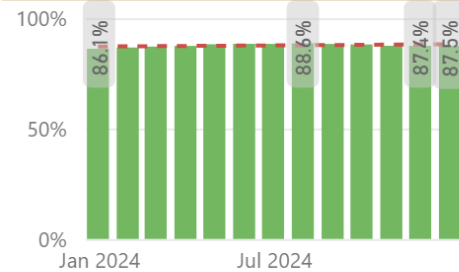
## IHC East



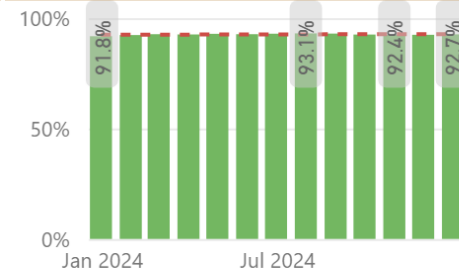
## IHC West



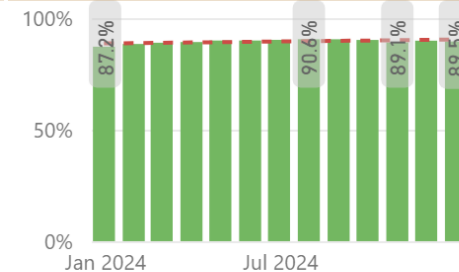
## Cancer/Diagnostics



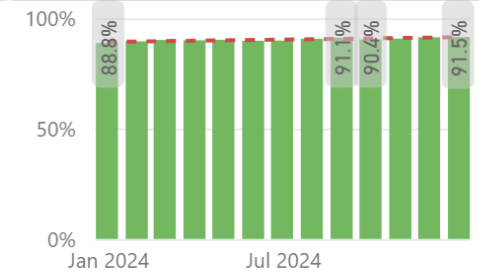
## Mental Health & LDS



## Midwifery & Womens



## Corporate Services



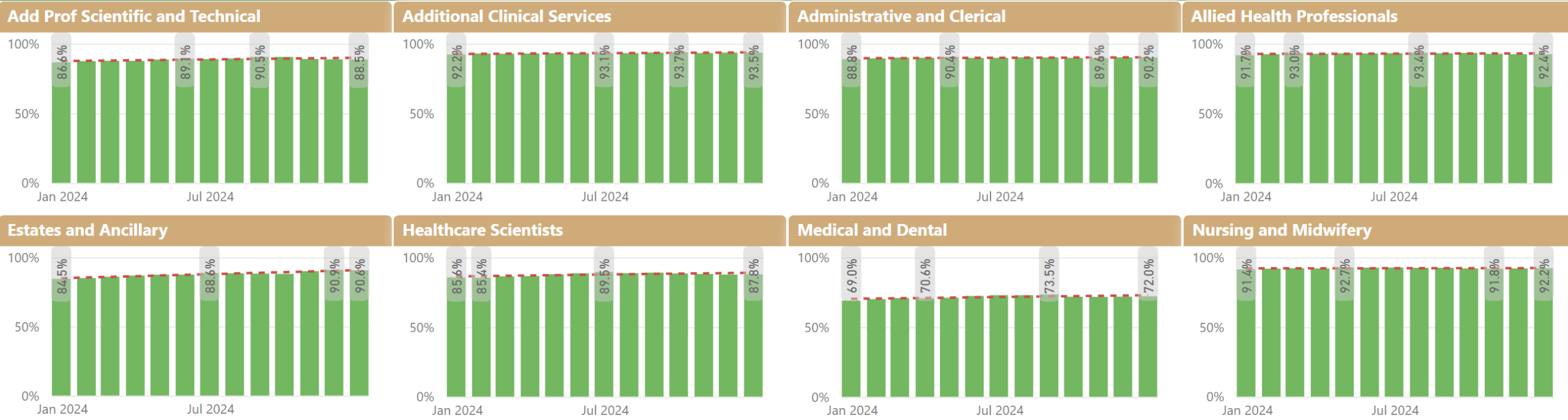
**Analysis :** The mandatory level 1 training compliance rate for BCU currently stands at 90/2% and all areas are compliant with the 85% target for mandatory level 1 training. Of the level 1 competencies, Information Governance is the lowest at 84.3%. Mandatory level 2 training currently stands at 86.7% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 73.6% and 82.1% respectively.

**Challenges :** Some competencies, particularly level 2 competencies remain below target.

**Progress :** People Services teams continue to promote and monitor mandatory and statutory training compliance through weekly operational meetings, P&C and accountability. In Corporate teams, Managers are being asked for the action plans to inform how they will reach 100% compliance. Work is ongoing to ensure appropriate mandatory training requirements aligned to roles are correct through the Training and Development group.

# Mandatory Training % by Staff Group

BCU Data as at December 24



**Analysis :** All staff groups are meeting the 85% target for mandatory level 1 training with the exception of Medical and Dental staff group where compliance stands at 72% in December 2024.

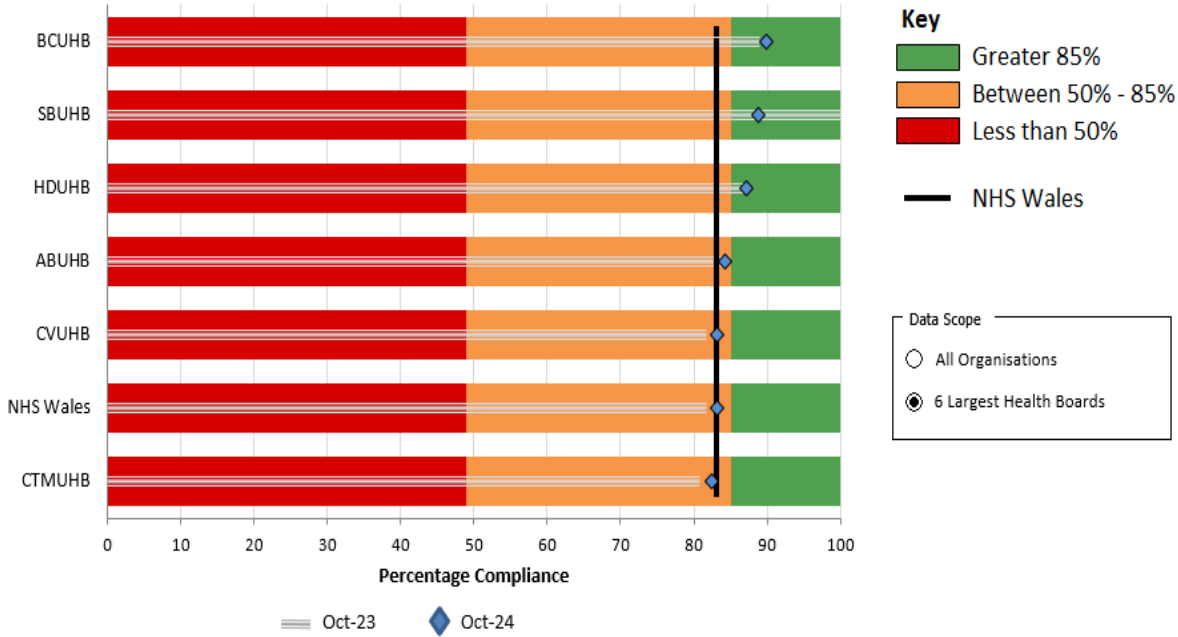
**Challenges :** The biggest area of challenge is medical and dental staff group.

**Progress :** M&D compliance is discussed in monthly medical workforce meetings and People Services teams continue to promote the importance of compliance in all competencies in local workforce meetings and F&P divisional meetings.

# Workforce Comparators

## Statutory & Mandatory Training %

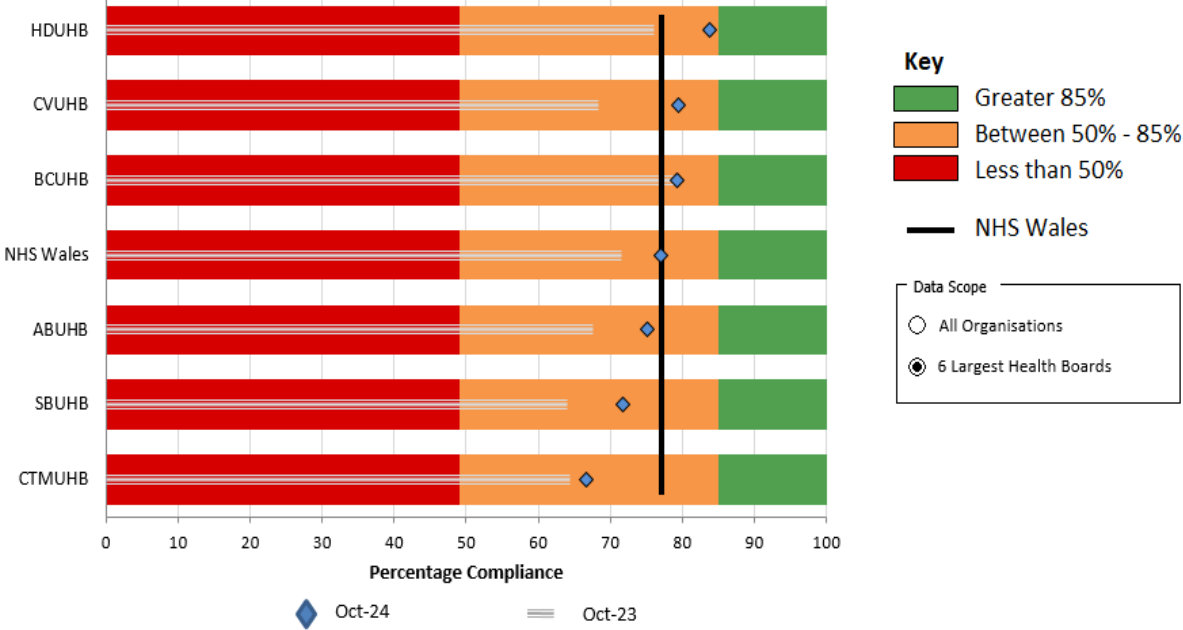
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in October 2024 and was 6.8% higher than NHS Wales average of 83%.

## Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups

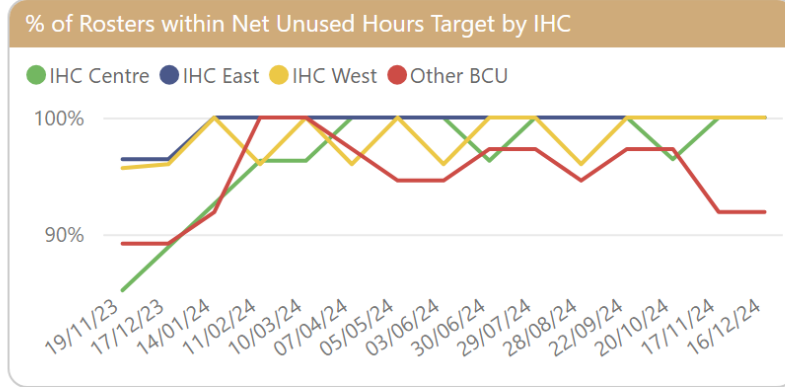
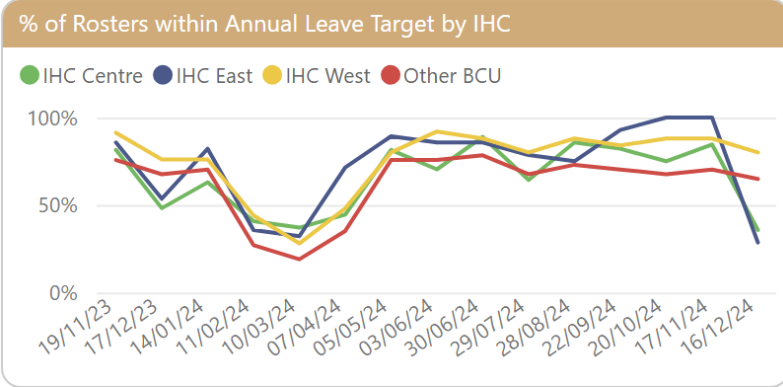
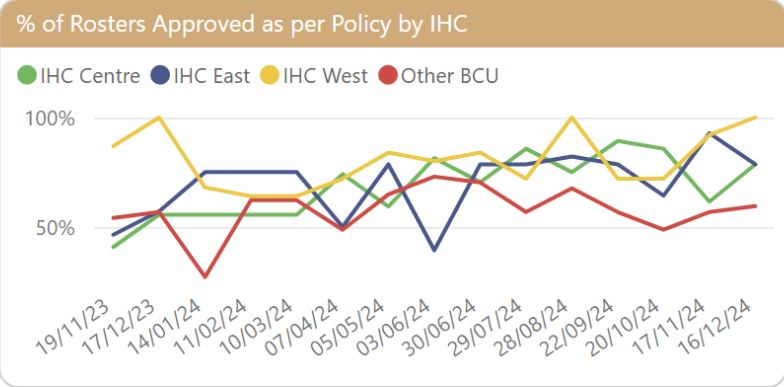


BCU had the third highest appraisal compliance rate out of the 6 largest health boards in October 2024 with a combined AfC and Medical Appraisal rate of 79.2% compared to the NHS Wales average of 77%.

## Summary

	19/11/23	17/12/23	14/01/24	11/02/24	10/03/24	07/04/24	05/05/24	03/06/24	30/06/24	29/07/24	28/08/24	22/09/24	20/10/24	17/11/24	16/12/24
Approved in Policy %	56%	66%	54%	64%	64%	60%	71%	68%	75%	72%	80%	73%	66%	74%	77%
Annual Leave %	83%	62%	73%	36%	28%	49%	81%	80%	85%	72%	80%	81%	81%	84%	53%
Net Unused Hours %	91%	92%	96%	98%	99%	98%	98%	97%	98%	99%	97%	99%	98%	97%	97%

## IHC Summary



As per Lord Carter’s recommendations and the [Nursing & Midwifery E-Rostering Guidance 2019](#) it is recognised that a firmer grip of rostering will reduce the dependency on bank and agency staff whilst also improving the predictability and consistency of staff deployment even where recruitment is still a challenge. Whilst BCUHB report and monitor on seven rostering KPI’s, for the purpose of this report, there will be three main areas of focus which are within the ward managers scope to control, Roster Approvals, Annual Leave & Net Unused Hours. The graphs are reflective of all 24/7 ward rosters across BCU and detail the percentage of rosters within each IHC that were approved in line with BCU policy, that were within the target annual leave allocation of between 11% - 16%, and that were below the target net unused hour’s range of less than 10% of total staff contracted time used.

**Analysis :** The percentage of Rosters approved as per the policy have increased over the previous 2 months showing an 11% improvement on the same period in the previous year. IHC West show the highest figure with 100% of Rosters approved as per policy. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance low level of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year and ceasing annual leave carry over into subsequent years. This figure dropped by 31% in December to 53% with the biggest decreases being seen in IHC Centre and East. The percentage of net unused hours within target shows a positive picture with 97% of rosters compliant.

**Challenges :** Rosters need further scrutiny and support, some rosters are not meeting the required targets including targets with net unused hours balances and annual leave allocation

**Progress :** In West IHC, local scrutiny meetings for nursing are in place with the E-roster teams providing specialist support and work is ongoing to ensure annual leave compliance is met and unused annual leave allocated. Following the roster compliance meetings supported by nursing, December IHC West rosters met 100% compliance for Approved in policy % target for the December roster. Loop rollout is ongoing and will help increase visibility of available shifts. There are planned drop in sessions going forward (East site) with 2 hour sessions for individual departments offering support.

# Culture and Engagement



GIG  
CYMRU  
NHS  
WALES

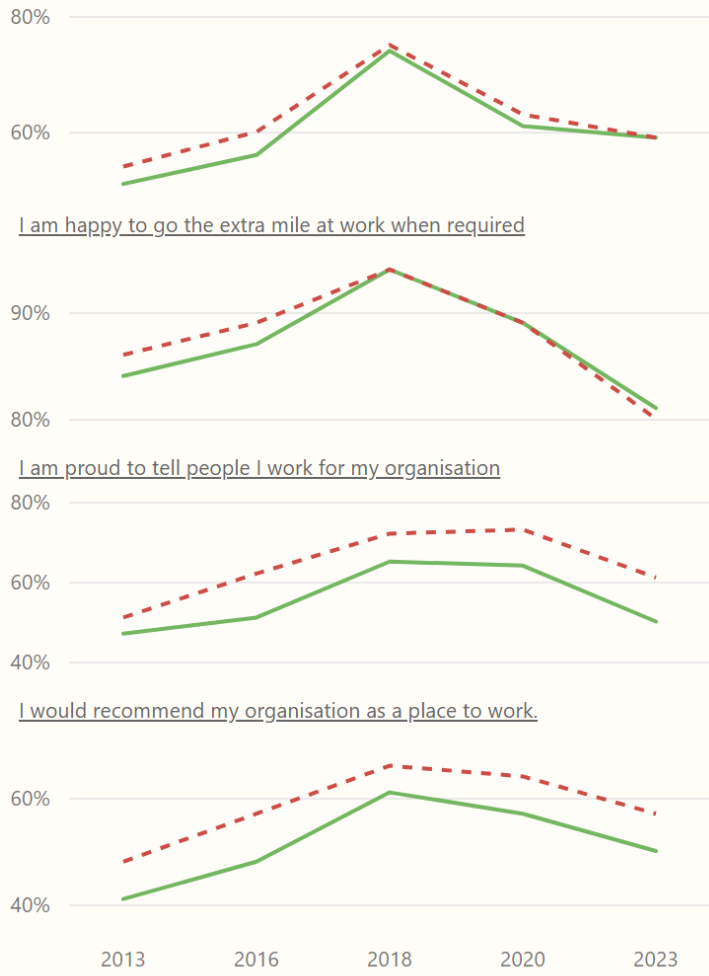
Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

# Staff Survey BCU Staff Engagement Results

## Staff Survey

Org ● BCUHB ● NHS Wales

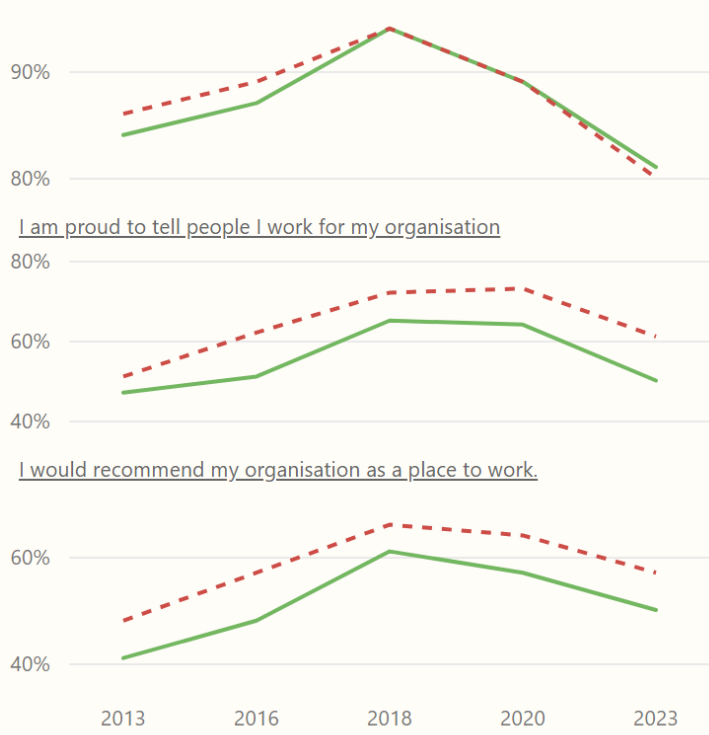
I am able to make improvements in my area of work.



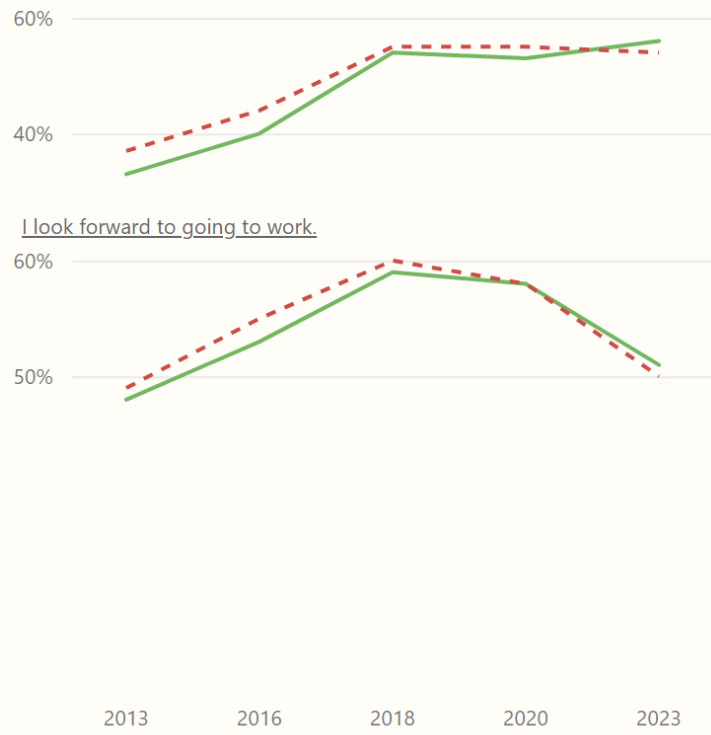
I am enthusiastic about my job.



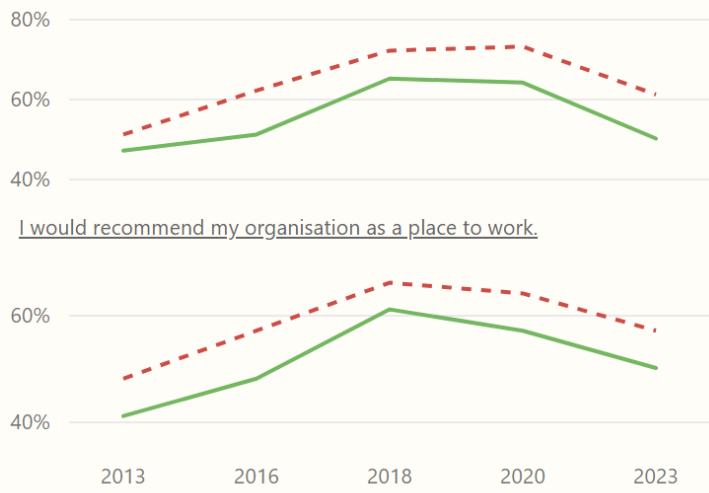
I am happy to go the extra mile at work when required



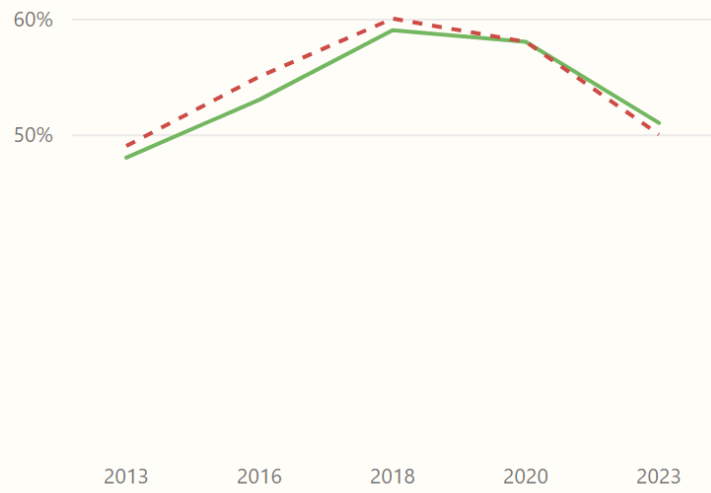
I am involved in deciding on the changes that affect my work of my tea...



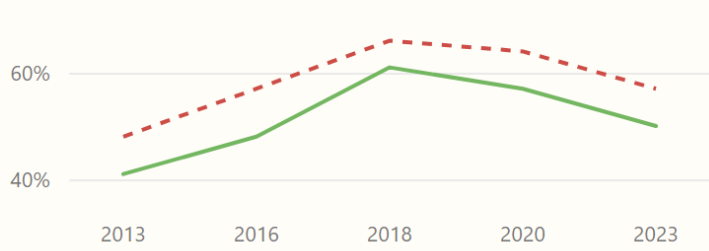
I am proud to tell people I work for my organisation



I look forward to going to work.



I would recommend my organisation as a place to work.



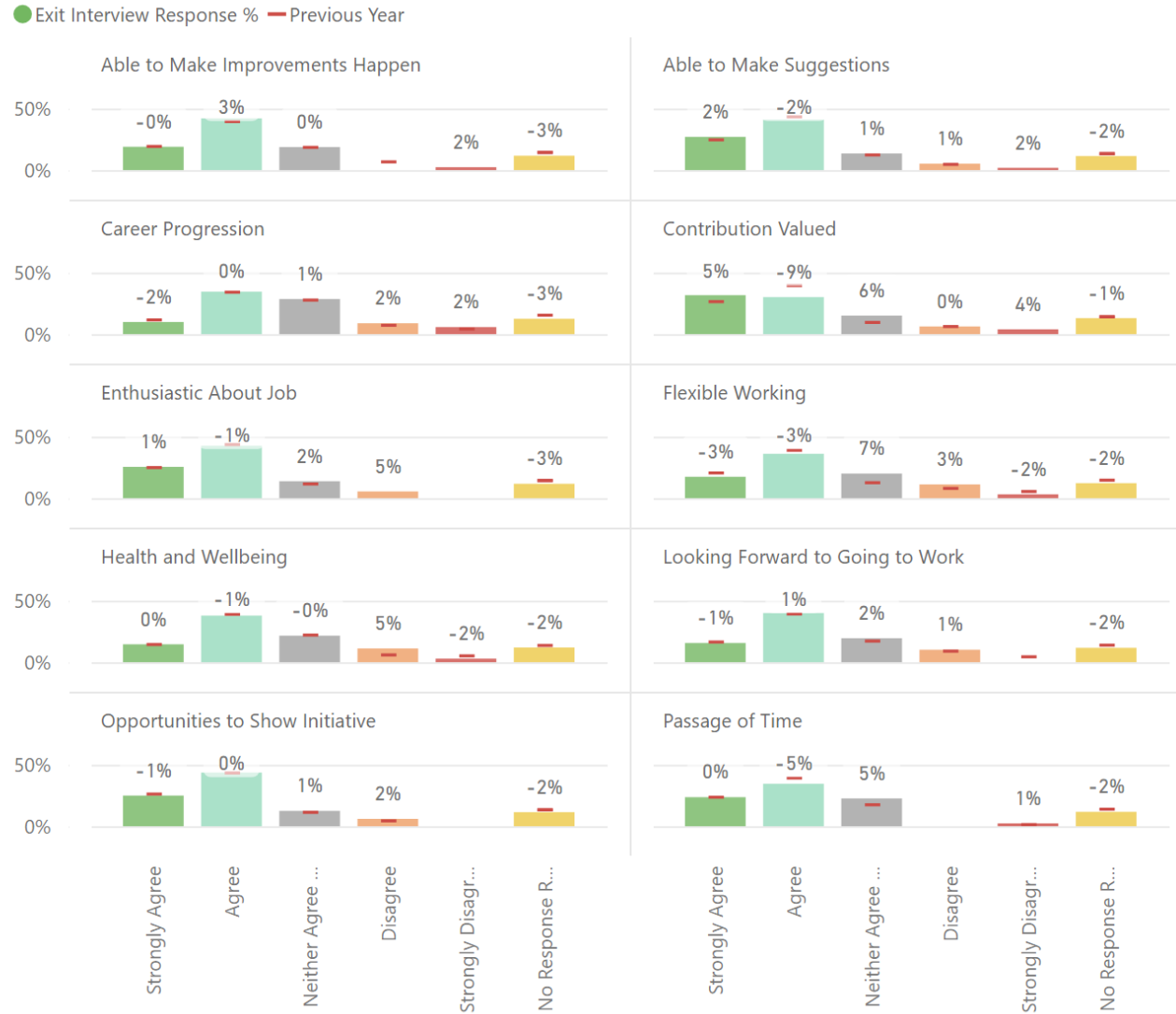
The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 10 years.

**Analysis :** Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018, with the exception of the question relating to decision making involving an employee’s own work.

**Progress :** The Staff Engagement responses have been included in the newly developed Culture Dashboard for ongoing review and monitoring.

Staff Survey results covering the wider range of themes are available for review and future People Operations reports could provide a deep dive into other areas of interest if required.

## 12 Month External Leavers - Data Labels Show Comparison v Previous Year



## Exit Questionnaire Questions

- There have been frequent opportunities for me to show initiative in my role
- I have been able to make suggestions to improve the work of my team / department
- I have been able to make improvements happen in my area of work
- I often/always looked forward to going to work
- I was often/always enthusiastic about my job
- Time often/always passed quickly when I was working
- Does your organisation take positive action on health and well-being?
- Does your organisation act fairly with regard to career progression / promotion
- Does your organisation provide opportunities for flexible working patterns?
- I felt my contribution was valued by my manager/team/organisation
- What is your reason for leaving?
- Is there anything that would have made you stay in your current role or organisation?

**Analysis :** Exit Interviews responses are generally more positive than negative, however, when compared to the previous year, the latest 12 month period shows a 6% decrease in positive responses for Flexible Working and 5% for Passage of Time. Able to Make Improvements Happened showed a 3% increase in positive responses.

