

Bundle BCU People and Culture Committee 14 August 2025

- 1 09:30 - PRELIMINARY MATTERS
- 1.1 09:30 - PC25/69 Welcome and Apologies - Verbal (Chair)
- 1.2 09:31 - PC25/70 Declarations of Interest - Verbal (Chair)
- 1.3 09:32 - PC25/71 Unconfirmed Minutes of Meeting held on 12.06.25 - Attached (Chair)
PC25.71 Minutes from P&C Committee 12.06.25 V0.02 (Public) Draft
- 1.4 09:35 - PC25/72 Matters Arising & Action Log - Attached (Chair)
PC25.72 Action Log P&C Committee - Public (Updated 01.08.25)
- 2 09:40 - STAFF STORY
- 3 10:00 - STRATEGIC PRIORITIES
- 3.1 10:00 - PC25/74 Sickness Deep-Dive Report - Paper (Interim Director of People Services)
PC25.74 Sickness Deep-Dive Report Coversheet FINAL V2 GR Approved
PC25.74.1 Sickness Deep Dive Report FINAL V2 GR Approved
- 3.2 10:20 - PC25/75 People Operations Report - Paper (Interim Director of People Services)
PC25.75 People Operations Report Coversheet - Final Version
PC25.75.1 People Operations Report - IHC BCU
- 3.3 10:35 - PC25/76 Review and Refresh of the PADR Process (Interim Director of People Services)
PC25.76 New PADR Process Update Report Final GR Approved
PC25.76.1 New PADR Presentation Final JB Approved
PC25.76.2 New PADR Process - App1 - 2025.05.13 PADR Conversation DRAFT v0.02
PC25.76.3 New PADR App2 - Process Flowchart DRAFT v0.01
- 3.4 10:50 - PC25/77 Strategic Equality Annual Report 2024/25 - Paper (Interim Director of People Services)
PC25.77 Strategic Annual Equality Report 24-25 Coversheet
PC25.77.1 BCUHB Annual Report V0.2 PDF
- 3.5 11:05 - PC25/78 Foundations for the Future - Verbal Update (Chief Executive)
- 3.6 11:20 - BREAK
- 4 11:30 - GOVERNANCE AND ASSURANCE
- 4.1 11:30 - PC25/79 Social Partnership and Public Procurement Act - Paper (Interim Director of People Services)
PC25.79 Social Partnership Briefing Final V2
PC25.79.1 Social Partnership Briefing - App A User Handbook
PC25.79.2 Social Partnership Briefing - App B Annual report 2024-25 Final
PC25.79.3 Social Partnership Briefing - App C Social Partnership Results
- 4.2 11:40 - PC25/80 Welsh Language Annual Report - Paper (Executive Director of Allied Health Professionals & Health Sciences)
PC25.80 Welsh Language Services Annual Monitoring Report 2024-2025 - P&C Committee Coversheet
PC25.80.1 Appendix 1 - Welsh Language Services Annual Monitoring Report 2024-2025
PC25.80.2 Appendix 2 - More than just words Update Report 2024-25 - BCUHB
- 4.3 11:50 - PC25/81 Draft Health and Safety Annual Report - Paper (Director of Environment & Estates)
Lynne Bushell to join the meeting and present the item on behalf of Stuart Keen
PC25.81.1 H&S Annual Report Cover Page

PC25.81.2 HSS Summary Annual Performance Report July 2025 (Final Draft 07.07.2025)

- 4.4 12:00 - PC25/82 Progress on Consultant Job Planning Internal Audit Report - Verbal (Interim Executive Medical Director / Associate Director Workforce Optimisation)
- 4.6 12:10 - PC25/83 Board Assurance Framework - Paper (Director of Corporate Governance)
PC25.83 Board Assurance Framework July 25 v2
- 5 12:15 - FOR INFORMATION
- 5.1 12:15 - PC25/84 Summary of Business to be Reported from Private - Paper (Head of Corporate Affairs)
PC25.84 P&C Private Session Items Reported in Public
- 5.2 12:16 - PC25/85 Cycle of Business and Committee Forward Workplan - Paper (Head of Corporate Affairs)
PC25.85 Cycle of Business for the P&C Committee 2025-26 V0.2
- 5.3 12:17 - PC25/86 Welsh Commissioner Annual Report - Paper (Executive Director of Allied Health Professionals & Health Sciences)
PC25.86 Welsh Commissioner Annual Report
- 6 12:17 - CLOSING BUSINESS
- 6.1 12:17 - PC25/87 Agree Items for Referral to Board / Other Committees - Verbal (Chair)
- 6.2 12:18 - PC25/88 Review of Meeting Effectiveness - Verbal (Chair)
- 6.3 12:19 - PC25/89 Date of Next Meeting - 16.10.25
- 6.4 12:19 - 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 12 June 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	Title
Billy Nichols	Independent Member (Chair on behalf of Dyfed Jones)
Clare Budden	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Jason Brannan	Deputy Director of People
Lynne Bushell	Head of Health, Safety & Security
Nesta Collingridge	Head of Risk Management (<i>via Teams – part meeting</i>)
Nick Graham	Associate Director of Workforce Optimisation (<i>via Teams – part meeting</i>)
Dave Harries	Head of Internal Audit (<i>via Teams</i>)
Stuart Keen	Director of Environment & Estates (<i>via Teams</i>)
Teresa Owen	Executive Director of Allied Health Professionals & Health Science (<i>via Teams</i>)
Katie Sargent	Head of Employee Experience & Engagement (<i>part meeting</i>)
Pam Wenger	Director of Corporate Governance (<i>via Teams</i>)
Committee Support	
Philippa Peake-Jones	Head of Corporate Governance
Laura Jones	Acting Corporate Governance Manager

OPENING BUSINESS
<p>PC25/49 Welcome and Apologies</p> <p>Apologies were noted for Carol Shillabeer, Dyfed Jones, Karen Balmer and Dyfed Edwards.</p> <p>Billy Nichols as Vice Chair of the People and Culture Committee chaired the meeting on behalf of Dyfed Jones.</p>
<p>PC25/50 Declarations of Interest</p> <p>No declarations of interest were raised.</p>
<p>PC25/51 Unconfirmed Minutes of Meeting held on 10.04.25</p> <p>It was agreed that the minutes of the meeting held on 10.04.25 were a true and accurate record.</p>
<p>PC25/52 Matters Arising & Action Log</p>

There was discussion around revising the timescales for actions, it was noted that the timescales for the deep dive into sickness absence and the progress in relation to the Internal Audit Report on on-call arrangements have been revised. In relation to the deep dive into sickness it was confirmed that a piece of work has been commissioned with Professor Michael Rees to produce a full analysis and recommendations to manage sickness going forward. In relation to the on-call arrangements it was confirmed that work is required in this area to review clinical on-call and rotas to ensure mechanisms are in place and this is currently being addressed. It was agreed that these items would be addressed at the next meeting in August 25.

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

STAFF STORY

PC25/53 Staff Story

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

- The staff story is based around the impact of sickness on staff members, the individual had some significant periods of sickness due to Mental Health issues and the story refers to staff attending work when they feel unwell.
- The story also refers to the impact of how sickness absence is received and expectations of line managers as well as the support that is in place from teams and staff networks.

In discussing the staff story, the Committee:

- Suggested the staff stories received by the Committee are shared with other People and Culture Groups within the Health Board as well as more widely across the organisation.
- Queried how local Groups link in to the Committee for consistency to align areas of work for example implementing staff survey actions and using the staff stories to share the same messages across the organisation. It was suggested that this is a wider piece of work and is developed once the Executive Director of People is in post
- Acknowledged the need to become a more compassionate organisation and recognise signs of staff struggling before people go off on sickness absence.
- Referred to the governance framework and the need for this to align with the Foundations for the Future programme. It was agreed that further work is required in relation to operational governance arrangements to work with staff to share good practice, provide support and ensure operational governance contributes to this Committee.
- Suggested there may be a need to review the level of support being provided in terms of agile working and highlighted the support being provided by the Occupational Health Service.
- Confirmed that 32% of staff sickness is contributed to stress or anxiety, the Occupational Health Service do focus on returning staff to work as quickly as possible however further work is required through both the culture change and integrated leadership programmes to upskill managers to support staff in a more compassionate manner and change how it feels to work for the organisation

Action:

- **PC25/53.1** Ensure the staff stories are shared with other People and Culture Groups within the Health Board as well as more widely across the organisation.

It was resolved that the Committee:

- **NOTED** the themes raised in the story.
- **CONSIDERED** the impact of sickness, including mental health illness, on staff members and teams.

STRATEGIC PRIORITIES

PC25/54 Strategic Occupational Health and Safety Report

The Director of Environment and Estates and the Head of Health, Safety and Security provided a presentation and highlighted:

- Feedback from the previous meeting requested a report to be presented to the Committee to highlight risks and actions and address how these are being monitored in a proactive manner and this was facilitated by a presentation.
- The presentation referred to the Health and Safety self-assessment and the transaction of the Health Board to the NHS Employer Health and Safety Standards. The self-assessment targeted specific areas initially and received an increased response rate than previous years. The findings were shared with the Committee in terms of areas of good compliance and areas of weakness, this will be reviewed ahead of being shared with the next cohort of areas in October 25 and the information will inform the Health and Safety Annual Report.
- Manual handling training compliance highlights an increased trajectory of 20%, there have been some issues with venues for providing training and this is being addressed.
- Fire safety training compliance remains consistent, new guidance is due to be circulated later this year and this may have an impact on compliance.
- The Team transitioned over to the Director of Environment and Estates from 1 April 25 and the Health, Safety and Security Strategic Plan was shared with the Committee and this aligns to the Annual Plan.

In discussing the item, the Committee:

- Referred to the self-assessment in terms of the completion rate and queried how to increase the rate within areas to allow triangulation across the organisation. It was suggested that staff have not received any feedback in relation to previous self-assessments, the aim is to share the results with local Health and Safety Groups to identify any areas of concern, filter the information to staff at all levels and re-establish confidence in this area of work.
- Confirmed that the Health and Safety Annual Report is due to be presented to the Board in September 25 and suggested a draft is presented to the next Committee meeting.
- Stated that the Health and Safety Executive have recently delivered a session to the Board. It was confirmed that relationships are improving in this area in terms of sharing correspondence and draft reports and work is taking place with the Deputy Director for Legal Services to provide assurance.

- Highlighted the need for the Committee to have strategic oversight of the areas of focus over the next twelve months as well as delivery of the plan. There is a need to develop a proactive approach to Health and Safety and ensure reports from the Strategic Health and Safety Group report into the Executive Committee to provide assurance in this area.
- Stated that the Annual Report will be based on the previous twelve months however the Team are currently working to improve visibility and identify the next steps required to ensure an improved position within the next twelve months.

Action:

- **PC25/54.1** Draft Health and Safety Annual Report to be presented to the next Committee ahead of going to the Board in September 25.

It was resolved that the Committee:

- **RECEIVED** the presentation for assurance.

Nick Graham joined the meeting

PC25/55 People Operations Report

Members received the report and the Associate Director of Workforce Optimisation highlighted:

- The position highlights an increase in vacancies driven by establishment and ratios, this will be reviewed in further detail with the Finance Team in relation to budgets.
- Sickness has reduced and the Health Board continue to have the lowest reported sickness absence levels across NHS Wales.
- Workforce comparator data has been included in the report to highlight areas of progress and this may need to be reviewed in line with the Foundations for the Future programme.
- Performance Appraisal Development Review (PADR) compliance continues to improve and the current position highlights the highest figure reported by the Health Board over the last year. The PADR process is currently being revised and this will support the improved position.
- Additional information has been included in relation to partial retirement, flexible working and overseas recruitment.

In discussing the report, the Committee:

- Highlighted the increase in vacancies driven by establishment and it was agreed that further work needs to be completed with the Finance Team to correlate the establishment and budget and to understand the misalignment.
- Referred to the Establishment Control Internal Audit Report which highlighted a funded establishment issue in relation to staff being recruited to ESR positions which were not funded. It was confirmed that an enhanced establishment control process is now in place to ensure posts are not accepted if there is no budget aligned to the post. A Group has been developed to have oversight of this area of work and is linked to the Foundations for the Future programme.
- Proposed the need to work through what information is required in terms of data to provide assurance from the Committee to the Board. It was suggested the



Committee have a workshop session to refocus the Committee agenda, discuss what areas can be reported via the Performance Report and what Key Performance Indicators need to be measured and monitored by the Committee to provide assurance.

- Confirmed that a paper is being presented to the Executive Committee to outline the revised PADR process which will be an important part of the changing the culture within the organisation and the new PADR will measure performance as well as values and behaviours.
- Stated that the staff survey data is being analysed and an overarching plan is being developed to highlight the feedback received and the actions being taken as well as providing clear expectations of managers.

Actions:

- **PC25/55.1** Nick Graham to work with the Finance Team to correlate the establishment and budget and to understand the misalignment.
- **PC25/55.2** Workshop session to take place to refocus the Committee agenda, discuss what areas can be reported via the Performance Report and what Key Performance Indicators need to be measured and monitored by the Committee to provide assurance.

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.

PC25/56 Fair Work Element of the Well-being Objectives

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

- The report links to the requirements of the Social Partnership and Public Procurement Act to review the well-being objectives.
- A report has also been presented to the Planning, Population Health and Partnerships Committee for comment and noting.
- As part of the fair work action plan there are a number of significant actions which align to the work of the organisation to be more flexible and supportive to staff.
- The fair work element relates to ensuring staff are paid appropriately and that the organisation provide living wage requirements as part of Agenda for Change.

In discussing the report, the Committee:

- Acknowledged that the action plan has not been shared with the Planning, Population Health and Partnerships Committee and highlighted the need for the Committee to be sighted on the key areas where progress is being monitored and whether actions have been achieved.
- Referred to fixed term contracts and whether the Health Board are proactive in offering opportunities for staff to move to permanent contracts. It was confirmed that staff on fixed term contracts are able to apply for internal roles and are treated as substantive staff members.
- Agreed that regular assurance in relation to fair work is provided to the Committee for oversight.

- Agreed that fixed term contracts are a significant issue for the Committee and need to be reviewed in further detail to provide assurance to the Board.

Actions:

- **PC25/56.1** Regular assurance in relation to fair work to be provided to the Committee for oversight.
- **PC25/56.2** Fixed term contracts to be reviewed in further detail to provide assurance to the Board.

It was resolved that the Committee:

- **NOTED** the Health Board's well-being objectives (2025) (approved at May Board 2025)
- **NOTED** and **COMMENTED** on the proposed actions and initiatives in relation to the Fair Work agenda.

GOVERNANCE AND ASSURANCE

PC25/57 Corporate Governance Report

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

- The report covers the Cycle of Business, Annual Report and Self-assessment.
- Work has been taking place to align the cycle of business to the Annual Delivery Plan and identify the specific areas that need to come to the Committee for assurance.
- The Annual Report is being shared as good practice and this will come to the Committee at an earlier stage next year.
- A self-assessment has been completed by the Board and these are now being completed by individual Committees to identify areas of improvement. The Committee results were primarily positive and some key findings and specific comments have been identified.

In discussing the report, the Committee:

- Acknowledged that not all items included on the cycle of business for the June meeting have been included on the agenda. It was confirmed that further clarification is required in some areas, the document will be revised and brought back to the next meeting.

Action:

- **PC25/57.1** Cycle of Business to be reviewed and revised version to go back to the next meeting.

It was resolved that the Committee:

- **APPROVED** the People and Culture Cycle of Business 2025-2026.
- **APPROVED** the Committee Annual Report.
- **NOTED** and **DISCUSSED** the Committee Self-Assessment.

PC25/58 Corporate Risk Register

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

- The three risks for the Committee remain within the risk tolerance level set within the risk appetite.
- The gaps in control have been reviewed and progress needs to be monitored in this area.
- In terms of the leadership risk, there are a small number of Executive positions that have not been filled substantively however work is progressing in this area.
- The Executive Committee are due to review all Corporate Risks and the Board Assurance Framework to ensure they are strategic in nature.

In discussing the report, the Committee:

- Queried the revision of dates and suggested these should be reviewed from a governance perspective when they are revised. It was agreed that this would be discussed at the Executive Committee session and suggested a rationale is included in future cover papers when there are changes to dates and scores to provide a level of assurance.

Action:

- **PC25/58.1** A rationale to be included in future cover papers when there are changes to risk dates and scores to provide a level of assurance.

It was resolved that the Committee:

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

Nesta Collingridge left the meeting

FOR INFORMATION

PC25/59 Summary of Business to be Reported from Private

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

PC25/60 Committee Forward Workplan

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

CLOSING BUSINESS

PC25/61 Agree Items for Referral to Board / Other Committees

It was agreed to alert the Board that the Committee reviewed the Self-Assessment and approved the Committee Annual Report and assure the Board that the Committee reviewed the Fair Work Element of the Well Being Objectives.

PC25/62 Review of Meeting Effectiveness

This item was not discussed.

PC25/63 Date of next meeting



Thursday 14 August 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.'

Unconfirmed



People & Culture Committee Action Log (Public)

Updated 01.08.25

Open Actions						
Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25/55.2	12.06.25	People Operations Report Workshop session to take place to refocus the Committee agenda, discuss what areas can be reported via the Performance Report and what Key Performance Indicators need to be measured and monitored by the Committee to provide assurance.	Pam Wenger	Oct 25	Remain Open 29.07.25 A date for this session is being arranged to take place in September / October 25.
2	PC25/56.2	12.06.25	Fair Work Element of the Well-being Objectives Fixed term contracts to be reviewed in further detail to provide assurance to the Board.	Georgina Roberts	Oct 25	Remain Open 06.08.25 Significant work on fixed term contracts has already taken place. A report on the findings will come to P&C in October
3	PC25/31.1	10.04.25	Strategic Occupational Health & Safety Group Chair's Assurance Paper Bring a strategic paper back to the Committee which addresses the key issues, risks and actions.	Stuart Keen	June 25 Revised timescale Dec 25	Remain Open 29.07.25 The Committee received a presentation on the Strategic Occupational Health & Safety Report at the meeting in June 25. The Health & Safety Improvement Plan will be presented to the Committee in December 25 in line with item 1C on the CoB. 05.06.25 An initial presentation outlining the approach to Health &



						Safety has been included on the agenda fo the June meeting, suggest a strategic paper comes back to a future meeting and is aligned to the CoB under item 1C – Responding to Legislative Requirements.
4	PC24/100.1	19.12.24	On-Call Arrangements - Final Internal Audit Report 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.	Jason Brannan Pam Wenger Angela Wood Andrea Orme	April 2025 Revised timescale Oct 2025	Remain Open 12.07.25 Work continues, a draft on call policy has been prepared and will be shared with colleagues and staffside for review in the next few weeks. 150 managers have attended training sessions for on call managers to date. IHC Directors are reviewing those posts that are not on the on call rota to understand the rationale. Discussions will be taking place with post holders to ask if they would consider joining the rota to increase numbers. Longer term there may need to be an organisational change process to include the requirement to participate on the on call rota to be included in job descriptions. Corporate Directors have also been approached about posts that might be considered for the on call rota. This is due to come to the Committee in October 25.



						<p>24.03.25 A comprehensive update and response plan will be presented to the Committee at the next meeting in June 25.</p> <p>29.01.25 This work remains ongoing. People & OD colleagues are working with 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.</p> <p>An update on the response plan recommendations will be prepared for the June 2025 meeting.</p>
ACTIONS PROPOSED FOR CLOSURE						
5	PC25/53.1	12.06.25	<p>Staff Story Ensure the staff stories are shared with other People and Culture Groups</p>	Georgina Roberts	Oct 25	<p>Action proposed for closure 31.07.25 Going forward the staff stories will be shared with the</p>



			within the Health Board as well as more widely across the organisation.			Associate Directors of People for inclusion on the local People and Culture Committee agendas. A hub is also being developed on BetsiNet where the staff stories will be available for staff to access as well as provide signposting to further information and guidance.
6	PC25/55.1	12.06.25	People Operations Report Nick Graham to work with the Finance Team to correlate the establishment and budget and to understand the misalignment.	Nick Graham	Aug 25	Action proposed for closure 06.08.25 We work with finance on a regular monthly basis to align the ledger with ESR as part of audit recommendations from the Establishment Control Audit. This is an ongoing process now in place.
7	PC25/58.1	12.06.25	Corporate Risk Register A rationale to be included in future cover papers when there are changes to risk dates and scores to provide a level of assurance.	Pam Wenger Nesta Collingridge	Aug 25	Action proposed for closure 01.08.25 This will be actioned going forward to provide a clear rationale when dates or scores change on the risks.
8	PC25/57.1	12.06.25	Corporate Governance Report Cycle of Business to be reviewed and revised version to go back to the next meeting.	Pam Wenger	Aug 25	Action proposed for closure 01.08.25 The cycle of business has been revised and included on the agenda for the August 25 meeting.
9	PC25/54.1	12.06.25	Strategic Occupational Health and Safety Report Draft Health and Safety Annual Report to be presented to the next Committee ahead of going to the Board in September 25.	Stuart Keen	Aug 25	Action proposed for closure 29.07.25 This is included on the agenda for the meeting in August 25.
10	PC25/32.1	10.04.25	People Operations Report	Jason Brannan	June 25	Action proposed for closure



			Arrange a deep dive into sickness for the next meeting in June 2025 and going forward, focus on specific themes at each meeting to enable detailed discussion.	Georgina Roberts	Revised timescale August 25	29.07.25 A sickness deep-dive report is being presented to the next meeting in August 25. 05.06.25 This is in progress and the Deputy Director of People will provide an update during the meeting.
11	PC25/33.1	10.04.25	NHS Wales Staff Survey 2024 Include the Staff Survey on the agenda for the Board meeting in May 2025.	Jason Brannan Georgina Roberts	June 25	Action proposed for closure 05.06.25 A paper was presented to the Board in May 25.
12	PC25/05.1	03.03.25	Staff Story The Chair to write and thank staff who have shared their experience.	Dyfed Jones Pam Wenger	April 2025 Revised timescale June 2025	Action proposed for closure 05.06.25 Thank you letters have been drafted and sent to those who have shared their stories, this process will continue to take place on a regular basis. 03.04.25 A letter of thanks is being drafted and a template will be developed for future use.
14	PC25/07.2	03.03.25	Foundation for the Future Programme The Chief Executive to produce a video update on the Foundation for the Future Programme to update staff within the organisation.	Carol Shillabeer	April 2025 Revised timescale June 2025	Action proposed for closure 15.04.25 A video was produced by Carol and the Comms Team and shared as part of the Consultation Events. 03.04.25 This is in progress.
15	PC25/56.1	12.06.25	Fair Work Element of the Well-being Objectives Regular assurance in relation to fair work to be provided to the Committee for oversight.	Georgina Roberts	Oct 25	Action proposed for closure 01.08.25 The Fair Work element of the Well-being objectives have been included on the CoB for the Committee.



16	PC25/10.1	03.03.25	Education & Training Plan 2026/27 Arrange a P&C Committee Development session to focus on Medical Education and Training.	Pam Wenger Laura Jones	June 2025	Action proposed for closure 05.06.25 This will now align to the CoB under Strategic item 5 – Effective environment for learning and skills development. 03.04.25 Discussion ongoing between Director of Corporate Governance and Chief Executive to discuss whether this is a wider programme of work.
17	PC24/80.1	10.10.24	Review of Meeting Effectiveness The fair work element of the Well-being Objectives being presented to the PPHP Committee to be included on the agenda for the People & Culture Committee.	Pam Wenger Paolo Tardivel	Dec-2024 Revised timescale June 2025	Action proposed for closure 05.06.25 A paper on this item has been included on the agenda. 03.04.25 An email regarding the Well-being Objectives has been circulated to the P&C Committee. The outcome from the review will be presented to the Executive Committee on 02.04.25, PPHP on 01.05.25 and submitted to Board for approval on 29.05.25. A paper will be scheduled for the P&C Committee on 12.06.25 to provide assurance on the progress against the Fair Work element. 25.11.24 This has been included on the P&C Committee forward workplan. A review of the Well-being objectives will also be considered by the PPHP Committee.



Closed Actions (as agreed at meeting on 12.06.25)

Action No.	Minute Ref.	Date	Agreed Action	Lead	Timescale	Status
1	PC25/06.1	03.03.25	Equality Update Report Email Clare Budden and Karen Balmer requesting feedback on the report.	Georgina Roberts	April 25	17.03.25 Email sent to the relevant IMs and feedback received.
2	PC25/07.1	03.03.25	Foundation for the Future Programme Arrange a briefing session with Independent Members to discuss the design around the Foundations for the Future Programme.	Pam Wenger	April 25	03.04.25 This has been included on the Board Development Programme.
3	PC25/09.1	03.03.25	Culture Organisational Development and Engagement Update Share induction video with the Committee outside of the meeting.	Katie Sargent	April 25	03.04.25 The link to the staff induction video has been shared with the Committee via email.
4	PC25/11.1	03.03.25	Corporate Risk Register Report Invite Stuart Keen, Director of Environment & Estates to join the Committee to advise on the remit of Health & Safety.	Philippa Peaker-Jones Laura Jones	April 25	24.03.25 Email sent to Stuart Keen to confirm the request for Stuart to join the Committee, meeting invites have also been forwarded on to Stuart.
5	PC25/12.1	03.03.25	Final Internal Audit Report on Consultant Job Planning Include the Consultant Job Planning review on the forward workplan.	Pam Wenger Laura Jones	April 25	24.03.25 The Final Internal Audit Report on Consultant Job Planning has been included on the forward workplan and will report to the Committee in June 25.
6	PC24/93.2	19.12.24	Equality Report Provide an update to the Committee on the Strategic Equalities Plan for assurance.	Jason Brannan Ceri Harris	Feb 2025	29.01.25 An update has been provided as part of the Equality Update Report presented to the Committee at the Feb 25 meeting.
7	PC24/93.3	19.12.24	Equality Report	Jason Brannan	Feb 2025	29.01.25 Report shared with the



			Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Ceri Harris		Committee and update / progress to be reported at the Feb 25 meeting.
8	PC24/95.1	19.12.24	People Operations Report 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	01.04.25 This data has been included in the report for the April 25 meeting. 29.01.25 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.
9	PC24/96.2	19.12.24	Culture, Leadership and Engagement Update Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.	Jason Brannan Katie Sargent	June 2025	21.03.25 This item has been included on the agenda for the April meeting. 29.01.25 In progress - we 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.
10	PC24/97.1	19.12.24	Values & Behaviours Engagement Plan Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan.	Jason Brannan Nia Thomas	June 2025	17.03.25 The Values & Behaviours Deployment Plan is now in place and updates against the plan will be provided as part of the regular Culture, Leadership & Engagement update report. 29.01.25 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.
11	PC24/75.1	10.10.24	Amendments to Committee Terms of Reference 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	03.04.25 The revised ToR have been included on the agenda for the April 25 meeting. 05.02.25 The ToR for all Committees are being revised and the P&C Committee ToR will be included on the agenda for the April meeting. 25.11.24 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.
12	PC24/73.1	10.10.24	Audit Wales Workforce Planning	Nick Graham	Dec-2024	25.03.25 This has been included on



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			Review Update 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.		Revised timescale April 2025	the agenda for the April 25 meeting. 14.01.25 An update on the Q4 actions from the Audit Wales Workforce Planning Review will be presented to the Committee in April 25. 12.12.24 A report will be scheduled for a future meeting of the Committee.
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Teitl adroddiad: <i>Report title:</i>	Sickness Deep-Dive Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The purpose of this report is to outline the current position of sickness across the organisation, the main causes and drivers for this and action that will be taken to look to reverse sickness trends across the organisation on a targeted basis			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the current position provided and feedback any observations regarding ASSURANCE required as a result of the reported positions contained in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Georgina Roberts			
Awdur yr Adroddiad: <i>Report Author:</i>	Nick Graham			
Pwrpas yr adroddiad: <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"/>	
Lefel sicrwydd: <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>
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:				
<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>				
Cyswllt ag Amcan/Amcanion Strategol:	Objective 1: Building an effective organisation			
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol:	Not applicable			
Regulatory and legal implications:				

<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>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</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>It does not apply at this stage as no formal actions have been agreed as a result of this this report.</p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>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>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>There are no additional costs associated with this paper at this time. But successful delivery is dependent on current budgets staying in place.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>There are no direct implications associated with this paper at this time.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>Not applicable</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	<p>Links to BAF SP12 and CRR 24-01</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps: <i>Ongoing refinement of this report to support committee oversight</i></p>	
<p>List of Appendices: Sickness Deep Dive Report</p>	

Sickness Deep-Dive Report

14th August 2025

Georgina Roberts

Interim Executive Director of People Services & OD



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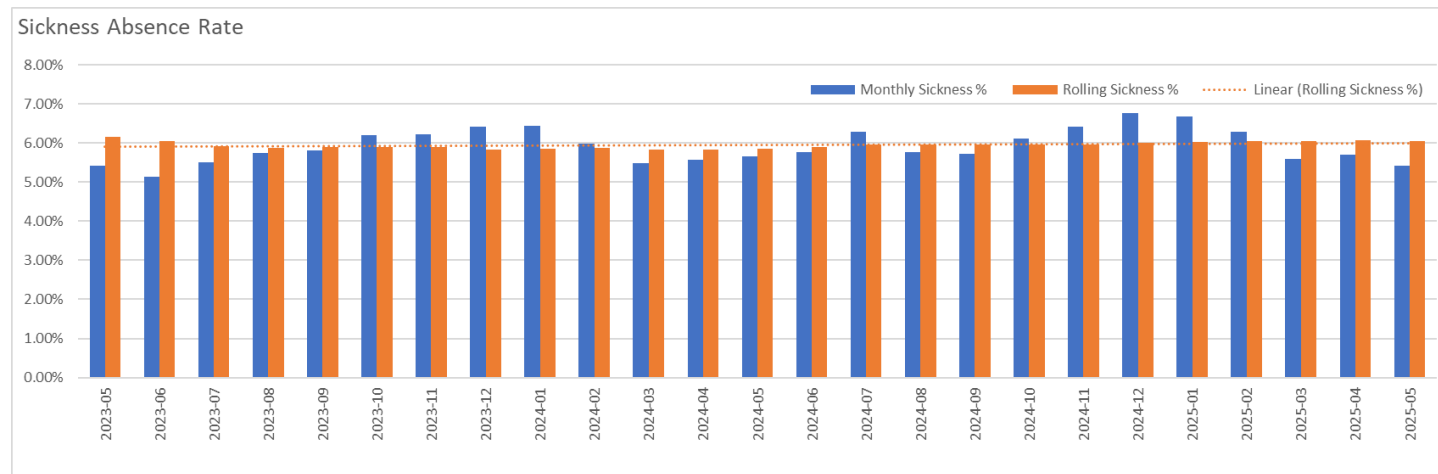
Background

- The sickness deep-dive review was commissioned in March 25 to try and gain a deeper understanding of what drives sickness across the organisation.
- The Review commenced in April 25 with a detailed review of the current data held across a number of systems that provide indicators towards sickness.
- Core systems that were reviewed were ESR, Occupational Health and Datix.
- The data review also drew on information provided as part of the All Wales staff survey and the staff stress, sickness, and absenteeism survey (SSAS).
- The review looked at the two different types of sickness absence, seasonal and non seasonal and the sub categories that sit inside
- The review also looked at the current services we offer and the way in which we currently provide each service.
- Initial findings showed that at a high level we are data rich through the information collected through ESR and a factual level we can report comprehensively on the sickness rates and primary sickness reasons for staff absence.
- Challenges came when looking to further understand the more detailed cause of sickness across staff as the system does not reliably capture this information. This is where triangulation with the staff survey, SSAS and Datix is required to gain a deeper understanding of the sickness absence drivers so we can best target limited resources to ensure people can be in work as much as possible where appropriate.



Current Position

- For the past 2 years the rolling sickness absence rate has sat at around approx 6% with only minor fluctuations across the organisation with a plus or minus of 0.2 either way. This measure covers the ongoing year on year average position across BCU and shows that we have a stable but stubborn position when it comes to staff sickness absence. Whilst this position puts us in the top 2 best performing large health boards across Wales, it shows that we have not been able to make major in roads into staff sickness across that period.
- The monthly sickness absence position shows a similar picture and whilst we see a more variable increase and decrease month on month when you compare positions for months year on year the pattern is similar. We see the spikes from November to February with the seasonal sickness absence with a fall back across the remaining months as regular pattern as shown below.



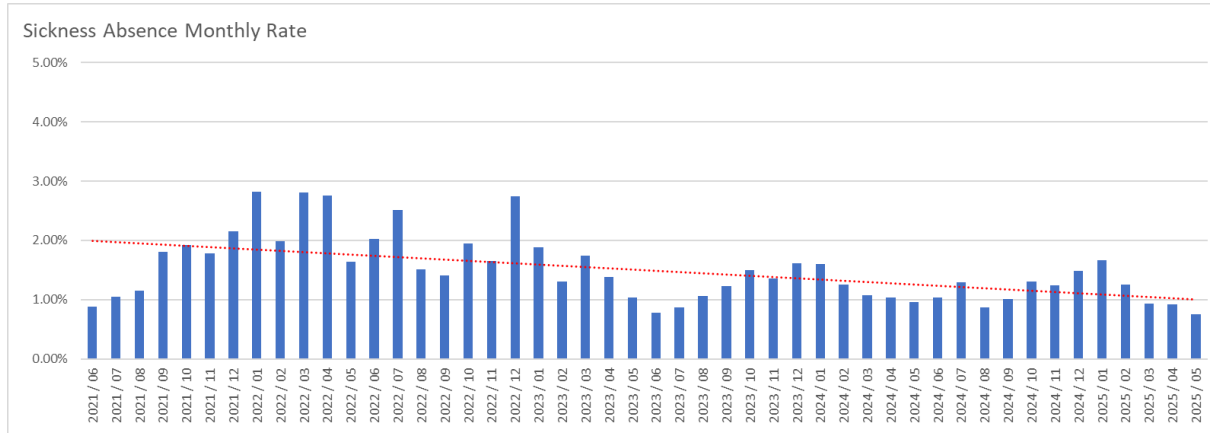
- The review interestingly found a decreasing trend of seasonal sickness absence over the period June 21 to May 25 whilst we saw an increasing trend across non seasonal sickness absence



Current Position

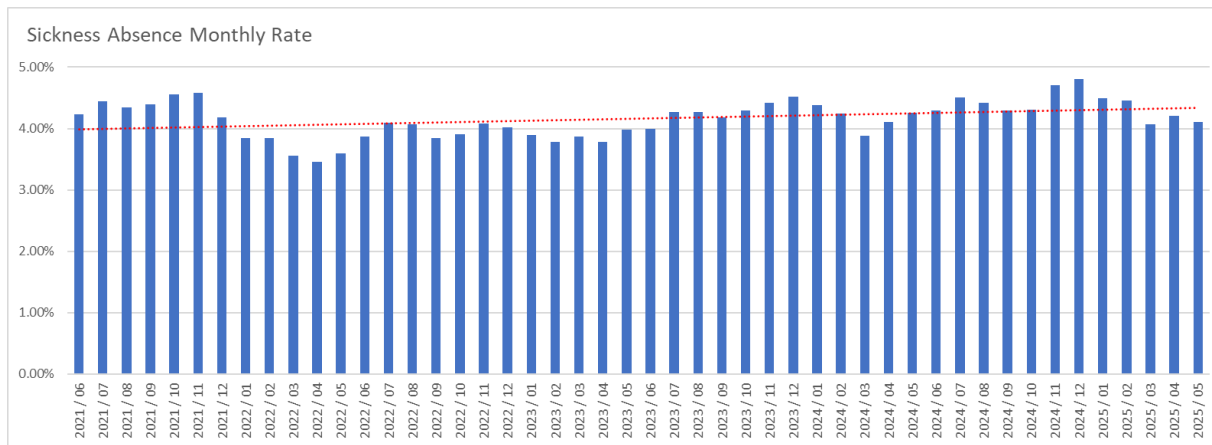
- The review interestingly found a decreasing trend of seasonal sickness absence over the period June 21 to May 25 whilst we saw an increasing trend across non seasonal sickness absence over the same period as shown in the charts below.

Seasonal Sickness Absence Trend



- This highest reasons for seasonal absence were as expected and included Cold, Cough & Flu, Chest & Respiratory, Infectious Diseases, Vomiting, Diarrhoea and Upset Stomach.

Non Seasonal Sickness Absence Trend



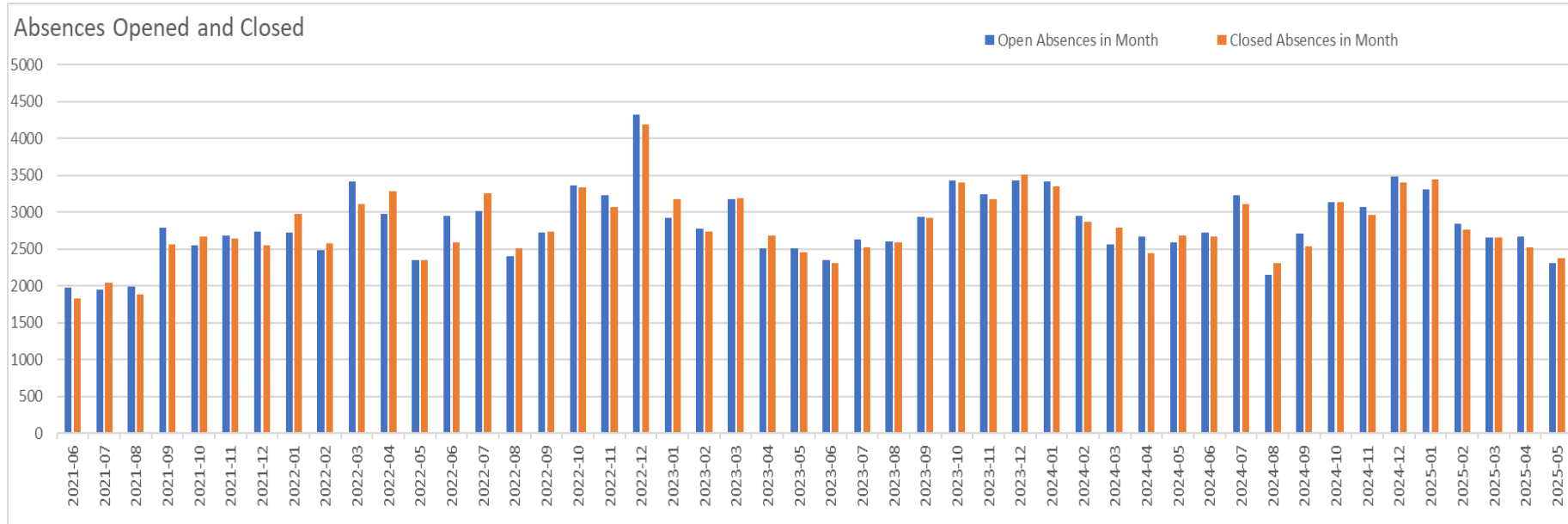
- This highest reasons for non seasonal absence were anxiety and stress alongside back and musculoskeletal.



Current Position

- The review also looked at the practical elements of sickness management and found that in general between June 21 and May 25 on average a similar number of absences were open and closed each month as shown in the chart below.

Number of absences opened and closed each month



- This shows that whilst we are managing sickness month to month we are not making in roads across the organisation on a systemic basis.



Summary Findings

- Seasonal Illness has been on a downward trend over the last 4 years.
- Non-Seasonal illness has seen an upward trend over the last 4 years
- The single largest category of long term sickness absence is due to stress anxiety and depression and that stress is the key cause in both medium and long term sickness with over 39% of the SASS survey stating that they felt unwell as a result of work-related stress.
- As part of the SASS survey we also saw a higher than average number of people (62%) reporting they are coming to work despite not feeling well enough to perform their duties. A conclusion that can be drawn from this is we have an element of presenteeism across BCU and as research in this area shows this is a key contributor to burnout which contributes significantly in an adverse way to the length of a sickness absence episode.
- Musculoskeletal disease is the second largest cause of staff sickness, we have seen a small but significant downward trend over the past 4 years but more work is required in this area to better understand the more detailed issues.
- Data quality at the first level is good and detailed but there are a number of areas where we need to improve our data quality and capture, these include, we need to consistently record when a member of staff is off due to a work related cause. The second level of illness needs to be better captured alongside more detailed waiting times for investigation and treatment for longer term absences.



Current Activity

- As a result of the deep-dive we have reviewed the current activity in place across the organisation to better understand what is working well and to ensure there is consistency of approach across all areas of the Health Board. A summary of this activity is outlined below.
- There is newly developed Managing Attendance at Work (MAAW) training being rolled out in partnership with Trade Union's. HR teams are delivering these sessions across the organisation with plans for more localised sessions and also to utilise the People Manager's forum on a regular basis.
- Embedding of MDT case conference approach working with occupational health team to review complex cases with a specific focus on referrals to support those who require adjustments to get back into the workplace rather than be off sick.
- There has been a focus on Long term sickness 9-12 months + with a significant focus on reduction in those absent at / after 52 weeks
- Working with the health and wellbeing team to ensure services have a wellbeing plan in place when hot spots are identified and linking this with Organisational Development where wider potential issues are linked to culture and behaviours across a service or team.
- More detailed work is ongoing about where can intelligently apply the current data we hold to triangulate with the current sickness audits/quality of files reviews we carry out with a pilot in East in progress.
- M&D sickness management and responsibilities of medical managers is also now a focus as a result of the poor data quality found as part of the review.



Next Steps

A detailed corporate risk has been developed to flag the current position highlighted as part of this review and a detailed action plan has been produced, summarised below:

- Develop a structured early intervention programme for short term sickness episodes to reduce the number that convert to long term sickness episodes specifically in the areas of stress and musculoskeletal absences
- Review resource requirements to re-introduce day-one calls/interventions to people reporting off sick, via Occupational Health. And align with current benchmark data on the effectiveness of services like this across other organisations. This will be achieved by utilising the current call advisor service in Occupational Health to call individuals reporting stress related absence on their first day off work to signpost to support services both within and outside the health board. Alongside this the current 2 psychologist posts in SWSS will provide expert early intervention and support to prevent staff members going off work as a pro-active measure. This new approach will take a targeted focus on areas of higher than average staff sickness absence.
- Re-utilised existing resource to put in place an Occupational Health physiotherapist to support the West IHC and to provide equitable access as is provided in East and Centre already (research by NHS employers proves effectiveness of early physio intervention, to reduce absence).
- Refocus MDT meetings/case conferences, to improve getting staff back into work
- Monitor the impact and of staff reducing hours and the link to high absence rates alongside other factors i.e. vacancies, or culture and engagement indicators
- Adapt the approach currently taken to 'alternative work options' for staff with high frequencies of absence to focus on getting people back into work
- Review the autonomy of how staff undertake their roles as a factor in stress related absence
- Reintroduction the strategic staff wellbeing group, to report into P&CC
- Look at engaging with GPs in North Wales about resources for staff to reduce length/frequency of sicknotes being issued
- Realignment of current services across People & OD to better support more integrated working across targeted services
- Transfer of best practice across the areas with low sick rates to promote 'what good looks like' to areas with the highest sickness rates. Specifically, to focus on identifying areas with high absence and with negative demographics identified by the national staff survey and work with teams within those areas to establish cause and offer support directly.
- Improve awareness of fatigue and facilities charter for medical staff and ensure there is a consistent approach to engagement across this staff group
- Carry out a review of sickness rates pre-post the introduction of enhanced sickness payments for unsocial hours



Conclusion

- It is clear from the review that whilst there is currently much work in this space ongoing across the Health Board on a broad basis to support sickness absence as is shown from the stability of the sickness absence rate the ability of People Services, Occupational Health, Staff Wellbeing and Organisational Development teams to effect significant reduction across targeted areas in specific services and staff groups needs to be improved.
- The detailed action plan will be taken forward through the Healthy Workforce group which has been setup under the Value & Sustainability Workforce programme to ensure identified interventions are implemented, this will also be monitored through the re-established Strategic Health and Wellbeing group which now reports directly to the People and Culture Committee on a regular basis.
- The delivery of this plan is based on the assumption that current resource and distribution of this resource stays in place with the recurrent budgets to support it. If this position changes then the delivery of the current plan objectives and timelines would need to reassessed.





Teitl adroddiad: <i>Report title:</i>	People Operations Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this report is to outline the current workforce operational position as of beginning of July 2025.</p> <p>The report has been revised following feedback from the committee and improvements around the content and information have been made for this report.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to NOTE the current position provided and feedback any observations regarding ASSURANCE required as a result of the reported positions contained in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Georgina Roberts, Interim Executive Director of People & OD			
Awdur yr Adroddiad: <i>Report Author:</i>	Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: <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"/>	
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Goblygiadau rheoleiddio a lleol: <i>Regulatory and legal implications:</i>	Not applicable			

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<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Not applicable</p>
<p>Next Steps: <i>Ongoing refinement of this report to support committee oversight</i></p>	
<p>List of Appendices: People Operations Report</p>	

People Operations Report

July 2025

Jason Brannan

Deputy Director of People



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Executive Summary

Analysis

- The vacancy rate saw a 0.6% increase within the previous month and now stands at 8.6%. This can largely be attributed to the increase in budget FTE of 159.6. This helped to grow the vacancy FTE by 137.5 FTE. The People Services team continue to promote BCU as an employer of choice through a number of channels and hold frequent recruitment events targeting roles with high levels of vacancies.
- Turnover has remained steady at 7.9% over the previous 7 months. It is down 0.5% on the same period last year with Registered Nursing staff group reporting the lowest turnover rate at 6%. BCUHB has a Staff Retention Lead in post, 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 review processes surrounding Exit Interviews, to improve the volume and quality of the information captured.
- BCUHB continues to have the lowest reported sickness absence levels in Wales NHS. However, June 2025 rolling sickness absence was 0.15% higher than during same period last year with Stress, anxiety and depression accounting for the largest proportion of absence. The People services operations teams continue to support managers in accordance with the Managing Attendance at Work policy.
- PADR compliance continues to improve, following a period of reducing rates through May 2024 to September 2024, and currently stands at 81.7% which is the highest figure reported by the health board. PADR is currently being promoted via the BetsiNet homepage and latest Weekly Bulletin to encourage staff to contact their manager where PADR have not been completed.
- Level 1 mandatory training compliance remains above the target of 85% at 91.1%. There is a focus on compliance for bank staff and targeted intervention in departments that are failing to achieve the 85% target.
- Time to recruit (from vacancy creation to ready for start date) met the KPI target at 63.1 days during June 2025. Time to check references and Time to shortlist remain consistently above the target. June 2025 also saw Vacancy creation to offer letter issued rise above the target. Recent changes have been made to the Enhanced Establishment Control Process to streamline the process for managers and reduce delays in the recruitment process.

Executive Summary

Challenges

- Recent increases in vacancies for HCSW are most attributable to staff wanting to reduce hours either for work life balance or partial retirement reasons. The entry level jobs are really challenging to recruit to due to their being a number of external roles available in the locality at or around a similar salary level.
- Exit interview completion is still not where we like it to be with work required to encourage staff to increase take up in areas of high turnover to better understand root cause issues.
- Anxiety stress and depression remains the main reason for absence. Earlier interventions are still required by managers in terms repeat sickness absence instances and this is being looked into by people service teams.
- PADR compliance is still a key focus and whilst we are seeing improvement, people services are being vigilant across areas to ensure any drop in numbers is flagged through the appropriate channels.

Progress

- Work is ongoing with job centres to coordinate recruitment events targeting band 2 roles across facilities, HCSW and admin and clerical. Alongside this we are supporting at Job centre events where job seekers get support on how to complete BCU applications. The development of a annual planner of recruitment events to ensure promotion of BCU as a local and regional employer – this is now a multi IHC focus.
- An education programme for managers is being looked at and we are asking managers when their people are leaving to encourage them to complete the newly revised e-form as well as offering the option of an independent person to hold exit interviews to encourage neutrality to allow feedback to be acted upon where appropriate. For areas with a higher turnover, we are offering a ‘focus’ on why and triangulating this with other data sets such as staff survey to get a better picture to ensure key interventions can be supported.
- People Services teams are working with managers to ensure early intervention with long term sickness and to reduce the number of short term frequent absences. The updated MAAW training in partnership with TU’s (this is across all areas) has been rolled out with ongoing training sessions now being planned. Fortnightly case reviews of sickness cases are in place so that scrutiny is applied and actions are followed up and escalated where needed to ensure robust management in line with the policy. There is also a focus are areas with regards to 1 – 28-day absence for SAD reasons, by educating managers that they can provide tools and services to support employees who may be struggling with ongoing health/welfare issues for this absence reason type with a focus of helping staff staying in work with support where appropriate.
- The staff group with one of the lowest compliance is estates and ancillary staff, targeted work is ongoing with managers to provide support to increase compliance across this staff group. IHC Directors have robustly managed through Accountability structures with timescales for improvement being monitored, particularly in low compliance areas. Support is being offered from people services at the local management meetings to identify improvement and report the position.

People



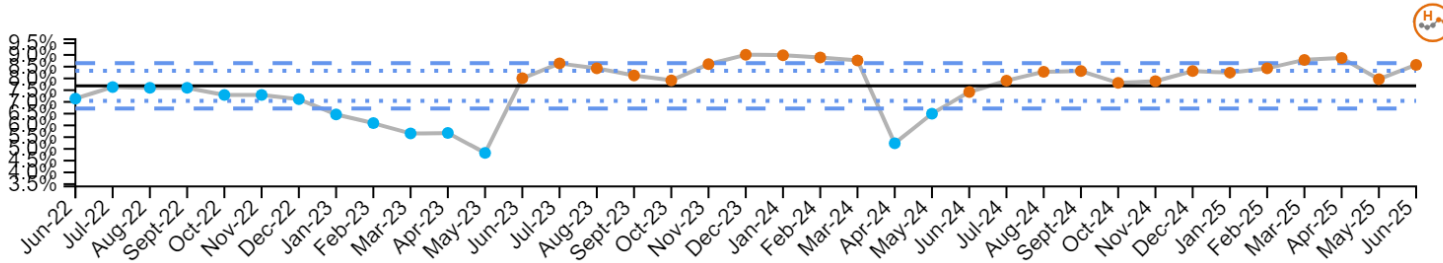
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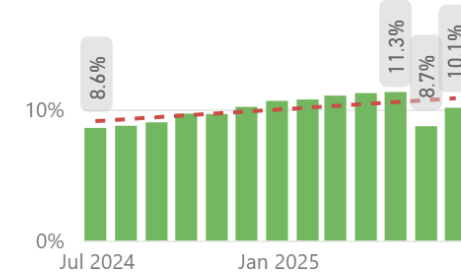
Vacancy % by IHC

BCU Data as at June 25

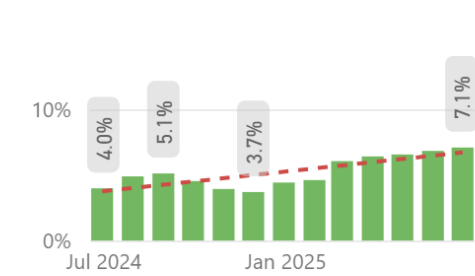
Betsi Cadwaladr



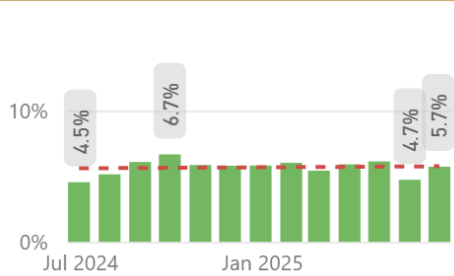
IHC Centre



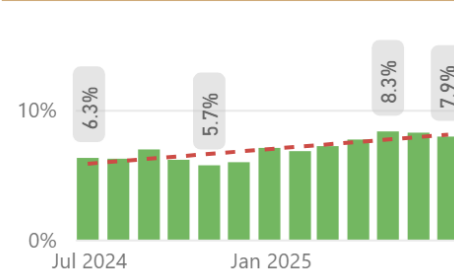
IHC East



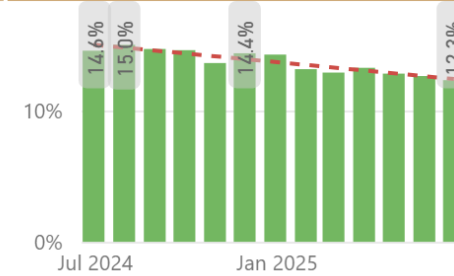
IHC West



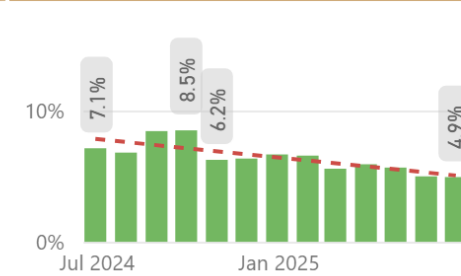
Cancer/Diagnostics



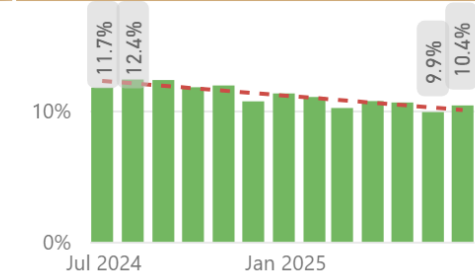
Mental Health & LDS



Midwifery & Womens



Corporate Services



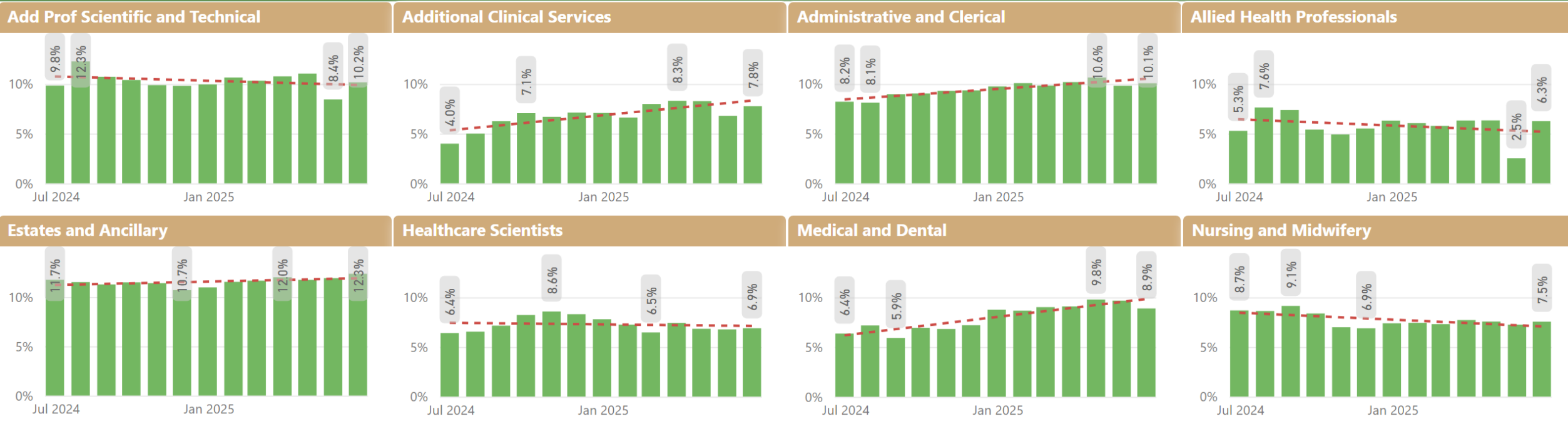
Analysis : The vacancy rate continues to show a cause for concern. Over the last 12 months, the vacancy rate has increased by 1.2% following an increase in budget of 464.7 FTEs whilst actual staff in post grew by just 194.3 FTEs. MHL D currently has the highest vacancy rate at 12.3% equating to 285.8 FTE vacancies. However, the trend shows an improving position with the rate 2.3% lower than it was a year ago. LD Inpatients within MHL D shows the largest vacancy FTE of 34.2 with a vacancy rate of 13.9%. Corporate Services has the second highest vacancy rate at 10.4% equating to 229.1 FTE vacancies. Midwifery and Womens are showing an improving trend over the 12 month period and currently have the lowest vacancy rate 4.9%. The largest increase in vacancy rate in the previous year can be seen within IHC East where it has grown by 3.1% and now stands at 7.1%.

Challenges : Increases in the vacancy rate in some areas is in part due to Enhanced Establishment Control, the ending of some Fixed Term Contracts and the links to RIGA. There are high levels of vacancies within Facilities which are proving difficult to recruit to due to the forecast overspend. Consultant vacancies in the challenged areas continue to pose a problem with Dermatology in West currently operating without Consultant cover. East IHC are seeing an upward trend across both M&D and B5 nursing. An increase in nursing vacancies in IHC Centre is largely attributable to reduction in hours. Within Cancer and Diagnostics, medical vacancies are a challenge with the rate currently standing at 17.2% with 16.9 FTE Consultant vacancies. Consultant vacancies are also a challenge in Midwifery & Womens where there are 9.5 FTE vacancies and a rate of 23%.

Progress : There has been positive progress with Band 5 nurse vacancies in particular from streamlining and International recruitment. Support from Finance and HR colleagues is in place for facilities to review the position. In MHL D, temporary staffing have supported with the recruitment of 10 bank nurses over recent weeks. In IHC Centre the team is working with the job centre to identify suitable candidates for facilities and HCSW roles. A series of recruitment events will be attended over the summer outlining careers options for local people.

Vacancy % by Staff Group

BCU Data as at June 25



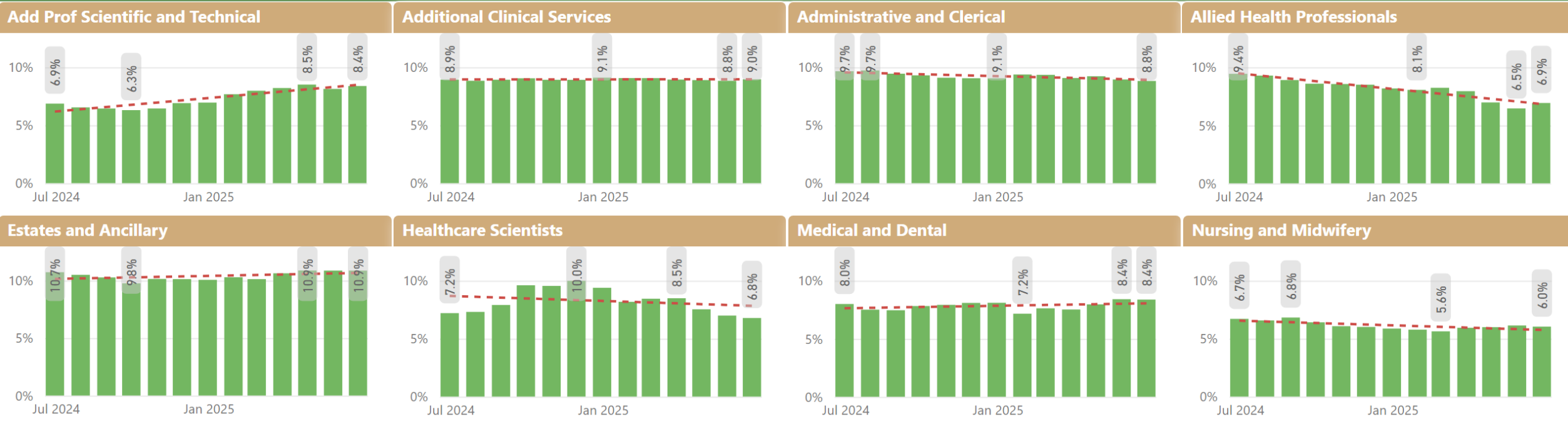
Analysis : Vacancy rates are showing an increase over the last 12 months across all staff groups with the exception of Nursing and Midwifery. Estates and Ancillary have the highest vacancy rate at 12.3% (equivalent 185.4 FTE vacancies). Areas with particularly high numbers of vacancies include YGC Domestics where there are currently 19.6 FTE vacancies, YMW with 11.3 vacancies and West Catering with 9.4 FTE vacancies. Add Prof Scientific and Technical staff group has a vacancy rate of 10.2%, equating to 87.6 FTE vacancies. ACS vacancies have increased significantly over the last 12 months with the rate increasing by 3.8% to 7.8% and vacancy FTEs currently standing at 328.9 FTEs with 121.5 FTEs of these being within IHC Centre. The Medical & Dental vacancy position is also deteriorating, growing by 2.5% to 8.9% in June 2025. There are currently 160.2 FTE M&D vacancies across the organisation, 48.5 of which are within IHC Centre. The Registered Nursing vacancy rate for June 2025 reflective has decreased by 1.2% since June 2024 with vacancy FTEs decreasing by 62.7.

Challenges : Within East IHC, there are challenges around vacancies within Estates and Add Prof Scientific and Technical. Consultant vacancies in the challenged areas continue to pose a problem with Dermatology in West currently operating without Consultant cover.

Progress : Recruitment team to continue to work with departments to understand difficulty in recruiting consultants and devise a plan to support. Completion of conversion analysis of the Recruitment event held on 7 July 2025. HR PBPs for hotspot areas to support with plan to fill hard to recruit to posts. Within MHL, 206.51 FTEs are currently progressing through the recruitment process; this represents 70% of MHL vacancies and includes recruitment through the Student Streamlining Process.

Turnover % by Staff Group

BCU Data as at June 25



Analysis : Most staff groups show either an improving or largely static trend over the last 12 months with only Add Prof Scientific and Technical and Medical and Dental showing a noticeable deterioration in trend. Add Prof Scientific and Technical turnover rate has increased by 1.5% over the last 12 months. Within this staff group Pharmacists show an increase of 3.8% during the period and the June 2025 turnover standing at 8.6%. Allied Health Professionals staff saw the greatest improvement in turnover, reducing by 2.5% over the 12 month period.

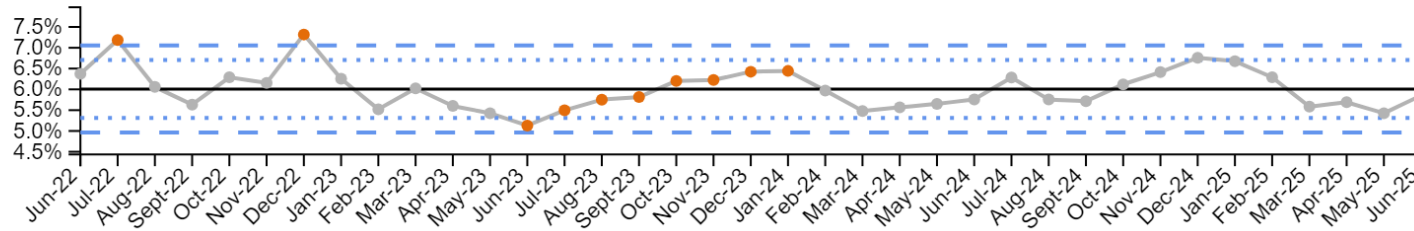
Challenges : In West IHC Children's in particular have seen an increase in turnover in the admin roles, but this is still comparable with BCU average. IHC East also have high turnover within admin roles.

Progress : In West IHC internal turnover within the Nursing and HCSW staff groups is continuous and exit interview data is being explored to see if reasons can be identified and improvements made, at present the data group is quite small so we are relying on qualitative data. Current support in place with Children's in West IHC.

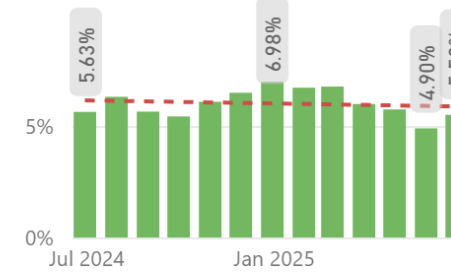
Monthly Sickness % by IHC

BCU Data as at June 25

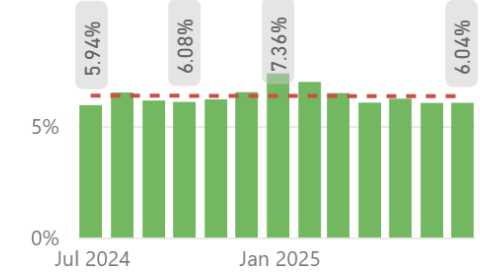
Betsi Cadwaladr



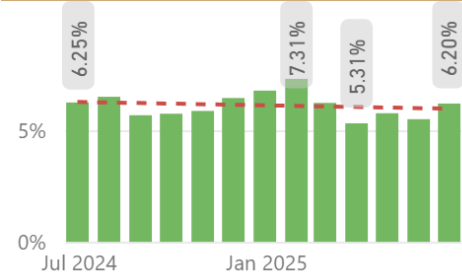
IHC Centre



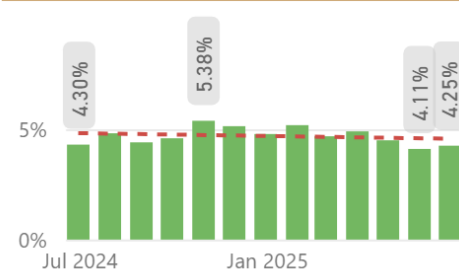
IHC East



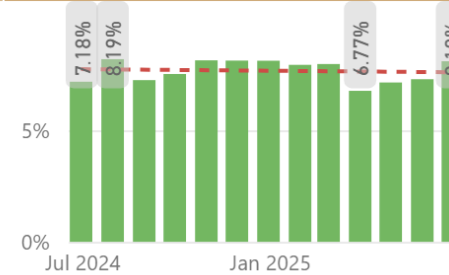
IHC West



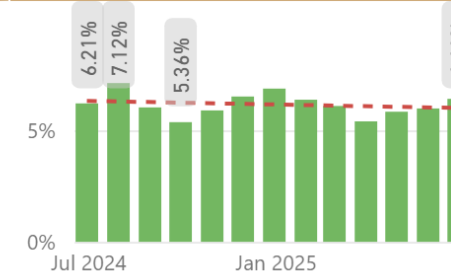
Cancer/Diagnostics



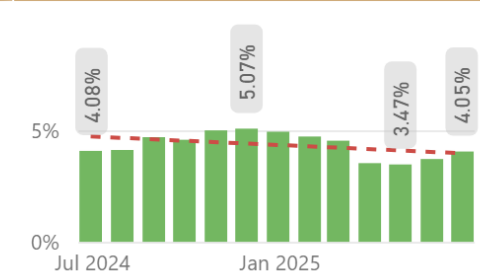
Mental Health & LDS



Midwifery & Womens



Corporate Services



The charts above report the monthly sickness rate for BCU.

