Bundle BCU People and Culture Committee 16 October 2025

1 09:30 - PRELIMINARY MATTERS

1.1 09:30 - PC25/98 Welcome and Apologies - Verbal (Chair)

1.2 09:31 - PC25/99 Declarations of Interest - Verbal (Chair)

1.3 09:32 - PC25/100 Unconfirmed Minutes of Meeting held on 14.08.25 - Attached (Chair)
- PC25.100 Minutes from P&C Committee 14.08.25 V0.01 (Public) Draft

1.4 09:35 - PC25/101 Matters Arising & Action Log - Attached (Chair)
- PC25.101 Action Log P&C Committee - Public (Updated 09.10.25)

2 09:40 - STAFF STORY

2.1 09:40 - PC25/102 Staff Story - Video and Paper (Head of Employee Experience and Engagement)
- PC25.102 Staff Story Coversheet_Final_JB Approved
- PC25.102.1 Staff Story Oct 25 FINAL_JB Approved

3 10:00 - STRATEGIC PRIORITIES

3.1 10:00 - PC25/103 People Operations Report - Paper (Interim Executive Director of People Services)
- PC25.103 People Operations Report Coversheet - v1_JB Approved
- PC25.103.1 People Operations Report - BCU v5_JB Approved

3.2 10:10 - PC25/104 Job Evaluation Update - Paper (Interim Executive Director of People Services)
- PC25.104 Job Evaluation Update_FINAL_GR Approved

3.3 10:25 - PC25/105 Management of Fixed Term Contracts - Paper (Interim Executive Director of People Services)
- PC25.105 FTC Update_Final JB Approved

3.4 10:40 - PC25/106 Workforce Race Equality Standard (WRES) Report - Paper (Interim Executive Director of People Services)
- PC25.106.1 BCUHB WRES Report 2025 FINAL PDF

3.5 10:55 - PC25/107 Gender, Race and Disability Pay Gap Reports - Paper (Interim Executive Director of People Services)
- PC25.107 Pay Gap Reports_Coversheet_Final_JB Approved
- PC25.107.1 Gender Pay Gap Report 2024-25 2.10.25
- PC25.107.2 Race Pay Gap Report 2024-25 2.10.25
- PC25.107.3 Disability Pay Gap Report 2024-25 2.10.25
- PC25.107.4 Equality Pay Gap report 31.3.25

3.6 11:10 - BREAK

4 11:20 - GOVERNANCE AND ASSURANCE

4.1 11:20 - PC25/108 Item Withdrawn

4.2 11:20 - PC25/109 Corporate Risk Register Report - Paper (Director of Corporate Governance)
- PC25.109 Corporate Risk Register Report PC Committee October 2025 v2

4.3 11:30 - PC25/110 Corporate Governance Report - Paper (Head of Corporate Governance)
- PC25.110 Corporate Governance Report (Cover paper)
- PC25.110.1 Workplan for P&C Committee (Live Version as at 09.10.25)

5 11:40 - CLOSING BUSINESS

5.1 11:40 - PC25/111 Agree Items for Referral to Board / Other Committees - Verbal (Chair)

5.2 11:41 - PC25/112 Review of Meeting Effectiveness - Verbal (Chair)

5.3 11:42 - PC25/113 Date of Next Meeting - 04.12.25

5.4 11:43 - 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 14 August 2025
in the Boardroom, Carlton Court, St Asaph and via Teams

Committee Members Present	
Name	**Title**
Dyfed Jones	Independent Member (Chair of Commitee)
Clare Budden	Independent Member
In Attendance	
Tehmeena Ajmal	Chief Operating Officer
Sreeman Andole	Interim Executive Medical Director *(part meeting)*
Jason Brannan	Deputy Director of People
Lynne Bushell	Head of Health, Safety & Security
Clara Day	Executive Medical Director *(observer)*
Dyfed Edwards	Chair of the Health Board
Nick Graham	Associate Director of Workforce Optimisation *(via Teams – part meeting)*
Ceri Harris	Head of Equality and Human Rights *(via Teams - part meeting)*
Eleri Hughes-Jones	Head of Welsh Language Services *(via Teams - part meeting)*
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgia Roberts	Interim Executive Director of People Services and Organisational Development
Katie Sargent	Head of Employee Experience & Engagement *(part meeting)*
Carol Shillabeer	Chief Executive
Dione Way	HEIW Graduate Trainee Manager *(observer)*
Pam Wenger	Director of Corporate Governance
Committee Support	
Laura Jones	Acting Corporate Governance Manager
Harriet Abbott	Corporate Governance Officer

OPENING BUSINESS

PC25/69 Welcome and Apologies

Apologies were noted for Dave Harries and Stuart Keen.

PC25/70 Declarations of Interest

No declarations of interest were raised.

PC25/71 Unconfirmed Minutes of Meeting held on 12.06.25

It was agreed that the minutes of the meeting held on 12.06.25 were a true and accurate record subject to the inclusion of apologies noted for Georgina Roberts.