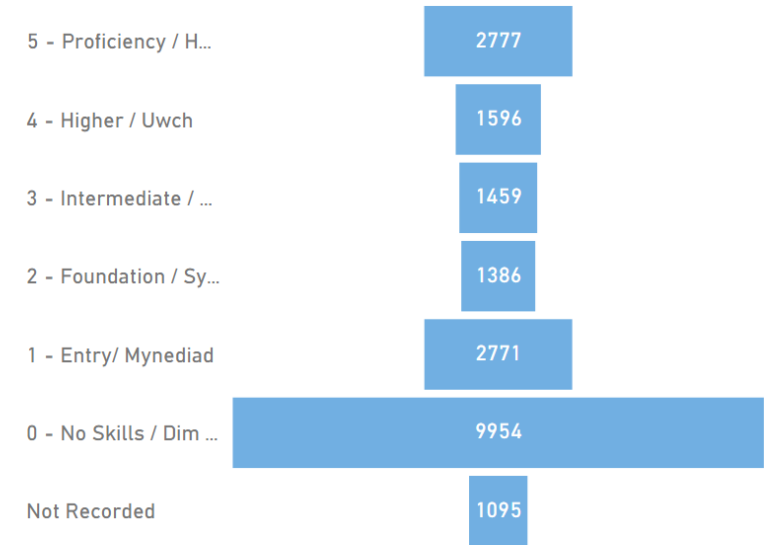
**Challenges :** Low Exit Interview completion rates pose a challenge in identifying areas for improvement.

**Progress:** The new policy around this is almost nearing completion and it is anticipated to improve the volume of data from which actionable insights can be drawn.

# Welsh Language Skills

BCU Data as at December 24

Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	364	2618	790	366	348	185	366	5037
Health Community East (HCEX) L4	271	3550	596	190	187	124	198	5116
Health Community West (HCWX) L4	164	718	410	309	422	759	1257	4039
Integrated Clinical Delivery - Primary Care (ICDP) L4	16	199	60	22	30	27	71	425
Integrated Clinical Delivery - Regional Care (ICDR) L4	106	675	206	96	93	108	208	1492
Mental Health & LDS (MX00) L4	39	968	324	173	183	164	280	2131
Midwifery and Womens Services (WXXX) L4	43	379	80	52	42	60	118	774
Corporate Services	92	847	305	178	154	169	279	2024
<b>Total</b>	<b>1095</b>	<b>9954</b>	<b>2771</b>	<b>1386</b>	<b>1459</b>	<b>1596</b>	<b>2777</b>	<b>21038</b>

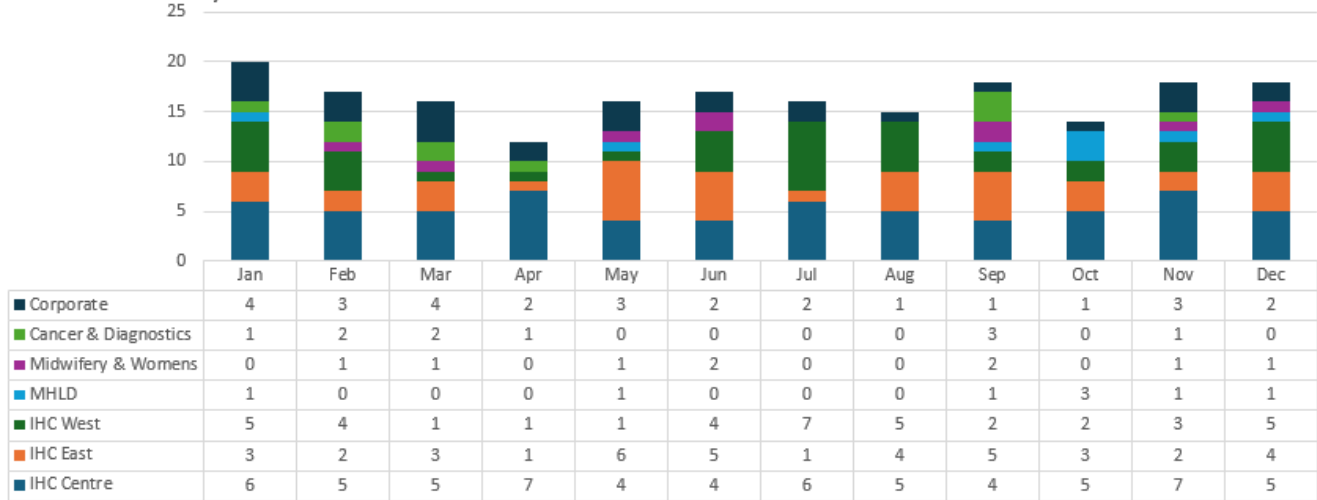


**Analysis :** The number of employees without Welsh Language Skills recorded in ESR reduced by 59 from 1154 to 1095 between October and December 2024. 5.2% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 5.5% reported previously.

**Progress :**

# Partial Retirements

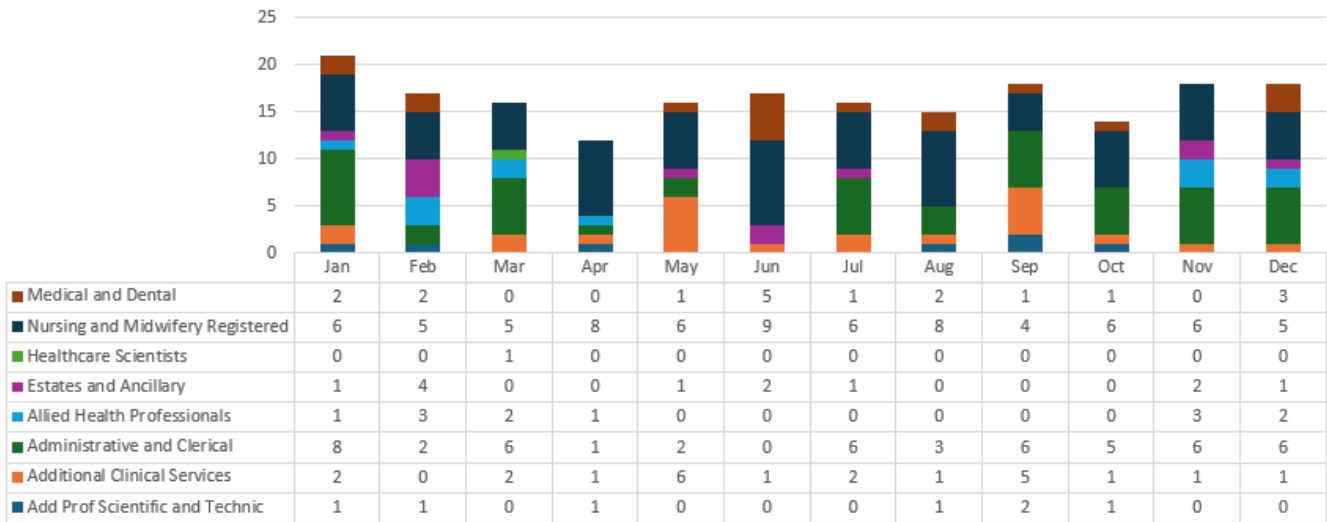
Partial Retirements by IHC



**Analysis :** 198 employees have requested partial retirement over the period from January 2024 to December 2024. 74 of the requests were from Registered Nursing Staff Group and 51 A&C Staff Group.

IHC Centre has received the greatest number of requests for partial retirements over the last 12 months, 63 requests, followed by IHC West, 40 requests and IHC East with 39 requests.

Partial Retirements by Staff Group



Partial retirement requests in progress or completed by creation date. Data sourced from NWSSP Pensions Team.



<b>Teitl adroddiad:</b> <i>Report title:</i>	Culture, Organisational Development and Engagement Update			
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 13 February 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	This paper gives an update on the progress of the Culture, Organisational Development and Engagement programme.			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>note</b> the information provided within the report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan - Deputy Director of People Services			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nia Thomas, Head of Culture Development Rebecca Testa, Head of Organisational Development Katie Sargent, Employee Experience and Engagement			
<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 checked="" type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> <small>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></small>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i></small>
<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>	Links to delivery of all organisational priorities			
<b>Goblygiadau rheoleiddio a lleol:</b> <i>Regulatory and legal implications:</i>	No direct implications arising from this report			

<p><b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></p>	N/A
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	N/A
<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><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>	Utilisation of current, budgeted resources has been prioritised.
<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>	The intended outcome is a positive impact on workforce. There are no significant workforce planning matters related to this proposal.
<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:</i> (or links to the Corporate Risk Register)</p>	CRR24-01 CRR24-16
<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>	Amherthnasol Not applicable
<p><b>Camau Nesaf:</b> Gweithredu argymhellion</p> <p><b>Next Steps:</b></p>	
<p><b>Rhestr o Atodiadau:</b> <i>List of Appendices:</i></p> <p>Appendix 1 – Communication &amp; Socialisation Plan V&amp;BF (Draft v0.2) Appendix 2 – V&amp;BF Embedding Plan (high level) Appendix 3 – BCUHB Board/SLT Conversation Record Sheet (v0.3) Appendix 4 – BCUHB Board/SLT Conversation Key Messages Information Sheet</p>	

# Culture, Organisational Development and Engagement Update

## Introduction and Context

This paper provides an update on the core workstreams aligned to the improvement of the Health Board's culture, leadership and engagement and is aligned with Welsh Government Special Measures and the Health Board annual plan expectations.

A whole organisation approach is being taken to our culture, leadership and engagement work, linking the principles and values to other applicable areas e.g. our recruitment, employee health and wellbeing and commissioning processes.

## CULTURE DEVELOPMENT

### Values & Behaviours Framework

The Values and Behaviours Framework was approved by the Board on the 28<sup>th</sup> of November 2024, there has been a period of co-design with staff and the Culture & Leadership Programme Design Group to inform the draft communication and socialisation plan, the embedding plan and the toolkit which accompanies the framework. The draft Communication and Socialisation Plan can be seen at **Appendix 1** and the draft high level Embedding Plan at **Appendix 2**. There is progress with the draft design logo for the framework which is a key factor in being able to formally launch the framework in the organisation.

### Culture Change Leaders

Applications were opened on the 11<sup>th</sup> of November 2024 and closed on the 8<sup>th</sup> of January 2025. 68 staff attended an information session to discover more about the role with 106 nominations received. Inductions started on the 14<sup>th</sup> of January 2025 and run through to the 12<sup>th</sup> March 2025. There are 5 cohorts and participants are able to roll on and off sessions in order to enable maximum access and attendance. 84 staff have attended the first induction session at the time of writing this report (28/01/2025). Additional bespoke sessions are also being arranged to accommodate staff who may not be able to access the planned sessions due to clinical commitments or patterns of working hours. A video is in development to feature various members of the Board and staff members to welcome the Culture Change Leaders and emphasising the importance of their role and involvement to improve culture at a local level.

### Board and Senior Leadership Conversations

Scheduling of Board/Senior Leadership Teams conversations is underway. All Board conversations should be complete in Q4 2024/25 and all Senior Leadership Team conversations should be complete in Q1 2025/26. 43 dates have been secured to date with another 22 waiting for confirmation which brings the total to 65 individual conversations.

The conversation tool is part of a suite of diagnostics being undertaken to look at our current culture which will inform our compassionate culture and leadership approaches for the future. The tool can be seen at **Appendix 3** and is based on the national tool available to us and has been amended and co-produced with our Culture & Leadership Design Group members to ensure it is relevant to the context of our organisation. To accompany the tool there is a draft Key Messages Information sheet which gives the context to the conversation, confidentiality and next steps, this can be seen at **Appendix 4**.

Conversations will be undertaken primarily by our Culture Change Leaders supported by the Culture Team. The thematic analysis from the conversations will be presented within a Synthesis report along with all the other diagnostic tools to the Executive Team, the People & Culture Committee and the Board in due course.

### **Leadership Behaviours Survey**

Work to cross reference questions from the national NHS Wales Staff Survey to the questions in the leadership behaviours survey tool has been completed. The data from the national NHS Wales Staff Survey 2024 will be used as baseline data for the Leadership Behaviours survey, this will also provide us with a mechanism to track improvements on annual basis rather than issuing an additional survey year on year. An external partners survey is also available, discussion with the Director of Partnerships, Communications & Engagement is underway to discuss this in more detail.

## **ORGANISATIONAL DEVELOPMENT**

### **Leadership**

#### **Integrated Leadership Development Framework (ILDF)**

Work is continuing to develop a Leadership Development offer that will provide a range of opportunities that support our leaders in developing their leadership capabilities. This is described in our Integrated Leadership Development Framework (ILDF), which provides leadership opportunities for all staff within the health board. Progress to date is below:

Quarter 3 activities focussed on:

- **Venture Leadership Hub**  
The launch of the new Venture Leadership Hub. The hub is hosted on HEIW's Leadership Portal, Gwella. The Venture Hub hosts all leadership development activities, including both informal and formal routes to leadership development.

Work has continued to socialise the hub and share widely across the organisation. A request for feedback from approximately 400 colleagues, on the look and content of the hub has been gathered and the team will be reviewing this feedback during Q4.

- **People Managers Forum**  
The People Managers Forum is a space for all people managers to network and share their experience. The forum supports our people managers in developing their skills and competence, helps them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space.

The second session on 'submitting additional pay requests on time' was held on the 19th of December 2024, with over 40 people managers booked to attend. The Executive team are fully supporting the ethos of the forum and we were pleased that Helen Stevens-Jones attended to introduce the session and engage with managers.

Quarter 4 activities will focus on:

- Venture Leadership Hub  
Phase II development of the hub – taking on board some of the feedback and suggestions from colleagues. We will also be developing and piloting a new ‘courses’ app to ensure that the hub can host new programmes and content into the future.

### **Programme Development within the ILDF:**

#### **Aspiring Programme**

The draft programme will be finalised and consulted on with key stakeholders on the Design group, in readiness for launch in Q1.

#### **Senior Leadership Programme**

The Advanced Clinical Leadership Programme for 2025 is open to applications until the 17<sup>th</sup> January 2025. The second cohort to be held in North Wales will commence in April 2025.

#### **People Managers Forum**

Session 3 will be held in January 2025 and will focus on supporting with good roster management, followed by session 4 in February, which will provide support and practical tips for managers on the revised Flexible Working Policy.

#### **Retention**

Update on workstreams that are aligned to the improvement of the Health Board’s staff retention programme as underpinned by the annual plans of both Welsh Government and Health Education and Improvement Wales.

An organisation-wide approach is being applied to BCUHB’s staff retention work which involves linking together the key principles of a range of activities and programmes, including compassionate leadership, culture change, employee health and wellbeing, CPD and opportunities for career progression.

### **Timeline and Work to Date**

#### **January 2024:**

Recruitment of BCUHB Retention Lead (2-year fixed-term post)

#### **March 2024:**

James Johnson started Retention Lead secondment

#### **April – September:**

Focus given to the Health Education and Improvement Wales ‘Nurse Retention Self-Assessment Tool’. Establishment of baseline information from completed questionnaire submissions of nursing staff who took part in the pilot of self-assessments from January to March 2024.

Relationships established between BCUHB Retention Lead and nursing colleagues across Integrated Healthcare Communities (IHCs). Meetings held with key members of staff to determine the use of the self-assessment tool and provide feedback on the data collected to date.

Work progressing with 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.

Retention Lead working with MH&LD colleagues and attending weekly 'Wellness, Work & Us' meetings to explore opportunities for improvement of staff retention within the division. Job-satisfaction survey underpinned by 'stay conversation' plans carried out in September 2024. Results, feedback and recommendations underway.

Establishment of the All-Wales Health Education and Improvement Wales Community of Practice to provide a clear focus for a 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 (ESR BI) 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 also taking place via awareness raising and use of Exit Interview and Flexible Working processes as a means of understanding and improving avoidable staff attrition.

#### **October – March:**

Focus on BCUHB retention issues in Administrative & Clerical Services to examine staff turnover and churn rates from a pan-perspective employing variables such as age, site-base, PADR compliance and opportunities for career progression.

#### **Year 2 activities will include:**

- Development of BCUHB Retention Framework and Guidance
- Development of BCUHB Retention Plans
- Leadership workforce analysis to examine improvement of attrition rates
- Scheduled Board and Senior Manager retention-based Q&A
- Development and training in the use of BCUHB's Retention Dashboard

### **Update on the Specialist Organisational Development (SpOD)**

#### **Team Update:**

During Q3 we engaged in a recruitment process to appoint to 3 x Band 7 Senior Organisational Development Practitioner roles to work alongside the Senior Organisational Development Manager leading on SpOD consultation and intervention work in the Health Board. At interview, we were successful in appointing to 1 of the 3 roles and currently work is ongoing to review the JDPS for the Band 7 post to ensure its specialist OD nature is better clarified so as to encourage candidates with experience, skills and knowledge in using OD approaches in their current work to apply. The aim is to readvertise the 2 x vacant B7 roles before the end of Q3 with an aim to have candidates in post, if successful at interview, in role before the end of Q4.

Currently the SpOD team consists of:

Gareth Evans, Senior OD Manager and SpOD Lead  
Katie-Lynn Williams, Senior OD Practitioner

**Work begun to date:**

People and OD (POD) meetings have been established to date in West, Central and Pan areas, with a similar meeting scheduled to be convened in East area also. These spaces connect People Business Partners, SWSS, OH, EqHR and OD colleagues together to explore issues of concern that may require a coordinated support approach for teams and services.

Initial work has begun around properly clarifying the scope of the SpOD offer to then develop a clear set of 'referral criteria' which can then help colleagues know when best to seek support from the SpOD team.

The initial focus of work in Qs 3 and 4 relates to scoping out, consulting around and then developing 3 key areas:

Providing consultation and advice to WOD colleagues, and senior and team leaders about team and service specific issues

Developing a programme of CPD work for PBP around the generic OD work they are beginning to take on as part of the PBP role

And providing as required direct SpOD intervention work with teams and services where complex interpersonal, team performance and systemic group dynamic issues are indicated and have proven unresponsive to initial generic intervention and support

In addition, we have been providing consultation support to senior leaders and People Business Partner colleagues via POD meetings as well in via planned meetings and part of the offer when fully established may well be to establish a 'consultation clinic' where colleagues can book time to explore challenging case work or explore issues within their team with a view to taking that work forward themselves following inquiry, exploration and guidance.

Finally, we continue to provide interventional work with teams where such has been deemed necessary and in keeping with a SpOD remit and offer. This work currently relates to issues a number of clinical teams are trying to work through. Part of developing the future SpOD offer will look at defining how best we 'allocate' direct intervention work when approached to do so as the SpOD resource will need to consider how best to deploy its resources and capabilities across the organisation as a whole. Potentially linking direct work to areas recognised organisationally as in need of support service help may become one important route into accessing direct intervention, as part of a wider portfolio of improvement, culture, leadership and transformation interventions.

**Q4 Plans:**

- Seek to recruit to remaining 2 x Band 7 posts to fully establish the team.
- Develop team working processes and engage in team development work to build team identity, shared purpose and clarity around roles, goals and work to be done.
- Engage in further scoping, consultation and planning work in relation to the full remit of the SpOD team through connecting with POD colleagues and exploring what the systemic needs are within the Health Board that a SpOD team can properly and usefully support with.
- Continue offering consultation services, attending all meetings as agreed and providing, where required, direct intervention work into teams and services.

## **ENGAGEMENT**

### **NHS Wales Staff Survey 2024**

Following the close of the NHS Wales Staff Survey on 2 December 2024 and a completion rate of 17.4 per cent, we received the HEIW dashboard with quantitative data on 27<sup>th</sup> January 2025 in order to familiarise ourselves with it prior to launch on 31<sup>st</sup>.

A plan to distribute this data amongst 100 local staff survey leads via the dashboard is in place. These leads will take local ownership and oversight of the survey responses and will drive the development of action plans to address any issues identified. Plans will also include action to promote positive findings.

In order to support staff survey leads who will be unfamiliar with the new dashboard, HEIW have scheduled drop-in sessions to assist those accessing the dashboard. We are also running our own sessions via Teams to support colleagues and run through the process of extracting information and preparing reports using the dashboard's new reports feature.

As described in the last report to the Committee, it is important that staff are updated on what the survey told us and what is being done in response to this at a local level as well as at an organisational level. Details of how this will be done throughout the year are being collated in the plan referred to above. At the time of writing (28<sup>th</sup> January 2025) the survey data available is being reviewed to inform the plan.

The qualitative data (the free text comments) is expected to be available to us by the end of March 2025. We await confirmation from HEIW on the national reporting of overall 2024 results. Each of these milestones will give further opportunities to promote the survey and prepare the ground for the annual survey each winter.

### **Pulse Surveys**

To supplement the annual NHS Wales staff survey, we are looking to introduce short, focussed, targeted 'pulse' surveys of staff groups in Quarter 1 2025/26, using some of the key themes from the culture programme, and aligning with our new organisational values including respect and openness.

### **Foundations for the Future**

Focus groups for the Design phase of the Foundations for the Future programme took place pre-Christmas and during January. Participants included senior staff from key groups including operational teams, IHCs, medical leadership, nursing, MHLD, corporate, clinical network managers and women's, cancer and North Wales clinical services. These online sessions were facilitated by Ffion Johnstone, Programme Director and Georgina Roberts, Associate Director of People Services.

As of 28<sup>th</sup> January, 14 out of 15 scheduled Design workshops have taken place. The last one will take place during the afternoon of 28<sup>th</sup> January. To date, 137 members of senior staff have attended the sessions to contribute their views and ideas for working more effectively.

There is also an opportunity for staff to complete a [survey](#) in English or Welsh via BetsiNet to contribute to the discussions.

## **Welcome to Betsi Cadwaladr University Health Board Video**

To add to the short film created last year to demonstrate what is meant by compassionate behaviour and the impact we each have on others, we have completed a second film to welcome new staff to the organisation.

This will be sent to staff awaiting start dates and shown at induction and orientation sessions to give new colleagues a flavour of the breadth of the organisation and the teams that deliver care to our population. This is part of the wider work to improve employee experience, from the initial contact with the organisation through the recruitment journey.

We felt it was important to feature colleagues in a variety of clinical and non-clinical roles, to showcase the range of careers and opportunities the Health Board offers.

To this end, we repurposed some of the footage we gathered over the summer in preparation for September's Staff Achievement Awards ceremony.

## **Seren Betsi Launch**

Seren Betsi is a monthly staff recognition scheme that will be launched during Q4 2024/25 to promote colleagues and teams who demonstrate and live the new organisational values of compassion, openness and respect. The new scheme was supported by the Organisational Development Steering Group (ODSG) at the November 2024 meeting will align with the promotion of the new organisational values and behaviours as agreed by the Board in November 2024.

Each month the chosen colleague or team will be visited by the Chief Executive or member of the Executive Team to learn more about their role and area of work and present them with a certificate and trophy (finance approval depending). This will then be promoted across the organisation through our communications channels in an effort to embed the behaviours we would like to see.

This is also an opportunity to enhance the visibility of Executive Team members amongst staff across the organisation.

## **Staff Achievement Awards 2025**

The process for securing sponsorship to cover the costs of our annual Staff Achievement Awards is underway. Last year, £22,750 was raised in sponsorship from partners and businesses.

We are reviewing the awards judging process with a view to streamlining it and expect nominations to open on 31<sup>st</sup> March for six weeks.

Planning for the event, which will be held on 26<sup>th</sup> September 2025 at Llandudno's Venue Cymru, is also underway.

## **Long Service Awards 2025**

The deadline for receipt of applications for a Long Service Award for staff who have served the NHS for 25 years is January 31<sup>st</sup> 2025. Plans for how colleagues will be recognised and celebrated on achieving this milestone are dependent on the outcome of an application to the new Staff Wellbeing Grant charitable fund to cover costs associated with any monetary awards and celebration events. Due to the time it will take for an outcome of this application process to be confirmed, it is likely that any events will be held later in the year.

We have joined the NHS Employers Reward and Recognition Network and have been connecting with colleagues from across the UK to learn more about how they approach rewarding and recognising their colleagues and how their organisations fund it.

### **Workforce Engagement Approach**

We have spent the past few weeks fact finding about the key ingredients to effective staff engagement in organisations and are preparing a paper proposing how we might use what we have learned to augment the activity already underway as part of the culture, leadership and engagement programme.

**End of Report**



# Communication & Socialisation Plan

## Values & Behaviours Framework

January 2025



## Document Information

Author(s)	Nia Thomas- Head of Culture Development Nia Wyn Harris – Senior OD Manager - Culture
Owner	Nia Thomas- Head of Culture Development
Version	0.1
Draft/Final	Draft
Date	06/01/2025

## Version Control

Version	Date	Name	Title	Notes
0.1	06/01/25	Nia Thomas	Head of Culture Development	First draft

## Introduction

This communication and socialisation plan underpins the work required to socialise and raise awareness for all staff of our newly refreshed values and behaviours framework, our Compassionate Leadership Pledge and our Compassion Video. It describes the activity required to secure buy-in and involvement from colleagues across the organisation to raise awareness of the framework and compassionate approaches which is a key part to support delivery of our Culture and Leadership programme of work.

The Board approved our draft Values and Behaviours Framework on the 28<sup>th</sup> November 2024. The framework was co-produced with staff and external partners following extensive engagement opportunities and feedback.

## Aim

The overall aim of the plan is to improve the way colleagues feel about the organisation including feeling connected, valued, supported and fulfilled by their work. We want to become a compassionate organisation that is open, transparent, values staff, welcomes feedback, takes accountability and is a great place to work, which in turn will positively impact patient and partner experience.

Improving our organisation's culture through our values and behaviours is a key priority on our path to sustainable improvement which will not only benefit our employees in terms of their happiness, wellbeing and career satisfaction thus supporting us with recruitment and retention, but also our patients and communities, who will experience better care delivered by committed and engaged staff.

## Objectives

This plan provides the overall framework for managing and co-ordinating activities taking place in order to raise awareness of the Values & Behaviours Framework, the Compassionate Leadership Pledge and Compassion Video at all levels within the organisation. The objectives of the plan are:


- Achieve high levels of awareness of the Values & Behaviours Framework, detailing the behaviours we want to see. A toolkit is in development to support all staff and managers to support embedding the framework into our day to day working lives.
- Deliver a sequence of clear, timely, tailored communications to increase awareness of the framework and to take on board feedback from colleagues about the most effective mechanisms for reaching them.