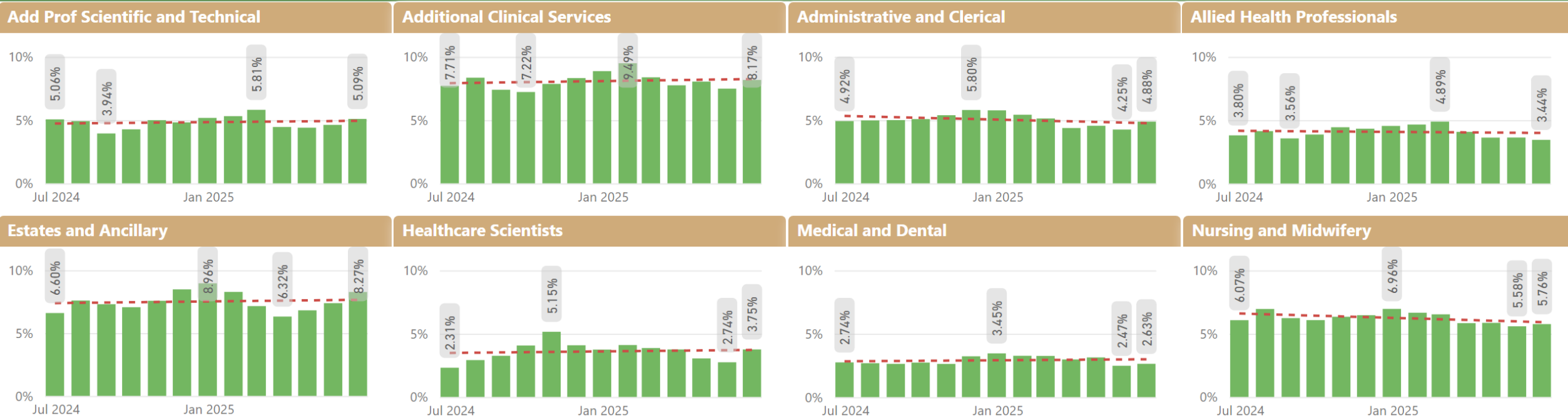
Analysis : The BCU monthly sickness rate is currently showing no special causes for concern or improvement based on the trend of previous months, however, it is 0.9% higher than it was during June 2024. The rolling absence is 6%, an increase of 0.15% on the same period in the previous year. MHL has the highest sickness rate at 8.1% with stress and anxiety sickness absence currently standing at 3.1% compared to the BCU average of 1.8%. MHL has also shown the largest increase in monthly sickness compared to the previous year at 0.9%, with this largely attributed to the increase in stress and anxiety sickness absence. Corporate Services has the lowest sickness absence rate at 4%.

Challenges : Stress/Anxiety/Depression continues to be highest reason for absence across the IHC with the majority of cases being long term. People Services wish to understand reasons for stress, particularly if more stress cases are attributed to Work Related or Home Related. The number of absences recorded as work related are very low. There are a large number of absences with an absence reason of 'Other' and this may be the result of Nurse managers seeking to protect confidentiality within the rosters which are accessible by a number of individuals. In West IHC, Estates and Facilities remains and challenge with the rate currently standing at 8.6% and there is also high sickness within Theatres where average FTE absent per day is in excess of 8 FTEs.

Progress : In East IHC, data will be reviewed with managers to understand the reasons behind stress absence to determine what support managers have put in place to facilitate a RTW including use of Stress Risk Assessment Tools and OH. Where managers are using the absence reason 'Other' in rosters, they are being asked to ensure that the specific reason is added directly to ESR instead. A review of areas with high levels of short term absence is being carried out to ensure escalation through appropriate management of prompts. There is a sickness reduction plan in place from the HR team with a reviews of hot spot areas and the Wider HR teams have also reviewed the MAAW training and in West there is a plan to roll this out to managers. People Services staff are working with managers to ensure that regular sickness reviews are held and adjusted duties and temporary redeployment is utilised where possible.

Sickness % by Staff Group

BCU Data as at June 25



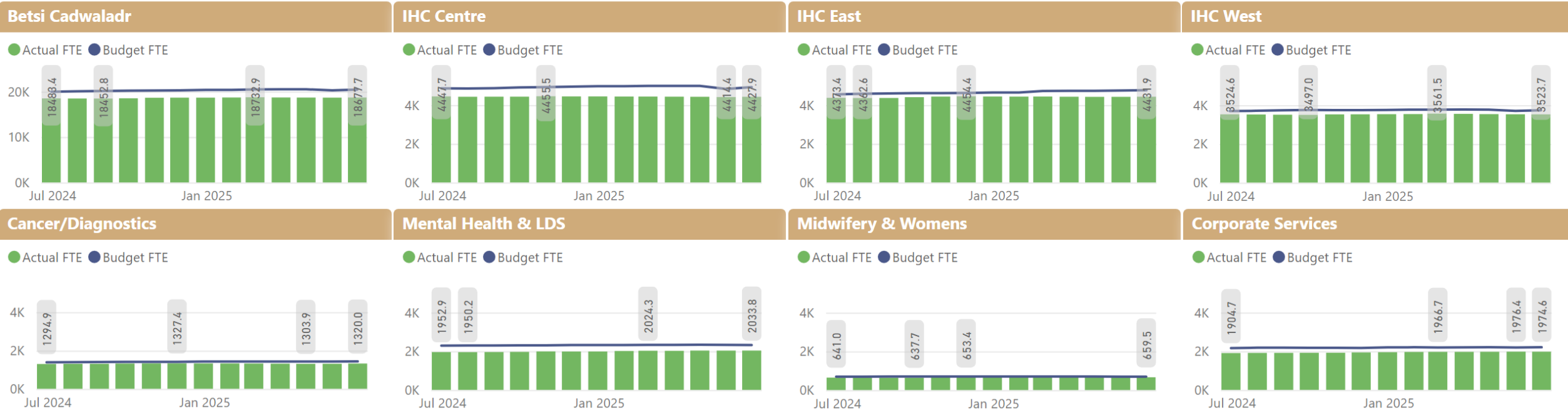
The charts above report the monthly sickness rate for BCU.

Analysis : Estates and Ancillary staff group currently has the highest monthly sickness rate at 8.3%, an increase of 1.7% on the same period last year, with stress and anxiety absence and benign and malignant tumours both showing increases of 0.3%. Additional Clinical Services has the second highest monthly sickness rate at 8.2%, an increase of 0.5% on the same period last year. Stress and Anxiety absence levels highest within Additional Clinical Services at 2.9%, compared to the BCU rate of 1.8%. Nursing and Midwifery absence has decreased when compared to June 2024 by 0.3% with a monthly rate of 5.8%. Medical and Dental sickness absence is 0.1% lower than it was during the same period last year. Admin and Clerical, Healthcare Scientist and AHP staff groups all have monthly sickness rates under 5%. The largest increases in the rolling sickness absence rate can be seen within Medical and Dental, and this is likely the result of better recording of absence within electronic systems. Followed by Additional Clinical Services (Non Nursing) where the rolling rate has increased by 0.6% with increases mainly being seen within IHC East and West.

Challenges : HCSW and Facilities are a challenge in terms of sickness absence.

Progress : Absence Management is a key focus when sharing information from the Business Partners to the local leadership teams, with data and figures presented with ongoing HR plans for those areas to support the reduction. It is hoped that these actions will reduce the numbers in these staff groups. In West IHC there are interventions in place from the HR teams in Facilities which are not yet showing an effect, the cases require some careful support but we are hoping to see an improved position by September.

Budget v Actual FTE by IHC



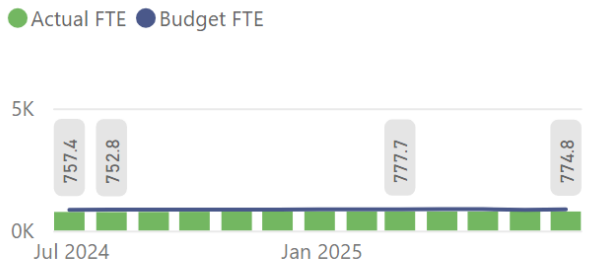
Analysis : Budgets continue to increase across all areas of the Health Board, with a combined increase of 464.7 FTEs over the last 12 months compared to an increase in actual staff in post of just 194.3 FTEs. IHC East saw the greatest increase in budget over the last 12 months growing by 215.4 FTEs whilst actual FTE reduced by 58.5 FTEs, causing a 3.1% increase in the vacancy rate on the same period last year. IHC Centre saw budget growth of 60.9 FTEs and actual staff in post decline of 19.9 FTEs. MHLD saw the greatest increase in staff in post, growing by 80.9 FTEs over the last 12 months whilst the budget grew by just 33.8 FTEs, leading to a 2.2% reduction in the vacancy rate.

Challenges : The East and West IHCs report continued under resourcing by the budget figures, which is proving a challenge in some areas – where there has been creativity with operational admin support. We seek ongoing support to workforce modernisation to support supported employment routes and recruitment from the communities in Flintshire and Wrexham.

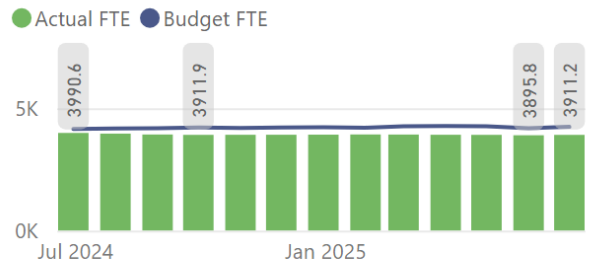
Progress : Teams continue to review establishment figures in line with control measures as set by the organisation. There has been a reduction in fixed contracts, which is positive.

Budget v Actual FTE by Staff Group

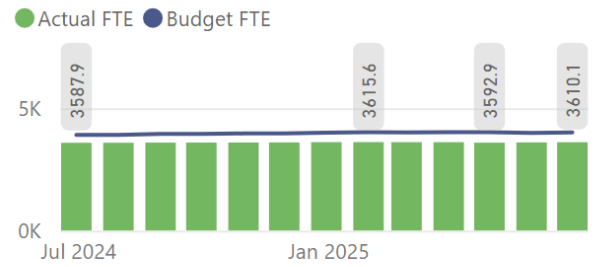
Add Prof Scientific and Technical



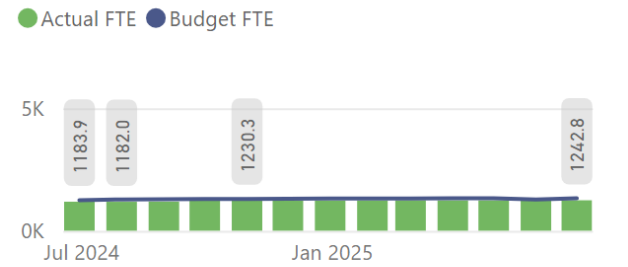
Additional Clinical Services



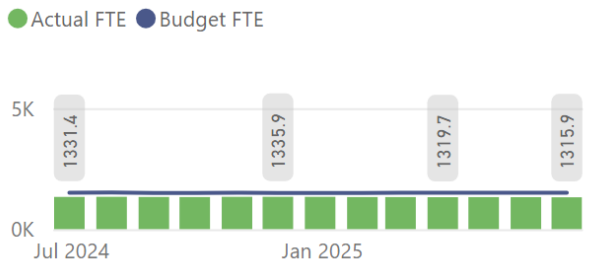
Administrative and Clerical



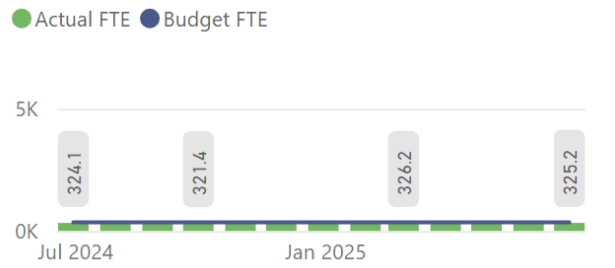
Allied Health Professionals



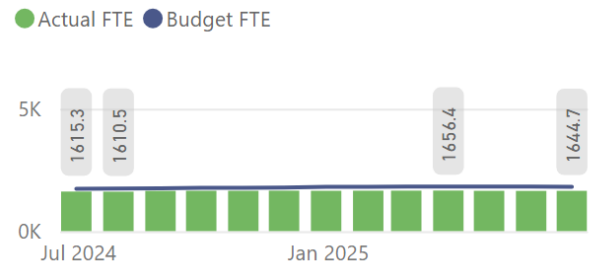
Estates and Ancillary



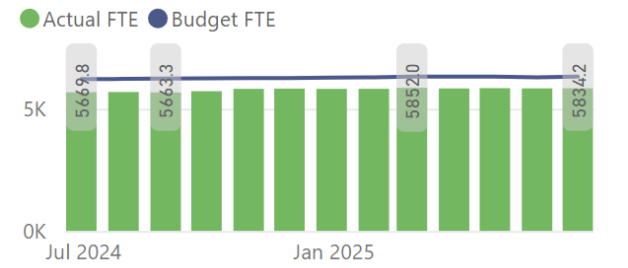
Healthcare Scientists



Medical and Dental



Nursing and Midwifery

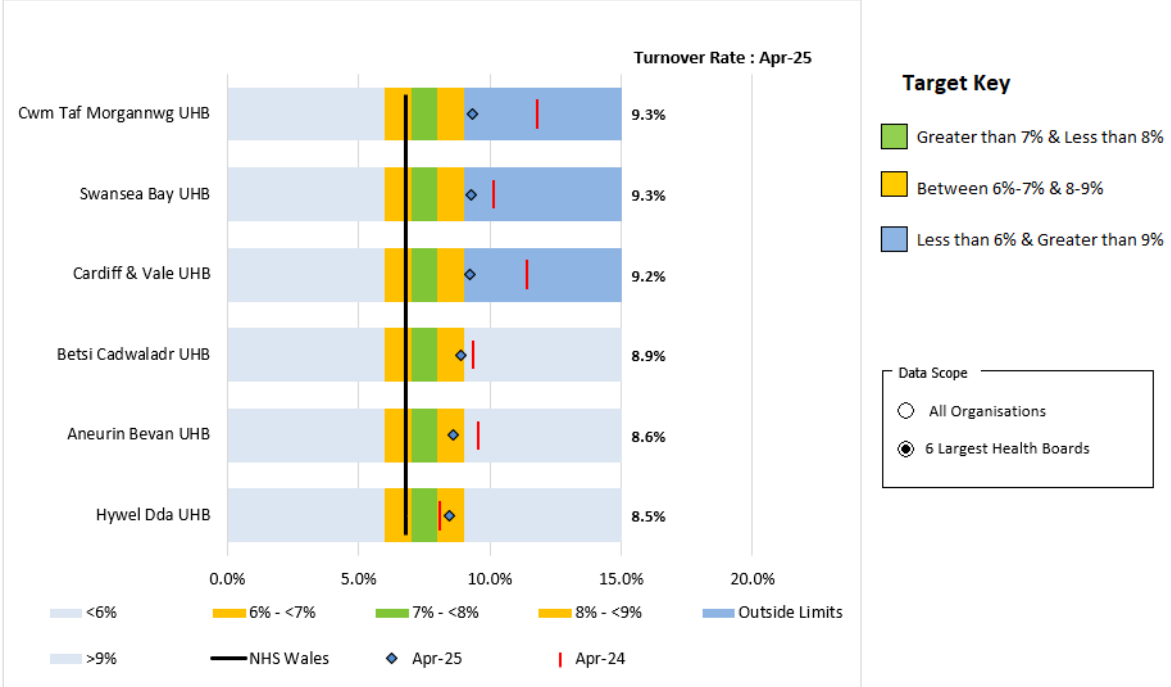


Analysis : Admin and Clerical staff group saw the biggest increase in budget FTE between June 2024 and June 2025, growing by 105.4 FTEs. Registered Nursing budget increased by 101.7 FTEs, however, actual FTE also increased by 164.4 meaning the vacancy rate fell by 1.1%. Increases in budget FTE of 83.7, whilst also seeing a decrease of 79.4 actual FTEs, caused the Additional Clinical Services vacancy rate to increase by 3.8%. Medical and Dental staff group saw the next largest increase in the vacancy rate over the 12 month period, increasing by 2.5% as a result of budget increases of 80 FTEs whilst actual FTE increased by 29.3 FTEs.

Workforce Comparators

Turnover %

12 Month Turnover rate for All Staff Groups by Organisation comparing Apr-24 & Apr-25

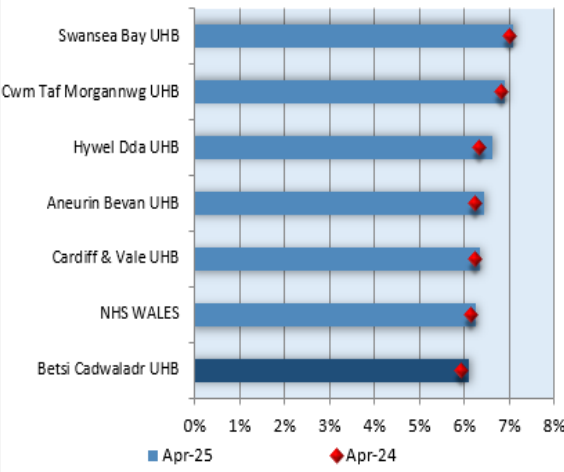


Of the 6 largest Health Boards in Wales, BCU had the 3rd lowest turnover rate in April 2025 at 8.9%.

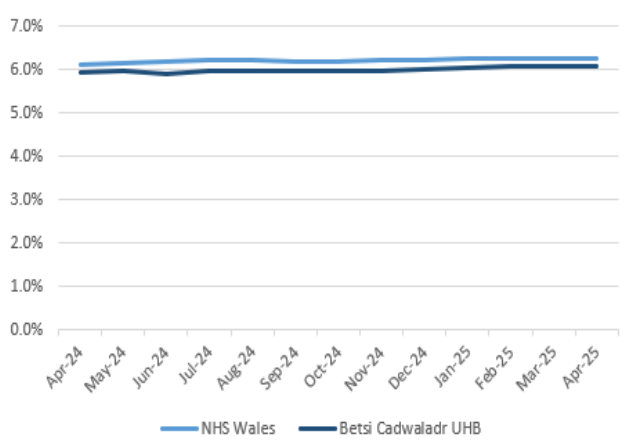
Please note, NHS Wales Turnover Rate only includes NHS Wales Leavers whereas Health Board data will include Staff Movements between organisations. The turnover rates presented above includes locally employed junior medical grades whereas locally these are excluded.

Sickness %

Rolling Sickness Rate by Health Board Apr 2025



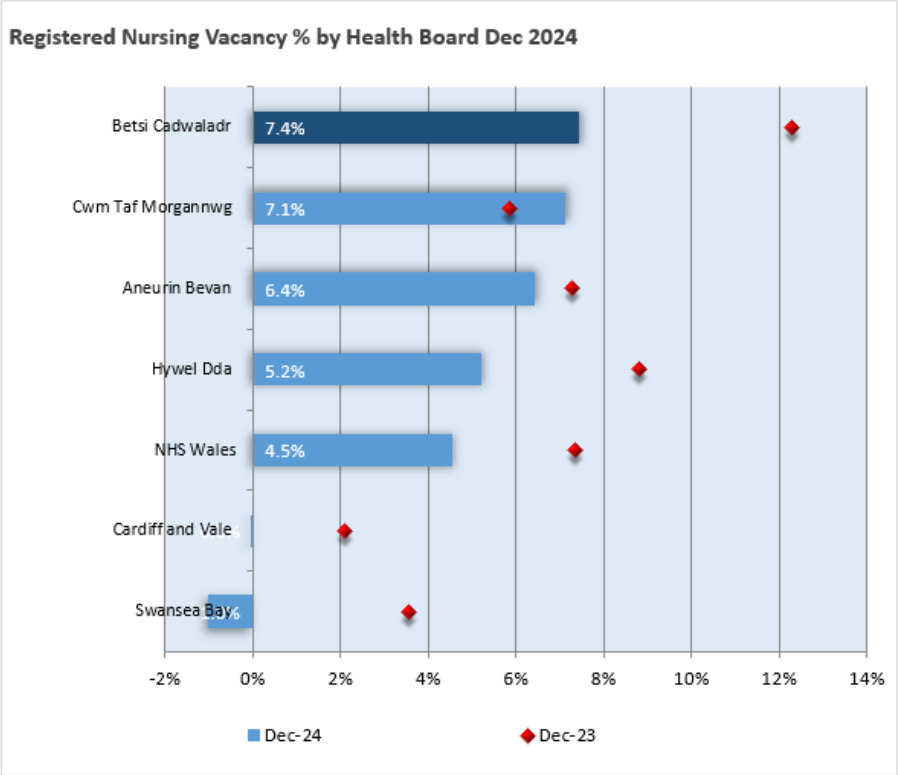
12 Month Rolling Sickness Rate BCU vs NHS Wales



During April 2025, BCU had the lowest rolling sickness rate of the 6 largest health boards at 6.1% 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 6.9%.

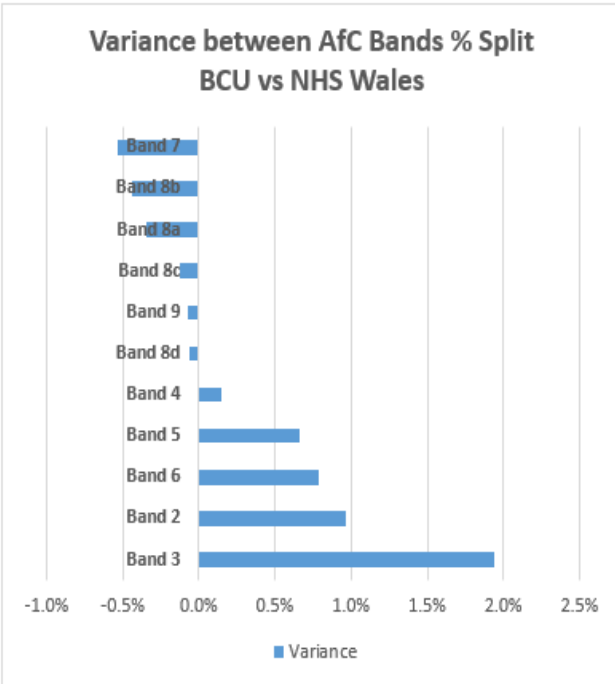
Workforce Comparators

Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 2.9% above the NHS Wales average in December 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 Apr 2025	NHS Wales % Staff in Post FTE Apr 2025	Variance	BCU Staff in Post FTE Apr 2025
Band 3	13.9%	12.0%	1.9%	2531.2
Band 2	17.3%	16.4%	1.0%	3147.5
Band 6	17.3%	16.5%	0.8%	3141.7
Band 5	20.0%	19.3%	0.7%	3625.5
Band 4	8.5%	8.4%	0.2%	1548.1
Band 8d	0.4%	0.4%	-0.1%	66.2
Band 9	0.2%	0.2%	-0.1%	31.6
Band 8c	0.8%	0.9%	-0.1%	145.8
Band 8a	3.6%	3.9%	-0.3%	651.1
Band 8b	1.1%	1.6%	-0.4%	205.2
Band 7	10.3%	10.9%	-0.5%	1879.0

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 and 6 than NHS Wales, band 3s account for 13.9% of the BCU AfC workforce compared to 12% of the NHS Wales AfC workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.4% vs 18%).

Highlighted Areas

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
Facilities Catering - West (RX55) L6						
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%
2025-03	82.2	14.4%	6.97%	47.3%	85.1%	9.2%
2025-06	82.3	14.3%	13.75%	46.4%	82.2%	9.2%
Therapies Central (AX25) L6						
2024-09	400.5	-2.8%	4.07%	80.1%	92.7%	8.4%
2024-12	396.0	2.6%	5.35%	81.0%	92.0%	9.6%
2025-03	400.2	2.9%	4.80%	80.5%	91.7%	9.5%
2025-06	399.4	3.3%	2.75%	78.5%	93.3%	9.5%
Childrens West (AX07) L6						
2024-09	353.4	10.0%	4.59%	80.4%	91.6%	5.0%
2024-12	350.0	10.6%	8.12%	78.8%	90.7%	6.2%
2025-03	362.3	9.5%	6.20%	80.3%	88.7%	6.7%
2025-06	361.2	10.5%	4.99%	78.9%	90.4%	7.9%
Medicines Management Central (AX23) L6						
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%
2025-03	142.2	12.9%	5.39%	60.6%	85.8%	6.9%
2025-06	143.0	11.9%	3.04%	69.7%	85.4%	5.4%

Analysis :

Facilities Catering in West is showing an increasing sickness rate over recent months and currently stands at 13.75%. Vacancies are also high at 14.3%. Both PADR and Mandatory level 1 training compliance are below the 85% target with PADR falling significantly.

Therapies Central have a falling PADR rate which is under the target and an increasing Turnover rate. Whilst the vacancy and training rates have been deteriorating, they still compare favourably to the targets.

Childrens West has a high vacancy rate at 10.5%, whilst PADR and Monthly Sickness rates are both not meeting targets. Turnover has been increasing but is still comparable to the overall BCU rate.

Medicines Management Central have seen deteriorations against the compliance rate and now just barely sit above the target. Vacancies are high and PADR is well below the BCU target.

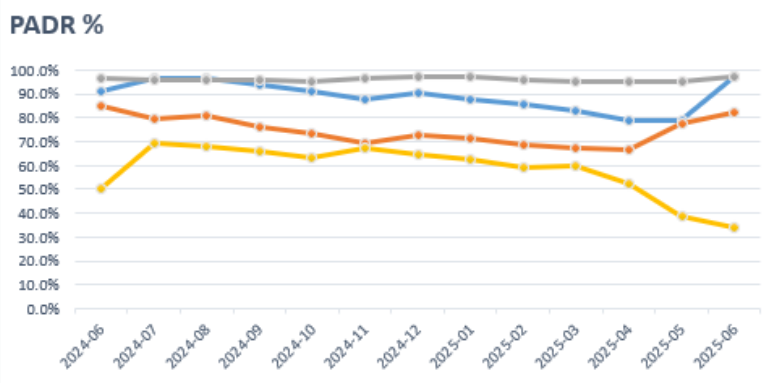
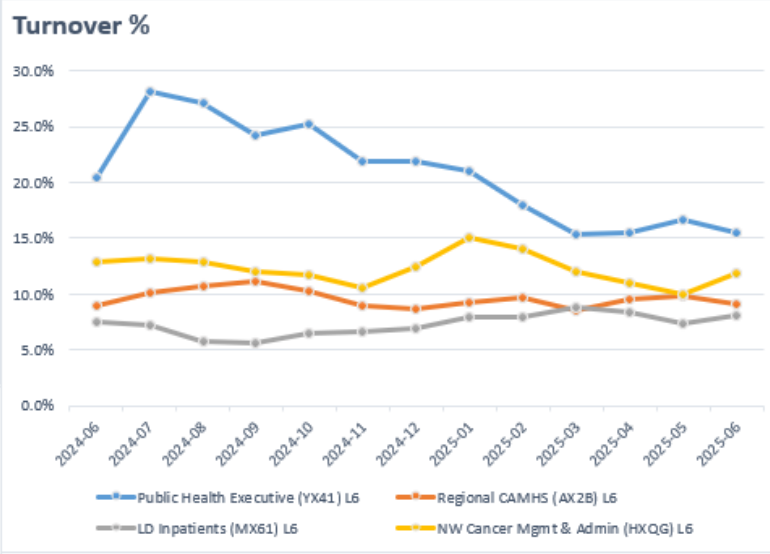
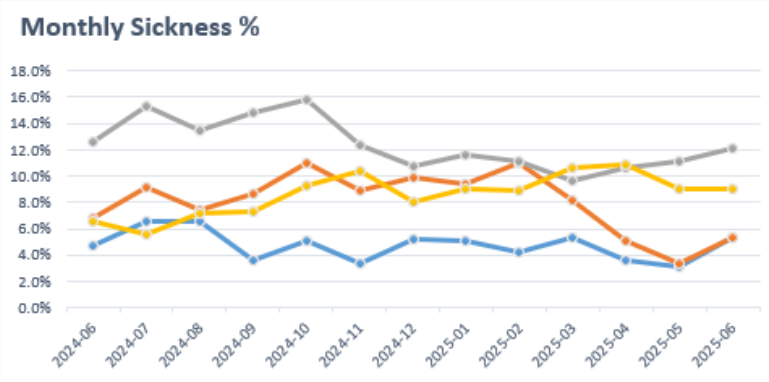
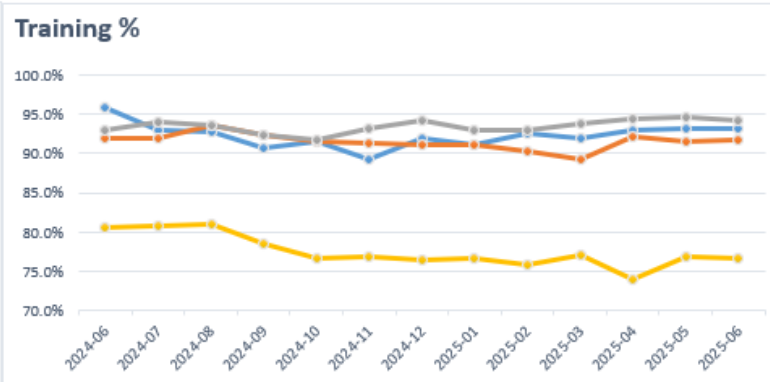
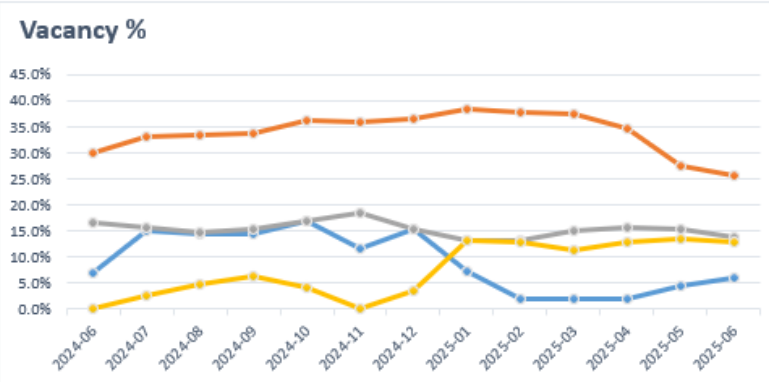
Challenges : Work is underway in IHC West via the Sickness Plan to deep dive in to the sickness and support the team to ensure all sickness absences are being followed up in a timely manner and according to MAAW Policy. Within Facilities and Catering, the team are working hard to get the remaining PADR's up to date, which is mainly the Catering department that are falling below target. This has been due to change of roles with management team and this post has only recently been back filled.

Children's absence is currently at 4.99% in month, of which reflects 21 open absences, 10 of which are long term sickness. SCUN PADR compliance is at 47.8% with 12 out of date, with delays compounded by annual leave of ward manager / deputy ward managers.

Progress: PADR's for facilities has increased from 60% in May to 79% in June. The team are working hard to get the remaining PADR's up to date. Work is underway with the new manager to progress. We are also utilising other managers within facilities to support Catering to increase the focus on this area.

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.

Highlighted Areas Trends – November 2024



The charts on the left show the progress against the highlighted areas reported in the November 2024 pack in order to track whether there has been improvement in these areas since they were initially flagged.

Analysis :

From the Highlighted Areas in the November 2024 report Public Health Executive have seen improvements in all the metrics with the exception of Monthly Sickness % which currently stands at 5.31%. PADR compliance has seen a noticeable increase and now stands at 97.3%.

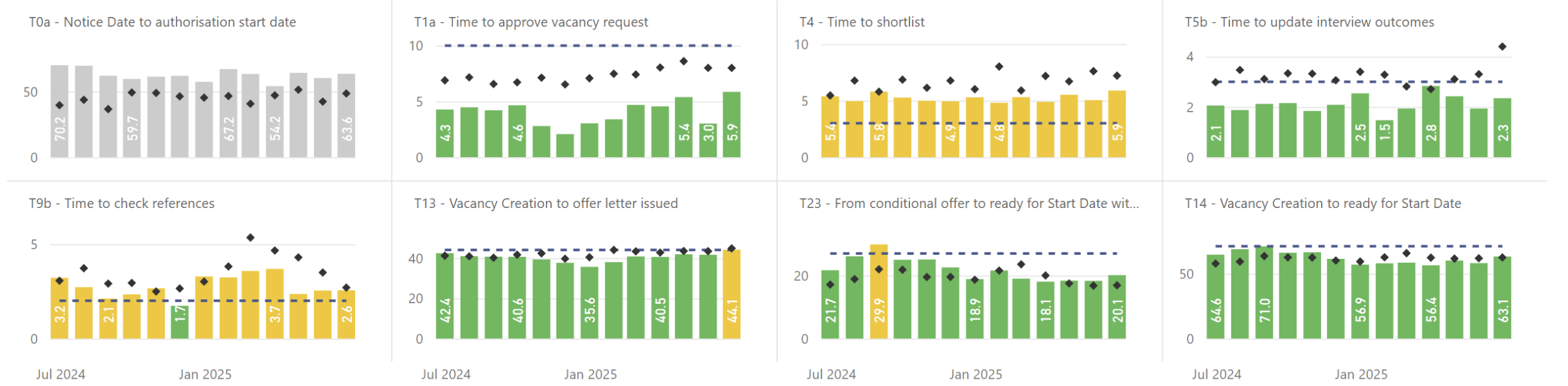
Regional CAMHS have seen improvements in sickness and PADR compliance in recent months . The vacancy rate is showing improvement in June 2025 but remains high at 25.7%. Training Compliance remains high at 91.8%.

LD Inpatients continue to report high levels of sickness at 12.1%. Vacancies also remain high at 13.9%. However, this is an improvement on the November position. Training compliance and PADR have remained well above the target.

NW Cancer Mgmt. & Admin are performing poorly in all metrics with a very low PADR % of 33.7% and a vacancy % that has increased from 0.2% to 12.7%.

Recruitment KPIs

● Average of Lapse time ● Measure Target ◆ NHS Wales



The KPI metrics included above are all specific metrics that are the responsibility of the Health Board and are within our gift to effect.

Analysis : Time to check references and Time to shortlist have consistently failed to achieve the target KPI. However, in the latest month, Vacancy creation to off letter issued also went above the target, and took 44.1 days on average. Time to shortlist took an average of 5.9 days in June 2025 compared to the NHS Wales average of 7.2 days. Time to check references took an average of 2.6 days with BCU outperforming the NHS Wales average of 2.7 days. BCU met the 71 day KPI for Vacancy creation to ready for start date, taking 63.1 days on average during June 2025, however, it has slightly fallen behind the NHS Wales average of 62.4 days.

Challenges : Due to staff shortages over the past year in the IHC West People Ops team there has been less activity around monitoring applications nearing KPI target and shortlisting reminders, leading to the timescales increasing after the initial work saw progress in these areas. With staffing levels expected to be back to normal by the end of September, work in these areas will be back to normal levels again. Time to reference is the next area to be considered for hiring manager support to look at where the bottlenecks are in the processes that may be contributing to missing the KPI targets, similar to what has been done with the shortlisting.

Progress : Time to shortlist – The People Ops team monitor TRAC to identify A4C vacancies about to close and contact the hiring managers to remind them of the expected turn around time for shortlisting and encourage them to schedule time to action the shortlisting. They also offer support to hiring managers who are new to hiring on TRAC to ensure it runs smoothly. The team monitor the oldest applications and those closest to the KPI target for start date and liaise with the hiring manager to identify and help to overcome any barriers. The team work on the hiring log which flags where there are difficulties with hiring. The applications and process to date are investigated in order to resolve the difficulties and progress to start date. Any starters facing delays due to DBS with content are flagged on a report from NWSSP and the team assists with progressing the process. The People Ops teams are supporting the EC team with bank shifts to clear EC backlogs which will also help to improve time to hire

Leadership and Development

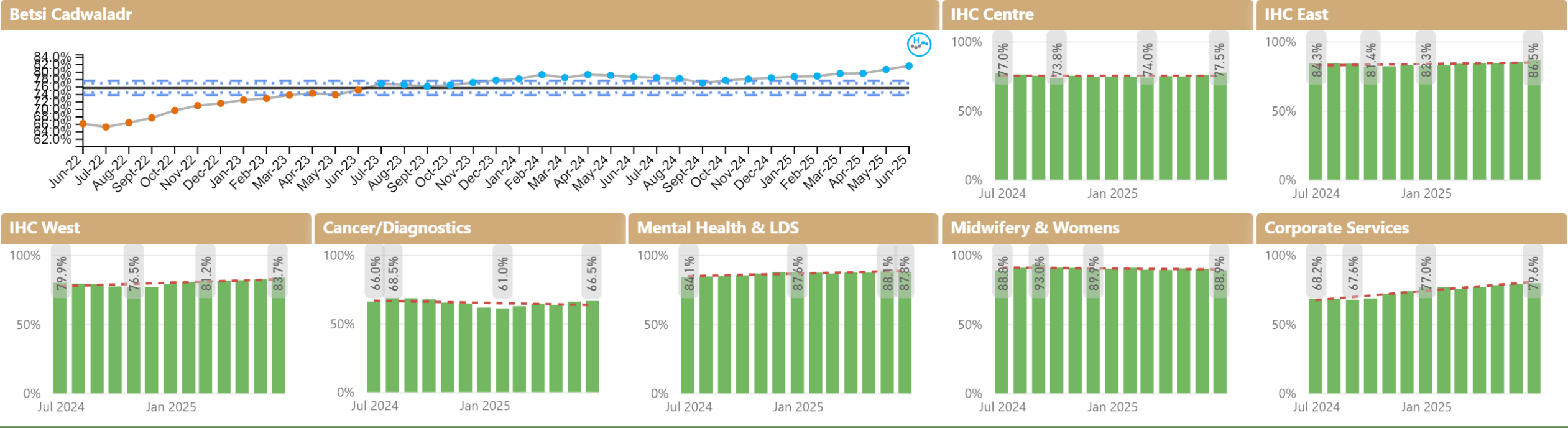


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Betsi Cadwaladr
University Health Board

PADR % by IHC

BCU Data as at June 25



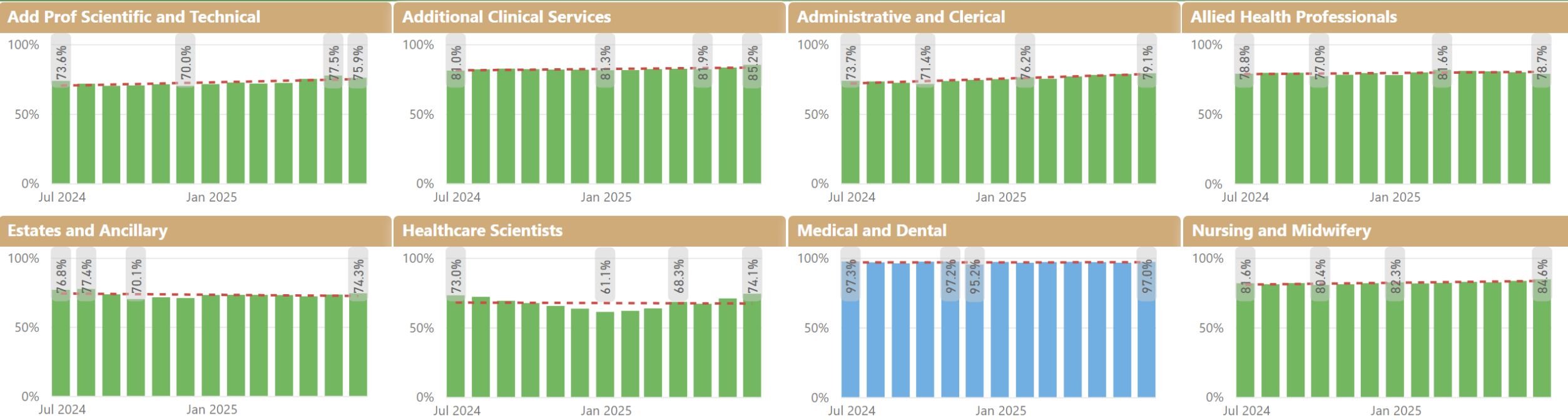
Analysis : PADR compliance currently stands at 81.7%, the highest figure reported for BCU and a 3.1% increase on the same period in the previous year. At present IHC East, MHLD and Midwifery and Womens meet the 85% target KPI. Cancer/Diagnostics is currently the worst performing area with a compliance rate of 66.5%. All areas of have seen varying levels of improvement on the previous year with Corporate Services seeing the biggest improvements in PADR compliance, improving by 11.4% to 79.6%. IHC West has made steady progress across the period, improving compliance by 3.8% and now remain just 2.3% off the target of 85%.

Challenges : In East IHC, compliance is lower within the East Area and community teams. Within Corporate teams, areas significantly below target are Medical Education, Director of Partnership & Engagement and Capital and the Pan team are working with these managers to a plan in place to improve with monthly discussions to monitor progress.

Progress : Teams continue to work with the Heads of Operations within the divisions to address areas of non-compliance. Monthly reports are produced within the division and shared with the Senior leadership Teams. Hot spot areas of low compliance are discussed at monthly Workforce meetings and guidance and support offered to improve compliance. In IHC Centre improvements have been evident within Primary Care and CAMHS in month. Following an intervention from the People and Culture group CAMHS PADR performance increased from 66% to 77%.

PADR/MARS % by Staff Group

BCU Data as at June 25



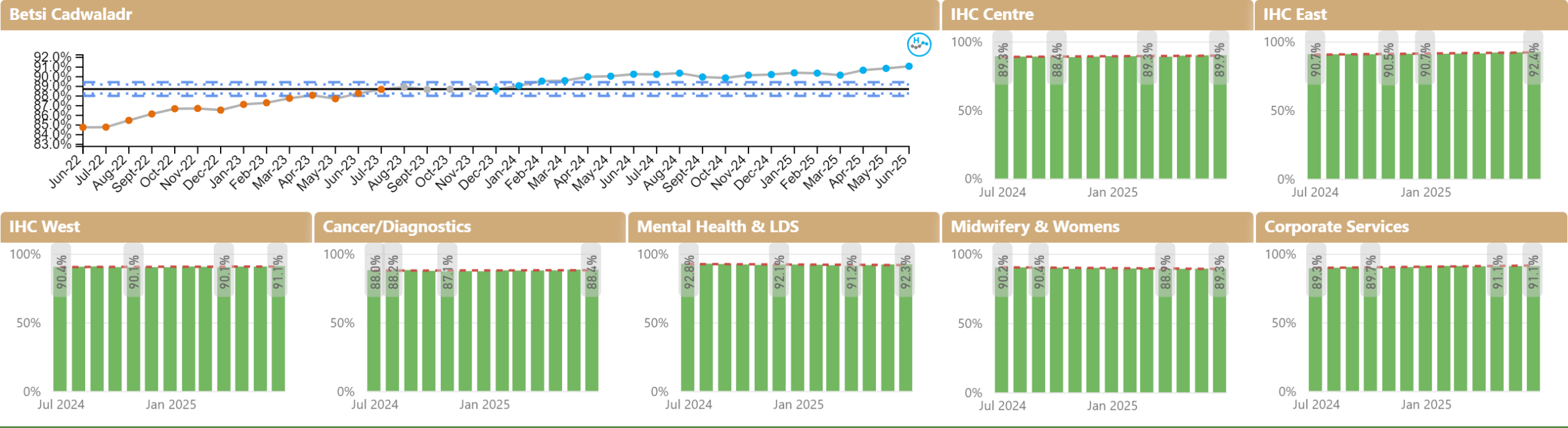
Analysis : Additional Clinical Services reached a PADR % of 85.2% in June 2025 and now meets the target. Registered Nursing is the next best performing staff group with an 84.6% compliance, a 3% improvement on the same period last year and only being 0.4% off the target. Estates and Ancillary staff are the only group to have seen a deterioration in their PADR % on the previous year declining by 2.5% whilst Admin and Clerical staff group has seen the greatest improvement in rates, increasing by 5.4% to 79.1% over the 12 month period; largely the result of progress within Corporate Teams and IHC West. The Medical Appraisal Rate (MARS) has fallen by 0.9% on the previous year and now stands at 96.4%

Challenges : Whilst compliance is improving overall, there are 370 employees who have never had a PADR (this figure excludes starters within 12 months).

Progress : People Services are actively identifying out of date and "never had" PADRs and contacting managers as employees have the right to have a PADR and to have this recorded on ESR. Areas of concern are discussed in meetings involving Senior Managers.

Mandatory Training % by IHC

BCU Data as at June 25



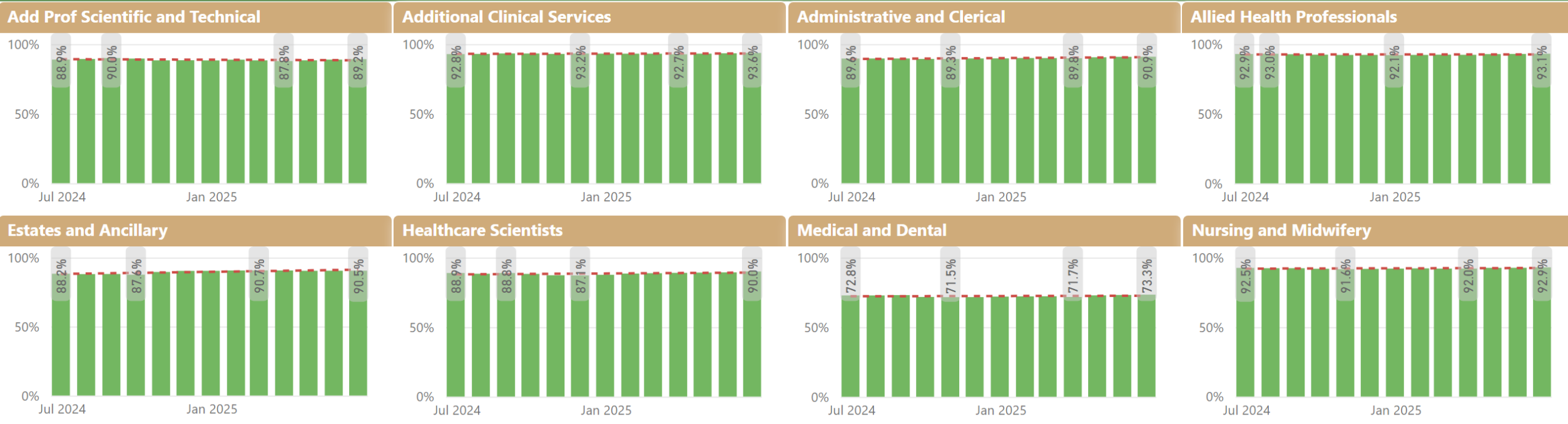
Analysis : All areas are compliant with the 85% target for level 1 mandatory training and have maintained compliance across the 12 month period. All level 1 competencies currently meet the 85% target. Mandatory level 2 training currently stands at 88% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 79% and 82.7% respectively. Across the IHCs. Overall compliance for East IHC is excellent with rates continuing to improve over the past 12 months. The overall level 1 rate of 92.4% compares to 89.9% in Centre and 91.1% in West.

Challenges : Overall compliance for East IHC excellent with rates continuing to improve over the past 12 months, but attention is required in the red areas in particular urgent attention where rates are below 50%. MHLD mandatory training is above target with a compliance rate of 87% as at June 2025, however, there are areas where compliance is below target including, Regional Services Management, Medical and Call Helpline & Rehab Services.

Progress : In IHC East regular updates for compliance are provided to areas of service on a monthly basis during meetings and used as a point of discussion. In MHLD reports are circulated to the SLTs, hotspot areas are discussed at the monthly workforce meetings and compliance is reviewed at the monthly Training & Development group meeting. Pan team are supporting Corporate teams through plans to support individuals returning to work following absence to ensure mandatory training is a priority.

Mandatory Training % by Staff Group

BCU Data as at June 25



Analysis : All staff groups are compliant with the 85% target for level 1 mandatory training, and have maintained compliance across the 12 month period, with the exception of Medical and Dental staff group.

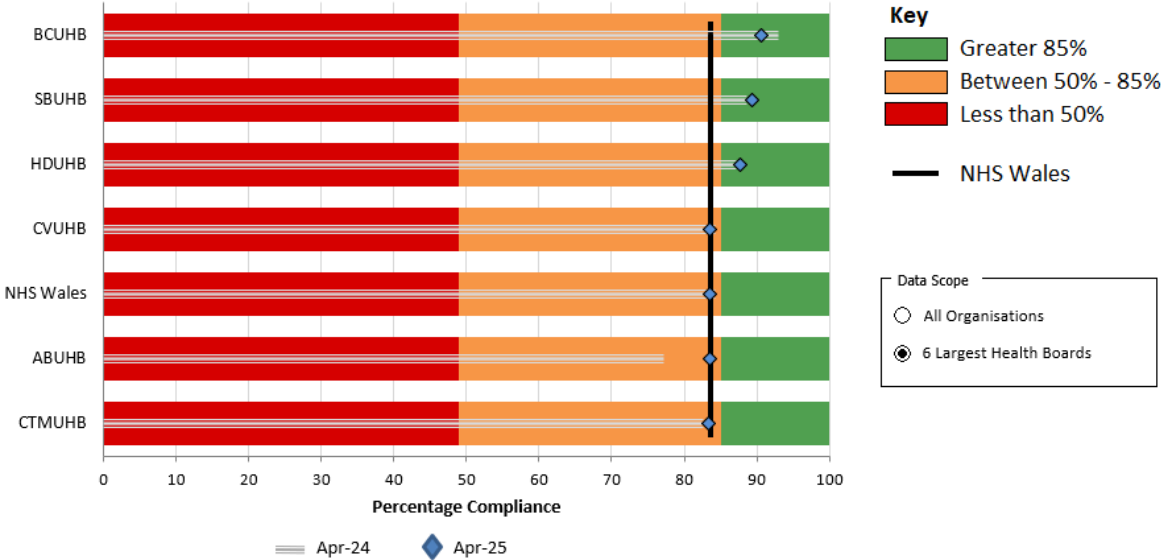
Challenges : M&D compliance remains below target across the IHCs. In East IHC, particular areas for concern for Level 1 compliance in this staff group include Oral YMH – 43.18%, ITU/HDU YWM – 39.39%, GP Localities East – 38.79% and GMS East – 59.4. In MHL, AHP staff do not meet the 85% target for level 2 training compliance.

Progress : Teams will be looking at targeted support for areas below target going forward.

Workforce Comparators

Statutory & Mandatory Training %

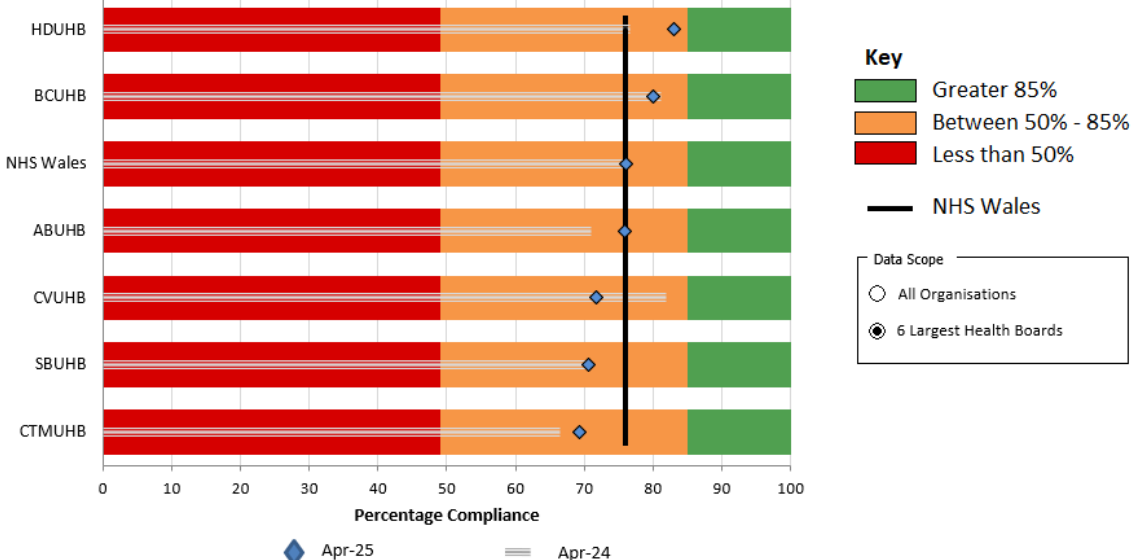
Statutory & Mandatory Training by Organisation for All Staff Groups



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in February 2025 and was 7% higher than NHS Wales average of 83.6%.

Appraisals %

Annual Appraisal compliance rate by Organisation for All Staff Groups

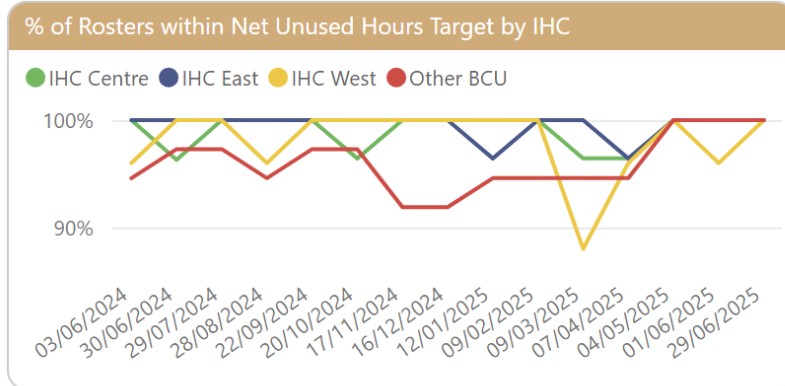
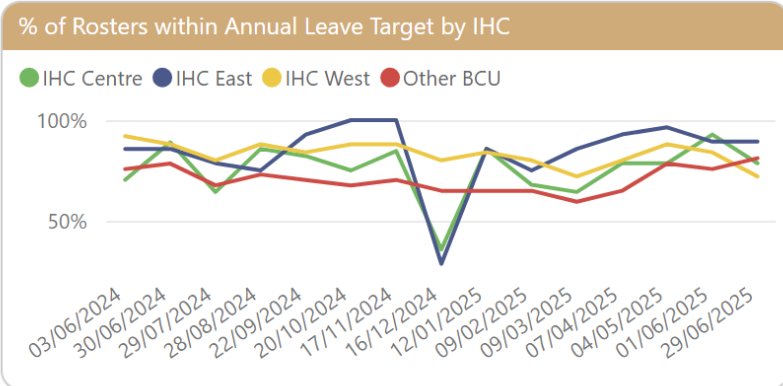
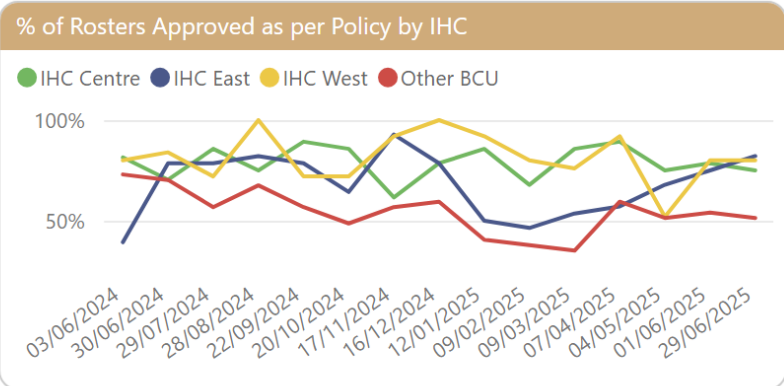


BCU had the second highest appraisal compliance rate out of the 6 largest health boards in April 2025 with a combined AfC and Medical Appraisal rate of 80.1% compared to the NHS Wales average of 76%.

Summary

	03/06/2024	30/06/2024	29/07/2024	28/08/2024	22/09/2024	20/10/2024	17/11/2024	16/12/2024	12/01/2025	09/02/2025	09/03/2025	07/04/2025	04/05/2025	01/06/2025	29/06/2025
Approved in Policy %	68%	75%	72%	80%	73%	66%	74%	77%	64%	56%	60%	73%	61%	70%	70%
Annual Leave %	80%	85%	72%	80%	81%	81%	84%	53%	79%	71%	69%	78%	85%	85%	81%
Net Unused Hours %	97%	98%	99%	97%	99%	98%	97%	97%	97%	98%	95%	96%	100%	99%	100%

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 currently stands at 70% and is 5% lower than it was during the same period in the previous year. IHC West and Other BCU have declined by 4% and 19% respectively whilst IHC Centre and IHC East saw slight improvements across the period. The percentage of Rosters within the Annual Leave target is a figure that will fluctuate depending on the time of year. For instance lower levels of compliance in February to March is possibly linked to the utilisation of annual leave prior to the new financial year. The percentage of net unused hours within target shows a positive picture with 100% of rosters compliant and has remained consistently high through the previous year.

Challenges : There are some areas where engagement with roster review meetings is poor and as such there is a failure to meet the targets. In MHLD management of annual leave is an area of focus.

Progress : Reminders are sent to all managers regarding the importance of leave management, and they are also made aware of the arrangement for the carry-over of leave into the this leave year. In East IHC the Rostering Team continues to support District Nursing to align their rosters with budgets, and the team is also supporting the Mind for Management courses and the Clinical B6/7 Leadership Programme. To improve engagement the People Ops team work closely to build relationships with the services and emphasise the potential benefits of regular roster review meetings and roster team input and insight.

Culture and Engagement



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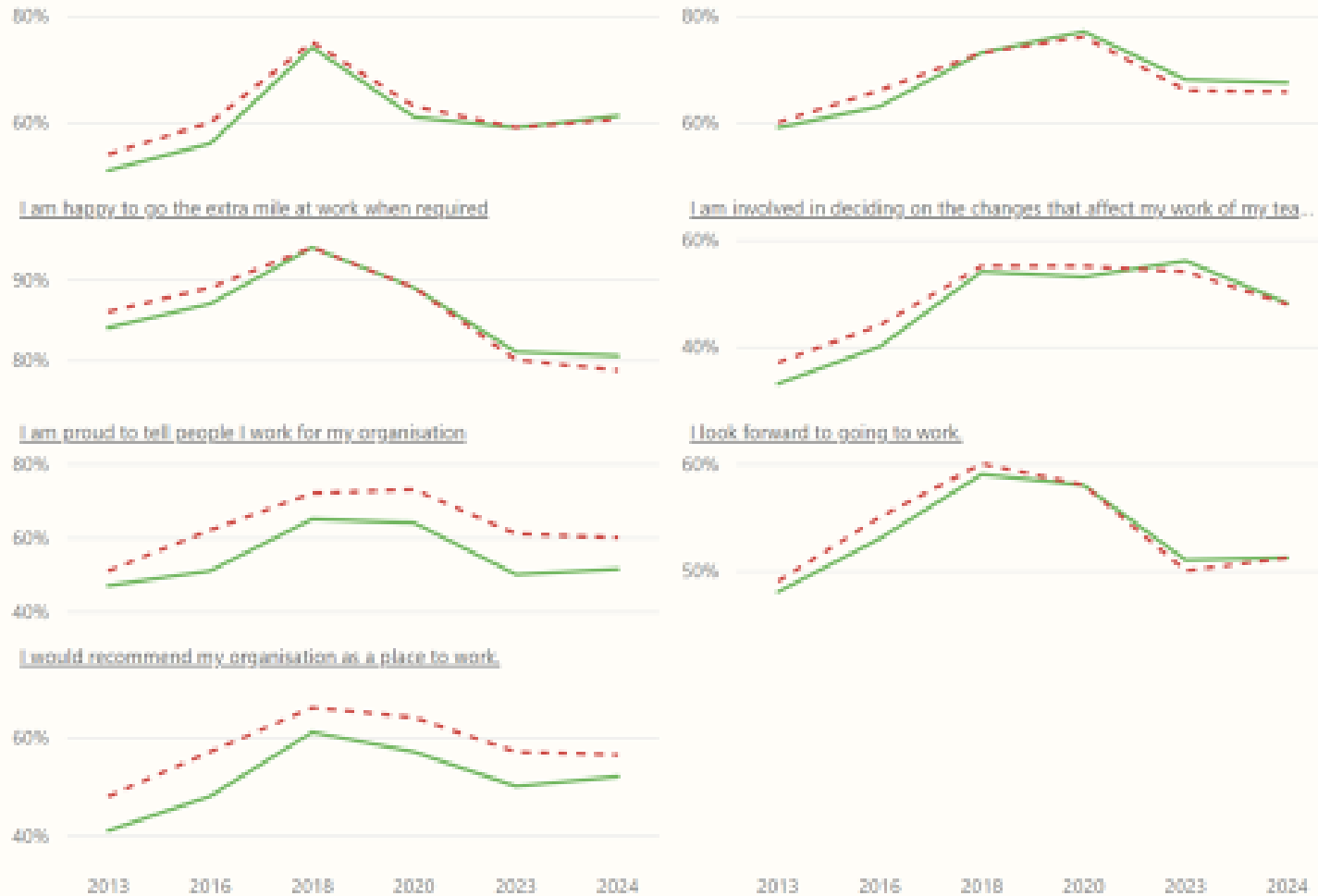
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Staff Survey BCU Staff Engagement Results

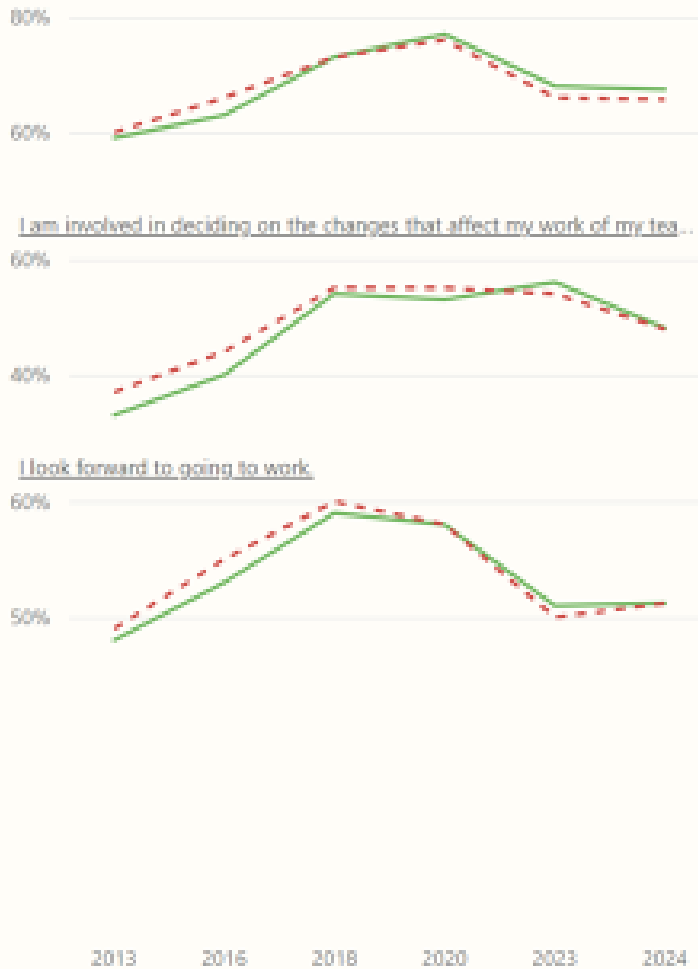
Staff Survey

Org ● BCUHB ● NHS Wales

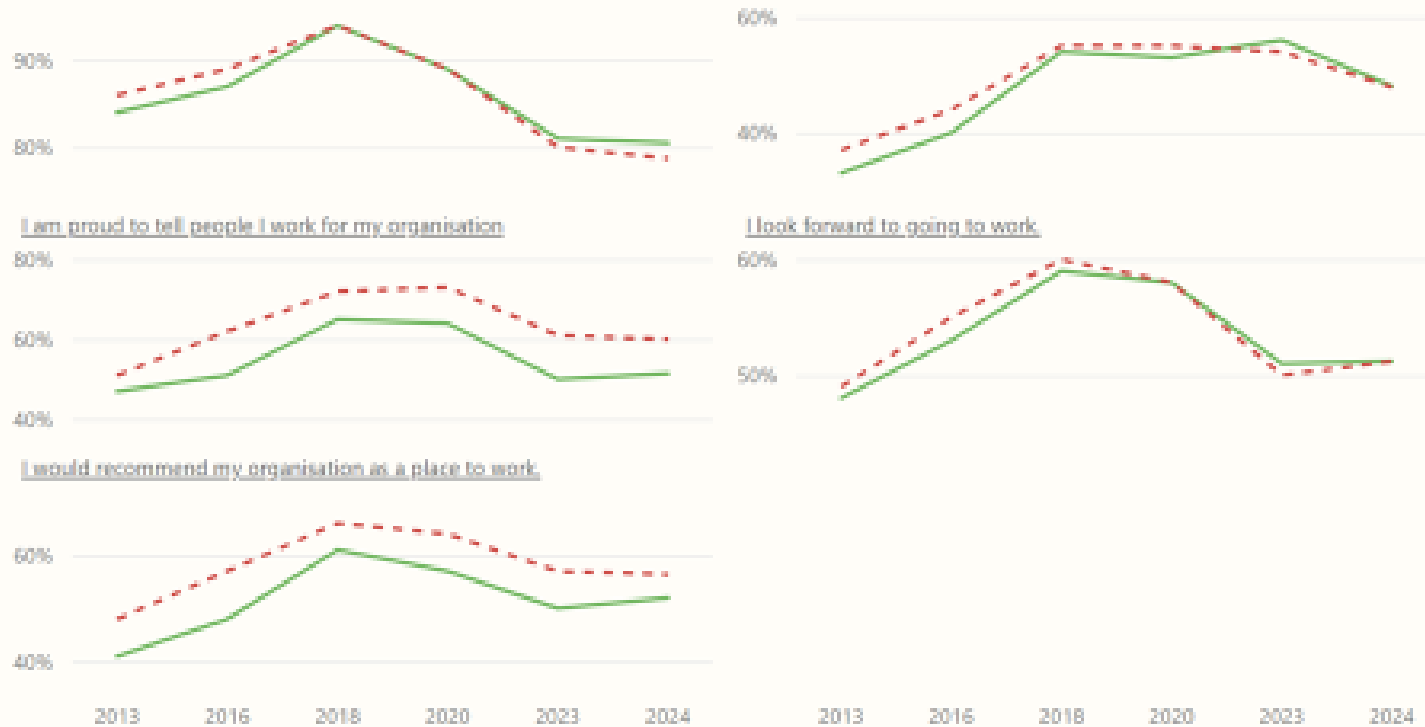
I am able to make improvements in my area of work



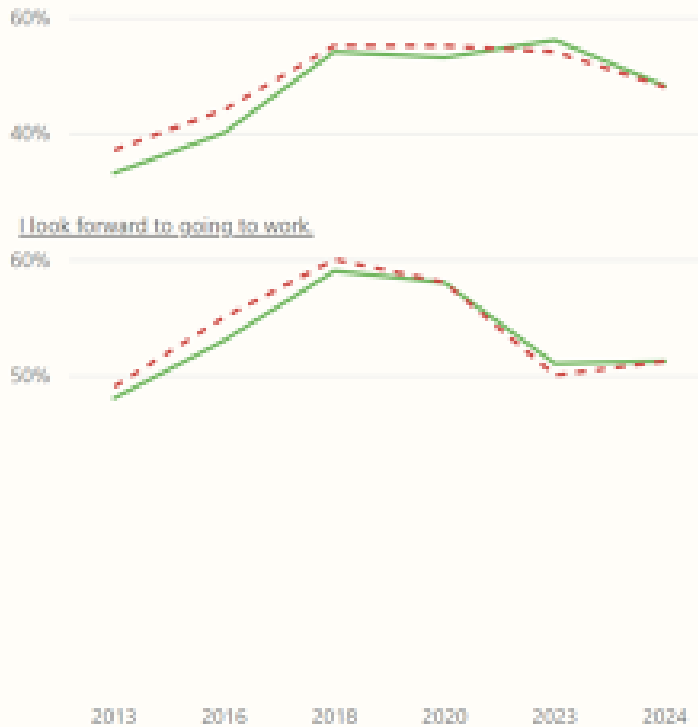
I am enthusiastic about my job



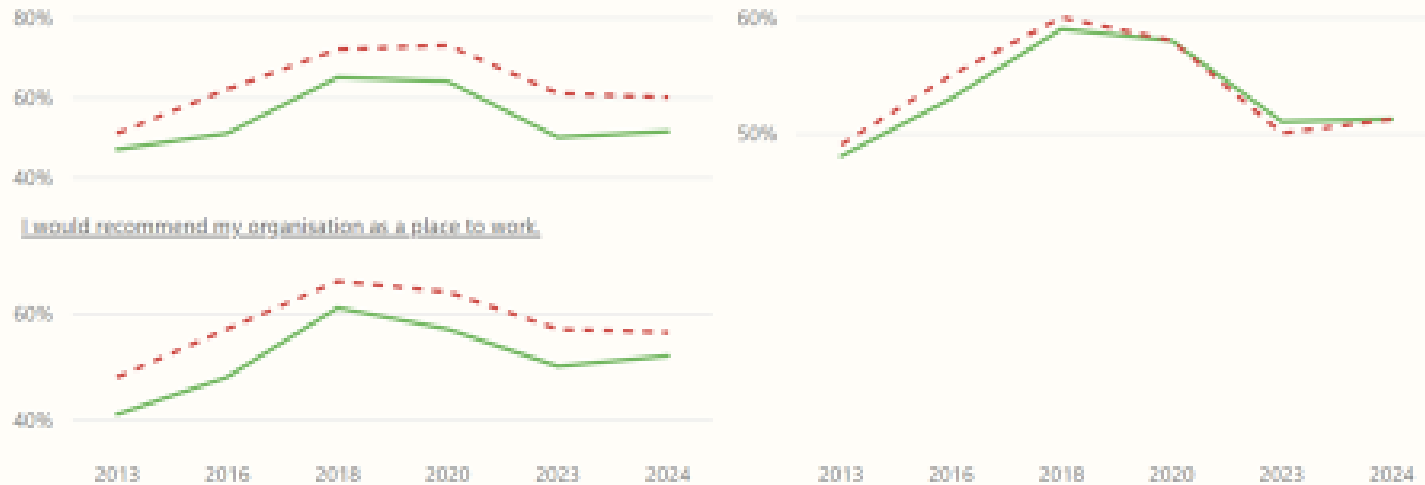
I am happy to go the extra mile at work when required



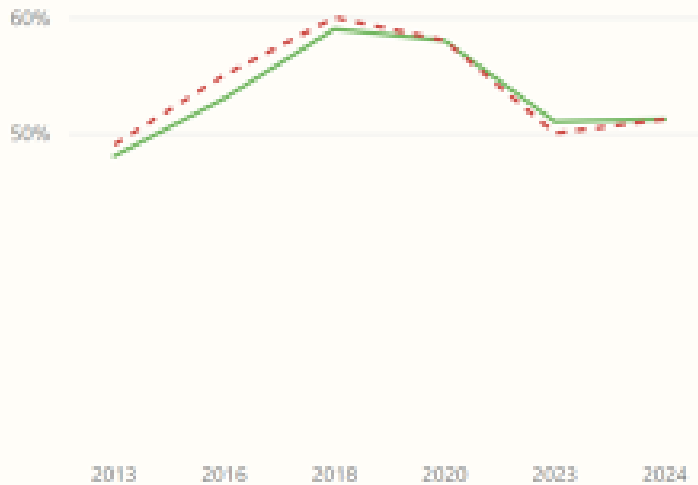
I am involved in deciding on the changes that affect my work or my tea...



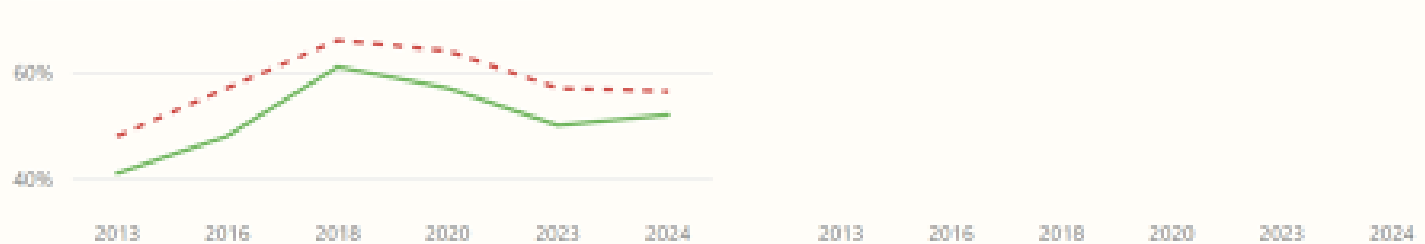
I am proud to tell people I work for my organisation



I look forward to going to work



I would recommend my organisation as a place to work



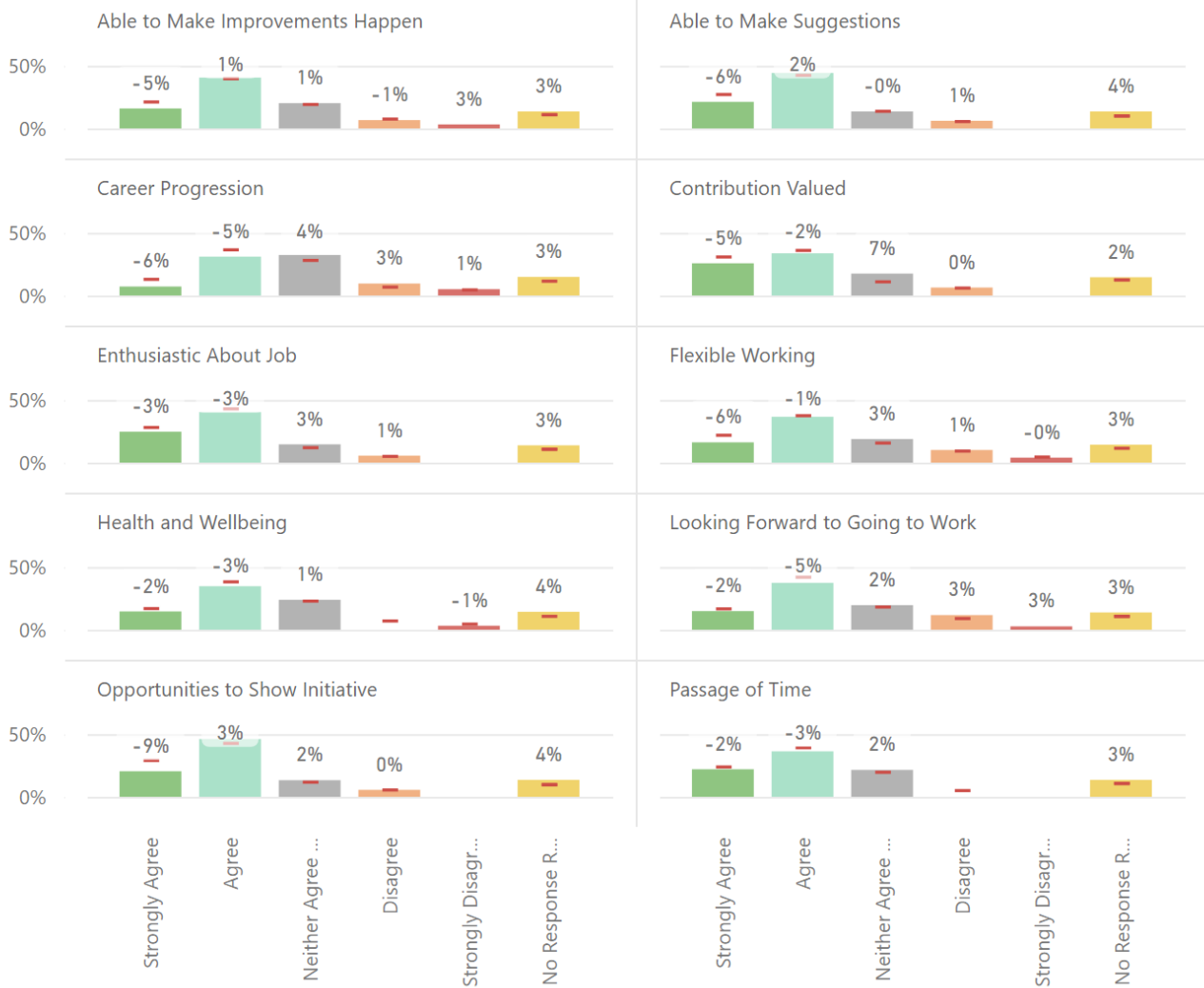
The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 11 years.

Analysis : Across the 7 Staff Engagement questions, there has been fall in the levels of positive responses to these questions since 2018. However, the 2024 results show an increase in staff who are proud to tell people they work for the organisation and that they would recommend it as a place to work.

Progress : The local actions plan seeks to address staff moral and wellbeing in some form which is a positive focus. The local plans comprise of seeking enhanced communication with staff, introduction of listening forums, a focus on roster management, review of exit interview data through to reviewing the state of equipment used by the teams. The local action plans will be reviewed regularly in P&C.

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

● Exit Interview Response % ● 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 11% decrease in positive responses for Career Progression and 7% for Flexible Working, Contribution Valued and Looking Forward to Going to Work.

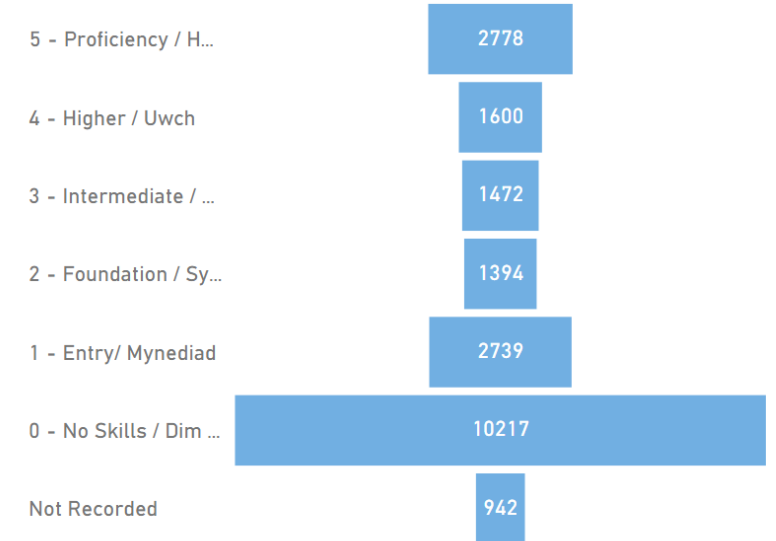
Challenges : Limited data and low completion rates.

Progress: As Exit Interview data is limited in detail, work is ongoing to better understand why staff leave or move roles and what roles or job types may appear less attractive to applicants.

Welsh Language Skills

BCU Data as at June 25

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	300	2671	766	365	356	199	364	5021
Health Community East (HCEX) L4	199	3600	601	188	190	125	191	5094
Health Community West (HCWX) L4	163	746	399	309	412	744	1250	4023
Integrated Clinical Delivery - Primary Care (ICDP) L4	14	181	59	22	29	26	68	399
Integrated Clinical Delivery - Regional Care (ICDR) L4	97	691	208	92	95	101	209	1493
Mental Health & LDS (MX00) L4	51	1005	319	173	183	167	287	2185
Midwifery and Womens Services (WXXX) L4	37	392	80	55	41	59	119	783
Corporate Services	81	931	307	190	166	179	290	2144
Total	942	10217	2739	1394	1472	1600	2778	21142

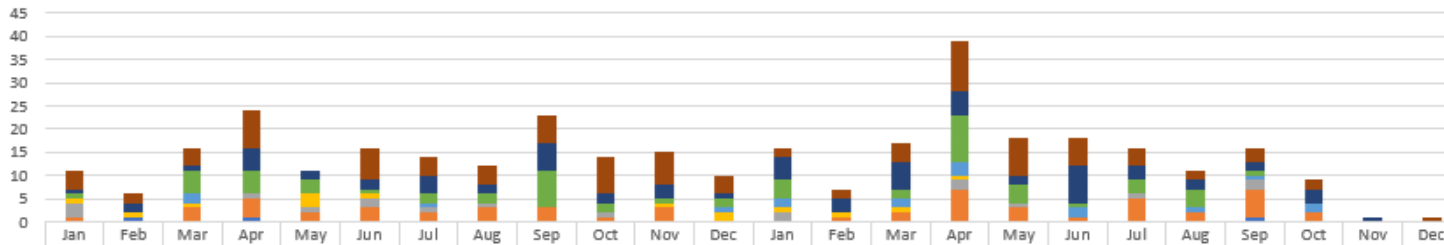


Analysis : The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 1028 in February 2025 to 942 in June 2025. 4.5% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 4.7% reported previously. 48% of the workforce do not hold any level of Welsh Language skills.

Progress : This is monitored on an ongoing basis across all areas and teams encourage staff to develop and improve their Welsh language skills wherever possible.

Partial Retirement Requests

Partial Retirements Requests by IHC



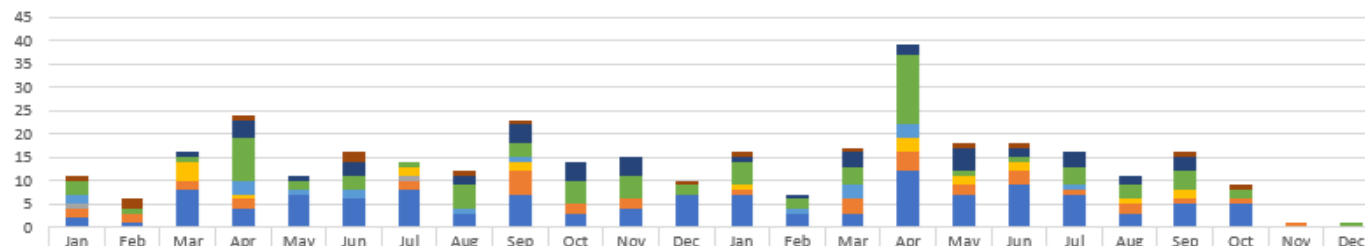
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2024												2025											
IHC Centre	4	2	4	8		7	4	4	6	8	7	4	2	2	4	11	8	6	4	2	3	2		1
IHC East	1	2	1	5	2	2	4	2	6	2	3	1	5	3	6	5	2	8	3	2	2	3	1	
IHC West	1		5	5	3	1	2	2	8	2	1	2	4		2	10	4	1	3	4	1			
MHL			2				1					1	2		2	3		2		1	1	2		
Midwifery & Womens	1	1	1		3	1					1	2	1	1	1	1								
Cancer & Diagnostics	3			1	1	2	1	1		1		2				2	1		1		2			
Corporate	1		3	4	2	3	2	3	3	1	3			1	2	7	3	1	5	2	6	2		
Primary Care		1		1																	1			

Partial Retirement data is sourced from NWSSP. The data shows both completed and 'in progress' partial retirement requests by proposed partial retirement date. Please note, data presented is subject to change as requests are added retrospectively and changes to proposed partial retirement dates are made.

Over the last 12 months, IHC Centre has had the most partial retirement requests with a proposed effective date between July 2024 and June 2025, 66 requests in total. Over the next few months 12 employees in IHC Centre will be taking partial retirement, subject to the requests reaching completion stage.

Nursing and Midwifery staff group has had the highest volume of partial retirement requests over the last 12 months at 73 requests and a further 20 employees have requested partial retirement, due to take effect over coming months, again subject to the requests reaching completion stage.

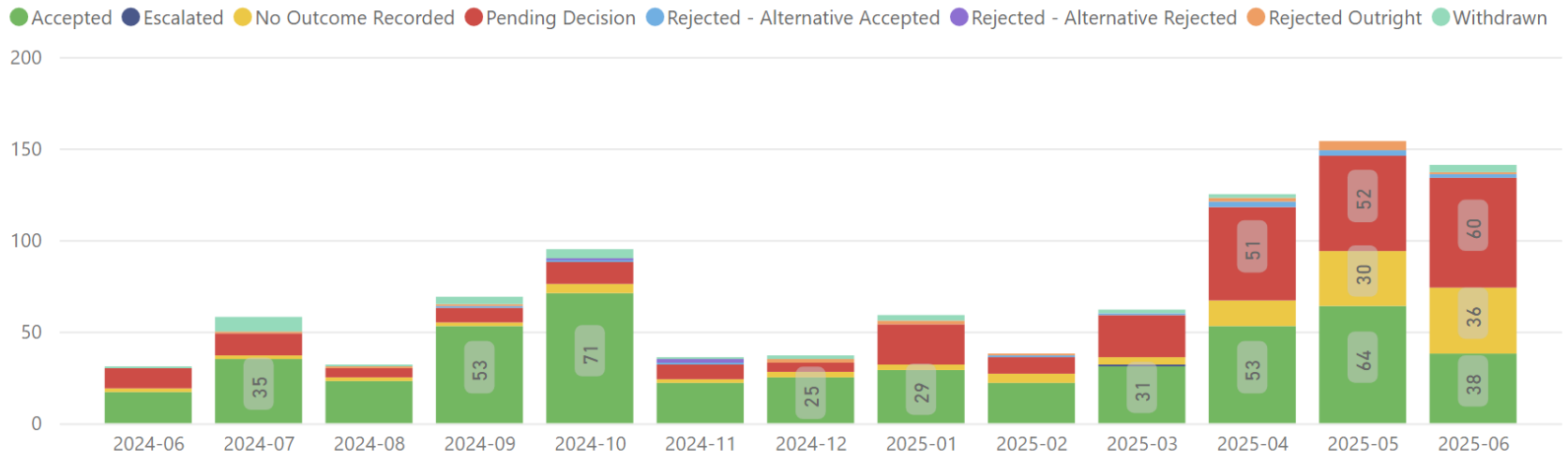
Partial Retirements Requests by Staff Group



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	2024												2025											
Add Prof Scientific and Technic	1	2		1		2		1	1			1	1		1		1	1			1	1		
Additional Clinical Services			1	4	1	3		2	4	4	4		1	1	3	2	5	2	3	2	3			
Administrative and Clerical	3	1	1	9	2	3	1	5	3	5	5	2	5	2	4	15	1	1	4	3	4	2		1
Allied Health Professionals	2			3	1	2		1	1					1	3	3			1					
Estates and Ancillary			4	1			2		2				1			3	2	2		1	2			
Healthcare Scientists	1						1																	
Medical and Dental	2	2	2	2			2		5	2	2		1		3	4	2	3	1	2	1	1	1	
Nursing and Midwifery Registered	2	1	8	4	7	6	8	3	7	3	4	7	7	3	3	12	7	9	7	3	5	5		

Flexible Working Requests

ESR Flexible Working Requests by Date Submitted

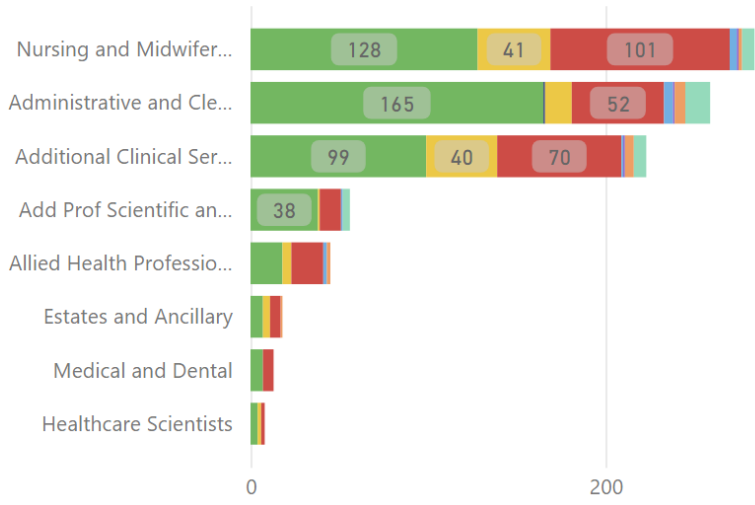
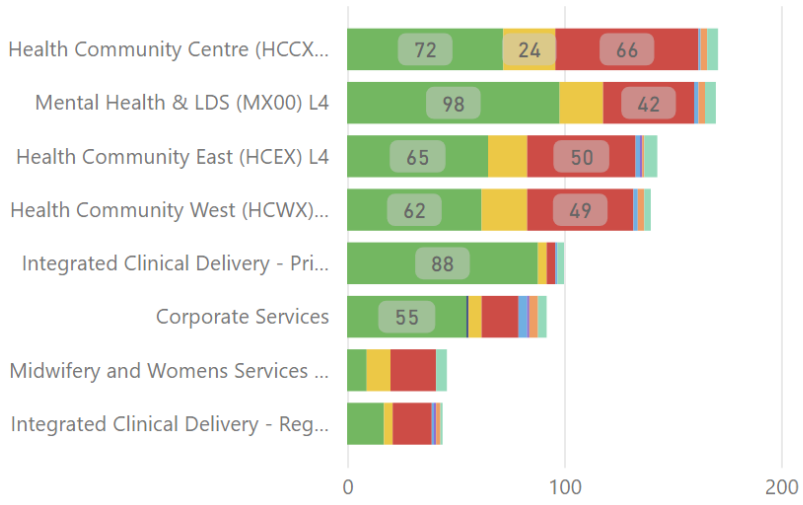


Flexible Working data is sourced from ESR, however, it is not mandatory that requests are made via ESR and requests may be submitted via paper form which is then held in the personal file, and as such data presented is incomplete. Increases in Flexible Working requests evidenced in this data over the last 3 years may be the result of increased use of ESR rather than an increase in flexible working applications.

Requests are reported by the date the request was submitted. There are a large number of requests submitted more than 6 months ago which are 'pending decision' suggesting that data held in ESR is incomplete.

ESR Flexible Working Requests by IHC Submitted Jul 2024 to Jun 2025

ESR Flexible Working Requests by Staff Group Jul 2024 to Jun 2025



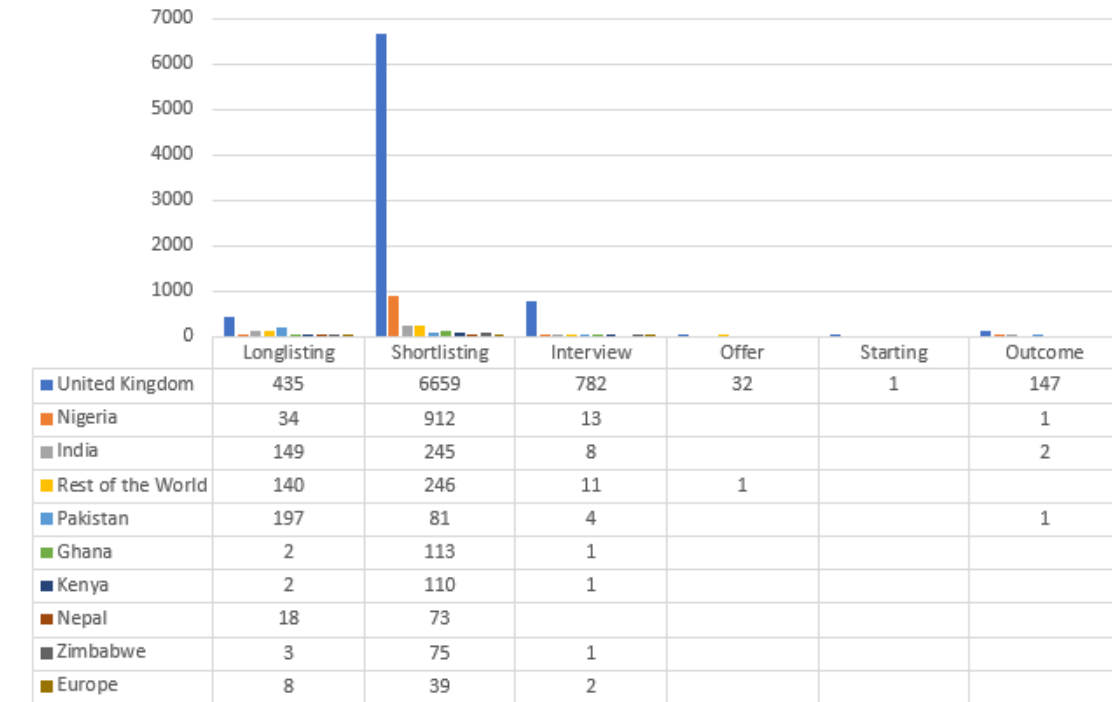
Over the last 12 months there were 906 flexible working requests were submitted, 466 were accepted, 267 are pending decision, 1 has been escalated, 108 have no outcome recorded, 32 were withdrawn, and 32 were rejected.

IHC Centre has the greatest number of flexible working requests recorded in ESR with 171 in the previous 12 months with 42.1% having currently been accepted. Corporate Services has the greatest number of successful requests with 59.8% of requests accepted over the last 12 months.

Nursing and Midwifery staff group has made the greatest number of flexible working requests over the past 12 months, however, a significant proportion are 'pending decision'.

Overseas Recruitment

Applicant Recruitment Stage by Country of Residence



The Overseas Recruitment data is sourced from TRAC. The data provides a count of external applicants, and the stage in the vacancy process that they reached, for vacancies that were moved to outcome during June 2025. Only applicants for vacancies that closed on or after 1st November 2024 are included in these figures as data collection for applicant country of residence at application date commenced at this time.

For the 298 vacancies that were moved to outcome during April 2025, there were 10549 external applications, 5.2% of which withdrew at various stages of the recruitment process. 23.6% of these applicants were based outside of the UK, across 74 countries. Of the external applicants, only 151 were successful at interview, 147 of whom were UK based at the point of making the application.

Country Group	Longlisting	Shortlisting	Interview	Offer	Starting	Outcome
United Kingdom	5.40%	82.66%	9.71%	0.40%	0.01%	1.82%
Nigeria	3.54%	95.00%	1.35%	0.00%	0.00%	0.10%
India	36.88%	60.64%	1.98%	0.00%	0.00%	0.50%
Rest of the World	35.18%	61.81%	2.76%	0.25%	0.00%	0.00%
Pakistan	69.61%	28.62%	1.41%	0.00%	0.00%	0.35%
Ghana	1.72%	97.41%	0.86%	0.00%	0.00%	0.00%
Kenya	1.77%	97.35%	0.88%	0.00%	0.00%	0.00%
Nepal	19.78%	80.22%	0.00%	0.00%	0.00%	0.00%
Zimbabwe	3.80%	94.94%	1.27%	0.00%	0.00%	0.00%
Europe	16.33%	79.59%	4.08%	0.00%	0.00%	0.00%
Grand Total	9.37%	81.08%	7.80%	0.31%	0.01%	1.43%



Teitl adroddiad:	Review and Refresh of the Performance Appraisal and Development Review (PADR) Process and Paperwork
Report title:	
Adrodd i:	People and Culture Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 14 August 2025
Date of Meeting:	
Crynodeb Gweithredol: Executive Summary:	<p>The purpose of this report is to provide the committee with an update on the proposal to refresh and implement a new Performance Appraisal and Development Review (PADR) Process and paperwork.</p> <p>A whole organisation approach is being taken to improve our culture, leadership and engagement, aligned to the Health Board's annual plan strategic objectives. The revised PADR process will enable the organisation to embed a process that focuses on developing a skilled, motivated, well supported and developed workforce. The new process will focus on employee wellbeing, whilst also aligning to our new values which will be supported by a meaningful conversation on the contribution the employee makes through a focus on performance and behaviours. It is intended to be a supportive process managed fairly and through a compassionate lens by managers. Evidence shows that if we foster a culture where we engage and care for our staff they will value and care for our patients. The new process will:</p> <ol style="list-style-type: none">1. Focus on the wellbeing of the employee – utilising existing questions aligned to the national staff survey and supported by a further checklist.2. Utilise a performance grid, supported by a self-assessment tool to support discussion. This performance grid will also enable the organisation to begin to identify talent, particularly for future critical leadership roles.3. Aligned to the new Values and Behaviours framework to ensure that the employee has opportunity to demonstrate how and where they meet the organisation's standards.4. A supportive toolkit – resources to support both the employee and manager with the new process together with a simplified PADR form (appendix 1). <p>Process Flowchart can be seen at appendix 2.</p> <p>Progress to date: - Q1</p> <ul style="list-style-type: none">• PADR Working group established with representation from different professions across the health board – draft process and paperwork currently with the group for consultation until the 1st August 2025.• Scoping of the online system requirements for recording and reporting PADR's in progress.• Scoping conversations with a number of areas to establish 2-3 pilot areas for testing in progress.• Initial Executive Team approval provided at informal executive meeting held on 18th June 2025.

Argymhellion: Recommendations:	The committee is asked to review and endorse the plans to implement a new PADR Process to include a toolkit and refreshed PADR paperwork.			
Arweinydd Gweithredol: Executive Lead:	Georgina Roberts, Interim Executive Director of POD			
Awdur yr Adroddiad: Report Author:	Joy Lloyd, Senior Organisational Development Manager Rebecca Testa Head of Organisational Development			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <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 Acceptable <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 Partial <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 No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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: 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:				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Links to all organisational objectives, but particularly: 1. Building an Effective Organisation and 3. Creating a compassionate culture, leadership and engagement.			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	N/A			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Do/Naddo <input checked="" type="checkbox"/> Y/N in draft Gweithdrefn ar gyfer Asesu Effaith ar Gydraddoldeb WP7 WP7 Procedure for Equality Impact Assessments			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Do/Naddo <input checked="" type="checkbox"/> Y/N in draft Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.			

	<u>WP68 Procedure for Socio-economic Impact Assessment.</u>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>(crynodeb o'r risgiau a rhagor o fanylion yma)</p> <p>(summarise risks here and provide further detail)</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Utilising current budget resources to refresh and implement new process. Possible cost saving as improved outcomes from PADR will impact retention of staff.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>The intended outcome is a positive impact on the workforce, enabling managers and staff to identify good performance and areas where support is needed. This will support ongoing work within the retention workstream to improve retention across the organisation. The new process will also enable the organisation to better track talent/future leaders to enable both talent and succession processes to be implemented.</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>A presentation on the proposal to change the PADR Process and paperwork was presented to the Informal Executive Team meeting on the 18th June 2025, for initial discussion and feedback.</p> <p>The refreshed toolkit and paperwork is currently out for consultation with the newly established PADR Working group. Following consultation and amendments, a further update on any amendments will be presented to a further Executive meeting.</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks: (or links to the Corporate Risk Register)</i></p>	N/A
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps:</p> <p>Q2: Collate feedback and make necessary amendments to process/paperwork</p>	

Agreement on hosting platform and recording process
Pilot areas identified and testing to begin end September 2025
Training package to be developed to support both managers and staff

Q3

Pilot areas to complete by end November 2025 – feedback to be collated and analysed
Revised policy to be developed
Organisation wide Communication and Engagement Plan developed and shared.

Q4

Soft Launch – Executives down to 8C bands (Jan-Feb 2026)
Roll out to across the health board from March/April 2026
Policy sign-off and approval

Rhestr o Atodiadau:

List of Appendices:

Appendix 1 PADR Toolkit and Form

Appendix 2 PADR process flowchart



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P A D R

Performance Appraisal Development Review Conversation Tool

“Let’s have a meaningful conversation about your performance and development”



Compassion

Openness

Respect



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P A D R

Or a...

Contribution Conversation

“Let’s have a meaningful conversation about your contribution to the Health Board”



Compassion



Openness



Respect



A refresh of the PADR Process

- To include a focus on:
 - Wellbeing
 - Performance, values and behaviours
 - Objective setting
 - Talent/career development
- A conversational tool / toolkit to support both managers and staff
- To support a more meaningful and constructive performance conversation



Feedback tells us that:

- Staff feel that the current process is a tick box exercise
- Does not enable the manager and member of staff to have a meaningful conversation
- No mechanism to discuss performance and behaviours currently



The case for change:

The refreshed PADR process is informed by:

- **Best practice guidance** in talent conversations
- **Insights from NHS stakeholders** and leadership development experts (NHS England)
- A broader **inclusive national approach** to talent management that aligns with our new values and workforce development goals



Timeline

Q1 - PADR Working Group Established

- Draft PADR Conversation Tool and PADR form created
- Agreement on 'wellbeing section'
- Draft objective setting sheet created – linking strategic objectives to PADR process

Q2 - Socialisation of new process with PADR working group and other key stakeholders: Executive team, staff side colleagues, workforce colleagues and staff.

- Training package developed and cascaded Organisation wide
- Pilot / soft launch of new PADR process with Corporate teams Aug 25 and cascade of Objective Setting Template to Bands 8c and above.
- Feedback from pilot analysed and relevant amendments made to process.

Q3 - GO LIVE organisational wide launch of new process and relevant training.



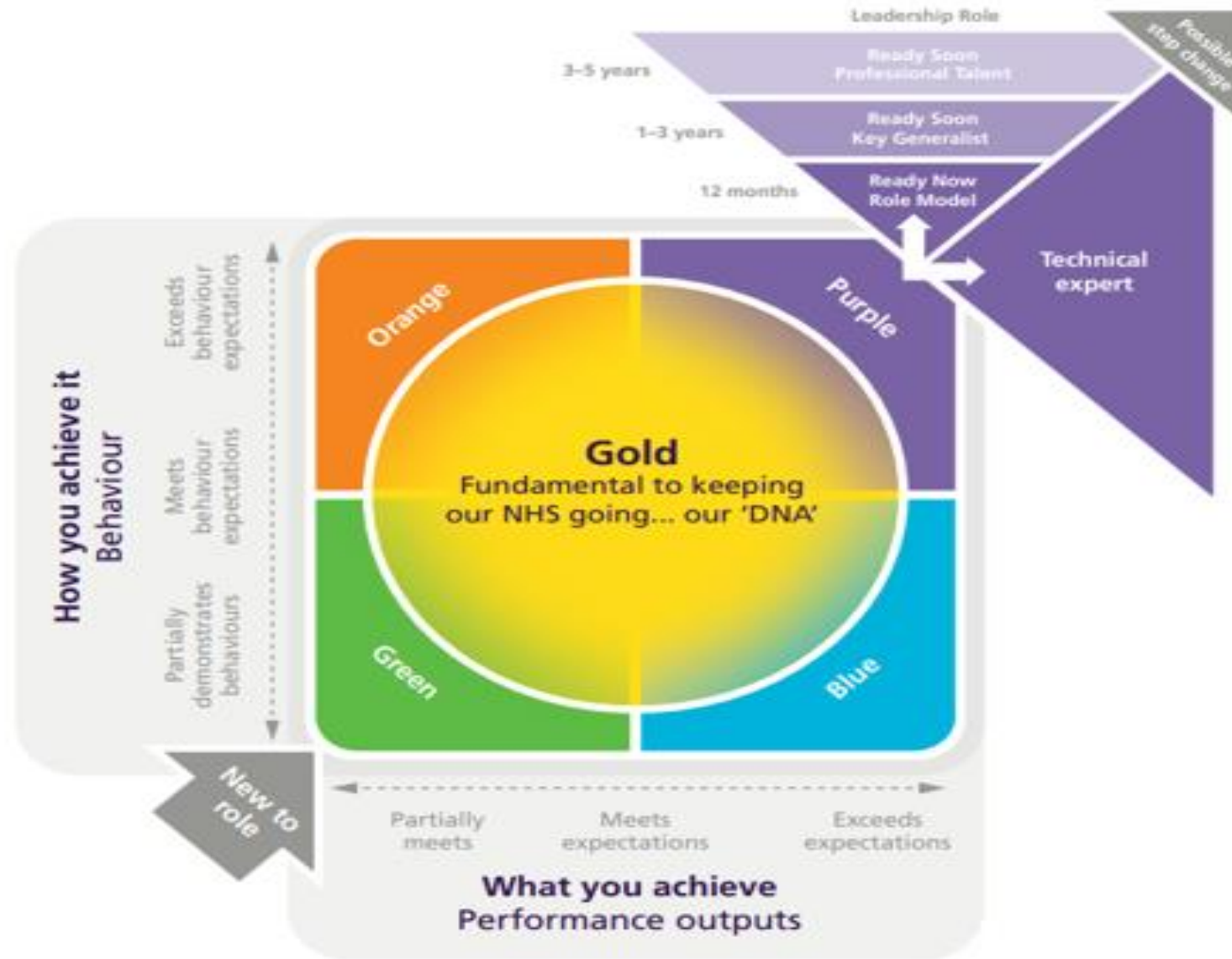
Wellbeing Section

Question set taken directly from the NHS Wales Staff Survey:

- Work has purpose
- Control over work
- Feel cared for
- A sense of belonging
- My work is valued
- Fairly treated



Performance Grid (Draft)



Objective Setting Template

Name:

Job Title:

Our Values and Behaviours shape the way we work, how we interact with each other, our patients / service users and our partners

BCUHB Strategic Objective's 2024 - 2027



**Trugaredd
Compassion**

- We take care of each other
- We will provide a good place to work, learn and succeed



**Agored
Openness**

- We are honest
- We are accountable
- We empower each other
- We are innovative in delivering safe, quality and reliable care



**Parch
Respect**

- Everyone counts
- We work together and appreciate individual differences
- We say thank you and well done

- 1: Building an effective organisation
- 2: Developing strategy and long-lasting change
- 3: Creating compassionate culture, leadership and engagement
- 4: Improving quality, outcomes and experience
- 5: Establishing an effective environment for learning

Goal	Strategic Objective	Description	Measure	Target
1	Building an effective organisation			
2	Developing Strategy and long-lasting change			
3	Creating compassionate culture, leadership and engagement			
4	Improving quality, outcomes and experience			
5	Establishing an effective environment for learning			

How we will improve the Health and Wellbeing of the population of North Wales:



Employee Signature:	<input type="text"/>	Date:	<input type="text"/>
Line Manager Signature:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Career Development

- Greater opportunities to develop and map a talent pipeline at different levels
- Emphasis on identifying potential as part of a career conversation
- Utilising evidence to rate both performance and behaviours
- Process for validation to ensure that managers are holding quality conversations with staff





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P A D R

Performance Appraisal Development Review Conversation Tool

Let's have a meaningful conversation about your performance and development



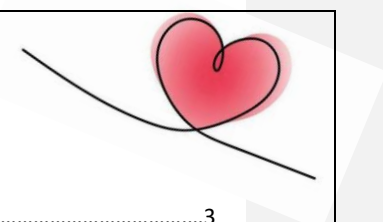
Compassion



Openness



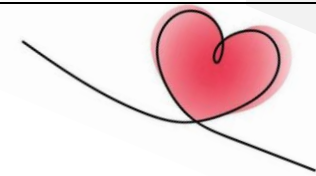
Respect



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Getting Feedback from others.....	
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Where do I need to be?	
Setting future objectives.....	
How do I set my own objectives?.....	
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Introduction

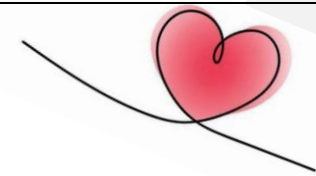
This toolkit is designed as a guide for managers and employees to support meaningful and constructive performance conversations between a member of staff and their manager. These discussions are an important opportunity for reflection, feedback, recognition, identify areas for improvement, and to set future goals in order for staff to reach and maximise their future potential.

Betsi Cadwaladr UHB is a values-based organisation, and as such the performance appraisal is very much focussed around our [Values and Behaviours Framework](#), as it is recognised that when staff demonstrate these set of values and behaviours, it positively shapes the way we all work.

It is important for BCUHB to have skilled, motivated, well supported and developed staff as they are our greatest assurance that together we can provide the necessary care to our patients and communities in North Wales. By fostering a culture where we engage and care for our staff, evidence shows they will value and care for our patients.

“It’s all about the right people, in the right roles, with the right values”





What is a Performance Appraisal?

Performance appraisals are more than just a formality, they are a chance to acknowledge and celebrate achievements, identify learning and development needs, strengthen communication and working relationships, and align individual goals with team and organisational objectives.

Our staff are at the heart of the organisation, meaning they are our most important asset, and as an organisation we want to support staff to grow as individuals and build on key strengths and skills.

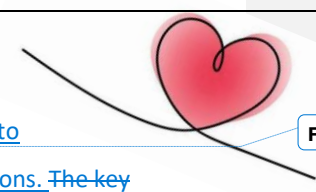
The performance appraisal is for everyone and relies upon ~~focusses on~~ a constructive conversation focussed on ~~around~~ development and recordable outcomes for staff, and is an opportunity for managers to support and encourage staff to explore their career potential, meaning the organisation develops an engaged workforce that is sustainable and fit for the future as the way we deliver excellent care changes and develops.

Why should I take part?

The appraisal is a valuable opportunity for personal and professional growth ~~of staff~~, which ~~and~~ includes the chance for staff to receive constructive feedback based on their strengths and any areas for improvement. ~~This helps staff~~ The PADR process should help you to understand how your ~~their~~ work contributes to the organisation's goals. It is also a chance to set clear objectives, discuss career ambitions, and identify your training and development needs.

Without a clear understanding of what staff are expected to achieve or where they fit into a team and whole organisation, they will not know if they are doing a good job or doing it in the right way.





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Remember, the key to a successful PADR is the ability to have an open and constructive conversation with your manager to discuss how you are doing, your development needs and aspirations, and what support you need to achieve those aspirations. ~~The key to a successful appraisal is when a staff member is able to have an open and constructive conversation with their manager to discuss; where they are now, where they want to be and how to be supported to get them there.~~ By engaging in the appraisal process, it demonstrates a strong commitment to self-improvement and accountability, strengthens communication with managers, and can influence decisions around promotions, pay increases, new responsibilities and promotional opportunities.

The appraisal should cover the development you need, the value you bring, and the position(s) that best suit your skills now and into the future. Ultimately, a performance appraisal will help staff to stay motivated, focused, and aligned to their role and the wider organisation.

Key Principles

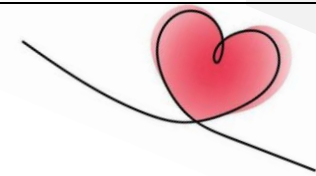
BCUHB is committed to the personal and professional development of all staff. An annual appraisal is compulsory and will usually be conducted between a staff member and their line manager, in addition to regular conversations throughout the year to ensure that all parties remain focused on team engagement and development. ~~Everyone should receive an annual performance appraisal, in addition to regular conversations throughout the year as this plays a vital role in this process.~~

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The performance appraisal process is a pivotal part of each manager's responsibility, and every staff member ~~is eligible to~~ must have an annual review. Appraisals should form part of everyday processes that are considered as "this is how we do things around here when no one is looking", and everyone has a responsibility to engage to ensure the success of the whole organisation.

~~An annual appraisal is compulsory and will usually be conducted between a staff member and their line manager.~~





Equality, Diversity and Inclusion (EDI)

BCUHB is committed to promoting Equality, Diversity, and Inclusion (EDI) throughout the [appraisal/PADR](#) process.

All employees are to be assessed fairly and consistently, regardless of their age, gender, race, disability, religion, sexual orientation, or any other protected characteristic.

[BCUHB's appraisal procedures/PADR's](#) are designed to recognise individual performance and development needs without bias, fostering an inclusive environment where everyone has an equal opportunity to succeed. [Where individuals have specific additional needs, challenges or indeed strengths related to their protected characteristics, the PADR is an additional opportunity to discuss these and agree development plans and support accordingly.](#)

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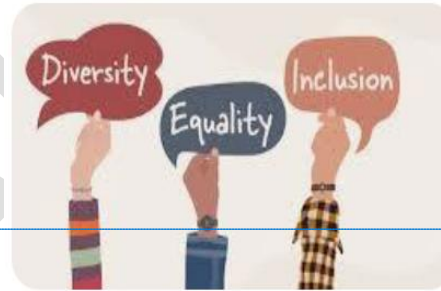
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Managers should be aware of intersectional disadvantage (or intersectionality), where multiple compounded disadvantages are faced by individuals due to multiple overlapping social identities, such as race, gender, disability, sexual orientation, and socioeconomic status. Intersectionality creates increased change and difficulties for individuals, and as a compassionate organisation we need to be mindful of this. This approach aligns with the Equality Act 2010, which legally protects individuals from discrimination in the workplace and supports fair treatment for all.

By embedding EDI principles into our performance reviews, we aim to create a supportive culture that values diverse perspectives and promotes continuous growth.

For further guidance, information and support, please click here: [Equalities](#)



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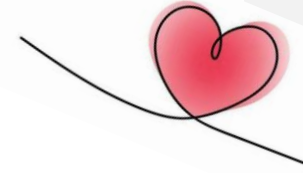
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Betsi Cadwaladr UHB Values and Behaviours Framework

Our values and behaviours shape the way we work, how we interact with each other, our patients, service users and our partners.

Values are beliefs or principles that are important and meaningful to us – they are what drives us.

Behaviours are what we observe, our actions that bring these values to life. Our behaviours demonstrate our values through what we say and how we say it, how we do things and how we treat others and expect to be treated ourselves.

The framework describes the behaviours that you will see, feel and hear within the organisation in every day interactions with each other, our patients, service users, visitors and our partners. When these behaviours are present, we are fostering a compassionate, inclusive, respectful and healthy workplace.

The behaviours are for all are actions, attitudes and ways of working that we see when we are working at our best. They are relevant to ALL colleagues. The behaviours for People Managers are for leaders and people managers to role model and create conditions for others to thrive. However, any colleague can develop and demonstrate these behaviours and be a positive influencer.

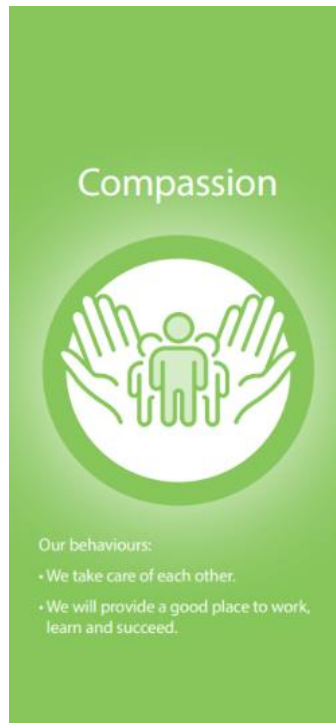
The framework is a tool to help guide:

- Developments to your team practices, policies and processes
- Your personal and professional development
- How you perform in different situations
- How you recruit, select and manage others
- Your conversations and leadership approaches
- How you help others to grow and succeed

The [Values and Behaviours Framework](#) stipulates BCUHB's three values: Compassion, Openness and Respect. Each value has key organisational behaviours linked to them that outline how we live each value.



Compassion



Our behaviours:

- We take care of each other
- We will provide a good place to work, learn and succeed

What this looks like in practice

Behaviours for all:

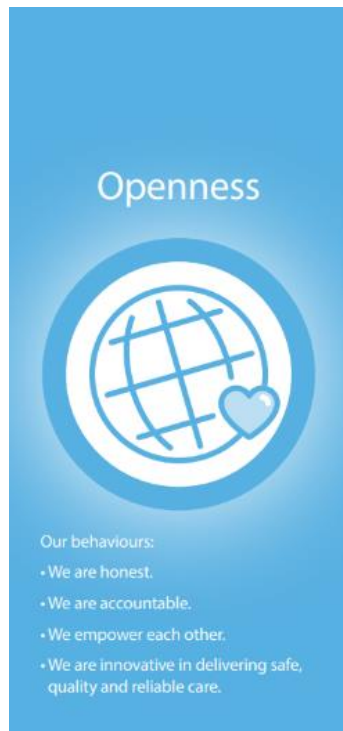
- I am patient and considerate of others
- I take time, even if busy, to understand other people's feelings
- I listen to understand the needs of others
- I take care of my own wellbeing and encourage others to do so
- I am civil and polite

Behaviours for people managers

- I care for my team and colleague's wellbeing, showing understanding and compassion
- I proactively listen to suggestions and ideas from my team
- I encourage my team to raise concerns
- I strive to understand and support my whole teams needs



Openness



Our behaviours:

- We are honest
- We are accountable
- We empower each other
- We are innovative in delivering safe, quality and reliable care

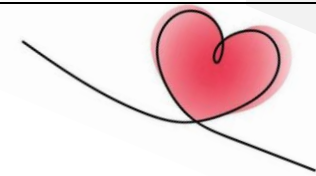
What this looks like in practice

Behaviours for all:

- I am aware of my impact on others and act on feedback
- I am truthful and honest
- I strive to live the values and behaviours of the organisation every day
- I share ideas and knowledge for everyone's benefit
- I am open to being held to account for my performance and behaviour
- I ask for feedback to improve my work
- I suggest improvements to the way we do things in a constructive way
- I seek to learn from any mistakes and make changes

Behaviours for people managers

- I communicate openly, respectfully, and professionally
- I am visible, approachable, and available to my team, colleagues and service users
- I will hold myself and others to account for performance and behaviours





- I act on feedback to develop my leadership skills and abilities
- I support my team when mistakes are made and collectively learn as a team

Respect



Our behaviours:

- Everyone counts
- We work together and appreciate individual differences
- We say thank you and well done

What this looks like in practice

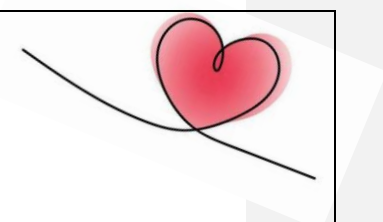
Behaviours for all:

- I recognise that people's needs are different and respect these differences
- I take into account and respect diverse views for better outcomes
- I challenge inappropriate behaviours
- I am approachable and welcoming to everyone, whoever they are
- I take responsibility for my own learning and development

Behaviours for people managers

- I value my team collectively and as individuals
- I lead by example by demonstrating integrity
- I develop and support others so that they can bring their best selves to work and realise their potential





- I ensure everyone's voice is heard and is considered in any change and/or improvement

What to Expect?

When you attend a PADR, you should expect an open conversation between you and your manager focussing on how are you currently performing, and whether we need to support you to improve, what your goals and aspirations are and how you can be supported to achieve them. where you are now, where do you need to be and how do you get there. This means discussing your potential and continual career journey.

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You will have the opportunity for a two-way structure conversation, with the chance to discuss any changes if necessary. The performance appraisal shouldn't include any discussions that come as a surprise.

It is important to spend some time ahead of your performance appraisal to prepare for your conversation. This may be making rough notes, collecting feedback and thinking about your future goals. This will support the conversation so you come away with a clear sense of direction and the right level of support that you need from your manager.

Your manager will also prepare for your performance appraisal to ensure a good quality conversation.

You and your manager will set time aside for your conversation in advance

Take time to prepare by reading this toolkit and gathering examples of your work

You can expect the conversation to be open, positive, encouraging and supportive

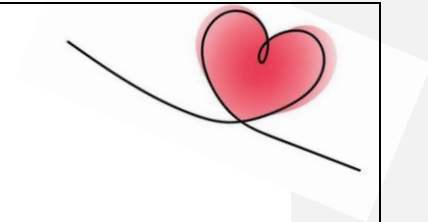
Your manager may signpost you to further development opportunities over time

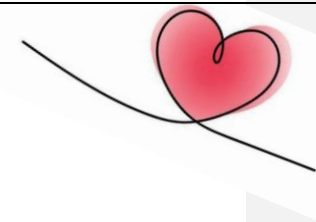
The conversation never stops! Always ask your manager for regular feedback and support when needed

The 4 Pillars of Advanced Clinical Practice (NEW)

[Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales](#)

DRAFT





Health and Well-Being (NEW) – Appendix E

[Living Well, Working Well Handbook](#)

[Step 1 - Staying well in work](#)

[Staff Wellbeing - Home](#)

[Healthy Working Relationships - Gwella HEIW Leadership Portal for Wales](#)

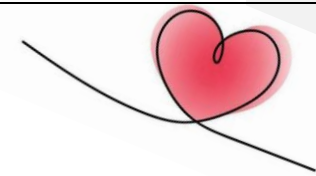
[Respect and Resolution](#)

[About Us | Civility Saves Lives](#)

[NHSi-Civility-and-Respect-Toolkit-v9.pdf](#)

[Programmes of learning](#)





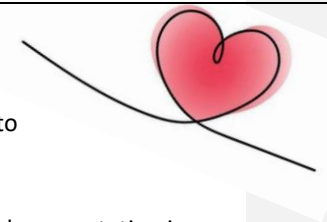
Special Arrangements and Considerations

It is important for a manager to consider any special arrangements or considerations when booking a performance appraisal meeting, to maximise the opportunity for a positive conversation without unnecessary distractions and making sure staff are at ease. **REMEMBER: Do not make assumptions - Managers must always ask the employee whether they need any accommodations or adjustments to ensure a successful and productive PADR meeting.**

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Personal needs require consideration on arranging a performance appraisal, therefore outlined below are some aspects to for a manager to discuss and consider beforehand:

- **Accessibility:** Ensure the venue is suitable for staff with a disability e.g. i.e. wheelchair accessible
- **Location:** Is there suitable parking and transport to venue?
- The staff member should be allowed reasonable time to travel if located away from their base site.
- **Facilities:** Are there accessible facilities if required?
- **Documentation:** Check if any adaptations to documentation is required e.g. i.e. large print
- **Interpreter / Language:** Is an interpreter required e.g. i.e. British Sign Language interpreter or would the staff member be more comfortable with conducting their performance appraisal in their first language e.g. i.e. Welsh

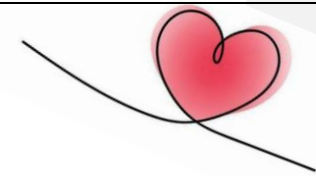
Additionally, when arranging a meeting it is important to acknowledge cultural needscelebrations. It is best practice for a manager to, avoiding:

- Religious Holidays check with the employee that they are available for the proposed date and time.
- Fasting days
- Cultural celebrations such as national days, saints days, gay pride etc.

Tailoring performance appraisal discussions to individual needs fosters a positive staff experience, improves communication, and supports better outcomes for the individual and BCUHB.

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Where are you right now

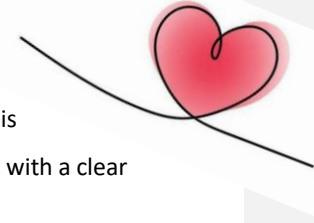
How do I prepare for my appraisal?

It is important for all staff to feel valued and supported within their roles to enable them to reach their maximum potential. This means we need to feel listened to and understood creating a positive environment for development and growth.

To prepare effectively for your performance appraisal, you should complete the following steps:

- ✚ Complete the Employee Self-Assessment Tool (Appendix X) to reflect honestly and objectively to consider how you really feel now and how you feel you act and share with your manager at least one week before the appraisal meeting.
- ✚ Complete the Values and Behaviours self-assessment tool (Our Values Selfie – Appendix X) from your own perspective and share with your manager at least one week before the appraisal meeting.
- ✚ Gather feedback from a range of people you work with using the PADR Feedback template to understand how they see you and how what you do and say impacts them. This could include team members, patients, key stakeholders (internal and external) and senior managers. This feedback can also be used for clinical revalidation.
- ✚ Read and understand this toolkit to support you to understand what is required to ensure you and your manager get the most from the appraisal.
- ✚ It is best practice to write down examples of your work and how you demonstrate BCUHB's values and behaviours. You can then discuss these with your manager to support your appraisal.
- ✚ Prepare any other documentation which may be useful; previous PADR reviews, KSF outline, Job Description and Person Specification. If you do not have a copy, please ask your manager.





It is important for you to complete the self-assessment elements and gather feedback to discuss with your manager, as this is a continuous process to discover and enhance your potential. By being fully prepared, this will enable you to come away with a clear sense of direction and your manager will understand what support is required going forward.

Employee Performance Self-Assessment Tool (NEW)

This self-assessment is a simple tool to allow staff to honestly reflect about how they feel now and how they currently act in work. Results will form part of the appraisal conversation. The tool can be completed regularly throughout the year, in addition to completion in readiness for their appraisal.

If results are particularly low in one or more areas, this will be discussed as it may mean the staff member is new to role, happy where they are and not looking to make a change in role, not getting the right level of support needed, or it could be that the role isn't quite right for the individual.

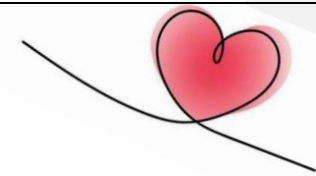
Our Values Selfie

Self-awareness is a fundamental part of identifying our own behaviours and the impact we may have on others.

The key way to measure where we are against our Values and Behaviours Framework is to complete the values selfie tool. There are two different tools available (Behaviours for all and Behaviours for People Managers), which are built around our values and behaviours, and allows employees to score themselves against each behavioural element.

The Values Selfie can be found in this toolkit - Appendix F.





Getting feedback from others

The true value of performance appraisals lies not just in the evaluation itself, but in the continuous feedback that employees receive throughout the year. Feedback is essential for personal and professional growth, and helps employees understand their strengths and weaknesses, align their efforts with organisational goals, and develop new skills.

Regular, constructive feedback fosters a culture of open communication and continuous improvement, and allows employees to take ownership of their development. By integrating feedback into a performance appraisal, employees can ensure that performance appraisals are not just a yearly formality, but a dynamic tool for driving excellence and engagement.

There are a number of ways to receive feedback of your work, for example; 360 feedback, verbal feedback, email communications, [GREAT-ix](#), PADR feedback form, nominations and awards. **(Appendix X)**

Do's



Ensure you have familiarised yourself with the PADR process.



Request feedback from colleagues, key stakeholders and patients (if applicable)



Collect supporting evidence for the conversation

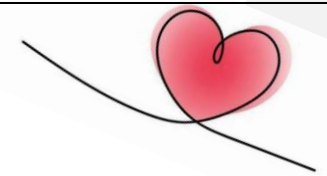


Ensure Fairness and Inclusivity



Ensure enough time is given for the meeting and that the time is protected





Don'ts



Be unprepared



Don't be cynical and negative

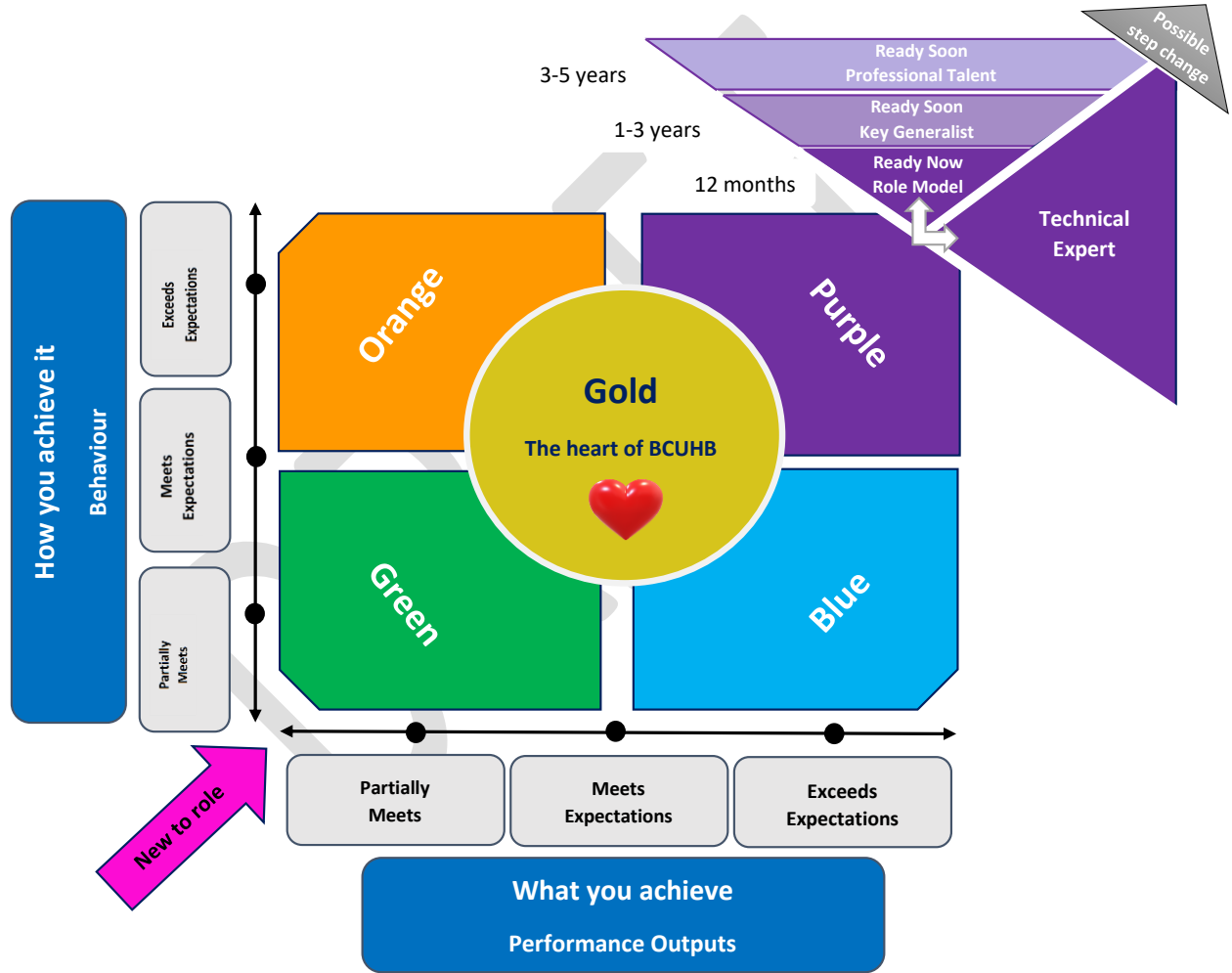
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Rating Performance and Behaviours





How to rate behaviours

Rating	Values and behaviours
Partially Meets Expectations	You can provide evidence that you sometimes use the values and behaviours but in challenging situations, you struggle to apply them. Feedback from others suggest there are areas for improvement in your interactions or approach. You are aware of the values but need further development to apply them even in stressful situations. Discuss these areas with your manager and explore what support you may need to develop.
Meets Expectations	You can provide evidence to show that you consistently demonstrate the values and expected behaviours in your role, and apply these effectively to deliver tasks and meet your objectives. You act professionally and respectfully with colleagues, patients and stakeholders. You respond well to feedback and strive to align your behaviour with organisational standards. You contribute positively to team culture and are recognised by your colleagues as someone who upholds shared values.
Exceeds Expectations	You act as a role model by actively demonstrating organisational values in all areas of work and you inspire others to follow in your steps. You are enthusiastic in the promotion of a positive culture and hold others accountable to all shared behaviours. You go above and beyond in living the values, especially in complex or high-pressure situations. You support team improvement or organisational practices in line with core values and foster an inclusive environment.

How to rate performance

Rating	Performance
Partially Meets Expectations	You can evidence that you have met some but not all key deadlines or objectives. You require support and direction more often than expected for your role. There are inconsistencies in your output or outcomes in your role, and often below the expected standard. It is identified that there is room for improvement in efficiency, quality, or reliability. You may need to improve on time management and prioritisation.
Meets Expectations	You are consistent in meeting your objectives and deadlines. You carry out your duties to the expected standard and perform your duties reliably. You deliver good results and take personal ownership of tasks. You adapt to routine challenges and contribute effectively to team goals. You are confident in meeting all key performance targets set, and positively contribute to team outcomes.
Exceeds Expectations	You regularly exceed targets, deliver high-quality results, or take on extra responsibilities. You improve processes, offer innovative solutions, or proactively address issues. You consistently demonstrate initiative, leadership, or impact beyond your core role. You work adds clear value to the team or organisation.



Where do I need to be?

Creating your Personal Development Plan

[Free Personal Development Plan \(PDP\) | Example Template PDF](#)

Specific

Measurable

Achievable

Realistic

Time-Bound

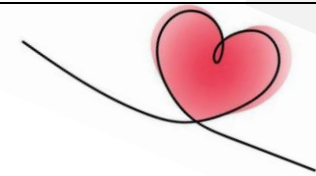
Thinking SMART makes agreed objectives clear so you are fully aware and on track for what is required to achieve over the next 12 months.

Development objectives are more personalised to you as an individual, which are aspirational. These objectives may include shadowing other colleagues in role you aspire towards or tasks you would like to increase your skillset around. In addition, the requirement to request approval for attending specific training courses may be what is required to meet an objective.

If you require help to set your SMART goals, the following link will provide hints and tips to support you:

[How to write SMART goals, with examples](#)





Why are Performance Appraisals consistency checked? (NEW)

BCUHB is committed to ensuring that all staff are treated fairly at all times. Therefore, it is considered good practice to undertake consistency checking for performance appraisals, which helps to remove any bias and provides assurance that staff in a team are being treated equitably fairly. It also helps to identify if a manager requires additional support and development to conduct performance appraisals, to help them grow in their role.