**NB – there are interdependences that may affect the plan timelines:**

- 1. Ability to receive a professional logo/design for the Framework**
- 2. Identification of resources/budget to support the plan**

<b>Activity</b>	<b>Who / What</b>	<b>When</b>	<b>Lead</b>	<b>Status</b>
<b>Identify all the sites which belong to the Health Board</b>	Work with Estates colleagues to identify sites for posters/comms/visits	24/01/25	DO	
<b>Email to all staff who have provided feedback with the final version of the Framework</b>	All staff who have been involved in providing feedback receives an email to say thank you for their participation and attaching the new Framework	03/12/24	NH/SD	
<b>BetsiNet/BCUHB Internet site</b>	Post the new Framework in the existing Values & Behaviours tab under the heading Culture.  Post all 3 (Framework, Pledge and Video) on the Internet	02/12/24	KLW	
<b>Target Design Group members</b>	Ask all members to circulate widely to their teams and to raise awareness at any meetings being held or attended by members	28/03/25	NH	
<b>Integrate awareness into all ILDF programmes</b>	All levels of leadership programmes to include a session on values and behaviours and inclusion in the Venture Hub	28/03/25	RT/JL	
<b>Target Climb programme participants</b>	Ask all participants to circulate widely to their teams and to raise awareness at any meetings being held or attended by participants	28/03/25	RT/JL	
<b>Target teams within the People Services division</b>	Ask all team members across the Division to circulate widely to their teams/colleagues and to raise awareness at any meetings being held or attended by members	28/03/25	NH	
<b>Target Staff Network members</b>	Ask all members to circulate widely to their teams and to raise awareness at any meetings being held or attended by members	28/03/25	DO	
<b>Target Equalities Champions</b>	Ask all champions to circulate widely to their teams and to raise awareness at any meetings being held or attended by colleagues	28/03/25	DO	
<b>Target social media channels</b>	Upload new framework to Betsi Facebook page, BetterbyBetsi forum, Yammer communities	28/03/25	DO	

<b>Executive videos</b>	Integrate the launch of the new framework into all Executive videos over the next 12 weeks	28/02/25	KS	
<b>Clinical Systems – message of the day</b>	Integrate the framework into clinical systems message of the day facility	28/03/25	DO	
<b>Message into Payslips</b>	Integrate a message to raise awareness into payslips for next 3 months	28/03/25	IT	
<b>Local newsletters</b>	Integrate the new framework into local newsletters such as IHC via local Communications Officers	28/03/25	NH/DO	
<b>Values and Behaviours posters</b>	Values and Behaviours posters to be displayed at all Health Board premises, to include a QR code to the video and Pledge	28/03/25	DO	
<b>ESR portal</b>	Message to be inserted for the next 3months	28/03/25	DO	
<b>Weekly bulletin</b>	Message to be inserted for the next 3months on a bi-weekly basis	28/03/25	DO	
<b>Leadership conference</b>	Planned for April	25/04/25	NT/NH	
<b>People Managers Forum</b>	To be incorporated into every session	28/03/25	RT/JL	
<b>Update to LPF</b>	Provide an update to LPF on our journey to achieving a refreshed framework (including Pledge and Video)	28/03/25	NT	
<b>Update to local P&amp;CC meetings</b>	Provide an update to local committees on our journey to achieving a refreshed framework (including Pledge and Video)	28/03/25	NT	
<b>Target ODSG members</b>	Ask all members to circulate widely to their teams and to raise awareness at any meetings being held or attended by members	28/03/25	NH	
<b>Site visits</b>	Roadshows to raise awareness, provide posters, take values selfies	28/03/25	NH/DO	
<b>Prepare brief to be included in team meetings/ quality and safety / clinical governance sessions</b>	Message to be inserted for the next 3months	28/03/25	DO	
<b>Stickers for back of ID badges</b>	To provide easy access for staff and aide memoir	28/03/25	SD	

<b>All Board Committees to receive the framework for noting</b>	Ask all members to circulate widely to their teams and to raise awareness at any meetings being held or attended by members	28/03/25	NH	
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Priority Area	Action / Intervention <i>What we plan to do</i>	Timescale <i>By when</i>	Lead <i>By whom</i>	Status	Outcomes: <i>What's the difference we want to see</i>	Measures of Success: <i>How will we know?</i>	Organisational Objectives
Values & Behaviours Embedding	Develop communications plan	13/01/2025	NH	In progress	Staff are aware of the values and behaviours framework	Staff can talk about the framework	3. Creating compassionate culture, leadership and engagement
	Establish the design for the Framework	03/02/2025	NT & external support	In progress	Professional branding which stipulates the framework is for staff, patients and partners	Professional branding	
	Develop detailed embedding plan to include:	24/01/2025	NT/NH/DO	In progress	Framework is embedded in all priority areas of the health board	Framework is actively used in the health board's processes	
	□ Recruitment	28/03/2025	AM	In progress			
	□ Orientation	28/02/2025	RT/RH	In progress			
	□ PADR	28/02/2025	RT/JL	In progress			
	□ Staff recognition processes	14/03/2025	KS	In progress			
	□ Leadership programmes	28/03/2025	RT/JL	In progress			
	□ Workforce policies/practices	28/03/2025	SG-R	In progress			
	□ Talent management processes	28/03/2025	RT/JL	In progress			
	□ Team based development	28/03/2025	RT/GE	In progress			
	□ Ward Accreditation process	28/02/2025	DR	In progress			
	□ Medical Education Local Induction	28/03/2025	EW	Not started			
	□ Personal Development / Growth / 360 feedback	28/03/2025	RT/JL	In progress			
	□ Core Module on Venture Hub	28/03/2025	TBA	In progress			
	□ Coaching processes	28/03/2025	RT/JL	In progress			
	□ Corporate Governance processes	28/03/2025	PP-J	Not started			
	□ All Templates such as Agenda's, Reports, Teams background, PowerPoint etc	28/03/2025	PP-J	In progress			
	□ Planning, Performance and PMO approaches	28/03/2025	PT/EW	Not started			
	□ Incorporated into all Mandatory training	28/03/2025	RT/RH	In progress			
□ Just and Restorative processes	28/03/2025	AO	Not started				
□ Internal communications	28/03/2025	AR	Not started				
□ Desktop shortcuts and visuals	28/03/2025	IT	Not started				
Values and Behaviours Toolkit (Development)	Culture Team to prepare first draft of toolkit content	13/01/2025	NH	In progress	Toolkit is co-produced with staff	Toolkit is user-friendly and meets the needs of staff	3. Creating compassionate culture, leadership and engagement
	Share first draft of content at POD Leadership Meeting to co-produce	27/01/2025	NT	Complete			
	Share first draft with Culture & Leadership Design Group to co-produce	04/02/2025	NT	In progress			
	Share first draft on BetsiNet and BetterByBetsi to co-produce	11/02/2025	NH	In progress			
	develop second draft following feedback utilising Page Tiger	28/02/2025	DO	Not started			
Values and Behaviours Toolkit (Socialisation and Implementation)	Launch the Toolkit on BetsiNet	01/04/2025	NH	Not started	Toolkit is available to all staff	Toolkit is used widely by staff	3. Creating compassionate culture, leadership and engagement
	Raise awareness of the Toolkit at various forums:			Not started			
	□ Orientation	25/04/2025	RT/RH	Not started			
	□ Leadership programmes	25/04/2025	RT/JL	Not started			
	□ Team based development	25/04/2025	RT/GE	Not started			
	□ Medical Education Local Induction	25/04/2025	EW	Not started			
□ Core Module on Venture Hub	25/04/2025	RT/JL	Not started				
□ Desktop shortcuts and visuals	25/04/2025	IT	Not started				



## Key messages

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### The culture, leadership and engagement workstream

The evidence is compelling that having the right culture in healthcare organisations leads to improved care and positive staff experience. The evidence also indicates the highly significant contribution the effectiveness of leadership and leaders have on shaping and developing culture, and furthermore both culture and leadership are pre-requisite to the engagement of staff in their work and in their organisation. It is these 3 elements combined that help to create the conditions in which staff at all levels of an organisation can flourish and thus deliver higher quality patient care.

We are currently looking at examining and diagnosing our culture as per the commitment made and endorsed by the Board in September 2023.

To support this work we are utilising resources which have been developed by NHS England and NHS Improvement in conjunction with Professor Michael West, The King's Fund and the Centre for Creative Leadership.

### Definitions

**Culture:** An organisation's culture can be defined as the values lived by its employees every day – these may not be the same as the stated values. The lived values can be seen by '**the way we do things around here**'.

**Collective leadership:** Means a type of culture where staff at all levels are empowered as individuals and in teams to act to improve care within and across organisations - '**leadership of all, by all and for all**'. This is in contrast to command and control cultures which are not conducive to achieving high quality care.

### Purpose of the Board/SLT conversations

These conversations are part of a wider set of diagnostics to help us understand the culture of our organisation – both strengths and areas for development.

As you will know from the Board paper presented at the Board meeting in September 2023 this work is part of a workstream to actively shape culture, leadership and engagement which is key within the Special Measures Response Plan Cycle. It specifically asks for the leadership of the whole Board in engaging, leading and

supporting a significant programme of work to set the organisation on its longer-term journey to improving culture, leadership and engagement.

Your views are very valuable – the Board/SLT's has significant influence over an organisation and is in a strong position to develop and improve our culture, leadership and performance.

We will report back to you and other board members on the culture diagnostics during quarter 3 25/26. This will also include information from other diagnostics including staff surveys and focus groups.

## Process of the board conversations

The conversation will take approximately one hour. The questions cover your views on how the board assures the six elements of high quality care cultures in our organisation: vision and values, goals and performance, learning and innovation, support and compassion, equity and inclusion and teamwork



Please give your **personal perspective** on the performance and behaviours of the board **as a whole**.

## Confidentiality

Frank and open responses are essential to the success of the conversation.

Your individual responses will remain confidential and will not be shared with other board members.

Access to individual responses will be restricted to those analysing the themes which will be Nia Thomas, Head of Culture and Nia Harris, Senior OD Manager – Culture as well as us here with you today

Transcripts will be coded so that they do not identify individual interviewees and any comments that are critical of individuals will be redacted.

Your responses and those of other board members will only be used in aggregate or anonymised format.

If we wish to use a quote or stories from this interview in the report, we will seek your approval.

## Board/SLT Conversation record sheet

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### Part 1: General questions

1. What does the term  
'culture' mean to  
you?

2. Are you familiar with  
the term culturally  
competent?  
Do you feel that the  
organisation/services  
we provided to  
patients are  
culturally  
competent?



3. What are the key elements of the current culture in BCUHB?

**Part 2: Vision and values**

4. What objectives does the board have for developing the culture within BCUHB?



4a.To what extent do staff at all levels understand the vision of the organisation?	Not at all  To a great extent
	1                  2                  3                  4                  5
4b.Why have you given that score? How do leaders at all levels reinforce the vision?	
5a.To what extent do organisation values	Not at all  To a great extent



influence the board's/SLT's strategic decisions?	1	2	3	4	5
5b.How frequently and openly does the board/SLT use organisational values to influence their strategic decisions?					
5c.How can the Board/SLT demonstrate to staff that they are working to the values and behaviours framework?					
<b>Part 3: Goals and performance</b>					
6a.To what extent are staff managed effectively? (e.g. clear objectives; helpful feedback on performance; manageable workloads; appropriate training; effective appraisals and opportunities to	Not at all				To a great extent
	1	2	3	4	5



<p>contribute to decisions that affect their work)</p>	
<p>6b. Why have you given this score? How does the board/SLT assure this?</p>	

**Part 4: Support and compassion**

<p>7. How is the board/SLT assuring itself that staff feel valued, have high levels of wellbeing, good work–life balance stress management and resilience? (Please provide examples)</p>	
<p>8. How does the board/SLT seek to understand and</p>	

<p>connect to the work challenges of staff in a networked organisational approach?</p>	
<p>9. How does the board/SLT include patients, citizens and communities in its day-to-day business?</p>	
<p><b>Part 5: Learning and innovation</b></p>	
<p>10a.To what extent does the</p>	<p>Not at all ←————→ To a great extent</p>

<p>organisation effectively foster improvement, innovation and learning?</p>	<p>1                      2                      3                      4                      5</p>
<p>10b. Why have you given this score? (Please provide examples)</p>	
<p>11. How does the board/SLT assure itself that the organisation is making progress in promoting equity, diversity and inclusion at all levels? (Ref: Strategic Equality Objectives and Plan)</p>	
<p>12a. To what extent does the board/SLT value equity and inclusion and the lived experience of staff?</p>	<p>Not at all ←————→ To a great extent</p> <p>1                      2                      3                      4                      5</p>



12b. Why have you given this score?

**Part 7: Teamwork**

13. Is there effective team, inter-team and cross-boundary working in the organisation and with other organisations?

14a.To what extent does the whole board/SLT operate as an effective team with clear objectives, regular performance reviews and supportive team working?	Not at all ←————→ To a great extent
	1                      2                      3                      4                      5
14b.How does the board/SLT do this?	
<b>Part 8: Other</b>	
15a.To what extent is there a culture of openness and transparency across the organisation and are all staff empowered to speak up when they see things going wrong?	Not at all ←————→ To a great extent
	1                      2                      3                      4                      5
15b.Why have you given this score? How does the board assure itself of this?	



16a. To what extent does the organisation have appropriately skilled leaders at every level, committed to enabling compassionate and supportive leadership?	<p style="text-align: center;">Not at all ←————→ To a great extent</p> <p style="text-align: center;">1                      2                      3                      4                      5</p>
16b. Why have you given this score?	

<p>17. Do you believe that staff have the resources and tools they need in order to conduct their jobs adequately? How is the Board/SLT assured of this?</p>	
<p>18. Have the Board/SLT visited the environments that staff operate within?</p>	



Teitl adroddiad: <i>Report title:</i>	Education and Training Plan – 20206/27			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday 13 <sup>th</sup> February 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>Health Education and Improvement Wales (HEIW) is the strategic workforce and education body for NHS Wales. The creation of the annual Education and Training Plan (ETP) is a statutory requirement for HEIW. The purpose of the plan is to address workforce requirements on behalf of NHS Wales and it is a companion piece to the Integrated Medium Term Plan (IMTP).</p> <p>Engagement with NHS health boards, trusts and wider stakeholder groups including Social Care Wales is an integral part of creating and informing the plan. It is, however, ultimately HEIW’s responsibility to produce a plan that is deliverable within the context of the education and training capacity available.</p> <p>The Betsi Cadwaladr University Health Board (BCU) ETP is developed alongside local Workforce Plans for integration into the BCU IMTP. The health board has undertaken a data gathering exercise over recent months to identify our Education and Training Plan requirements for 2026/27, ensuring education commissioning requests factor in the financial operating context, reflect the need for future workforce, as well as the organisational capacity to training, and provide future employment for the graduates and trainees.</p> <p>Professional leads have submitted draft education commissioning figures which will be submitted to HEIW via a SharePoint Portal on 31<sup>st</sup> January 2025. Following this, the figures will be finalised and undergo formal approval prior to the submission of the final BCU Education and Training Plan to HEIW on 31<sup>st</sup> March 2025.</p> <p>Following submission of final ETP on 31st March 2025, HEIW will validate and collate NHS Wales returns for sharing with partners and stakeholders prior to submission to Welsh Government on 1st August 2025.</p>			
Argymhellion: <i>Recommendations:</i>	<p>For <b>noting</b> by the Committee at this time.</p> <p>The final version will be presented to the Executive Team for approval later in Q4 and the Board thereafter.</p>			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Mr Jason Brannan, Deputy Director of People			
Awdur yr Adroddiad: <i>Report Author:</i>	Mr Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I’w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd:	Arwyddocaol	Derbyniol	Rhannol	Dim Sicrwydd

<p><i>Assurance level:</i></p>	<p><i>Significant</i> <input type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p><i>Acceptable</i> <input checked="" type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p><i>Partial</i> <input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p><i>No Assurance</i> <input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>
<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: <i>Link to Strategic Objective(s):</i></p>	<p>Building an effective organisation</p>			
<p>Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i></p>	<p>N/A</p>			
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	<p>Not at this time</p>			
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></p>	<p>Not at this time</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) <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>Current risk of not being in line with submission arrangements for HEIW return timeline</p>			
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i></p>	<p>N/A at this time</p>			
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i></p>	<p>N/A at this time</p>			
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i></p>	<p>N/A at this time</p>			
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>N/A</p>			

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  
Reason for submission of report to confidential board (where relevant)

N/A

**Next Steps:**

**15th January 2025** – Draft ETPs by Professional Group will be shared with Executive Professional Lead to request formal sign off.

**15th January 2025** – Draft ETPs to be shared with Oversight Integrated Planning Group (OIPG) and Planning Huddle for information.

**22nd January 2025** – BCU collated draft ETP template will be presented to Executive Team for noting.

**31st January 2025** – BCU Workforce Planning Team will complete final review of Draft ETP figures entered in the HEIW SharePoint site.

**13th February** – Final ETP submission will be presented to People and Culture Committee for approval prior to final submission via HEIW Portal on **31st March 2025**.

**5th March 2025** – Final ETP submission will be presented to Executive Team for approval prior to final submission via HEIW Portal on **31st March 2025**.

**27th March 2025** – Final ETP submission will be presented to Board for noting.

**31st March 2025** – Final Submission via HEIW Portal.

**List of Appendices:**

Allied Health Professionals Tab									
Course Title	Area	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Human Nutrition and Dietetics	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	12	6	12
Human Nutrition and Dietetics (MSc/PG Dip)	Allied Health Profession: Pre Registration	Pre Registration	MSc	Full Time	2	2028	3	6	3
Occupational Therapy (Full Time)	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	31	33	30
Occupational Therapy (Part Time)	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Part Time	4	2030	7	20	20
Occupational Therapy (MSc/PG Dip)	Allied Health Profession: Pre Registration	Pre Registration	MSc/PG Dip	Full /Part Time	2	2028	0	0	0
Physiotherapy (BSc Full Time )	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	24	8	10
Physiotherapy (BSc Part Time )	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Part Time	4	2030	24	8	9
Physiotherapy (MSc/PG Dip)	Allied Health Profession: Pre Registration	Pre Registration	MSc/PG Dip	Full /Part Time	2	2028	24	8	9
Podiatry	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	5	6	6
Speech and Language Therapy	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	15	12	14
Speech and Language Therapy (Welsh)	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	0	3	4
Orthoptics	Allied Health Profession: Pre Registration	Pre Registration	Bachelor of Science	Full Time	3	2029	0	0	0
Orthoptics	Allied Health Profession: Pre Registration	Pre Registration	BMedSci	Full Time	3	2029	0	0	0
Orthoptics	Allied Health Profession: Pre Registration	Pre Registration	MSc	Full Time	2	2028	0	0	0
Nursing & Midwifery Tab									
Course Title	Area	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Adult Nursing (BSc/BN - Full Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Full Time	3	2029	539	520	293
Adult Nursing (BSc/BN - Part Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Part Time	4	2030	62	76	152
Adult Nursing (MSc/PG Dip)	Nursing & Midwifery	Pre Registration	Master of Science/Post	Full Time	2-3	2028-2029	39	29	22
Child Nursing (BSc/BN - Full Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Full Time	3	2029	39	41	62
Child Nursing (BSc/BN - Part Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Part Time	4	2030	12	5	13
Child Nursing (MSc/PG Dip)	Nursing & Midwifery	Pre Registration	Master of Science/Post	Full Time	2-3	2028-2029	20	5	5
Learning Disabilities Nursing (BSc/BN - Full Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Full Time	3	2029	26	18	16
Learning Disabilities Nursing (BSc/BN - Part Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Part Time	3	2029	1	0	9
Learning Disabilities Nursing (MSc/PG Dip)	Nursing & Midwifery	Pre Registration	Master of Science/Post	Full Time	2-3	2028-2029	0	0	0
Mental Health Nursing (BSc/BN - Full Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Full Time	3	2029	152	117	108
Mental Health Nursing (BSc/BN - Part Time)	Nursing & Midwifery	Pre Registration	Bachelor of Nursing/Ba	Part Time	4	2030	1	16	10
Mental Health Nursing (MSc/PG Dip)	Nursing & Midwifery	Pre Registration	Master of Science/Post	Full Time	2-3	2028-2029	8	6	10
Return to Practice	Nursing & Midwifery	Pre Registration	Re-registration with the	Part Time	2	2028	36	0	18
Level 4 Education HCSW access to Year 2 Nurs	Nursing & Midwifery	Pre Registration	HE Certificate	WBL	1-2	2027-2028	137	0	179
Midwifery	Nursing & Midwifery	Pre Registration	Bachelor of Midwifery ( Full Time	Full Time	3	2029	39	44	47

Community Nursing (SPQ SCPHN) Tab									
Course Title	Area	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
SCPHN School Nursing	Community Nursing	Post Registration	Specialist Community P	Part Time	2	2028	3	2	10
SCPHN School Nursing	Community Nursing	Post Registration	Specialist Community P	Full Time	1	2027	2	2	7
SCPHN School Nursing	Community Nursing	Post Registration	Specialist Community P	Modules	3		0	0	0
SCPHN Health Visiting	Community Nursing	Post Registration	Specialist Community P	Modules	3		0	0	5
SCPHN Health Visiting	Community Nursing	Post Registration	Specialist Community P	Full Time	1	2027	11	24	28
SCPHN Health Visiting	Community Nursing	Post Registration	Specialist Community P	Part Time	2	2028	6	0	4
SCPHN Occupational Health	Community Nursing	Post Registration	Specialist Community P	Full Time	1	2027		0	0
SCPHN Occupational Health	Community Nursing	Post Registration	Specialist Community P	Part Time	2	2028	0	0	2
SPQ General Practice Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Modules	3		0	0	10
SPQ General Practice Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Part Time	2	2028	0	0	12
SPQ District Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Modules		2026	0	0	2
SPQ District Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Part Time	2	2028	0	16	26
SPQ Community Childrens Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Modules	3		0	0	16
SPQ Community Childrens Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Part Time	2	2028	0	4	4
SPQ Community Learning Disability Nursing (C	Community Nursing	Post Registration	Specialist Practice Qual	Modules	3		0	4	0
SPQ Community Learning Disability Nursing (C	Community Nursing	Post Registration	Specialist Practice Qual	Part Time	2	2028	0	4	0
SPQ Community Mental Health Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Part Time	2	2028	0		0
SPQ Community Mental Health Nursing	Community Nursing	Post Registration	Specialist Practice Qual	Modules	3-6 months				
SPQ Backfill	Community Nursing	Post Registration	Specialist Practice Qualification (SPQ)						8

Dental Tab									
Course Title	Area	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Bachelor of Science (BSc) Dental Therapy and	Dental	Pre Registration	Bachelor of Science	Full Time	3	2029	0	4	12
Diploma in Higher Education (Dip HE) Dental	Dental	Pre Registration	Diploma in Higher Educ	Full Time	2	2028	0	0	12
Dental Foundation Training	Dental						0	0	12
Dental Core Training - Year 1	Dental						0	0	2
Dental Core Training - Year 2	Dental						0	0	2
Dental Core Training - Year 3	Dental						0	0	0
Dental Specialty Training	Dental						0	0	2
Welsh Dental Therapist Foundation Training	Dental						0	0	5
BSc Dental Hygiene and Therapy (1 year) NEW	Dental				1	2027	0	0	0

Mental Health Tab									
Course Title	Area	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Cognitive and behavioural therapy (CBT) - Spe	Mental Health								53
Low Intensity CBT	Mental Health								22
Family & Systemic Interventions	Mental Health								11
Psychotherapy modalities	Mental Health								19
Dialectical Behaviour Therapy (DBT)	Mental Health								44
Counselling	Mental Health								0
Arts Therapies CPD Education	Mental Health								9
Parenting and Behavioural Interventions for Ir	Mental Health								0
Solution Focused Therapy (SFT)	Mental Health								38

Optometry Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course					
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements	
Independent Prescribing (Optometrists)	Optometry	Level 7	Professional Certificate		at least 12 months					20
Higher Certificate in Medical Retina	Optometry	Level 7	Higher Certificate		at least 12 months					0
Professional Certificate in Medical Retina	Optometry	Level 7	Professional Certificate		6 months					7
Higher Certificate in Glaucoma	Optometry	Level 7	Higher Certificate		at least 12 months					0
Professional Certificate in Glaucoma	Optometry	Level 7	Professional Certificate		6 months					12
Diploma in Glaucoma	Optometry	Level 7	Diploma Certificate		at least 12 months					0
Low Vision Certificate	Optometry	Level 7	Professional Certificate		6 months					21

Paramedicine Tab									
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Paramedicine	Allied Health Profession:	Pre Registration	Bachelor of Science	Full Time	3	2029	0	0	
Ambulance Paramedics - EMT conversion	Allied Health Profession:	Pre Registration	Diploma in Higher Educ	Full Time	3	2029	0	0	

Physician Associates Tab									
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
Physician Associates	Medical Associate Profe:	Pre Registration	MSc/PG Dip	Face to Face	2	2008	0	0	

Primary and Community Care Tab									
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course				
					Duration (Years)	Year of Graduation	2024-25 Return	2025-26 Return	2026-27 Requirements
General Practice Nursing (GPN) Foundation	Primary and Community Care								28
Adult Nursing Placement in General Practice	Primary and Community Care								10
Integrated Care GP Fellowship	Primary and Community Care								
Multi-Professional Primary and Community	Primary and Community Care								20

Pharmacy Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Pharmacy Services	Pharmacy	Level 2	NVQ level 2	Part time in Pl 1-2		2027-2028	18	9	17	
Pharmacy Support Staff 'Access to pharmac	Pharmacy	Level 2	n/a	Part time in Pl 1-2		2027-2028	0	0	3	
Pre-registration Pharmacy Technician	Pharmacy	Level 4	Certificate of Higher Ed	Full time in BC	2	2028	14	16	21	
Foundation Training Programme (trainee ph	Pharmacy	n/a	Registration with GPhC	Full time in BC	1	2027	18	0	19	
Post-registration Foundation Pharmacists (n	Pharmacy	n/a	RPS Credential	Full time in BC	1		12	12	12	
Independent Prescribing	Pharmacy	Post-registration	Independent Prescribin	Part time in Bi	1	2028	0	26	15	
Extended Practice Education	Pharmacy	Level 4, 5 & 6	PG Certificate/ PG Diplc	Part time in Bi 1-2		2027-2028	0	0	55	
Advanced Practice	Pharmacy	Level 7	PG Certificate/ PG Diplc	Part time in Bi 1-5		2027-2031	0	0	28	
Consultant Practice	Pharmacy	Level 7	PG Certificate/ PG Diplc	Part time in Bi 1-3		2027-2029	0	0	15	
Diploma in Clinical Pharmacy Services and TI	Pharmacy	Level 4, 5 & 6	Various (Cert, Dip)	Part time in Bi	2	2026-2028			8	
CIPS Level 4 Diploma in Procurement and Su	Procurement	Level 4	Diploma	Part time in Bi 35 weeks		2027			2	
CIPS Level 3	Procurement	Level 3	Apprenticeships	Part time in Bi 15 months		2028			3	
HEIW GP Pharmacist Transition Course	Pharmacy	Level 7	Extended practice	Part time in Bi	1	2027			5	
PWDS Pharmacy Development Workforce S	Pharmacy	Level 2/4	Extended practice	Part time in Bi	1	2027			0	
PWDS GP Pharmacy Technician Medicines O	Pharmacy	Level 2/4	Extended practice	Part time in Bi	1	2027			4	
PWDS Clinical Prioritisation for Pharmacy Te	Pharmacy	Level 4	Extended practice	Part time in Bi	1	2027			14	
PWDS Medicines Information and Advice Tr	Pharmacy	Level 4	Advanced practice	Part time in Bi	1	2027			3	
Medicines Information and Advice Training I	Pharmacy	Level 4	Advanced practice	Part time in Bi	1	2027			3	
Pharmaceutical Technology and Quality Ass	Pharmacy	Level 7	Advanced practice	Part time in Bi	1	2027			1	
HEIW Medicines Management for Pharmacy	Pharmacy	Level 2	Extended practice	Part time in Bi	1	2027			8	
HEIW Medicines Management for Pharmacy	Pharmacy	Level 4	Extended practice	Part time On l Upto one y		2027			6	
HEIW Accredited Checking for Pharmacy Tex	Pharmacy	Level 4	Extended practice	Part time On l Upto one y		2027			7	
HEIW Introduction to Healthcare Leadership	Pharmacy	Level 4	Extended practice	Part time On l	1	2027			17	
HEIW Introduction to Healthcare Education	Pharmacy		Extended practice	Part time On l	1	2027			6	
HEIW Advanced Clinical Leadership Program	Pharmacy	Level 7	Advanced practice	Part time On l	1	2027			2	

Prescribing (NMP) Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Independent Prescribing Nursing	Non Medical Prescribing Post Registration									91
Independent Prescribing AHP	Non Medical Prescribing Post Registration									6
Independent Prescribing Orthoptists	Non Medical Prescribing Post Registration									
Independent Prescribing Optometrists	Non Medical Prescribing Post Registration									
Independent Prescribing Pharmacists	Non Medical Prescribing Post Registration									
Independent Prescribing HCS	Non Medical Prescribing Post Registration									
Independent Prescribing Other Professional	Non Medical Prescribing Post Registration									
Supplementary Prescribing Nursing	Non Medical Prescribing Post Registration									25
Supplementary Prescribing AHP	Non Medical Prescribing Post Registration		Msc Module							6
Supplementary Prescribing Orthoptists	Non Medical Prescribing Post Registration									
Supplementary Prescribing Optometrists	Non Medical Prescribing Post Registration									
Supplementary Prescribing Pharmacists	Non Medical Prescribing Post Registration									
Supplementary Prescribing HCS	Non Medical Prescribing Post Registration									
Supplementary Prescribing Other Professio	Non Medical Prescribing Post Registration									
Limited Independent Prescribing	Non Medical Prescribing Post Registration									
Limited Independent Prescribing Nursing	Non Medical Prescribing Post Registration									10
Limited Independent Prescribing AHP	Non Medical Prescribing Post Registration									
Limited Independent Prescribing Orthoptist	Non Medical Prescribing Post Registration									
Limited Independent Prescribing HCS	Non Medical Prescribing Post Registration									
Limited Independent Prescribing Other Prof	Non Medical Prescribing Post Registration									
Community Nurse Prescribers	Non Medical Prescribing Post Registration									26

Psychology Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Doctorate in Clinical Psychology	Allied Health Profession: DCLINPSY	DCLINPSY	DCLINPSY			3 2029	0	27	30	
Clinical Associates in Applied Psychology (C	Allied Health Professionals, Additional Prof CAAPs						2	0	0	

Post Grad HPE - ClinPhoto Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Level 7 Clinical Photography Diploma	Post Reg HPE	Post Registration	Diploma				1	1	2	

Post Grad HPE - Critical Care Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Post Graduate Certificate Critical Care	Post Reg HPE	Post Registration	Post Graduate Certificate				0	0	12	

Post Grad HPE - Genomics Tab										
Course Title	Workforce Need	Qualification Level	Award/Qualification	Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements	
					Duration (Years)	Year of Graduation				
Genomic Medicine Modules	Post Reg HPE	Post Registration	PGC	Distance	1	2027-2028	0	0	1	

Post Grad HPE - IABT Tab									
Course Title	Workforce Need	Qualification		Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements
		Level	Award/Qualification		Duration (Years)	Year of Graduation			
Independent Authorisation of Blood Transfu	Post Reg HPE	Post Registration	Post Graduate Certificate				0	0	14

Post Grad HPE - Medical Ultrasound Tab									
Course Title	Workforce Need	Qualification		Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements
		Level	Award/Qualification		Duration (Years)	Year of Graduation			
Post Graduate Certificate in Ultrasound	Post Reg HPE	Post Registration	Post Graduate Certificate			2	2028		2
Post Graduate Diploma in Ultrasound	Post Reg HPE	Post Registration	Post Graduate Dipolma			2	2028		8