Each Head of Service/department is responsible to carry out consistency checks for their department, and discuss the outcome of staff performance appraisals to ensure a consistent approach is being taken within a team, together with a review of any development plan agreed, ensuring these are aimed to maximise an individual's full potential.

Recording on ESR

NEW Recording process to be added once confirmed.

[PADR FAQs](#)

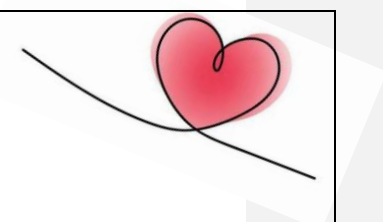
Add in about disagreement in decision [Speaking Up Safely - supporting staff to raise concerns](#)



Flowchart: Appraisal and Pay Progression review process

NEW Recording process to be added once confirmed. Will include appeals process and consistency checking.

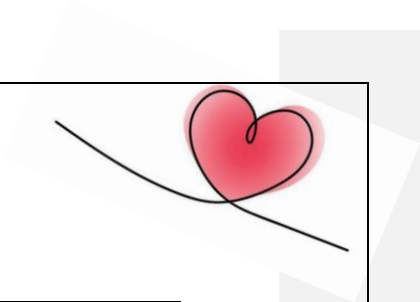
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Resources

Area	Link
	PADR Policy (NEW)
	Staff Engagement Toolkit
	Risk Management
	Pay Progression Policy
	Difficult Conversation Toolkit
	Career Development Tools
	Governance
	Mandatory Training
	BCUHB Three-Year Plan 2025 - 2028
	Values and Behaviours Framework
	Programmes of learning
	Equalities
	Free Personal Development Plan (PDP) Example Template PDF
	How to write SMART goals, with examples
	Speaking Up Safely - supporting staff to raise concerns
	Professional Framework for Enhanced, Advanced and Consultant Clinical Practice in Wales
	Living Well, Working Well Handbook
	Step 1 - Staying well in work
	Staff Wellbeing - Home
	Healthy Working Relationships - Gwella HEIW Leadership Portal for Wales
	Respect and Resolution
	About Us Civility Saves Lives
	NHSi-Civility-and-Respect-Toolkit-v9.pdf
	Stress Risk Assessment

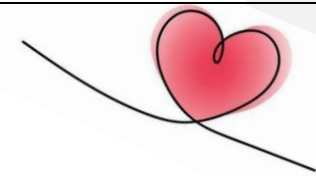




	Leadership Toolkit
	Study Leave Policy

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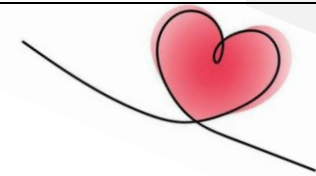


Appendix A – Performance Appraisal Development Review (PADR) Form

Employee Name / Employee Number:	<i>(For group PADR's, please record all employee names / employee numbers)</i>		
PADR Type:	Individual PADR <input type="checkbox"/>	Group PADR <input type="checkbox"/>	Date of PADR: _____

PART A: Your Well-Being					
Employee Experience Pillars	Always	Often	Sometimes	Rarely	Never
Work has Purpose I feel my work makes a difference to other people's lives. I have pride in what I do and have a sense of achievement. My work is meaningful and makes a difference to my colleagues, patients and community.					
Enough Control I feel that I have enough control over my work and my working life. I have autonomy and ownership of my tasks, and I feel empowered and trusted in my role.					
Feel Cared For I feel cared for and care for others. I have a sense of well-being and I experience compassionate and thoughtful leadership. I can be myself at work.					
A sense of Belonging I feel that I belong here because I have a meaningful bond with my colleagues and with BCUHB. I have clarity about my role, we have a strong team identity and I feel connected to my team. Joy and fun are part of my experience at work.					
My Work is Valued What I do in work is valued. I am in a learning culture where I am supported and challenged. I am rewarded, recognised and appreciated for the part I play.					
Fairly Treated I work in an environment which is fair. There is openness, transparency and honesty. I am treated with dignity and respect. I feel safe and secure.					

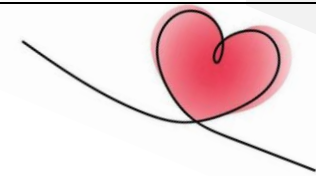




PART B: Where am I now? Think about what has gone well, what could have gone better and/or what have you learnt
(When discussing these questions, please consider our Values and Behaviours, your performance and how you have demonstrated and/or met these)

What do you believe you have achieved against the objectives for your role in the last 12 months?	
What have you been most proud of?	
Did you encounter any difficulties that prevented you from achieving your objectives? Is there a specific example?	
Are there any changes needed to support you in achieving your objectives in the year ahead?	
What motivates you and makes you feel valued at work?	

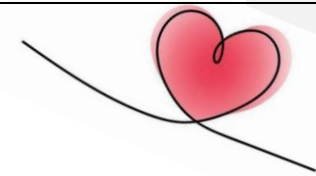




Part C: Review your objectives agreed at your previous appraisal, and note if you met these.	
Current Objectives	How was the objective met?
Objective 1	
Objective 2	
Objective 3	

Part D: Setting objectives for the future (Link to IMTP – 3 year plan)				
Set objectives for the next 12 months:	How will I achieve this objective:	My success will be measured by:	Timescale for completion:	Record progress throughout the year:
1				
2				
3				

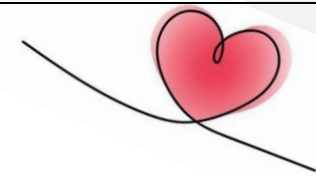




PART E: Where do I want to be? Think about your Career Aspirations and/or development opportunities:

What ambitions do you have for the future?	
What do you see as your next move? Or are you happy with what you are doing?	
Are there areas you feel you need to enhance your learning in or gain experience of in the coming year?	
Have you achieved a 100% statutory and mandatory compliance? If not, what support do you need?	
Where do you feel you could support your team most based on your knowledge, skills and experience?	
How could you do even better?	

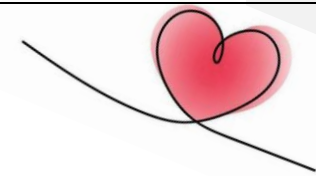




Part F: How do I get there?

What do you suggest you need to learn or have experience of in the year ahead?	
Who do you believe could support you in your development?	
What training do you feel you would require?	
What are your expectations of yourself and your colleagues?	
What changes should be made so that you can achieve your objectives in the year ahead?	
How long do you feel it would take you to get there?	



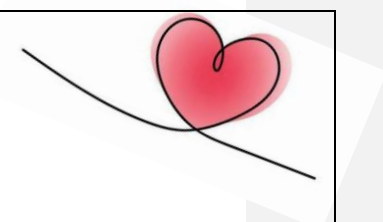


Evidence based review:

Performance	Agreed Rating	Comments and Examples
<i>e.g. All objectives achieved</i>	<i>2 – Meets Performance</i>	<i>Consistently meets the objectives set and deadlines for completion.</i>

Organisational Values and Behaviours	Agreed Rating	Comments and Examples
<i>e.g. Compassion, respect, openness</i>	<i>2 – Meets Performance</i>	<i>Consistently demonstrates a compassionate approach by being patient and considerate of others, ensuring time is taken to understand others feeling, ensuring their needs are understood and being civil and polite in all situations.</i>





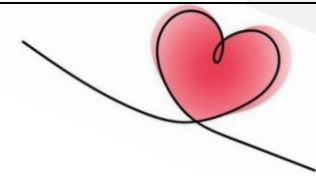
Are you due for pay progression this year? (If yes, please complete the Pay Progression Toolkit)	<input type="checkbox"/>	Are you planning or thinking of retiring in the next 12 month? (If yes, please review the retirement policy)	<input type="checkbox"/>	Are you up to date with mandatory training? (If yes, please refer to Statutory and Mandatory Training)	<input type="checkbox"/>
Have you registered any declarations of interest? (Please refer to Declarations of interest, gifts and hospitality)	<input type="checkbox"/>	Do you need to revalidate your professional status in the next 12 months?	<input type="checkbox"/>	Current Job Description reviewed (To be reviewed every 3 years)	<input type="checkbox"/>

For completion by the appraiser:

Recorded PADR on ESR	Date: / /	Recorded Pay Progression on ESR (If Applicable)	Date: / /	EMPTY	<input type="checkbox"/>
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Employee's Commitmentomments:





Manager's ~~Comments~~ Commitment:

Employee Signature:		Date:	
Appraiser Signature:		Date:	
Next Appraisal Due:			

Head of Service Approval (Optional Quality Process Check):

Employee Signature:		Date:	
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Head of Service Comments (If Required):



Appendix B – Free Thinking and Self-Reflection Form **(NEW)**

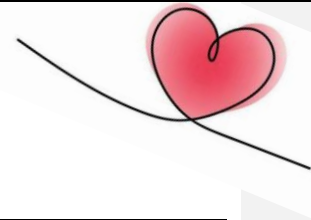
Free Thinking and Self-Reflection Form

Where are you? Why?
Where do you want to be?
Write your thoughts and reflections down.

Thoughts



Appendix C – Performance Appraisal Development Review (PADR) Feedback Request Form **(REVISED)**



Performance Appraisal Development Review (PADR) Feedback Request Form		
<p>P</p> <p>A</p> <p>D</p> <p>R</p>	Feedback For:	Job Title:
	PIN Number: <i>(For Nurse revalidation only)</i>	
	Please can I ask you to provide me with some feedback on how you feel I perform in my role when we work or have worked together? This will be valuable feedback to support my future development and growth as an individual.	
	<p>Q1. In what ways do you see me demonstrating (or not demonstrating) BCUHB's values and expected behaviours in my day-to-day work?</p> <p><i>Purpose: To gather honest observations about how your actions reflect the core values of the organisation (Compassion, Openness and Respect)</i></p>	

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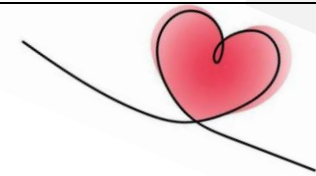
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Q2. How well do you think I am performing against my goals or targets, and is there anything you think I should focus more on?

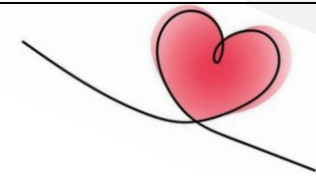
Purpose: *To understand perceptions around your effectiveness and delivery on key objectives*

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Q3. Is there any feedback you have for me that could help me grow professionally or become more effective in my role?

Purpose: *Feedback for development, both strengths and areas for improvement to provide possible insight in to learning*

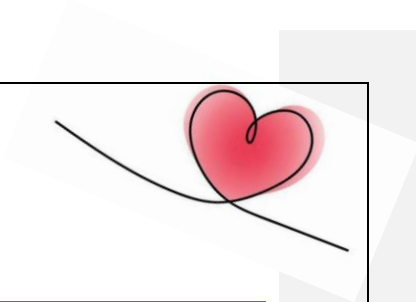
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Your Name: _____

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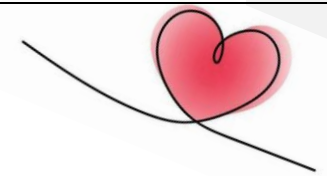


Signature:		Date:			
Patient Feedback:	Yes/No	Staff Member:	Yes/No	Colleague:	Yes/No

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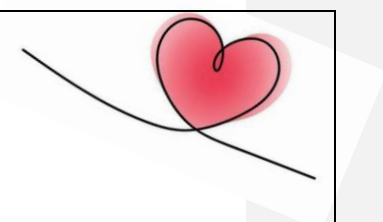


Appendix D – Strategic Objective Setting (8c and above only) **(NEW)**



Objective Setting Template												
Name:			Job Title:									
Our Values and Behaviours shape the way we work, how we interact with each other, our patients / service users and our partners			BCUHB Strategic Objective's 2024 - 2027									
<p>Trugaredd Compassion</p> <ul style="list-style-type: none"> We take care of each other We will provide a good place to work, learn and succeed 	<p>Agored Openness</p> <ul style="list-style-type: none"> We are honest We are accountable We empower each other We are innovative in delivering safe, quality and reliable care 	<p>Parch Respect</p> <ul style="list-style-type: none"> Everyone counts We work together and appreciate individual differences We say thank you and well done 	<p>1: Building an effective organisation 2: Developing strategy and long-lasting change 3: Creating compassionate culture, leadership and engagement 4: Improving quality, outcomes and experience 5: Establishing an effective environment for learning</p>									
Goal	Strategic Objective	Description	Measure	Target								
1	Building an effective organisation											
2	Developing Strategy and long-lasting change											
3	Creating compassionate culture, leadership and engagement											
4	Improving quality, outcomes and experience											
5	Establishing an effective environment for learning											
We will plan and deliver the highest quality services for the people of North Wales by following the BETSI Quality Management System (QMS):			<table border="1"> <tr> <td>Employee Signature:</td> <td></td> <td>Date:</td> <td></td> </tr> <tr> <td>Line Manager Signature:</td> <td></td> <td>Date:</td> <td></td> </tr> </table>		Employee Signature:		Date:		Line Manager Signature:		Date:	
Employee Signature:		Date:										
Line Manager Signature:		Date:										





Appendix E – Health and wellbeing template (NEW)

The health and wellbeing template can be used in conjunction with the performance appraisal process (PADR), regular one-to-one's, job planning discussions, or as a standalone review.

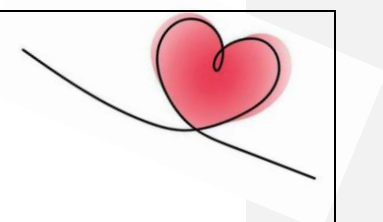
Questions 1 and 2 are for completion by the staff member, and Questions 3 and 4 should be completed together by the staff member and manager.

Employee Name:		Manager Name:	
Date:		Date:	

Your health and wellbeing – How are you?	
You could think about:	✚ Your health and wellbeing – how do you feel?
	✚ Reviewing your health and wellbeing – do you have what you need?
	✚ Your work life balance
	✚ What the team culture currently feels like
	✚ Any actions you want to take to improve your health and wellbeing

Employee Comments:





Your Role – How is work going?

You could think about:	✚ Your stand-out moment, something you are proud of
	✚ Something that your team has achieved
	✚ Something you have learned or improved on
	✚ Something you have found challenging
	✚ Support you may need from your manager or colleagues

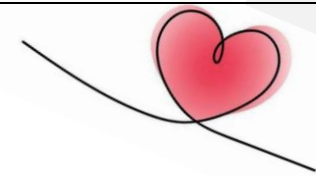
Employee Comments:

Large empty text area for employee comments.

Work priorities for you for the next 3-6 months

You could discuss:	✚ Current ways of working and what could be improved
	✚ Things that have gone well and how to contribute ideas
	✚ Adapting protocols or guides in your team/service
	✚ Feedback from service users, colleagues and managers and how this could be used to make changes
	✚ If you are in a re-assigned post what are the priorities for now and back in your normal role





Employee and Manager comments:

Blank area for Employee and Manager comments.

Your personal development aspirations

You could think about:	✚ Reflecting on your learning and development and its impact
	✚ Updating your personal development plan (PDP)
	✚ List the opportunities you have had to learn something new
	✚ What support or development would help you in your role
✚ What you would like to do more of in your role	

Employee and Manager comments:

Blank area for Employee and Manager comments.

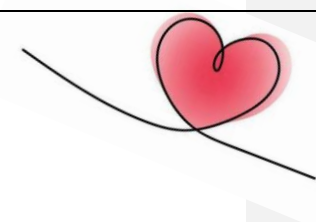


Appendix F – Our Values Self-Assessment **(NEW)**



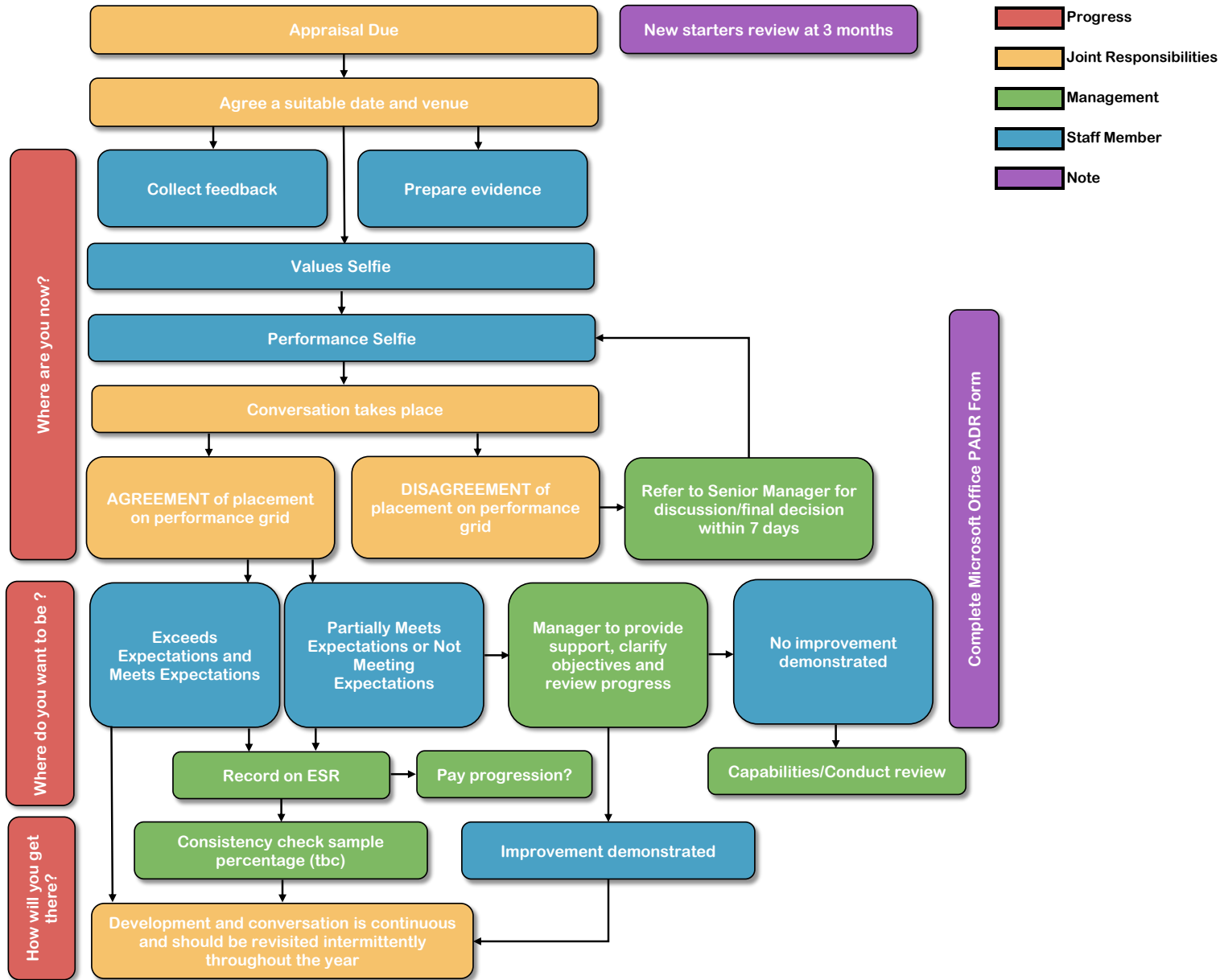
Your Values Selfie: Behaviours for All				
Our Values	My Behaviours and Habits	Partially meets expectations	Meets expectations	Exceeds expectations
Compassion	I am patient and considerate of others			
	I take time, even if busy to understand other people's feelings			
	I listen to understand the needs of others			
	I take care of my own wellbeing and encourage others to do so			
	I am civil and polite			
Openness	I am aware of my impact on others and act on feedback			
	I am truthful and honest			
	I strive to live the values and behaviours of the organisation everyday			
	I share ideas and knowledge for everyone's benefit			
	I am open to being held to account on my performance and behaviour			
	I ask for feedback to improve my work			
	I suggest improvements to the way we do things in a constructive way			
	I seek to learn from any mistakes and make changes			
Respect	I recognise that people's needs are different and respect these differences			
	I take in to account and respect diverse views for better outcomes			
	I challenge inappropriate behaviours			
	I am approachable and welcoming to everyone whoever they are			
	I take responsibility for my own learning and development			
Evidence to Support Your Values Selfie: Behaviours for All Evaluation				





Your Values Selfie: Behaviours for People Managers (If Applicable)				
Our Values	My Behaviours and Habits			
		Partially meets expectations	Meets expectations	Exceeds expectations
Compassion	I am patient and considerate of others			
	I take time, even if busy to understand other people's feelings			
	I listen to understand the needs of others			
	I take care of my own wellbeing and encourage others to do so			
	I am civil and polite			
Openness	I am aware of my impact on others and act on feedback			
	I am truthful and honest			
	I strive to live the values and behaviours of the organisation everyday			
	I share ideas and knowledge for everyone's benefit			
	I am open to being held to account on my performance and behaviour			
	I ask for feedback to improve my work			
	I suggest improvements to the way we do things in a constructive way			
	I seek to learn from any mistakes and make changes			
Respect	I recognise that people's needs are different and respect these differences			
	I take in to account and respect diverse views for better outcomes			
	I challenge inappropriate behaviours			
	I am approachable and welcoming to everyone whoever they are			
	I take responsibility for my own learning and development			
Evidence to Support Your Values Selfie: Behaviours for People Managers Evaluation (If Applicable)				







Teitl adroddiad: <i>Report title:</i>	Strategic Equality Annual Report 2024-25
Adrodd i: <i>Report to:</i>	People and Culture Committee
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to enable the People and Culture Committee to 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 by the deadline of March 2026.</p> <p>Feedback from the Committee will be utilised to form the final report to Board.</p> <p>Each year the Health Board is required to publish its Equality Annual Report. This report provides you with information on equality activities and achievements undertaken within Betsi Cadwaladr University Health Board during the period 1st April 2024 and 31st March 2025. The report looks at how the Health Board has met its legal duties and progress made against the first year of the current Strategic Equality Action Plan 2024-2025.</p> <p>This DRAFT Equality Annual Report provides information on the progression of the Health Board activity and related work for the first year of the BCUHB Strategic Equality Plan 2024-2028.</p> <p>During 2024-2025, the Health Board has centred equality and inclusion activities that relate to the five strategic objectives and aligned to the BCUHB 3-Year Plan as summarised below:</p> <p>Building an effective organisation: The Health Board has made improvements to the quality and range of information to support decision makers, including senior leaders, to meet both the statutory equality duty and Socio-economic Duty. This has helped identify impacts for those who share protected characteristics and embed processes to mitigate possible adverse impacts.</p> <p>Whilst the Health Board was in special measures during 2024-2025, all key transformation plans followed the processes and procedures to evidence due regard in decision making.</p> <p>Developing strategy and long-lasting change: During 2024-2025, there has remained a strong focus on implementing Welsh Government Plans, including the Anti Racist Action Plan and LGBTQ+ Action Plan. In December 2024, the NHS Wales Women's Health Plan 2025-2035 was published,</p>

which has generated much work to start implementing the plan to address women's health inequalities.

A focus on preventative health interventions, such as vaccination programmes, innovative partnership working to reduce health inequalities and responding to new legislation, such as the white paper for ending homelessness.

Creating compassionate culture, leadership and engagement:

During 2024-2025, there was good visibility of cultural celebrations and inclusion related awareness campaigns, which were shared across the Health Board and are supported by Staff Equality Networks. A range of co-production work had been undertaken during the year across clinical teams and involving external Equality Stakeholders.

During 2024-2025, the Health Board carried out work to review the Organisational Values and Behaviours, which directly relates to the Three-Year Plan and the BCUHB Strategic Equality Objectives.

Improving quality, outcomes and experience:

Compliance with equality and human rights legislation has a direct impact on patient and carer experiences, as well as those of staff and the wider population of North Wales. Work has been undertaken during 2024-2025 to promote understanding of the issues of dignity, respect and aligned to a Human Rights Approach.

Different approaches to meet the individual needs of patients, carers and staff highlights how health outcomes can be achieved with groups who experience inequalities and social disadvantage.

Establishing an effective environment for Learning:

There have been a number of innovative projects that support the Strategic Equality Plan and related equality plans from Welsh Government. The links between the Health Board, Bangor University and Wrexham Glyndwr University are strong. In addition to equality and inclusion training for student nurses, there are research projects also in place.

Progress Made

Significant progress has been made to embed equality within the Health Board's corporate strategies and ensure equality impact assessments (EQIA's) and socio-economic risks assessments are undertaken and quality checked. The re-establishment of the EQIA Scrutiny Group provides another level of scrutiny and quality control of key assessments. Teams across the Health Board have signed up to complete the Diverse Cymru cultural competence certification scheme, and there has been promotion

	<p>of equality work through newsletters, the BCUHB intranet, public engagement activities and partnership events.</p> <p>Barriers and Risks It is unlikely to be surprising that financial pressures place challenges on the scale and scope of the Health Board’s Strategic Equality Plan. One example is the training demands for 20,000 staff to help address specific equality issues that are not covered by the mandatory ‘Treat Me Fairly’ e-learning module are particularly challenging.</p> <p>Additionally, the Health Board recognises the need for regular equality development sessions to ensure that Board members are kept fully up to date on the requirements of current national action plans and legislation</p> <p>Conclusion The focus for 2024-2025 was to build visibility of Equality, Diversity, and Inclusion into all aspects of the Health Board’s workforce and service delivery. Staff have worked extremely hard to improve services and embed equality to meet the legal requirements under the Equality Act 2010, building on the positive work that has taken place previously. The Health Board plans to move forward into year 2 of the four-year Equality Plan using good practice and innovative ideas.</p> <p>Key Priorities for 2025/26 include:</p> <ul style="list-style-type: none"> • Establishment of WOD group to review inclusive recruitment, progression and retention processes • Strengthening the Work of the North Wales Access Panel to incorporate learning into patient access throughout the Health Board. • Focus on improvement of baseline data and its analysis to develop measurable outcomes • Analysis of pay gap data to develop an action plan of focused work.
<p>Argymhellion: Recommendations:</p>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> • Note the content of the report • Recommend approval to the Board of the DRAFT Equality Report content, that will be considered for approval by the deadline of March 2026.
<p>Arweinydd Gweithredol:</p>	<p>Georgina Roberts, Interim Executive Director of People Services & Organisational Development</p>

Executive Lead:				
Awdur yr Adroddiad:	Ceri Harris – Head of Equality and Human Rights			
Report Author:				
Pwrpas yr adroddiad: Purpose of report:	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"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol <i>Significant</i> <input checked="" type="checkbox"/> <small>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>High level of confidence/evidence in delivery of existing mechanisms/objectives</small>	Derbyniol <i>Acceptable</i> <input type="checkbox"/> <small>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>General confidence / evidence in delivery of existing mechanisms / objectives</small>	Rhannol <i>Partial</i> <input type="checkbox"/> <small>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</small> <small>Some confidence / evidence in delivery of existing mechanisms / objectives</small>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> <small>Dim hyder/tystiolaeth o ran y ddarpariaeth</small> <small>No confidence / evidence in delivery</small>
<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>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:</p>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	<ol style="list-style-type: none"> 1. Building an effective organisation 2. Developing strategy and long-lasting change 3. Creating compassionate culture, leadership and engagement 4. Improving quality, outcomes and experience 5. Establishing an effective environment for learning 			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	<p>Equality Act 2010 Including the Public Sector Duty and Socio-economic Duty Human Rights Act 1998 Wellbeing of Future Generations Wales Act 2015</p>			
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Yes			
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary been undertaken?	Yes			

<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The risks associated with this paper are:</p> <p>1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011</p> <p>4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>The Strategic Equality Annual Report contains activities for the past financial year, therefore there are no implications regarding the current report.</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>Ongoing links between Workforce, via People Plan, Culture and Values Behaviours, Foundations for the Future alongside the Health Boards Strategic Equality Objectives and Plan 2024-28, Welsh Government strategic documents such as Antiracist Action Plan, including the Workforce Race Equality Standards, LGBTQ+ Action Plan, Women's Plan etc</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>The draft Strategic Equality Annual Report 2024-25, has been presented to Executive Team, with feedback provided.</p> <p>There has been a revision of the Public Health information in the report. Agreement to work over the next 12 months with key areas on development of baseline data, analysis of inequalities and measurable outcomes.</p>
<p>Cysylltiadau â risgiau BAF: (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>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p>Next Steps:</p>	

Following recommendations from the Committee, the paper will be presented to the next Equality and Human Rights Strategic Forum, Executive Team and Board for final approval before March 2026 deadline.

Rhestr o Atodiadau:

Dim

List of Appendices:

None



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Equality Annual Report 2024-25

Author: Ceri Harris



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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



Contact the Equality Team at BCUHB email:

BCU.Equality@wales.nhs.uk



Georgina Roberts

Interim Executive Director of People, Workforce and Organisational Development

Foreword

Welcome to Betsi Cadwaladr University Health Board's (BCUHB) Annual Equality Report for the period April 2024 to March 2025. This report highlights key activities and progress made in advancing equality and human rights across the Health Board during this time.

The work outlined in this report aligns with the priorities set out in the Health Board's [2024–2027 Three-Year Plan](#), which provides the strategic framework for the period covered. In addition, it reflects the first year of delivery against our Strategic Equality Objectives and Action Plan 2024–2028.

As the largest Health Board in Wales, it is not possible to capture every initiative, project, or service that contributes to inclusive, patient-focused care. Instead, this report offers a spotlight on selected areas of work that exemplify our commitment to equality, diversity, and inclusion.

The past few years have brought significant change and challenge. In 2024–2025, our focus has been on Stabilisation, Standardisation, and Sustainability—prioritising actions that will have the greatest impact on improving the health and wellbeing of the North Wales population.

Despite the challenges of operating under Special Measures, the Health Board has continued to embed robust processes that promote equity in decision-making and strategic planning. We have also worked to raise the profile of equality across staff groups, senior leadership, and the Board.

This period has also seen a strengthened focus on public engagement, co-production, and building meaningful relationships with underserved and systemically marginalised communities. These efforts support our delivery of Welsh Government equality-focused plans, including the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, the Code of Practice for Autism, and the NHS Wales Women's Health Plan. These frameworks are central to improving experiences for both our communities and our workforce.

We are confident that this report demonstrates our ongoing commitment to equality, diversity, and inclusion, and the tangible progress made throughout 2024–2025.

Executive Summary

This Equality Annual Report provides information on the progression of the Health Board activity and related work for the first year of the BCUHB Strategic Equality Plan 2024-2028.

During 2024-2025, the Health Board has centred equality and inclusion activities that relate to the five Equality Objectives and aligned to the BCUHB Three-Year Plan as summarised below.

Building an effective organisation:

The Health Board has made improvements to the quality and range of information to support decision makers, including senior leaders to meet the statutory Equality Duty and Socio-economic Duty. This has helped identify impacts for those who share protected characteristics and embed processes to mitigate possible adverse impacts.

Whilst the Health Board were in Special Measures during 2024-2025, all key transformation plans followed the processes and procedures to evidence due regard in decision making.

Developing strategy and long-lasting change:

During 2024-2025, a strong focus has remained on implementing Welsh Government Plans, including the Anti Racist Action Plan and LGBTQ+ Action Plan. In December 2024, the NHS Wales Women's Health Plan 2025-2035 was published which has generated much work to start implementing the plan to address women's health inequalities.

A focus on preventative health interventions such as vaccination programmes, innovative partnership working to reduce health inequalities and responding to new legislation such as the white paper for ending homelessness.

Creating compassionate culture, leadership and engagement:

During 2024-2025, there was good visibility of cultural celebrations and inclusion related awareness campaigns, of which were shared across the Health Board and are supported by Staff Equality Networks. A range of co-production work had been undertaken during the year across clinical teams and involving external Equality Stakeholders.

During 2024-2025, the Health Board carried out work to review the Organisational Values and Behaviours which directly relates to the Three-Year Plan and the BCUHB Strategic Equality Objectives.

Improving quality, outcomes and experience:

Compliance with equality and human rights legislation has a direct impact on patient and carer experiences, as well as those of staff and the wider population of north Wales. Work has been undertaken during 2024-2025 to promote understanding of the issues of dignity, respect and aligned to a Human Rights Approach.

Different approaches to meet the individual needs of patients, carers and staff highlights how health outcomes can be achieved with groups who experience inequalities and social disadvantage.

Establishing an effective environment for Learning:

There have been a number of innovative projects that support the Strategic Equality Plan and related equality plans from Welsh Government. The links between the Health Board and Bangor University and Wrexham Glyndwr University are strong. An addition to equality and inclusion training for student nurses, there are research projects also in place.

Progress Made

Significant progress has been made to embed equality within the Health Board's corporate strategies and ensure equality impact assessments (EQIA's) and socio-economic risks assessments are undertaken and quality checked. The re-establishment of the EQIA Scrutiny group provides another level of scrutiny and quality control of key assessments. Teams across the Health Board have signed up to complete the Diverse Cymru cultural competence certification scheme, and there has been promotion of equality work through newsletters, the BCUHB intranet, public engagement activities and partnership events.

Barriers and Risks

It is unlikely to be surprising that financial pressures place challenges on the scale and scope of the Health Board's Strategic Equality Plan. One example is the training demands for 20,000 staff to help address specific equality issues that are not covered by the mandatory 'Treat Me Fairly' e-learning module are particularly challenging. Additionally, the Health Board recognises the need for regular equality development sessions to ensure that Board members are kept fully up to date on the requirements of current national action plans and legislation

Conclusion

The focus for 2024-2025 was to build visibility of Equality, Diversity, and Inclusion into all aspects of the Health Board's workforce and service delivery. Staff have worked extremely hard to improve services and embed equality to meet the legal requirements under the Equality Act 2010, building on the positive work that has previously taken place. The Health Board plans to move forward into year 2 of the four-year Equality Plan using good practice and innovative ideas.

Key Priorities for 2025/26 include:

- Establishment of WOD group to review inclusive recruitment, progression and retention processes
- Strengthening the Work of the North Wales Access Panel to incorporate learning into patient access throughout the Health Board.
- Focus on improvement of baseline data and its analysis to develop measurable outcomes
- Analysis of pay gap data to develop an action plan of focused work.

Section 1: Introduction

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, providing information and evidence demonstrating how we have discharged our equality duty.

This evidence includes:

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

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 has had to adapt our services and move to work with our community, its public services partners, our volunteers, and our employees to ensure BCUHB 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 has identified its five core outcomes.

- Outcome 1: Be a well-functioning Board.
- Outcome 2: Have a clear, deliverable plan.
- 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 Board's 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 25th 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.

#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.

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.

BCUHB 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: Background / Context

Anchor Institution

An “anchor institution” can be defined by large, typically non-profit, public sector organisations whose long-term sustainability is tied to the wellbeing of the populations they serve (definition Health Foundation: [The NHS as an anchor institution | The Health Foundation](#))

BCUHB is considered to be an anchor institution, with responsibilities and opportunities both as a healthcare provider and employer. Progress is now being made to co-develop, with partners from across North Wales, a regional anchor institution framework for the Health Board to sign up to and demonstrate commitment to adhering to anchor principles.

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 2024-2028.

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 Plan documents 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 and evidence from national and local sources and from impact assessments undertaken as well as from ongoing engagement with staff and service users. The planned work during the year of 2024-2025 was developed using principles of co-design with our Equality Stakeholders and Staff Networks.

Our Equality Objectives 2024-2028

In accordance with the Public Sector Equality Duty, these are published on [BCUHB website – Equality Pages](#)



Objective A: Achieving equity by working in partnership - ‘nothing about you, without you’.

This objective underlines our commitment to listening to and working with our partners and population to design and deliver equitable, rights-based healthcare that is sustainable.

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

This objective underlines our commitment to develop and deliver services at the right time, and in the right environment that is truly accessible, and that will meet individual needs.

Objective C: Achieving equity through Governance and Accountability.

This objective underlines our commitment to doing things transparently with honesty and integrity.

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

This objective underlines our commitment to showing everyone kindness, respect, and dignity that everyone is entitled to.

Objective E: Achieving equity by innovation.

This objective underlines our commitment to continuous learning, innovative practice and approaching new ideas with an open mind.

Governance arrangements

During 2024-2025, work has been ongoing to ensure that the equality duty is integrated into governance arrangements within the Health Board. This also includes

citing equality considerations within terms of reference for all governance meetings, reference to Equality and Socio-economic Impact Assessments on front committee sheets and where appropriate having a representative from the Equality team.

During the year 2024-2025, work has continued to advance equality through the delivery of the first year of the BCUHB Strategic Equality Plan. Progress on this annual plan has been reported and monitored through the Equality and Human Rights Strategic Forum. This reports to People and Culture Committee and reports directly to the Board.

Statutory reporting

In line with the Public Sector Equality duty, BCUHB has published the following:

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 2024-2025 was agreed and published in March 2024. The four-year plan is aligned to Regulations 14 and 15 within the Public Sector Equality Duty.

Equality Annual Reports

All BCUHB Equality Annual reports are published on the BCUHB 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 and evidence of our progress
- 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

Section 3: Review of the Year 2024/25

Section 3 of our report outlines the progress in the first year of the BCUHB Strategic Equality Plan. This report section will highlight actions from year 1 of the 2024-2028 plan.

Each area of evidence aligns to the corresponding equality objective within the strategic Equality Objective and also aligns to BCUHB Three Year Plan and other Welsh Government Plans.

3.1 Focus on National Plans - linked to objectives

3.1.1 Welsh Government Anti-racism action plan and progress

The Welsh Government Anti-racist Action Plan was published in June 2022 and BCUHB has developed a comprehensive plan to address the health actions.



Within the year 2024-2025 progress includes:

- Embedding the Anti-racist Wales Action Plan within the Health Board's Strategic Equality Objectives
- Expanded diverse representation within the Health Board's Equality Stakeholder Group.
- Widened Equality and Inclusion training programme to include Active Bystander, Microaggressions and cultural competence.
- Focused support for BCUnity staff network, to grow membership and their wider involvement in Health Board culture and values work
- Undertaken an Integrated Equality Impact Assessment for the plan.
- Developed an action plan following the first Welsh Workforce Race Equality Standards Report

3.1.2 Welsh Government – LGBTQ+ Action Plan

In February 2023, the Welsh Government published the LGBTQ+ Action Plan for Wales and BCUHB has developed a comprehensive plan to address the health actions.



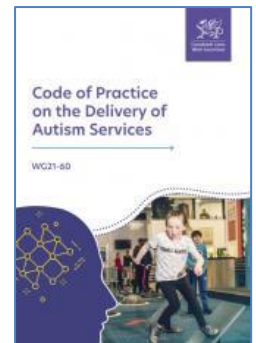
Within the year 2024-2025 progress includes:

- Embedding the LGBTQ+ Action Plan within the Health Board's Strategic Equality Objectives.
- Reviewed Health Board's GP Equality toolkit with LGBTQ+ plan information
- Attended Community and Pride events.
- Provided specialist training to Sexual Health team on Trans Inclusive Sexual Health.
- Delivered a Community Quilt Project for HIV and AIDS Awareness across north Wales.

3.1.3 Code of Practice on the Delivery of Autism Services

Throughout 2024 work continued to develop a co-produced focused plan of action to improve the Health Board towards compliance with the Code of Practice. With an agreed set of co-production principles and to self-assess on an annual basis.

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



3.1.4 All Wales Standards for Accessible Communication

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. The Health Board is represented on the Welsh Government steering group undertaking the review of the standards and expanding their scope to include community language needs and wider areas of accessible communication. See Appendix B for information on the All-Wales Standard for Accessible Communication.

3.1.5 The Health Board's Three-Year Plan Strategic Objectives 2024-2027

In 2024 the Health Board published its Integrated Three-Year Plan. The Plan marked an important point for the Health Board as it was the first plan developed by the Health Board under the leadership of a new Chair and Chief Executive, supported by a substantial change in Board membership. It signalled a clear ambition to drive through transformation and improvement and provide high quality and sustainable services for the people of North Wales. The plan outlines many of the actions needed to do this and in particular highlights that permanent success requires us to address current challenges with a strong understanding of the needs of the future. With a clear focus on the aims of:



Recognising the need to prioritise improvements in the areas that led to Special Measures, the core of the Health Board 2024-27 plan builds further upon those five outcome areas and for this report the Health Board's equality and diversity activities and progress against its action plan has been aligned to the five objectives within the Three-year plan for 2024-2027.

3.1.6 Three Year Plan: Strategic Objectives

During 2023-24 the Health Board continued to make progress against its objectives against the Special Measures framework. As the year has progressed this has coalesced around five main areas where improvement was most necessary. Recognising the need to prioritise improvements in the areas that led to Special Measures, the core of the Health Board 2024-27 plan builds further upon those objectives.

On the following pages are examples of how the Health Board has discharged its equality duty, categorised by the Three-Year Plan's five strategic objectives are given:

1: Building an effective organisation

Objective area 1 recognises the importance of governance and effective procedures and decision making in high functioning Healthcare organisations. This will better ensure that decisions are made in a timely way, using appropriate information, and that the right people have been involved to ensure the right decisions are made first time.



2: Developing strategy and long-lasting change

Objective area 2 draws upon the need for the Health Board to be clear about population needs in North Wales and that services are configured in a way to get the highest value from the resources available to us. In this way the Health Board can provide services that are reliable, more cost-effective, and that make the best use of healthcare professionals.



3: Creating compassionate culture, leadership, and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities, and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.



4: Improving quality, outcomes and experience

Objective area 4 covers a large thematic area where improvements are required to improve clinical performance across a number of key areas. The Health Board wishes to build further upon good work commenced that takes a pathway focused approach to this.



5: Establishing an effective environment for Learning

Objective area 5 provides opportunity to learn when things don't go as planned, to teach, and to widely use the many sources of information available to us in order to support decision making and knowledge.



Building an effective organisation



Improving equality monitoring

During 2024-2025, work has been underway across BCUHB to improve digital systems to inform intelligence-led planning. A Populational Health Management project has been in place across Public Health and Digital, Data and Technology (DDaT) team.

Outcome

This is enabling data sharing between primary care and secondary care and patient segmentation. Projects are underway during the reporting year to identify data to support improvement of services to those with learning disabilities. Improving equality monitoring as part of routine data collection together with Health Inequalities public health programme. The outcomes of this work will ensure that decisions are evidenced based and will help monitor the impact of preventative and health interventions.

Achieving Equity in Decision Making toolkit

During 2024-2025, a new toolkit to support decision makers was produced. This toolkit is called 'Achieving Equity in Decision Making: A practice toolkit for decision makers and project teams'.

The toolkit was written to advise and support staff involved in delivery of projects and programmes of work that involve making decisions that impact on patients, staff, and our communities. The aim is to ensure an inclusive, rights-based approach is consistently adopted, to improve compliance with statutory duties and to ensure socio-economic, equality and human rights considerations within decisions. This approach will enable the Health Board to demonstrate that decisions have been made in a fair, transparent, and accountable way and have considered the needs and rights of everyone.



Outcome

The outcome of this work helps to ensure that there is compliance with our statutory duty, and also help decision makers to feel more confident in their knowledge of the statutory requirements for a range of different decisions such as:

- Transformation and Improvement plans and proposals
- Procurement and Commissioning processes and decisions
- Financial Decisions
- Business Case Development – each stage of a business case
- Policies, Standard Operating Procedures and Guidance
- Pathways and Strategies

Socio-economic Duty Progress Report and Audit

The Socio-economic Duty (Part 1 to 3 of the Equality Act) commenced 31/03/2021 and places a legal duty on BCUHB to have due regard to the need to reduce the inequalities of outcome resulting from socio-economic disadvantage.

In order to monitor its progress, the Health Board uses the Welsh Government progress tracker. This helps BCUHB self evaluate our level of progress from:

- **Getting started:** gaining and demonstrating commitment
- **Early progress:** should be quick and easy to implement. This reflects simple changes that have
- a low risk of failure.
- **Firm progress:** involves stepping out of a 'business as usual' mind-set and acting to change how things are currently done. Signalling early progress to wider change, this might involve a change in process and ways of working.
- **Advanced progress:** this is a systemic, transformational change to how things have always been done and will require reallocating resources, time to put the changes in place and collaboration with other bodies. Actions are innovative, inspirational, and collaborative; putting the Duty into practice

across all portfolios, this way of working becomes embedded in the organisation.

Outcome

Since 2022, BCUHB have completed the annual progress tracker alongside an internal audit of assessments which demonstrates due regard to the duty. This is reported annually to the Equality and Human Rights Strategic Forum. A summary of the self-assessment findings for 2024-2025 is as follows:

Organisational process: Considering socio-economic disadvantage and reducing inequality in decision-making/policy development:

Self-assessment finding: Firm progress (3):

- Socio-economic Impact Assessment (SEIAs) are completed for the majority of strategic decisions. Some excellent examples of work undertaken by project managers.
- Additional advice for decision makers through Achieving Equity in Decision Making.
- Wider Local Authority partnership working – Public Health team scrutiny of planning.
- applications to embed health inequality considerations into planning decisions.

Organisational process 2: Accountability and scrutiny: Self-assessment finding: Early progress (2):

- Governance papers include EQIA and SEIA and recent audit work showed that papers for strategic decisions were presented without a socio-economic assessment being completed. (6/8 were completed).
- Board Members have not received any EDI awareness session since Dec 2022 (added to Corporate Risk Strategy) Due to this, unable to check if members are aware of the statutory duty – which may lead to understanding of the duty.

Organisational process 3: Tracking and reporting on impact: Self-assessment finding: Early Progress (2):

- The work of the 3-year plan and work under special measures may help to identify reporting on improvements within the Health Board to tackle long waits and meet demand.
- Significant work is underway informed by population health data and evidence to develop preventative approaches to long term health conditions such as Diabetes.
- Board Members have not received any update on SED reporting since December 2022.

Organisational process 4: Engagement, involvement, and consultation: Self-assessment finding: Firm progress (3):

- Engagement undertaken for key transformational projects. Some projects are still ongoing such as the Royal Alexandra Community Hospital.
- New projects such as new primary care hub hubs have considered the duty.
- New toolkit for decision makers available to help guide programme managers / project leads for different types of decisions on what is required and when aligned to Brown, Bracking and Gunning principles.

Reporting progress ensures that we follow good practice for evidencing our progress towards the Socio-economic Duty.

Accessible Communication Standards Review

The All Wales Accessible Standards for Accessible Communication and Information for People with Sensory loss were initially published in July 2013, making Wales the first country in the UK to lay out how NHS services would be delivered to people who are Deaf, hard of hearing, blind, partially sighted or have dual sensory loss. The Standards set out the level of service delivery that people with sensory loss should expect to be met with when they need healthcare.

In October 2023, the Minister for Health and Social Services approved the recommendations to broaden and renew the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss to include community languages and wider communication needs.

During 2024-2025 the Health Board was part of the all-Wales working group focused on developing the new standards.

Outcomes

- 31 new objectives were identified
- Progress on the development of the Standards were provided to the Health Board's Patient and Carer Experience Group
- The Health Board secured funding to pilot video relay service (VRS) and video relay interpreting (VRI)
- Establishment of a BCUHB Task and Finish group to support the implementation of the revised standards when they are finalised and published.

Developing a strategy and long-lasting change



Vaccine Programme

The Health Board continued to deliver its Strategic Immunisations Plan 2023-2026, "Leaving Nobody Behind". The Strategy fully commits to a proactive approach to reducing health inequality by reducing the vaccine equity gap. Evidence shows a persistent and significantly lower uptake amongst Black, Asian, Mixed, and other ethnic groups compared with combined White ethnic groups, and amongst more socio-economically deprived communities compared to those who are more affluent.

The key equality themes around which the strategy is built are:

- Optimising how we collect, collate, and use intelligence regarding vaccine equity
- Value of identifying and working through existing trusted networks and leaders
- Draw learning from national equality work, and proactively share best practice
- Regularly review equality impacts and respond to findings in a timely way
- Communications to support access to information in accessible formats.

The MMR (Measles, Mumps and Rubella) Vaccination Programme is currently offered at 12 months (first dose) and 3 years 4 months (second dose) of age. With the forthcoming implementation of the childhood schedule changes (WHC/2025/019), from 1 January 2025 the second dose of MMR will be offered at a new and earlier 18-month appointment. This is following recommendation by the Joint Committee on Vaccination and Immunisation (JCVI) to improve coverage and reduce the likelihood of measles outbreaks.

Significant emphasis has been placed on:

- Targeted engagement with Gypsy, Romany, and Traveller communities,
- addressing vaccine hesitancy through trusted health professionals. This
- reflects a co-productive, community-based approach to public health,
- aligned with the principle of '*nothing about you without you.*'
- Clinical updates for frontline staff i.e., nurses, GP's and school nurses aim
- to improve vaccination literacy and ensure inclusive service delivery.
- Disaggregated uptake data by age, geography, and educational setting,
- providing a baseline and supporting data-driven planning
- An emphasis on supporting trusted professionals to engage with hesitant communities.
- with a compassionate, culturally sensitive approach. This work fosters trust and dignity,
- especially in communities with previous mistrust of public services.

The impact can be seen in the overall improving uptake rates in North Wales, and as we develop our disaggregated, data-driven approach to vaccine equity we are confident we will be able to evidence this in the coming years.

Reducing Homelessness

During 2024-2025, the Health Board undertook work to prepare for new legislation with a duty to 'ask and act' to identify (including referral) patients at risk or experiencing homelessness and signpost to support.

During 2024, co-production work had been underway to improve information about the needs of people at risk of, or experiencing homelessness. This also included wellbeing advice and information for staff who were facing eviction and risk of becoming homeless. During this work, Welsh Government published a consultation on the Draft Welsh Government Ending Homelessness Legislation.

In preparation for the new requirements, the Homelessness Reduction Implementation Group was established. This group has a small but growing membership of individuals who care passionately about preventing homelessness and supporting people who face homelessness.

Childrens Rights Charter

Significant work has taken place during the year 2024-2025 to ensure that Children's Rights were promoted across BCUHB. The charter was presented by a group of young people to the Board in September 2024.



The Charter is the BCUHB promise to children and young people with all the care and support that children and young people should expect when they receive health services.

The Charter has been widely shared across the Health Board and is informing decisions to ensure that services are inclusive and meet the needs of children and young people.

Equality Roadshows

As part of the Health Board's commitment to engagement and openness, the equality team held a series of 17 roadshows during Oct-Nov 2024, visiting the main hospital sites as well as community hospitals and Health Board buildings engaging with staff, patients and the wider public. The roadshows were an opportunity to share the progress that the Health Board had made against its Strategic Equality Objectives, identify new actions for the second year of the action plan from feedback. Provide inclusive and accessible information and resources to staff, patients and the public and increase the membership of the Health Board's staff networks and equality champions.

Outcome

- An additional five new actions were identified and included in the second year of the Strategic Equality Plan.
- Membership of staff networks and equality champions program increased by over 50 new members. Network members were then invited to be Culture Champions within the Health Board.

- Increased awareness led to increased requests for the equality team to support several Health Board projects around Equality Impact Assessments as well as be involved in strategic planning groups for key Health Board projects.

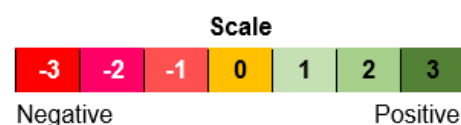
Transformation projects

Nuclear Medicine Consolidation Programme

Equality considerations are demonstrably informing major change project in healthcare in North Wales. The Nuclear Medicine Outline Business Case and options appraisal was fully informed by a robust Integrated Equality Assessment. This approach included assessing each option within the case against the current inequalities recognised within the system and scored the options on their ability and likelihood to remove or reduce those inequalities.

Using the Integrated Equality Impact Assessment in this way, the appraisal was able to assess the ability of each option to address issues such as the impact of access to transport for populations more likely to be in need of services, the accessibility issues faced by the current service model, the impact of longer waiting on populations living with multiple co-morbidities, the ability of the service to meet the cultural and linguistic needs of populations, the intersectional needs of an ageing population, and the diverse needs of the whole north Wales population by geography.

Protected Characteristic/SED Domain	Option 0	Option 1	Option 2	Option 3
Age	-3	1	3	2
Disability	-3	1	3	2
Sexual Orientation	0	0	0	0
Gender Reassignment	0	1	1	1
Sex	0	0	0	0
Race	-3	-1	2	3
Religion and Belief	0	0	0	0
Pregnancy and Maternity	0	0	0	0
Marriage & Civil Partnership	0	0	0	0
Education	-3	1	3	2
Health	-3	1	3	2
Living Standards	0	1	2	2
Work	0	1	3	2
Justice & Personal Security	0	0	0	0
Participation	0	1	1	1
TOTAL	-15	7	21	17



North Wales Medical School

We used a similar model in the assessment of the North Wales Medical School business case. This allowed the decision on the preferred option to be informed by the various options' ability to address issues such as issues with the physical estate and accessibility from a physical, sensory, and neurodivergent perspective, the perspective of different populations' access to education and work opportunities, and the resulting effect of options on clinical spaces and service provision.

HIV Strategy (Including Quilt project)

Welsh Government published its HIV Action Plan for Wales in 2023. The plan has a three-year focus, and has five priority areas for action:

1. Prevention
2. Testing
3. Clinical Care
4. Living well with HIV
5. Tackling HIV-related stigma

These actions will be underpinned by three core principles:

1. There should be zero tolerance of HIV-related stigma
2. That plans for implementation of new initiatives and services will be informed by, or developed with, people living with HIV. Alongside this there will be a recognition of contextual differences by sexuality, ethnicity, age, gender, and location, to ensure that no one is left behind. Services will take into account the needs of Welsh speakers.
3. All new initiatives and services will be subject to ongoing monitoring and evaluation to make sure they meet the actions and principles laid out in the plan. Actions taken in Wales will be guided by the evidence base, and research in sexual health and HIV will be optimised and overseen by PHW and the research network from Welsh universities.

In December 2023 the Health Board was part of a network that committed to be a 'Fast Track' region, with the creation of Fast Track North Wales.

Fast Track Cymru is a network of Fast Track Cities across Wales working to collectively reach the UNAIDS targets in all Welsh cities, towns and seven Welsh local Health Boards. It is currently funded to March 2025 by the Welsh Government and employs four staff: a Manager and three part time Development Workers who support the local collaborations. It is hosted by Pride Cymru and has an Advisory Council which includes key stakeholders from across Wales.

At present Fast Track Cymru has four active regions – Cardiff & Vale, Newport, Swansea Bay, and North Wales (covering the BCUHB Health Board area).

The priority areas and core principles of the action plan have been incorporated into the Health Board's Sexual Safety Strategy.

Outcome

- Adoption of strategies to eradicate new HIV transmissions and prevent late diagnosis via campaigns such as;
 - HIV Testing Week
 - SEXtember – seminar sessions and testing promotion
 - Providing community testing kits at engagement events such as Pride, Student Freshers week and as part of the Health Board’s community quilt project
- During 2024 the Health Board’s community quilt project held a total of 22 community quilting sessions. These included 11 public sessions, 3 patient focused sessions and 8 sessions with community groups representing LGBTQ+, learning disability, faith and young people. Over 135 quilting squares were completed. These were used to make a total of three quilts, one for the each of the sexual health teams in the Health Board. The completed quilts were shown at the World AIDS Day event, supported by Bangor University who as part of the project undertook attitudinal surveys during the last three months of the project with workshop participants.



Creating compassionate culture, leadership, and engagement



Widening Access

The BCUHB Board Widening Access programmes offer systematic opportunities for a range of people with barriers to recruitment, including those who are furthest from the labour market, young people, those in Black and Minority Ethnic groups, evacuees, long-term unemployment, in work poverty, with a learning disability, neurodivergent and or disability.

- Apprentices
- Supported Shared Apprentices
- Supported Internships
- Adult Volunteer Programme in partnership with Social Care

Having sustainable employment for young people through clear apprenticeship routes and opportunities for work post apprenticeship secures along with professional education and training a sustainable workforce.

BCUHB is providing a mechanism for work placement, skills development, and support for those often furthest from employment, improving the employability of the economically inactive and unemployed adults who often have complex barriers to employment, working together in partnership with key stakeholders, service managers, workforce planning leads and education.

Evidence to date demonstrates the value of the Widening Access programmes across all work areas. Work will continue to enhance and refine the pathways and programmes to ensure sustainability.

Project SEARCH/Supported Internships

In this scheme, interns with learning disability, neurodivergent and or disability are with BCUHB for a whole academic year, giving real work skills and experience in roles such as pharmacy technician, health care assistant, housekeeper, estates, administration, and facilities services.

With onsite tutor and job coaches, the interns undertake classroom instruction, career exploration, and on-the-job training and support.

BCUHB work in partnership with the intern, parents/carers, local authorities, Project SEARCH, local colleges, supported employment agencies and colleagues across the Health Board.

The target outcome is to provide jobs in BCUHB or the local community, as less than 10% of these young adults in the UK are in employment of over 16 hours per week. 70% of the participants of BCUHB programmes are in employment of over 16 hours per week.

BCUHB currently has three sites involved in partnership projects:

- Glan Clwyd Hospital
- Flintshire Community
- Ysbyty Gwynedd Hospital

Work is now ongoing to implement a programme in Wrexham Maelor Hospital.

Supported Shared Apprentices

This scheme is delivered under the Welsh Government Work Based Learning programme. The purpose of the scheme is to support the apprenticeship agenda by widening access to individuals aged 16+ who cannot (because of key skill requirements and/or reasons of disadvantage) partake in a mainstream apprenticeship.

Apprentices are employed by Agoriad Cyf, who are a supported employment provider. The apprentice is placed with BCUHB (the host employer) for the duration of their training. A

job coach is supplied for the duration of the apprenticeship.

Nine supported interns to date have secured Supported Shared Apprentice posts, working as health care assistants, porters, domestics, and housekeepers. Happily, to date, two have completed the scheme and been recruited to BCU as health care assistants.

Five previous interns have been employed as apprentices using the previous pathway.

Apprenticeships

In response to the Apprenticeship Levy, and with the joint aims of supporting BCUHB in addressing recruitment challenges as well as supporting young adults in the community in to work, work is ongoing to increase apprenticeship uptake in BCUHB.

- 10 HCA apprentices in Ysbyty Glan Clwyd completing a Level 2, 5 have securing permanent roles in BCUHB and moved onto their Level 3. The remaining 5 are progressing well.
- 6 Finance apprentices, Levels 2, 3,4. One Level 4 apprentice has completed the apprenticeship the secured a substantive position.
- 2 Engineering apprentices have completed the Level 3 Framework and secured substantive positions both have progressed to Level 4 Framework. 4 Apprentices working towards the L3 framework.
- 5 IT Degree apprentices completing year 2 of the apprenticeship on track to achieve Degree 2026
- Primary Care Activity Report apprentice completed Level 2 secured a position and progressed to Level 3.
- 20 Pharmacy Apprentices.
- 200 substantive staff are following 17 different apprentice routes.

BCUHB/Social Care Adult Volunteer Programme

The adult volunteer programme in BCUHB incorporates initiatives from groups who face barriers to recruitment, including those who are furthest from the labour market; young people, those in Black and Minority Ethnic groups, evacuees, people in long-term unemployment, people in work poverty, people with a learning disability, neurodivergent individuals, and people with a disability.

Bi-monthly mentoring circles are held throughout the year, providing opportunities to make connections, build trust and confidence, learn about the Health Board and Social Care, coaching on how to apply for NHS Jobs, Interview Skills, Mock Interviews and Health Board induction information.

Participants are supported and trained for the role they are interested in, including all mandatory training, DBS, and Occupational Health Clearance. Participants will complete a 6-week unpaid placement of a minimum 16 hours per week.

If successfully on placement, workforce policy allows for direct recruitment to bank, fixed term, or apprenticeships. Participants benefit from guaranteed interviews for jobs where they meet the essential criteria.

The programme provides continual evaluation and updates/coaching for participants, from social enterprise partners and the work placement areas.

Outcome

Many of the programmes' participants would usually find it difficult to apply for posts and gain employment through traditional methods, due to recruitment barriers such as large employment gaps, no work references, no transferable experiences, lack of confidence, lack of experience or knowledge of job applications, lack of interview skills, disability, or in work poverty. The programmes have facilitated a process that removes barriers to recruitment so that participants can be supported into work.

Feedback from participants is that they feel valued, part of the team, confident and excited to begin new careers in the NHS, and to date, across all Widening Access programmes in BCUHB, 498 job opportunities have been secured in bank, fixed term, apprenticeships, permanent posts, and external posts as a direct result of completing the programme.

Evidence now shows that whole communities and extended family members are following the Widening Access journey as the programmes have established. The Widening Access offer is now a sustainable set of programmes that encourages and supports individuals into careers in BCUHB.

Spiritual care

At the heart of chaplaincy is the aim to meet the diverse spiritual/religious needs of patients, visitors, and staff. Key to meeting that need is having a wide, vibrant relationship with those communities/groups within the North Wales area. Such relationships enhance service provided and our engagement and joint working has benefits way beyond the spiritual. Closer working and understanding each other's history and culture benefit all patients enabling our staff and patients to receive more culturally competent care. It also enhances the longevity that people stay in the area to work - if they feel this is their home.

Example of Cultural Engagement

The Indian Kerala community has recently become a major part of the life of the hospital and wider community - especially within nursing. The chaplaincy is at the heart of this community – which is predominately Christian catholic, orthodox and Church of South India (CSI). The chaplaincy service attends and participates in all their main gatherings and festivals. This has brought benefit to both the community and the Health Board, as up to 400 staff and their families attend these events. The Chaplaincy also attends cultural events in the community, such as the Onam Celebration (Indian).

This culturally inclusive approach provides the Health Board with a living relationship with communities surrounding our hospitals and also provides the chaplaincy a relationship with a community within the broader staff population that can be called upon in time of need.

Outcome

- The Chaplaincy have developed a daily proactive relationship with the Indian community in north Wales. This brings benefit for the Kerala community, those who choose to live and work in north Wales and enhances the quality of care that they deliver to the wider population.

- The Health Board have also attempted to integrate their culture and practices into the daily life of the Health Board, for example cultural celebrations are held across Health Board sites such as Dancers and choirs at Christmas and within community events. This includes the establishment of a Kerala dance and music group.



Armed Forces Community

During 2024-2025, BCUHB have continued to promote awareness of the armed forces community and ensure compliance to the Armed Forces Act 2021 requirements to enshrine the Armed Forces Covenant. The Health Board has established the North Wales Veteran Healthcare Collaborative (NWWHC) to improve NHS care for the Armed Forces community across North Wales. The work is coordinated by the BCUHB Veterans Lead, who is part of the Armed Forces Community. During 2024-2025, this work has included raising awareness of the Armed Forces Community through:

- Establishing a dedicated information hub for all staff outlining available support for the Armed Forces community to ensure they are not disadvantaged in terms of access to healthcare. They have also communicated a wealth of information to the patient population of North Wales about accessing appropriate Veteran healthcare services.
- Promoting the Poppy veteran identification programme
- Achieving reaccreditation of the Veteran Aware Accreditation as part of the Veteran Healthcare Collaborative (VCA)
- Continuation of the Veterans' staff network and recruitment processes which guarantee interviews for veterans who meet the criteria.
- Remembrance Services held 11th November 2024 across the three main sites with the Wrexham Wellbeing Choir recording a special performance of *The Rose*.
- Support the Fighting with Pride Military Charity and campaigns.



Photo showing The Wrexham Wellbeing Choir

Campaigns and Awareness Days

The Equality Team work closely with our staff network members and divisions of the health Board on many health campaigns and Awareness days, including cultural festivals. The aims of this work is to increase understanding of diversity, enhance cultural competence and to increase visibility within the Health Board.

Celebrating Spring and Culture at Betsi Cadwaladr University Health Board (Event)

In April 2024, the Llanberis Community Hall in Llanberis, Caernarfon, Gwynedd, Wales, was the venue for a celebration. Health Board colleagues gathered to celebrate the spring Indian New Year, creating a vibrant and welcoming atmosphere. This annual event was part of a series of initiatives designed to promote staff and family well-being. Events such as these foster connections with local ethnic cultures, particularly for staff members from the South Asian community.

This event was attended by 70 people, a mix of colleagues and their families. This was an opportunity for staff members to chat, share stories, and celebrate the arrival of spring together with authentic Indian cuisine. It was a time to appreciate the cultural richness within the Health Board community.

This event serves as a shining example of the Board's commitment to fostering a diverse and inclusive workplace. By celebrating the spring Indian New Year, the Board acknowledges and values the cultural backgrounds of its staff. It demonstrates a belief

that a workplace that embraces cultural diversity is a more positive and supportive environment for all employees.

Outcome

Staff feel better informed, have a greater understanding of inclusion and what that looks like and aligns to the Health Board's values of Compassion, Openness and Respect. Staff have fed back via the NHS Staff Survey, Health Board intranet pages and via the staff networks that they feel a greater sense of belonging via these campaigns and awareness areas of work.

Workforce Race Equality Standards (WRES) Report

In June 2024, the Health Board received its first report from Welsh Government as part of the Welsh introduction to the Workforce Race Equality Standards. The standards review the data on ethnicity held on Electric Staff Record (ESR) as well as information garnered by the NHS Wales Staff Survey and benchmark it against the NHS Wales Averages. This highlights recommendations for improvements that need to be made.

The Health Board's first report highlighted recommendations on declaration rates on ESR. In January 2025, supported by payslip awareness messages, there was a targeted campaign to encourage staff to update their equality data on ESR. The campaign was led by Chief Executive, who set out why this information was so important to enable the Health Board to get a better understanding of where support is needed as well as strategic changes needed to break down the systemic barriers that ethnic minority people face in recruitment and retention in the Health Board.

Outcome

Recognising that it will take time to see significant changes in Health Board data, there has been a small improvement in declaration numbers between Jan-March 2025. Further improvement is hoped within the next WRES report expected in June 2025.