Healthcare Science Tab									
Course Title	Workforce Need	Qualification		Study Mode	Course		2024-25 Return	2025-26 Return	2026-27 Requirements
		Level	Award/Qualification		Duration (Years)	Year of Graduation			
Audiology - Healthcare Science PTP	Audiologist	Pre Registration	Bachelor of Science	Full Time	3	2029	4	3	3
Audiological Practice	Associate Audiologist	Pre Registration	Certificate of Higher Ed	Part Time	2	2028	3	4	3
Audiology (Part time employed) - Healthcare	Audiologist	Pre Registration	Bachelor of Science	Part Time	3	2029	0	2	3
Biomedical Science (Blood Sciences) - Healthc	Biomedical Scientist - Blk	Pre Registration	Bachelor of Science	Full Time	3	2029	2	0	0
Biomedical Science (Cellular Sciences) - Health	Biomedical Scientist - Ce	Pre Registration	Bachelor of Science	Full Time	3	2029	1	0	0
Biomedical Science (Genetic Sciences) - Health	Biomedical Scientist/Gen	Pre Registration	Bachelor of Science	Full Time	3	2029			
Biomedical Science (Infection Sciences) - Health	Biomedical Scientist - Inf	Pre Registration	Bachelor of Science	Full Time	3	2029			
Cardiac Physiology - Healthcare Science PTP	Cardiac Physiologist	Pre Registration	Bachelor of Science	Full Time	3	2029	0	6	6
Neurophysiology - Healthcare Science PTP	Neurophysiologist	Pre Registration	Bachelor of Science	Full Time	3	2029	0	2	2
Nuclear Medicine - Healthcare Science PTP	Clinical Technologist - N	Pre Registration	Bachelor of Science	Full Time	3	2029	0	0	1
Radiotherapy Physics - Healthcare Science PTF	Clinical Technologist - R	Pre Registration	Bachelor of Science	Full Time	3	2029			
Respiratory and Sleep Physiology - Healthcare	Respiratory and/or Sleep	Pre Registration	Bachelor of Science	Full Time	3	2029			
Biomedical Science (All, Part time employed) - Biomedical	Scientist - All	Pre Registration	Bachelor of Science	Part Time	3	2029			
Biomedical Science (Blood Sciences, Part time	Biomedical Scientist - Blk	Pre Registration	Bachelor of Science	Part Time	3	2029			3
Biomedical Science (Cellular Science, Part time	Biomedical Scientist - Ce	Pre Registration	Bachelor of Science	Part Time	3	2029			1
Biomedical Science (Genetics, Part time emplc	Biomedical Scientist/Gen	Pre Registration	Bachelor of Science	Part Time	3	2029			
Biomedical Science (Infection Science, Part tin	Biomedical Scientist - Inf	Pre Registration	Bachelor of Science	Part Time	3	2029			
Biomedical Science (All, Modules) - Healthcare	Biomedical Scientist - All	Pre Registration	Bachelor of Science	Modular	Up to 3	2027 to 2029			
Biomedical Science (Blood Science, Modules) - Biomedical	Scientist - Ce	Pre Registration	Bachelor of Science	Modular	Up to 3	2027 to 2029			1
Biomedical Science (Cellular Science, Modules	Biomedical Scientist - Ce	Pre Registration	Bachelor of Science	Modular	Up to 3	2027 to 2029			1
Biomedical Science (Genetic Science, Modules	Biomedical Scientist/Gen	Pre Registration	Bachelor of Science	Modular	Up to 3	2027 to 2029			
Biomedical Science (Infection Science, Module	Biomedical Scientist - Inf	Pre Registration	Bachelor of Science	Modular	Up to 3	2027 to 2029			
Diagnostic Radiography and Imaging	Diagnostic Radiographer	Pre Registration	Bachelor of Science	Full Time	3	2029	27	27	27
Operating Department Practice	Operating Department P	Pre Registration	Bachelor of Science	Full Time	3	2029	10	9	9
Radiotherapy and Oncology	Therapeutic Radiograph	Pre Registration	Bachelor of Science	Full Time	3	2029	5	5	
Radiology Assistant Practitioner (RAP)	Radiology Assistant Prac	Pre Registration	Certificate of Higher Ed	Full Time	1	2027	0	3	
Clinical Engineering (All) - Healthcare Science	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Full Time	3	2029	3	0	
Clinical Engineering (Medical Engineering) - H	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Full Time	3	2029			
Clinical Engineering (Rehabilitation Engineerin	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Full Time	3	2029	0	0	1
Clinical Engineering (All, Part time employed) :	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Part Time	3	2029	0	1	
Clinical Engineering (Medical Engineering, Par	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Part Time	3	2029	1	1	1
Clinical Engineering (Rehabilitation Engineerin	Clinical Technologist - Cl	Pre Registration	Bachelor of Science	Part Time	3	2029	0	1	1

STP Routes to Reg Tab							2026-27	2026-27	
Title	Area	Workforce Need	Qualification Level	Service Requirement	Study Mode	Course Duration (Years)	Year of Registration	Funding	Funding
								Requirements - Number of Modules	Requirements - Full Degrees/Masters/PhDs
Funding for Equivalence Routes to Registrat	STP Routes to Reg	All	Various	Training provi	To be dete	Various	Various		1
PTP Equivalence	STP Routes to Reg	Audiologist	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence or ACS Route 2 (BAA Higher	STP Routes to Reg	Audiology, Clinica	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Audiology, Consul	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence and/or Professional Certific	STP Routes to Reg	Cardiac Physiologi	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence and/or Professional Certific	STP Routes to Reg	Cardiac Physiologi	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Cardiac Physiologi	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence and/or Professional Certific	STP Routes to Reg	Neurophysiologist	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence, ACS Route 2 and/or Profes	STP Routes to Reg	Neurophysiology,	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Neurophysiology,	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence and/or Professional Certific	STP Routes to Reg	Respiratory and SI	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence, ACS Route 2 and/or Profes	STP Routes to Reg	Respiratory and SI	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Respiratory and SI	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence and/or Professional Certific	STP Routes to Reg	Vascular Technolc	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence and/or Professional Certific	STP Routes to Reg	Vascular Science,	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Vascular Science,	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence (OST Certificate of Compet	STP Routes to Reg	Ophthalmic Scienc	Bachelor of Science	Training provi	To be dete	Various	Various		
STP Equivalence or ACS Route 2	STP Routes to Reg	Ophthalmic and V	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence	STP Routes to Reg	Ophthalmic and V	Doctor of Philosophy	Training provi	To be dete	Various	Various		
PTP Equivalence (APT Certificate of Compet	STP Routes to Reg	Anatomical Patho	Bachelor of Science	Training provi	To be dete	Various	Various		
IBMS Degree Assessment and Registration P	STP Routes to Reg	Life Sciences, Bior	Bachelor of Science	Training provi	To be dete	Various	Various		
IBMS Specialist Diploma or Equivalent	STP Routes to Reg	Life Sciences, Spe	Bachelor of Science	Training provi	To be dete	Various	Various		
IBMS Higher and Expert Practice Qualificatic	STP Routes to Reg	Life Sciences, Adv	Master of Science	Training provi	To be dete	Various	Various		1
IBMS Advanced Specialist Diploma and/or F	STP Routes to Reg	Life Sciences, Con	Doctor of Philosophy	Training provi	To be dete	Various	Various		
STP Equivalence or ACS Route 2	STP Routes to Reg	Life Sciences, Clini	Master of Science	Training provi	To be dete	Various	Various		
HSS Equivalence incl FRCPath Examinations	STP Routes to Reg	Life Sciences, Con	Doctor of Philosophy	Training provi	To be dete	Various	Various		
IBMS Degree Assessment, Modules and Reg	STP Routes to Reg	Genetic Sciences,	Bachelor of Science	Training provi	To be dete	Various	Various		
PTP Equivalence (GT Certificate of Compete	STP Routes to Reg	Genetic Sciences,	Bachelor of Science	Training provi	To be dete	Various	Various		

STP Routes to Reg Tab - Continued

Title	Area	Workforce Need	Qualification Level	Service Requirements	Study Mode	Course Duration (Years)	Year of Registration	2026-27	2026-27
								Funding	Requirements - Full Degrees/Masters/PhDs
STP Equivalence or ACS Route 2	STP Routes to Reg	Genetic Sciences,	Master of Science	Training provi	To be deter	Various	Various		
HSS Equivalence	STP Routes to Reg	Genetic Sciences,	Doctor of Philosophy	Training provi	To be deter	Various	Various		
STP Equivalence and/or Professional Certificat	STP Routes to Reg	Genetic Counsellir	Master of Science	Training provi	To be deter	Various	Various		
PTP Equivalence or routes to RCT registration	STP Routes to Reg	Clinical Engineerir	Bachelor of Science	Training provi	To be deter	Various	Various		
STP Equivalence	STP Routes to Reg	Clinical Engineer	Master of Science	Training provi	To be deter	Various	Various		1
HSS Equivalence	STP Routes to Reg	Clinical Engineerir	Doctor of Philosophy	Training provi	To be deter	Various	Various		
PTP Equivalence or routes to RCT registration	STP Routes to Reg	Medical Physics, C	Bachelor of Science	Training provi	To be deter	Various	Various		
Routes to RCT registration	STP Routes to Reg	Medical Physics, S	Bachelor of Science	Training provi	To be deter	Various	Various		
STP Equivalence or ACS Route 2 (IPEM Guided	STP Routes to Reg	Medical Physics, C	Master of Science	Training provi	To be deter	Various	Various		
Professional Certification	STP Routes to Reg	Medical Physics E	Professional Certificatic	Training provi	To be deter	Various	Various		
Professional Certification	STP Routes to Reg	Medical Resonanc	Professional Certificatic	Training provi	To be deter	Various	Various		
Professional Certification	STP Routes to Reg	Radiation Protecti	Professional Certificatic	Training provi	To be deter	Various	Various		
HSS Equivalence	STP Routes to Reg	Medical Physics, C	Doctor of Philosophy	Training provi	To be deter	Various	Various		
STP Equivalence	STP Routes to Reg	Clinical Scientific	Master of Science	Training provi	To be deter	Various	Various		
HSS Equivalence	STP Routes to Reg	Clinical Scientific	Doctor of Philosophy	Training provi	To be deter	Various	Various		
STP Equivalence	STP Routes to Reg	Pharmaceutical Sc	Master of Science	Training provi	To be deter	Various	Various		
STP Equivalence	STP Routes to Reg	Reconstructive Sci	Master of Science	Training provi	To be deter	Various	Various		
HSS Equivalence	STP Routes to Reg	Reconstructive Sci	Doctor of Philosophy	Training provi	To be deter	Various	Various		
STP Equivalence	STP Routes to Reg	Health Informati	Master of Science	Training provi	To be deter	Various	Various		
HSS Equivalence	STP Routes to Reg	Health Informati	Doctor of Philosophy	Training provi	To be deter	Various	Various		
Professional Certification	STP Routes to Reg	Radiographer	Professional Certificatic	Training provi	To be deter	Various	Various		
Professional Certification	STP Routes to Reg	Radiotherapist	Professional Certificatic	Training provi	To be deter	Various	Various		

STP Training Programmes Tab

Title	Workforce Need	Qualification Level	Service Requirements	Study Mode	Course Duration (Years)	Year of Graduation	2026-27	2026-27
							Requirements - direct entry	Requirements - current employees
Scientist Training Programme (STP)	All, Clinical Scientist	Master of Science	STP Training Centre	Acc Full Time	3	2029	2	3
Audiology STP	Audiology, Clinical Scien	Master of Science	STP Training Centre	Acc Full Time	3	2029	2	0
Cardiac Science STP	Cardiac Physiology, Clini	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Critical Care Science STP	Critical Care Physiology,	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Gastrointestinal Physiology STP	Gastrointestinal Physiolo	Master of Science	STP Training Centre	Acc Full Time	3	2029	1	
Neurophysiology STP	Neurophysiology, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Respiratory and Sleep Science STP	Respiratory and Sleep Pl	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Urodynamic Science STP	Urodynamic Physiology,	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Vascular Science STP	Vascular Science, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Ophthalmic and Vision Science STP	Vision Science, Clinical S	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Andrology STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Embryology STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Biochemistry STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Immunology STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Microbiology STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Haematology and Transfusion Science STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Histocompatibility and Immunogenetics STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Histopathology STP	Life Sciences, Clinical Sci	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Cancer Genomics STP	Genetic Sciences, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Bioinformatics Genomics STP	Genetic Sciences, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Genomics STP	Genetic Sciences, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Genomic Counselling STP	Genetic Sciences, Clinica	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Engineering STP	Clinical Engineering, Clin	Master of Science	STP Training Centre	Acc Full Time	3	2029	2	0
Clinical Scientific Computing STP	Clinical Scientific Compu	Master of Science	STP Training Centre	Acc Full Time	3	2029	1	0
Imaging with Non-Ionising Radiation STP	Medical Physics, Clinical	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Nuclear Medicine STP	Medical Physics, Clinical	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Radiation Safety and Diagnostic Radiology STP	Medical Physics, Clinical	Master of Science	STP Training Centre	Acc Full Time	3	2029	1	
Radiotherapy Physics STP	Medical Physics, Clinical	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Pharmaceutical Science STP	Pharmaceutical Sciences	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Reconstructive Science STP	Reconstructive Science,	Master of Science	STP Training Centre	Acc Full Time	3	2029		
Clinical Informatics STP	Health Informatics, Clini	Master of Science	STP Training Centre	Acc Full Time	3	2029		

STP Training Programmes Tab - Continued

Title	Workforce Need	Qualification		Study Mode	Course Duration (Years)	Year of Graduation	2026-27	2026-27
		Level	Service Requirements				Requirements - direct entry	Requirements - current employees
Higher Specialist Scientist Training Programme	All, Consultant Clinical Scientist	Professional Doctorate	HSST Training Centre	Part Time	5	2031	0	0
Audiological Sciences (Adult) HSST	Audiology, Consultant Clinical Scientist	Professional Doctorate	HSST Training Centre	Part Time	5	2031	0	
Audiological Sciences (Paediatric) HSST	Audiology, Consultant Clinical Scientist	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Audiological Sciences (Paediatric) HSST	Audiology, Consultant Clinical Scientist	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Cardiac (Adult Congenital) HSST	Cardiac Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Cardiac (Adult) HSST	Cardiac Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Cardiac (Congenital and Paediatric) HSST	Cardiac Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Gastrointestinal Physiology HSST	Gastrointestinal Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Neurophysiological Science (EEG) HSST	Neurophysiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Neurophysiological Science (EP) HSST	Neurophysiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Respiratory and Sleep Science (Adult) HSST	Respiratory and Sleep Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Respiratory and Sleep Science (Paediatric) HSST	Respiratory and Sleep Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Urological Science HSST	Urodynamic Physiology, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Vascular Science HSST	Vascular Science, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Ophthalmic and Vision Sciences (Electrophysiology) HSST	Ophthalmic and Vision Science, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Ophthalmic and Vision Sciences (Imaging) HSST	Ophthalmic and Vision Science, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Ophthalmic and Vision Sciences (Visual Perception) HSST	Ophthalmic and Vision Science, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Analytical Toxicology HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Clinical and Laboratory Transfusion HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Clinical Biochemistry HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Clinical Immunology HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Haematology (Haemato-Oncology) HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Haematology (Haemostasis and Thrombosis) HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Haematology (Transfusion) HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Histocompatibility and Immunogenetics HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Microbiology HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Molecular Pathology of Acquired Disease HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Molecular Pathology of Infection HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Reproductive Science HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Virology HSST	Life Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Bioinformatics Genomics HSST	Genetic Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		

STP Training Programmes Tab - Continued

Title	Workforce Need	Qualification		Study Mode	Course Duration (Years)	Year of Graduation	2026-27	2026-27
		Level	Service Requirements				Requirements - direct entry	Requirements - current employees
Genetics HSST	Genetic Sciences, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Clinical Biomedical Engineering HSST	Clinical Engineering, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Clinical Scientific Computing HSST	Clinical Scientific Computing, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Imaging Physics HSST	Medical Physics, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Radiotherapy Physics HSST	Medical Physics, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Reconstructive Sciences HSST	Reconstructive Science, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Health Informatics HSST	Health Informatics, Consultant Professional Doctorate	Professional Doctorate	HSST Training Centre	Part Time	5	2031		
Alternative Training Programmes for Clinical Scientist	All, Clinical Scientist	Master of Science	HSST Training Programme	Part Time	3	2029	0	0
Clinical Engineering, IPEM Guided Training Programme	Clinical Engineering, Clinical Master of Science	Master of Science	HSST Training Programme	Part Time	3	2029		
Medical Physics, IPEM Guided Training Programme	Medical Physics, Clinical Master of Science	Master of Science	HSST Training Programme	Part Time	3	2029		
MRI Fast Track, IPEM Guided Training Programme	Medical Physics, Clinical Master of Science	Master of Science	HSST Training Programme	Part Time	2	2028		
Genomics, Local Training Programme (AHCS)	Genetic Sciences, Clinical Master of Science	Master of Science	HSST Training Programme	Part Time	3	2029		
Genetic Counselling MSc and Local Training Programme	Genetic Counselling, Clinical Master of Science	Master of Science	HSST Training Programme	Part Time	3	2029		
Medical Physics Expert Programme, NHS Wales	Medical Physics Expert	Professional Exam	HSST Training Programme	Part Time	3	2029		

Post Reg HPE Tab										
Course Title	Area	Qualification		Study Mode	Course		2024-25		2026-27	
		Level	Award/Qualification		Duration (Years)	Year of Graduation	Return	2025-26 Return	Requirements	
Enhanced Practice Education (Level 5, 6 & 7)	Post Reg HPE	Post Registration	Masters of Science					0	0	654
Advanced Practice Education	Post Reg HPE	Post Registration	Masters of Science					0	0	83
Consultant Practice Education	Post Reg HPE	Post Registration						0	0	1
Reporting Radiography	Post Reg HPE	Post Registration						0	0	2
<b>Post Reg HPE Breakdown (for BCU Use only)</b>										
<b>Healthcare Science &amp; Allied Health Professionals</b>										
Enhanced Practice Course List - Nutrition an	Post Reg HPE	Post Registration	Plymouth University	Module						3
Enhanced Practice Course List - Sensory Inte	Post Reg HPE	Post Registration	Sensory Integration Edu	Module						1
Enhanced Practice Course List - Certificate o	Post Reg HPE	Post Registration	Cardiff	Module						1
Enhanced Practice Course List - Communical	Post Reg HPE	Post Registration	Bangor	Module						1
Enhanced Practice Course List - Computeris	Post Reg HPE	Pg Cert/Dip	Bradford University	Pg Cert/Dip						3
Enhanced Practice Course List - MSc Reporti	Post Reg HPE	Post Registration	Cardiff	Full Pathway						2
Enhanced Practice Course List - Neurorehab	Post Reg HPE	Post Registration	Cardiff	Module						2
Enhanced Practice Course List - Occupation	Post Reg HPE	Post Registration	Cardiff	Module						3
Enhanced Practice Course List - PG Dip Nucl	Post Reg HPE	PG Dip	University of Salford	PG Dip						2
Enhanced Practice Course List - MSc Biomed	MSc	Post Registration	MSc	Distance	3	2028-2029				6
Enhanced Practice Course List - Governance	PGC	Post Registration	PGC	Distance	1	2027				2
Enhanced Practice Course List - Biomed onli	MSc	Post Registration	MSc	Distance	1	2027				3
Enhanced Practice Course List - Specialist Ce	BTS	Post Registration	PGC	Distance	1	2028				1
<b>MHLD</b>										
Enhanced Practice Course List - Sensory Inte	Post Reg HPE	Post Registration	Sensory Integration Edu	Module						9
Enhanced Practice Course List - Communical	Post Reg HPE	Post Registration	Bangor	Module						18
<b>Primary Care</b>										
Enhanced Practice Course List - Advancing C	Post Reg HPE	Post Registration	Rotherham Respiratory	Module						30
<b>Post Reg HPE Breakdown (for BCU Use only) Continued</b>										
<b>Nursing &amp; Midwifery</b>										
<b>Enhanced Practice Education (Level 5, 6 &amp; 7)</b>										
<b>Advanced Practice Education</b>										
Enhanced Practice Course List - Advanced Ass	Post Reg HPE	Post Registration	Cardiff	Module						3
Enhanced Practice Course List - Advanced Ma	Post Reg HPE	Post Registration	Cardiff	Module						1
Enhanced Practice Course List - Sensory Integ	Post Reg HPE	Post Registration	Sensory Integration Edu	Module						9
Enhanced Practice Course List - Transforming	Post Reg HPE	Post Registration	Cardiff	Module						2
Enhanced Practice Course List - Understandin	Post Reg HPE	Post Registration	Cardiff	Module						1
Enhanced Practice Course List - "First Contact	Post Reg HPE	Post Registration	Manchester Metropolit	Module						1
Enhanced Practice Course List - Advanced Clin	Post Reg HPE	Post Registration	Cardiff	Module						4
Enhanced Practice Course List - Advanced Clin	Post Reg HPE	Post Registration	Brunel University	Module						4
Enhanced Practice Course List - Advanced Ma	Post Reg HPE	Post Registration	Anglia Ruskin University	Module						2
Enhanced Practice Course List - Advanced stur	Post Reg HPE	Post Registration	Birmingham University	Module						3
Enhanced Practice Course List - Advancing COI	Post Reg HPE	Post Registration	Rotherham Respiratory	Module						47
Enhanced Practice Course List - Applied Resea	Post Reg HPE	Post Registration	Ulster University	Module						5
Enhanced Practice Course List - Assessment ar	Post Reg HPE	Post Registration	USW	Module						22
Enhanced Practice Course List - Assessment of	Post Reg HPE	Post Registration	Swansea	Module						2
Enhanced Practice Course List - Cardiorespirat	Post Reg HPE	Post Registration	Cardiff	Module						6
Enhanced Practice Course List - Chronic and A	Post Reg HPE	Post Registration	University of the West	Module						5
Enhanced Practice Course List - Clinical Assess	Post Reg HPE	Post Registration	USW	Module						2
Enhanced Practice Course List - Clinical Breast	Post Reg HPE	Post Registration	St Georges University L	Module						2
Enhanced Practice Course List - Clinical Manag	Post Reg HPE	Post Registration	University of Edinburgh	Module						1
Enhanced Practice Course List - Clinical Manifr	Post Reg HPE	Post Registration	University College Lond	Module						3
Enhanced Practice Course List - Communicatic	Post Reg HPE	Post Registration	Bangor	Module						25
Enhanced Practice Course List - Consultation a	Post Reg HPE	Post Registration	Bangor	Module						10
Enhanced Practice Course List - Education for	Post Reg HPE	Post Registration	Swansea	Module						2
Enhanced Practice Course List - Enhancing Ast	Post Reg HPE	Post Registration	University of Hertfordsi	Module						2
Enhanced Practice Course List - Examination a	Post Reg HPE	Post Registration	Bangor	Module						15
Enhanced Practice Course List - Governance a	Post Reg HPE	Post Registration	University of Greenwic	Module						4
Enhanced Practice Course List - Head and Nec	Post Reg HPE	Post Registration	Sheffield Hallam	Module						4
Enhanced Practice Course List - History Taking	Post Reg HPE	Post Registration	Bangor	Module						13
Enhanced Practice Course List - LBR7487 Acuti	Post Reg HPE	Post Registration	Birmingham City Univer	Module						6
Enhanced Practice Course List - Leadership in	Post Reg HPE	Post Registration	Swansea	Module						1
Enhanced Practice Course List - Leadership in	Post Reg HPE	Post Registration	Sheffield Hallam	Module						5
Enhanced Practice Course List - Leading Effect	Post Reg HPE	Post Registration	USW	Module						5
Enhanced Practice Course List - Level 7, Diplon	Post Reg HPE	Post Registration	Agored Cymru	Module						3
<b>Post Reg HPE Breakdown (for BCU Use only) Continued</b>										
<b>Nursing &amp; Midwifery</b>										
Enhanced Practice Course List - Research and	Post Reg HPE	Post Registration	Cardiff Met	Module						1
Enhanced Practice Course List - Research Appl	Post Reg HPE	Post Registration	Education for health (A	Module						2
Enhanced Practice Course List - Specialist Palli	Post Reg HPE	Post Registration	USW	Module						3
Enhanced Practice Course List - Understanding	Post Reg HPE	Post Registration	Cardiff	Module						2
Enhanced Practice Course List - WPOEC: OPTO	Post Reg HPE	Post Registration	Cardiff	Module						1

Post Reg HPE Breakdown (for BCU Use only)

Informatics

Enhanced Practice Course List - Facilitating L Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Governance Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Leadership I Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Leading Effe Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Leading Serv Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Digital Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Health Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Leaders Post Reg HPE	Post Registration	9
Enhanced Practice Course List - MSc Leading Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Post gradua Post Reg HPE	Post Registration	9
Enhanced Practice Course List - psychology Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Research an Post Reg HPE	Post Registration	9
Enhanced Practice Course List - SHQM43 - T Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Strategic lea Post Reg HPE	Post Registration	9
Enhanced Practice Course List - Strategy anc Post Reg HPE	Post Registration	9

Post Reg HPE Breakdown (for BCU Use only) Continued

Pharmacy

Course Title	Qualification Level	Award/Qualifica tion	Study Mode	Course Duration (Years)	HEI/Provi der	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
MSc Clinical Pharmacy	Level 7	MSc 3 years PT, P	Part time On line distar	Up to 3 years	University	Pharmacy	Advanced	0
MSc in Advanced Clinical Practice	Level 7	MSc	Part time BCU/HEI	Up to 3 years	Bangor (ht	Pharmacy	Advanced	10
Masters Certificate of Professional Developr	Level 7	PG Certificate - 20	Part time BCU/HEI	6 months	Liverpool J	Pharmacy	Advanced	1
MSc in Healthcare Leadership	Level 7	MSc	Part time On line distance learning		University	Pharmacy	Advanced	1
PG Diploma in Dermatology in Clinical Practi	Level 7	Diploma	Part time On line distar	One year	University	Pharmacy	Advanced	2
Postgraduate Diploma in Respiratory Medici	Level 7	Diploma	Part time On line distar	One year	University	Pharmacy	Advanced	1
Preoperative Management (Advanced Surgi	Level 7	PG Certificate - 20	Part time On line distar	Runs once per	Cardiff (ht	Pharmacy	Advanced	1
Fundamentals of Post-operative Practice (Ac	Level 7	PG Certificate - 20	Part time On line distar	Runs once per	Cardiff (ht	Pharmacy	Advanced	
Fundamentals of Pain Management (Pain M	Level 7	PG Certificate - 20	Part time On line distar	Runs once per	Cardiff (ht	Pharmacy	Advanced	1
Diabetes Practice (MSc)	Level 7	MSc	Part time On line distar	Up to 2 years	Cardiff (ht	Pharmacy	Advanced	
Diabetes module MET 946 Managing of diat	Level 7	Module 20 credit	Part time On line distar	10 weeks	Cardiff (ht	Pharmacy	Advanced	1
Diabetes Module MET947 Diabetes Care in I	Level 7	Module 20 credits	Part time On line distar	10 weeks	Cardiff (ht	Pharmacy	Advanced	1
Diabetes module MET941 Therapeutics In D	Level 7	Module 20 credit	Part time On line distar	10 weeks	Cardiff (ht	Pharmacy	Advanced	1
Diabetes module MET942 Assessment And I	Level 7	Module 20 credits	Part time On line distar	10 weeks	Cardiff (ht	Pharmacy	Advanced	
Medical Toxicology	Level 7	MSc 3 years, PGDi	Part time On line distar	Up to 3 years	Cardiff (ht	Pharmacy	Advanced	
Medical Toxicology (PgCert)	Level 7	PG DIP 1 year	Part time On line distar	One year	Cardiff (ht	Pharmacy	Advanced	
Molecular Pathology of Cancer and Applicat	Level 7	Masters module	Part time On line distar	6 weeks	Cardiff (ht	Pharmacy	Advanced	1
Pharmacogenomics and stratified healthcar	Level 7	20 credits	Part time On line distar	16 weeks	Bangor (ht	Pharmacy	Advanced	1
CPD Heart Failure - Interdisciplinary Approa	Level 7	Module	Part time On line distar	15 weeks	Liverpool J	Pharmacy	Advanced	
Medical and Health Professions Education P	Level 7	Cert/Dip/Masters	Part time On line distar	Up to 3 years	Bangor (ht	Pharmacy	Advanced	1