Living Well, Working Well Handbook

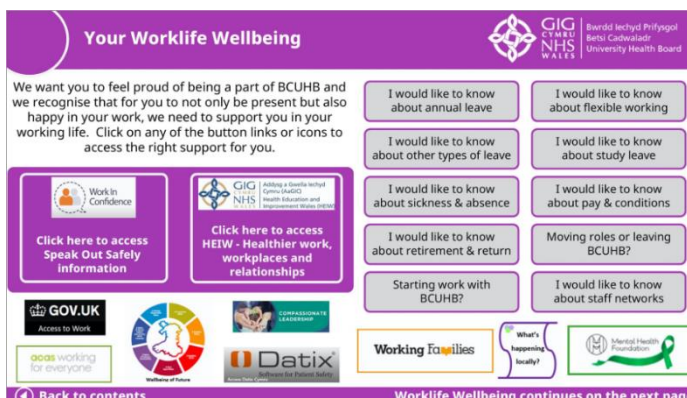
During 2023, focus groups and discussions were held with staff across BCUHB who reflected on a number of questions on themes including: commitment, motivation, behaviour, and structure.

Staff wellbeing was an area of work which staff identified as needing improving, staff understood there were wellbeing resources on the Intranet but had difficulty in finding them. A 'one stop' handbook of links to wellbeing resources available to staff including on physical, mental, spiritual, and financial wellbeing and support on working life in general has been co-designed with subject matter experts to support this.

The Living Well, Working Well Handbook is a comprehensive guide to the wide range of health and wellbeing support available to BCUHB staff. Designed to be user-friendly and interactive, this resource helps staff quickly find the tools, services, and information they may need, both within BCU and from trusted external sources.

The handbook is designed to enhance our colleague's day-to-day experience at work or support their overall wellbeing, the handbook is organised into the following key areas:

- Work life Wellbeing
- Physical Wellbeing
- Mental Wellbeing
- Spiritual and Pastoral Wellbeing
- Equalities Wellbeing
- Financial Wellbeing



The Handbook was collaboratively developed by staff and trade union representatives, and it was piloted by volunteers from various departments across the Health Board.

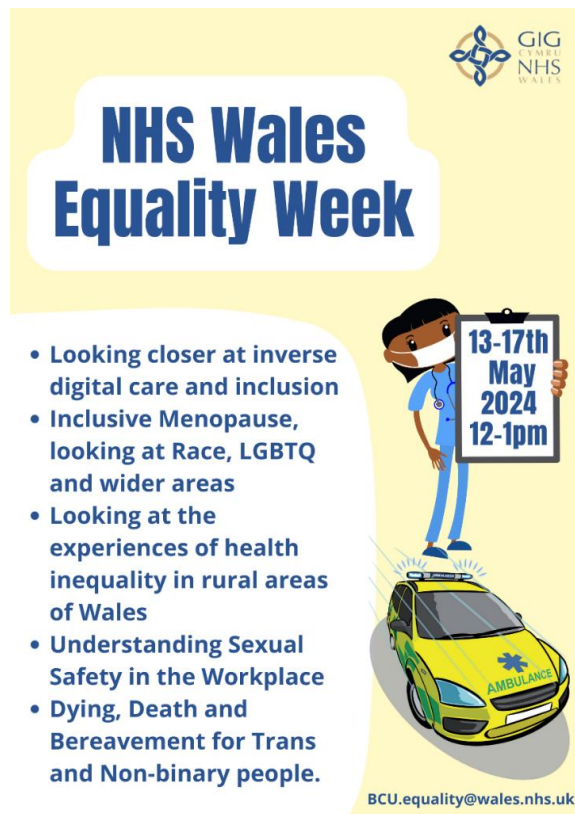
The name of the handbook was selected by the staff who participated in the testing phase.

NHS Equality Week 2024

In May each year, the equality leads from Welsh NHS Organisations, come together to hold a series of workshops in May, focused on equality information and health inequalities.

These sessions are the start of conversations and are aimed for NHS Wales staff to learn and embed best practice in their own areas of work to improve the experiences of both staff, patients, and the wider community. Each session is recorded and is a resource for further awareness within the Health Board. The themes for 2024 were:

- Inverse Digital Care and Inclusion
- Inclusive Menopause
- Health Inequalities in rural areas of Wales
- Sexual Safety in the Workplace
- Death, Dying and Bereavement for Trans and Non-binary people



Outcome

- Over 1500 NHS Wales staff attended the live sessions with the videos as learning resources
- Project established regarding the mapping of Digital Inclusion needs and resources.
- The Health Board has led on the development of the All-Wales Sexual Safety Policy.

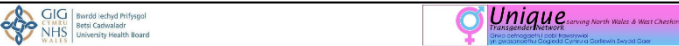



- Trans inclusive bereavement needs were included in the bereavement workstreams conversations following the session.

Toolkit - Best Practice for Making Health and Social Care Provision LGBTIQ+

Age Friendly

During 2024-2025, a co-produced toolkit was produced between teams across the Health Board and with Unique and other LGBTQ+ organisations working across north Wales. The aims the toolkit is to provide staff with 10 tips for good practice that ensures everyone is treated with dignity and respect.

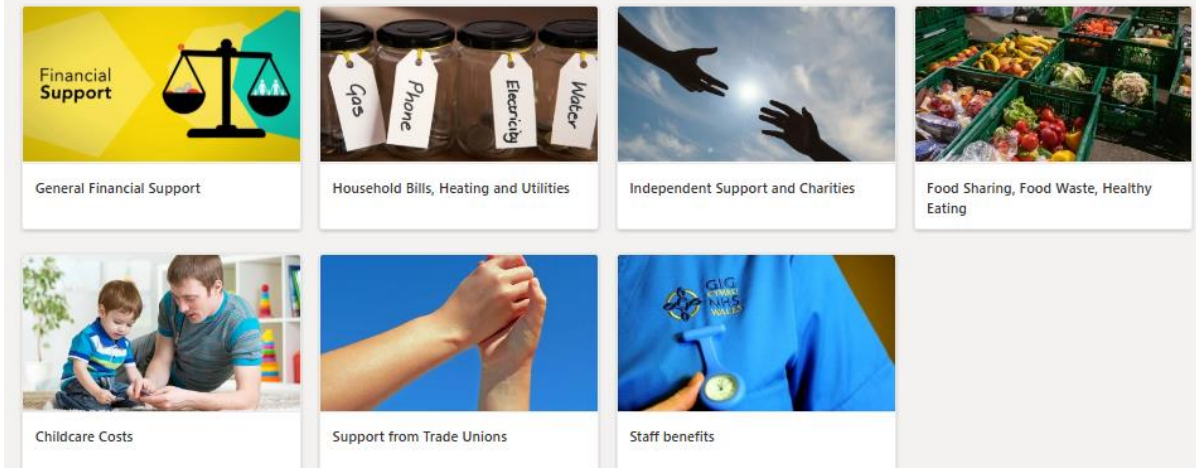
Since the publication of the toolkit, a training session has been delivered to care home staff across north Wales. Feedback on the toolkit highlights that staff can make a significant difference by their knowledge, attitudes, and behaviour towards LGBTIQ+ people. This can have a profound, beneficial effect on an individual’s health and wellbeing and also influences the attitudes and behaviour of other colleagues and service users. The toolkit has also been an action within the BCUHB LGBTQ+ action plan to help raise awareness of the needs of older LGBTQ+ people.

 <p>“Caring about Caring for Older LGBTIQ+ People”</p> <p>Guidance for Making Health and Social Care provision LGBTIQ+ Age Friendly</p>  <p>Best practice for becoming more inclusive of Older LGBTIQ+ people</p> <p><small>Adapted from recommendations made by Age Cymru, Age UK and Age Scotland</small></p>	 <p>“Gofalu am Bobl LHDTC+ Hŷn”</p> <p>Canllaw ar gyfer sicrhau bod darpariaeth lechyd a Gofal Cymdeithasol LHDTC+ yn ystyriol o oedran</p>  <p>Arferion gorau ar gyfer dod yn fwy cynhwysol o bobl LHDTC+ hŷn</p> <p><small>Wedi'i addasu gan argymhellion a wnaed gan Age Cymru, Age UK ac Age Scotland</small></p>
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Financial Support for Staff

Throughout 2024 and into 2025, the staff wellbeing team, in partnership with colleagues across the Health Board continued to ensure that up to date guidance and support for staff facing financial hardship was available via our staff wellbeing service and the BCUHB intranet.

Support and advice is organised into the following categories



LGBTQ+ Compassionate Care

One of the resources developed and used during training to demonstrate what compassionate, inclusive care looks like is Am Byth, a short film is based on the true story of a lesbian couple, Kim, and Roseann, who were married at Velindre Hospital, Cardiff in 2018 whilst Kim was receiving treatment for cancer. This emotional film is a touching love story between two women and is also a celebration of the amazing staff who work for our NHS and the importance of compassionate care.

The film was made in English and Welsh, with the English Version. **I Shall Be Whiter Than Snow**, been shown all across the UK as part of Iris on the Move and was selected to feature at Roze Filmdagen - the Amsterdam LGBTQ Film Festival.

One of the key areas regarding the film, was that it was written, directed and included NHS staff in the film roles.

During 2024-25, the film was incorporated in several LGBTQ+ partnership events in North Wales that focused on coproduction of the health boards LGBTQ+ Action plan.

Speaking about the collaboration between Iris in the Community and the NHS, Ceri Harris BEM, Head of Equality and Human Rights, said: *“I was so honoured to bring Kim and Roseann’s love and story to screen. Working in partnership with Iris on this film has been wonderful. Iris understood how important it was to tell their story, to share the amazing compassionate care they received. I will be eternally thankful to Iris.”*

Sexual Safety

The Worker Protection (Amendment of Equality Act 2010) Act 2023 came into effect in October 2024. The main focus of the Act is to place a responsibility on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

In anticipation of the duty, the equality team led the formation of a task and finish group in February 2024. The purpose of the group was to review the current approach and identify further actions to be taken to ensure that the organisational approach ensures a

preventative stance and moves away from the more traditional (primarily) 'zero tolerance' attitude that may be seen as taking action after the fact.

A comprehensive approach was adopted that included awareness raising, culture change, policy and guidance development, intelligence gathering, support provision, confidence raising and trauma support.

It was recognised that any processes, tools, training, and guidance that was developed as a result of the task and finish group's work must be accessible to a wide range of people – from someone who may have suffered a traumatic incident of sexual harassment to those who are using it as a reference document when managing a case.

The sexual safety project developed the following workstreams:

1. Inclusion of sexual safety principles in new starter orientation materials, staff handbook and mandatory training hard copy booklets
2. Inclusion of principles in the Integrated Learning Development Framework management training
3. Develop suitable bilingual posters for circulation
4. Include sexual harassment reporting routes and counselling services in staff wellbeing guidance
5. BCUHB Intranet sexual harassment resource and guidance page created
6. Payslip messaging utilised for awareness raising
7. Anonymous concern raising platform Speaking Up Safely now tags cases to enable high level case tracking
8. Overall Data development/collection – opportunities continue to be explored to gather this data to widen the scope of available data to demonstrate the current situation in BCUHB.
9. Awareness raising sessions were developed in partnership with Welsh Women's Aid and are now held every 8 weeks on a rolling basis.
10. An anti-sexual harassment policy has been developed to provide specific guidance and training around workplace sexual safety and the process to be followed in the event of a disclosure, report or witnessed incident.

BCUHB colleagues have been involved in developing all-Wales workstreams:

- Creation of an All-Wales Policy for the Prevention of Sexual Harassment
- Creation of one initial assessment form
- Creation of the learning plan for All Wales Spotlight Sessions
- Creation of an All-Wales Sexual Safety Risk Assessment
- Develop Sexual Safety Charter and Principles for Wales
- Creation of a Communications and Engagement Strategy
- Introduction of an anonymous reporting system
- Creation of an E-Learning Module
- Development of effective reporting/data collection of sexual harassment cases

- Development of an All-Wales Risk Assessment:

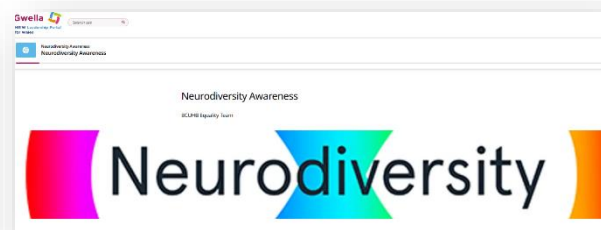
Gwella Modules

As part of a review of the Health Education and Improvement Wales (HEIW) Integrated Leadership Development Framework, the BCUHB equality team worked with the Organisational Development team to develop two core modules to be available via the HEIW Gwella learning and development platform.

These modules are:

Achieving equity through good leadership practices, and Neurodiversity Awareness

These modules are now available as self-directed online learning for colleagues to access and complete as part of the HEIW leadership framework.



Induction Review - Compassion Video

In partnership with HEIW, BCUHB has developed a video resource that can be shared across Wales to support staff in all health and care settings. This video is available to all partner organisations to support staff at all levels to develop greater understanding and increased demonstration of compassion and empathy, not only to provide improved patient care, but to improve staff relationships and overall organisational learning and culture.

The new resource supports the aims of both BCUHB and HEIW in delivering work in support of [A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce](#) and, most recently, the [National Workforce Implementation Plan: Addressing NHS Wales Workforce Challenges](#) in reinforcing [A Healthier Wales](#)' central focus on workforce wellbeing and its ambition to build compassionate, collective and inclusive cultures as a sustainable foundation for robust strategies to attract, recruit and retain talented people to train, work and live in Wales.

This resource contributes to the following project objectives:

- To have a workforce with the right values, behaviours, knowledge and skills
- To have a workforce that feels valued and is valued.



Health Board's First Race Pay Audit

As part of our commitment to adopting to an anti-racist approach to our delivery of service and developing and supporting our workforce, in 2024 the Health Board developed a 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 (disaggregated by ethnicity) across the workforce. From April 2024 BCUHB has been 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.



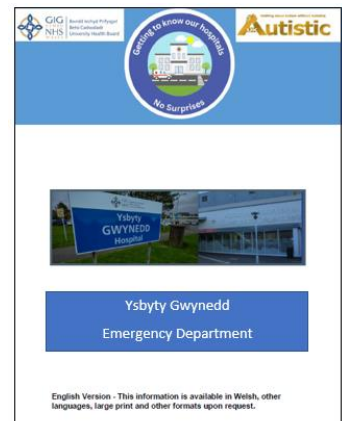
Improving quality, outcomes, and experience



Code of Practice for Autism Services

The Health Board has developed a co-productive approach to working in compliance with the Welsh Government Code of Practice for Autism Services. During quarter 4 a clinical lead was appointed to oversee the delivery of the action plan. Work has been undertaken by the Neurodevelopmental Service pathway group to review pathways against recommendations, and a paper on the Future Model of the Neurodivergent Pathway has been written.

In partnership with Autistic UK, we have been working to develop a series of guides to our sites and services that will be available to all visitors to reduce the anxiety that the unknown environments of a hospital can bring. This is a response to evidence provided by Autistic UK that neurodivergent people in particular are affected by the anxiety that a hospital visit can bring. Our first guide – to the Emergency Department in Ysbyty Gwynedd – was published in March 2025. The guide contains information on the layout, environment, facilities, and people you might encounter as well as tips for preparing for a hospital visit.



The Emergency Department in Ysbyty Gwynedd has also been working to make the department more inclusive of neurodivergent people.

Staff have undertaken training via the autism acceptance scheme.



A nurse-led project has created a resource of 'Busy Bags' for the Urgent Care departments. These bags contain colouring resources, fidget toys and ear plugs to support children waiting in Urgent Care.

In addition, there are resources such as a portable sensory room box and a pictorial communication book for patients and we have multiple sensory lights around the department.

Feedback has been extremely positive from both patients and staff. The sensory lights have helped with neurodivergent and neurotypical children, and just by staff's knowledge, has had an overall positive impact on this cohort of patients.

Young People Alcohol Support

An innovative project led by the Public Health team working with the Children & Young People Drug and Alcohol services across North Wales has gathered the views and experiences of the service and opportunities for improvement. A project between the Public Health Directorate, BCUHB & the Children and Young People Drug and Alcohol teams (CYPDAT) across North Wales led to the co production of a survey for young people currently accessing the services.

Service leads from the CYPDAT engaged with their team members to promote completion of the bilingual survey, accessed via a QR code. The survey was completed by 45 young people and key insights were gained on the use of drugs and alcohol to cope with emotions and fears, and the importance of continued education about drugs and alcohol tailored to different needs. The services were praised for their non judgmental approach, relationship building and their flexibility in responding to need. The final report was presented to the Children & Young People Area Planning Board with recommendations on how service provision and accessibility could be further improved.

Outcome

Recommendations provided in the report will be presented to the relevant Children and Young People Area Planning Board group for consideration.

Creative Well is the public facing name for the Arts in Health programme at BCUHB.

Arts in Health (also known as Creative Health) supports: -

- Working in partnership to deliver projects.
- Being a kind and compassionate organisation in offering creative activities and targeted activity to groups who may gain the most benefit.
- Delivering inclusive services, through ensuring equity of access to the arts by focusing on the most in need.
- Delivering innovation in the rapidly expanding areas of arts in health approaches, by targeting biosocial models to improve health and wellbeing, and using evaluation to evidence and understand what is being delivered.
- Providing governance and accountability for the Arts, Health and Wellbeing Strategic Framework which includes a clear focus on mental health and wellbeing, and vulnerable groups, using the five ways to wellbeing.

In September 2024, the Executive Team supported the Arts in Health strategic framework, which centred mental health and wellbeing, alongside vulnerable groups, nature, and physical activity, as the focus. At the heart of the framework is health inequalities and the five ways to wellbeing, to ensure that those who are most in need can gain the most benefit from engaging in the arts.

The Health Board has several projects underway, including its Arts and Minds work at Tŷ Llywelyn, which supports men's mental health. Many of these men have experienced Adverse Childhood Experiences (ACEs) in their early years and have experienced trauma. The phase 2 Arts and Minds work is being developed and will focus on CAMHS in the East, targeted in areas of high deprivation. The Arts in Health team have recently attended the Women's Health Conference and the HEIW Healthcare Science Conference, with a creative activity to both influence the system and raise awareness of the benefits of the arts and creativity for health and wellbeing. The work with Pontio at the Heulwen Unit in Ysbyty Gwynedd has seen improvements to the hospital environment with new murals created and creative activities being developed for the waiting room.

“An Umbrella Against the Rain” is a project working in partnership in Conwy and Denbighshire to support people living with mental health challenges in the community. The project includes arts sessions with people with experience of cancer, adults with learning difficulties, and in areas of high deprivation such as Rhyl and Prestatyn.

As well as funded projects, the team are developing a series of low and no-cost initiatives to support staff wellbeing through creativity, including a partnership PhD with Public Health Wales and Wrexham University looking at trauma-informed approaches to staff creative wellbeing activities. We will be launching our Creative Well forum for staff in 2025/2026, designed to bring together people interested in the arts to act as creative champions across the Health Board, share learning and best practice, and to develop and grow creative health within BCUHB.

These areas of work support the three-year plan, developing strategy and long-lasting change through growing the presence and evidence of arts in health activities and projects in the North Wales region.

In relation to the Strategic Equality Objectives and plan, at its core it aims to create a compassionate culture, leadership, and engagement by helping to humanise healthcare and impact the quality of services and people's experiences in their community who are experiencing mental health challenges. Recognising that exposure to the arts and creativity may help with their wellbeing as well as supporting people's experience of healthcare environments.



Outcome

Arts in Health work provides and sees creative activities being offered to groups and people who may not normally be offered or have access to the arts. For An Umbrella Against the Rain, an independent evaluation is being completed - the project started in May 2025 and will run until March 2026. The Health Board have year 1 and 2 independent evaluations for the Arts and Minds project demonstrating and evidencing benefits to patients, staff, and the artists involved. Phase 2 work will also include evaluation.

In combination, these projects demonstrate the positive value that Arts in Health can provide in:

- improving healthcare environments,
- changing perceptions of the value of care received
- supporting people to live well, or preventing worsening of their health
- providing avenues for distraction, relief, stimulation, and increasing mood, confidence, and providing pleasure

Children's and Adolescence Mental Health Service – CAMHS engagement

The charter ensures that children and young people's views are listened to and involved in their care. During 2024-2025, the CAMHS team received feedback from over 1400 children, young people, parents, carers and staff have had their say about services.

Achievements have included supporting the review of the transition policy to ensure patient feedback is embedded. The feedback through surveys has inspired the CAMHS Patient and Experience Team to fundraise to help improve the environments in CAMHS.

Staff who have undertaken Children’s Rights Training have reported they feel more confident in using children’s rights in practice.

Linking with our community and learning with them has been invaluable in developing BCUHB services. Services are hearing more voices of children and young people than ever before and are actively embedding engagement into service design and improvement. This helps to ensure that early intervention, prevention, and health promotion is considered. Some key stats about this work includes:

STORIES

We have received **11** individual stories about experiences in the services and through transition

TRAINING

We have continued to deliver training to around **96** staff members and develop our workforce in children’s rights and participation to upskill and enable others

ENGAGEMENT ACTIVITY

We have worked with many families, children and young people in partnership and consulted, promoted and developed our work alongside others. In total we engaged with **712** people, in partnership and across all areas

SURVEYS

We have had feedback from:
629 9 to 11 year olds
268 12-18 year olds and
273 parents and carers as well as...
9 Transition Questionnaires and
27 NWAS questionnaires

Gypsy, Roma, and Traveller – Health inclusion work

In January 2024, the Health Board established the North Wales Strategic Gypsy, Roma, and Traveller (GRT) Partnership Group with the collective aim of ensuring that the communities experiences are inclusive, fair, and informed by services having an understanding of the Gypsy, Roma and Traveller community.

The group has wide presentation from Local Authorities, Health, Voluntary Sector, Criminal Justice, Police and the Welsh Government National Gypsy, Roma, and Traveller Lead.

The group objectives are to:

- Work collaboratively to address barriers in accessing health, education, housing, employment, and social support.
- Promote the inclusion, equality, and rights of GRT communities.
- Work alongside GRT communities through appropriate and meaningful engagement work to ensure the community’s views and priorities are heard and understood and are used to shape regional priorities.
- Ensure appropriate and continuous feedback loops are in place to report on progress of the group with the GRT community.
- Co-develop a regional action plan to address the needs of GRT communities in north Wales.

- Identify workforce training and development needs and training options to support the programme of work.
- Provide regional leadership and oversight for the delivery of 'Enabling Gypsy, Roma, and Travellers (Welsh Government) and the BCUHB Gypsy, Roma and Traveller Health Needs Assessment (2023).
- Monitor and interpret data (caravan count, unauthorised encampments, planning submissions) to understand trends in local population and identify appropriate resource.
- Draw on local learning and insights to inform and influence local, regional, and national policy.
- Ensure local strategic GRT groups within Local Authorities are aligned to the aims and objectives of the North Wales Strategic GRT group.
- Identify funding sources to develop joint bids where possible to encourage coordinated and collaborative whole system approaches to supporting GRT communities in north Wales.

Outcomes: Since the group has been established the following has been achieved during 2024-2025:

- Our Public Health Directorate have standardised the planning responses for GRT sites ensuring that inclusion health principles are part of the response for planning decisions. This takes account of pollution near busy main roads, safe play areas for children and access to wi-fi for digital inclusion.
- Sharing of data to understand the trends of the local population.
- Establishing links with people from GRT communities to understand their needs and provide ongoing engagement as part of the recommendations from the Health Needs Assessment are worked through.
- Ongoing delivery of the Cultural Competency programme within BCUHB via the Anti-Racist Action Plan.
- Flintshire Council have successfully obtained Welsh Government Capital Grant Funding to develop a new multi-use games area and a safe space for girls at Riverside Traveller site, Queensferry to improve opportunities for young people to be active and improve health and wellbeing. Evidence from the Health Needs Assessment informed the funding application submitted by Flintshire.
- Presented the Health Needs Assessment at the National Inclusion Health Summit in Cardiff and co-presented with Welsh Government at the National Gypsy, Roma, and Traveller Stakeholder Reference Group.
- Evidence from the Health Needs Assessment is being used to inform the refresh of Travelling to Better Health – Guidance for Healthcare Practitioners on Working Effectively with Gypsies and Travellers by Welsh Government.



Photo courtesy of Friends, Families & Travellers: Tackling Suicide Inequalities in Gypsy and Traveller Communities document 2022.

North Wales Access Panel

The Health Board has provided support to the new North Wales Access Panel, which has been launched as part of a two-year initiative to promote inclusivity and accessibility in public spaces including hospitals, libraries, community centres and others. The panel is made up of staff from third sector organisations and was set up and funded by the North Wales Regional Partnership Board (RPB). The panel have received training to effectively carry out surveys of public spaces and provide feedback and recommendations for improvement. The panel is made up of 40 panel members from Disabled People's Organisations based in north Wales, who received training in November, and a steering group and guidance develop group were formed. By the end of March 2025, the methodology and associated materials, including a handbook and survey template had been agreed, and a draft timetable of surveys had been agreed, spanning hospitals, GP practices, well-being hubs, Welsh Government Offices, Police Stations, and education providers. These will take place through 2025/26.

Palliative Care Workstream

During 2024-2025, work has been underway to improve the BCUHB website information about End-of-Life Care for patients of all ages and backgrounds. Review work had initially been identified during 2023 when the Head of Palliative Care met with Equality Stakeholders to discuss the service. The proposed content is now nearing completion and further engagement with a small group of Equality Stakeholders has informed the content, which now includes:

- Care Information for Paediatric Palliative Care
- Services available in north Wales and how the teamwork with other services such as GPs and Community Nursing teams, and hospices
- Equality statements
- Support organisations for patients and carers.
- Chaplaincy and spiritual care
- Advance and Future Care Planning
- Bereavement services and information following a death.

Insight – Interpreter on Wheels

Through our partnership with Welsh Interpretation and Translation Services (WITS) and Language line introduced digital translation services (video Interpretation) which are accessible via an App on an iPad, Tablet or Smartphone device. This service can provide support in over 120 languages, including British Sign Language (BSL).

During 2024-2025 there has been a target roll out of training on how to use this service, following feedback from patients and community groups that patients have had difficulties in accessing services in their community language. With the exception of BSL we have promoted a digital first approach where possible.

Outcome

- Increased staff awareness of the service.

- Decreased rescheduling of patient appointments due to a lack of face-to-face interpretation, e.g. interpreter not booked or no-show.
- Patients being able to access their communication needs.

Engagement

Listening to and understanding the experiences of the people of North Wales is vital to improving the way the Health Board design and deliver care and services. By gathering and analysing insights, we identify the issues that matter most to our population. During 2024-2025, the Health Board carried out engagement through:

- Day-to-day interactions with patients, their carers and families
- Feedback from service users, which can come in the form of compliments and complaints
- Conversations with the public and partners in their communities
- Engagement at events. We hosted the “Wellbeing Village” at Denbigh and Flintshire Show on the 15th August 2024. This involved 55 health services, third sector and community organisations.
- Engagement through our digital channels
- Engagement Practitioners Forums with key speakers
- Correspondence from Members of the Senedd and Parliament
- Activities and citizen engagement led by Llais
- Bite Sized Health events – launched October 2024 to promote health and wellbeing with 55 employers attending

Key themes have been identified from Community Conversations, such as access to GP services, waiting times, and communication. Engagement during 2024-2025 also provided insight from the population of north Wales about the future of GP services within rural areas, planned developments at the Royal Alexandra Hospital and diagnostic tests for ADHD and Autism.

The Board Listening Event in Llandudno Junction July 2024 provided an opportunity to hear what was working well and what could be improved. Key areas such as improving access to NHS Dental Services was raised alongside needing a greater focus on preventative health services. Positive feedback was received about Minor Injury and Minor Ailments Units and the Stanley Eye Unit.

Women’s Health Event

On the 4th March 2025, during International Women’s Week, this conference was organised by DVSC and the Health Board with an attendance of over 350 people. The conference aimed to provide awareness of [The NHS Wales Women’s Health Plan 2025-2035](#) and evidenced based inequitable access to health services for women and girls, with key note speakers



from Women’s Health Champions across north Wales alongside the NHS. 70 information stands provided a marketplace for networking and information sharing.

Outcome

- Raise Awareness: Increase community knowledge about women's health issues and available services.
- Enhance Engagement: Foster an interactive environment through social media and event participation.
- Build Community: Continue to build on and raise awareness of current supportive networks for women to share experiences and resources.
- Leverage Partnerships: Collaborate with health organisations and partners to amplify a cohesive message to support women’s health for women in our communities and women in our future generation through life’s course.

Pharmacy in a Box

During 2024-2025 the REMEDY Project was underway and provides a technological solution for accessing medications during out of hours and in rural areas. This was a joint project between the Health Board and Bangor University, in collaboration with the manufacturer and supplier and Oxford University and will provide insights into the potential future methods for supplying urgent medicines in rural settings.

People who contact NHS 111 out of hours and require medication urgently in the Dolgellau and surrounding area are offered the option to collect this from the machine outside Dolgellau Hospital, launching this service in July 2024.

Dr Adam Mackridge, Strategic Lead for Community Pharmacy, said: *“The patient is provided with a unique code and is then able to access their medication from the machine at their community hospital.”*

“It is very simple and will be a huge benefit to the population in the Dolgellau area who are a considerable distance from other services, particularly on weekends and evenings.”

“This is a really positive collaboration between ourselves and Bangor University in exploring innovation to try to help improve equity of medicines access and reduce health inequalities.”



Further information: [The REMEDY Project | Bangor University](#)



Establishing an effective environment for learning

Tuberculosis Homeless Bus

During March 2025, the Health Protection Service coordinated a TB and Blood-Borne Virus (BBV) screening event in Wrexham. Equality was a key underlying principle in the planning and delivery of this event. The event was targeted towards individuals facing extreme health inequalities who fit the risk profile for both TB and BBV, including individuals who are homeless, hostel dwellers and individuals experiencing substance misuse. A number of Health Board services and external agencies and third sector organisations came together at short notice to plan, promote and deliver the screening event.

Outcome

Individuals were supported with support to travel and refreshments, to ensure that any identified barriers were addressed. 40 individuals from the target population were screened for both TB and BBV, with 50% of these also accepting Hepatitis B vaccinations. Individuals who tested positive were directed into appropriate follow-up services.

NHS checks for people at risk of TB
Chest X-rays to help keep your lungs healthy

The Elms Substance Misuse Service
Rhosddu Road, Wrexham LL11 1EB

Monday March 17 10am to 6pm
Tuesday March 18 8am to 2pm

- ✓ Checks for TB and viruses
- ✓ Just drop in, you don't need an appointment
- ✓ Support with travel if you need it
- ✓ Refreshments available

📞 **Call 03000 859 224 for more information**

FIND & TREAT Swyddfa Iechyd Prifysgol Wrecsam
Wrexham Health Board

Gwiriadau'r ar gyfer pobl sydd mewn perygl o TB
Pelydrau-X o'r frest i helpu i gadw eich ysgyfaint yn iach

The Elms Gwasanaethau Camddefnyddio Sylweddau
Ffordd Rhosddu, Wrecsam LL11 1EB

Dydd Llun Mawrth 17 10am i 6pm
Dydd Mawrth Mawrth 18 8am i 2pm

- ✓ Gwiriadau ar gyfer TB a feirysau
- ✓ Galwch heibio, nid oes angen apwyntiad amoch
- ✓ Cymorth gyda theithio os oes angen
- ✓ Lluniaeth ar gael

📞 **Ffoniwch 03000 859 224 am fwy o wybodaeth**

HM Prison and probation service (HMPPS) projects

The Breastfeeding in Prison project is an example of building the evidence base on a key topic that supports the needs of women, and has helped to raise awareness and understanding. The project ran through December 2024 in HMP Berwyn to improve the experience for women visitors to the site. Women were allowed to remain in seat in the visiting hall if needing to breastfeed, using a muslin cloth provided by Barnardo's. This project is included within the Health Board's Women's Plan, and also aligns to several of the strategic objectives in the three-year plan, as well as the strategic Equality objective focusing on achieving equity by working in partnership.

BCUHB Public Health Directorate in partnership with HMPPS published a Health and Social Care Health Needs Assessment (HSCNA) for Approved Premises (previously known as bail hostels) to understand the health and social care needs and experiences of people transitioning from custodial settings to the community. The HSCNA identified

unmet healthcare needs in relation to mental health provision, dental health, access to smoking cessation support and medicines management. The findings from this work have informed a multi-agency response to improving continuity of care for people leaving the prison settings into the community.

Outcome

Greater awareness of the importance of breastfeeding among prison workers; support to women who need to breastfeed while visiting prison, to do so without missing visit time. Now been adopted as policy by the prison which is a Breastfeeding Welcome organisation; may be rolled out nationally.

Learning Disability Week

Learning disability week is an opportunity for our Learning Disability teams to increase awareness of the services provided by the Health Board as well as support that is available, including training, promotion of learning disability champions roles. This year was the first year that the Health Board raised the Paul Ridd flag at its three main sites.

In 2024/2025, the Public Health Directorate commenced a programme of work to understand the bowel screening pathway for adults with a Learning disability. Through a multi-agency and co-production approach, the programme explores the barriers and facilitators to accessing Learning Disability Annual Health Checks from a person and primary care perspective and through data linkage work, to understand the uptake of bowel screening for adults with a Learning Disability across North Wales – the first of its kind in Wales. The Public Health Directorate has worked in partnership with Conwy Connect, Primary Care Liaison Nurses, Public Health Wales, NHS Performance and Improvement and DDAT to develop the programmes aims and objectives.

Outcome

- Increase in staff completing the Paul Ridd e-learning module from 54.05% in April 2024 to 76.05% in March 2025.
- Increase in learning disability champions to over 250.



Deaf and Wellness Project

BCUHB have partnered with Bangor University as part of a £1m 3-year research grant from the UKRI will see an interdisciplinary team working with Deaf British Sign Language-using Communities in Wales in order to tackle health inequalities.

Through the new project, the only one funded by the 3rd and largest and final phase of this funding round in Wales, those involved, including members of the Deaf community, will again be instrumental in co-constructing, co-designing, implementing, and evaluating solutions to known health inequities and inequalities facing Deaf people using British Sign Language (BSL) in Wales. Recognising that Deaf people are at greater risk of underdiagnoses and under-treatment of chronic diseases, tend to have poorer health and are twice as likely to experience mental health problems as the general population.

The project focuses on six areas with the creation of action hubs.

1. Environment / access
2. Public Health
3. Law & Equality
4. Interpreting
5. Language and Communication.
6. Mental Health

Each hub has a number of workstreams.

Outcome

- Development of key research data
- Development of accessible service for Deaf patients to raise concerns.
- Creation of patient focused resources

Equality Training

In 2024-2025 The Corporate Equality Team delivered equality training to 718 members of staff.

The training offer and numbers are summarised below:

Active Bystander	242
Neurodivergence	212
EqIA/SEIA	22
General Equality Training	97
LGBTQ+	61
Menopause	0
Endometriosis	16
Incel Awareness	35
Inclusive Workplaces	33
TOTAL	718

During this reporting period the Health Board approved for a Culture, Education and Training Lead (Equality) post to be established in the Corporate Equality Team.

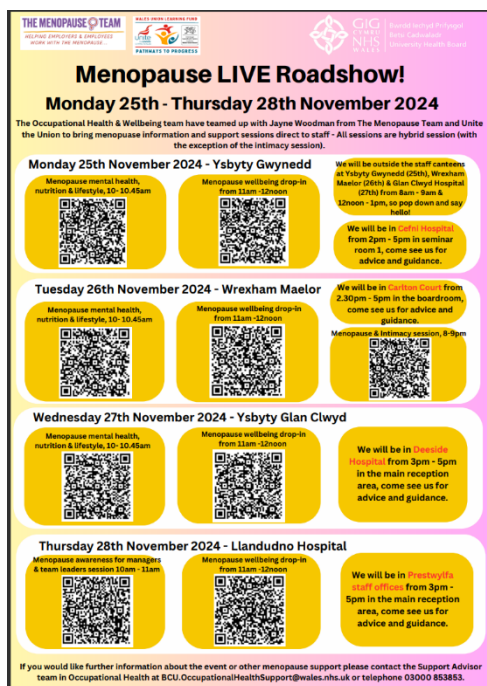
The Health Board has also developed a range of sessions and tools around menopause support.

During 2025-2025 the Health Board delivered:

- General menopause awareness – 3 sessions
- Menopause awareness for managers & team leaders – 3 sessions
- Menopause management; Lifestyle & Nutrition – 9 sessions
- Menopause Champions – 1 session
- Menopause and intimacy – 1 session

The Menopause live roadshow was held in November, and we engaged with over 400 staff members over the week;

- Hybrid awareness sessions/Drop-in clinics – 65 staff members
- Departmental closed sessions – 29 staff members; Sessions were delivered to the Occupational Health department, Maesderw community Nurses (Llandudno) and Flintshire mental health team
- Roadshow stands across sites – Approx. 325 staff members



There were 7 requests from the following departments to arrange awareness sessions in 2025;

- Conway West Cluster (GP Collaborative)
- YGC North Wales Cancer Centre
- Medicine department at Wrexham Maelor
- YG Eye teams

- YG Catering teams
- YGC Renal unit

Equality Impact Assessments and Socio-economic Impact Assessments

During 2024/25 the 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.

During 2024-2025 the Health Board undertook approx. 267 Integrated Equality Impact Assessments and progressed towards a universal database/Library for assessments.

Section 4: Priorities for the Year Ahead 2025/26

The focus for 2025-26 is on dismantling the systemic barriers our staff face within the workplace, through processes and procedures that prevent staff from fulfilling their true potential and linking to the Health Board’s culture workstreams and values and behaviours framework.

The first year of the action plan established 28 actions, through engagement and ongoing conversations with our stakeholders, the second year has seen an additional three actions added to the plan. The driver for all the workstreams is to coproduce solutions to combat health inequalities.

This will need a two-pronged approach recognising the unequal impact of the social determinants of health and the known barriers to accessing healthcare.



Section 5: Conclusion

This Equality Annual Report highlights some areas of key work that the Health Board has taken by working in partnership to advance equality, promote human rights and tackle health inequalities. Over the past few years, the Health Board has responded to a growing number of Welsh Government strategies, including the Anti-racist Wales Action Plan, LGBTQ+ Action Plan for Wales, Code of Practice on the delivery of Autism Services. The recent review of the Communication standards and publication of the Disability Action Plan will see the equality, diversity and inclusion actions and recommendation grow further.

Key Priorities for 2025/26 include:

- Establishment of WOD group to review inclusive recruitment, progression and retention processes
- Strengthening the Work of the North Wales Access Panel to incorporate learning into patient access throughout the Health Board.
- Focus on improvement of baseline data and its analysis to develop measurable outcomes
- Analysis of pay gap data to develop an action plan of focused work.

The challenge for the Health Board is to ensure that these new priorities are incorporated into the planning framework and embedded into the future Three Year Plans to address discrimination and provide equitable access to our services. These plans involve actively identifying and changing the policies, behaviours, and beliefs that perpetuate discrimination and inequality.

The Health Board People Strategy drives a range of actions to improve recruitment, retention, and development opportunities for staff. We have significantly improved monitoring data and aligning this work with 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.

The appointment of an Executive Champion for Equality in 2025 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.

Coproduction has been at the heart of the progress made within our Strategic Equality Plan, including holding us accountable. Stakeholders have enabled the Health Board to deliver a range of guidance based on lived experience insight.

The Health Board is incredibly grateful for the time, supportive challenge, and ongoing scrutiny of how we demonstrate our commitment to equality and human rights, that our stakeholders provide. Their support will be critical as we embark on year two of our Strategic Equality Plan.

Acknowledgements

The Health Board are 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
- Age Cymru
- North Wales Independent Advocacy Service
- Unique Transgender Network
- North Wales Trans, Intersex and Non-binary Network
- Llais
- North Wales Regional Equality Network
- Wheelieability
- Arfon Access Group
- FDF Centre for Independent Living
- STAND North Wales
- 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
- North Wales Interfaith
- Papyrus
- Epilepsy UK
- ARA – Recovery For All
- Viva
- Shelter
- Vision Support

The Health Board would also like to acknowledge the support of every member of our staff networks and Equality Champions:

- Celtic Pride,
- BCUnity and International Staff network,
- RespectAbility,
- The Gender Equality Network,
- ND Network
- Veterans Staff Network.
- 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

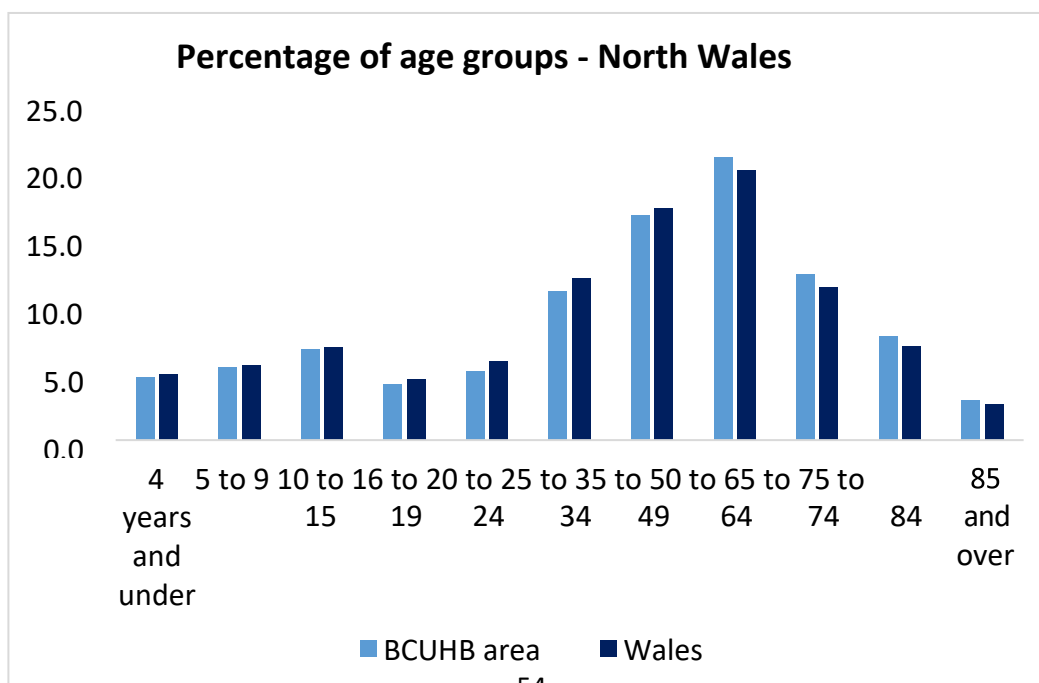
Appendix D: Equality Matrix

Appendix A: Population information

A snapshot 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:

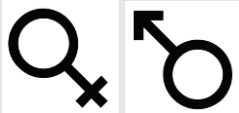
North Wales is home to more Welsh-language speakers than elsewhere in Wales. The highest percentages of people (across Wales) aged three years or older able to speak Welsh were in North-West Wales, with 64.4% in Gwynedd, and 55.8% in Anglesey.

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 underestimated.

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%

Disability / long term conditions and impairments

72,235 people

10.5% as

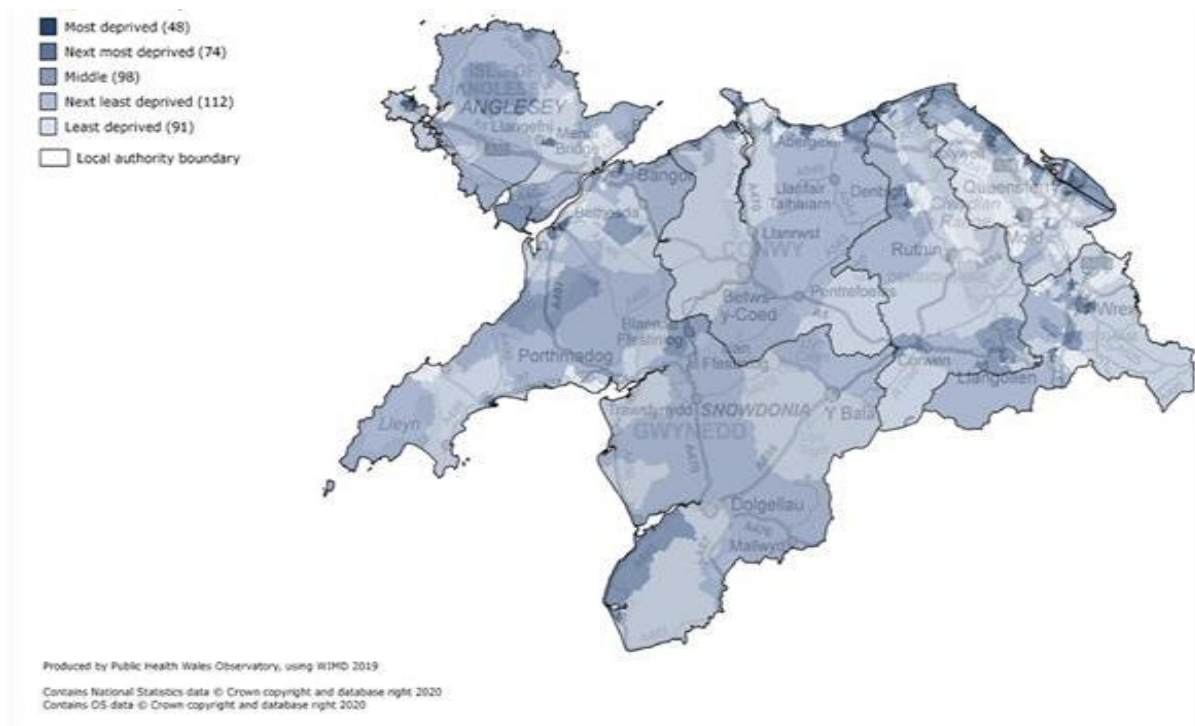
defined under the Equality Act

Carers 10.3%

>19 hours of care per week



Map showing Lower Super Output Areas by fifths of deprivation, Overall Welsh Index of Multiple Deprivation, North Wales, 2019¹



¹ Source: [WIMD - Explore \(gov.wales\)](https://www.gov.wales/wimd-explore)

Appendix B: Equality Legislation and Strategic Context

The Equality Act 2010

The Equality Act 2010 protects people, 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:

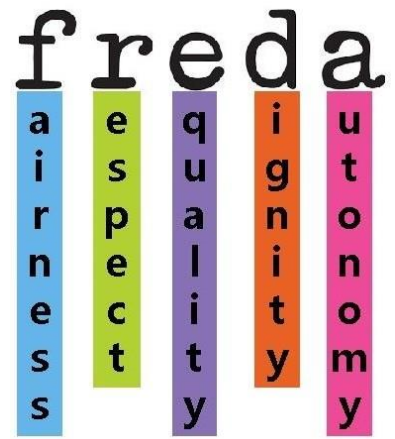
- Publish information to demonstrate compliance with the Equality Duties, at least annually.
- Set equality objectives, at least every 4 years.

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.

Infographic courtesy of CQC

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:

1. Leadership
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 7th 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

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 the Health Board engaged widely to develop the SEP for the next 4 years. This was published on the 28th March 2023. [BCUHB Strategic Equality Objectives and 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.

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.

Our Purpose

To improve health and deliver excellent care.

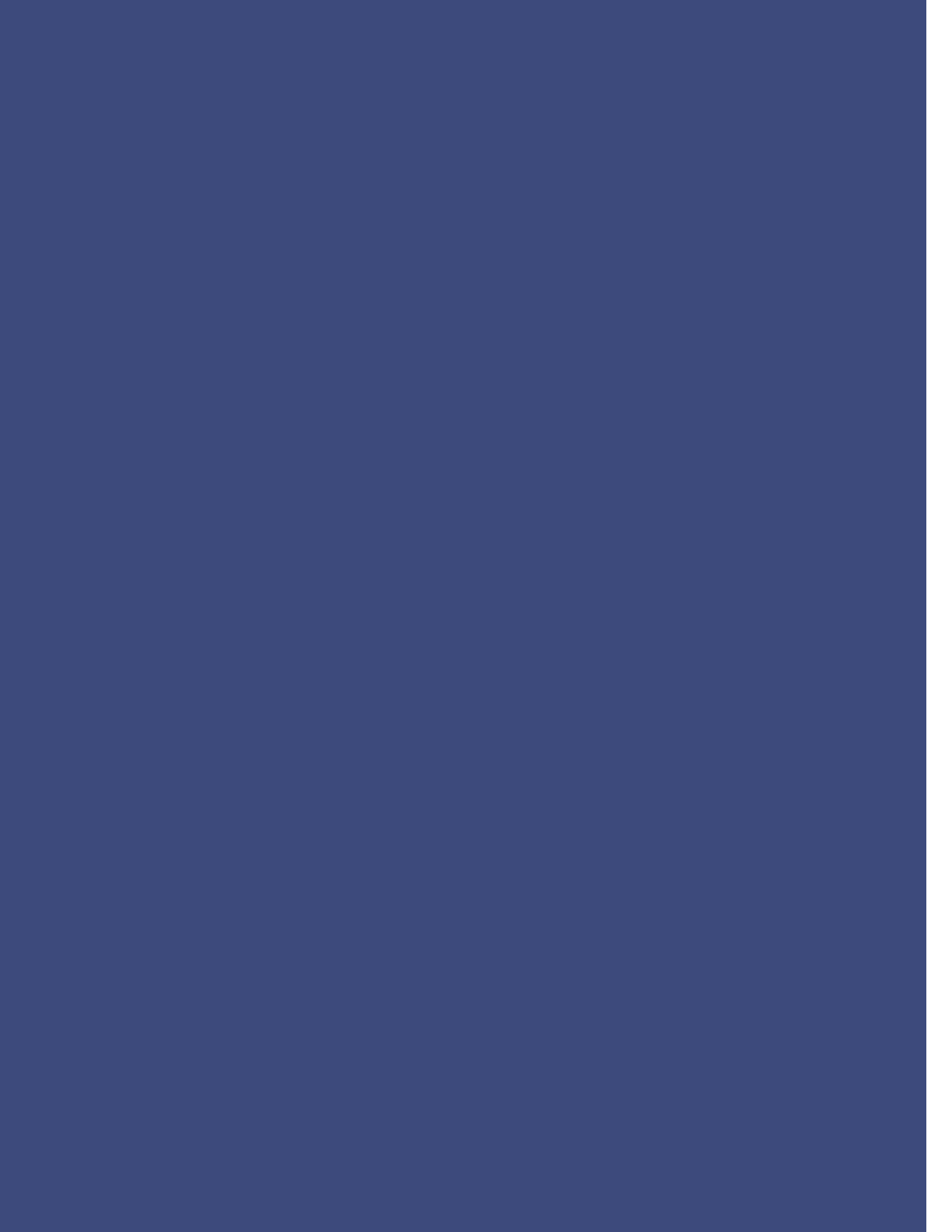
Appendix D: Equality Matrix

Strategic Objectives & Strategic Equality Plan: Year 2 Priority Alignment

For the period relating to this Annual Equality Report the Health Board had the following stated Strategic Objectives as published in the Three-year plan 2024-2027.

Priority		1	2	3	4	5
A1	To identify opportunities in embedding principles of co-production and co design for transformation programmes, strategy development, service planning and review and key guidance and reports.			√		
A2	Progress actions within the 8 priority areas within The NHS Wales Women's Health Plan 2025-2035 published December 2024.				√	
A4	Use the Well North Wales programme to work with partners to further develop system approaches to reducing health inequalities.				√	
A5	BCUHB to continue to actively influence and support Wales NHS Equality Leadership Group.			√		
A7	Explore partnership opportunities with transport for Wales to meet patient needs for accessible and inclusive travel for specialised services			√	√	
B1a	To implement BCUHB Anti racist Action Plan.		√	√	√	
B1b	To engage with and undertake actions identified by the Wales Workforce Race Equality Scheme		√	√	√	
B2	To develop and implement BCHUB LGBTQ+ Action Plan.		√	√	√	
B3	To implement BCUHB Code of Practice for Autism Services.		√	√	√	
B4	To review the findings of the Welsh Government Disability Rights Task Force and implement any recommendations.		√	√	√	
B5	Ensure the availability of accessible information to patients and carers in line with the Accessible Communication Standards, including BSL charter and Welsh Language standards		√	√	√	
B6	Embed the 'Build it Right' Children's Rights principles across transformation programmes.				√	
B7	Implement a My Health Passport system – All About Me, across Primary and Secondary Care	√		√		
B8	To implement the north Wales Accessibility Panel project			√	√	√
B9	Develop an Inclusive Dementia Development Programme and Toolkit				√	√
C1	Improve BCUHB digital systems and processes to record and monitor patient and workforce equality data to inform intelligence led planning.	√			√	
C2	To strengthen compliance with the Socio-economic Duty.	√			√	
C3	Agree and implement the Equality Outcomes Framework through directorates	√			√	
C4	Develop and embed an equality and human rights-based framework for inclusive decision making, for project management processes, pathway review and procurement.	√			√	
C5	To deliver regular equality education sessions to the Board to embed equality and human rights duties	√				√
D1a	Embed equality principles and outcomes within the BCUHB culture change programme.			√		
D1b	Respond to equality related feedback from the Staff Survey 2024/25			√		
D2	Improve the support for staff facing socio-economic disadvantage.			√		
D3	Review all Recruitment and HR policies and processes from an anti-racist perspective.			√		
D4	Publish pay gap reports for gender, race, and disability to further inform workforce planning to reduce pay gaps.			√		

D5	Develop role of Equality and Inclusion Champions across the BCHUB workforce.			√		
D6	Reducing suicide and self-harm inequality			√	√	
D7	Influencing National Workforce Safety programme with an EDI focus and implementing findings			√		
E1	Implement Digital Inclusion Programme		√	√	√	
E3	To increase awareness of equality campaigns and events aligned to BCUHB strategic priorities.				√	√
E4	Reducing health inequalities in vulnerable groups		√		√	√



Teitl adroddiad: <i>Report title:</i>	The Social Partnership and Public Procurement (Wales) Act (SPPP)			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	The Act is underpinned by four key principles and includes several provisions to support Wales's social partnership approach, such as the introduction of a Social Partnership Council. This briefing outlines these core principles and provisions, explaining how they aim to address wellbeing and inequalities.			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to: Note the briefing			
Arweinydd Gweithredol: <i>Executive Lead:</i>	George Roberts, Interim Executive Director of People Services & OD Russell Caldicott, Executive Director of Finance			
Awdur yr Adroddiad: <i>Report Author:</i>	Jason Brannan, Deputy Executive Director of People Services Kay Hannigan, Associate Director People Services – Central Russell Caldicott, Executive Director of Finance			
Pwrpas yr adroddiad: <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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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:				
<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>				
Cyswllt ag Amcan/Amcanion Strategol:				
Link to Strategic Objective(s):				
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	Legal requirement to comply with the act			

<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>Do/Naddo Y/N</p> <p>No, National legislation.</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>Do/Naddo Y/N</p> <p>Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn berthnasol</p> <p><i>If no please provide an explanation as to why the duty does not apply</i></p> <p><u>Gweithdrefn WP68 ar gyfer Asesu Effaith Economaidd-Gymdeithasol.</u></p> <p><u>WP68 Procedure for Socio-economic Impact Assessment.</u></p>
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>NA</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>NA</p>
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	<p>NA</p>
<p>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</p> <p><i>Feedback, response, and follow up summary following consultation</i></p>	<p>NA</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><i>Links to BAF risks:</i> (or links to the Corporate Risk Register)</p>	<p>NA</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p><i>Reason for submission of report to confidential board (where relevant)</i></p>	<p>NA</p>

<p>Camau Nesaf: Gweithredu argymhellion</p> <p>Next Steps: Implementation of recommendations</p>
<p>Rhestr o Atodiadau: Dim</p> <p>List of Appendices: Appendix A – Social Partnership User Handbook Appendix B – BCUHB Social Partnership Annual Report 2024/25 Appendix C - Social Partnership Self-assessment Tool Results</p>

The Social Partnership and Public Procurement (Wales) Act (SPPP)

Introduction

The Social Partnership and Public Procurement (Wales) Act (SPPP) provides a framework to improve population wellbeing by enhancing public services through social partnership working, promoting fair work, and socially responsible public procurement. It is the first piece of legislation on procurement developed by the Welsh Government, recognizing procurement's role as a significant lever for improving wellbeing in Wales.

Many, including the Wales TUC, have highlighted that social partnership is a means of tackling inequality by “bringing workers into the policy-making fold so that their interests are not eclipsed by those of their much wealthier employers.” In its report ‘Fair Work through Social Partnership,’ the Bevan Foundation stated that this approach can address numerous work-based issues through effective facilitation of collective bargaining.

The Act is underpinned by four key principles and includes several provisions to support Wales’s social partnership approach, such as the introduction of a Social Partnership Council. This briefing outlines these core principles and provisions, explaining how they aim to address wellbeing and inequalities.

Main Report

Social partnership is a well-established means of working, not only in Wales, but across the world. Countries like Denmark and the Netherlands have also introduced legislation underpinning their social partnership arrangements.

The SPPP Bill was laid before the Senedd on June 7 2022, following a commitment in the programme for government to place social partnership on a statutory footing. This commitment was further endorsed by the Fair Work Commission in its 2019 report, which recommended that its observations inform the legislation. The Act became law on May 18 2025.

However, social partnership has been an established practice in Wales predating the Act, with the legislation intended to strengthen, not replace it.

Well-being of Future Generations Act

The Social Partnership and Public Procurement (Wales) Act (SPPP) complements the existing Socio-economic Duty and the Well-being of Future Generations (WFG) Act. The WFG Act provides specified public bodies in Wales with a legally binding common purpose, outlined in its seven well-being goals.

The SPPP Act closely interacts with this legislation, supplementing its operation through a shared sustainable development ambition. Section 3 of the WFG Act outlines that each public body must carry out sustainable development, defined as “the process of improving the economic, social, environmental, and cultural well-being of Wales by taking action in accordance with the sustainable development principle, aimed at achieving the well-being goals.”

Four Key Principles

The SPPP Act is underpinned by four key principles:

1. **Social Partnership:** This principle involves bringing together employers and workers to discuss issues and develop solutions. The Welsh Government believes that social partnership can address challenges facing Wales and requires an environment that encourages open communication. Before the Act, a ‘Welsh way’ of partnership working was encouraged as the best means of finding solutions, underpinned by meaningful and open collaboration. While not every issue will be resolved this way, the benefits include developing trusting relationships, reducing inequalities, and creating a motivated workforce. It can also support behavioural change, leading to improved public service outcomes.

The Health Board’s Workforce Partnership Group has recently undertaken a baseline assessment of social partnership across BCU as required by the Social Partnership and Public Procurement (Wales) Act.

Under the regulation public bodies, are required to talk to their workers with the aim of agreeing their well-being goals and how they will achieve them. Social partnership means workers and employees working together to solve problems.

In March 2025 the Welsh Government published a User Handbook (Appendix A) outlining the duties of public bodies in relation to the Act introducing the Self-Assessment Tool as a simple way of assessing the effectiveness of Partnership working. A base line assessment has been undertaken using the Self-Assessment Tool to inform the Health Board’s report to the council (Appendix B).

The self-assessment tool was sent out to the 73 members of the Workforce Partnership Group for completion and discussion at the meeting on the 18th July 2025. The full results are contained in Appendix C. The response rate to the survey was 15% and the results were tested and discussed at the Workforce Partnership Group. The results clearly demonstrated a cohesion between the results of management and trade union colleagues. All parties agreed or strongly agreed with the statements in relation to partnership working in BCUHB. As the parties present covered all areas pan the organisation it was determined that the outcomes overall

reflected the strength of partnership working within the Health Board. All parties agreed that the partnership is reasonably healthy across all areas. A dialogue will continue to ensure that the base line levels are maintained and improved when the audit is next undertaken.

The Health Board has received formal notification that the Welsh Government's Workforce Partnership Council a tripartite meeting between trade unions, devolved public sector employers and the Welsh Government, set up to discuss areas of mutual interest and achieve the best outcomes for workers in Wales, has held its final meeting. In its place a new responsive public sector social partnership body in its place. Drawing widely on the resources and experience of workers in Wales, the new body will be proactive, dynamic and able to respond quickly to issues affecting the devolved public sector. Work will take place over the summer to develop plans for the new body which will become operational in the Autumn'.

2. **Socially Responsible Procurement:** The Welsh Government describes procurement as “one of the most important levers we have to support a more equal, sustainable, and prosperous Wales.” Socially responsible procurement means purchasing goods, works, and services in a way that improves economic, social, environmental, and cultural well-being, using public funds to drive beneficial outcomes for society. The Act supports socially responsible procurement, including contract management duties for major construction and outsourcing. The Welsh Government ensured that the UK Government's Procurement Reform Bill would not hinder its ability to set its own procurement policy priorities. The Act interacts with the Procurement Reform Bill in areas such as terminology, definitions, covered bodies, and oversight mechanisms.
3. **Fair Work:** Defined within the Act as “a range of potential activities undertaken by employers in agreement with the workforce, which contribute to well-being and improved public service delivery.” The Act also amends the well-being goal of “A Prosperous Wales” within the WFG Act, replacing ‘decent work’ with ‘fair work,’ as recommended by the Fair Work Commission's 2019 report.
4. **Sustainable Development:** Defined as “doing things now in a way that takes into account the impact on people living their lives in Wales in the future.” The WFG Act also defines sustainable development as the process of improving well-being in Wales, aimed at achieving the well-being goals. The sustainable development principle requires actions that meet present needs without compromising the ability of future generations to meet their own needs.

Main Provisions of the Act

- **Establishment of a Social Partnership Council:** Chaired by the First Minister of Wales.
- **Statutory Duty on Welsh Ministers:** To consult social partners, employers, and worker representatives through the Social Partnership Council when delivering on their well-being objectives under section 3(2)(b) of the WFG Act 2015.
- **Amendment of Section 4 of the WFG Act 2015:** Replacing ‘decent work’ with ‘fair work’ within the existing “A Prosperous Wales” goal.

- **Statutory Duty on Certain Public Bodies:** To consider socially responsible public procurement when carrying out procurement, set objectives in relation to well-being goals, and publish a procurement strategy. The list of public bodies subject to these duties has been extended to include most Devolved Welsh Authorities, except those with minimal procurement activities.
- **Contract Management Duties:** Certain public bodies must ensure socially responsible outcomes are pursued through supply chains.
- **Reporting Duties:** Imposed on public bodies and Welsh Ministers in relation to the Social Partnership Duty and Procurement Duty.
- **Inclusion of Additional Public Bodies:** Health Education Improvement Wales, Digital Health and Care Wales, and the Welsh Ambulance Services NHS Trust are added to the public bodies under the Social Partnership Duty.
- **Consensus or Compromise Requirement:** All public bodies within the scope of the Social Partnership Duty must seek consensus or compromise with their recognised trade unions or other staff representatives when setting their well-being objectives.
- **Strengthening Socially Responsible Procurement:** Includes provisions for supply chain management.

What does the act mean for the Health Board?

Staff side and Trade Unions

The Health Board will need to comply with the legislative requirements set out in the act, but also work to build a culture where the act is part of our normal DNA. We have good working relationships with our staff side partners and have a number of formal and informal mechanisms to ensure that we engage and consult in an open way. We will need to ensure that we review our current mechanisms jointly and enhance them where are required. Our new values and behaviours will help link how we work with our staff side partners, in a compassionate, open, and respectful way.

Procurement

Suppliers delivering public contracts must comply with workplace standards and labour laws which enable sustainable outcomes to be incorporated into specifications, contract conditions and award criteria as they relate to the services provided under the contract.

The Health Board needs to consider highlighting to the market at an early stage any contract requirements, including its approach to addressing Fair Work practices in the procurement process. Whilst this is included in the procurement documents, which invite suppliers to participate in the procurement process it needs to be embedded into specifications, contracts and contract management regimes.

In order to avoid the potential for corruption in procurement, organisations should establish and operate fair and transparent quotation and tendering processes. These processes should allow for open competition, equality of access for any supplier/provider wishing to bid for the business and be proportional to the products/services that suppliers are bidding for. All of NWSSP's Procurement Teams utilise the same standard processes and procedures for procurement and contracting, which are part of the organisation's Document Management System. This ensures that all Procurement Teams are operating under the same rules and procedures, making it easier for suppliers/providers to bid for

NHS business and provides assurance that suppliers will be treated fairly and equitably. Any member of staff (whether Procurement Services or a member of Health Board staff) that is involved in a procurement exercise is also required to complete a Declaration of Interest form, in order to identify any potential conflicts of interest. If any perceived conflict of interest is identified at any point in the procurement exercise, the individual concerned would be removed from that particular exercise. The procurement exercise will not proceed unless all participants in the Evaluation have completed their Declarations of Interest.

The risk of fraud, bribery, and corruption in NHS procurement remains a concern. Contributing factors include a lack of awareness and training on fraud, bribery, and corruption; inadequate due diligence when engaging new, non-framework suppliers; a willingness by contracting authorities to accept high levels of risk when entering into agreements with unknown entities; absence of clear onboarding processes for suppliers during emergency situations; payment of invoices without appropriate due diligence or formal contractual agreements; undeclared conflicts of interest, affiliations, or gifts influencing supplier selection; poor maintenance or inaccuracy of the gifts and hospitality register.

These risks can be effectively mitigated through strong governance, transparent procurement processes, well-defined policies and procedures, and the cultivation of a proactive counter fraud culture. Managing declarations of interest appropriately is also critical. Where instances of corruption are identified, it is essential to pursue appropriate sanctions (whether criminal, civil, or disciplinary) to ensure accountability, redress, and deterrence.

The BCUHB Counter Fraud Team is well-established and works in close partnership with the NHS Counter Fraud Authority, supported by the Counter Fraud Service Wales, NWSSP Procurement Team, and both Internal and External Audit teams. Together, they strive to prevent, detect, and respond to corruption, and to mitigate emerging risks within NHS procurement practices.

End of Report



Llywodraeth Cymru
Welsh Government

Social Partnership The Welsh Way

USER HANDBOOK

March 2025

gov.wales

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Key Principles and Main Provisions of the Act

The Key Principles of the Act



Social Partnership

Working to achieve a mutually agreed goal, to the benefit of all involved groups.



Socially Responsible Procurement

Taking action when purchasing goods, works and services, to improve economic, social, environmental and cultural well-being.



Fair Work

A wide range of potential activities undertaken by employers in agreement with the workforce, which contribute to well-being and improved public service delivery.



Sustainable Development

Doing things now in a way that takes into account the impact on people living their lives in Wales in the future.