Post Reg HPE Breakdown (for BCU Use only) Continued

Pharmacy - Continued

Course Title	Qualification Level	Award/Qualifica tion	Study Mode	Course Duration (Years)	HEI/Provi der	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
Research Methods NHS-4250	Level 7	20 credits	Part time one day per v	16 weeks	Bangor (ht	Pharmacy	Advanced	3
PGCert in Gastrointestinal Disorders	Level 7	Pg Cert 2 x 30 cre	Part time On line distar	One year	University	Pharmacy	Advanced	
MET 932 Frailty (Clinical Geriatrics – stand	Level 7	Module 20 credits	Part time On line distar	Flexible over c	Cardiff (ht	Pharmacy	Advanced	3
MET936 Falls 10 credits (Clinical Geriatrics -	Level 7	10 credits	Part time On line distar	Flexible over c	Cardiff (ht	Pharmacy	Advanced	
MET935 Delirium 10 credits Clinical Geriatric	Level 7	10 credits	Part time On line distar	Flexible over c	Cardiff (ht	Pharmacy	Advanced	
Prevention, Population Health and Leadersh	Level 7	PGCert	Part time BCU/HEI	One year	Bangor (ht	Pharmacy	Advanced	2
History Taking & Consultation Skills NHS 422	Level 6/7	20 credits	1/2 day per week Part	120 weeks	Bangor (ht	Pharmacy	Enhanced	10
Physical Examination and Diagnostics NHS 4	Level 6/7	20 credits	1 day per week Part tim	19 weeks	Bangor (ht	Pharmacy	Enhanced	11
Clinical Microbiology & Clinical Infection PM	Level 6/7	CPD Module	One week	One week	Swansea U	Pharmacy	Enhanced	1
Open University BSc (Honours) Health Scien	Level 6/7	BSc (Honours) He	Part time On line distar	Six years	Open univ	Pharmacy	Extended	3
MSc Pain Management	Level 7	MSc	Part time On line distance learning		0	Pharmacy	Advanced	1
Clinical Pharmacy PgDip	Level 7	Diploma	Part time On line distance learning		0	Pharmacy	Advanced	1
Advanced Clinical Practice within Emergen	Level 6/7 (TBC)	TBC	TBC		0	Pharmacy	Enhanced	3
Practitioner with Sepcialist Interest in Card	Level 7	Diploma/MSc	Part time		0	Pharmacy	Advanced	2
Postgraduate diploma in Psychiatric pharma	Level 7	Diploma 60 credit	part time 1 year	14 months	Aston Univ	Pharmacy	Advanced	3
Postgraduate masters in Psychiatric pharma	Level 7	MSc 60 credits	part time 1 year	One year	Aston Univ	Pharmacy	Advanced	3
NAPICU Pharmacological management of acute disturbance CMHP		Continuing Profes	2 day course virtual		0	Pharmacy	Enhanced	3
BAP modules		Continuing Profes	online		0	Pharmacy	Enhanced	3
RCPsych CPD modules		Continuing Profes	online		0	Pharmacy	Enhanced	3
Psych 1 CMHP		Continuing Profes	2 half days virtual		0	Pharmacy	Extended	3
Psych 2 CMHP		Continuing Profes	2 half days virtual		0	Pharmacy	Extended	3
Psych Tech CMHP		Continuing Profes	1 day face to face		0	Pharmacy	Extended	3
Health Informatics		MSc/PGDip/PGCe	Part time On line distar	Up to 3 years	University	Pharmacy	Extended	1
Project management training - PRINCE 2	Level 5		Part time On line distance learning		Knowles A	Pharmacy	Extended	1
ILM Level 5 Coaching and Mentoring	Level 5		Part time On line distar	Various	1	Pharmacy	Extended	3
Red Whale training		Continuing Profes	Part time On line distance learning		0	Pharmacy	Advanced	2
UEA Diploma of Higher Education in Advanc	Level 5	Diploma	Part time On line distance learning		4	Pharmacy	Extended	4

Other Educational Requirements Tab - Continued								
Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>Psychology</b>								
PGDip (Knowledge component) University of	PGDip	PGDip	In person. The course r	2-4 Years	University	Clinical Neur	Advanced Prac	2
PGCert (Practice component) University of	PGCert	PGCert	In person. One 60 cred	2 Years	University	Clinical Neur	Advanced Prac	2
<b>AHPs &amp; HS</b>								
Injection therapy MSc module ( currently nc	MSc module ( 20 credits	Soft tissue / joint injections		1 Module	HEIW ( Car	AHP	Yes	6
Post Graduate Certificate in Musculoskeleta	Post Grad Cert	Post Graduate Certificate in Musculoskele		1 Year	Nil	AHP	Yes	3
BTEC Level 4 Diploma in Healthcare Science	4	Diploma	Distance learning / wor	2 Years	Pearson	HCS - Clinical Engineering (N		3
Level 3 Award in Education and Training	L3	Award	Blended	< 1 Year	Coleg Cam	HCS	No	4
Art Therapy (Full Time)	Masters In Art	MA	full time	2 Years	University Arts	Therapie	Extended	1
Music Therapy (Full Time)	Masters In Science	MSc	full time	2 Years	USW/Univ Arts	Therapie	Extended	1
ORTH 408 Medical Exemptions for Orthoptis	Post Reg Qualification	Post Graduate Cer	Part time Online Study	3 Months	University	Orthoptics	Advanced	3
ORTH 413 Neuro-Ophthalmic Advanced Clin	Post Reg Qualification	Post Graduate Cer	Part time In Person	3 Months	University	Orthoptics	Advanced	3
ORTH 410 Neurology for Advanced Clinical F	Post Reg Qualification	Post Graduate Cer	Part time In Person	3 Months	University	Orthoptics	Advanced	3
ORTH 404 Ophthalmic Care of Patients with	Post Reg Qualification	Post Graduate Cer	Part time In Person	3 Months	University	Orthoptics	Advanced	3
MMedSci Vision and Strabismus	Masters	Masters	Part time In Person	3 Years	University	Orthoptics	Advanced	3
MMedSci Ophthalmology Advanced Clinical	Masters	Masters	Part time In Person	3 Years	University	Orthoptics	Advanced	3
MSc Advanced Clinical Practice	Masters	Masters	Part time In Person	3 Years	University	AHP	Advanced	2
Research and Practice in Stroke	MRES	MRES	Part time	2 Years	Cardiff Me	AHP	Advanced	2
MSc Health and Public Services Managemen	Masters	Masters	Part time In Person	3 Years	University	AHP	Advanced	3
CT colonography course		0		1 Year	NIAW	Diagnostic ra	Extended	3
Training for cannulation for Imaging	Certificate			1 Day	NIAW	Radiology support workers		12
PgCert in MRI	Level 6	PgC	Mixed	2 Years	University	HCS - Diagno	Enhanced	
PGD in chest & abdomen reporting	Level6/7	PGD	Mixed	2 Years	University	HCS - Diagno	Enhanced	1
Advanced clinical practice stand alone modu	Level 6/7			1 Year	Wrexham	HCS - Diagno	Enhanced/Adv	3
<b>Other Educational Requirements Tab - Continued</b>								
Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>Informatics</b>								
PRINCE 2 foundation and Practitioner			Online					9
BCS Practitioner in Data Protection								12
BCS Practitioner in FOI								12
GDPR Practitioner								12
Data (Use & Access) Bill - Preparing for the Changes			Online	1 day		PDP Training		12
Product Academy   Product Focus								12
Product Management Training Course - Product Focus								12
Education & CPD - IHRIM								12
APMG Change Management								12
APMG Agile								12
APMG Benefits								12
AMPG MSP								12
Python			online / in person	days		Other - Informatics		10
Advanced SQL			online / in person	days		Other - Informatics		10
Formal reporting writing			online / in person	days		Other - Informatics		5
<b>Primary Care</b>								
Travel health - introduction courses			Tutor Led Online	2 days	Health Ac	Nursing	beginners - rec	12
Travel health update			Tutor Led Online	2 days	Health Ac	Nursing	extended - req	20
Contraception for Practice Nurses			Tutor Led Online	2 days	Health Ac	Nursing	beginners - rec	12
Wound care for GPNs			Tutor Led Online	2 days	Health Ac	Nursing	beginners - rec	12
Asthma, COPD, Diabetes, Heart Failure, IHD			15 hours education	2 months	Rotherhan Nursing/	AHF Foundation lev		40
Asthma , COPD ,Coronary Heart Disease , diabetes, heart failure,			45 hours	4 months	Rotherhan Nursing/	AHF Advanced leve		30
Paediatric asthma, sever asthma			30 hours	4 months	Rotherhan Nursing/	AHF Advanced leve		10
Asthma, AF, Bronchiectasis, Chronic kidney disease, COPD, CHD, diabetes, Heart failure			7.5 hours	1 month	Rotherhan Nursing/	AHF Updates		40
Assessment of the Child			Tutor Led Online	2 days	Health Ac	Nursing	requirement fr	12
Paediatric Minor Illness			Tutor Led Online	3 days	Health Ac	Nursing	requirement fr	12
Comprehensive Assessment of Older People			Tutor Led Online	2 days	Health Ac	Nursing	requirement fr	20
Contraception for Practice Nurses			Tutor Led Online	2 days	Health Ac	Nursing	requirement fr	40
Grief, Loss and Bereavement			Tutor Led Online	1 day	Health Ac	Nursing	requirement fr	20

Other Educational Requirements Tab - Continued								
Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>Primary Care</b>								
Gynae Assessment and Examination			Tutor Led Online	2 days	Health Ac	Nursing	requirement for	30
Key Concepts in Palliative Care			Tutor Led Online	2 days	Health Ac	Nursing	requirement for	20
Mental Health in Primary Care			Tutor Led Online	2 days	Health Ac	Nursing	requirement for	20
Minor Illness in Young People			Tutor Led Online	3 days	Health Ac	Nursing	requirement for	20
Vaginal Ring Pessary Training			Tutor Led Online	0.5 day	Health Ac	Nursing	requirement for	20
Understanding Blood Results			Tutor Led Online	2 days	Health Ac	Nursing	requirement for	30
Women's Health for Primary Care Clinicians			Tutor Led Online	2 days	Health Ac	Nursing	requirement for	30
<b>Nursing &amp; Midwifery</b>								
Post Graduate Ultrasound in Midwifery	Post Registration	Post Graduate Certificate		2			Yes	3
Post Graduate Certificate Midwifery Sonogr.	Post Registration	Post Graduate Certificate		2			Yes	3
Restorative Clinical Supervision				module				5
CAMHS module					Bangor	Nursing	Mental health	2
Leadership and Management of Children's C		5						2
Clinical restorative supervision							? Course avail	20
QIS neonates								10
Acutely unwell child	study days		Alderhey Hospital	1 day			individual study days i.e pae	4
Adult conversion to Paeds								1
Heart failure course in Keele	level 7	module						
Aintree respiratory	level 6	module						
JET gastroenterology course	level 6	module						
Coronary Care Nursing Level 6 plus					Liverpool JRN		Yes	
NIV					Glyndwr	RN	YEs	
SACT					London - CRN		YEs	
Stroke Care						RN	YEs	
Renal Dialysis						RN	YEs	
PGCert Emergency Nursing	PGCE	PGCE	Part/Full		1 Wrexham	Nursing	Yes	4
Masters in Safeguarding	Level 7	Masters	Part			Nursing	No	2
PhD in Safeguarding	Level 8	PhD	Part			Nursing	No	1
Introduction into healthcare training and ed level 6 or 7					HEIW / car	Nursing / Pharmacy		1
Facilitating learning and teaching						Nursing / Pharmacy		1
PGCE						Nursing / Pharmacy		1
<b>Other Educational Requirements Tab - Continued</b>								
Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>Nursing &amp; Midwifery</b>								
Coaching							Nursing / Pharmacy	1
Masters in healthcare								1
Leadership course								1
Patient Safety course - MSc in Patient Safety and Clinical Human Factors								2
B.Sc ODP				3 Years	Wrex Uni	AHP		7
MSc Advanced Clinical Practice	level 7	Masters		3 years	wrexham i	Nursing	yes	10
Moorfields ophthalmology course	level 6/7			5 days	Moorfield:	Nursing	yes	3
Neonatal qualification in specialty (QIS)		6			1 Bangor	N&M	Yes	3
MSc Leadership		7			Bangor/W	N&M	No	1
Ophthalmology		module						2
POAC		module						
Stroke and Neuro rehabilitation								2
post grad dipolma in diabetes								2
long term and chronic condition management								2
<b>Other Educational Requirements Tab - Continued</b>								
Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>OD</b>								
How to coach and mentor in the workplace		1	P/T	7 hours	Coleg Cam	All staff	No	10
Award in Effective Mentoring Skills		2 ILM Award	P/T	4 days	Coleg Cam	All staff	No	10
Award in Effective Mentoring Skills		3 ILM Award	P/T	8 days	Coleg Llan	All staff	No	5
Certificate in Effective Coaching & Mentorin		3 ILM	P/T	6 days	Coleg Llan	All staff	No	5
Certificate in Effective Coaching and Mentor		5 ILM	P/T	10 days	Coleg Llan	All staff	No	5
Certificate for Exec Level Coaches and Ment		7 ILM	P/T	12 days	Coleg Llan	All staff	No	5
Certificate in Coaching Supervision		7 ILM Certificate	P/T	1 year	Coleg Llan	All staff	No	5

Other Educational Requirements Tab - Continued

Course Title	Qualification Level	Award/Qualification	Study Mode	Course Duration (Years)	HEI/Provider	Professional Area	Is This Advanced / Extended Practice Education?	2026-27 Requirements
<b>OD</b>								
Leadership & Team Skills		2 ILM Certificate	P/T	8-10 sessions	Coleg Llan All staff		No	20
Leadership & Team Skills		3 ILM Award	P/T	8 weeks	Coleg Llan All staff		No	20
Leadership and Management		3 ILM Certificate	P/T	7 hours	Coleg Llan All staff			10
Diploma in Healthcare Management		3 Agored	P/T		Coleg Llan Facilities staf		No	6
Introduction to Compassionate Leadership		1 Adult Learning	P/T	Half day	Coleg Cam All Staff		No	30
PRINCE 2 Foundation		Prince 2 7th ed	P/T	3 days	Coleg Llan All staff		No	10
PRINCE 2 Practitioner		Prince 2 7th ed	P/T	3 days	Coleg Llan All staff		No	10
Working in the NHS as a Medical Administrator		2	P/T	20 weeks	Coleg Llan Administratic		No	10
Medical Audio & Word Transcription		3	P/T	15 weeks	Coleg Llan Administratic		No	10
Medical Terminology for Administrators		2	P/T	20 weeks	Coleg Llan Administratic		No	10
Medical Terminology for Administrators		3	P/T	15 weeks	Coleg Llan Administratic		No	10
Communication Skills in a Medical Environment		2	P/T	15 weeks	Coleg Llan Administratic		No	10
Medical Communication Skills Level 3		3	P/T	20 weeks	coleg Llan Administratic		No	10
Effective Minute Taking		1 Adult learning	P/T	Half day	Coleg Llan Administratic		No	30
Difficult conversations		1 Adult Learning	P/T	Half day	Coleg Cam All staff		No	20

WBL Education Requirements

Area	Education Level	Accredited / Non-accredited	Learner Numbers	Programme or Course Title or Awarding Body with Qualification Title / Accredited Learning	Expected Start & Finish Dates	Estimated Costs in year / up front payment	Estimated Cost	Is this intended to be delivered as part of an Apprenticeship	Delivery: Internal via HB or external organisation
H&SC Induction JOINT									
AHP / Therapies									
Clinical Induction									
Healthcare Science	Level 3	Apprenticeship in Engineering	1 per year	Level 3 Apprei Starting Se	2026-2027	£4000~	?	Yes	Work-based sup
Healthcare Science	Level 3	Upholsterer / Advanced Upholsterer	1 per two years	Level 3 Uphol: Starting Se	2026-2027	£4000~	?	Yes	Work-based sup
Healthcare Science	Level 4			4 Pearson BETC	2026-2027			Yes	External
Healthcare Science	Level 3			1 Royal Society	2026-2027			Yes	External
Healthcare Science	Level 4			1 Royal Society	2026-2027			Yes	External
Healthcare Science - Audiology	Apprenticeships Health Science	Level 3	3 per year	Agored	Start 2026 - End 2027		?	Yes	Mix
Healthcare Science - Audiology	Apprenticeships Health Science	Level 4	2 per year	Pearson	Start 2026 - End 2028		?	Yes	Mix
Healthcare Science	Level 3	Accredited		12 Agored Imaging Support Workers Course					
Nursing - specific HCA training requested below									
Midwifery	Level 3	Accredited		7 Midwife Supp	2028			No	
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administer Eye Drops to Individuals within the Health Care Sector					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administration of Medications via a Gastrostomy / Jejunal Tubes					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administration of Medications via the Rectal Route					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administration of Medications via the Vaginal Route					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administration of Subcutaneous Insulin via a Pen Device					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Fundamental Skills for the Administration of Medication and Monitoring the Effects on					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Healthcare Assistant (Nursing) - Supporting Individuals in the use of Inhaler Devices and					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Principles of Administration of Medication and their Effects on Individuals					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	The Role of Second Checker in the Preparation and Administration of Medications					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Administration of Medications via a Urinary Catheter					
Pharmacy	Level 3	Medicines Mana; Accredited	Numbers not given	Supporting the use of medication in social care settings					
Nursing	Level 3 for HCA ophthalm	accredited		7 fundamentals of ophthalm			203		external
Nursing	Level 3 - for Renal unit &	Accredited	Numbers not given						
Primary & Community Care	Level 2 & 3	Agored Accreditec		180 HCSWs - Ongc 01.04.26 - variable - £3.			19540	no	Llandrillo Collegu

WBL Education Requirements - Continued

Area	Education Level	Accredited / Non-accredited	Learner Numbers	Programme Title or Awarding Body with Qualification Title / Accredited Learning	Expected Start & Finish Dates	Accreditation Costs in year / up front payment	Estimated Cost	Is this intended to be delivered as part of an Apprenticeship	Delivery: Internal via HB or external organisation
Primary & Community Care	Foundation	Accredited by RCP	20	HCSW - Chron	01.04.26	- £385 each pe	7700	no	Rotherham Resp
Primary & Community Care	Level 3	Agored Accredite	4	BCU HCSW Fo	01.04.26	- £3,000 per tr	12000	no	Llandrillo/ in ho
Primary & Community Care	Level 3	Agored Accredite	4	HCSW - BCU H	01.04.26	- £200 Certific:	800	no	Llandrillo Colleg
Primary & Community Care		Non-accredited	400	Admin - Ongo	01.04.26	- variable - £6:	41439	no	Thornfields
Primary & Community Care	Level 2	Agored Accredite	40	Admin - Ongo	01.04.26	- £640 per ses:	2560	no	Llandrillo Colleg
Primary & Community Care		Non-accredited	40	Admin/ recep	01.04.26	- £600 - £1000	6000	no	Insight solutions
Primary & Community Care	Level 2	Accredited	40	Mental Health	01.04.26	- £200 pp	8000	no	
Primary & Community Care		Accredited	60	Excel training	01.04.26	- £90pp	5400	no	Llandrillo Colleg
Primary & Community Care		Non-accredited	8	Aspiring Pract	01.04.26	- £6000 per tr:	48000	no	In house supervi
Primary & Community Care		Accredited	3	Purchase of A	01.04.26	- £3000 each	9000	no	AMSPAR
Primary & Community Care		Non-accredited	30	Project manag	01.04.26	- £2,500 (max	7500	no	M&K
Primary & Community Care		Non-accredited	60	Practice Mana	01.04.26	- £50 pp	3000	no	PM Conference
Primary & Community Care		Non-accredited	30	PM Appraisal	01.04.26	- £2,500 (max	7500	no	M&K
Primary & Community Care	Foundation / Level 2	Accredited by RCP	30	NEW MDT tra	01.04.26	- £385 each pe	15000	no	Rotherham Resp
Primary & Community Care	Level 2, & 3		5	Digital Skills fc	01.04.26	- Non-Clinical Apprenticeship: yes			
Primary & Community Care	Level 3, 4 & 5		2	Health Inform t	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 4		2	Introduction t	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 3, 4 & 5	L3 access through	2	Leadership &	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 4		3	Project Mana	01.04.26 - 31.03.27			yes	GLLM
Primary & Community Care	Level 2		15	Primary Care /	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 3	Requires Developi	3	Primary Care /	01.04.26 - 31.03.27			yes	GLLM
Primary & Community Care	Level 3		2	Healthcare M:	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 3		10	Primary Health	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 4		5	Empowering e	01.04.26	- Clinical Apprenticeships: He: yes			GLLM
Primary & Community Care	Level 2, 3 & 4		3	Business Adm	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 3		2	Social Media f	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM

WBL Education Requirements - Continued

Area	Education Level	Accredited / Non-accredited	Learner Numbers	Programme or Course Title or Awarding Body with Qualification Title / Accredited Learning	Expected Start & Finish Dates	Accreditation Costs in year / up front payment	Estimated Cost	Is this intended to be delivered as part of an Apprenticeship	Delivery: Internal via HB or external organisation
Primary & Community Care	Level 3		2	Digital Market	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 2		2	Diploma in te:	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 3		3	Diploma in He	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 2		2	Facilities in He	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 3 & 4		2	Information, /	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	Level 2 & 3		5	Customer Ser	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Primary & Community Care	TBC		2	Digital Learnir	01.04.26	- Non-Clinical Apprenticeship: yes			GLLM
Facilities	Level 2	Accredited	100	Highfield Leve	1/2 Day	: £40 per cand	4000	No	External
Facilities	Level 3	Accredited	32	Highfield Leve	1 Day	: £130 per can	4160	No	External
Facilities	N/A	Accredited	10	IOSH Managin	3 Day	: £375 per can	3750	No	External
Facilities	Level 2	Accredited	81	Highfield Leve	1 Day	: £70 per Cand	5670	No	External
Facilities	Level 3	Accredited	35	Highfield Leve	1 Day	: £200 per can	7000	No	External
Facilities	Level 4	Accredited	4	Highfield Leve	1 Day	: £285 per can	1140	No	External
Facilities	Level 2	Accredited	100	Highfield Leve	1 Day	: £8.60 per Car	860	No	External
Facilities	Level 2	Accredited	10	Highfield Leve	1/2 Day	: £40 per cand	480	No	External
Facilities	Level 3	Accredited	20	Highfield Leve	3 Days	: £26.25 per Ca	525	No	External
Facilities	Level 4	Accredited	12	Highfield L4 A	6 Days	: £285 per can	3420	No	External
Facilities	N/A	Accredited	22	Award in Audi	1 Day	: £170 per can	3740	No	External
Facilities	Level 3	Accredited	23	Highfield Leve	120 hours	: £200 per can	4600	No	External
Facilities	N/A	Accredited	7	BOC Medical (	2 Day	: £1314 per ca	9198	No	External
Facilities	N/A	Accredited	5	BOC Medical (	3 Day	: £900 per can	4500	No	External
Facilities	N/A	Accredited	6	Banksperson	12 x 4hr	: £990 per can	4950	No	External
Facilities	N/A	Not Accredited	15	Metis - Hypoc	1 Day	: £720 per Day	2160	No	External
Pharmacy	Level 4	Accredited	4	Consultation Skills for Pharmacy Technicians					HEIW
Pharmacy	Level 3	Accredited	5	Pharmaceutical Science Manufacturing Technicians (TRAMS)					
Pharmacy	Level 3		3	Principles of Administration of Medication and their Effects on Individuals					

WBL Education Requirements - Continued									
Area	Education Level	Accredited / Non-accredited	Learner Numbers	Programme or Course Title or Awarding Body with Qualification Title / Accredited Learning Unit Title	Expected Start & Finish Dates	Accreditation Costs in year / up front payment	Estimated Cost	Is this intended to be delivered as part of an Apprenticeship	Delivery: Internal via HB or external organisation
Pharmacy	Level 3			3 Principles of Administration of Medication and their Effects on Individuals					
Pharmacy	Level 2			7 PWDS Final Accuracy Checking Programme (Pharmacy Assistants)					
Pharmacy	Level 2			3 Buttercups Support Staff Course for Pharmacy Assistants in Manufacturing					
Pharmacy	Level 2			3 PWDS Cleanroom Supervision in Pharmacy Technical Services					
Pharmacy	Level 2			10 Buttercups Team Leading for HCPs					
Pharmacy	Level 3			4 ILM Level 3 Award/Certificate in Leadership & Management					
Essential Skills qualification									
Estates									
Other									
Informatics	Level 4			1 Diploma in Health Informatics					
Informatics	Level 4			1 Certificate in Health Informatics					
Informatics	Level 4			4 Diploma in Data Analytics					
Informatics	Level 4			6 Clinical Coding (Wales)					
WBL Resource Requirements									
Area	Learning Delivery RESOURCE / DELIVERY EQUIPMENT requirements	Numbers	Associated Project / Programme or Course Title or Awarding Body with Qualification Title / Accredited Learning Unit Title	Estimated Cost	Lead contact: Name and email				
Clinical Induction									
H&SC Induction JOINT									
Nursing									
Midwifery									
Healthcare Science									
AHP / Therapies									
Facilities									
Primary & Community Care									
Essential Skills qualification									
Estates									
Other									
WBL Staffing Requirements									
Area	Learning Delivery STAFFING requirements	New or Continued post?	Numbers	Estimated Cost	Core Business Yes / No	If NO: Associated Project / Programme or Course Title or Awarding Body with Qualification Title / Accredited Learning Unit Title	Date for Associated Project work / evaluation report	Lead contact: Name and email	
Clinical Induction									
H&SC Induction JOINT									
Nursing									
Midwifery									
Healthcare Science	5x Band 4 - Training and Continued			5	183115	Yes			Luke.hughes@wales.nhs.uk
Healthcare Science - Audiology	For Audiology, Level 3 & Level 4 Delivered by Band 6, Band 7 & Band 8 HCSs								
AHP / Therapies									
Facilities	Additional Band 4 Facilit	New additional		3	105000	Yes		01.12.2025	Andrew.Bullock@wales.nhs.uk
Primary & Community Care	Band 7 AFC Pharmacy te	New		2	134902	N		01.04.26 - 31.10.26	angela.roberts4@wales.nhs.uk
Essential Skills qualification									
Estates									
Other									

<b>Teitl adroddiad:</b> <i>Report title:</i>	Corporate Risk Register Report			
<b>Adrodd i:</b> <i>Report to:</i>	People and Culture Committee (P&C)			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Thursday, 13 February 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>The purpose of this standing agenda item is to provide an update position of the Corporate Risk Register to which the Committee has oversight.</p> <p>All 3 risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. All 3 risks remain within the risk tolerance level set within the risk appetite.</p> <ul style="list-style-type: none"> <li>• CRR24-01 'People, Culture and Wellbeing'- Revised target risk due date from the 31/12/2024 to the 31/03/2026.</li> <li>• CRR24-15 'Health and Safety' – Revised target risk due date from the 31/12/2025 to the 31/03/2026.</li> <li>• CRR24-16 'Leadership' - Revised target risk due date from the 31/12/2024 to the 31/03/2026.</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Committee is asked to <b>receive assurance</b> for the progression of the corporate risks to which the Committee has overall accountability.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
<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> <i>Assurance level:</i>	<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>				

<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>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><b>Link to Strategic Objective(s):</b></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><b>Regulatory and legal implications:</b></p>	<p>It is essential that the Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.</p>
<p><b>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</b></p>	<p>Not applicable for this report</p>
<p><b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><b>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</b></p>	<p>Not applicable for this report</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>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</b></p>	<p>Links to the BAF detailed in respective CRR reports</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Financial implications as a result of implementing the recommendations</b></p>	<p>The effective and efficient mitigation and management of risks has the potential to leverage a positive financial dividend for the Health Board through better integration of risk management into business planning, decision-making and in shaping how care is delivered to our patients thus leading to enhanced quality, less waste and no claims.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p> <p><b>Workforce implications as a result of implementing the recommendations</b></p>	<p>Failure to capture, assess and mitigate risks can impact adversely on the workforce.</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>Individual Executive Sign off of CRR reports, Review at next Risk Scrutiny Group and subsequent Executive Team Meeting.</p>
<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>	<p>See the individual risks for details of the related links to the Board Assurance Framework.</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p>	<p>Not applicable for this report</p>

<b><i>Reason for submission of report to confidential board (where relevant)</i></b>	
<b>Camau Nesaf:</b>  <b><i>Next Steps:</i></b> 1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle. 2. Submission of Corporate Risks to Board.	
<b>Rhestr o Atodiadau:</b>  <b><i>List of Appendices:</i></b> Appendix 1 – Corporate Risk Dashboard – People & Culture Committee (P&C)  Appendix 2 – Corporate Risk Register Report - People & Culture Committee (P&C)	



# Corporate Risk Register





## Corporate Risk Register Report

### 1.0 Purpose

1.1 The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

- CRR24-01 – People, Culture and Wellbeing
- CRR24-15 – Health and Safety
- CRR24-16 – Leadership

### 2.0 Key Highlights

- CRR24-01 'People, Culture and Wellbeing' - The risk has been reviewed and updated by the service with no proposed reduction in current risk score at this time, and a revised target risk due date from the 31/12/2024 to the 31/03/2026.
- CRR24-15 'Health and Safety' – Following the Risk Scrutiny Group held on the 10<sup>th</sup> January, the risk has been further reviewed and updated by the service to ensure the risk is up to date with current position. Target date extended from the 31/12/2025 to the 31/03/2026, as previously noted to RSG to allow sufficient time to complete and implement the actions identified, with some actions not due to commence until the new financial year 2025-26
- CRR24-16 'Leadership' - The risk has been reviewed and updated by the service with no proposed reduction in current risk score at this time, and a revised target risk due date from the 31/12/2024 to the 31/03/2026.

### 2.1 Changes in Score

None

### 2.2 New Risks

None

### 2.3 Overdue/Delayed Actions

None

### 2.4 Risks above Health Board 24/25 appetite

None

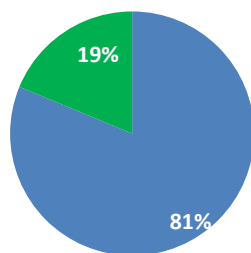
All three risks reported to committee score within the tolerance range set in the appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR24-01	People, Culture and Wellbeing	Executive Director of Workforce	16	Quality 15-19
CRR24-15	Health and Safety	Executive Director of Workforce	16	Regulatory 20-25
CRR24-16	Leadership	Executive Director of Workforce	16	Reputational 20-25

## 2.5 Action Plan status of Corporate Risks

ACTION STATUS OF CORPORATE RISKS

■ Progressing ■ Completed



Out of the 3 corporate risks, 32 actions have been developed to mitigate the risks. 6 actions have been completed, 26 actions are progressing and on track (with 2 actions yet to commence). No actions are currently overdue.

### Next steps

1. Further scrutiny of all corporate risks by Executive Team as per normal reporting cycle.
2. Submission of Corporate Risks to Board

### Appendix 1 - Corporate Risk Register Dashboard - People & Culture Committee (P&C)

Lead	Ref	Risk Title	Current Score (Likelihood x Impact)	Risk Target Score	Appetite Main Risk Type	Lead Board Committee	Risk Management Commentary
					Appetite Level		
EDoW	CRR24-01	People, Culture and Wellbeing	4 x 4 = 16 ↔	8	Quality Open 15-19	People & Culture Committee	Opened Dec 23. 12 actions identified, 2 completed, 6 progressing with 4 progressing with revised due dates.  Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026
EDoW	CRR24-15	Health and Safety	4 x 4 = 16 ↔	8	Regulatory Seek 20-25	People & Culture Committee	Opened Nov 2023. 10 actions identified, 8 progressing, with 2 actions not yet commenced.  Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026.
EDoW	CRR24-16	Leadership	4 x 4 = 16 ↔	8	Reputational Seek 20-25	People & Culture Committee	Opened Dec 23. 10 actions identified, 4 completed, and 6 progressing  Extended the Target risk due date to allow sufficient time to complete and implement identified actions, from the 31/12/2025 to the 31/03/2026.

**Key:**

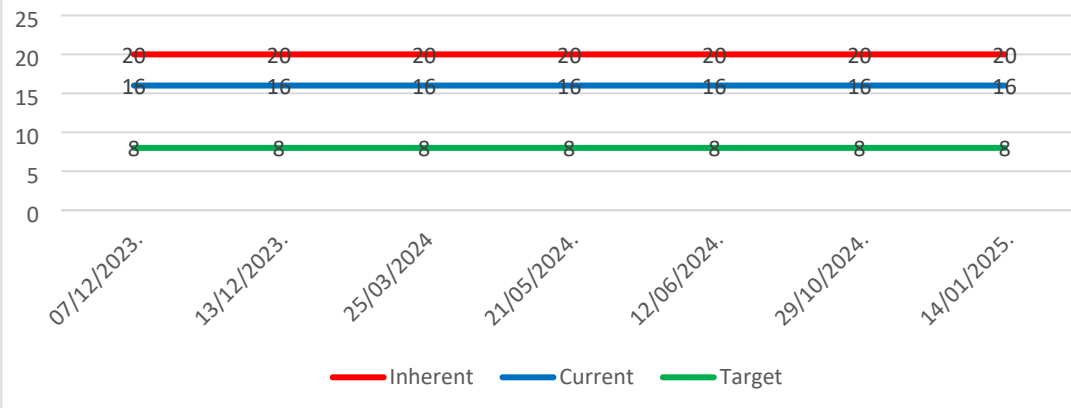
Executive	
Executive Director of Workforce	EDoW

## Appendix 2 – Corporate Risk Register Report - People & Culture Committee (P&C)

CRR 24-01	<b>Risk Title:</b> People, Culture and Wellbeing		<b>Date Opened:</b> 07/12/2023
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024
<b>Date Last Reviewed:</b> 14/01/2025	<b>Director Lead:</b> Deputy Director of Workforce	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk that BCU do not have a <b>highly skilled</b>, engaged and <b>motivated</b> workforce which could impact on safe delivery of care. This could be caused by <b>staffing shortfalls</b> organisational reputation and staff not feeling psychologically safe which could lead to burnout. This could lead to the inability to attract and retain high quality and skilled people.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. The Strategic Recruitment team in place to oversee efficient and effective professional recruitment for all senior leadership and medical &amp; dental consultant appointments across the Health Board</li> <li>2. Local IHC Resourcing Teams are in place across all IHC/Pan Services to drive forward recruitment and staffing priorities.</li> <li>3. The Recruiting well and Joining Well programmes in place</li> <li>4. Organisational Retention lead in post for BCU linked with national retention work through HEIW</li> <li>5. Dedicated Nurse Retention Lead in place to deliver the Nurse Retention Implementation Plan for the organisation</li> <li>6. New All Wales Flexible working policy has been ratified and is in place</li> <li>7. Staff feedback conjunction with the NHS Wales Staff Survey in place. Development of Pulse surveys to ensure staff have a voice across the organisation</li> <li>8. Speak out Safely MDT in place</li> <li>9. Work in Confidence platform for staff to safely raise concerns.</li> <li>10. Workstreams associated with this risk which links into the Special Measures Framework are monitored via the governance of the Framework and reported to Executive Team and Board</li> <li>11. The Culture Change Plan, which incorporated the results from the Staff Survey</li> <li>12. Staff facing version of the Learning Organisation Framework developed for use in work-based learning contexts</li> <li>13. The key themes of the 2023 staff survey have been shared with the organisation</li> <li>14. Approval of the new culture change and Behaviours Framework (ref CRR24-16)</li> <li>15. International recruitment drives, both local and all Wales</li> <li>16. People Managers Forums in place that include sessions on compassionate leadership and our values and behaviours framework</li> </ol>		<ol style="list-style-type: none"> <li>a) The programme of work through a new Education Governance Group to be established</li> <li>b) Implementation of the Employee Engagement plan and having a suite of clear indicators that measure employee engagement</li> <li>c) Development of a programme of work to ensure line manager's full involvement in employee engagement</li> <li>d) Feedback from the HEIW Nurse retention tool.</li> <li>e) Targeted management of sickness absence rates</li> <li>f) <a href="#">Engagement and operational effectiveness with Medical and Dental workforce</a></li> <li>g) <a href="#">an embedded workforce planning function</a></li> </ol>	
<b>Actions</b>			<b>Due Date</b>
REF Gaps in controls; A. Education and Learning Committee is being established as a control measure			31/03/2025
			<b>Progression Analysis</b>
			Progressing (Revised date)

A Nursing specific educational and development group has been established. However, it has been identified that an Education Governance Group is required to oversee compliance and operational performance of Education. This is in development and a term of reference is expected to be ready by the end of October 2024. Work to setup the Education Governance Group is still ongoing however, the Terms of Reference and membership is still to be agreed. <a href="#">Due to unplanned absences in the People Service Leadership team this action has been extended</a>		from 31/10/2024 then 31/12/2024)
REF Gaps in controls; B. NHS Staff Survey action plan to be developed and implemented across 24/25. There have been national delays to HBs receiving the survey data. As a result, the OD steering group have agreed the action plans will not be issued to IHCs at this stage, as not to overlap with the 2024 staff survey in October. Key themes from the 2023 survey have been issued to the organisation. This closed action has transferred to point 17 above in the mitigation section.	30/06/2024	Completed
REF Gaps in controls; B 2024 NHS Staff Survey has not closed with a 17.2% response rate. Quantitative data is due by end of January which will be distributed out to the organisational staff survey leads. This will inform actions to address issues and promote positive findings. <a href="#">The qualitative data of the 2024 survey will be shared with the organisation when they are available, likely to be late spring 2025. An update will be provided in May.</a>	30/05/2025	Progressing
REF Gaps in controls; C. Findings from the wider review of the 2022 Operating Model restructure presented via an appropriate Executive governance process and next steps agreed. The findings from the Ararna report, which included a range of employee engagement methods, have been submitted to the CEO's office. These findings are being utilised in the Insights Report (formerly the Discovery Report) which will be shared with the organisation and Trade Unions, by the end of October, as part of determining the scope of and scale of any modifications to the HB operating model and structure. The results are referred to as the 'Insight Report' and are scheduled to be socialised with the Organisation during the end of October and November. <a href="#">The Discovery Report in FoTF has been presented to the Board and the Organisation, it has now moved into the design phase. A series of workshops with senior leaders will take place in Dec 24 and Jan 25. The outputs from the workshops will produce design options to be tested in the organisation prior to final option paper going to Board in May 2025</a>	01/06/2025	Progressing (Revised date from 31/10/2024)
Clinical engagement: Progress demonstrated in the part of the OD plan relating to clinical engagement field work conducted in previous cycles. This completed action is transferred to point 14 above in the mitigation section	29/02/2024	Complete
REF Gaps in controls; B. Revisit the values of the organisation: Views on the existing values and suggestions for modifications presented to Exec Team prior to scheduling for review at Board. Previously collected staff feedback on the existing values to be analysed and proposals of methods of co-production with the staff including comms and engagement plans to be submitted via an appropriate Executive governance process. Culture World Café to take place at Leadership Conference 04.06.24. The world cafe took place as part of the leadership conference in June. The output from this, along with other staff engagement events, has contributed to the new Values and Behaviours framework which is currently being consulted on across the organisation and Trade Unions. It is planned that the Board will receive the framework in November 2024. <a href="#">Following extensive engagement over 5 months the Board formally approved our refreshed values and behaviours framework in November 2024. There is a Communication &amp; Socialisation plan in place and a high-level Embedding Plan in place was agreed by ET and P&amp;CC. A more detailed version of the Embedding Plan will be provided to the CEO for approval. A Design Group is in place which supports the co-production and co-design of all work related to Culture Development.</a>	28/02/2025	Progressing (Revised date from 31/06/2024)
REF Gaps in controls; B, A toolkit on how to use the values and behaviours is in development	31/03/2025	Progressing
The Culture, Leadership & Engagement high level annual plan is in place for 2024/25. A subsequent plan for 2025/26 is in draft and will be finalised by March 2025	31/03/2025	Progressing
Ref Gaps in controls; E. A new risk specifically detailing actions to manage sickness absence, both physical and mental health related, has been drafted and will be ratified through POD leadership in January 2025.	28/02/2025	Progressing
Ref Gaps in controls; f. A Medical Staffing function will be re-introduced into the People Services directorate. Resource requirements will be identified in January/February with the intention to introduce the new function in Q1 2025/26	30/06/2025	Progressing

<p>REF Gaps in controls; D. The Recruiting Well, Joining Well, Leaving Well Programme is being developed to ensure we recruit, support and retain a skilled motivated workforce. The programme for Recruiting Well, Joining Well, Leaving Well will now be incorporated into the <b>Staff Journey</b> programme of work. An illustrative map is currently being developed showing all areas within People Services and OD that employees typically encounter, from Hire to Retire'. Work is being undertaken to identify gaps in each of the services with regards to policies and procedures. This will enable the Staff journey programme plan, which will include timescales, to be drafted. The draft illustrative map is under review and analysis of gaps in policy and process are being identified through a number of workstreams. The initial focus is on <i>Corporate and Local Induction, Shortlisting timescales, Advertising in recruitment and the Leaving Well booklet</i>. These initial workstreams are planned to be completed by the end of December 2024. <i>The mapping work to identify development opportunities for our People (WP) policies and procedures is underway which informs the annual schedule led by the corporate governance team. Furthermore, an operational group is in place to review and update the corporate and local induction policy. Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025</i></p> <ul style="list-style-type: none"> <li>a. The leaving well booklet</li> <li>b. Improving shortlisting timescales</li> <li>c. Advertising well in recruitment</li> </ul>	31/12/2025	Progressing (Revised date from 31/12/2024)
<p>REF Gaps in controls; G. A workforce planning lead was recruited earlier in 2024. A new Health Board approach to workforce planning is expected to be ratified in February 2025 and will be submitted in the 2025/26 IMTP. The new approach contains a series of milestones that will improve workforce planning skills and knowledge across the organisation, improve guidance and resources for service leads and will incorporate a detailed workforce plan for the 2026/27 IMPT</p>	31/03/2026	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Open		15-19

#### Rationale for Corporate Risk

Staff engagement score at 72%, comparable with all Wales average of 73%. October 2024, 95% of wards consistently met staffing levels, supported by robust workforce planning and international recruitment initiatives. High turnover rates across certain key staff groups. vacancy rate improved during October, reducing by 0.5% to 7.8%. Turnover is on a steady downward trend, currently at 8% and down 0.7% in the last 12 months. lowest reported sickness absence levels across NHS Wales. Rolling sickness absence is largely reflective of the same



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NHS  
WALES

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	<p>period last year, 5.89% in October 2023 compared to 5.95% in October 2024. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost. Recruitment challenges and high reliance on agency staff have historically strained financial and operational performance.</p>
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CRR24-15	<b>Risk Title:</b> Health and Safety		<b>Date Opened:</b> 01/12/2023
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024
<b>Date Last Reviewed:</b> 24/01/2025	<b>Director Lead:</b> Deputy Director of People	<b>Link to BAF:</b> N/A	<b>Target Risk Date:</b> 31/03/2026
<p>There is a risk of avoidable harm to patients and staff. This is may be caused by a failure of the Health Board to provide safe systems of delivery and work in accordance with the Health and Safety at Work Act 1974 and associated legislation due to the lack of Health and Safety Leadership. The impact is patient and staff harm, financial implications, and reputational impact to the Health Board.</p>			
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>	
<ol style="list-style-type: none"> <li>1. Three-year Occupational Health, Safety and Security strategy.</li> <li>2. Health and Safety Policies report into the Strategic Occupational Health &amp; Safety Group.</li> <li>3. Health and Safety eLearning and short courses in place.</li> <li>4. Gap Analysis has been reviewed. Strategy and plan to March 2026.</li> <li>5. Health and Safety Policies and Procedures are on BetsiNet.</li> <li>6. Programme of Health and Safety Reviews are in place.</li> <li>7. Programme of Health and Safety Self-Assessments are in place for completion twice yearly.</li> </ol>		<ol style="list-style-type: none"> <li>a. NHS Employer Health and Safety Standards are being developed</li> <li>b. A review of resources required following the internal audit.</li> <li>c. BCUHB Executive Team and Board of Directors to complete health and safety training.</li> <li>d. The business model aligned to the NHS Manual Handling Passport Scheme to be reviewed</li> <li>e. Investment in training venues is required for manual handling training delivery.</li> <li>f. Senior Leaders to nominate staff to support with Divisional delivery of manual handling refresher training..</li> <li>g. Review of health and safety policies within the next 12-24 months.</li> <li>h. A Health and Safety Risk Assessment and Management Framework needs developing.</li> <li>i. A pan BCUHB Health, Safety and Security Training Needs Analysis is required.</li> <li>j. Utilise the Violence Prevention and Reduction Standards to provide a framework for a safer environment.</li> <li>k. Intranet pages for Health, Safety and Security Services require development.</li> </ol>	
<b>Actions</b>			<b>Due Date</b>
A new approach is required supplemented by a clear strategy and framework.			31/12/2025
			<b>Progression Analysis</b>
			Progressing (Revised date from 31/12/2024)

The Health and Safety Policies and procedures require a review. Compliance spreadsheet to be included in the SOSHG Agenda going forward.	31/03/2025	Progressing
In-house security service model not being pursued. 22/01/2025: Extension of current Security SLA and Technical specification awaiting sign off.	31/03/2025	Progressing (Revised date from 31/12/2024)
Health and Safety training to be arranged for the Board. Training date set for 27/02/2025.	31/03/2025	Progressing (Revised date from 31/12/2024)
Updated strategy and plan developed with key service objectives identified to March 2026.	31/12/2025	Progressing (Revised date from 31/12/2024)
A process to monitor and review department self-assessments is needed.	31/12/2025	Progressing (Revised date from 31/12/2024)
A review of resources within the Health, Safety and Security Service is required following the internal audit findings. 22/01/2025: Structure reviewed and remodelled. A business case to be developed.	31/03/2025	Progressing
The BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to be reviewed.	31/03/2025	Progressing
A Health and Safety Risk Assessment and Management Framework is needed. Work to commence FY 2025/26	31/03/2026	Not Started
An electronic document management system (EDMS) for reporting of health and safety compliance and risk management pan BCUHB. Risk Management software approved. Implementation 2026	01/01/2027	Not Started

	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Regulatory		20-25

**Rationale for Corporate Risk**

There is an inherent risk that the failure of Health & Safety management systems could lead to RIDDOR Reportable. Specified Injuries to Workers. Patient mismanagement, long-term effects. Death or significant irreversible harm which will result in prosecution by the Health and Safety Executive consequently leading to loss of reputation and financial penalties. The risk is extenuated by Non-compliance

Date	Inherent	Current	Target
01/12/2023	20	16	8
06/12/2023	20	16	8
20/12/2023	20	16	8
04/03/2024	20	16	8
21/05/2024	20	16	8
23/08/2024	20	16	8
25/10/2024	20	16	8
16/12/2024	20	16	8
24/01/2025	20	16	8



GIG  
CYMRU  
NHS  
WALES

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University Health Board

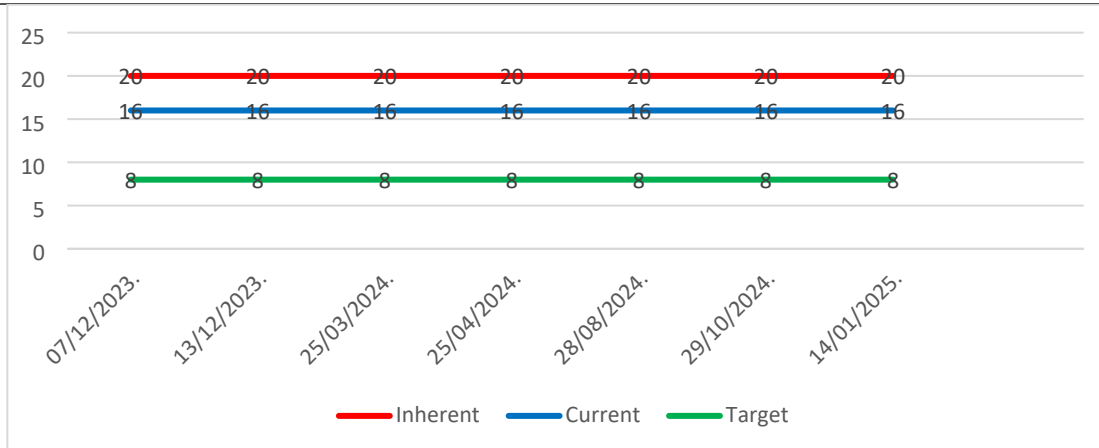
with national standards with significant risk to patients/public. An unacceptable level or quality of treatment/service. Gross failure of patient safety leading. Inquests and Coroners reports. Low staffing level that reduces the service quality. Low staff morale. Poor staff attendance for mandatory/key professional training. Uncertain delivery of key objective/ service due to lack/loss of staff within the Health and Safety team. Structural changes will be implemented in summer 2024, with Health and Safety moving from Workforce Directorate to a new role of Director of Environment, reporting directly to CEO.



CRR 24-16	<b>Risk Title:</b> Leadership		<b>Date Opened:</b> 07/12/2023	
	<b>Assuring Committee:</b> People & Culture Committee		<b>Date Last Committee Review:</b> 12/12/2024	
<b>Date Last Reviewed:</b> 14/01/2025	<b>Director Lead:</b> Deputy Director of Workforce	<b>Link to BAF:</b>	<b>Target Risk Date:</b> 31/03/2026	
<p>There is a risk of traditional models of leadership which do not define the expectations, values and behaviours of our leaders to transform the organisation. We recognise a compassionate leadership approach supports the delivery of safe and reliable care. This could be caused by inadequate governance arrangement and lack of integrated leadership development pathways across the Health Board. This could have an impact on the sustainability of staffing and subsequently patient care and safety and service delivery.</p>				
<b>Mitigations/Controls in place</b>		<b>Additional Controls required</b>		
<ol style="list-style-type: none"> <li>1. Integrated Leadership Development Framework (ILDF)</li> <li>2. Culture change and Behaviours Framework.</li> <li>3. Suite of leadership conferences, networking and masterclasses on compassionate, inclusive leadership and engagement. Three conferences have been held so far with over 750 attendees</li> <li>4. Work associated with this risk which links into the Special Measures Framework now monitored via the governance of the Framework and reported to Executive Team and Board.</li> <li>5. Full Board now in place and all committees now chaired and attended by full complement of Independent Members</li> <li>6. Culture change agents in place across the organisation</li> <li>7. The Board formally signed the NHS Wales' Compassionate Leadership Pledge in September 2024.</li> <li>8. <a href="#">A compassionate behaviour resources, video co-produced with HEIW.</a></li> <li>9. <a href="#">Compassionate leadership modules are now integrated into all leadership and management development programmes.</a></li> <li>10. <a href="#">An approved Culture Leadership and Development Plan</a></li> </ol>		<ol style="list-style-type: none"> <li>a. Further embedding of Integrated Leadership Development Framework.</li> <li>b. Implementation and measurement of compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours</li> <li>c. Formal Culture Change Plan and accompanying Comms and Engagement plan</li> <li>d. A Behaviours Framework (will be derived from the culture change workstream)</li> <li>e. Appropriately resourced Culture Change programme and realignment of resources within the OD function.</li> <li>f. Filling of gaps in Executive team</li> </ol>		
<b>Actions</b>			<b>Due Date</b>	<b>Progression Analysis</b>

<p>REF Gaps in controls; A &amp; B. Draft Integrated Leadership Development Framework in place (forms part of special measures monitoring)</p> <ul style="list-style-type: none"> <li>The lower level programmes within the ILDF have commenced. Mynydd Mawr – Foundations of Leadership and Management Programme - commenced it's first cohort on the 27<sup>th</sup> June 2024. A further 16 cohorts are scheduled through to March 2025</li> <li>The OD function is undergoing a re-alignment of resources to be in place by the end of December 2024 this will support the delivery of the ILDF action plan from September/October onwards. The Advanced Clinical Leadership Programme (ACLP) is currently in progress with 26 BCUHB clinical leaders engaged on the programme. This is a well-established programme developed by HEIW to support and develop senior clinical leaders. The programme commenced in February 2024 and is due to complete at the end of the year.</li> <li>A new Leadership hub, hosted on Gwella, will be launched in November 2024 which incorporates online resources for our current and aspirational leaders. Alongside this a People Managers Forum will also be launched. The People Managers Forum will be a space for all people managers to network and share their experience and will be hosted virtually in the first instance. The forum will support our people managers in developing their skills and competence, help them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space.</li> </ul>	31/12/2024	Complete
<p>REF Gaps in controls; A, Define the indicators (quantitative and qualitative) that will enable the organisation to measure the on-going effectiveness of the ILDF.</p>	31/03/2025	Progressing
<p>REF Gaps in controls; A, The ILDF courses and development resources for mid-level management/leadership will be designed and implemented across 2025/26</p>	31/03/2026	Progressing
<p>REF Gaps in controls; A, B, D, A suite of masterclasses and workshops will be launched in Q1 2025/26 which are aimed to give wrap-around support to our leaders across the organisation.</p>	30/06/2025	Progressing
<p>REF Gaps in controls; C &amp; D. A draft OD plan in development (forms part of special measures monitoring) and has been initially approved by the culture steering group. The next steps are to ratify the plan with the senior team and People &amp; Culture Steering Group. The OD plan is under consultation and is expected to be ratified by Board in November 2024. <a href="#">The Culture Leadership &amp; Engagement plan has been approved and is now in place. Reference point 10 in the mitigation section</a></p>	30/11/2024	Complete
<p>REF Gaps in controls; C&amp; E. Examine the current pervasive culture: Final results from NHS Wales Staff Survey shared with all relevant managers and thematic analysis fed into Culture Change Plan. The Leadership Conference (inc. the world cafe) took place in June to assess the culture, values and behaviours of the organisation. The results, along with a range of related reviews and staff engagement mechanisms, informed the new Culture change programme and Behaviours Framework. This closed action is transferred to point 7 in the 'controls in place' section.</p>	31/08/2024	Completed
<p>REF Gaps in controls; B &amp; C, A further Leadership conference will be held in Q1; the topic and content is currently being ratified and will be confirmed by March 2025</p>	31/03/2025	Progressing
<p>REF Gaps in controls; E, Alignment of OD resource is still underway. The permanent structure is in place but a number of the non-recurrent posts remain vacant with ongoing discussion regarding funding. It is hoped to have the posts filled by Q1 2025/26</p>	30/06/2025	Progressing

REF Gaps in controls; B,C, D & E. Further embedding of compassionate approach to leadership and how to adopt it, aligned with the work on values and behaviours. Formal Culture Change Plan and accompanying Comms and Engagement plan. A Behaviours Framework (will be derived from the culture change workstream). An appropriately resourced Culture Change programme and realignment of resources within the OD function. <b>This action is now closed as the remaining workstreams are detailed in CRR24-01.</b>	31/12/2024	Completed (refer to CRR24-01)
Whilst it is not unusual to have a vacant Executive position, there are a small number of posts that have not been filled substantively for some time which may impact the overall scoring of this risk; Executive Director of People & OD – Interview TBC Executive Medical Director – Interview Feb/Mar 25 Executive Director of Finance – Appointed Jan 25	30/05/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Reputational		20-25

**Rationale for Corporate Risk**

Staff retention is 90.5% compared to 90.3% last year. PADR compliance showed improvement in October 2024, following a period of reducing rates, increasing by 0.7% to 77.8%. The Grievance trend of cases have is rising but the number of new cases has dropped in the previous 2 months. The percentage of stress & anxiety absences remains high at 1.8%. Avoidable turnover has dropped from 5.9% to 4.8% compared to January 2023.

# Consultant Job Planning

## Internal Audit Report

2024/25

Betsi Cadwaladr University Health Board



Unsatisfactory Assurance

### Contents

Executive Summary .....	1
Findings & Agreed Action Plan .....	4
Appendix A .....	12

### Review Reference

BCU-2425-20

### Fieldwork

October 2024 - November 2024

### Executive Sign Off

2 January 2024

### Audit Committee

January 2025

### Executive Lead

Interim Medical Director & Deputy Director of People

### Audit Team

Dave Harries, Head of Internal Audit

Nicola Jones, Deputy Head of Internal Audit

# Executive Summary

## Purpose

To review arrangements across the health board for management of the systems and controls in place for consultant job planning.

## Overview

A job plan is a professional and contractual obligation for consultants and employers and sets out the duties, responsibilities and outcomes and the support and resources provided by the employer for the coming year. Job plans record the work that a consultant will undertake for the Betsi Cadwaladr University Health Board (the health board), split by Direct Clinical Care (DCC) and Supporting Professional Activities (SPA).