The Act fulfils a Programme for Government commitment to place social partnership on a statutory footing in Wales. It provides for a **framework** to enhance the well-being of people in Wales by improving public services through **Social Partnership working, promoting Fair Work and Socially Responsible Public Procurement**.

The Main Provisions of the Act

The establishment of a statutory Social Partnership Council	The Social Partnership Council (SPC) is a tripartite statutory advisory body, chaired by the First Minister, with representation from a range of social partners that represent employers and workers in Wales.
A statutory Social Partnership Duty on certain public bodies	Public bodies listed in section 6 of the Well-being of Future Generations (Wales) Act 2015 (WFG Act) must, in so far as is reasonable, seek consensus or compromise with their recognised trade unions, or (where there is no recognised trade union) other representatives of their staff when: setting well-being objectives under section 3(2)(a) of the of the WFG Act, and when making decisions of a strategic nature about the reasonable steps the body takes to meet those objectives under section 3(2)(b) of the WFG Act.
A statutory Social Partnership Duty on Welsh Ministers	A duty on the Welsh Ministers to consult employer and worker representatives through the SPC when making decisions of a strategic nature about the reasonable steps they take to meet their well-being objectives set under the WFG Act.
Amendment of section 4 of the Well-being of Future Generations (Wales) Act 2015	By replacing `decent work` for `fair work` within the existing “A prosperous Wales” well-being goal, public bodies subject to the WFG Act will need to consider `fair work` when setting and publishing well-being objectives that are designed to maximise the public body’s contribution to the well-being goals.
A statutory duty on certain public bodies to consider socially responsible public procurement	A statutory socially responsible procurement duty on certain contracting authorities set out in the Social Partnership and Public Procurement (Wales) Act 2023. This duty requires contracting authorities to set and publish socially responsible procurement objectives, that are designed to maximise their contribution to achieving the well-being goals under the WFG Act.
Certain public bodies to carry out contract management duties	To ensure that socially responsible outcomes are pursued by using contract clauses which flow through whole supply chains for large construction projects. The duty also requires that these are monitored.
Reporting duties on public bodies and Welsh Ministers	Welsh Ministers and public bodies must publish annual reports on their compliance with the Social Partnership Duty. Welsh Ministers and contracting authorities who have awarded prescribed contracts must publish annual reports on procurement. Welsh Ministers must lay reports before the Senedd.

Getting Ready for the Social Partnership Duty

Introduction

The Social Partnership and Public Procurement (Wales) Act 2023 (“SPPP Act”) fulfils a Programme for Government commitment placing social partnership on a statutory footing in Wales. On 1 April 2024 the new Social Partnership Duty (“the Duty”) on public bodies will come into force in Wales. The Duty is set out in sections 15, 16 and 18 of the SPPP Act. It complements existing well-being duties to which certain public bodies are already subject to under Part 2 of the Well-being of Future Generations (Wales) Act 2015 (“WFG Act”).

The Social Partnership Duty

In carrying out sustainable development, public bodies listed under section 6(1) of the WFG Act, will be required, in so far as is reasonable, to seek consensus or compromise with their recognised trade unions, or, where there is no recognised trade union, other worker representatives, when setting their well-being objectives and making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives set under section 3(2) of the WFG Act.

Section 16(2) of the SPPP Act, sets out a number of specific requirements relating to the Duty, which a public body must comply with when ‘seeking consensus or compromise’. The requirements are intended to ensure that

trade unions or other representatives of the staff of public bodies are fully and properly involved when a public body sets its well-being objectives, or when making strategic decisions about the reasonable steps the body is taking to meet those objectives.

The Social Partnership and Public Procurement Act states that:

In order to seek consensus or compromise a public body must include its recognised trade unions or other representatives of its staff in the process of setting objectives or making decisions, by (in particular) —

(a) consulting them at a formative stage of the process, and (b) otherwise involving them throughout the process by

- (providing sufficient information to enable them to properly consider what is proposed, and
- providing sufficient time to enable them to adequately consider what is proposed and respond.

Purpose of the new Duty

As set out in the Explanatory Memorandum to the SPPP Act, the intended effect of the legislation is to improve the economic, social, cultural, and environmental well-being of people in Wales by strengthening the role of social partnership within strategic decision-making. Involving both

employers and workers in key discussions regarding improvements to well-being recognises and values the unique contribution and expertise brought by those directly engaged in public service delivery when addressing shared challenges and seeking innovative solutions.

The intended effect of these provisions is to promote cooperation, strengthen policy and improve outcomes, through dialogue between social partners, achieved in social partnership. The devolved public sector is a significant employer in Wales. It directly shapes the experience of work for those who work within it, and it can also have an indirect influence throughout the public sector and wider economy through leading by example on progressive approaches to workforce matters.

The ability of the devolved public bodies to perform that direct and indirect role will be strengthened by the Duty.

The Public Bodies captured by the Duty

As of December 2023, there were forty-eight public bodies listed in section 6(1) of the WFG Act that are required to meet the well-being duty set out in the WFG Act. The bodies listed under section 6(1) of the WFG Act are the bodies to which the Social Partnership Duty will apply. Responsibility for complying with the Duty sits with the individual public body. The bodies currently listed under section 6(1) are:

- Local Authorities (the 4 Corporate Joint Committees established in 2021 have been included since December 2021)
- Local Health Boards
- Public Health Wales NHS Trust
- Velindre NHS Trust
- National Park Authorities

- Fire and Rescue Authorities
- Natural Resources Body for Wales (Natural Resources Wales)
- the Higher Education Funding Council for Wales
- the Arts Council of Wales
- the Sports Council for Wales (Sport Wales)
- the National Library of Wales
- the National Museum of Wales (National Museum Wales)

As of June 2024, eight further public bodies were listed under section 6(1) of the WFG Act.

- Social Care Wales
- Health Education and Improvement Wales (HEIW)
- Welsh Revenue Authority
- Transport for Wales
- Centre for Digital Public Services
- Digital Health and Care Wales
- Welsh Ambulance Service
- Qualifications Wales

This made a total of fifty-seven (including MEDR) public bodies to which the Social Partnership Duty now applies.

- MEDR – Commission for Tertiary Education and Research

Annual Reporting

The SPPP Act requires in-scope public bodies to produce an annual report to evidence how they have complied with the duty, which must be submitted to the Social Partnership Council (“SPC”) for scrutiny. Section 18 of the SPPP Act states:

Social Partnership Reports

- (1) A public body must prepare, in respect of each financial year, a report of what it has done to comply with the duty.
- (2) The report must be agreed with the public body’s recognised trade unions or (where there is no recognised trade union) other representatives of its staff, or contain a statement explaining why it was not agreed.
- (3) The public body must publish the report, and submit it to the SPC, as soon as reasonably practicable after the end of the financial year.

The SPPP Act does not provide a template for the Annual Report.

Social Partnership: The Welsh Way

Partnership and collaboration are distinctive characteristics of how we work in Wales. Since devolution, the Welsh Government has encouraged social partnership working as a means of finding the best solutions to the challenges facing us. The Welsh Way embodied by the SPPP Act showcases the potential for a new way of working that starts with the aim of building consensus and compromise and encourages worker participation. It represents the first step of a journey towards a more cooperative, equitable and forward-thinking approach to employer-worker relations in Wales.

Social partnership is a way of working designed to pursue mutual gains within the context of policy development and implementation, or operational change, but not primarily used as forums for information exchange, collective bargaining or consultation. It works on the basic principle that more can be achieved by employers and workers, predominantly through their trade unions, working together in a spirit of co-operation and collaboration. The Welsh Way of Social Partnership aims to find consensus, which differs from positional bargaining or adversarial winner and loser approaches. Both sides should enter into discussion in good faith. There will be occasions where common ground is impossible to establish; but where there is conflict, it should be managed within a culture of respect and problem-solving. Social partnerships, therefore, need to create an environment which encourages participants to be open with each other and agree working arrangements that are mutually acceptable to each partner in a spirit of co-operation and collaboration.

Social Partnership in Operation

Social partnership is a process, but the principles on which it is built can help deliver behavioural and culture change. As set out in the Explanatory Memorandum to the SPPP Act, working consistently in social partnership can develop trusted relationships and engender behaviours that promote cooperation, respect, trust, increase participation as well as delivering mutual gains. These values and behaviours have been created as reference points for successful social partnership in Wales and are described as follows:

Social Partnership Principle	Shared commitment
Cooperation	Success through joint problem solving, compromise and reaching consensus.
Respect	Mutual recognition of legitimate and potentially conflicting interests.
Trust	Relationships based on integrity, authenticity, transparency, openness and selflessness.
Voice and Participation	Proactive and timely information, consultation and engagement.
Mutual Gains	Achieving improvements in public services, social, economic, environmental and cultural well-being and fair work outcomes.

The Well-being of Future Generations (Wales) Act (“WFG Act”)

The WFG Act places a well-being duty upon listed public bodies across Wales to carry out sustainable development. In doing so, public bodies must set and publish well-being objectives that are designed to maximise contribution toward the national well-being goals and take all reasonable steps to meet those objectives.

The link below provides guidance to public bodies and public services boards on key definitions, how to carry out sustainable development, understanding the well-being goals, applying the sustainable development principle, an explanation of the individual duties (public bodies and public services boards) and collective duties, how public bodies fit into the architecture of the WFG Act and where the key changes in organisations are expected to be seen.

See here: www.gov.wales/well-being-future-generations-statutory-guidance

Online Learning

A new online learning package to help people to learn more about the benefits of social partnership and the Social Partnership and Public Procurement (Wales) Act 2023 is now available through the Learning@Wales platform.

The online learning provides access to free, interactive modules to help learn more about social partnership in Wales.

The learning consists of three chapters:

Chapter 1 – Social Partnership – The Welsh Way

Chapter 2 – The Social Partnership and Public Procurement (Wales) Act 2023

Chapter 3 – The Social Partnership Duty

The platform offers a great opportunity to learn more about social partnership and embed social partnership within your organisation.

The online learning was developed in social partnership and provides a bite sized and flexible approach which enables learners to work through the package at their own pace.

To access the learning:

- If you already have a Learning@Wales account, sign in and click this link: **<https://learning.nhs.wales/course/index.php?categoryid=550>**
- If you don't have an account, you will need to register first and then use the link above to access the course. To register please do so here: **<https://learning.nhs.wales/login/index.php>** or email **eateb@wales.nhs.uk**
- NHS Wales staff can access the online learning via the Electronic Staff Record (ESR).

Additionally, if partners are using their own training platform we can discuss the option of a SCORM file – with an agreed monitoring function in place.

If you have any questions, please contact us at **SPEFW@gov.wales**

Self-Assessment Tool

The purpose of this tool is to provide a simple way of assessing the effectiveness of partnership working.

It enables a rapid check which identifies problem areas. This allows partners to focus remedial action proportionate with the seriousness and urgency of any problems.

For those just setting up partnerships the tool provides a checklist of what to ensure and what to avoid.

It has been designed explicitly as a developmental tool rather than as a means for centrally assessing social partnership performance.

How can the Self-Assessment Tool help you?

- It provides material to help you assess the current effectiveness of your partnership working.
- It provides a focus on ways to strengthen existing partnerships by engaging in discussion about issues and ways forward.
- With repeated use, it can allow you to chart changes in partnership working overtime.
- It can highlight a range, and possible diversity, of perspectives.
- It will not on its own tell you how all the problems associated with partnership working should be addressed.

- It does, however, provide a common framework (and vocabulary) for partners to develop a jointly owned approach to tackling some of the barriers to effective partnership working.

Characteristics of Effective Social Partnerships

Officials in Welsh Government have undertaken a review of social partnership across the Department.

The review provided a better understanding of the current landscape and to work toward recommendations to support effective partnership working.

Phase 2 of this review explored the behaviours, principles, and relationships underpinning social partnership in Wales and sought to identify common beneficial characteristics which support social partnership at a national level.

The review found that there are a set of common fundamental characteristics which underpin effective social partnership at a national level in Wales regardless of the sector. These characteristics appear to provide the catalyst required for meaningful engagement that can lead to improved outcomes. The characteristics have been split into five categories:

1. Clarity of group purpose and objectives

Social partnerships based on a clearly defined purpose and goals are more likely to produce and maintain effective engagement. Clarity helps to set the context and parameters for engagement and ensures each partner understands their role and the role of others. This also helps to set individual and group expectations for partnership working.

2. Early, continuous, and consistent engagement between partners

Social partnership relies on high levels of involvement and participation from all parties. It is therefore highly beneficial for partners to have meaningful and continuous engagement from the outset and throughout the problem solving/policy development process. This re-enforces the collaborative element of partnership working and places value on the input of all partners.

3. Commitment to collaborative working and social partnership principles

Social partnership principles include cooperation, respect, trust, voice and participation, and the pursuit of mutual gains. The pursuit of mutual gains sits at the heart of the concept of social partnership and differentiates it from other forms of engagement. It relies on an environment in which all partners feel equally valued and respected and is underpinned by strong informal and formal working relationships. Moreover, where working relationships are effective the commitment to partnership working appears sufficiently robust to withstand most challenges.

4. Clear understanding of how information and decisions are cascaded and implemented

In successful social partnerships these are two-way channels passing information and decisions down to all levels and returning feedback and insight from working on the ground, making it meaningful to employees.

5. Formal arrangements and willingness to review success

Clear arrangements to monitor and review success are key to maintaining commitment to social partnership between partners. Periodic reviews provide regular opportunities to strengthen social partnership by identifying areas which can be improved or by learning from examples of good practice.

How to use the Tool

This Tool has been developed to use either:

- to provide a focus for discussion between partners, or
- through facilitated workshops.

Preparation

It is important at the start of the process that partners agree the reasons for using the Tool. Is the process to be mainly developmental, more of a routine check in or part of a more extensive remedial programme?

Those participating need to be assured not only that taking the trouble to undertake the assessment is worthwhile but that they can be, and should be, frank and honest in their responses.

Opening this initial debate can enable individual partners to be more honest in their views about the workings of the partnership.

Agree at the outset whether facilitation is needed. Facilitation can be conducted internally. Sometimes, and especially where it is expected to be difficult or sensitive, it may be better conducted externally.

Completing the Assessment

Each partner should initially complete the assessment individually, indicating their responses to a set of statements grouped under each of the six headings.

Partners then need to share and discuss their individual assessments, examining areas of common or differing views about partnership strengths and weaknesses.

Collectively agree the scores for each of the six sections. A grid to interpret the results is at Page 8.

Collectively you should also consider how you would weight the six areas in terms of their current significance for your partnership – given its nature and stage of development (Page 9). This will help prioritise where any remedial action is needed.

The assessment tool should provide a clear indication of the nature and scale of problems, of where action is needed most and where it is required most urgently.

Using the findings

Partners can look behind their scoring and explore comments about individual elements and their weighting of significance. The essence of this feedback and analysis is to better understand partnership strengths and weaknesses and, if necessary, plan remedial action. What this Tool does is to reveal simple areas upon which to concentrate and allows a focus of effort and resources.

What becomes readily, apparent is where there is broad agreement or disagreement across partners. The depth to which the responses need to be explored – and the way in which they are explored – depends largely upon the degree of consensus, the nature of the findings, and the significance attached to the findings by partners.

Thus, if all partners are agreed that the partnership is reasonably healthy across all areas, including those generally agreed to be the most significant, there is little need of action planning beyond agreeing when and how to conduct the next ‘health check’.

If, however, some partners have assessed the partnership as ‘unhealthy’ in some respects – and especially if this is in areas generally agreed to be significant – this will require further detailed examination. Depending upon the sensitivity of the issues and the size of the partnerships this examination is often best done in a facilitated feedback workshop.

The principal aim of this Tool is to enable generic assessment of partnership working. It cannot offer detailed prescriptions for addressing the problems identified in any partnership.

Where some problems or weaknesses are identified, action planning should focus on these areas. Where there is little sensitivity about the issues raised – whether individual or organisational – more detailed analysis of what underlies the assessment findings may well be conducted internally and informally. Where there is greater sensitivity external facilitation may be preferable.

Undertaking the Assessment

In the following pages individuals are asked to consider a series of statements about the Partnership – as a whole. Indicate the extent which you agree or disagree with each of these statements by ticking, or marking, the appropriate boxes.

Clarity and Purpose

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
Our partnership has a clear goal					
We have clearly defined joint aims, objectives, and service outcomes					
In my opinion, there is a shared understanding of and commitment to these among all partners					
The lines of communication, roles and expectations of partners are clear					
All partners are willing to share some of their ideas, resources, influence, and power to fulfil the goals and aims of the partnership					
Score					
TOTAL					

Social Partnership Approach

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
I believe there is a clear commitment to social partnership working from the most senior levels of each partnership organisation					
There is widespread ownership of the partnership across and within all partners					
There is a clear understanding of each partners' contributions towards achieving the goals of the partnership					
The perceived benefits of the partnership outweigh the perceived costs					
There have been substantial past achievements within the partnership					
Score					
TOTAL					

Relationships

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
There is a history of good relations between the partners					
I can express alternative views within the partnership and believe others are also able to do so					
There are formal structures or procedures for resolving disputes					
There are informal ways of achieving this					
Commitment to partnership working is sufficiently robust to withstand most threats to its working					
Score					
TOTAL					

Principles and Values

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
The principles / values / behaviours expected of members are explicit and understood					
Partners share the commitment to success through joint problem solving, compromise and reaching consensus					
Relationships are based on integrity, authenticity, transparency, openness, and selflessness					
There is sufficient trust within the partnership to survive any mistrust that arises elsewhere					
In my opinion, there is equal participation based on proactive and timely sharing of information, consultation, and engagement					
Score					
TOTAL					

Collaborative Action

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
The administrative, communication and decision-making structure of the partnership is as simple as possible					
All partners are involved in planning and setting priorities for collaborative action					
All partners have the task of communicating and promoting the partnership in their own organisations / to their members					
There is a clear understanding of how information and decisions by the partnership are actioned at workplace level					
The roles, responsibilities, and expectations of partners for collaborative actions are clearly defined and understood by all partners					
Score					
TOTAL					

Reviewing Success

	1 Strongly Disagree	2 Disagree	3 Not sure	4 Agree	5 Strongly Agree
The partnership has clear arrangements to monitor and review how successfully its objectives are being met					
There are clear arrangements to review how the partnership itself is working					
There are clear arrangements to ensure that partnership working arrangements are reviewed and, where necessary revised					
The partnership can demonstrate or document the outcomes of its collective work					
There is a clear need for and commitment to continuing the partnership in the medium term					
Score					
TOTAL					

Understanding the results

In simple terms you can interpret the results as follows:

Assessment Scores

	<10	11-15	16-20	21-25
Clarity and Purpose	The partnership lacks any clarity or sense of purpose.	Only limited clarity and purpose exists.	There is reasonable understanding of purpose.	The purpose of the partnership is very clear.
Social Partnership approach of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is limited in some areas.	The need for social partnership is recognised and accepted.	There is very high recognition and acceptance of the need for social partnership.
Relationships	Relationships amongst partners is poorly developed.	Relationships need building.	Good relationships are in place.	Relationships are very strong and based on mutual trust.
Principles and Values	Principles are not well understood and need development.	Work is needed to embed principles for social partnership working.	Principles are understood and show signs of embedding.	Principles are very well understood and embedded.
Collaborative Action	Partnership working arrangements are poor.	Partnership working arrangements are insufficiently clear and robust.	Arrangements for collaborative working are reasonably clear and robust.	Clear and robust arrangements lead to collaborative action.
Reviewing Success	Monitoring is poor in most respects or not at all.	The partnership could improve how it monitors and learns from its performance.	The partnership monitors, measures and learns from its performance reasonably well.	The partnership monitors, measures and learns from its performance very well.

Further Reading and Contact details

Further reading

Animation: The Social Partnership and Public Procurement (Wales) Act 2023:
<https://youtu.be/7TKNrVNkp-l>

Animation: Social Partnership – The Welsh Way
<https://youtu.be/TF-rhxQqGfg>

Animation: Socially Responsible Procurement:
www.youtube.com/watch?v=M41wUb_v0nA

Animation: The Social Partnership Council: <https://youtu.be/pzg7tfEV7-g>

Case Studies: <https://www.gov.wales/social-partnership-and-public-procurement-wales-act>

Conferences: short films

Swansea: www.youtube.com/watch?v=XwZ7uFJu160

Cardiff: www.youtube.com/watch?v=gxDOFZSVJeU

Social Partnership and Public Procurement (Wales) Act – Easy Read Guide:
<https://www.gov.wales/social-partnership-and-public-procurement-wales-bill-easy-read-version>

Newsletter sign up:
www.gov.wales/subscribe-social-partnership-newsletter

Stakeholder video: www.youtube.com/watch?v=p3nzcipgJWY

Social Partnership Webpage: www.gov.wales/social-partnership-and-public-procurement-wales-act

The Social Partnership Council (SPC) Webpage:
www.gov.wales/social-partnership-council

Contact us

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Phone: 0300 0604400

X: @WGEconomy

LinkedIn: <https://uk.linkedin.com/showcase/llc-economi-wg-economy>

The Social Partnership and Public Procurement (Wales) Act 2023:
www.legislation.gov.uk/asc/2023/1/contents/enacted

The Wellbeing of Future Generations (Wales) Act 2015:
www.legislation.gov.uk/anaw/2015/2/



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Local Health Board

Strengthening Social Partnership Report

2024/25

Introduction

The Social Partnership and Public Procurement (Wales) Bill became law in August 2022. The Act focusses on how organisations can work together in Wales to deliver public services in a fair and responsible way. The law came into force in 2024. The Act sets up a Social Partnership Council for Welsh Ministers to talk with partners to meet social well-being goals. The council provides advice to the Welsh Ministers about the best ways social partnership can work. The council is made up of government, employers and workers including trade unions. Under the regulation public bodies, are required to talk to their workers with the aim of agreeing their well-being goals and how they will achieve them. Social partnership means workers and employees working together to solve problems. In March 2025 the Welsh Government published a User Handbook outlining the duties of public bodies in relation to the Act introducing the Self- Assessment Tool as a simple way of assessing the effectiveness of Partnership working. A base line assessment has been undertaken using the Self-Assessment Tool to inform this report.

The Self-Assessment Tool and Baseline Assessment

The self-assessment tool was sent out to the 73 members of the Workforce Partnership Group for completion and discussion at the meeting. The full results are contained in appendix a. The response rate was 15% and the results were tested and discussed at the Workforce Partnership Group on the 18th July 2025. The results clearly demonstrated a cohesion between the results of management and trade union colleagues. All parties agreed or strongly agreed with the statements in relation to partnership working in BCU. As the parties present covered all areas pan the organisation it was determined that on the whole the outcomes reflected the strength of partnership working within the Health Board. All parties were in agreement that the partnership is reasonably healthy across all areas. A dialogue will continue to ensure that the base line levels are maintained and improved when the audit is next undertaken.

The results of the Self Assessment Tool will be shared with the Local Partnership Forum to further test whether the results are agreed with at the most senior levels in the organisation.

Welsh Government Conference

Welsh Government held a conference to raise awareness of the duties and responsibilities for all North Wales public bodies on Friday 15th March 2024. Jan Tomlinson, Staff Side Chair and Kay Hannigan, Associate People Services Director were invited to speak at the event to share how social partnership operates within

BCU. Other key note speakers included Hannah Blythin, a local MS and the then Deputy Minister for Social Partnership. This was an excellent forum to spotlight BCU achievements in relation to working in partnership.

Social Partnership Working in Action

Within BCU Trade Unions work closely with managers to embed the principles of social partnership through partnership working. The Health Board's Trade Union Independent Member sits on the Board, which ensures that the partnership voice is heard at the most senior levels. As a Board Member the trade union independent member is expected to contribute fully to Board deliberations.

The BCUHB Local Partnership Forum is the formal mechanism through which management and trade unions and professional bodies (hereafter referred to as staff organisations) work together to improve health services for the people of Wales. It is the forum where key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. The forum has established a regular and formal dialogue between the Board's Executive and the staff organisations on matters relating to workforce and health service issues. The group meets quarterly and is jointly chaired by the Chair of Staff Side and the CEO.

The Workforce Partnership Group meets monthly to promote and deliver a regular dialogue between the People Services Directorate, senior managers and trade union partners on matters relating to the BCU workforce. The group enables managers and trade unions partners to put forward issues affecting the workforce for discussion and decision-making. All organisational changes and service reviews impacting upon the workforce are overseen by and consulted upon within the group before being released to the wider organisation for full consultation.

Formal consultation between the organisation and the British Medical Association takes place through the Local Negotiating Committee. This is the opportunity for BMA representatives to meet with senior Health Board leaders to discuss in partnership matters specifically relevant to the medical workforce.

Each of the health communities have people and culture groups with local trade union representatives invited to be core group members. The purpose of the group is to advise and assure the local Senior Leadership Team on the development, implementation and effectiveness of strategies in relation to the workforce, organisational development and culture of the health community. The group also provides advice and assurance in relation to the alignment of strategies to Living Healthier Staying Well and relevant national strategies. The group is also responsible for providing the central IHC Senior Leadership team with evidence of impact of the improvement when implementing strategies.

Facilities Arrangements

BCU is committed to ensuring trade union representatives are afforded reasonable paid time off to undertake trade union duties as outlined in WP15 Partnership and Recognition Agreement. The agreement identifies the framework for time off and facilities for accredited representatives of Trade Unions recognised by Betsi Cadwaladr University Health Board (BCUHB), in accordance with Agenda for Change Wales terms and conditions.

As part of the Health Board's commitment to the partnership working agenda, it recognises that investment in a Time off and Facilities Agreement is a key aspect of the management of the people who deliver health services to the population of North Wales and visitors to the area. The agreement takes cognisance of the relevant statutory framework.

BCUHB recognises that provision of time off and facilities to carry out trade union duties and activities will be of mutual benefit to the Health Board and the trade union organisations. BCUHB recognises the significant increase in demands made upon Trade Union organisations as the partnership agenda has and continues to develop. It is committed to supporting representatives to undertake their roles and responsibilities.

Conclusion

BCU is committed to working in partnership with its staff organisations and trade unions to ensure the delivery of services to the population of North Wales. The self assessment tool has demonstrated a cohesion across the organisation with all parties confirming that the partnership is reasonably healthy and should continue to be maintained and improved.

Social partnership is the mechanism by which key stakeholders engage with each other to inform, debate and seek to agree local priorities on workforce and health service issues. This enables regular formal and informal dialogue to occur between Executives, managers and the staff organisations on matters relating to workforce and health service issues.

It is recognised that moving forwards there will be hard decisions to be made requiring robust discussions. However, continued dialogue does enable all parties to work together to find an acceptable solution. Better outcomes are achieved by listening to other opinions, exploring other points of view, and seeking alternative solutions. Social partnership involves colleagues at the early stages of project initiation not just consultation once the plan has been developed.

Forward Plan

Although acknowledging that social partnership is embedded within BCU the audit did demonstrate that there are areas for improvement and the challenge is to maintain the standards we are achieving and strive for improvement.

Social partnership will run as a core through all leadership development programmes. A review of the programmes will be undertaken to ensure that social partnership is embedded.

The organisation will support trade unions representatives to obtain release to undertake their social partnership responsibilities. BCU will support trade union members to gain accreditation to take on representative roles to work alongside current accredited representatives. Opportunities to become accredited representatives will be promoted.

Reports on social partnership activities will continue to be shared through the LPF and People and Culture Committee.



Llywodraeth Cymru
Welsh Government

Social Partnership The Welsh Way

March 2025

Social Partnership Self-Assessment Results

Jan Tomlinson – Chair of Staff Side and Joint Chair of the WPG

Kay Hannigan – Associate Director People Services (Central IHC) and Joint Chair of the WPG

Author: Emily Joyce – People Services Administrator (Central IHC)

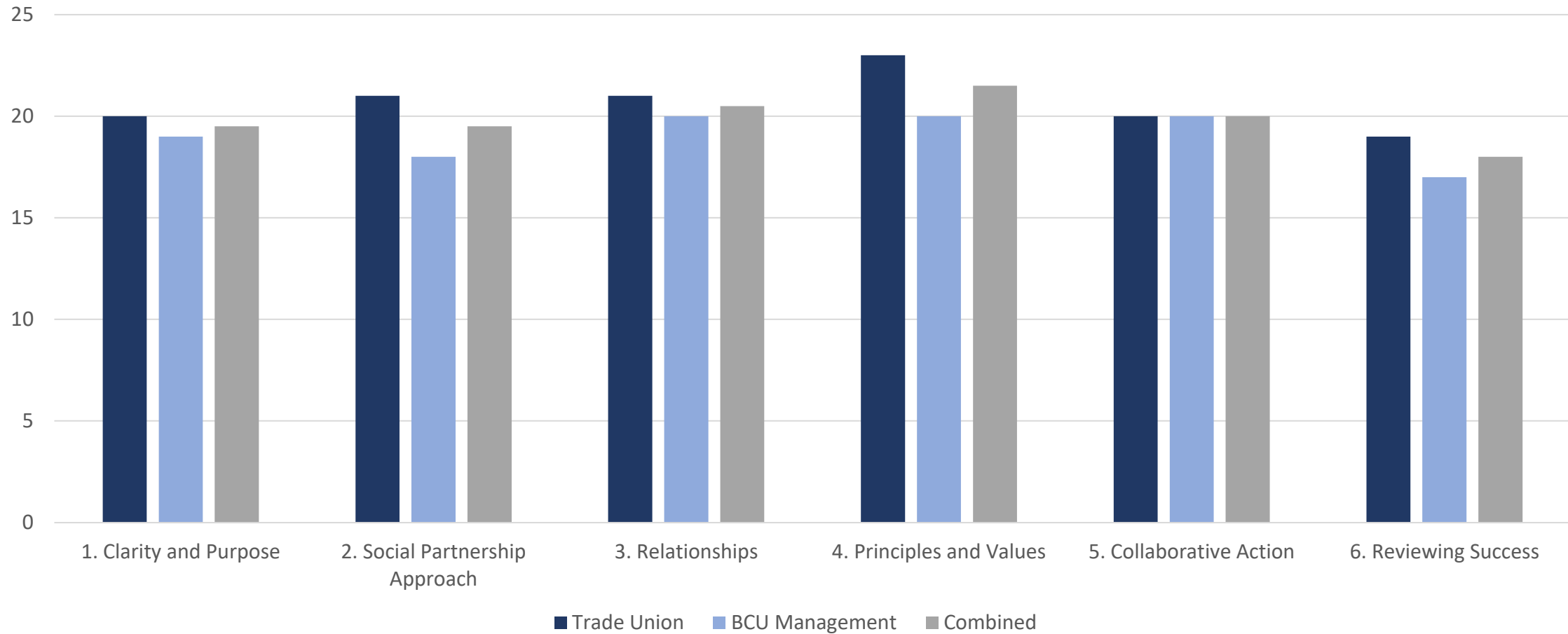
Reporting Period: 04/07/2025 – 17/07/2025



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Self-Assessment Scores by Characteristic Category



Understanding the results

In simple terms you can interpret the results as follows:



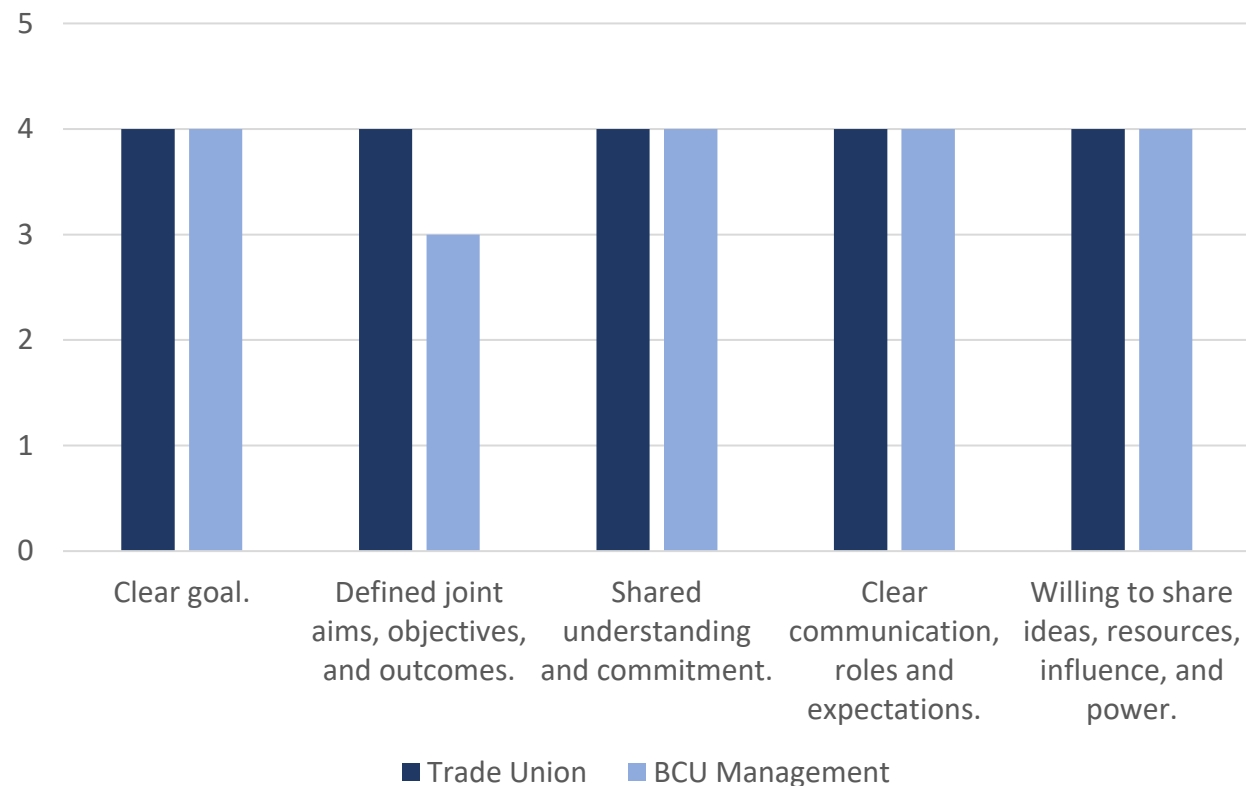
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Betsi Cadwaladr
University Health Board

Assessment Scores

	<10	11-15	16-20	21-25
Clarity and Purpose	The partnership lacks any clarity or sense of purpose.	Only limited clarity and purpose exists.	There is reasonable understanding of purpose.	The purpose of the partnership is very clear.
Social Partnership approach of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is minimal.	Recognition and acceptance of the need for social partnership is limited in some areas.	The need for social partnership is recognised and accepted.	There is very high recognition and acceptance of the need for social partnership.
Relationships	Relationships amongst partners is poorly developed.	Relationships need building.	Good relationships are in place.	Relationships are very strong and based on mutual trust.
Principles and Values	Principles are not well understood and need development.	Work is needed to embed principles for social partnership working.	Principles are understood and show signs of embedding.	Principles are very well understood and embedded.
Collaborative Action	Partnership working arrangements are poor.	Partnership working arrangements are insufficiently clear and robust.	Arrangements for collaborative working are reasonably clear and robust.	Clear and robust arrangements lead to collaborative action.
Reviewing Success	Monitoring is poor in most respects or not at all.	The partnership could improve how it monitors and learns from its performance.	The partnership monitors, measures and learns from its performance reasonably well.	The partnership monitors, measures and learns from its performance very well.

1. Clarity and Purpose



The partnership lacks any clarity or sense of purpose.

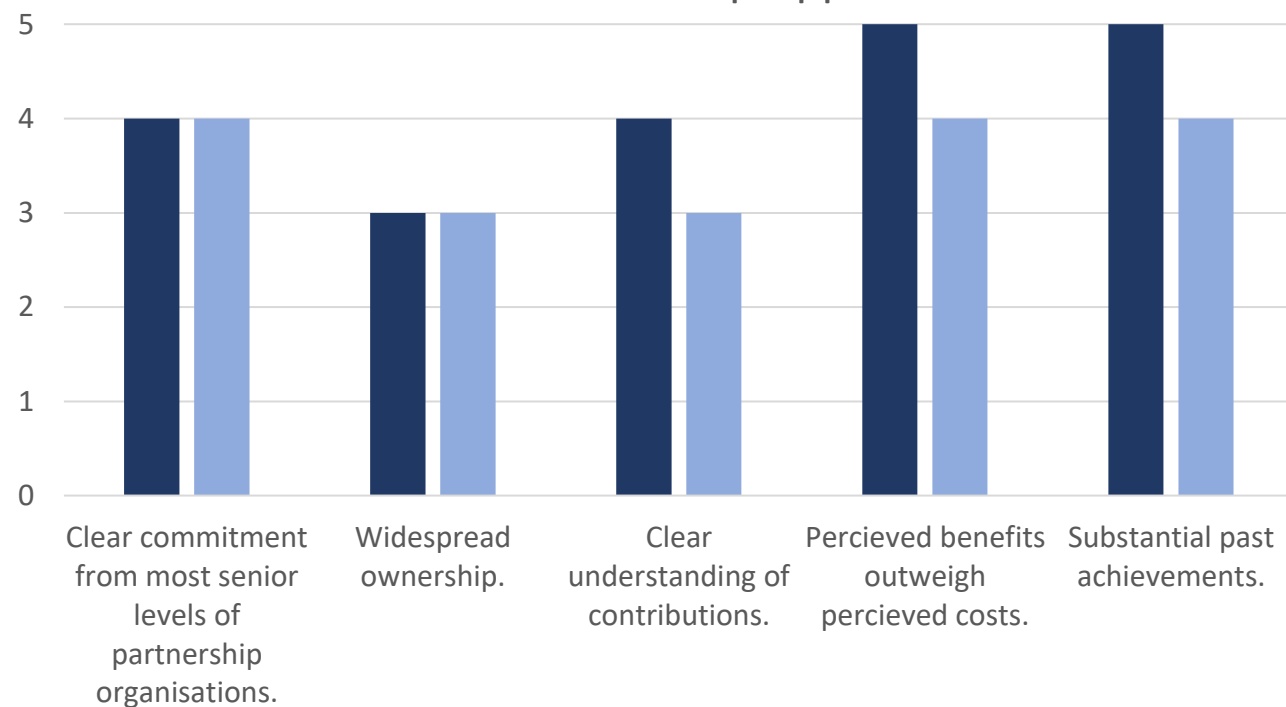
Only limited clarity and purpose exists.

There is reasonable understanding of purpose.

The purpose of the partnership is very clear.

Trade Union BCU Management

2. Social Partnership Approach



Recognition and acceptance of the need for social partnership is minimal.

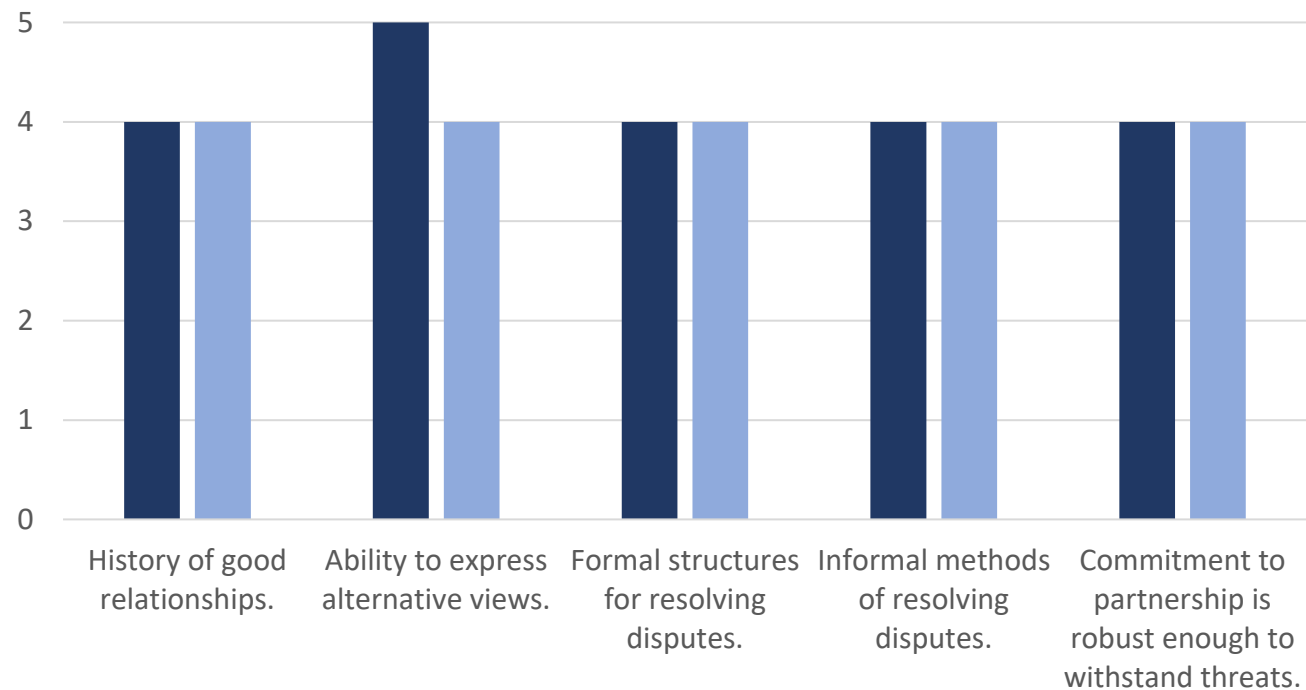
Recognition and acceptance of the need for social partnership is limited in some areas.

The need for social partnership is recognised and accepted.

There is very high recognition and acceptance of the need for social partnership.

Trade Union BCU Management

3. Relationships



Trade Union BCU Management

Relationships amongst partners is poorly developed.

Relationships need building.

Good relationships are in place.

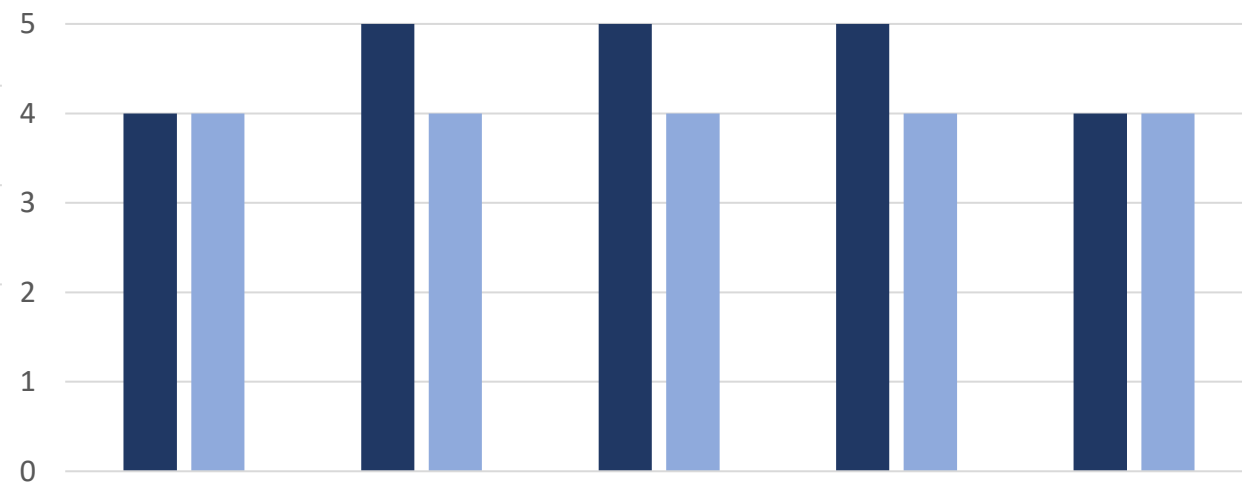
Relationships are very strong and based on mutual trust.



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4. Principles and Values



Trade Union BCU Management

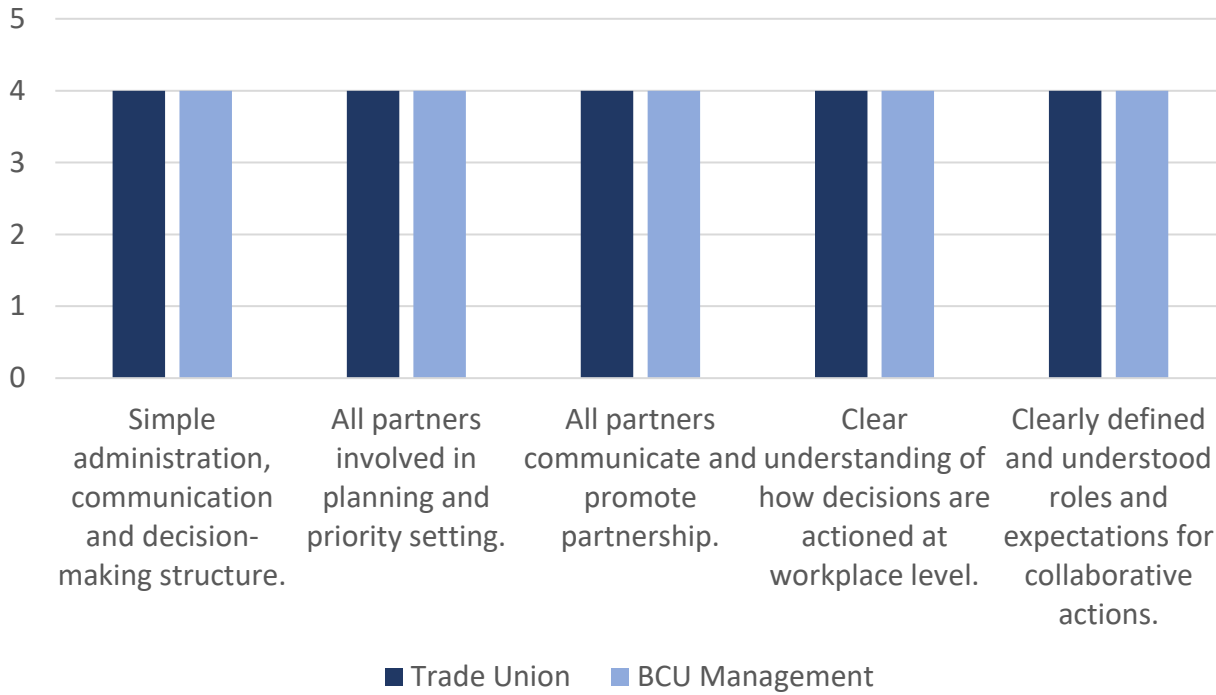
Principles are not well understood and need development.

Work is needed to embed principles for social partnership working.

Principles are understood and show signs of embedding.

Principles are very well understood and embedded.

5. Collaborative Action



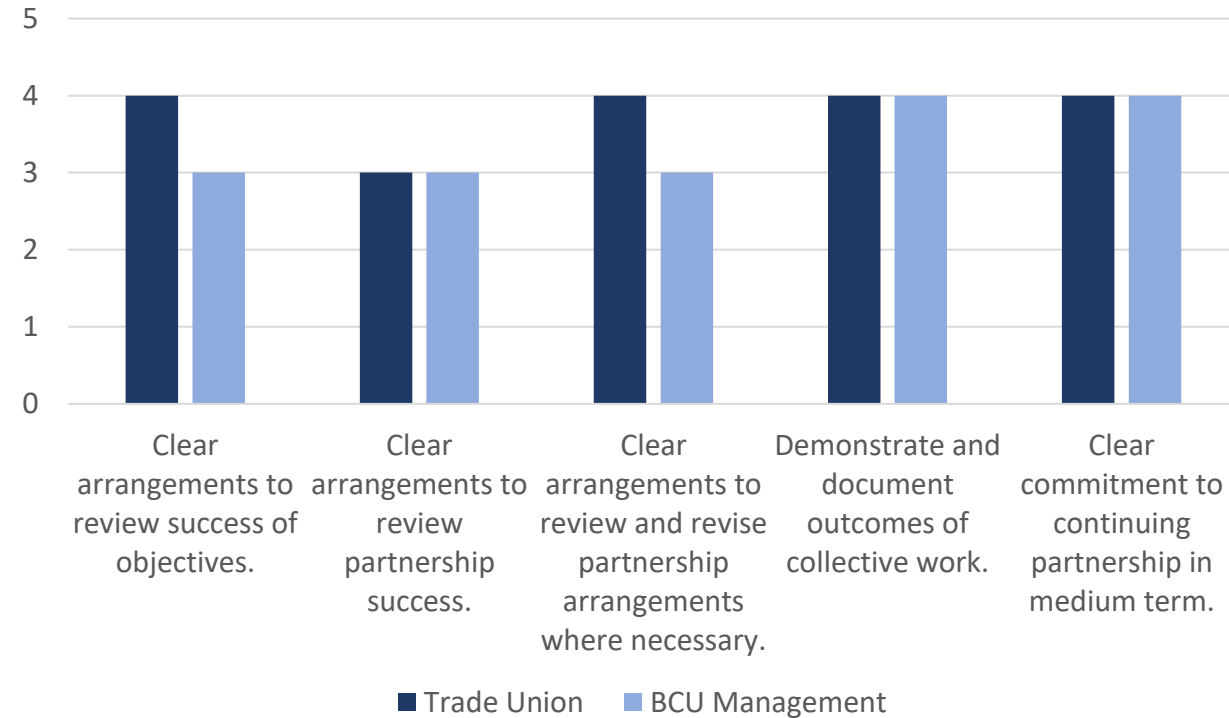
Partnership working arrangements are poor.

Partnership working arrangements are insufficiently clear and robust.

Arrangements for collaborative working are reasonably clear and robust.

Clear and robust arrangements lead to collaborative action.

6. Reviewing Success



Monitoring is poor in most respects or not at all.

The partnership could improve how it monitors and learns from its performance.

The partnership monitors, measures and learns from its performance reasonably well.

The partnership monitors, measures and learns from its performance very well.

Teitl adroddiad:	Welsh Language Services Annual Monitoring Report 2024-2025
Report title:	
Adrodd i:	People and Culture Committee
Report to:	
Dyddiad y Cyfarfod:	Thursday, 14 August 2025
Date of Meeting:	
Crynodeb Gweithredol:	This report addresses the statutory duty of Betsi Cadwaladr University Health Board (the Health Board) to provide an annual account on the compliance with the Welsh Language Standards to the Welsh Language Commissioner (the Commissioner).
Executive Summary:	<p>The Health Board became subject to the Welsh Language Standards on 30 May 2019.</p> <p>Standard 120 which deals with Supplementary Matters stipulates that the Health Board must produce an annual report in relation to each financial year, which describes the compliance in the Health Board with the standards.</p> <p>The annual report must include the following information:</p> <ul style="list-style-type: none"> • The number of complaints received in relation to compliance with the standards • The Welsh language skills of employees • The number of new and vacant posts advertised during the year and the level of Welsh required • Training to improve the Welsh language skills of the workforce <p>This report provides both qualitative and quantitative information and data as required by the Commissioner. It also provides an overview of the strategic direction with regard to Welsh language, supported by quantitative information on the actions undertaken to mainstream and further progress Welsh language projects and initiatives.</p> <p>The Health Board's ambition is to ensure that the language needs and preferences of patients influence the planning and delivery of services.</p> <p>This is aligned to the Health Board's overall objectives, aimed at creating a favorable environment where patients and the public are assured of the commitment to deliver language-appropriate care.</p> <p>The following areas have been a priority over the reporting year:</p> <ul style="list-style-type: none"> • Building an effective organisation by ensuring we have a robust self-regulatory framework in place to ensure we are operating in line with our statutory requirements • Developing strategy and long-lasting change by implementing our commitment to deliver on our commitment

within the Health Board's Integrated Medium-Term Plan 2025-2028

- **Creating compassionate culture, leadership and engagement** through organisational development through appropriate models of Welsh language training support to improve the language skills of the current workforce
- **Improving quality, outcomes and experience** by ensuring that staff are aware of the 'Active Offer', with a visible commitment in providing care-centered on language need
- **Establishing an effective environment for learning** through university partnerships, establishing the Welsh language as a beneficial skill when applying for posts within the health sector

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

Some of these key accomplishments include:

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

Information detailed within this report expands on how services have significantly advanced during 2024-2025, setting the platform for further involvement over the next reporting year.

An additional report is also presented as part of the Welsh Government's 'More than just words' Five-Year Plan reporting requirements. The 'More than just words' Update Report 2024-2025 provides an overview of actions achieved during the reporting year to address the objectives within the plan.

As the Welsh Government has somewhat aligned the objectives with the Welsh Language Standards, the Health Board's Welsh Language Services annual plan has been updated to incorporate these objectives.

Therefore, the content of both reports are aligned. The reporting formats differ slightly as reporting mechanisms are set by the Welsh Language Commissioner and the Welsh Government respectively.



	The reports will be submitted to the Board at its meeting on 25 September 2025.			
Argymhellion: Recommendations:	The Committee is asked to review and approve the reports prior to submission to the Board on 25 September, 2025.			
Arweinydd Gweithredol: Executive Lead:	Teresa Owen, Executive Director of Allied Health Professionals and Health Science			
Awdur yr Adroddiad: Report Author:	Eleri Hughes-Jones, Head of Welsh Language Services			
Pwrpas yr adroddiad: Purpose of report:	I'w Nodi <i>For Noting</i> <input type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input checked="" type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input checked="" type="checkbox"/>	
Lefel sicrwydd: Assurance level:	Arwyddocaol Significant <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol Acceptable <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol Partial <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 No Assurance <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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: <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>				
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	All			
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	The Welsh Language (Wales) Measure 2011 was approved by the National Assembly for Wales and was given royal assent on 9 February 2011. This legislation gives the Welsh language official status in Wales, and reinforces the principle that the Welsh language should not be treated less favourably than the English language in Wales. The Measure also:			



	<ul style="list-style-type: none">• created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”)• established the role of the Welsh Language Commissioner (“the Commissioner”) to scrutinise compliance• gave the Commissioner power to investigate any allegations of interference with someone’s freedom to use the Welsh language
<p>Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 has an EqlA been identified as necessary and undertaken?</i></p>	N/A
<p>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP68, has an SEIA identified as necessary ben undertaken?</i></p>	N/A
<p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)</i></p>	<p>The potential of failure to comply with the statutory duties (Welsh Language) placed on the Health Board is recorded on the risk register. Welsh Language Services actions have been identified to control and mitigate any potential areas of concern.</p> <p>This matter is currently logged on the Welsh Language Services Risk Register and is at its target moderate risk level with a score of six. Actions have been identified to control and mitigate any potential areas of concern.</p> <p>The Risk Register is scrutinised quarterly and any issues of significance or concern are escalated to the Welsh Language Strategic Forum for consideration.</p>
<p>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	There are no immediate financial implications.
<p>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</p> <p><i>Workforce implications as a result of implementing the recommendations</i></p>	There are no immediate workforce implications.



Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks:</i> (<i>or links to the Corporate Risk Register</i>)	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<i>Next Steps:</i> <i>Implementation of recommendations</i> <ul style="list-style-type: none">• Submit the reports to the Board meeting on 25 September 2025 for approval.	
List of Appendices: Appendix 1 – Welsh Language Services Annual Monitoring Report 2024-2025 Appendix 2 – 'More than just words' Update Report 2024-2025	



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Welsh Language Services

Annual Monitoring Report
2024-2025



Author: Eleri Hughes-Jones

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Executive Summary

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

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

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

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

Vision for the Health Board

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

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

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

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

What has been achieved

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

Some of these key accomplishments include:

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

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

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

Setting the ambition for 2025-2026

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

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

Background and Current Position

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

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

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

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

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

3. Training Provision

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

4. Translation Services

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

Self-Regulation and Governance

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

Welsh Language Services Risk Register

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

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

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

Internal Performance Assurance

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

- Reception Services
- Telephone Services
- Signage

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

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

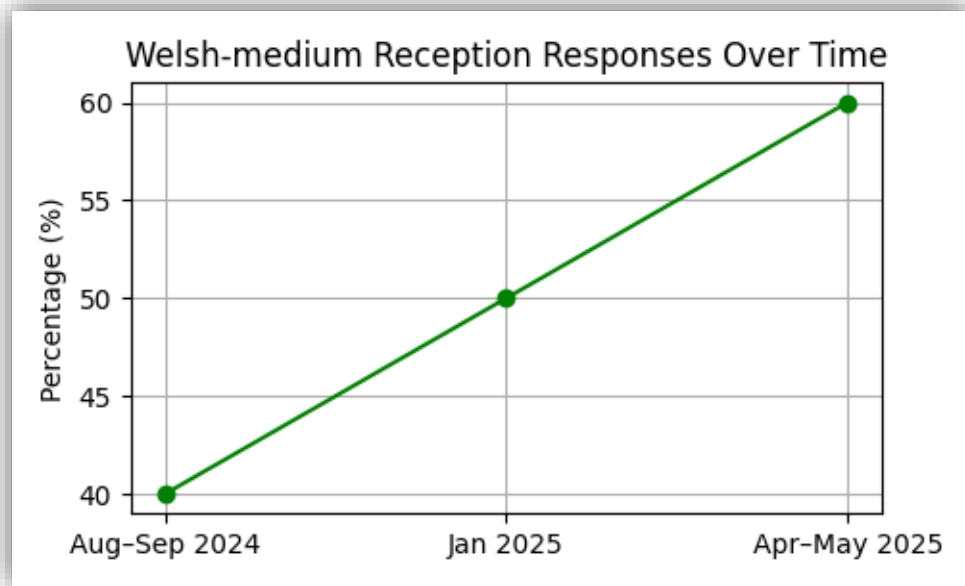


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

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

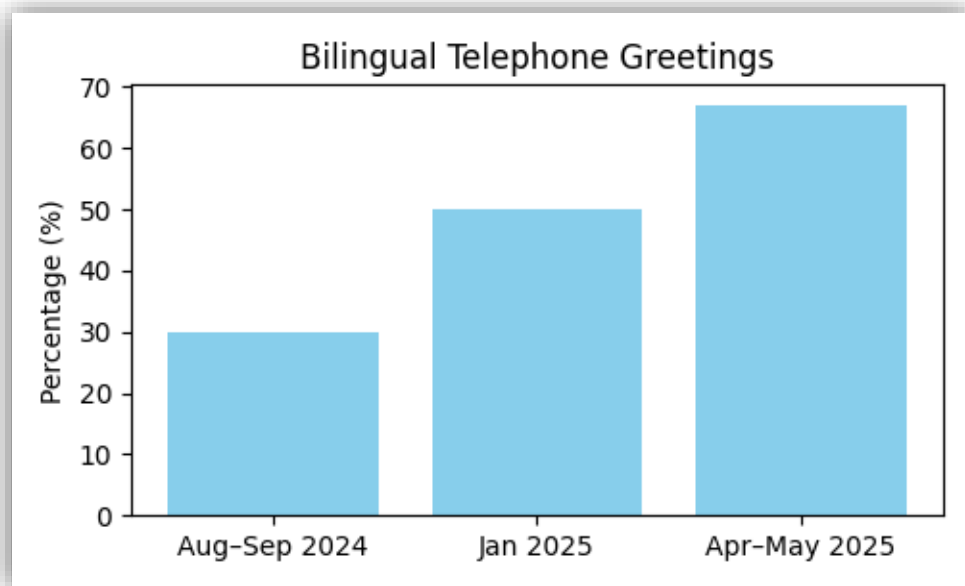


Figure 2: Proportion of telephone calls greeted bilingually.

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

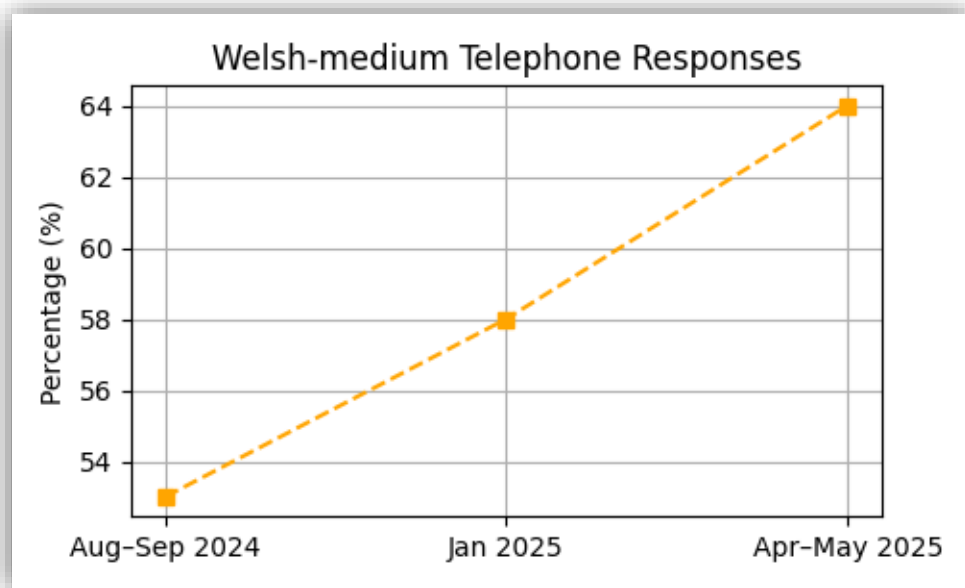


Figure 3: Percentage of telephone enquiries handled in Welsh.

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

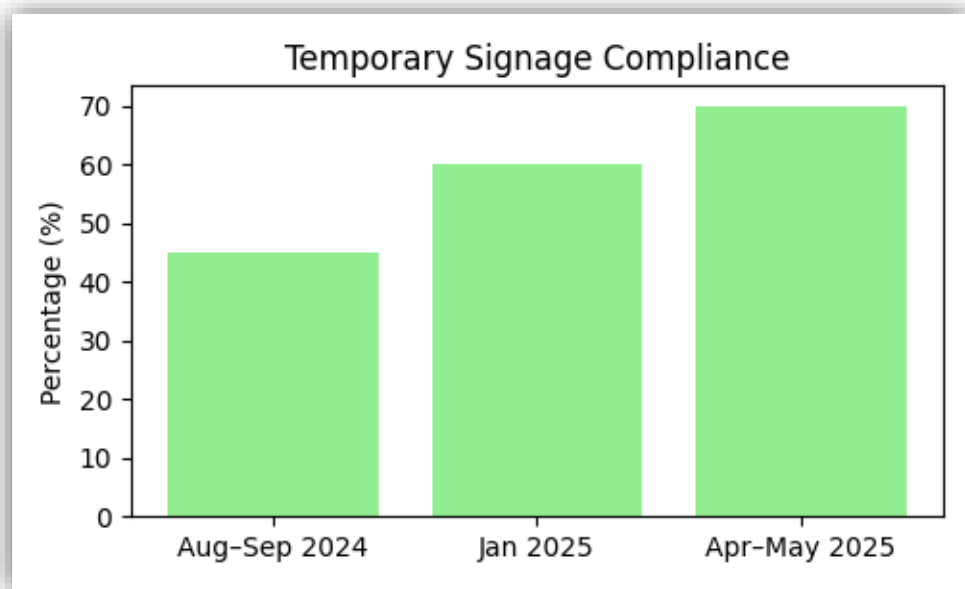


Figure 4: Compliance of temporary signage with Welsh Language Standards.

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

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

Welsh Language Standards

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

Intensive Support and Data Analysis

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

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

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

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

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

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

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

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

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

Mainstreaming Language Requirements

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

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

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

Standard Operating Procedures

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

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

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

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

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

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



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

Workforce Development Programme

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

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

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



Welsh Language Training Provision Data Analysis



Offered 22 different Welsh language training courses throughout the year.



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



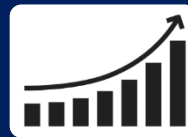
In-house tutor has taught over 200 members of staff.
Mixture of 1:1 and group sessions.
Courses tailored for the health care sector.



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



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



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



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



Three board members passed the Courtesy Welsh language exam.



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



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



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



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

Translation Services

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

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

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

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

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

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

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

Raising Awareness amongst the Current and Future Workforce

Raising Awareness across the Organisation

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

Comp Matrix - Default

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

'Use your Welsh' Campaign

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



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



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



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



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



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

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



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

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



Influencing the Future Workforce

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

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

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

Sharing Positive Patient Outcomes

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

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

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

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

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

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

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

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

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



Key Performance Indicators

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

Workforce Planning

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

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

2024 / 2025 Data:

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

2023 / 2024 Data:

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

Training to Improve Welsh Language Skills

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

2024 / 2025 Data:

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

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

2023 / 2024 Data:

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

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

Recruitment

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

2024 / 2025 Data:

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

2023 / 2024 Data:

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

Complaints

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

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

The complaints included:

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

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

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

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

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

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

Delivering the actions in the More than just words Plan 2022-27: For the period April 2024 – March 2025

Organisation	Betsi Cadwaladr University Health Board
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Completed by:	Eleri Hughes-Jones, Head of Welsh Language Services	Date: 31.7.25
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PLEASE NOTE: All statistics / data documented within this report will cover the period of 1 April 2024 to 31 March 2025.

KEY DATA:	When citing any statistics / data, please provide a corresponding reporting date / time period.																																																																						
Welsh Language Skills of staff	<table border="1"> <thead> <tr> <th>Count of Employee Number</th> <th colspan="2">2022/23</th> <th colspan="2">2023/24</th> <th colspan="2">2024/25</th> </tr> <tr> <th>Individual Proficiency Level</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>9101</td> <td>46.9%</td> <td>9645</td> <td>46.25%</td> <td>10217</td> <td>48.33%</td> </tr> <tr> <td>1 - Entry/ Mynediad</td> <td>2914</td> <td>15%</td> <td>2781</td> <td>13.34%</td> <td>2739</td> <td>12.96%</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td>1410</td> <td>7.3%</td> <td>1371</td> <td>6.57%</td> <td>1394</td> <td>6.59%</td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>1456</td> <td>7.5%</td> <td>1438</td> <td>6.9%</td> <td>1472</td> <td>6.96%</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td>1700</td> <td>8.7%</td> <td>1588</td> <td>7.62%</td> <td>1600</td> <td>7.57%</td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>2829</td> <td>14.6%</td> <td>2743</td> <td>13.15%</td> <td>2778</td> <td>13.14%</td> </tr> <tr> <td>Total</td> <td>19,410</td> <td>91%</td> <td>19,566</td> <td>93.8%</td> <td>20,200</td> <td>95.54%</td> </tr> <tr> <td>Total number of staff</td> <td>21,326</td> <td></td> <td>20,852</td> <td></td> <td>21,142</td> <td></td> </tr> </tbody> </table>	Count of Employee Number	2022/23		2023/24		2024/25		Individual Proficiency Level	Total	%	Total	%	Total	%	0 - No Skills / Dim Sgiliau	9101	46.9%	9645	46.25%	10217	48.33%	1 - Entry/ Mynediad	2914	15%	2781	13.34%	2739	12.96%	2 - Foundation / Sylfaen	1410	7.3%	1371	6.57%	1394	6.59%	3 - Intermediate / Canolradd	1456	7.5%	1438	6.9%	1472	6.96%	4 - Higher / Uwch	1700	8.7%	1588	7.62%	1600	7.57%	5 - Proficiency / Hyfedredd	2829	14.6%	2743	13.15%	2778	13.14%	Total	19,410	91%	19,566	93.8%	20,200	95.54%	Total number of staff	21,326		20,852		21,142	
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Number of staff completing training	<p>Courtesy Course: 125 since 1 April 2025</p> <p>Confidence Building Course: 18 (course limited to Speech and Language Therapy Services. Demand across the Health Board would have significantly superseded this).</p> <p>Welsh Language Awareness Course: 19,831 (92.3%)</p>																																																																						
Patient / Service User Surveys e.g.	<p>Mystery Shopper Monitoring Survey</p> <p>The Health Board undertakes quarterly mystery shopper exercises to determine compliance with front-line Services. Please see detailed report below.</p>																																																																						

secret shopper surveys

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

- Reception Services
- Telephone Services
- Signage

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

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

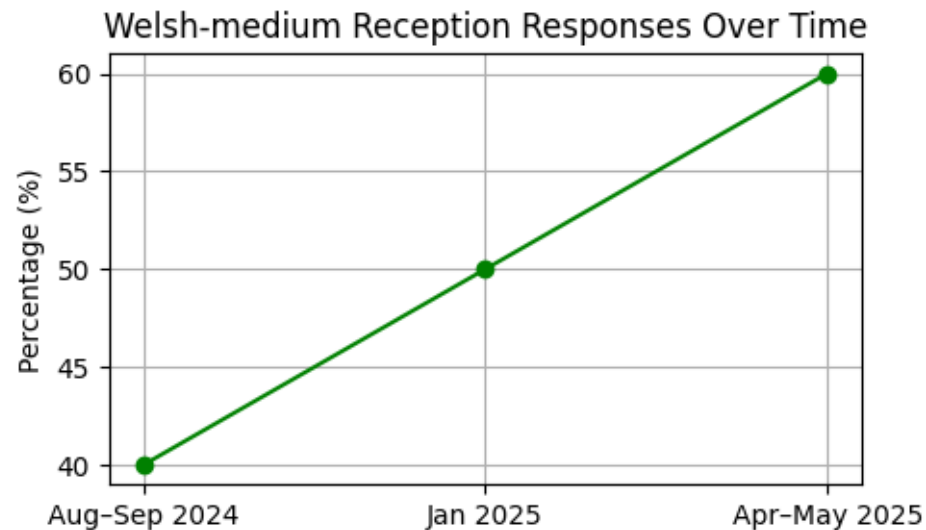


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

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

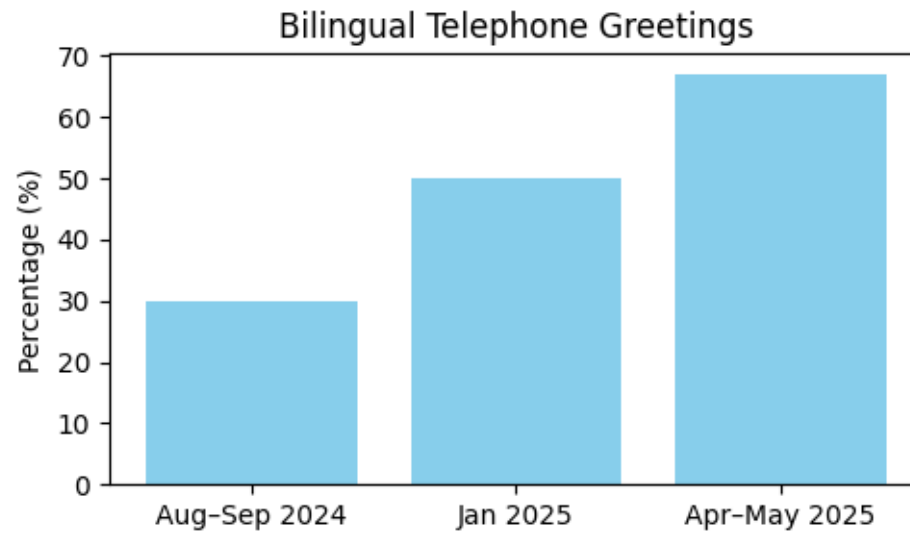


Figure 2: Proportion of telephone calls greeted bilingually.

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

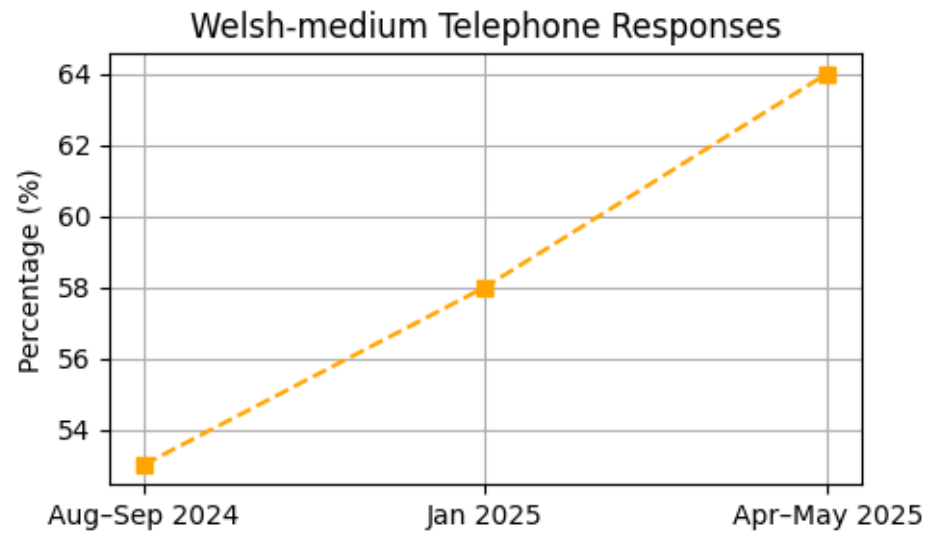


Figure 3: Percentage of telephone enquiries handled in Welsh.

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

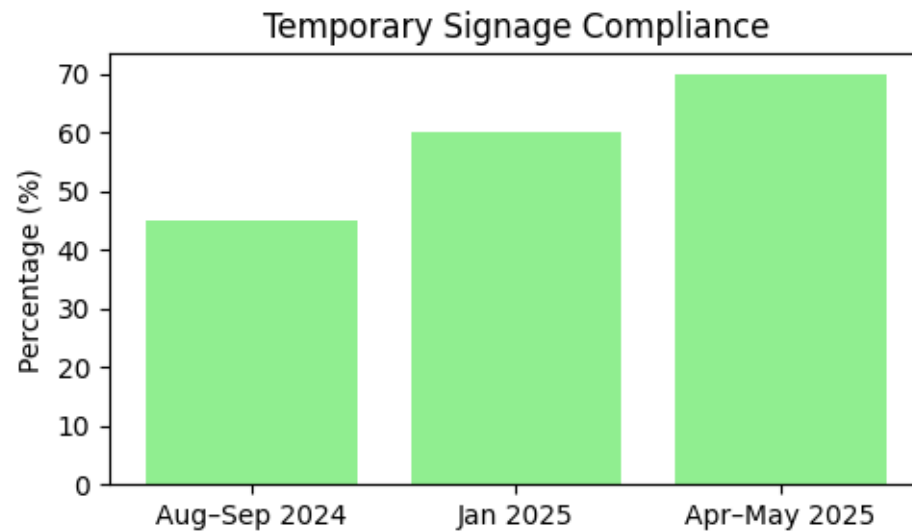


Figure 4: Compliance of temporary signage with Welsh Language Standards.

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

Patient Feedback

The Health Board has been capturing patient feedback, and has reported on a positive Experience at one of its main acute sites.

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

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- the mother felt their needs were listened to, and implemented
- better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene
- took the pressure off them of having to ask for any aspect of the care in Welsh

By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey: [Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'](#)

Ref	Description of Short Term and Medium Term Action	Guidance for completing the response	Lead Accountability	Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25?	Examples of good practice / work done in partnership.
Culture and Leadership					
1	We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). <i>(Short term)</i>	This was a short term action. There are now requirements in place for the Chairs of NHS Boards and the Directors of Social Services to have specific objectives in relation to supporting the implementation of Mwy na geiriau and the Active Offer. Health bodies / social services do not need to provide an update for the 2024/25 report (unless there are specific developments they wish to share as good practice) as Welsh Government will	Welsh Government for 2024/25.		

		review progress against objectives at the end of the year.			
2.	Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. <i>(Short to medium term)</i>	HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this action, and good practice they want to share regarding the promotion of the Welsh language across all settings.	Welsh Government / HEIW / SCW		
3	We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all	Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make	Chairs and Chief Executives of health and social care bodies		

	<p>aspects of our work to using what levers we have to increase its use. <i>(Medium term)</i></p>	<p>a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.</p>			
Theme 1: Welsh language planning and policies including data					
5	<p>Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard) <i>(Medium term)</i></p>	<p>Welsh Government will shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress.</p> <p>Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such as Mystery Shopper etc.</p>	<p>Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks</p>	<p>Please see section above on patient and service user experience.</p>	

		Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services.			
6	Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. <i>(Long term)</i>	<p>Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh.</p> <p>Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social Care and Early years Group to help embed the</p>	Welsh Government / Health and social care bodies	Specific work has been undertaken in strengthening policy documents to ensure that there are positive effects, or increased positive effects on opportunities for persons to use the Welsh language, and for treating the Welsh language no less favourably than the English language. The Equality Impact Assessment (EQIA) and the wider Integrated Assessment Screening Tool have been updated to ensure a more robust process of considering	Work has also continued to provide advice and support to the organisation with various aspects of complying with the Welsh Language Standards, while continuing to mainstream Welsh Language requirements into every day business of the Health Board. Advice was provided recently to the Programme Manager for the development of the Royal Alexandra Hospital (RAH), Rhyl. A group

		<p>Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW.</p> <p>Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.</p>		<p>the requirements of the Welsh Language Standards. A guidance document has been developed, providing detailed advice on completing the Welsh language section of the EqIA. This will facilitate policy developers to fully consider the Welsh language when forming a new policy, large-scale transformation projects or newly-established services.</p>	<p>was convened to identify social value for elements of the project to underpin the Economic section of the business case which was to be presented to Welsh Government. Discussions were had around mapping benefits/scope against the wellbeing goals for Wales which includes - 'A Wales of vibrant culture and thriving Welsh language'. During the reporting year, a member of the Welsh Language Team was invited to sit on an All-Wales E-Rostering Project Board, to look at Welsh Language specifications for the potential procurement of a new e-rostering</p>
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					<p>system. This required looking at technical specifications for a fully bilingual system which also identified language preference of users.</p> <p>A similar process is underway for a new 'All ages Mental Health system' – with Welsh Language requirements being included in the tender specifications. The Welsh Language Standards Compliance Officer scored the Welsh Language elements following a demonstration by potential suppliers. This is a joint project with Cwm Taf Health Board.</p> <p>As Digital services progresses, it is essential that the Welsh Language is considered fully in the development</p>
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					<p>stages. Discussions are underway regarding a new E-triage system for Emergency Departments. A bilingual system is currently unavailable, and discussion have been held with the Digital Team and the Welsh Language Commissioner's office on the best way forward. Advice and support have also been provided recently for the Learning Disability Services, who are currently overseeing a service transformation project. An integrated assessment screening tool (IAST) was completed which identified that a Welsh language consultation was required. The ECRS transformation will</p>
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					<p>reduce out of area placement of individuals with learning disabilities by providing an intermediate care service in North Wales. At present, many patients who require rapid, crisis response care are sent out of area in the UK. By establishing this provision in North Wales, patients are more able to receive care through the medium of Welsh if required.</p> <p>Transforming the service to provide intermediate care within North Wales will increase opportunities to identify the preferred language of patients/service users in line with the Welsh Language Standards. A</p>
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					meeting was subsequently arranged to discuss the next steps.
7	Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments. <i>(Short term)</i>	Welsh Government will provide the update for this action. Welsh Language is included in the National Planning Guidance for Health Boards. Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on More than just words priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.	Welsh Government	The Health Board has adopted the national guidelines in mainstreaming Welsh language requirements into the health Board's IMTP 2025-2028. Please see column to the right which outlines the objectives for 2025-2026.	<p>2025-2026:</p> <ul style="list-style-type: none"> • 3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings. • 3D.2 - Adopt the Language Choice Scheme to a specific vulnerable

					<p>patient group.</p> <ul style="list-style-type: none"> • 3D.3 - Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce. • 3D.4 - In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services,
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					<p>which have been identified as a priority workforce group.</p> <ul style="list-style-type: none"> • 3D.5 – Promote the use of Welsh language within the organisation. 																																																		
8	An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh <i>(Medium term)</i>	Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period).	HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors.	Recording language skills is mandatory on ESR. Details of current position with a 95.54% compliance level.	<table border="1"> <thead> <tr> <th>Number</th> <th colspan="2">2022/23</th> <th colspan="2">2023/24</th> </tr> <tr> <th>Level</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>liau</td> <td>9101</td> <td>46.9%</td> <td>9645</td> <td>46.25%</td> </tr> <tr> <td>en</td> <td>2914</td> <td>15%</td> <td>2781</td> <td>13.34%</td> </tr> <tr> <td>olradd</td> <td>1410</td> <td>7.3%</td> <td>1371</td> <td>6.57%</td> </tr> <tr> <td>redd</td> <td>1456</td> <td>7.5%</td> <td>1438</td> <td>6.9%</td> </tr> <tr> <td></td> <td>1700</td> <td>8.7%</td> <td>1588</td> <td>7.62%</td> </tr> <tr> <td></td> <td>2829</td> <td>14.6%</td> <td>2743</td> <td>13.15%</td> </tr> <tr> <td></td> <td>19,410</td> <td>91%</td> <td>19,566</td> <td>93.8%</td> </tr> <tr> <td></td> <td>21,326</td> <td></td> <td>20,852</td> <td></td> </tr> </tbody> </table>	Number	2022/23		2023/24		Level	Total	%	Total	%	liau	9101	46.9%	9645	46.25%	en	2914	15%	2781	13.34%	olradd	1410	7.3%	1371	6.57%	redd	1456	7.5%	1438	6.9%		1700	8.7%	1588	7.62%		2829	14.6%	2743	13.15%		19,410	91%	19,566	93.8%		21,326		20,852	
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9	An annual report will be prepared by an appropriate body to bring together the data	Welsh Government will work with HEIW and	HEIW/SCW, health and social care bodies																																																				

	<p>relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards. <i>(Short/medium term)</i></p>	<p>SCW to provide the update for this action.</p> <p>Welsh Government has commissioned OB3 to draft the MTJW Annual Report 2024-25.</p> <p>As noted above: Welsh Government will also shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify key data gaps in relation to monitoring outcomes, impact and progress.</p> <p>Health bodies / social services do not need to provide an update on this action for the 2024/25 report.</p>			
10	<p>That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance</p>	<p>The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been</p>	HEIW / Social Care Wales		

	<p>should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate <i>(Short term)</i></p>	<p>used across different settings / policies.</p>			
11	<p>The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies. <i>(Short term)</i></p>	<p>Welsh Government will update on this action. The Duty of Quality has been introduced and the importance of the Active Offer was included in the statutory guidance published in April 2023.</p>	<p>Welsh Government</p>		
12	<p>The importance of the Welsh language in planning and</p>	<p>Welsh Government will update on this action.</p>	<p>Welsh Government</p>		

	<p>delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the More than just words accountability arrangements including the dashboard. <i>(Medium term)</i></p>	<p>Work on the outcomes framework has been paused.</p> <p>As noted above: Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on Mwy na geiriau priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.</p>			
Theme 2: Supporting and developing the Welsh language skills of the current and future workforce					
13	<p>Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. <i>(Medium term)</i></p>	<p>Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.</p>	<p>Health and social care bodies, HEIW and SCW</p>	<p>Gaps identified on a service level. e.g gaps identified in SALT services, and training has been targeted at various levels to address needs.</p> <p>‘Bilingual Skills Policy and Procedure’ outlines recruitment and retention activities, including the advertisement of posts deemed as Welsh Essential. Four categories of front-line posts have been identified as ‘Welsh Essential (ward clerks, receptionists, switchboard staff and patient appointment booking centre staff). If Welsh speakers are not recruited, there is a proviso that the successful candidate will need to learn Welsh.</p>	

				<p>Please note, Learning Pathways have been developed to address this.</p> <p>Swyddi Cymraeg Hanfodol / Welsh Essential Posts</p> <p>(Please note: If details are not accessible, Word copies can be provided).</p>
14	<p>We'll expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.</p> <p><i>(Medium term)</i></p>	<p>Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.</p>	<p>Health and social care bodies</p>	<p>In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board.</p> <p>Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.</p>



				<p>Comp Matrix - Default</p> <table border="1"> <thead> <tr> <th>Division</th> </tr> </thead> <tbody> <tr><td>Health Community Centre (HCCX)</td></tr> <tr><td>Health Community East (HCEX)</td></tr> <tr><td>Health Community West (HCWX)</td></tr> <tr><td>Integrated Clinical Delivery - Primary Care (ICDP)</td></tr> <tr><td>Integrated Clinical Delivery - Regional Care (ICDR)</td></tr> <tr><td>Mental Health & LDS (MX00)</td></tr> <tr><td>Midwifery and Womens Services (WXXX)</td></tr> <tr><td>Corporate Services</td></tr> <tr> <td>Total</td> </tr> </tbody> </table>	Division	Health Community Centre (HCCX)	Health Community East (HCEX)	Health Community West (HCWX)	Integrated Clinical Delivery - Primary Care (ICDP)	Integrated Clinical Delivery - Regional Care (ICDR)	Mental Health & LDS (MX00)	Midwifery and Womens Services (WXXX)	Corporate Services	Total
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Corporate Services														
Total														
15	<p>The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored</p>	<p>National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes.</p> <p>Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.</p>	<p>Welsh Government / National Centre for Learning Welsh</p>	<p>The Health Board has entered into its sixth 'work Welsh' agreement with the National Centre for Learning Welsh.</p> <p>Priority groups have been targeted (SALT), and a dedicated programme has been developed for 25-26.</p> <p>The National Centre for Learning Welsh funds a Support Officer post which has been strategically aligned to address current gaps in provision within the organisation. A copy of the agreement, targets and management areas can be provided.</p>										



	<p>provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. <i>(Medium term)</i></p>			
16	<p>Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities <i>(Medium term – guidance to be developed and shared in the short term)</i></p>	<p>All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.</p>	<p>Health and social care bodies</p>	<p>Already in place. Please see Policy below.</p> <div data-bbox="1464 887 1514 943" data-label="Image"> </div> <p>WP51 - Bilingual Skills Policy .pdf</p> <p>Please see details below with regard to the number of posts being advertised as Welsh Essential / Welsh Desirable / Welsh to be learned:</p> <p>2024 / 2025 Data:</p> <ul style="list-style-type: none"> - Welsh language skills are essential - 301 (6.5 per cent)

				<ul style="list-style-type: none"> - Welsh language skills are desirable - 4238 (92.2 per cent) - Welsh language skills to be learnt - 49 (1.1 per cent) - Welsh not a required skill - 8 (0.17 per cent) <p>Total number of vacancies advertised - 4596</p>
17	<p>Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. <i>(Short term- introduction)</i></p>	<p>National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations.</p> <p>Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) and delivered locally, and key data on take up.</p>	<p>National Centre for Learning Welsh</p> <p>Health and social care bodies</p>	<p>Fframwaith sgiliau iaith / Welsh language skills framework -</p> <p>It’s also encouraging to see an increasing number of Board members are now engaging in Welsh language learning with the support of the internal tutor, reflecting a strengthened commitment to promoting bilingualism at all levels of the Health Board.</p> <p><i>“I have really enjoyed my lessons with Beth. Welsh is such a beautiful language but I was daunted by how different some of the sounds are and how long some of the place names are! Beth has helped me build up from words to phrases, and to gain confidence in trying out what I have learned in meetings and with colleagues. Last week I even opened a meeting in Welsh, which felt amazing!”</i> Tehmeena Ajmal, BCU Chief Operating Officer</p> <p>Currently teaching 9 Board Members. 4 have successful passed the courtesy Welsh language exam. The others are preparing to sit the exam.</p>

				<p>Gwersi wythnosol Gofal Gorau 1 / Gofal Gorau 1 Weekly Welsh lessons</p> <p>This course is launched three times a year (January, May and September) and runs for a total of 12 weeks, one hour per week. Learners learn basic and courtesy level Welsh language during these sessions and have the option to continue their studies and attend the Gofal Gorau 2 course.</p> <p>22 members of staff are currently completing the Gofal Gorau 1 course (started in May 2025)</p> <p>Welsh to be learnt posts</p> <p>New BCU starters with 'Welsh to be learnt' as part of their contract are mentored by BCU Welsh language training team to ensure they progress with their Welsh language skills. A learning plan is created and staff members attend a one to one session focusing on courtesy language, how to answer the phone bilingually, how to greet patients bilingually face to face and how to give directions.</p> <p>Currently 5 members of staff are completing the programme. Learners who complete the initial programme are encouraged to continue to learn Welsh by attending in-house weekly lessons or the self-studying on-line courses.</p>
18	Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and	Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of	Health and social care bodies	<p>Standard 110</p> <p>A plan for the next five-year period for Standard 110, which requires us to increase our ability to offer to carry out clinical consultations in Welsh, has been approved by the Welsh Language Strategic</p>

	<p>those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) <i>(Medium term)</i></p>	<p>Welsh across clinical settings.</p>		<p>Forum recently. The new plan will continue to develop bilingual services for our patients, focussing on recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. Work has continued with one of our vulnerable groups, dementia services. The Welsh Language Team recently supported the Dementia Team during Dementia Action Week, with one element of the week-long activities promoting the 'Active Offer' for providing Welsh language services to patients, which is a core element of the Welsh Government's Strategic Framework 'More than Just Words'. The ability to offer services through the medium of Welsh, particularly for this group of vulnerable patients, is extremely important as part of their core care.</p> <p>A copy of the plan can be provided.</p>
19	<p>Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of</p>	<p>Welsh Government has commissioned a suite of films (based in different health and social care settings) and an overarching animation to promote the aims of Mwy na geiriau and the active offer. These will be launched at the</p>	<p>Welsh Government/ SCW and HEIW</p>	<div data-bbox="1384 1011 1803 1182" data-label="Image"> </div> <p>'Use Your Welsh' Campaign</p> <p>During March, the Welsh Language Services Team held a campaign with the aim to highlight the importance of offering services through the</p>

	<p>Welsh has in improving outcomes for individuals. (<i>Medium term</i>)</p>	<p>National Eisteddfod, Wreccsam.</p> <p>Health and social care bodies to provide information on promotion campaigns they are also delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language.</p>		<p>Welsh language to our patients. Report on the campaign attached.</p> <p> Use Your Welsh Campaign - BCUHB.doc</p> <p>Case studies of learners – can share numerous case studies. Four case studies were developed as part of the ‘Use your Welsh’ campaign. All individual case studies can be shared.</p> <p>Shortlisted for NHS Wales Award ‘Equitable care’ for Language Choice Scheme at 2024 awards.</p>
20	<p>Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. (<i>Short/medium term</i>)</p>	<p>HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions.</p> <p>Careers Wales to provide information on initiatives promoting the importance of Welsh language skills</p>	<p>Careers Wales / HEIW and SCW / health and care bodies</p>	<p>Report attached on activities undertaken with Careers Wales in schools across North Wales to promote the importance and advantages Welsh as a skill at work.</p> <p>Report attached.</p> <p> Gweithdai Gyrfu Cymru.docx</p> <p>In addition, numerous sessions and workshops have been held with the North Wales Medical School as part of the new Medical course. Sessions have also been</p>

		<p>in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions.</p> <p>Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.</p>		<p>delivered with a focus on linguistic skills with health care students at Wrexham University.</p> <p>The Health Board has developed a booklet entitled 'working Bilingually in the Health Sector' which has been shared with secondary schools and higher education providers across North Wales. Attaching English and Welsh electronic versions.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  BCUHB - A5 Booklet - ENGLISH.pdf </div> <div style="text-align: center;">  BCUHB - A5 Booklet - CYMRAEG.pdf </div> </div>	
21	<p>HEIW, MEDR and SCW to monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/ or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the</p>	<p>HEIW / MEDR / SCW to provide data on the numbers of bilingual students being trained as health and social care professionals.</p>	<p>HEIW / MEDR / SCW</p>		

	dashboard development set out under Section 4 <i>(Short term)</i>				
22	Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4. <i>(Short term)</i>	Welsh Government will include the latest data in the MNG Annual Reports for 2023-24 and 2024-25.	Welsh Government		
23	Welsh Government / MEDR have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School. HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study	Coleg Cymraeg Cenedlaethol to update on the number of undergraduate courses in the areas of health and care. This to include information on health and social care courses where students cannot study one third of the course in Welsh.	HEIW / SCW / Coleg Cymraeg Cenedlaethol		

	<p>one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training.</p> <p><i>(Short term)</i></p>				
24	<p>Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce.</p> <p><i>(Short term)</i></p>	<p>Welsh Government is collating information on incentives currently available to students including bursaries.</p>	Welsh Government		
25	<p>Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply</p>	<p>The Doctoriaid Yfory Scheme has now been extended to more general health and social care career including dentistry.</p> <p>Welsh Government will consider opportunities for further promoting the scheme.</p> <p>Coleg Cymraeg Cenedlaethol to</p>	Welsh Government / Coleg Cymraeg Cenedlaethol		

	successfully to study medicine and other subjects. <i>(Short term)</i>	provide latest data on take up.			
26	Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans. <i>(Short term)</i>	HEIW and Coleg Cymraeg Cenedlaethol to provide an update on work being taken forwards to progress this action.	Welsh Government / Coleg Cymraeg Cenedlaethol / HEIW		
27	Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments. <i>(Short term)</i>	Welsh Government will provide the update for this action in collaboration with HEIW and SCW.	Welsh Government / SCW / HEIW		
28	Coleg Cymraeg Cenedlaethol is tasked with undertaking a review	Coleg Cymraeg to provide information on	Coleg Cymraeg Cenedlaethol		

	of bilingual provision in health and social care across the FE and apprenticeship sector and making recommendations as appropriate as to further steps required to develop bilingual skills amongst level 2 and 3 learners <i>(Medium term)</i>	progress with the review.			
Theme 3: Sharing best practice and an enabling approach					
29	We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. <i>(Short term)</i>	Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb laith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and explain why if they haven't.	Welsh Government / Welsh language officers	Information shared for Good Practice Hub. Additional information shared as part of the first 'More than just words' newsletter. It was encouraging to see so many of our articles had been included.	
30	We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user	Health and social care bodies should provide specific examples of where and how the principles of the	DHCW / health and social care bodies		

	interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. <i>(Short term)</i>	Bilingual Toolkit has been used.			
32	We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. <i>(Short term)</i>	Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events.	Welsh Government, Health and social care bodies	See 29 above.	
33	We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters <i>(Medium term)</i>	Welsh Government will provide the update on this action. The first stage of the survey was completed in December 2024 and results are being analysed. Further qualitative research is being undertaken by an external contractor. This work will report in Autumn 2025.	Health Boards and Primary Care Clusters		

		Health boards Health bodies / primary care clusters do not need to provide an update on this action for the 2024/25 report.			
34	Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia. <i>(Long term)</i>	<p>Welsh Government will provide the update on this action.</p> <p>However – as noted for Action 6: Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups.</p> <p>Welsh Government to collate diagnostic assessments and resources that should be available in Welsh. The next step for the longer term would be to prioritise which assessments need to be available in Welsh.</p>	Welsh Government		
35	Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of	Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh	Welsh Government / DHCW / health and social care bodies	Staff are provided with the option to have the 'Cymraeg' logo on their uniforms (Nursing and HCSWs).	

	<p>belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards.</p> <p>We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (<i>Short term</i>)</p>	<p>speaking staff – including any work in relation to digital systems locally.</p> <p>DHCW to update on work happening at a national level to support this agenda.</p>		<p>This information is also monitored and captured as part of the Health Board Mystery Shopper scheme where face-to-face reception services' visits cover whether Welsh speaking staff were identified as such with the 'cymraeg' logo / badges / lanyards. This is reported upon quarterly to the Health Board's Welsh Language Strategic Forum.</p>
36	<p>We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use</p>	<p>DHCW to update on actions being taken forward to deliver this commitment.</p> <p>DHCW also to provide data on the numbers accessing / using the Welsh language options in the App, if this is possible.</p>	Welsh Government/ DHCW	

	and understand in Welsh and English. <i>(Medium term)</i>				
37	We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. <i>(Short term- joint working on developing standard terms)</i>	Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources.	Welsh Government / health and social care bodies / NWSSP	In progress.	Additional resources have been developed during the year to support staff to use their Welsh. A vocabulary card on using Welsh in meetings has been developed, with a QR code linking to a video on the Health Board's YouTube channel to aid pronunciation. Previously developed resources (keyring vocabulary) were reproduced in readiness for the 'Use your Welsh' campaign as uptake and demand for these resources has increased over the year as a result of internal engagement events and activities.

38	<p>We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice. <i>(Medium term)</i></p>	<p>CIW and HIW to provide information on guidance and training for inspectors to support reporting on Welsh language and culture, and the Active Offer. CIW and HIW to also provide relevant inspection data on compliance/non-compliance with Welsh language requirements.</p>	Regulation and Inspection Bodies		
39	<p>Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress. <i>(Short term)</i></p>	<p>Welsh Government will provide the update on this action.</p> <p>This commitment links directly to Action 5 and Welsh Government plans to shortly commission a contractor to identify key data on Welsh Language in health and social care.</p>	Welsh Government		
40	<p>Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify data gaps that would further help measure progress.</p>	<p>Welsh Government will provide the update for this action.</p> <p>This will become possible once the data mapping and review exercise has been</p>	Welsh Government		

	<i>(Develop initial indicators – Short term Identify data gaps – Short term Fill data gaps where possible – Medium term)</i>	completed (see Action 5).			
41	Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting. <i>(Establish working group Short term First dashboard publication Medium Term Summit to share dashboard with data owners Medium term)</i>	This will become possible once the data mapping and review exercise has been completed (see Action 5).	Welsh Government		
42	All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan.	All health bodies and local authorities to list the person responsible for ensuring delivery of the actions.	All health bodies and local authorities	Completed.	
43	More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis <i>(First Annual Report – Summer 2023)</i>	Welsh Government will provide the update on this action.	All accountable organisations listed in this plan	Completed.	

44	<p>Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress. <i>(Annual advisory report 2023 Advisory report to include reflection on dashboard data from 2025)</i></p>	<p>Welsh Government will provide the update on this action.</p> <p>The Advisory Board for Mwy na geiriau has been in place since August 2023.</p>	Welsh Government		
45	<p>Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required. Statement on progress to be shared with Senedd Members annually. <i>(First Annual Progress Meeting – Autumn 2023 First Statement to Senedd Members – Autumn 2023)</i></p>	<p>Welsh Government will provide the update on this action. Plans are in place to organise a stakeholder event for 9 October 2025.</p>	Welsh Government		

	<i>From 2025 the progress report to include the performance data dashboard)</i>				
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Completed form to be returned by no later than: 1 September 2025



Teitl adroddiad: <i>Report title:</i>	Health, Safety and Security Annual Performance Report			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of the report is to provide the Health Board with a summary of principal activity and outcomes relating to the management of health and safety at work within Betsi Cadwaladr University Health Board during the financial year 2024-2025.</p> <p>The report summarises the prevailing legislative framework within which health and safety is managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Health Board.</p>			
Argymhellion: <i>Recommendations:</i>	The Committee is asked to accept the ASSURANCE provided in the report.			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Stuart Keen; Director of Environment and Estates			
Awdur yr Adroddiad: <i>Report Author:</i>	Lynne Bushell, Head of Health, Safety and Security with contributions from the Health, Safety and Security Team			
Pwrpas yr adroddiad: <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"/>	
Lefel sicrwydd: <i>Assurance level:</i>	Arwyddocaol <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	Derbyniol <i>Acceptable</i> <input checked="" type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	Rhannol <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	Dim Sicrwydd <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth <i>No confidence / evidence in delivery</i>
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: <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>				
Cyswllt ag Amcan/Amcanion Strategol: <i>Link to Strategic Objective(s):</i>	Objective 1: Building an effective organisation Objective 4: Improving Quality, Outcomes and Experience			

Goblygiadau rheoleiddio a lleol:	Stated in the report.
<i>Regulatory and legal implications:</i>	
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	No
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>	No
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>	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
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith <i>Financial implications as a result of implementing the recommendations</i>	There is no additional costs associated with this paper at this time.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith <i>Workforce implications as a result of implementing the recommendations</i>	There are no direct implications associated with this paper at this time.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori <i>Feedback, response, and follow up summary following consultation</i>	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	CRR 24-15
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) <i>Reason for submission of report to confidential board (where relevant)</i>	Not applicable
<i>Next Steps: Ongoing refinement of this report to support committee oversight</i>	
<i>List of Appendices: Health, Safety and Security Annual Performance Report</i>	



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health, Safety and Security Annual Performance Report

Report Presented to:

People and Culture Committee

Date of Meeting: 14th August 2025

Period Report Covers: 01/04/2024 – 31/03/2025

Report of:

Stuart Keen, Director of Environment and Estates

Report Prepared and Presented by:

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Cyfarfod a dyddiad: Meeting and date:	People and Culture Committee						
Cyhoeddus neu Breifat: Public or Private:	Private						
Teitl yr Adroddiad Report Title:	Summary Annual Health and Safety Report 2024-2025						
Cyfarwyddwr Cyfrifol: Responsible Director:	Stuart Keen, Director of Environment and Estates						
Awdur yr Adroddiad Report Author:	Lynne Bushell, Head of Health, Safety and Security With contributions from the Health, Safety and Security Team						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Argymhelliad / Recommendation:							
Ticiwch fel bo'n briodol / Please tick as appropriate							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval	<input type="checkbox"/>	Ar gyfer Trafodaeth For Discussion	<input type="checkbox"/>	Ar gyfer sicrwydd For Assurance	<input checked="" type="checkbox"/>	Er gwybodaeth For Information	<input type="checkbox"/>
Y/N i ddangos a yw dyletswydd Cydraddoldeb/ SED yn berthnasol Y/N to indicate whether the Equality/SED duty is applicable					N		

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Executive Summary

The purpose of the report is to provide the Health Board with a summary of principal activity and outcomes relating to the management of health and safety at work within Betsi Cadwaladr University Health Board during the financial year 2024-2025. The report also highlights current key priorities for the Strategic Occupational Safety and Health Group (SOSHG) and its sub-groups that are planned or underway for 2025-2026.

The report summarises the prevailing legislative framework within which health and safety is managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Health Board.

Summary of Performance for 2024-2025:

During the financial year there have been 8374 incidents that have been reported and relate to health and safety. This represents a 3.5% decrease when compared to the year 2023-2024, in which 8681 incidents were reported.

The top 3 reported incidents have remained consistent when compared to the previous financial year, and these are:

Accident/Injury:

1. Contact with needles or medical sharps
2. Slips, Trips and Falls
3. Struck against or by an object.

Behaviour including V&A:

1. Aggressive/threatening behaviour
2. Physical Assault (physical contact)
3. Inappropriate behaviour attitude

In total, there were 57 RIDDORs reported in 2024-2025 compared to 90 reported in the previous financial year. A reduction of 37%. This shift is attributed to a more robust process for the identification and investigation of this type of incident.

The breakdown of RIDDORs was: 45 relating to staff/contractors of which 'over 7-day absence was the most significant outcome, 12 incidents relating to non-employees (patients, public and visitors) of which one was a fatality following a patient fall. In the non-employee category, slips, trips and falls was the most significant cause overall.

In the financial year 2024-2025, there were 35 out of 57 occasions where submissions were beyond the statutory timeframe set, which is 61.40% of returns made.

With the support of the Datix Team a RIDDOR Dashboard has been created and a team procedure developed to enable quicker follow-up and closer monitoring of potential and confirmed RIDDOR reportable incidents as they progress through investigation. The dashboard and process were launched on 1st April 2025 and it is hoped an overall improvement will be seen in the number of late submissions.

Areas of concern that require continued focus and potential resource/investment include:

- Health and Safety Risk Management Process and the lack of a technology solution. This is captured in the Corporate Health and Safety Risk (ID5040 CRR 24-15), which has a current risk score of 20. A potential solution is on the horizon and the Health and Safety Team are working with the Corporate Risk Management Team regarding this.
- There is no formal Health and Safety Training Needs Analysis that sets out which courses are required, by whom and at what frequency. This is an objective for the new financial year 2025-2026.

- Health and Safety Incident Reporting and Investigation Process has been impacted by the implementation of the Patient Safety Incident Review Framework (PSIRF). A policy and training course is in development.

Areas of success:

- A review of the SOSHG was undertaken under the steer of the CEO. This Group will continue to develop under the new Chair, Director of Environment and Estates.
- The findings within the Health and Safety Internal Audit have progressed well and the majority of actions are now closed.
- Compliance with Moving and Handling Level 2 Training has increased but remains stubbornly below the target of 85%. A review of this training and work with Speciality Leads continues to ensure the right people are attending the right course.

Objectives for 2025-2026

Health and Safety

- Begin to develop a Health and Safety Risk Assessment and Risk Management Framework.
- Begin to develop a Health and Safety Incident Reporting and Investigation Framework, including RIDDOR Procedure.
- Develop a Health and Safety Incident Reporting and Investigation Training Programme to support the effective delivery of the Policy.
- Start to create a Health and Safety Training Needs Analysis for training courses facilitated across, health and safety, manual handling, personal safety, and mask fit testing.

Manual Handling

- Review the BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to determine most appropriate way of delivering compliance against the passport.
- Identify, with Health Board support, training venues that are permanent and fit for purpose.
- In line with some other Welsh Health Boards, explore introducing a charge for 'DNAs' on some training programmes.
- Work with the Electronic Staff Record (ESR) Team to:
 - Ensure the 'assignment' of training required by job role is accurate.
 - Establish whether the expiry date can be linked to a course to prevent incorrect course bookings.
 - Ensure the recorded training data is accurate and fit for reporting purposes.
- A governance framework for manual handling training records is required.

Violence and Aggression

- Carry out a Violence and Aggression Survey.
- Begin to utilise the Violence Prevention and Reduction Standards alongside the Anti-Violence Collaborative and start to implement the Obligatory Response to Violence into the workplace, and, where possible, link these with the North Wales Serious Violence Response Strategy 2024.
- Strengthen existing networks to facilitate collaborative working, including internally, EPPR and Safe Guarding and externally, Police and Counter Terrorism etc.
- Board level reports on violence and aggression compliance to SOSHG.

Mask Fit Testing

- Explore opportunities to income generate to support equipment maintenance and its ultimate replacement and/or develop a business case for replacement.

General

- Undertake a review of the structure of the Health, Safety and Security Services to determine whether the current establishment is sufficient to deliver the strategy and plan.

1. INTRODUCTION

This summary Health and Safety Annual Report covers the period 1st April 2024 – 31st March 2025.

The report outlines key developments and the work that has been undertaken during this reporting period and is an opportunity to consider work planning and the objectives for the year ahead.

The Health and Safety at Work etc. Act 1974, and associated regulations, provide a legislative framework to promote, stimulate and encourage excellent health and safety at work standards. The purpose is to ensure the health, safety and welfare of employees and anyone who may be affected by the Health Board's work activities.

In particular, the act requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment, including provision and maintenance of access to and egress from premises.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training and supervision, as necessary.
- Adequate welfare facilities.

At Betsi Cadwaladr University Health Board (here in referred to as 'the Health Board') overall responsibility for health and safety sits with the Chief Executive Officer; however, nominated responsibility is assigned to the Director of Environment and Estates.

2. SERVICE STRATEGY

The Management of Health and Safety at Work Regulations requires the Health Board to appoint one or more competent persons to assist in achieving compliance with the relevant health and safety statutory requirements. The Health Board fulfils its responsibility for health and safety by:

- Maintaining a team of professionals to provide advice and support in relation to health and safety matters.
- Offering and facilitating a range of health and safety training courses in addition to the mandatory eLearning modules.
- Measuring compliance with health and safety policies through Health and Safety Reviews and other monitoring mechanisms such as monthly and quarterly performance reports.
- Consulting, in various ways, with the workforce in relation to health, safety and welfare, including via the Strategic Occupational Safety and Health Group (SOSHG).

The Health and Safety Team comprises of the following services:

- Health and Safety
- Manual Handling
- Mask Fit Testing
- Security including Violence and Aggression

Collectively, the team have built on and continue to further embedded proactive systems designed to raise awareness, and as far as is reasonably practicable, prevent or reduce the risk of harm occurring. These included introducing or reviewing several policies and procedures, including:

- HS01 Occupational Health and Safety Policy
- HS02 Protecting Employees from Violence and Aggression
- HS03 General Risk Assessment Procedure
- HS03a Appendices 1-6 Risk Assessment Forms
- HS04 Procedure Guidance - Workplace Health, Safety & Welfare
- HS10 Protocol for the Safe Management of Vibration
- HS19 Staff Health Surveillance Screening Procedure
- HS27 Security Policy

3. OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEM (OSHMS)

The Health and Safety Policy and Statement of Intent was reviewed and ratified in January 2025.

3.1. Health and Safety Risk Assessment and Risk Management

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. To support this compliance, the Health and Safety Team continued provide advice and guidance in the development of health and safety risk assessments.

There is one risk on the Corporate Risk Register linked to health and safety, which is risk ID 5040 (CRR 24-15). This risk has a score of 20, and is progressing.

Other associated risks on the Risk Register are:

- Risk ID: 3893 - Manual Handling Training Compliance. This has a risk score of 16.
- Risk ID: 5041 - Security Services. This has a risk score of 12.
- Risk ID: 5240 - Restrictive Physical Intervention Training. This has a risk score of 12.

The management and oversight of operational health and safety risks is a key area for improvement and was identified as a workstream for the financial year 2025-2026 in the Strategic Plan and Gap Analysis undertaken in September 2024. This work will require organisational support, investment in a technology solution, and collaboration with the Corporate Risk Management team.

4. COMMUNICATION AND CONSULTATION

4.1. Strategic Occupational Safety and Health Group (SOSHG)

The Strategic Occupational Safety and Health Group (SOSHG) is the Health Boards Health and Safety Committee as required by The Safety Representatives and Safety Committees Regulations 1977 (as amended).

A review of the SOSHG was undertaken under the steer of the CEO. This Group will continue to develop under the new Chair, Director of Environment and Estates. This group meets bi-monthly and is accountable to the People and Culture Committee, with escalation to the Health Board.

The SOSHG is tasked with monitoring the development, implementation, audit and delivery of health and safety organisational management throughout the Health Board. The Group has several formal sub-groups which report into this group as listed below:

- Health and Safety Leads Sub-group
- Health and Wellbeing Safety Sub-group
- Asbestos Management Safety Sub-group
- Security Management Safety Sub-group
- Fire Safety Sub-group
- Water Safety Sub-group
- Electrical Safety Sub-group

A Health and Safety Meetings' Governance Framework has been drafted and is awaiting consultation and a Chairs report is routinely prepared for People and Culture Committee.

The SOSHG receives reports from its sub-committees and approves policies consulted upon and approved at sub-committee level. Terms of Reference are due to be reviewed.

Further reports are required from the following areas:

- Cancer Services Health Safety, Security and Risk Group
- Diagnostics and Clinical services Health Safety and Security Risk Group
- Occupational Health Service
- IHC West Health Safety Security and Risk Group

- IHC Central Health Safety Security and Risk Group
- IHC East Health Safety Security and Risk Group
- MHLD services Health, Safety and Security Risk Group
- Women and Childrens Services Health Safety and Security Risk Group
- Environment and Estates

4.2. Health and Safety Intranet Pages on BetsiNet

Work to update the Health and Safety Intranet Pages is ongoing to ensure that it is a functional and informative resource available for use by all employees across the Health Board.

5. TRAINING AND COMPETENCE

The Health and Safety at Work etc. Act 1974, places responsibilities on employers and employees with respect to health and safety at work. For managers and supervisors, this includes the responsibility to ensure staff are suitably monitored and supervised with respect of health and safety.

In addition to this, under the Act, the Health Board is required to provide staff with appropriate information, instruction and training, so far as is reasonably practicable, to ensure the health and safety at work of all employees, including young people, work experience, volunteers, contractors/self-employed and Union representatives.

The level of education is based upon a training needs analysis, type of role, location and service need. The learning outcomes are supplemented by specific job and site training as necessary to ensure competence in safe working practices and compliance with legal requirements.

The programme of Health and Safety Training and the development of a Training Needs Analysis is planned for the Financial Year 2025-2026.

5.1. Health and Safety Training

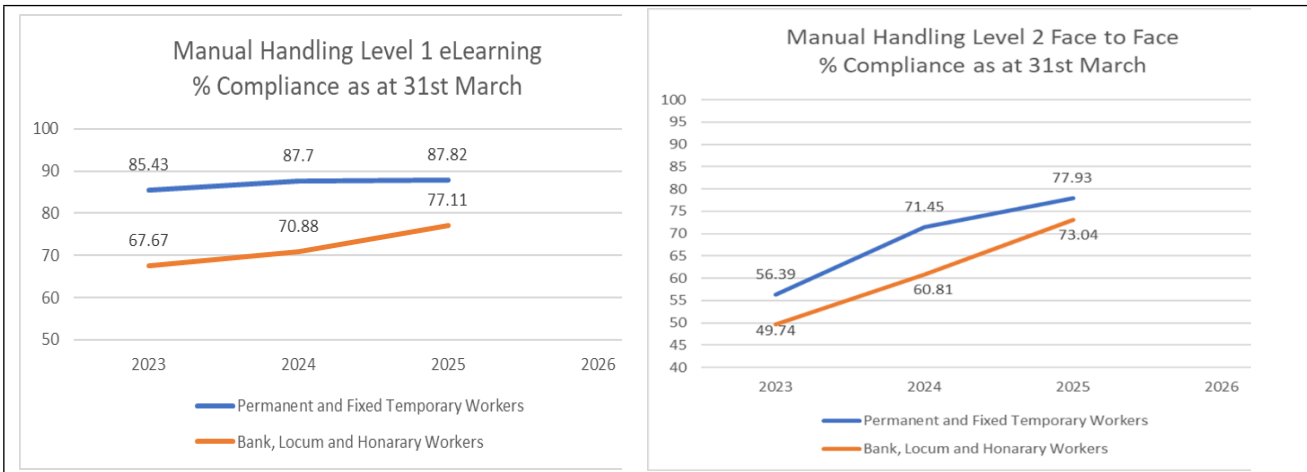
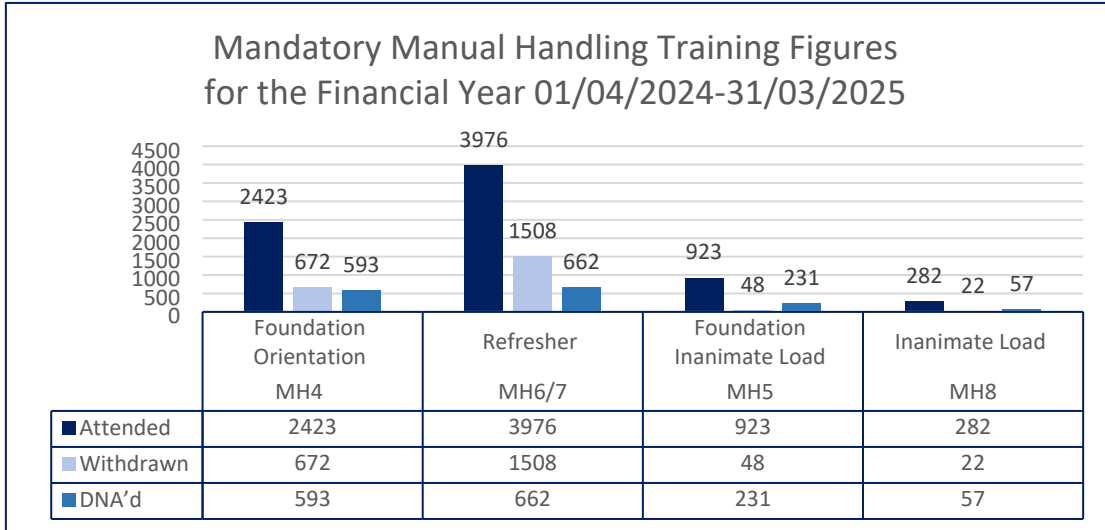
The table below shows compliance with statutory and mandatory Health and Safety Level 1 eLearning training broken down by region/service sector as at 31/03/2025.

eLearning Mandatory Training	DIVISION / DIRECTORATE						
	Cancer Services	Diagnostics & Clinical	IHC Central	IHC East	IHC West	MHLD	Womens and Midwifery
Health Safety and Welfare	357 83.41%	1001 83.70%	4867 89.47%	5158 92.84%	4070 91.34%	2076 92.47%	780 91.66%

The table below shows health and safety courses run and attendance across the service 2024/2025.

Non- Mandatory Health and Safety Training Courses undertaken 2024-2025	
Course	Attended/Completed
COSHH Awareness (online)	137
RIDDOR Awareness (online)	79
Risk Assessment Made Easy (online)	131
NEBOSH Health and Safety at Work Award (classroom)	146
NEBOSH Health and Safety General Certificate (classroom)	6 (results pending)

5.2. Manual Handling Training



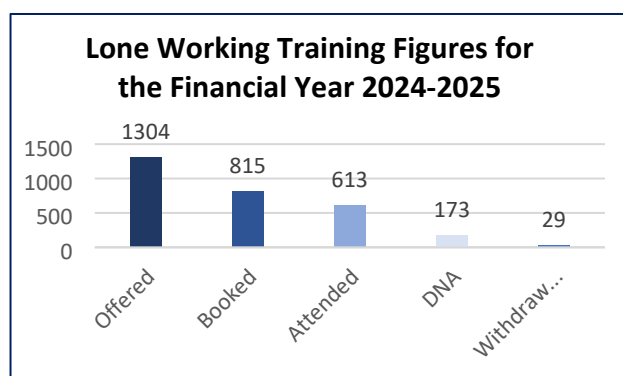
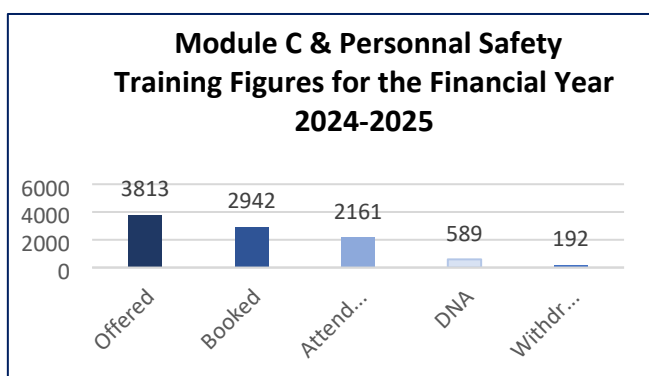
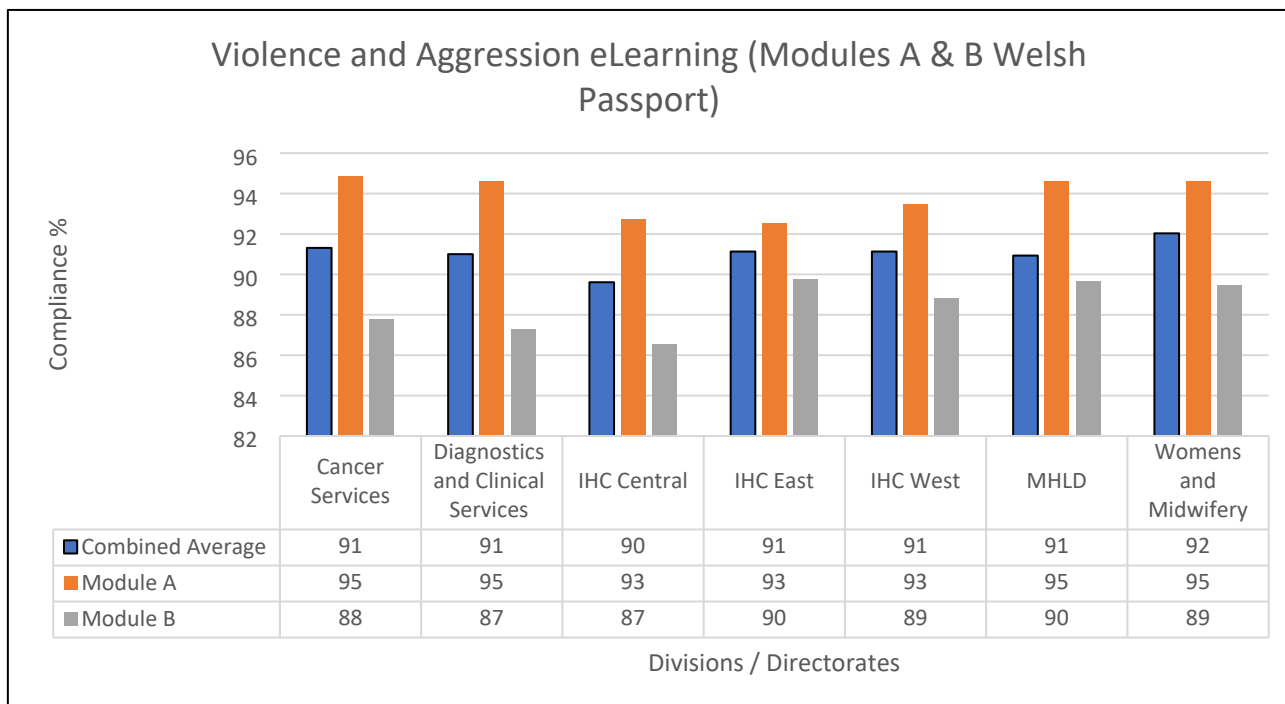
Source: Workforce BI Dashboard. All data correct as at 20/05/2025.

Manual handling training compliance has seen a significant increase in compliance over the last 2-years.

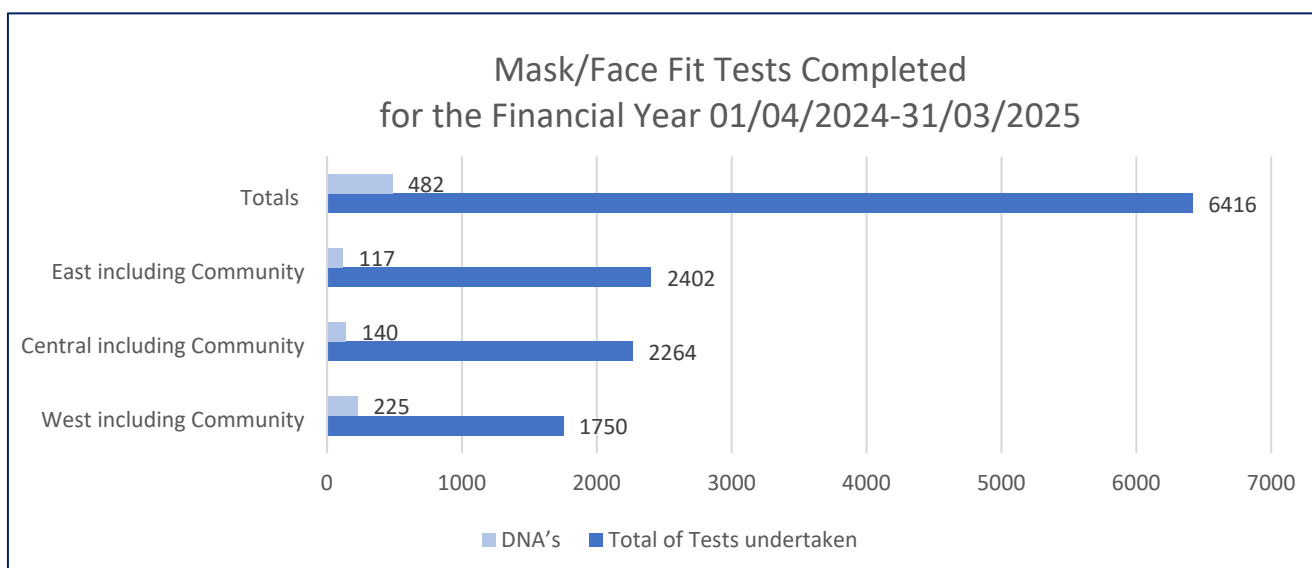
The above table for 'Permanent and Fixed Term Temporary Workers' shows that the Manual Handling Level 1 eLearning Course has remained fairly stable; however, the Manual Handling Level 2 Face to Face Course has seen an overall increase of 21.54%.

In addition to this increase, the number of staff requiring face to face training over the past 2-years has steadily risen by 1,014 people, and does not include the training delivered to university students taking up placements with BCUHB, which has steadily increased and accounts for around an additional 800 training places.

5.3. Violence and Aggression and Personal Safety Training



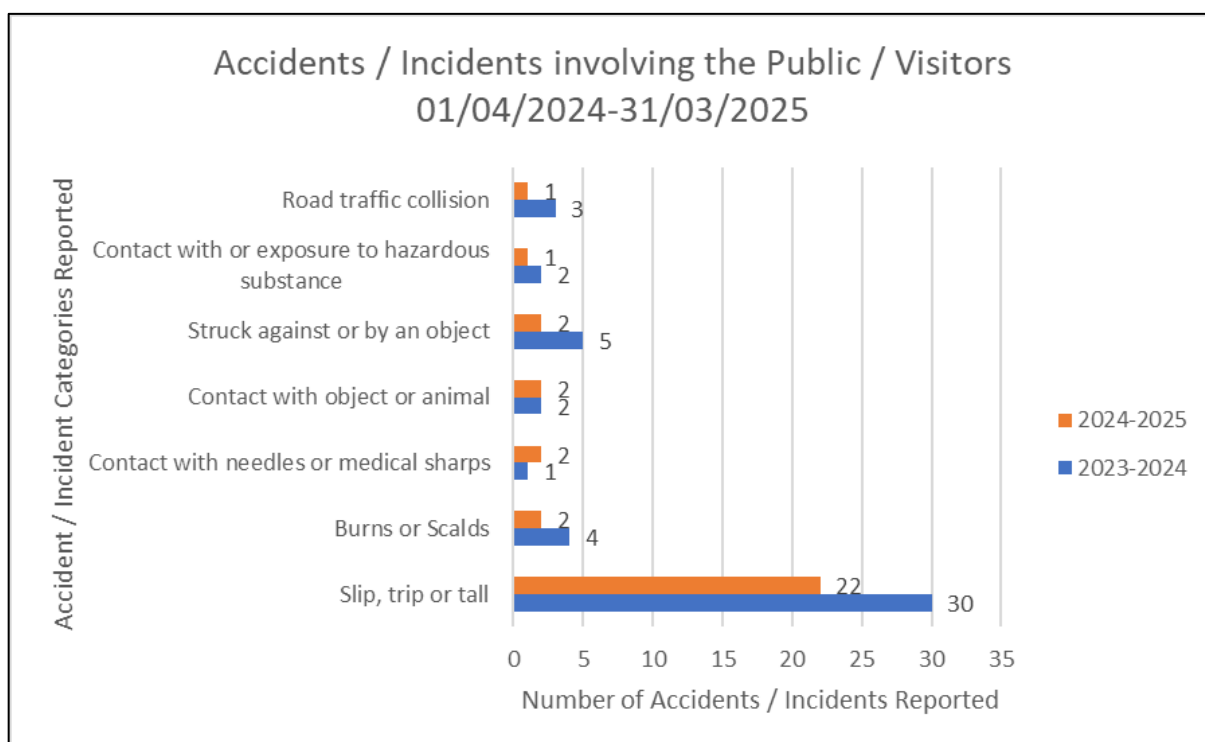
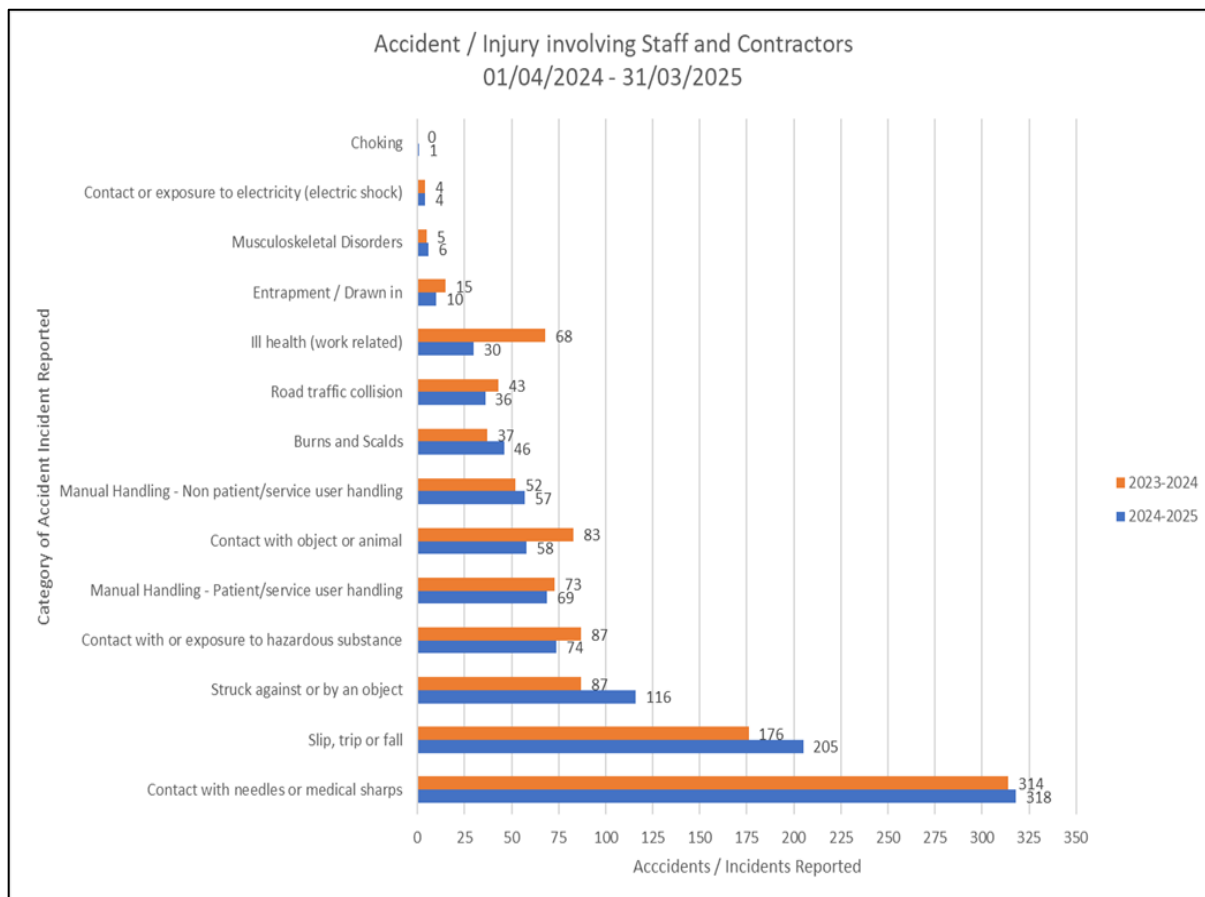
5.4. Mask/Face Fit Tests



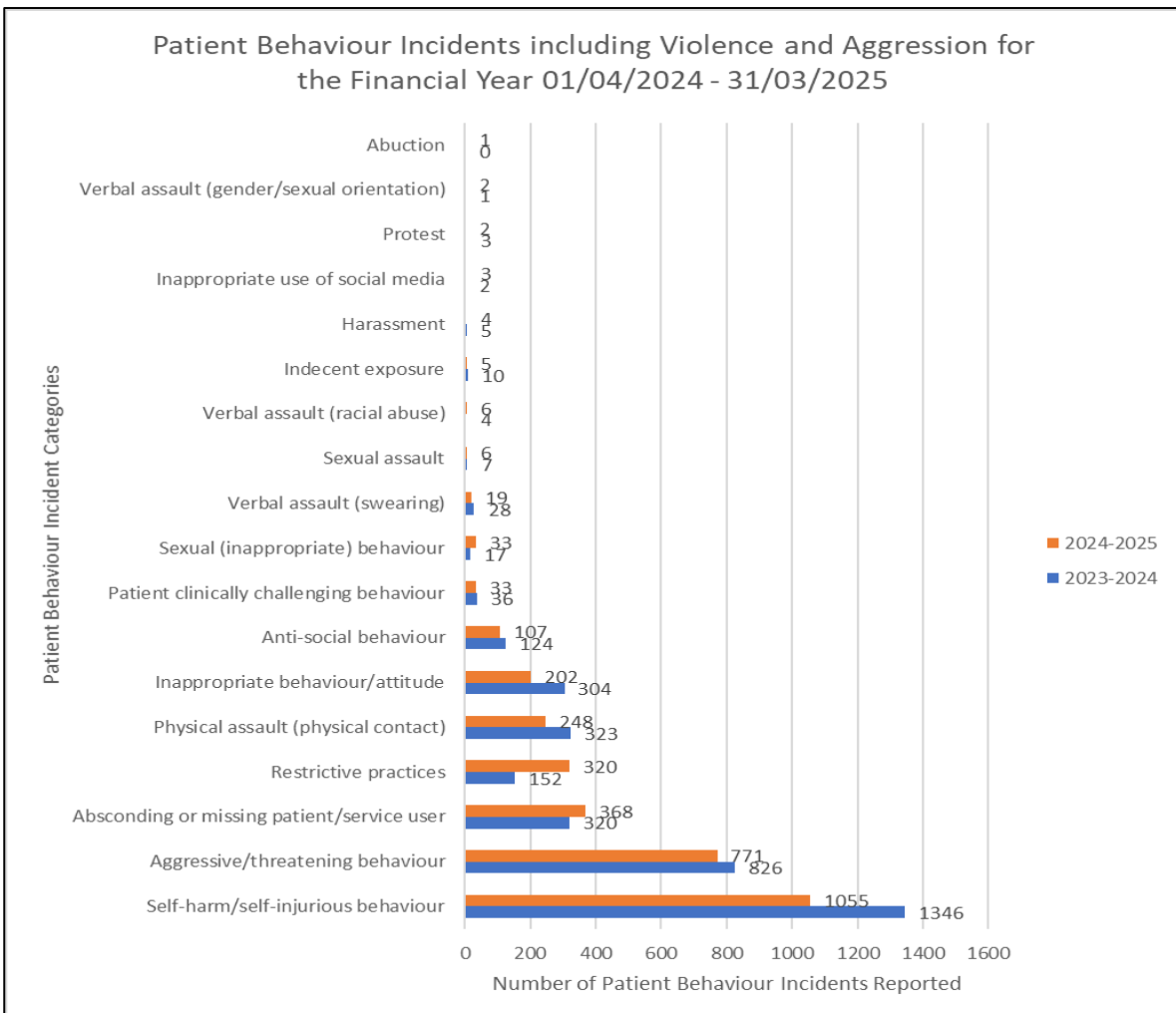
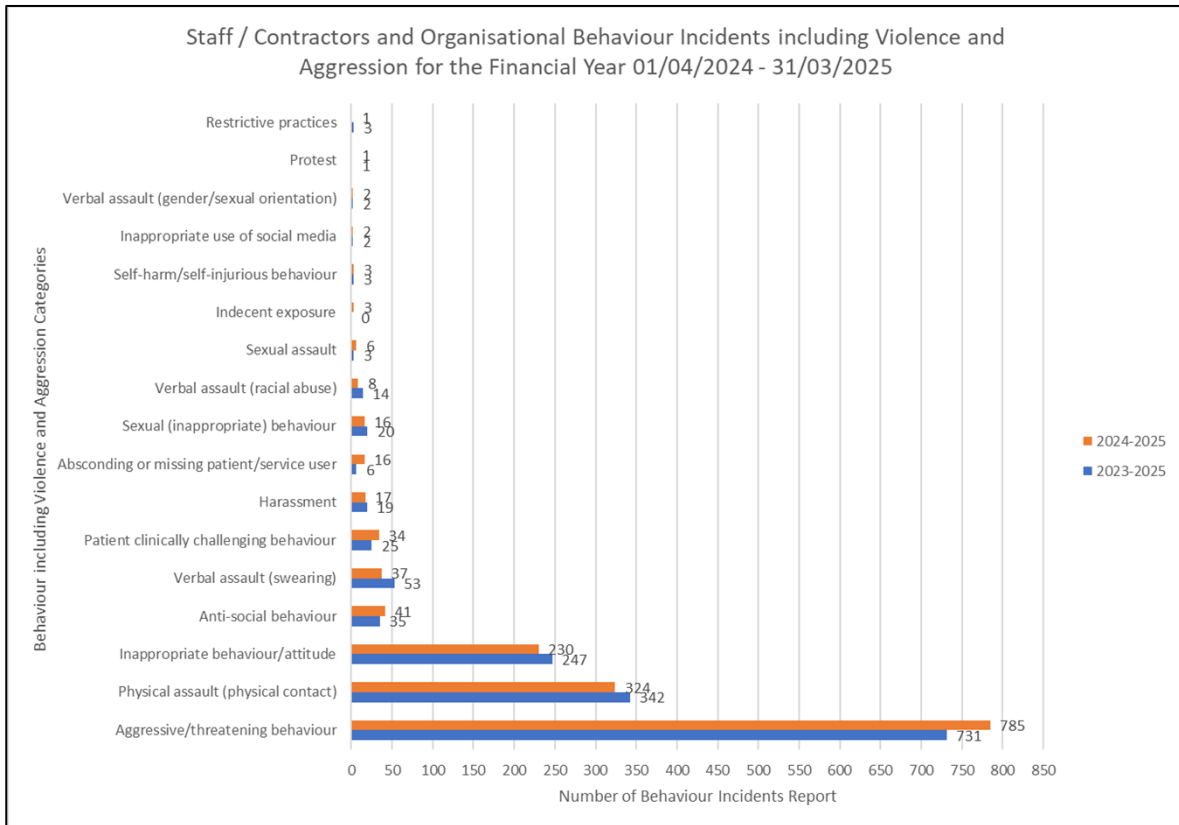
6. INCIDENT REPORTING

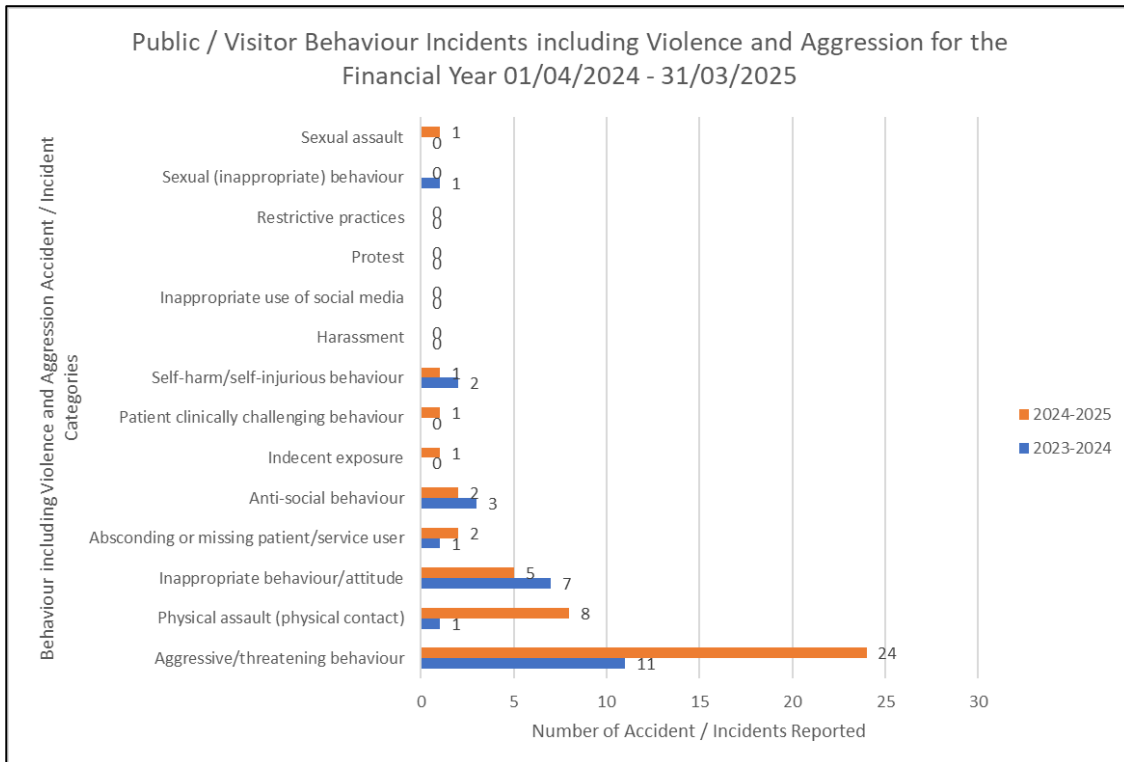
6.1. Accident / Injury Incidents Reported

The tables below show the number of reported incidents for 2024/2025 and 2023/2024 for comparison by 'Category'.