We have concluded unsatisfactory assurance on this area. The significant matters requiring management attention include:

- There is no agreed Health Board policy in place for job planning. The Health Board must agree and publish its draft policy *Job Planning for Consultants, Speciality and Specialist Doctors: Betsi Cadwaladr University Health Board* as a matter of urgency to ensure standardisation and equity across all its services.
- Overall, the Health Board is not compliant with the requirements set out in the *Amendment to the National Consultant Contract in Wales* where annual job plans are required. Compliance is generally poor, at the time of this report thirty-four percent (34%) of job plans had expired.
- There were limited personal and service/team objectives evident throughout our sample and it is unclear why operational management are approving job plans without a key element of the national contract included. The recording of the Health Board’s strategic goals was evident throughout our sample; however, these are outdated and do not reflect the strategic objectives detailed in the 2024-2027 Three-Year Plan.
- The Health Board pays Consultants for whole sessions and do not include part sessions (where agreed in the job plan). This may adversely impact the delivery of clinical sessions and impact the timely delivery of services to patients.
- It is unclear how the delivery and outcomes of sessions agreed in job plans are measured to ensure that clinical capacity is utilised effectively. For example, the number of patients to be seen in clinics/session time and theatre time and whether this is being achieved.
- Generally, there is inadequate reporting of job plan performance and scrutiny at operational management level, with limited use advised of the job plan dashboard. The Medical Workforce Group has not been meeting in accordance with its Terms of Reference, however its assurance reporting to the executive has not happened due to the People & Culture Executive Delivery Group also not meeting. There is little focus on medical and dental workforce matters reported to the People & Culture Committee.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 There is relevant and up to date procedures in place that are available to staff and align to the All-Wales guidance.	1, 2, 3 & 4	<b>Unsatisfactory</b>
2 Job plans accurately reflect both the individual and organisation activity requirements and are completed in a timely manner.	5, 6	<b>Limited</b>
3 Job plans include outcomes that are linked to the health board’s organisational objectives, and the level of achievement is subject to appropriate assessment.	7	<b>Unsatisfactory</b>
4 Completed job plans reconcile to system records and session payments are correct.	8, 9	<b>Limited</b>

5 The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.

10, 11

**Unsatisfactory**

### Management Actions

**8**

High Priority

**3**

Medium Priority

### Themes

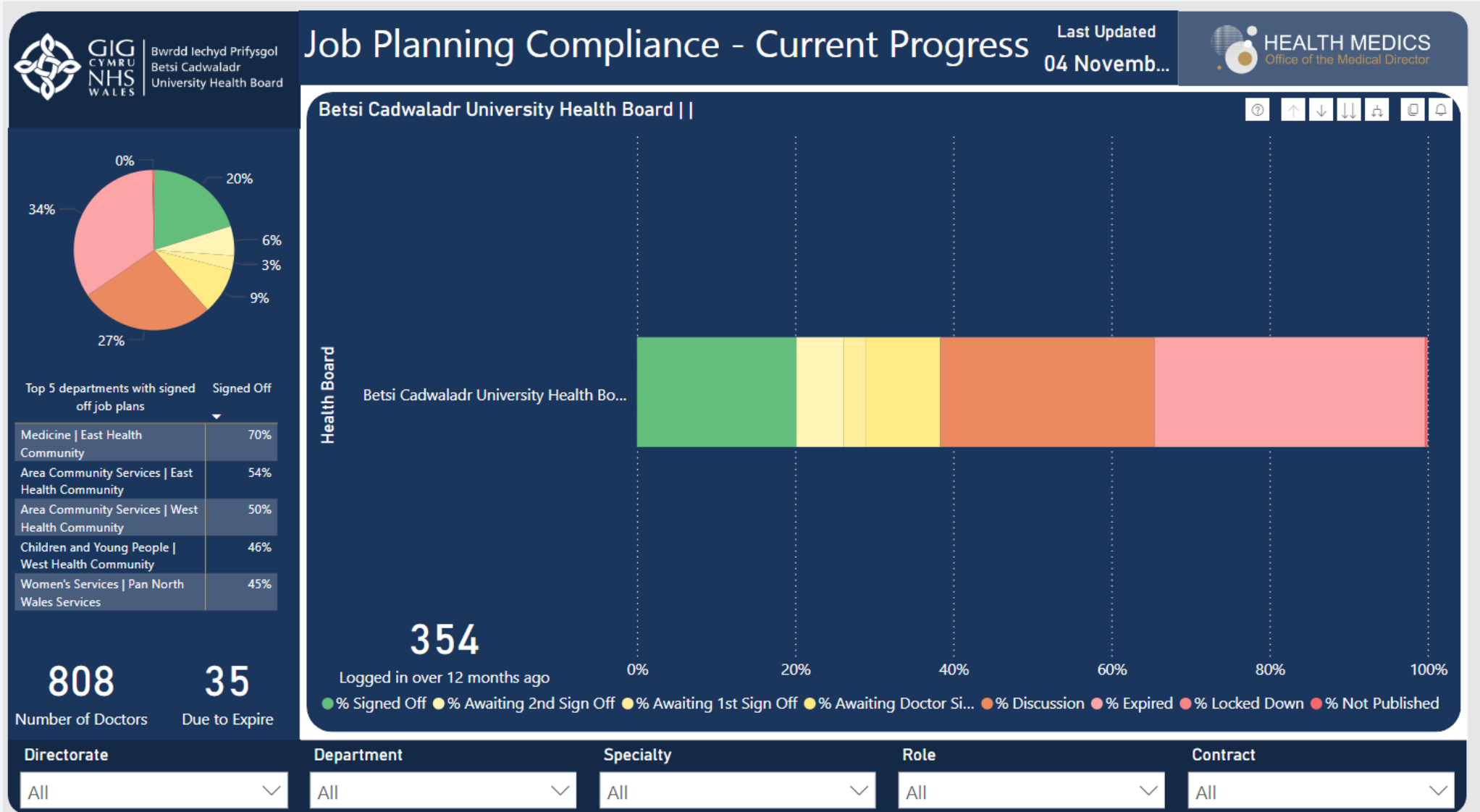


- Communication & Engagement
- Contractual
- Finance Management & Control
- Governance
- Information, Data Quality & Data Accuracy
- Performance Monitoring
- Policies & Procedures
- Reporting
- Resourcing

### Risk Types

- Quality or Safety Issues
- Legal & Regulatory Non-Compliance
- Financial Loss

# At a Glance - Job Planning Compliance Dashboard as of 4 November 2024



Source: Screen shot taken 6 November 2024, [Job Planning Compliance - Current Progress - Power BI](#) via the Health Board [Job Planning](#) intranet site for Consultant and Specialty and Associate Specialists (SAS) Doctor.

The data does not identify job plans which are with respective Medical Directors for resolution due to non-agreement with local management.

# Findings & Agreed Action Plan

**Objective 1:** There is relevant and up to date procedures in place that are available to staff and align to the All-Wales guidance. **Unsatisfactory**

**Overview / Summary of Observations**

There is no Health Board Policy or Standard Operating Procedure currently published to support both Operational Managers and the Consultant to fulfil the requirements of the *Amendment to the National Consultant Contract in Wales*. This issue was raised by Wales Audit Office (Audit Wales) in its NHS Consultant Contract review in 2011 and follow-up of recommendation progress in 2016.

We recognise steps were taken by the Office of the Medical Director in developing a draft policy in June 2023 which was issued for comment, however several issues have been raised with the policy that have not been resolved, and industrial action has curtailed progress.

To fulfil the requirements of job planning, the Health Board uses an EJob Plan system which is hosted by the supplier on the cloud. The system has replaced paper and enables the accurate calculation of sessions as well as reducing the administration time of clinicians and managers. There is an intranet page for job planning which includes a YouTube 'Job Planning and the Job Plan Review' video from the British Medical Association (BMA) and signposting to EJob Plan user guide documentation. Through discussions, we were advised that the system has some functionality limitations, but we have not undertaken a system specific review to corroborate the issues raised.

Medical and Dental contracts are more complex than other staff group contracts and require expertise to support clinical services. We found there is no dedicated Medical Staffing function to support clinical services with both contractual matters and wider people performance issues.

There is one officer dedicated to Job Planning, based in the Office of the Medical Director, to support all services with Consultant and SAS Doctors with job plans.

Key Findings		Risk & Impact	Agreed Management Action
1	<p><b>Health Board Policy</b></p> <p>The Health Board has no Policy or Procedure detailing the expectations of both management and Consultant in discussing and agreeing the Job Plan in line with the nationally agreed Consultant Contract. Based on our review, it has not had a comprehensive Policy in place for thirteen years, per the original review undertaken by the former Wales Audit Office in 2011.</p> <p>Limited training is provided to all individuals involved in the job plan process.</p>	<p>Inability to demonstrate compliance with the Amendment to the National Consultant Contract in Wales.</p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Review and update Job Planning policy to be aligned with All Wales guidance and nationally agreed Consultant Contract, which is readily accessible to staff.</li> <li>Continue with regular updates of compliance to IHC/Division, to reflect organisational job planning status.</li> <li>Complete a training needs analysis across BCUHB to establish training for medical and management teams by March 2025.</li> <li>Develop and deliver targeted training sessions for managers and consultants by April 2025.</li> </ul>

			<p><b>Expected Evidence of Implementation:</b></p> <p>Updated policy <i>Job Planning for Consultants, Speciality and Specialist Doctors: Betsi Cadwaladr University Health Board</i> , which has been ratified and issued.</p> <p>Evidence of training and support provided to Consultant and management to ensure the process is effective and supports both parties.</p>
		<b>High Priority</b>	<p><b>Officer:</b> Interim Medical Director</p> <p><b>Date:</b> 31 May 2025</p>
	<b>Theme:</b> Policies & Procedures	Control Design	
2	<p><b>Medical Resourcing</b></p> <p>Through discussion with all clinical directorates/divisions, each advised on the limited support available to them in relation to Medical and Dental Contract matters, following the removal of a dedicated medical staffing resource. We have confirmed this was absorbed in 2019.</p> <p>The Office of the Medical Director is responsible for some people related functions, with limited contingency arrangements in the event of annual leave/prolonged absence.</p> <p>There is possibility of duplication within the Health Board through the operation of standalone people systems and development of silo expertise.</p>	Lack of dedicated support for operational leaders to ensure compliance with the medical and dental contract.	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• Provide comprehensive training for consultants and managers on job planning processes, focusing on linking individual objectives with organisational goals.</li> <li>• Establish clear communication channels for escalating job planning concerns or discrepancies.</li> </ul> <p><b>Expected Evidence of Implementation:</b></p> <p>Details and records of training provided to consultants and managers on the job planning process.</p> <p>Documented details of key contacts and escalation route for job planning issues.</p>
		<b>Medium Priority</b>	<p><b>Officer:</b> Interim Medical Director</p> <p><b>Date:</b> 30 September 2025</p>
	<b>Theme:</b> Resourcing	Control Operation	
3	<p><b>EJob Plan First and second sign-off</b></p> <p>Through a review of first and second sign off details in the Ejob plan system, and verification with the seven clinical directorates / divisions, there were several issues noted with the accuracy of the information on the system . This includes gaps in second approvers, officers no longer in post, and</p>	Job Plans are not approved by officers delegated to do so, and do not clearly reflect the requirements of	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• Develop a standardised and systematic approach to monitor job plan completion rates, reporting results to the appropriate forums.</li> <li>• Create escalation protocols for addressing non-compliance promptly and on regular basis and appropriate form.</li> </ul>

	inconsistency with operational management included as either first or second sign off. There was also test data included in the live system.	the service, which could result in services not being delivered effectively.	<b>Expected Evidence of Implementation:</b> The first and second sign-off details are shared regularly with the respective Director and Medical Director to confirm the accuracy of both approvers in line with expectations of the Policy. All test data is removed from the live system and reserved for the Training module of the system.
	<b>Theme:</b> Governance	<b>High Priority</b>	<b>Officer:</b> Interim Medical Director <b>Date:</b> 30 April 2024
4	<b>Business Continuity</b> The EJob Plan system is a hosted platform on the cloud and is wholly reliant on an internet connection. We have not reviewed the contractual arrangement regarding disaster recovery arrangements with the supplier.  We have confirmed there is no documented business continuity plan in place centrally but are unsighted whether there are arrangements in place locally.	Potential loss of the Ejob plan system will impact the ability of the Health Board to comply with the National Consultant Contract in Wales.	<b>Agreed Action:</b> <ul style="list-style-type: none"> <li>• The system is web based so accessible anywhere and backup by Allocate.</li> <li>• Testing and approval of Medical Dental and Elements report from ESR (sessional payments) which will all periodically audits to verify that job plans reconcile with system records and ensure session payments are accurate.</li> <li>• Automate data entry processes wherever possible to reduce human error in transferring information to ESR.</li> </ul> <b>Expected Evidence of Implementation:</b> Confirmation of a co-ordinated business continuity plan for the EJob Plan system in the event of unplanned system downtime.
	<b>Theme:</b> Information & Data Management	<b>Medium Priority</b>	<b>Officer:</b> Deputy Director of People <b>Date:</b> 30 September 2024

**Objective 2:** Job plans accurately reflect both the individual and organisation activity requirements and are completed in a timely manner.

**Limited**

## Overview / Summary of Observations

There are eight hundred and eight (808) Consultant and Specialty and Specialist (SAS) Doctor job plans recorded in the EJob Plan system; five hundred and sixty-five (565) are Consultant – We have not corroborated that this is the complete list of consultants and SAS doctors.

The national contract requires:

- 1.22 The job plan will be agreed between the employer and the individual Consultant on appointment to the post and reviewed annually at the job plan review.
- 1.27 Job plan reviews for all Consultants will take place within one month of the Consultant's incremental date, unless jointly agreed otherwise.
- 1.28 It is the employer's responsibility to arrange the job plan review within the relevant timescale...

Health Board achievement against the annual review requirement is poor, with only 20% signed off at the time of this report (4 November 2024); 34% are reported as expired with a further 27% at discussion stage.

All job plans in our sample had clear timetables and summary of activities assigned with some minor omissions regarding place of work and clarity concerning what the additional Supporting Professional Activity (SPA) session was to be used for. However, the Service Outcome section of the job plan was lacking SMART objectives.

We were advised that one division includes a draft job plan at advert stage which has been subject to Royal College review at time of agreeing the advert – we consider this good practice as applicants know in advance the draft sessions and location where the sessions will be fulfilled.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 <b>Job Plan annual review</b></p> <p>Through our review meetings, we were advised that undertaking the job plan within one month of the incremental date is not something that is actively followed as the system does not capture the data.</p> <p>The Health Board is not compliant with its responsibility for ensuring annual job plan reviews are undertaken every twelve months and ensuring adequate narrative is completed around additional SPA sessions and place of work.</p>	<p>Non-compliance with the Amendment to the National Consultant Contract in Wales.</p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>• The Medical Dental and Elements pay report from ESR once approved will identify employment start date, which would be their incremental date.</li> <li>• Use the power BI compliance report as an evaluation framework to assess the level of achievement of these outcomes regularly.</li> <li>• To ensure detailed information around SPA sessions is captured within job plans by IHC/Division.</li> </ul> <p><b>Expected Evidence of Implementation:</b></p> <p>Overall increase in signed off job plans as captured by the Job Planning dashboard and corresponding job plans have all required information completed.</p>
<p><b>Theme:</b> Contractual</p>	<p><b>High Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Interim Medical Director and Deputy Director of People</p> <p><b>Date:</b> 30 April 2025</p>

<p>6 <b>Directorate/Specialty objectives are explicit</b></p> <p>There is a generic statement within the Service Outcomes section of job plans "To ensure service and jobplan aligned to deliver CPG and wider BCU Strategic direction", (sic). The Service Outcomes section overall was either incomplete or noted "During job plan discussions need to review this".</p> <p>From our review, we are unclear how management are approving job plans without expected service objectives.</p> <p>We note different approaches taken in agreeing team objectives where colleagues collectively agree on the service requirements and then meet individually as part of the job plan approach to agree individual objectives. These should be SMART and recorded in the system.</p>	<p>Inconsistent and non-achievement of service/team objectives to deliver high quality and safe clinical services.</p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Establish with the team a cross-departmental assessment to address identified areas not complete, for example service outcomes not recorded.</li> <li>Schedule regular reviews of job planning practices to ensure continuous improvement and compliance with audit standards.</li> </ul> <p><b>Expected Evidence of Implementation:</b></p> <p>Evidence of quality review of job plans.</p> <p>All job plans include SMART objectives within the Service Outcomes section.</p>
<p><b>Theme:</b> Performance Monitoring</p>	<p style="background-color: red; color: white; text-align: center;"><b>High Priority</b></p>	<p><b>Officer:</b> Interim Medical Director</p>
	<p>Control Operation</p>	<p><b>Date:</b> 30 April 2025</p>

**Objective 3:** Job plans include outcomes that are linked to the Health Board’s organisational objectives, and the level of achievement is subject to appropriate assessment.

**Unsatisfactory**

**Overview / Summary of Observations**

We found that all job plans included the Health Board’s seven Strategic Goals and recognise these are set in the system.

However, the seven goals recorded in each job plan do not mirror the five strategic objectives set out in the Health Board Three-Year Plan for 2024-27. In addition, we could find no measurable outcome specified and agreed between management and the Consultant that would support measuring achievement against Health Board objectives.

It is also unclear how the delivery and outcomes of sessions agreed in job plans are measured, to ensure that clinical capacity is utilised appropriately, for example, the number of patients to be seen in clinics / session time and theatre time and whether this is being achieved. We are advised there are nationally available measures available for clinics, and through discussion with areas, we were advised that there is little use of measurable data to confirm the expectations of what can be delivered in clinical sessions.

Key Findings	Risk & Impact	Agreed Management Action
<p>7 <b>Evidencing achievement of the Board objectives</b></p>	<p>Job plans are not framed to deliver the Board’s</p>	<p><b>Agreed Action:</b> To revisit with Office of the Medical Director the current outcomes section of the job plan and align more fully with the PADR process for other staff groups to ensure objectives can</p>

<p>Whilst there were strategic goals detailed in the Board Outcomes section of the job plan, they did not reflect the current strategic objectives, and there were no measurable outcomes agreed from which it could be evidenced as being worked to/achieved.</p>	<p>Strategic Objectives, thus undermining the ability of the Consultant &amp; SAS Doctor to support in achieving them.</p>	<p>be aligned to allow Consultant &amp; SAS Doctors to support in achieving them.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Updated Strategic Objectives included for all Job Plans with local agreement at each job plan meeting where outcomes can be noted as specific and measurable.</p>
<p><b>Theme:</b> Communication &amp; Engagement</p>	<p><b>High Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Interim Medical Director</p> <p><b>Date:</b> 30 April 2025</p>

**Objective 4:** Completed job plans reconcile to system records and session payments are correct. **Limited**

**Overview / Summary of Observations**

Through our comparison of twenty-two job plans to pay data, we found the Health Board pays in whole sessions; however, our sample noted several plans agreed that were over a whole session (i.e. 10.6 sessions) but the individual was not paid this. This could lead to a reduction in clinical activity where the Consultant reduces their time to reflect the sessions paid.

We were advised that one division have regular meetings to verify pay to sessions across specialties but have not corroborated any outcome from these meetings.

Our review of the job plans also found individuals with other assignments for different roles that were outside those of the clinical service we reviewed, but these were not evident as being raised in discussion with the substantive role.

Key Findings	Risk & Impact	Agreed Management Action
<p>8 <b>Regular review of payments to agreed job plan commitments</b></p> <p>We identified six (27%) of the twenty-two job plans with a variance between the sessions paid and that recorded on the job plan.</p> <p>We also found a variance in Intensity Band payments and are unclear whether these payments are subject to annual review or simply roll-over.</p> <p>The payment of only whole sessions could adversely impact the Health Board to deliver against its waiting lists as this does not always reflect the agreed job plan.</p>	<p>Clinical activity is reduced to reflect the sessions paid as opposed to the sessions agreed.</p> <p><b>High Priority</b></p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Medical Dental and Elements report from ESR (under development) will be able to flag up issues with sessional pay, intensity bandings.</li> </ul> <p><b>Expected Evidence of Implementation:</b></p> <p>Directorates/Divisions undertake regular reviews of sessions and allowances paid to ensure the Consultant is being paid in accordance with the agreed job plan.</p> <p><b>Officer:</b> Deputy Director of People</p>

	<b>Theme:</b> Financial Management & Control	Control Design	<b>Date:</b> 30 April 2025
9	<p><b>Additional sessions undertaken outside of the substantive post</b></p> <p>We found instances where some Consultants are undertaking additional sessional work for the Health Board, but these are not fully reflected/declared within their substantive job plan – This could lead to a Working Time Directive breach.</p>	Working Time Directive is breached as management are not sighted on additional sessions contracted directly with the Consultant.	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>IHC/Divisions need to have detailed meetings with Consultants to breakdown the job plan, to identify what sessions are additional and justification of still being required to be completed.</li> </ul> <p><b>Expected Evidence of Implementation:</b></p> <p>Through the annual job plan meeting, operational management document whether the Consultant is undertaking additional work outside the main job plan and note the professional view of the Clinical Lead/Director and/or Medical Director.</p>
	<b>Theme:</b> Resourcing	Control Operation	<b>Date:</b> 30 September 2025
		<b>Medium Priority</b>	<b>Officer:</b> Interim Medical Director

**Objective 5:** The completion rates of job plans are monitored and reported to an appropriate forum, with further escalation if there is low compliance.

**Unsatisfactory**

### Overview / Summary of Observations

There is no reporting of Consultant & SAS Doctor Job Plan performance to the Health Board or People & Culture Committee. The People Operations Report is presented at each People & Culture Committee and includes high-level metrics on vacancies, turnover, sickness, mandatory training and workforce profile for medical and dental colleagues.

Through our discussions with the seven clinical divisions, the approach to job plan reporting varies with some having a standing agenda item on their monthly consultant meeting, and others not reporting anything on job plan completion.

A Medical Workforce Group (MWG) has been established but has not been meeting monthly as set out in its Terms of Reference (ToR), with meetings regularly cancelled. The MWG reports to the People & Culture Executive Delivery Group, however this has also not been meeting.

Job Plan performance data is available via Betsinet, with a dashboard reporting overall performance which is customisable to specific services, however through discussions its use appears limited.

At the time of our review 34% of job plans have expired but this has not been openly reported to the People & Culture Committee.

### Key Findings






### Risk & Impact

### Agreed Management Action

10	<p><b>Medical and Dental Job Plan reporting</b></p> <p>There is inadequate reporting of medical and dental job plan performance, across the Health Board from operational management to the Executive and associated scrutiny meetings up to Committee for assurance.</p>	<p>Medical and Dental staff reporting is not subject to scrutiny.</p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>Compliance report sent out each week to IHCs/Division which breaks down job plan compliance and can be filtered to obtain more detail as required.</li> </ul>
	<p><b>Theme:</b> Reporting</p>	<p>Control Operation</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Regular reporting on Medical and Dental job plan performance with actions being taken to ensure annual compliance reported through both operational and executive through to People &amp; Culture Committee via the People Operations Report.</p> <p><b>Officer:</b> Deputy Director of People <b>Date:</b> 30 April 2025</p>
11	<p><b>Medical Workforce Group &amp; People &amp; Culture Executive Delivery Group (EDG)</b></p> <p>The Medical Workforce Group (MWG) has responsibility in its Terms of Reference that it "...will receive regular reports (on job plans) as per its Cycle of Business" but we have been unable to verify they have actually received any reports for assurance recently.</p> <p>Of the ten MWG meetings scheduled to take place this calendar year, only three have taken place (April, June and September 2024).</p> <p>The MWG provides assurance to the People &amp; Culture EDG although we have been advised this meeting has similarly not been taking place, exposing an operational gap in control and assurance across the Health Board.</p>	<p>Medical and Dental staff reporting is not subject to scrutiny.</p>	<p><b>Agreed Action:</b></p> <ul style="list-style-type: none"> <li>To establish the People and Culture EDG which the Medical Workforce Group will report into. The TORs for Medical Workforce are to be reviewed.</li> <li>Dashboards will be provided to Medical Workforce Group</li> <li>Reports are sent out on weekly basis to IHC/Divisions with link to access Power BI to review all relevant data.</li> </ul>
	<p><b>Theme:</b> Governance</p>	<p>Control Operation</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Both Medical Workforce Group and the People &amp; Culture EDG meetings re-commence with regular reporting on medical and dental job plan achievement happening and holding operational management to account on performance.</p> <p><b>Officer:</b> Deputy Director of People <b>Date:</b> 30 April 2025</p>

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

## Prioritisation of Findings

Priority	Explanation
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

## Disclaimer

This audit report has been prepared for internal use only. Audit and Assurance Services reports are prepared, in accordance with the agreed audit brief, and the Audit Charter as approved by the Audit Committee.

Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Betsi Cadwaladr University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Betsi Cadwaladr University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.





<b>Cyfarfod a dyddiad: Meeting and date:</b>	People and Culture Committee						
<b>Cyhoeddus neu Breifat: Public or Private:</b>	Public						
<b>Teitl yr Adroddiad Report Title:</b>	Summary of business considered in private session to be reported in public						
<b>Cyfarwyddwr Cyfrifol: Responsible Director:</b>	Pam Wenger, Director of Corporate Governance						
<b>Awdur yr Adroddiad Report Author:</b>	Philippa Peake-Jones, Head of Corporate Affairs						
<b>Craffu blaenorol: Prior Scrutiny:</b>	None						
<b>Atodiadau Appendices:</b>	None						
<b>Y/N to indicate whether the Equality/SED duty is applicable</b>					<b>N</b>		
<b>Argymhelliad / Recommendation:</b>							
The Committee is asked to note the report.							
<b>Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval</b>		<b>Ar gyfer Trafodaeth For Discussion</b>		<b>Ar gyfer sicrwydd For Assurance</b>		<b>Er gwybodaeth For Information</b>	✓
<b>Sefyllfa / Situation:</b>							
To report in public session on matters previously considered in private session.							
<b>Cefndir / Background:</b>							
Standing Order 6.5.3 requires the Board to formally report any decisions taken in private session to the next meeting of the Board in public session. This principle is also applied to Committee meetings.							
<b>Asesiad / Assessment</b>							
The Committee considered the following matters in private session:							
<b>19 December 2024</b>							
<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Employee Relations (Senior Managers) Quarterly Professional Standards Report</li> </ul>							

## People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
11.09.24	Request from Pam Wenger (see email from Pam W 11.09.24)	Pam Wenger	Medical Education Update	Following Pam's discussion with Emma Woolley it was agreed to add these items to the forward plan.	Emma Woolley	Pam Wenger	April 2025	Agreed with Emma W to put forward to April
07.11.24	Discussion at P&C agenda setting meeting and Action from Board 24/203	Committee / Health Board	Welsh Language	Strategic approach – position paper on compliance focussing on the three IHCs. Board action – P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate the use of Welsh language. How are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare	Teresa Owen	Teresa Owen	April 2025	On Track
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Fair Working	Present the Fair Work Element of the well-being objectives to the P&C Committee. (The review of well being objectives is going to PPHP in April so put this forward for April)	Chris Stockport	Jason Brannan	April 2025	On Track
14.01.25	Suggestion from Pam and confirmation from Nick G	Pam Wenger	Workforce Planning	Update on Q4 actions from the Audit Wales Workforce Planning Review	Nick Graham	Jason Brannan	April 2025	On Track
18.11.24	Action from QSE Committee 24.10.24 – QSE24/120 (see email from PPJ 30.10.24)	QSE Committee	H&S Update / Progress Report (to include Manual Handling Training)	Refer the monitoring of Manual Handling Training to the P&C Committee.	Lynne Bushell	David Maslen-Jones	April 2025	On Track
19.12.24	Action from P&C Committee 19.12.24 – PC24/93.3	P&C Committee	WRES Report	Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Ceri Harris	Jason Brannan	April 2025	On Track
19.12.24	Action from P&C Committee 19.12.24 – PC24/96.2	P&C Committee	Staff Survey	Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.	Katie Sargent	Jason Brannan	April 2025	On Track
23.01.25	Request from Gareth Williams after the CAMHS Strategy Improvement & Development Group	Gareth Williams via P&C Committee	Approved establishment posts vacant	Posts being advertised and having few or no applicants (MHLD, CAMHS and elsewhere) – presentation from CAMHS Strategy Improvement & Development Group	Louise Bell Steve Riley Nick Graham	Jason Brannan	April 2025	On Track
07.11.24	Discussion at P&C agenda setting meeting	Committee	Partnership Arrangements (Private Session)	Health of Partnership Arrangements with Joint LNC and Trade Unions inc Job Planning policy	Jason Brannan	Jason Brannan	April 2025	Moved from Feb to April
20.01.25	Suggestion from Pam via email 20.01.25	Pam Wenger	Final Internal Audit Report on Consultant Job Planning	This is going to Feb meeting for info and Pam suggested a substantive update to the April meeting.	Nick Graham Sree Andole	Pam Wenger Jason Brannan	April 2025	On Track
07.11.24	Discussion at P&C agenda setting meeting – Action from Dec meeting PC24/97.1	Committee	Values and Behaviours	Provide assurance to a future Committee on the progress of implementation of the Values &	Nia Thomas	Jason Brannan	April / June 2025	On Track

				Behaviours delivery plan (A paper highlighting next steps)				
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Volunteering Paper <b>06.11.24</b> – PPJ to try and follow up with CFC Committee on 12.11.24	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	April 2025	Put forward from Aug to April meeting
27.01.25	Suggestion from Dyfed Edwards	Dyfed Edwards via email 27.01.25	Workforce Data	Review detail of Workforce data and recruitment and discuss (as per Nick G and Dyfed E discussion)	Nick Graham	Jason Brannan	April 2025	On Track
14.01.25	Action PC24/100.1 from P&C Committee on 19.12.24	P&C Committee	On-Call Arrangements - Final Internal Audit Report	Agreed at Dec meeting that this comes back to the Committee with a more comprehensive update and response plan. Suggested at agenda setting that this includes EPRR and On-Call.	Nick Graham Angela Wood Andrea Orme	Jason Brannan	June 2025	On Track
18.11.24	Action from Nov Board 24/204	Health Board	Recruitment & Development of Young People	Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB.	Georgina Roberts	Jason Brannan	June 2025	On Track
21.11.24	Email from PPJ / Pam / Gill Q (see email from PPJ 21.11.24)	Ceri Harris	Equality Annual Report (may also include Gender Pay report)	Included in one equality item: Presentation on key messages / update (if final report not available)	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	CEO	Strategic Equalities Plan	Included in one equality item: Focus on how this links to the biggest challenges, be clear on specific issues for focus (and so what?), how to position this for the Committee and include the new legislation.	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	Committee	Workforce Commissioning Numbers	This will be covered under the Education Training Plan item. Links to Medical Education	Jason Brannan	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
18.11.24	Action from Board 24/199	Health Board	Staff Turnover – this is included on the People Operations Report	Jason checking whether staff turnover is already included in the People Operations Report - Arrange for P&C Committee forward workplan to include Staff Turnover report.	Georgina Roberts	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
15.12.24	Email from Gill Querci 15.12.24	Gill Querci	Education Training Plan	Initial draft of the Education Training Plan to go to Committee for noting.	Nick Graham	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 13.02.25
09.10.24	Email from Pam Wenger 09.10.24	Pam Wenger	Worker Protection	Worker Protection (Amendment of Equality Act 2010) Act 2023 Covered in Equality Report to Dec meeting	Pam Wenger	Pam Wenger	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Sexual Harassment	An overview of the risks and mitigating factors linked to the new duty in relation to sexual harassment.	Ceri Harris	Jason Brannan	13.02.25	<b>CLOSED</b> Went to Comm 19.12.24
13.06.24	Request from Audit Committee & PC24/29.1 Action from June P&C Committee	Phil Meakin	Internal Audit Report – On-Call Arrangements	Original request from Audit Committee for report to be considered by P&C Committee	Andrea Orme discussing with Angela Wood	Jason Brannan	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24

12.09.24	Speaking Up Safely / Whistle Blowing Arrangements	Audit Committee	Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions	Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee	Jason Brannan	Jason Brannan	19.12.24	<b>CLOSED</b> Went to Comm 19.12.24
06.08.24	Discussion with LJ and PPJ	Philippa Peake-Jones	P&C Committee.1 ToR	Amendments to P&C Committee ToR from RemCom	Pam Wenger	Pam Wenger	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24
22.07.24	Request from Gill Querci / Jason Brannan via email	Jason Brannan	DPA (Dental Practice Adviser) Salary	To be discuss in Private session	Maxine Wright	Jason Brannan	10.10.24	<b>CLOSED</b> Verbal update at Oct meeting
08.08.24	PC24/54 Committee Forward Workplan	Carol Shillabeer / Dyfed Jones	Additional items for future Committee meetings	Assessment of Special Measures Welsh Language Equality Health & Safety	Philippa Peake-Jones	Relevant Executive Directors	10.10.24	<b>CLOSED</b> For discussion at Development Session 19.11.24
11.04.24	PC24/12.3 Action from April P&C Committee	Jason Brannan	Progress of the Audit Wales Report - Review of Workforce Planning Arrangement	Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress	Jason Brannan	Jason Brannan	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24 with a focus on Q2
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Staff Wellbeing Grant Scheme	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	<b>CLOSED</b> Went to Comm 10.10.24
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug meeting (public) before Board in Sept	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Pulled from Aug agenda, went to Board in Sept
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
02.05.24	Action from RemCom	Philippa Peake-Jones	Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme	To close down action transferred from RemCom	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
18.06.24	Gill Querci email / HEIW	Jason Brannan	Compassionate Leadership Pledge	Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24
18.06.24	Gill Querci email	Jason Brannan	'Time to Shortlist' Improvement Project	Request from Jason Brannan – links to discussion at June P&C	Jason Brannan	Jason Brannan	08.08.24	<b>CLOSED</b> Went to Comm 08.08.24



**Ombwdsmon  
Ombudsman**  
Cymru • Wales

Ask for: Marilyn Morgan



01656 641152

Date: 15 January 2025



Marilyn.Morgan@ombudsman.wales

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**PRIVATE & CONFIDENTIAL**

Ms Carol Shillabeer  
Chief Executive  
Betsi Cadwaladr University Health Board

**By email only**

carol.shillabeer3@wales.nhs.uk  
BCU.Ombudsman@wales.nhs.uk  
Kathie.Jones@wales.nhs.uk

Dear Carol

**Thematic report – improving inclusion and accessibility in public services in Wales**

I intend to issue the enclosed Thematic Report “Equality Matters – improving inclusion and accessibility in public services in Wales”.

In accordance with Paragraph 15 of Schedule 1 of the Public Services Ombudsman (Wales) Act 2019 I will be laying the report before the Senedd and publishing the report on **24 January 2025**.

As you will note, two of the case examples used in the report relate to a complaint about your organisation. As such I wanted to share the report with you that you have early sight of it.

I hope that this report will be helpful to your organisation, and that its recommendations will help to drive improvements in meeting the equality needs of service users across Wales.

Please bear in mind that the report should be treated in strict confidence in advance of the publication date.

Page 1 of 2

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We are happy to accept and respond  
to correspondence in Welsh.

A copy of this letter will be emailed to your contact officer.

Yours sincerely

*Michelle Morris*

**Michelle Morris**  
Ombudsman

Enc: Thematic Report – Equality Matters



**Ombwdsmon  
Ombudsman**  
Cymru · Wales

# Equality Matters – improving inclusion and accessibility in public services in Wales

January 2025



We can provide a summary of this document in accessible formats, including Braille, large print and Easy Read. To request, please contact us:

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**Mae'r ddogfen hon hefyd ar gael yn y Gymraeg.  
This document is also available in Welsh.**

# Foreword

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Over recent years, my office has shared information about cases in which equality and human rights implications have been considered in an annual Equality and Human Rights Casebook. This year, I felt it appropriate to issue a thematic report, given that some equality and human rights themes continue to appear in casework, despite them having been previously highlighted in the Equality and Human Rights Casebooks. Lessons must be learned from the casework dealt with by my office and the aim of this report is to share that learning. I make several recommendations to all public bodies in Wales, to improve inclusion and accessibility across public services.

Firstly, I must emphasise that it is not my role to conclude that someone's human rights have been breached, or that they have been discriminated against. That is a matter for the Courts. However, human rights and equality issues are often intrinsically interlinked within some of the complaints about public services received by my office. In such cases, although not always expressly referred to by the complainant, if we see that someone's human rights or equality rights may have been engaged, we will clearly state that in our decisions and make appropriate recommendations.

The case examples included in this report relate to ensuring the needs of service users are met to make sure that they are not disadvantaged or discriminated against when using public services. The examples used in this report highlight the need for public services to proactively take positive action to ensure that they meet their equality duties and that there are no barriers to accessing public services.

I hope that this report will be helpful to all public service providers and encourage them to reflect upon the learning highlighted in this report and to use the recommendations to drive improvements in meeting the equality needs of service users across Wales.

**Michelle Morris**

**Public Services  
Ombudsman for Wales**

January 2025

# Contents

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- 5 Our role
- 6 Equality and human rights frameworks
- 7 Themes and learning points
- 12 Future considerations
- 13 Appendix 1 - Relevant legislation
- 16 Appendix 2 - Case examples

## Our role

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As the Public Services Ombudsman for Wales, we have legal powers to look at complaints about public services. We can look at complaints about local authorities and all health care providers and independent care providers in Wales, including Health Boards, Trusts, GPs and dentists.

We have a team of people who consider and investigate complaints. We are independent of all government bodies and our service is impartial and free of charge.

# Equality and human rights frameworks

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## **We are committed to the statutory principles and duties under the equality and human rights UK legislation and international frameworks.**

In looking at our complaints, we consider:

- The equality duties under the Equality Act 2010 (“the Equality Act”) – this requires public bodies to make reasonable adjustments for people with protected characteristics, such as disability, race or religion, to ensure that they are not disadvantaged when accessing services. A failure to make a reasonable adjustment for a person with a protected characteristic is a form of discrimination.
- The Articles of the European Convention on Human Rights and enshrined in law by the Human Rights Act 1998 (“the Human Rights Act”).
- The FREDA principles (Fairness, Respect, Equality, Dignity and Autonomy) – core values which underpin human rights.

Further information about relevant legislation is provided in Appendix 1.

It is not our role to conclude that someone’s human rights have been breached, or that they have been discriminated against. That is a matter for the Courts. However, we see in our casework that human rights and equality issues are often inseparable from people being treated unfairly or suffering injustice. Therefore, when we see that someone’s human rights or equality rights may have been engaged, we will state that clearly in our conclusions and make appropriate recommendations.

# Themes and learning points

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A review of our cases closed between April 2023 and September 2024 identified themes in the difficulties people have experienced in accessing public services. The case examples referred to are included in Appendix 2.

## Lack of reasonable adjustments

We have seen numerous complaints about public bodies failing to make reasonable adjustments for individuals with disabilities. Duties under the Equality Act apply to all public bodies and ensuring these duties are met, including ensuring reasonable adjustments are in place, when necessary, should be fundamental to the work that is undertaken.

In the case of Ms A's complaint (case example 1), we were concerned that Betsi Cadwaladr University Health Board failed to anticipate and support Ms B's needs as a person with learning disabilities and make reasonable adjustments to ensure she was not disadvantaged. Our findings demonstrated a lack of understanding of the approach needed to provide care to address Ms B's needs as an individual. The shortcomings identified represented a serious service failure, which resulted in a poor

standard of care and unnecessary suffering for Ms B. This also caused her family distress. As a result of our investigation, the Health Board agreed to undertake a number of actions, which included reviewing its care planning practices, reviewing a sample of care plans to ensure they included any adjustments to meet a patient's individual needs and reviewing its approach to pain assessment for people with learning disabilities.

In the case of Miss C (case example 2), we identified that there were missed opportunities for Hafod Housing Association to consider reasonable adjustments at an early stage and in its response to Miss C's complaint. Had timely enquiries been made, this may have given the Housing Association a better understanding of the impact of Miss C's concerns upon her, taking into consideration her disability.

In a case against Cardiff and Vale University Health Board (case example 3), we identified concerns in how a tetraplegic patient, Mrs D, was supported. Information about her needs and preferences was not always included within care plans so there were occasions whereby care was not tailored to her specific needs. This

had a significant impact upon Mrs D's dignity and autonomy as she relied upon others and her fundamental needs were not met. We were concerned this meant that due regard may not have been paid to the need to take steps to remove the barriers Mrs D faced because of her disability. As a result of our investigation, the Health Board agreed to complete its evaluation of how to improve its provision of individualised care to patients with complex needs and provide an action plan to take forward the findings from the evaluation.

In another case against Betsi Cadwaladr University Health Board (case example 4), we found that the Health Board had not considered reasonable adjustments for Mr E, despite being informed that he had autism and dyslexia. It had therefore failed to ensure he was not disadvantaged due to his disabilities and this caused Mr E unnecessary stress. The Health Board agreed to consider lessons that could be learned from this case, including ensuring enquiries and consideration of reasonable adjustments are made in a timely manner and documented.

Principle 1 of the Ombudsman's [Principles of Good Administration](#) is 'getting it right'. This includes acting in accordance with the law and with due regard for the rights of those concerned. The consideration of

reasonable adjustments is essential to ensure that the rights of disabled people are upheld and to ensure equal opportunity and access to services for disabled people. Without this, disabled people may not receive the service they are entitled to and may be adversely affected by the failure to make reasonable adjustments. We will continue to work with public bodies to raise these issues where it is clear that there has been a failure in its duty to do so.

### **Good communication – an obligation to adapt approach**

Good communication is essential in ensuring the effective delivery of public services. There will be occasions when the method of communication may need to be adjusted in order to meet the needs of the service user. We have seen examples of cases where public bodies have failed to take appropriate consideration of people's communication needs or failed to make the necessary adjustments to support their method of communication. This has directly impacted the quality of the service people have received.

In Ms F's complaint (case example 5), Cardiff and Vale University Health Board did not consider the use of a translation service, despite Mr F not speaking English as his first language. An Interpretation and Translation Service policy was in place, but this was out of date. The failure to ensure that Mr F was able to communicate effectively may have contributed to the shortcomings in his care and treatment. We were concerned that this meant that due regard may not have been paid to the need to protect Mr F from discrimination on the grounds of his race. It is essential that individuals accessing health services are able to share information with clinicians and understand the information and advice provided to them.

In Miss G's case (case example 6), she faced barriers in communicating with Hywel Dda University Health Board. Miss G is deaf and was the primary carer for her mother who had a cognitive impairment and had experienced a number of inpatient admissions to hospital. At the start of our investigation, the Health Board provided information on the actions it was taking to address the barriers faced by individuals with sensory loss when communicating, which are ongoing. It then undertook a further investigation of the concerns Miss G had raised which identified failings in the care provided to her mother. It

took actions to address these failings, which included ensuring the in-patient visitor policy was implemented by staff to ensure the involvement of carers to support patients, where appropriate. This demonstrated that it is not only important that policies are in place and up to date, but to also ensure staff understand and implement them.

We have also identified communication difficulties in settings other than health services. In Ms I's case (case example 7), she had complained to Cardiff Council about its handling of her complaint, including a lack of reasonable adjustments made for communication. We found that it was unclear if reasonable adjustments for communication had been formally agreed. Difficulties communicating caused Ms I unnecessary stress. We were concerned that the Council had failed to pay due regard to the need to take positive steps to remove the barriers faced by Ms I and to ensure she was not disadvantaged. The complaint was resolved without investigation, following agreement by the Council to undertake a number of actions, which included writing to Ms I to confirm that appropriate reasonable adjustments were in place for her.

Principle 2 of the Ombudsman's [Principles of Good Administration](#) is 'being customer focused'. This includes ensuring people can access services easily and responding to people's needs flexibly. Public service providers must ensure that they are proactive in meeting the communication needs of their service users. A failure to ensure that service users can communicate effectively could lead to them being disadvantaged. As demonstrated through these examples, as a result of the work that has been undertaken, we are continuing to raise awareness with public bodies of the need to ensure individuals' communication needs are taken into consideration and appropriately responded to.

### Policy and guidance

The case examples included in this report have highlighted issues in relation to public bodies failing to ensure that policies relevant to the delivery of services are compliant with their obligations in relation to equality and human rights. They have also highlighted failings in relation to ensuring policies are reviewed and kept up to date.

Ms F's complaint (case example 5) highlighted a failure by Cardiff and Vale University Health Board in ensuring that its Interpretation and Translation Service Policy was up to date and regularly reviewed. As a result of the investigation into Ms F's complaint, the Health Board agreed to conclude a review of its Interpretation and Translation Service Policy, including ensuring that all relevant staff were aware of it.

In Ms J's complaint (case example 8), it was apparent that, although Bron Afon Housing Ltd appeared to have considered its duty to provide reasonable adjustments, its criteria and guidance was dated 2009. Bron Afon Housing Ltd agreed to update its criteria and guidance to incorporate and reflect newer and relevant legislation, including the Equality Act.

Principle 3 of the Ombudsman's [Principles of Good Administration](#) includes being open and clear about policies and procedures and ensuring that information is clear, accurate and complete. This is reliant upon public bodies ensuring that they regularly review policies, procedures and guidance relevant to the delivery of services, to ensure they are compliant with their obligations relating to equality and human rights matters. Public bodies also need to ensure that staff who deliver front line services are aware of their organisation's duty

to ensure that adjustments should be made to allow individuals to access services. Public bodies need to ensure that staff receive appropriate training and feel empowered and supported to take decisions when individual circumstances indicate a need to deviate from usual practice.

## **Good practice**

We also see examples of good practice in our case work. In Mrs K's complaint (case example 9), she said that a GP Practice in the area of Cardiff and Vale University Health Board would not make reasonable adjustments to meet her needs. Mrs K had requested all communication with her was via email. However, we found that the Practice had considered Mrs K's needs and preferences. It had made appropriate adjustments, taking into consideration those needs, and it was reasonable for it to require that urgent, same day appointments were requested by telephone, due to the nature of these requests.

## Future considerations

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We hope the themes outlined in this report will provide a helpful guide to public bodies of the need to consider their duties under the Equality Act and Human Rights Act when they are delivering front line services to members of the public.

We **recommend** that this report is shared with the Equality, Diversity and Inclusion Lead and the relevant Board/Committee with oversight of their organisation's compliance with Equality duties at all public service providers in Wales and that they ensure that their organisations:

- Encourage staff to be person centred in their consideration of the needs of the people they provide a service to, including being proactive and anticipating their needs.
  - Ensure staff document the considerations and decisions they have made discharging their duties to make reasonable adjustments under the Equality Act.
  - Ensure policies are reviewed and kept up to date.
- Ensure staff receive appropriate training, are aware of the policies in place and how to implement them, and that they feel empowered and supported when taking decisions to make reasonable adjustments to meet the needs of service users.
  - Ensure staff are aware of who to contact if they need advice or support when addressing equality and human rights issues.

# Appendix 1 - Relevant legislation

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## Equality duties

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Under the general duty, we must have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Equality Act.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share protected characteristics and those who do not.

The general duty covers the following protected characteristics:

- Age
- Disability
- Sex
- Sexual orientation
- Gender reassignment
- Race (including ethnic or national origin, colour or nationality)
- Religion or belief (including lack of belief)
- Pregnancy and maternity; and
- Marriage and civil partnership (but only in respect of the requirement to have due regard to the need to eliminate discrimination).

Public bodies in Wales also have specific duties to help them in their performance of the general duty.

## Human rights

The Human Rights Act incorporates into domestic law the rights and freedoms as set out in the European Commission on Human Rights. Some are absolute rights, meaning that the citizen should be free to enjoy them and the state can never interfere. There are some limited rights, meaning they might be interfered with in certain circumstances (such as during times of war or emergency). Finally, others are qualified rights, meaning that the state can legally interfere with them in certain situations – for example, to protect the rights of other citizens. The most common human rights featured in the complaints considered by our office are the following:

**Article 2 - The right to life**

**Article 3 - The right to be free from torture or cruel, inhuman or degrading treatment or punishment**

**Article 5 - The right to liberty and security**

**Article 6 - The right to a fair hearing**

**Article 8 - The right to respect for private and family life, home and correspondence**

**Article 9 - The right to freedom of thought, conscience and religion**

**Article 10 - The right to freedom of expression**

**Article 14 - The prohibition of discrimination**

# Appendix 2 - Case examples

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The following relevant cases were closed between April 2023 and September 2024. We have simplified and adjusted case summaries to make them more accessible and to better explain the equality or human rights implications of the complaint. However, formal summaries of these cases can be found [here](#). Please note that parties to the complaints referenced in this report may be referred to differently in the formal summaries of the cases.

## Case example 1

### Ms A's complaint – 202300527 – Betsi Cadwaladr University Health Board

#### The complaint

Ms A complained about the care and treatment her sister, Ms B, received from Wrexham Maelor Hospital (“the Hospital”) in July 2022. Ms B had several medical conditions, including epilepsy (a condition which causes seizures), cerebral palsy (a condition that affects movement and co ordination) and learning disabilities. She lived in a nursing home, had limited communication, and required 24 hour care and support.

#### What we found

We found that the Health Board's management of Ms B's personal care needs, her nutrition, hydration and communication with her, fell below an adequate standard. On the occasions that the Learning Disability (“LD”) team and Ms B's family were not present to assist, the nursing care on the ward fell short of acceptable standards, especially at weekends and overnight. No additional staff were brought in to support care delivery. There was no person-centred nursing care plan, setting out the care objectives and adjustments that were needed to provide Ms B with effective care. This meant that staff did not fully understand her needs. We also found that there were multiple occasions when Ms B's pain was identified by her family and the LD team, but it was unclear whether nursing staff were consistently able to identify pain, as the assessment tool used was not adapted for Ms B's particular needs. This failure meant that Ms B suffered unnecessarily. We found that there was a poor standard of record keeping in relation to Ms B's seizures. This was dangerous and represented a poor

level of care. It was unclear whether nursing staff recognised Ms B's seizures themselves and, had her family not been present, it is likely that many of her seizures would have gone unnoticed. Administration of medication was also found to be inadequate. Poor compliance with anti-seizure medication may have contributed to the increase in Ms B's seizure activity.

## What we said

We were concerned that the Health Board had failed to anticipate and support Ms B's needs as a disabled person and failed to make reasonable adjustments to make sure that she was not disadvantaged. We were also concerned that the findings demonstrated a lack of understanding of the approach needed to provide care to meet Ms B's needs as an individual.

We made a number of recommendations, which the Health Board accepted. These included:

- An apology to Ms A, on behalf of Ms B, for the failings identified and for Ms A having to pursue her complaint.
- A review of care planning practices on the ward to ensure care plans are embedded into basic care.
- A review of a sample of person-centred care plans, to ensure they include any adjustments to meet a patient's individual needs.
- Implementation of a regular ward audit of nursing documentation, to include care plans and seizure charts.
- A review of the approach to pain assessment for people with learning disabilities, to ensure adjustments and appropriate tools are used.
- Providing training to ward staff in respect of mental capacity and 'best interest' decision making.
- Engagement with the social services departments of all local authorities within the Health Board area to implement a joint care pathway to ensure safe staffing levels when vulnerable people with additional needs are admitted from care/nursing homes.
- Providing confirmation that its Patient Safety and Experience Committee will monitor compliance with ongoing actions to satisfy our recommendations.

## Case example 2

### Miss C's complaint – 202304536 – Hafod Housing Association

#### The complaint

Miss C complained that, between February 2021 and January 2023, Hafod Housing Association had not acted in accordance with its policy and procedure regarding her anti-social behaviour (“ASB”) complaints about parking and noise nuisance. In addition, concerning the ASB, the Housing Association had failed to take her disability into account and consider whether it was appropriate to make reasonable adjustments under the Equality Act. Finally, Miss C said that the Housing Association did not handle her complaint in line with its complaint handling process and did not sufficiently address the ASB matters that she raised in its complaint response.

#### What we found

We found that the Housing Association had not always acted in accordance with its ASB policy and procedure, or indeed best practice, as set out by the Welsh Government. We also identified that communication with Miss C could have been more effective than it was. In respect of record-keeping, we found that it was not always clear when contact was made or what the ASB management plan was, in Miss C's case. Inaccuracies in some of the responses provided by the Housing Association were also not helpful. There were also instances when the Housing Association did take action. Despite this, shortcomings in the way the Housing Association carried out its ASB policy and procedure added to Miss C's distress and caused an injustice. In light of these shortcomings, to that extent only, this part of Miss C's complaint was upheld.

We identified that there was a lack of meaningful engagement shown by the Housing Association in relation to Miss C's health issues. This led to missed opportunities for it to consider reasonable adjustments, in line with the Equality Act, at an early stage. We found the Housing Association failed to identify and acknowledge this as an issue in its responses to the complaint, including to the Ombudsman's office. Had timely enquiries been made about reasonable adjustments, this might have given the Housing Association a better

understanding, at an earlier stage, about the effect of the noise and parking on Miss C, given her brain tumour diagnosis. This part of Miss C's complaint was also upheld.

### Case example 3

#### **Mrs D's complaint – 202207136 – Cardiff and Vale University Health Board**

#### **The complaint**

The complaint related to care provided to Mrs D, a tetraplegic patient, during an admission to the University Hospital of Wales (“the Hospital”) in April/May 2022.

#### **What we found**

We found no concerns in relation to the medical care provided to Mrs D nor about the decision to discharge her. However, we found that clearer information about her ongoing care could have been provided, on discharge, to carers and family.

We also identified inconsistencies in the manner that Mrs D's fundamental care needs were assessed and documented in the care plans. Detailed information provided on admission about Mrs D's needs and preferences was not always properly translated into the care plans. This meant that there were occasions when care was not tailored to Mrs D's specific needs. We were concerned this meant that due regard may not have been paid to the need to take positive steps to remove barriers Mrs D faced because of her disability.

#### **What we said**

We recommended that the Health Board should provide an apology to Mrs D's family and arrange an opportunity for them to share their experiences with Health Board staff. The Health Board confirmed it was evaluating how to improve its provision of individualised care to patients with complex physical needs. It agreed to complete the evaluation within 4 months and share a copy of it, and any associated action plan, with our office. A copy of our report was also to be provided to the Health Board's Equalities Lead.

## Case example 4

### Mr E's complaint – 202402918 – Betsi Cadwaladr University Health Board

#### The complaint

Mr E complained that the Health Board had not responded to all the questions that he had raised about his GP Practice. He was also unhappy with the Health Board's handling of his complaint, including the time taken to provide a response. He referred to the effect this had on him.

#### What we found

We were critical of the Health Board's complaint handling and its complaint response. We noted that the Health Board had not properly taken into account its freedom of information ("FOI") duties. It had also not considered the need for reasonable adjustments under the Equality Act, given that Mr E had informed the Health Board that he had autism and dyslexia and what this meant in terms of his needs. We were concerned that the Health Board had failed to ensure Mr E was not disadvantaged due to his disabilities. Given the stress that the Health Board's poor complaint handling had caused Mr E, we were satisfied that this had caused Mr E an injustice.

The Health Board agreed to apologise to Mr E for the failings identified and to pay him a financial redress payment of £250 for the inconvenience and time and trouble caused to him by its complaint handling failings. It also agreed to look at lessons to be learned from Mr E's case around FOI and reasonable adjustments and to take other measures, including arranging appropriate FOI training and improving documentation around reasonable adjustments.

## Case example 5

### Ms F's complaint – 202302461 – Cardiff and Vale University Health Board

#### The complaint

Ms F complained on behalf of her husband, Mr F, about the assessment and treatment provided by Cardiff and Vale Health Board for a laceration to his left wrist, when he attended the University Hospital of Wales (“the Hospital”) Emergency Department, on 24 August 2022.

#### What we found

We found that Mr F did not receive appropriate treatment and assessment when he attended the Hospital. Accurate records were not kept of the treatment he received and opportunities were missed for Mr F to be referred for more timely treatment of his injury. The use of a translation service was also not considered, despite Mr F not speaking English as his first language. We were concerned this meant that due regard may not have been paid to the need to protect Mr F from discrimination on the grounds of his race.

The Health Board agreed to apologise to Mr and Ms F. It also agreed to remind the clinician who treated Mr F of the importance of keeping accurate records and to ensure that she is familiar with the Health Board's guidelines on treating hand injuries and its Interpretation and Translation Service Policy. In addition, it agreed to develop a policy on referrals for treatment for patients that live outside the Health Board's area and to conclude a review of its Interpretation and Translation Service Policy, which was dated 2014 and last reviewed in 2017, including ensuring that all relevant staff are aware of it.

## Case example 6

### Miss G's complaint – 202308108 – Hywel Dda University Health Board

#### The complaint

Miss G complained about the care and treatment provided to her mother, Mrs H, by Hywel Dda University Health Board. Miss G also complained about communication with herself, as a deaf carer, by the Health Board.

#### What we found

At the start of the investigation, the Health Board agreed to issue a further letter to Miss G, apologising and recognising the barriers she had faced as a deaf carer. It also agreed to provide an update to the Ombudsman on the actions it was taking to address these communication issues, including detail on how it was working towards compliance with the Wales Standards for Accessible Communication and Information for People with Sensory Loss. Our investigation therefore focused on the care and treatment provided to Mrs H during 2 hospital admissions. This specifically considered if there was a lack of reasonable adjustments, taking into consideration Mrs H's cognitive impairment, including support with fluid intake and the involvement of Miss G, as a carer.

In response to our investigation, the Health Board undertook a further investigation into the care provided to Mrs H during the 2 hospital admissions. This identified failings in the care provided. The Health Board agreed to issue another complaint response to Miss G, detailing its further investigation and apology for the failings. It also agreed to include in the response details of the actions it was undertaking to address these failings, which included ensuring staff were aware of, and implemented, the in-patient visitor policy and ensured involvement of carers, where appropriate. We considered the actions the Health Board agreed to take were reasonable and discontinued the investigation on this basis.

## Case example 7

### Ms I's complaint – 202301907 – Cardiff Council

#### The complaint

Ms I complained that she was unhappy with Cardiff Council's response to her complaint about flies in her property from exterior bins, issues relating to housing officers and reasonable adjustments for communication.

#### What we found

We found that the Council had not provided a solution to the flies problem. Ms I's relationship with housing officers was no longer positive and it was unclear if reasonable adjustments for communication had been formally agreed. We were concerned that the Council had failed to pay due regard to the need to take positive steps to remove barriers Ms I faced in communicating with the Council and to ensure she was not disadvantaged due to her disabilities.

We sought and gained the Council's agreement to write to Ms I to confirm the reasonable adjustments, allocation of a new housing officer and arrangements for the installation of fly screens.

## Case example 8

### Ms J's complaint – 202300591 – Bron Afon Housing Ltd

#### The complaint

Ms J complained to us, through an advocate, that the Housing Association's Adaptations Panel ("the Panel") declined to fund works to adapt her home, to enable her disabled daughter to remain living at her property.

She was concerned that the family was not given a reasonable opportunity to directly make its case to the Panel and that their views were disregarded. She was also concerned that, by declining to fund and undertake some of the requested work, the Panel disregarded the family's rights under the Equality Act.

#### What we found

We saw evidence that the family's wishes had been fully considered as part of the Panel's decision-making process and were not "disregarded". There is no procedural right to directly speak in person to the Panel. In our view, the Housing Association appeared to have evaluated what options would be cost-effective and appropriate, in relation to their wider housing stock, and did so in line with its policy and guidance.

Overall, we found that the decision of the Housing Association appeared to be compatible with the principles of the Equality Act, as requests for adaptation may be refused, if deemed unreasonable. However, we noted that, although the Housing Association appeared to have considered its duty to provide reasonable adjustments, its criteria and guidance was dated 2009. Therefore, it needed to be updated to incorporate and reflect newer and relevant legislation, including the Equality Act.

## Case example 9

### **Mrs K's complaint – 202401145 – A GP Practice in the area of Cardiff and Vale University Health Board**

#### **The complaint**

Mrs K complained about the care and treatment she and her partner received from the Practice, including that it would not make reasonable adjustments to suit her needs. Mrs K said that she had complex post-traumatic stress disorder and she had made repeated requests to communicate with the Practice via her preferred contact method of email. She said she had been informed she should not contact them via email to book appointments.

#### **What we found**

The Practice had apologised that it had not responded to 2 emails Mrs K had sent. This had been raised with the relevant staff. It had also outlined the ways Mrs K could contact it (including online, via telephone and via email) and when each of these methods was appropriate.

We were satisfied that the Practice had considered Mrs K's requests for reasonable adjustments and attempted to address them. It had explained that routine appointments could be booked using its online booking system up to 4 weeks in advance. A request to change an appointment to 'face to face' could be made via email. The Practice agreed that Mrs K could contact it via email for general enquiries, including those relating to prescriptions. However, requests for urgent appointments would need to be made via the telephone, due to the nature of these appointments and way they are booked. We considered the Practice had made all the reasonable adjustments it was able to make, in the circumstances.





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