6.2. Behaviour including Violence and Aggression





Note: The above data is produced from incident data available to the Health, Safety and Security Team and may be subject to change pending permission changes within Datix.

6.3. Incident Analysis

6.3.1. Accident / Injury Incidents involving Staff and Contractors

Comparisons have been provided to show the increase/decrease of incidents for the financial years 2023-2024 and 2024-2025.

As can be seen from the above graphs, increases have been seen in the ‘accident/injury involving staff and contractors’ top 3 reported incidents in the financial year being reported.

- Struck Against or by an Object
- Slip, Trip or Fall
- Contact with Needles or Medical Sharps

An audit has been commissioned in relation to ‘slips, trips and falls’, and ‘contact with needles or medical sharps’ as part of the Health and Safety Self-Assessment returns from Cohort 1¹ in April 2025. This is to better understand the position. The findings will be feedback via the Strategic Occupational Safety and Health Group and the respective Health and Safety Divisional Meetings.

6.3.2. Accident / Injury Incidents involving Public and Visitors

In all instances except one, ‘contact with object or animal’, the number of incidents involving Public and Visitors has reduced.

6.3.3. Behaviour including Violence and Aggression

Overall, there has been a slight increase in the number of ‘behaviour’ related incidents reported in the financial year 2024-2025 (1526) in comparison to the previous financial year 2023-2024 (1506).

¹ Cohort 1: April 2025 - East IHC, Central IHC, West IHC (DGs only), Environment and Estates, Radiology, and MHL. Cohort 2: October 2025 – Cancer Services, Womens and Maternity Services, Community Services, Pan Services, Corporate Services, and Primary Care.

The highest increases have been seen in 'aggressive/threatening behaviour' towards staff and from visitors/public, which includes patient friends and relatives.

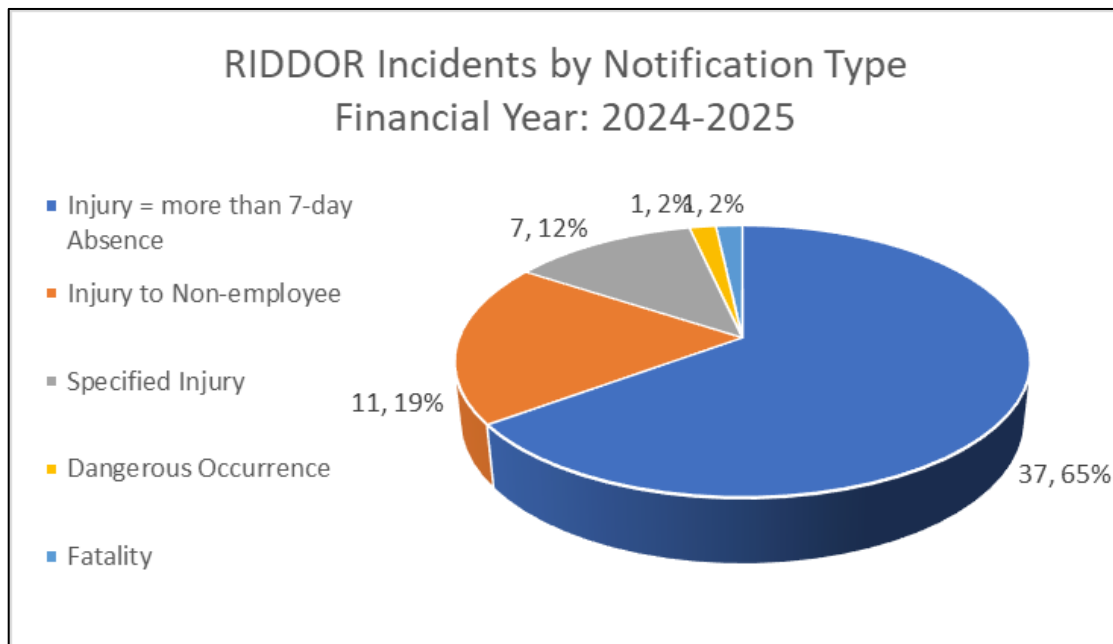
The Team have been without a Violence and Aggression Case Manager since the post holder retired in January 2025. This has resulted in some delays in following up incidents of a violent or aggressive nature. The role has been reviewed and due to be advertised imminently as the Violence Prevention and Reduction Advisor.

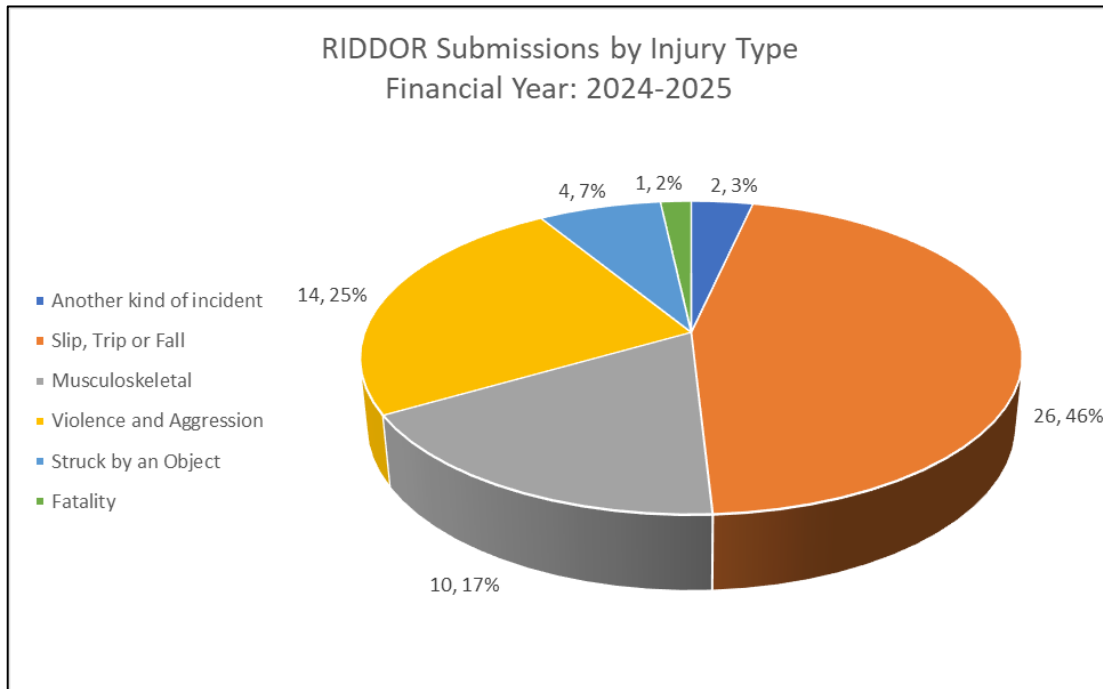
BCUHB continue to engage with the All-Wales Anti-Violence Collaborative, and a trial of body worn camera's has been undertaken in Central and West. Initial indications suggest this trial has had a positive impact in helping to reduce the number of incidents occurring.

6.4. RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences)

There have been 57 RIDDOR reportable incidents in the financial year 2024-2025, broken down as per the table and graphs below.

	RIDDOR INCIDENTS REPORTED FY 2024-2025								
	Cancer Services	Corporate Services	Diagnostic & Clinical	Environment & Estates	IHC Central	IHC East	IHC West	MHLD	Womens & Maternity
RIDDOR INCIDENTS REPORTED THIS QTR (Staff and Public)	1	0	0	1	21	4	7	10	1
No. of Patient RIDDOR Reports incl. Suicide	0	0	0	0	6	3	1	2	0
NUMBER REPORTED OUTSIDE TIMESCALES (Staff and Public)	1	0	0	0	21	3	4	5	1





Depending on the type of event, there are statutory timeframes set within the regulations as set out in the following 3 categories:

- Without delay – fatalities
- Within 10 days – specified injuries
- Within 15 days – over 7-day absence

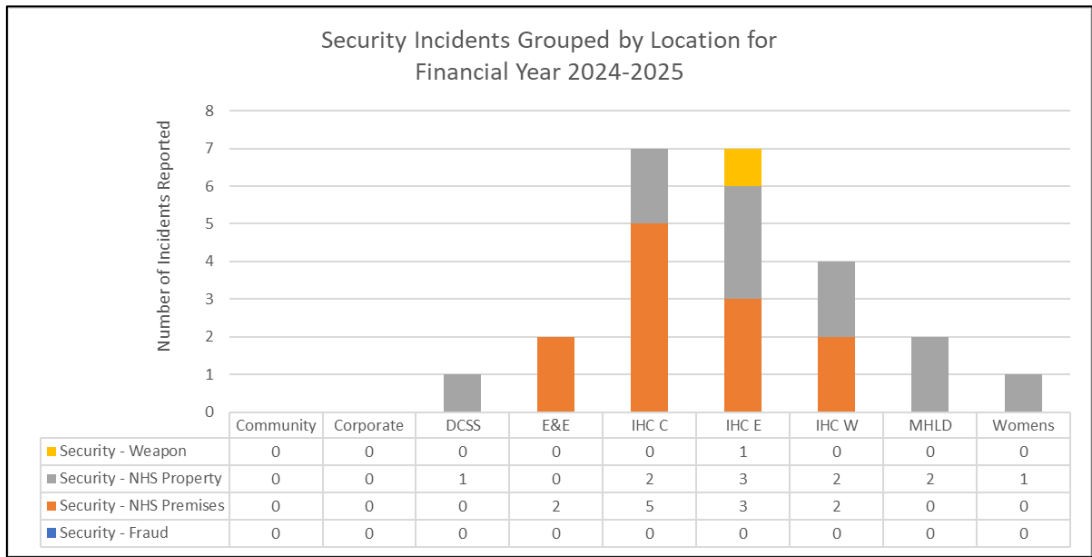
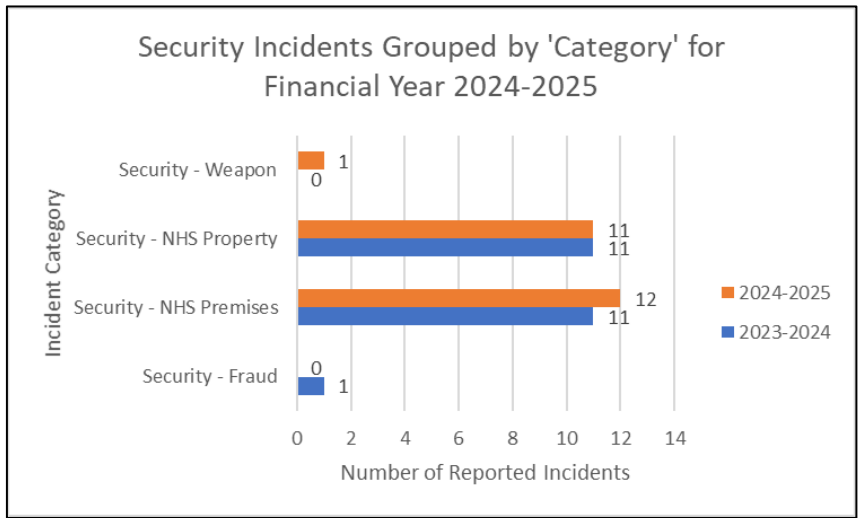
In the financial year 2024-2025, there were 35 out of 57 occasions where submissions were beyond the statutory timeframe set, which is 61.40% of returns made.

With the support of the Datix Team a RIDDOR Dashboard has been created and a team procedure developed to enable quicker follow-up and closer monitoring of potential and confirmed RIDDOR reportable incidents as they progress through investigation. The dashboard and process were launched on 1st April 2025 and it is hoped an overall improvement will be seen in the number of late submissions.

The Health and Safety Team deliver RIDDOR Awareness Training. Where incidents are notified as being RIDDOR reportable outside of the statutory timeframe set, managers will be requested to attend the training.

6.5. Security Incidents

The category NHS Property generally relates to the loss or theft of a Health Board item e.g. ID Badge whereas NHS Premises generally relates to security of premises such as intruders, lost off keys, vandalism etc.

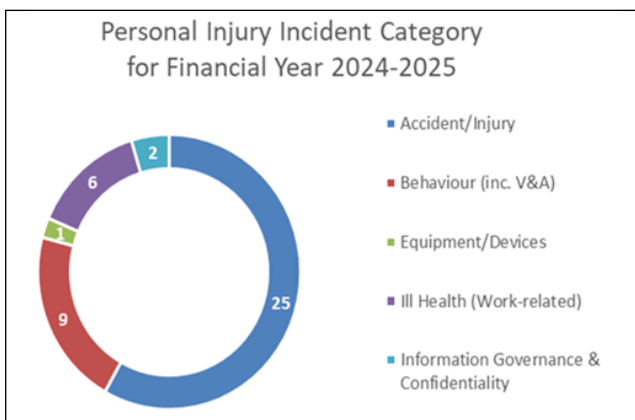
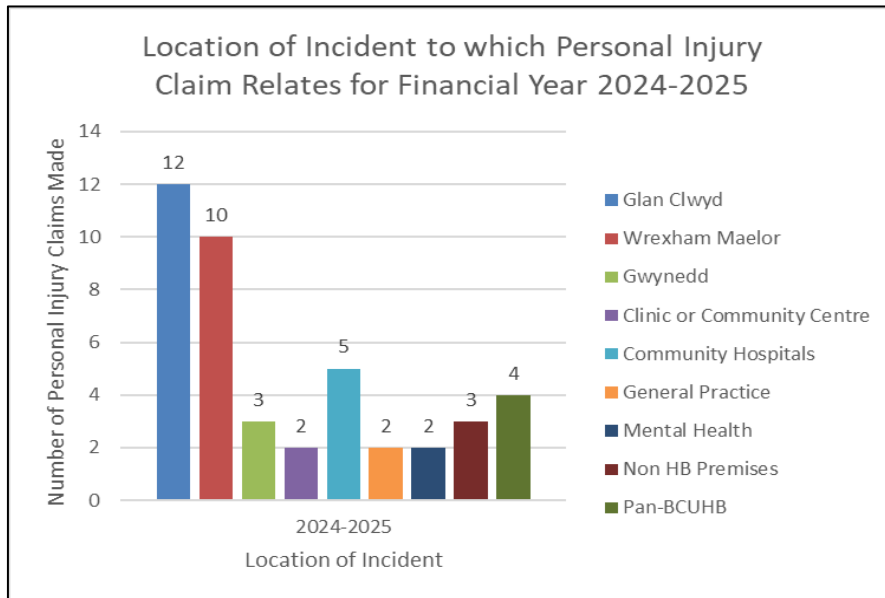


Of the incidents reported in this financial year, the highest recorded subcategory was the loss of ID Badges.

There was one incident relating to a weapon. This was reported by the Community Resources Team (CRT) following an assessment of a patient in their own home during which 2 rifles observed underneath a curtain in the lounge and the bedroom, and a hand gun in a drawer.

6.6. Personal Injury Claims

There were 43 Personal Injury Claims made during the reporting year. Broken down as follows:



Accident/Injury accounts for the highest number of Personal Injury Claims in the reporting period. These are broken down as: Slips, trips or falls (16)

- Patient/service user handling (2)
- Non patient/service user handling (2)
- Contact with or exposure to hazardous substance (2)
- Contact or exposure to electricity (electric shock) (1)
- Struck against or by an object (1)
- Contact with needles or medical sharps (1)

7. MEASURING PERFORMANCE

7.1. Health, Safety and Security Reviews / Assessments

Reviews/Assessments undertaken for the Financial Year 2024-2025				
	East	Central	West	Primary Care
Health and Safety	84	79	136	12
Security	44	13	43	0

*No Primary Care Advisor in post for most of Q1 and all of Q2.

*No Health and Safety Adviser for Central in post in Q4.

*Health and Safety Adviser appointed for West in February 2025.

*No Security Advisor for Central in post in Q4 or Q3. Appointed in March 2025.

7.2. Health, Safety and Security Performance Reports

The Health, Safety and Security Service produced monthly reports for discussion and action as required at the Local Health, Safety and Risk Meetings. These reports look at general health, safety and security performance from a local IHC perspective.

With effect from 01/04/2025, these reports will be produced quarterly and will be made available for all services and not just the IHCs as has been the case in the past.

7.3. Audit, Monitoring and Review

In May 2024, Audit and Assurance Services undertook a Health and Safety Internal Audit. The overall objective was to review compliance with HS01 Occupational Health and Safety Policy, assessing the adequacy of management arrangements for Health & Safety to provide assurance to the Health Board. This audit returned 'limited assurance' and a number of key matters were recorded.

The Health Board responded and an action plan was developed to address the weaknesses identified and good progress has been made. The action plan is being monitored via the Strategic Occupational Safety and Health Group.

8. HSE CONTACT, ENFORCEMENT, LEGISLATION

8.1. HSE Contact

Following the HSE's investigation into the 3 patient falls the Health Board were notified of their intention to pursue prosecution. The Health Board appeared in court on the 1st April 2025.

In response to a RIDDOR reportable incident the HSE undertook an inspection of Tegid Ward in the Ablett Unit. This resulted in 2x Improvement Notices in relation to ligatures and mental health procedures.

8.2. Legislation

Staying ahead of legislation and adapting to new regulations is essential if the Health Board seeks to achieve compliance and avoid penalties. Proactively tracking legislative updates demonstrates the Health Board's commitment to safety, building trust with employees and workers.

Machinery Compliance: UKCA Mark Requirement from January 2025

From 1st January 2025, all new machinery placed on the market in Great Britain must carry the UKCA (UK Conformity Assessed) mark. Machinery with only a CE mark will no longer be accepted.

This requirement applies to:

- All new machinery sold, imported, or manufactured in Great Britain
- Equipment that previously only had CE marking

What this means for BCUHB as part of the procurement process:

- Ensure all new machinery meets UK safety standards and is correctly marked before purchase.
- Check for UKCA certification when importing or buying machinery to avoid compliance issues.
- Manufacturers may use both CE and UKCA marks if selling in both the UK and EU, but UKCA is mandatory for Great Britain.

Anti-Violence Collaborative (AVC)

On the 14th May 2025, the Health Board received a letter from the Chief Nursing Officer and Director of Workforce and Organisational Development for NHS Wales summarising the actions assigned to the Anti-Violence Collaborative Wales. This letter recognises that incidences of violence and aggression towards staff and patients who use healthcare services are unacceptable, and sets out the workstreams aimed to reduce these incidences that is being co-ordinated by the AVC. Further instruction is awaited from the Chair of the AVC, Jonathan Webb.

The Protect Bill known as Martyn's Law

The Terrorism (Protection of Premises) Bill, also known as Martyn's Law, was included in The King's Speech on 17 July as part of the programme of legislation the Government intends to pursue in this Parliamentary session. The Bill was introduced to Parliament on 12 September 2024 and received Royal Assent on Thursday 3rd April 2025.

This Bill delivered on the Government's manifesto commitment to 'bring Martyn's Law to fruition, so as to enhance the security of public events and venues.

8.3. Enforcement

The table below shows enforcement activity in Healthcare by the Health and Safety Executive for the Financial Year 2024-2025.

Notice Number	Recipient's Name	Notice Type	Issue Date	HSE Investigating Directorate	Act or Regulation Breached	Summary
314221881	Pennine Care NHS Foundation Trust	Improvement Notice	01/05/2024	Specialist Division	Management of Health & Safety at Work Regulations 1999 / 5 / 1	Failed to have the appropriate arrangements for the effective planning and organisation of preventive and protective measures for violence and aggression risks on Hollingworth Male Ward
314342831	Central Scotland Healthcare (St Andrews) Ltd	Improvement Notice	24/06/2024	Investigation Division	Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5 / 1	Failed to ensure that residents of the care home were not exposed to risks to their health or safety by failing to implement suitable arrangements for the effective training, monitoring and audit of staff in relation to risks of choking.
314424669	Devon Partnership NHS Trust	Improvement Notice	31/07/2024	Inspection Division	Health and Safety at Work Act 1974 / 2 / 1 Management of Health & Safety at Work Regulations 1999 / 3 / 1 Health and Safety at Work Act 1974 / 3 / 1	Failed to make a suitable and sufficient assessment of the risks to employees and others in relation to violence and aggression to which they are exposed on Salus Ward and did not identify the measures needed to control those risks.
314492272	NHS Highland	Improvement Notice	15/08/2024	Investigation Division	Health and Safety at Work Act 1974 / 3 / 1	Failed to ensure that persons not in its employment, specifically patients who report suicidal ideations, who may be affected thereby, are not exposed to risks to their safety in that arrangements have not been made to reduce as far as is reasonably practical the risks posed to patients by ligature anchor points.
314633348	Dartford and Gravesham NHS Trust	Improvement Notice	25/10/2024	Chemical Explosion & Microbiological Hazards Division	Health and Safety at Work Act 1974 / 2 / 1 Management of Health & Safety at Work Regulations 1999 / 5 / 1	Failed to ensure suitable arrangements for the control, monitoring and review of the measures necessary to minimise the risk of exposure to employees to hazardous biological agents in the CL3 laboratory. Failed to provide a system that is suitable and effective to ensure an appropriate level of senior management oversight of the work and the application of relevant biosafety standards.
314634968 314634920	Worcester Acute Hospital NHS Trust	Improvement Notice	28/10/2024	Specialist Division	Health and Safety at Work Act 1974 / 2 / Health and Safety at Work Act 1974 / 3 / Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 / 7 / Management of Health & Safety at Work Regulations 1999 / 5 / 1	Failed to implement appropriate arrangements for the effective planning, organisation, control, monitoring and review of your preventative and protective measures, required when using medical sharp devices, to reduce as far as is reasonably practicable, the risk of serious personal injury to workers from Blood Borne Viruses. Failed to ensure that line managers carry out a suitable investigation encompassing the circumstances of an injury caused by a medical sharp device.
314657023	Ty Mawr Ltd	Improvement Notice	04/11/2024	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Work at Height Regulations 2005 / 6 / 3	Failed to take suitable and sufficient measures to prevent, so far as reasonably practicable, persons from falling a distance liable to cause personal injury. Fall prevention measures such as robust fencing was needed to prevent falls.

Notice Number	Recipient's Name	Notice Type	Issue Date	HSE Investigating Directorate	Act or Regulation Breached	Summary
314656943	Ty Mawr Ltd	Improvement Notice	08/11/2024	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Substances Hazardous to Health Regs 2002 / 6 / 1 Management of Health & Safety at Work Regulations 1999 / 3	No suitable and sufficient risk assessment had been carried out to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on the premises and any precautionary measures needed.
314656924	Ty Mawr Ltd	Improvement Notice	08/11/2024	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Asbestos Regulations 2012 / 4 / 3 Control of Asbestos Regulations 2012 / 4 / 8	No suitable and sufficient assessment has been carried out as to whether asbestos is or is likely to be present in the premises.
314656659	Ty Mawr Ltd	Improvement Notice	08/11/2024	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 7 /	Failed to appointed one or more competent persons to assist in undertaking the measures needed to comply with the requirements and prohibitions imposed by or under the relevant statutory provisions, such as the Health and Safety at Work etc Act 1974 and Regulations made under it.
314733433	Forth Valley Health Board	Improvement Notice	12/12/2024	Investigation Division	Health and Safety at Work Act 1974 / 3 / 1	The organisation failed to ensure that patients who may be exposed to risks to their safety that arrangements had not been made to reduce the risks posed by ligature points in particular by windows and doors assessed as very high risk.
314812185	Ty Mawr Ltd	Prohibition Notice	23/01/2025	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3 / 1 Electricity at Work / 4 / 1	The organisation failed to ensure that the electrical equipment located within cupboard above the sink is of such construction to prevent danger arising from exposure to live electrical conductors.
314831776	Ty Mawr Ltd	Improvement Notice	31/01/2025	Investigation Division	Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5	The organisation failed to take suitable and sufficient measures to prevent the risk to vulnerable residents from accessing staff only areas or wandering from the building.

Notice Number	Recipient's Name	Notice Type	Issue Date	HSE Investigating Directorate	Act or Regulation Breached	Summary
314831810	Ty Mawr Ltd	Improvement Notice	31/01/2025	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3 / 1 Electricity at Work / 4 / 1 Electricity at Work / 4 / 2 Management of Health & Safety at Work Regulations 1999 / 5	The organisation has no effective management arrangements to ensure that the electrical systems are maintained to prevent danger.
314831841	Ty Mawr Ltd	Improvement Notice	31/01/2025	Investigation Division	Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5	The organisation does not have effective arrangements to prevent danger to vulnerable residents from scalding by water at temperature of more than 44 Celsius where whole body immersion is possible in baths.
314831858	Ty Mawr Ltd	Improvement Notice	31/01/2025	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Work at Height Regulations 2005 / 6 / 3 Workplace (Health, Safety and Welfare) Regulations / 4 / 1 Workplace (Health, Safety and Welfare) Regulations / 14 / 1	The organisation has no effective arrangements to prevent danger to employees or vulnerable residents from falling from window openings which are not restricted to 100mm or less, or from falling through glazing at or below waist level.
314888406	Ty Mawr Ltd	Prohibition Notice	27/02/2025	Investigation Division	Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3	The organisation has failed to ensure that the electrical equipment distribution board located in the boiler room, which has missing blanks and an electrical fixing located on the side of a puffer container that has come away from its housing and therefore exposing cable which is wrapped in electrical tape, is of such construction as to prevent danger arising from exposure to live electrical conductors.

Case/Breach	Defendant's Name	Hearing Date	Result	Total Fine £	Costs awarded to HSE £	Act or Regulation	Summary
47215240/01	NHS Ayrshire & Arran Health Board	28/05/2024	Guilty-Fine	£66,000.00	None specified	HSWA Section 3	Failed to have a system in place to manage the risk of choking for residents who were known to have dysphagia, including a patient, who as a result of this failure was given a meal which was unsuitable for their modified diet and which caused them to fatally choke.
46159820/01	Grampian Health Board	08/08/2024	Guilty-Fine	£60,000.00	None specified	Health and Safety at Work Act 1974, Section 3, Sub Section 1	Failed to ensure that patients with suicidal tendencies were not exposed to risk by having access to ligature points including a sink tap in the shower/toilet room, where the patients were able to self-isolate. The access to the ligature point resulted in the death of a patient
46937250/01	Grampian Health Board	08/08/2024	Guilty-Fine	£60,000.00	None specified	Health and Safety at Work Act 1974, Section 3	Failed to ensure that a patient identified as a high risk for suicide was not exposed to risk by having access to hazards such as plastic bags in an area of the ward where patients are able to self-isolate, this resulted in the death of the patient who was able to access a clinical waste bag and tape within the individual's room, self-isolate in the en-suite bathroom of this room and use these materials to suffocate. The organisation failed to conduct a suitable and sufficient assessment of the risks posed by environmental hazards for suicide and self-harm on the ward and, as a consequence, failed to ensure that patients identified as a high risk for suicide were not exposed to risk by having access to hazards such as plastic bags on the ward.



Teitl adroddiad: <i>Report title:</i>	Board Assurance Framework			
Adrodd i: <i>Report to:</i>	People & Culture Committee			
Dyddiad y Cyfarfod: <i>Date of Meeting:</i>	Thursday, 14 August 2025			
Crynodeb Gweithredol: <i>Executive Summary:</i>	<p>The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.</p> <p>No actions are currently due.</p> <p>The Risk Scrutiny Group holds a deep dive on each BAF risk monthly for oversight with BAF24-04 due for deep dive in January 2025.</p>			
Argymhellion: <i>Recommendations:</i>	<p>The Committee is asked to:</p> <ul style="list-style-type: none"> To receive and consider the contents and assurance rating of the Board Assurance Framework. 			
Arweinydd Gweithredol: <i>Executive Lead:</i>	Pam Wenger, Director of Corporate Governance			
Awdur yr Adroddiad: <i>Report Author:</i>	Nesta Collingridge Head of Risk Management			
Pwrpas yr adroddiad: <i>Purpose of report:</i>	<p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input checked="" type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input type="checkbox"/></p>	
Lefel sicrwydd: <i>Assurance level:</i>	<p>Arwyddocaol <i>Significant</i></p> <p><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>Derbyniol <i>Acceptable</i></p> <p><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>Rhannol <i>Partial</i></p> <p><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>Dim Sicrwydd <i>No Assurance</i></p> <p><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>				



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: N/A	
Cyswllt ag Amcan/Amcanion Strategol: Link to Strategic Objective(s):	Detailed in the BAF report and how the CRR aligns to the revised BAF
Goblygiadau rheoleiddio a lleol: Regulatory and legal implications:	It is essential that the 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.
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP7 has an EqIA been identified as necessary and undertaken?	Not applicable for this report
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal? In accordance with WP68, has an SEIA identified as necessary ben undertaken?	Not applicable for this report
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	Board Assurance Framework paper
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations	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.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations	Failure to capture, assess and mitigate risks can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori Feedback, response, and follow up summary following consultation	Executive Committee feedback 26/03/2025 informed this version of the BAF and suggested ratings agreed. Feedback was received on separating out the BAF24-04 'threat' into two risks which will be considered further by the Directorate and supported by the risk team. Risk Scrutiny Group reviewed full BAF on the 09/07/2025 Wider suggestions made by the group around the impact score not being reduced for the



	<p>target will be feedback when requesting updates.</p> <p>The Risk Scrutiny Group held a deep dive on the 'Not Delivering Strategic Development and Digital Transformation' risk. Suggested updates on the controls and actions are yet to be completed and will be completed prior to committee (to be updated 13th Aug).</p>
<p>Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p>Links to BAF risks: (or links to the Corporate Risk Register)</p>	<p>Board Assurance Framework risks linked to corporate risks</p>
<p>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</p> <p>Reason for submission of report to confidential board (where relevant)</p>	
<p>Camau Nesaf:</p> <p>Next Steps:</p> <ol style="list-style-type: none">1. The actions within the BAF will all be reviewed inline with the final version of the Strategic Plans to ensure full alignment.2. Business as usual reporting and monitoring: Bi-monthly Review at Risk Scrutiny Group and Executive Committee, monitoring of actions within risks. Reporting to Committee quarterly and Board bi-annually as per Risk Management Framework.	
<p>Rhestr o Atodiadau:</p> <p>List of Appendices: Appendix 1 – Board Assurance Framework</p>	



Board Assurance Framework





Board Assurance Framework Report

Purpose

The Board Assurance Framework (BAF) serves as a strategic tool, designed to support the Health Board (BCUHB) in achieving its overarching goals and objectives. The BAF provides a structured approach for identifying, managing, and mitigating risks that may impact the successful delivery of our strategic priorities. Through clear alignment with our organisational strategy and key initiatives, the BAF enables us to maintain an accountable, transparent, and proactive approach to risk management.

The purpose of this BAF is threefold:

- To provide assurance that effective controls are in place to manage risks to our strategic objectives.
- To support informed decision-making by presenting clear, current risk insights to the Board and stakeholders.
- To align risk management efforts across the organisation, ensuring consistency with our vision of delivering high-quality, accessible healthcare services.

By integrating the BAF with our strategic priorities and operational plans, we can ensure that our risk management efforts directly support our mission to improve health outcomes, enhance patient safety, and foster a culture of accountability within BCUHB.

The purpose of this paper is to seek the Committee's agreement on the proposed assurance ratings for each of the Board Assurance Framework (BAF) risks, ahead of submission to the Board.

Introduction

Board Assurance risks were developed by the Executive Team based on the Health Board's 5 strategic objectives. This report presents the first iteration of the BAF risks which align with the Health Board's approved Three-Year Plan and Strategic Objectives. The report has been approved by the Board 30 Jan 2025 and will be subsequently updated by action handlers and Executives on an on-going basis.

What is Assurance in Relation to Board Assurance Risks?

In the context of the Board Assurance Framework, **assurance** refers to the level of confidence the Committee can place in the effectiveness of the current risk treatment strategies to mitigate identified threats to strategic objectives. It is based on the extent of evidence available—internal or external—that demonstrates that key controls are in place and working effectively, and that actions to address gaps are progressing as intended.

Assurance levels help the Board determine whether risks are being managed effectively and inform decisions about resource allocation, priority areas, and potential escalations.

The four levels of assurance used are as noted in the key on page 6 of this report.

Proposal from the Executive Committee

Following its review, the Executive Committee proposes that each of the risks on the Board Assurance Framework currently be rated as having *Limited Assurance*.

Rationale for Proposed Rating

The recommendation of **Limited Assurance** reflects a realistic and cautious assessment of the current position. Specifically:

- While some progress has been made on risk treatment strategies, there remain to be identified **key gaps in controls** that remain unresolved.
- More **evidence is required** particularly external or independent validation that controls are fully effective.
- Several actions remain as progressing and not yet complete before the risk scores can be confidently reduced.
- As such, the **likelihood of these risks materialising remains**, and further assurance is required before a higher assurance rating can be justified.

This rating encourages focused attention and targeted action in key areas while recognising that progress is underway.

Recommendation

The Committee is asked to **review** the assurance rating of **Limited Assurance** for each risk on the Board Assurance Framework. These ratings will be presented to the Board.

People and Culture Committee are asked to review and agree the proposed assurance ratings of **Limited Assurance** for BAF24-04 on the Board Assurance Framework

Next Steps

- Committees will be asked to score level of assurance in relation to risks.
- The Board Assurance Framework will be maintained and reported to the Risk Scrutiny Group; Executive Team (bi-monthly) and Committees (quarterly) and Board (quarterly) as per the Risk Management Framework on an on-going basis.
- Re-aligned to the new plan once approved.

The key elements of the BAF are:

- A description of each Principal (strategic) Risk, that forms the basis of the HBs risk framework (with corresponding corporate and operational risks)
- Risk ratings – current (residual), tolerable and target levels. Risks are scored in line with the HB approved scoring matrix.
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk, within which they are expected to materialise
- A statement of risk appetite for each threat and opportunity, to be defined by the Lead Committee on behalf of the Board (Averse = aim to avoid the risk entirely; Minimal = insistence on low-risk options; Cautious = preference for low risk options; Open = prepared to accept a higher level of residual risk than usual, in pursuit of potential benefits)
- Key elements of the risk treatment identified for each threat and opportunity, each assigned to an Risk Lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate: (1) Management (those responsible for the area reported on); (2) Risk and compliance functions (internal but independent of the area reported on); and (3) Independent assurance (Internal audit and other external assurance providers).
- Unlike corporate risks where target dates are key for mitigation, risks will remain reported as the Board seeks assurance accordingly until the risk is sufficiently mitigated. Actions are based on quarters for the year.
- Board committees should review the BAF with particular reference to comparing the tolerable risk level to the current exposure risk rating.
- The RACI clarifies roles and responsibilities for tasks and deliverables and is utilised for sub-risks however the responsibility of the overall BAF risks of the lies with the **Executive Team** and accountability lies with the lead committee.

Likelihood score and descriptor					
	Very unlikely 1	Unlikely 2	Possible 3	Somewhat likely 4	Very likely 5
Frequency How often might/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally or there are a significant number of near misses / incidents at a lower consequence level	Will probably happen/recur, but it is not a persisting issue/ circumstances	Will undoubtedly happen/recur, possibly frequently
Probability Will it happen or not?	Less than 1 chance in 1,000 (< 0.1%)	Between 1 chance in 1,000 and 1 in 100 (0.1 - 1%)	Between 1 chance in 100 and 1 in 10 (1- 10%)	Between 1 chance in 10 and 1 in 2 (10 - 50%)	Greater than 1 chance in 2 (>50%)

Key to lead committee assurance ratings:



Substantial Assurance

The Committee is satisfied that there is reliable evidence supporting the effectiveness of the current risk treatment strategy in mitigating the threat, with minimal gaps in control. While the majority of actions have been addressed, some minor actions may still require completion before the risk score is reduced. However, the Committee has good assurance regarding action progress. Likelihood of risk materialising: Low.



Reasonable Assurance

The Committee has seen sufficient evidence that the most significant actions to reduce the risk have been completed. There is assurance that the planned actions within the current risk treatment strategy are appropriate, with the majority of control and assurance gaps having been addressed. Likelihood of risk materialising: Low to moderate.



Limited Assurance

The Committee does not have sufficient evidence for assurance that the current risk treatment strategy is effectively mitigating the threat. There remains to be some key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: Moderate.



Unsatisfactory Assurance

The Committee has no/little evidence for assurance that the current risk treatment strategy is effectively managing the threat. There remains to be several key gaps in controls that require management attention, and further external validation is needed. Until further controls are in place, there remains a number of actions to reduce the score. Likelihood of risk materialising: High

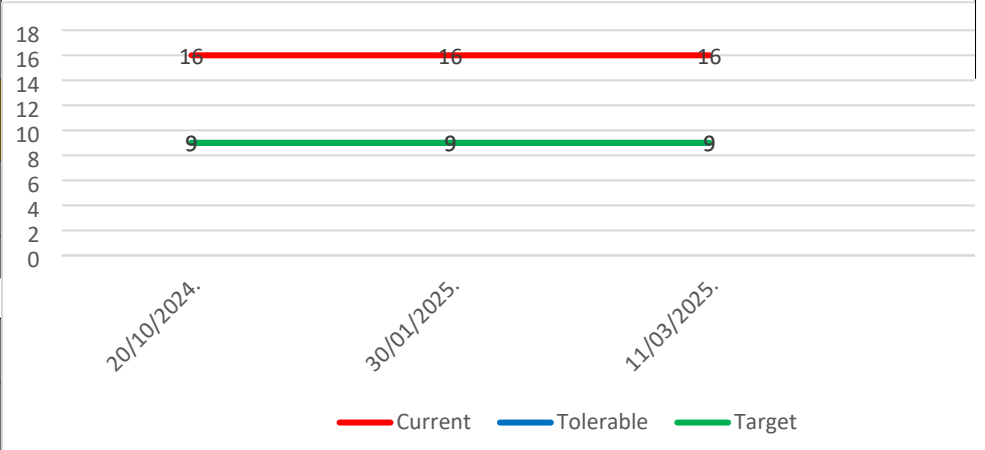
Board Assurance Framework (BAF): July 2025


This BAF includes the following Risks to the HBs strategic priorities:

Reference	Principal risk: There is a risk of...	Lead Executive	Lead Committee	Initial date of assessment	Last reviewed by Executive Team	Previous risk score (at previous review/update) C x L	Current risk score C x L	Target risk score C x L
BAF24-01	Not Fully Building an Effective and Accountable Organisation	Director of Corporate Governance and Executive Team oversight	Performance, Finance and Information Governance	20/10/2024	21/07/2025	4x 3= 12	4x 3= 12	2x 2= 4
BAF24-02	Not Delivering Strategic Development and Digital Transformation	Executive Director of Transformation and Strategic Planning & Chief Digital & Information Officer	Planning, Population Health & Partnership	20/10/2024	21/07/2025	5x 4= 20	5x 4= 20	3x 3= 9
BAF24-03	Not Achieving Long Term Financial Sustainable	Executive Director of Finance	Performance, Finance and Information Governance	20/10/2024	21/07/2025	5x 4= 20	5x 4= 20	3x 3= 9
BAF24-04	Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability	Deputy Director of People Services	People & Culture	20/10/2024	21/07/2025	4x 4= 16	4x 4= 16	3x 3= 9
BAF24-05	Not Engaging with Citizens, Partners and Communities	Director of Partnerships/Communications and Engagement	Planning, Population Health & Partnership	20/10/2024	21/07/2025	2x 3= 6	2x 3= 6	2x 2= 4
BAF24-06	Not Delivering the Required Improvements to Transform Care and Enhance Outcomes	Executive Director of Nursing Executive Director of Public Health Executive Medical Director Executive Director of Allied Health Professionals and Health Science	Quality, Safety and Experience / Planning, Population Health & Partnership	20/10/2024	21/07/2025	5x 4= 20	5x 4= 20	5x 2= 10
BAF24-07	Not Delivering Timely Access to Care Resulting In Potential Clinical Harm, Poor Delivery of Performance Targets and Reputational Risk	Chief Operating Officer	Performance, Finance and Information Governance	20/10/2024	21/07/2025	4x 4= 16	4x 4= 16	4x 2= 8
BAF24-08	Not Implementing Evidenced Based Improvement and Innovation	Executive Director of Nursing & Chief Digital & Information Officer	Planning, Population	20/10/2024	21/07/2025	4x 3= 12	4x 3= 12	3x 2= 6

3: Creating compassionate culture, leadership and engagement

Objective area 3 capitalises upon the huge body of evidence that demonstrates how culture, leadership and engagement with residents, staff, communities and partners significantly impact upon the quality of services and patient experience provided. The Health Board has identified opportunities to make improvements in these areas that would then in turn lead to better outcomes.

Principal risk (what could prevent us achieving this strategic objective)	BAF24-04: Not Establishing a Compassionate Culture, Leadership, Engagement and workforce capacity and capability A risk that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.			Strategic objective	3: To have a compassionate culture, leadership & engagement (3A Compassionate Leadership and Organisational Development & 1G Workforce Planning)
Lead Committee	People & Culture Committee		Risk type	Quality	
Risk Lead	Deputy Director of People's Services		Risk appetite	Open <16	
Related Corporate Risks:	CRR24-01 People, Culture and Wellbeing /CRR24-16 Leadership/Special Measures				
Risk rating				Review Dates	
	Current exposure	Tolerable	Target		
Consequence	4. Major	3. Moderate	3. Moderate	Initial date of assessment	20/10/2024
Likelihood	4. Somewhat likely	3. Possible	3. Possible	Last reviewed by Committee:	10/04/2025
Risk rating	16. High	9. Medium	9. Medium	Last updated by Executive:	21/07/2025
					 <p>N.B. Tolerable and Target score lines stacked as both are 9.</p>

Strategic threat (what might cause this to happen)	Primary risk controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/ tolerance level)	Sources of assurance (and date) (Evidence that the controls/ systems which we are placing reliance on are effective)	Gaps in assurance / actions to address gaps and issues	Assurance rating
Responsible:		Head Of Policy, Practice & Compliance-WOD	Accountable:		Deputy Director of People's Services
<p>Threat: that the Health Board may inadequately foster a compassionate culture and strong leadership, resulting in disengaged staff, low morale, and high turnover.</p>	<ul style="list-style-type: none"> • Workforce Planning Framework in collaboration with HEIW • Skill-mix review and capacity-building programmes • Strategic partnership with Bangor University • Integrated Leadership Development Framework • Staff Engagement Plan • Continuous feedback loops for leadership performance • All Wales International Recruitment programme for nurses and doctors. • Improved Internal Audit Assurance with recruitment of senior and interim staff • Staff counselling / Occupational Health support • Strategic Equality Plan key driver in the culture change required for a compassionate and inclusive culture. 	<ul style="list-style-type: none"> • Critical vacancies, particularly in clinical and leadership roles • Underdeveloped retention and progression pathways • Further embedding of Integrated Leadership Development Framework • Further leadership development initiatives • Current Equality governance arrangements require strengthening 	<p>Management:</p> <ul style="list-style-type: none"> • Service Led skill-mix efficiency and commissioning requirements • Annual staff engagement surveys and reports to Committee and Board • People & Culture Dashboard to Committee <p>Risk and compliance:</p> <ul style="list-style-type: none"> • Corporate risks CRR24-01 People, Culture and Wellbeing CRR24-16 Leadership/Special Measures reported to committee. • Review of all Organisational Development risks reported. Local Workforce and Organisational Development risk meeting. • Quarterly performance reviews to CEO of Directorates/ Divisions • Freedom to Speak Up Guardian report <p>Independent assurance:</p> <ul style="list-style-type: none"> • Annual workforce plan reviews with HEIW • Internal Audit reports 	<ul style="list-style-type: none"> • Limited Assurance Internal Audit report for Review of Workforce Planning Arrangements 	<p>Limited Assurance</p>
	<p>Plans to improve control (are further controls possible in order to reduce risk exposure within tolerable range?)</p>		Action Handler	Status of Actions	Date when action will be completed
<p>Prioritise workforce plans for 'challenged services'</p>		Georgina Roberts/ Nick Graham	Progressing	31/03/2026	
<p>Continue reducing agency usage and improve value and sustainability of workforce</p>		Georgina Roberts/ Nick Graham	Progressing	31/03/2026	
<p>Implementing Values and Behaviours Framework</p>		Georgina Roberts	Progressing	31/03/2026	
<p>Embedding Integrated Leadership Development Framework</p>		Georgina Roberts	Progressing	31/03/2026	



Cyfarfod a dyddiad: Meeting and date:	People and Culture Committee						
Cyhoeddus neu Breifat: Public or Private:	Public						
Teitl yr Adroddiad Report Title:	Summary of business considered in private session to be reported in public						
Cyfarwyddwr Cyfrifol: Responsible Director:	Pam Wenger, Director of Corporate Governance						
Awdur yr Adroddiad Report Author:	Philippa Peake-Jones, Head of Corporate Governance						
Craffu blaenorol: Prior Scrutiny:	None						
Atodiadau Appendices:	None						
Y/N to indicate whether the Equality/SED duty is applicable					N		
Argymhelliad / Recommendation:							
The Committee is asked to note the report.							
Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval		Ar gyfer Trafodaeth For Discussion		Ar gyfer sicrwydd For Assurance		Er gwybodaeth For Information	✓
Sefyllfa / Situation:							
To report in public session on matters previously considered in private session.							
Cefndir / Background:							
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.							
Asesiad / Assessment							
The Committee considered the following matters in private session:							
12 June 2025							
<ul style="list-style-type: none"> High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report 							



Betsi Cadwaladr University Health Board

People and Culture Committee

Cycle of Business (1 April 2025 – 31 March 2026)

Betsi Cadwaladr University Health Board should, on an annual basis, receive a cycle of business that identifies the items which will be regularly presented for consideration. The annual cycle is one of the key components in ensuring that the Health Board is effectively carrying out its role.

The Committee Cycle of Business cover the period 1 April 2025 to 31 March 2026.

The Committee Cycle of Business has been developed to help plan the management of Health Board matters and facilitate the management of agendas and Health Board business. The Annual Cycle of Business will be complemented by a “Non-Routine Board Business (Forward Work Plan)” for ‘one-off’ Ad-hoc items raised during the course of meetings.

The role of the People and Culture Committee is set out in the Terms of Reference which is available here: [Insert here]

<p>Committee Chair Dyfed Jones</p> <p>Committee Vice Chair William Nichols</p>	<p>Independent Members Karen Balmer Clare Budden</p>	<p>Executive Members Carol Shillabeer (Chief Executive) Teresa Owen (Executive Director of Allied Health Professionals & Health Sciences) Tehmeena Ajmal (Chief Operating Officer)</p>	<p>In Attendance Jason Brannan (Deputy Director of People Services) Pam Wenger (Director Corporate Governance) Stuart Keen (Director of Environment & Estates)</p>
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PEOPLE AND CULTURE CYCLE OF BUSINESS 2025-26

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2026-27	
			April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
Preliminary Matters																
Minutes of the previous Board Meeting	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R		R	
Action Log	Director of Corporate Governance	All Regular Meetings	R		R		R		R		R		R		R	
Staff Story	Executive Director of People Services	All Regular Meetings	R		R		R		R		R		R		R	
Governance, Risk & Assurance																
Corporate Governance Report: <ul style="list-style-type: none"> Committee Cycle of Business Committee Terms of Reference Committee Annual Report Committee Self-Assessment <i>(Going forward these documents will go to the Committee in March)</i>	Director of Corporate Governance	As Required	R													
Corporate Risk Register Report	Director of Corporate Governance	Quarterly	R		R				R				R			
Board Assurance Framework Report	Director of Corporate Governance	Bi-Annually	R					R			R					
Health and Safety Annual Report	Director of Environment & Estates	Annually						R								
Welsh Language Annual Report	Executive Director of Allied Health Professionals & Health Sciences	Annually						R								
Adoption of Corporate Policies <ul style="list-style-type: none"> Job Planning Policy 	Director of Corporate Governance	Quarter 4											R			
Strategic Item 1 - Building and Effective Organisation																
Foundations for the Future Programme (1B)	Chief Executive	All Regular Meetings	R					R			R				R	
Strategic Item 2 - Developing Strategy and Long-Lasting Change																
People Operations Report <i>(Highlight report to each meeting for assurance)</i> <ul style="list-style-type: none"> Job Planning 	Executive Director of People Services	All Regular Meetings	R		R			R			R			R		

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2026-27	
			April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
<ul style="list-style-type: none"> Workforce Planning Health Education & Improvement Wales (HEIW) Workforce Commissioning 																
Workforce Planning and Development (2F) including Education Commissioning	Executive Director of People Services										R		R			
Organisational Strategic Workforce Planning Framework (2F.4)	Executive Director of People Services	Quarter 3							R							
Job Planning Report (2F.9)	Executive Director of People Services	Quarterly			R				R				R			
Strategic Item 3 - Creating Compassionate Culture, Leadership and Engagement																
Strategic Culture and Leadership Report (3A & 3B) <ul style="list-style-type: none"> Compassionate Leadership Values & Behaviours Fair Work element of the Well-being objectives 	Executive Director of People Services	Every other meeting	R					R			R				R	
Welsh Language and Culture (3D)	Executive Director of Allied Health Professionals & Health Sciences	December			R						R					
Volunteer Programme	Executive Director of Nursing & Midwifery	Q4											R			
Strategic Item 5 - Effective Environment for Learning and Skills Development																
Learning and Education (5A & 5C) <ul style="list-style-type: none"> University and Further Education Partnership Report Academic Career Pathway Framework 	Executive Medical Director	Quarter 4											R			
Discovery Report for the Education Strategic Plan (5E)	Executive Director of People Services	Quarter 3							R							
Strategic Item 1C - Responding to Legislative Requirements																
Health and Safety Improvement Plan	Director of Environment and Estates	December									R					

Item of Business	Executive Lead	Reporting period	Q1			Q2			Q3			Q4			2026-27	
			April 2025	May 2025	June 2025	July 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	Mar 2026	April 2026	May 2026
Strategic Equality Annual Report	Executive Director of People Services	Annually					R									
Workforce Race Equality Standard (WRES) Update Report / EDI									R							
Gender Pay Gap Annual Report	Executive Director of People Services	Annually					R		R							
NHS Staff Survey Feedback	Executive Director of People Services	Annually	R						R						R	
Staff Experience and Engagement Report (inc. Staff Engagement Plan)	Executive Director of People Services	Bi-Annually	R									R				
Social Partnership Duty Annual Report	Executive Director of People Services	June			R										R	
For Information																
Summary of Business to be reported from Private	Director of Corporate Governance	All Regular Meetings	R		R			R			R			R		
Forward Work Plan	Director of Corporate Governance	All Regular Meetings	R		R			R			R			R		
Closing Business																
Agree Items for Referral to Board / Other Committees	Chair		R		R			R			R			R		
Review of meeting effectiveness	Chair	All Regular Meetings	R		R			R			R			R		
Date of the next meeting	Chair	All Regular Meetings	R		R			R			R			R		
Resolution to exclude the Press and Public	Chair	All Regular Meetings	R		R			R			R			R		
Private Agenda																
High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report	Executive Director of People Services	All Regular Meetings	R		R			R			R			R		
AAC Panel Consultant Appointments	Executive Director of People Services	All Regular Meetings	R		R			R			R			R		
Trade Union Partnership Arrangements (Regular Verbal Update from LPPF)	Chief Executive	All Regular Meetings	R		R			R			R			R		



At: Prif Weithredwr
Cc: Swyddog Iaith Gymraeg

Trwy e-bost

17/07/2025

Annwyl Brif Weithredwr,

Grymuso'r Gymraeg drwy lywodraethiant cadarn: Adroddiad Comisiynydd y Gymraeg

Mae'n bleser gennym rannu ein [hadroddiad blynyddol](#), sy'n rhoi trosolwg o gydymffurfiaeth sefydliadau â'u dyletswyddau iaith Gymraeg yn ystod y flwyddyn ddiwethaf. Teitl yr adroddiad eleni yw *Grymuso'r Gymraeg drwy lywodraethiant cadarn*, ac mae'n adlewyrchu blwyddyn arall o waith manwl i fonitro, asesu a hyrwyddo cydymffurfiaeth. Mae'n amlygu'r cynnydd a wnaed, yn ogystal â'r heriau sy'n parhau i wynebu sefydliadau wrth weithredu eu dyletswyddau.

Yn gynharach eleni, cynhaliwyd digwyddiad rhithiol i sefydliadau sy'n ddarostyngedig i safonau'r Gymraeg ac i'r rhai sy'n gweithredu cynlluniau iaith, lle cyflwynwyd ein cynllun newydd ar gyfer goruchwyllo cydymffurfiaeth yn 2025/26. Mae rhagor o wybodaeth am y cynllun hwn [ar gael ar ein gwefan](#).

Dyma'r adroddiad olaf i adrodd ar gydymffurfiaeth ar sail ein cynllun Monitro, Asesu a Gweithredu (MAG), a fu'n weithredol rhwng 2021 a 2025. Mae'n nodi penllanw cyfnod pedair blynedd o waith systematig i asesu perfformiad sefydliadau, ac yn gosod y sylfaen ar gyfer y cam nesaf yn ein dull rheoleiddio.

Rydym yn falch iawn o nodi bod cynnydd pellach wedi'i weld yn ystod y flwyddyn, gan adlewyrchu ymrwymiad parhaus i sicrhau bod siaradwyr Cymraeg yn gallu byw eu bywydau yn gynyddol drwy'r Gymraeg.

Mae'r adroddiad yn cyflwyno ein canfyddiadau – gan gynnwys enghreifftiau cadarnhaol yn ogystal â meysydd sy'n parhau i fod yn heriol – ac yn galw ar sefydliadau i weithredu'n bwrpasol yn ystod 2025-2026 i fynd i'r afael â'r heriau hynny.

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Ymhlith y canfyddiadau allweddol mae:

- Cynnydd cyson mewn cydymffurfiaeth mewn meysydd megis dogfennau, cyfryngau cymdeithasol ac hysbysebu swyddi.
- Heriau parhaus wrth ddarparu gwasanaethau ffôn a derbynfydd, gyda lefelau cydymffurfiaeth isel a chynnydd araf.
- Cynnydd mesuradwy yn y sectorau iechyd ac addysg, ond bylchau'n parhau mewn meysydd fel ffurflenni a gwasanaethau ffôn.
- Amrywiaeth sylweddol yn y dulliau o hyrwyddo gwasanaethau Cymraeg, gyda rhai sefydliadau'n methu â chyfleu'n glir bod gwasanaethau ar gael.
- Yr angen i gryfhau cynlluniau iaith Gymraeg a pharatoi'n brydlon ar gyfer pontio i'r gyfundrefn safonau.
- Galwad i gryfhau trefniadau llywodraethu, adrodd a chwynion, gan sicrhau bod y Gymraeg yn ganolog i drafodaethau bwrdd a monitro perfformiad.

Mae'r adroddiad yn cynnwys argymhellion clir ar gyfer pob un o'r chwe deilliant rheoleiddio, ac yn annog sefydliadau i weithredu'n fwriadol ac yn strategol i sicrhau bod y Gymraeg yn rhan annatod o wasanaethau, diwylliant sefydliadol a gwaith bob dydd.

Rydym yn annog eich sefydliad i ystyried cynnwys yr adroddiad yn fanwl, ac i ddefnyddio'r argymhellion i lywio cynllunio a gweithredu yn ystod y flwyddyn i ddod. Yn unol â'n dull o gyd-reoleiddio, rydym yn awyddus i weithio'n agos â chi i hybu gwelliant parhaus mewn cydymffurfiaeth – drwy gynnig arweiniad, cymorth ymarferol a chyfleoedd i rannu arfer da. Fodd bynnag, lle na welir tystiolaeth glir bod camau priodol yn cael eu rhoi ar waith i fynd i'r afael â rhai meysydd, byddwn yn ystyried pa gamau rheoleiddio pellach sy'n briodol, gan gynnwys defnyddio ein pwerau statudol, os bydd angen.

Byddwn yn cynnal sesiwn rhithiol ar **16 Medi 2025** i rannu a thrafod canfyddiadau'r adroddiad â chi. Bydd manylion pellach ar gael ar ein [gwefan](#) maes o law. Os hoffech drafod unrhyw agwedd ar yr adroddiad neu dderbyn cymorth pellach, mae croeso i chi gysylltu â'ch swyddog cyswllt.

Edrychwn ymlaen at barhau i gydweithio â chi dros y flwyddyn i ddod i gynyddu'r cyfleoedd sydd ar gael i bobl ddefnyddio'r Gymraeg.

Yn gywir

Osian Llywelyn
Cyfarwyddwr Rheoleiddio a Dirprwy Gomisiynydd y Gymraeg



Comisiynydd y
Gymraeg
Welsh Language
Commissioner

To: Chief Executives
Cc: Welsh language officers

Via e-mail

17/07/2025

Dear Chief Executive,

Empowering the Welsh language through strong governance: Welsh Language Commissioner Report

It is our pleasure to share our [annual report](#), which provides an overview of organisations' compliance with their Welsh language duties over the past year. This year's report, titled *Empowering the Welsh Language through strong governance*, reflects another year of detailed work to monitor, assess, and promote compliance. It highlights the progress made, as well as the ongoing challenges organisations face in implementing their duties.

Earlier this year, a virtual event was held for organisations subject to Welsh language standards and those operating Welsh language schemes, where we introduced our new plan for overseeing compliance in 2025/26. More information about this plan is available [on our website](#).

This is our final compliance report based on our *Monitoring, Assessing and Action (MAG)* plan, which was in place from 2021 to 2025. It marks the conclusion of a four-year period of systematic work to assess organisational performance and lays the foundation for the next phase of our regulatory approach.

We are pleased to report that further progress has been made during the year, reflecting a continued commitment to ensuring that Welsh speakers can increasingly live their lives through the medium of Welsh.

The report presents our findings – including positive examples as well as areas that remain challenging – and calls on organisations to take purposeful action during 2025–2026 to address those challenges.

The key findings include:

- Consistent increases in compliance in areas such as documents, social media, and job advertising
- Ongoing challenges in delivering telephone and reception services, with low compliance levels and slow progress
- Measurable progress in the health and education sectors, though gaps remain in areas such as forms and telephone services



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- Significant variation in how Welsh language services are promoted, with some organisations failing to clearly communicate their availability
- The need to strengthen Welsh language schemes and prepare in good time for transitioning to the standards regime
- A call to strengthen arrangements for governance, reporting, complaints, ensuring the Welsh language is central to board discussions and performance monitoring

The report includes clear recommendations for each of the six regulatory outcomes and encourages organisations to act intentionally and strategically to ensure the Welsh language is an integral part of services, organisational culture, and everyday work.

We encourage your organisation to consider the contents of the report in detail and to use the recommendations to guide planning and implementation for the year ahead. In line with our co-regulatory approach, we are eager to work closely with you to promote continuous improvement in compliance – by offering guidance, practical support, and opportunities to share good practice. However, where there is no clear evidence that appropriate steps are being taken to address certain areas, we will consider what further regulatory action is appropriate, including the use of our statutory powers if necessary.

We will hold a virtual session on **16 September 2025** to share and discuss the report's findings with you. Further details will be available on our [website](#) and an invite will be sent to all organisations in due course. If you would like to discuss any aspect of the report or receive further support, please get in touch via your contact Promoting Compliance officer.

We look forward to continuing to work with you over the coming year to increase the opportunities available for people to use the Welsh language.

Yours sincerely

Osian Llywelyn
Deputy Welsh Language Commissioner and Director of Regulation