PC25/72 Matters Arising & Action Log

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

People Operations Report

- In relation to action PC25/55.2 it was confirmed that the approach to Performance reporting is being reviewed in relation to the level of information being shared at both Board and Committee level. This will be addressed by action 25/139.1 from the Board held on 31 July 2025 and therefore it was agreed to close this action.

It was resolved that the Committee:

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

STAFF STORY

PC25/73 Staff Story

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

- The previous staff story focussed on the impact of Mental Health issues on staff and this staff story focuses on another element of absence in relation to carers.
- According to NHS Employers, 6,000 people become carers every day and an estimated 3.7 million people are working carers within England and Wales.
- A growing number of people are having to play a dual role in balancing their jobs and caring responsibilities with the majority being female as women are more likely to have caring responsibilities.
- Janet, a Healthcare Support Worker at Deeside Community Hospital shared her story with the Committee.
- The story will not be shared any wider than the Committee at the request of the individual.

In discussing the staff story, the Committee:

- Thanked Janet for sharing her story, confirmed the need to be aware of the areas of improvement highlighted by staff and the importance of staff stories being heard by the Committee.
- Queried how much flexibility the organisation has in developing the relevant policies suggesting there is a need to have confidence in managers to exercise good judgement when dealing with staff issues. It was confirmed that the majority of policies are All Wales policies however the majority of policies include managers discretion which allows more scope to be flexible in the approach when dealing with individuals.
- Acknowledged the need to gain an understanding of which staff members have caring responsibilities, how these staff can be supported while facing challenges and ensure managers have the confidence to support individuals in terms of what leave is available.
- Noted the importance of learning from staff experience and providing the relevant training and support for managers to ensure this aligns to the culture approach that is be taken forward. It was suggested this is discussed further by the People

Managers Forum to explore the support that can be provided for staff and how this can be managed going forward.

- Suggested the need to support staff with signposting to external support as well as internal and ensure this links to the work around leadership, values and the foundation for the future programme. It was confirmed that staff are able to access BetsiNet from their home computers and there is scope to develop easy read guides to provide a better understanding of policies. It was agreed that the Head of Employee Experience and Engagement would discuss this further with the Director of Corporate Governance outside of the meeting to ensure staff have access to the relevant information.
- Confirmed that an interactive toolkit was developed to provide financial and Mental Health support and a new induction programme is being established which is due to incorporate some areas that have been discussed. It was agreed that the interactive toolkit is circulated to the Committee for information to see what is currently available to staff.

Action:

- **PC25/73.1** The People Managers Forum to review real life scenarios and explore the support that can be provided for staff and managers in terms of training, support and learning from staff experience to align with the culture approach and discuss how this can be managed going forward.
- **PC25/73.2** Head of Employee Experience and Engagement and Director of Corporate Governance to discuss staff access to relevant information and providing guidance for policy management.
- **PC25/73.3** Deputy Director of People to circulate the current interactive toolkit that is available to provide support to staff.

It was resolved that the Committee:

- **NOTED** the themes raised in the story.
- **CONSIDERED** the points raised in the staff members reflections within the report.

STRATEGIC PRIORITIES

PC25/74 Sickness Deep Dive Report

The Committee received the report and the Associate Director of Workforce Optimisation highlighted:

- The report outlines the current position in relation to sickness across the organisation including the main causes and drivers and also refers to the staff survey.
- The discussion around staff returning to work when not fit to perform duties and the use of policies has been discussed as part of the review and highlights the need to work with staff in line with individual circumstances.
- Sickness is generally managed as a pan organisation area of work however due to the complexity of the Health Board there is a need to review how this could be managed more successfully. There are good initiatives being developed to support staff well-being in certain areas however further work is required to provide a co-ordinated and targeted approach for impact.

- A Healthy Workforce Group has been developed under the Value and Sustainability Workforce Programme to identify and implement interventions to support staff to stay in work as well as supporting staff who are currently off. This group will be monitored through the re-established Strategic Health and Wellbeing Group which reports to this Committee.

In discussing the item, the Committee:

- Confirmed the need for a robust action plan to gain further in-depth information into the causes of sickness, understand the hotspots and areas of concern and provide support to particular groups who may be more likely to have episodes of sickness absence.
- Stated that the Committee will need to be aware of what is included in the action plan, what the organisation are looking to achieve as a result of the deep dive and what the outcomes are from the actions.
- Highlighted that there are a wide range of factors contributing to sickness which include staff who are also patients waiting for treatment as well as seasonal absences linked to staff being vaccinated. It was suggested there may be a need to offer more flexibility across all roles to help manage attendance, identify opportunities to bring staff back into more manageable roles to help people return to work and ascertain how many absences are linked to work or personal related stress.

Action:

- **PC25/74.1** An action plan relating to the sickness deep dive to come back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.

It was resolved that the Committee:

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

PC25/75 People Operations Report

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

- The report outlines the current workforce operational position and includes a high-level analysis of the current activity and challenges.
- There has been a slight increase in the vacancy rate, turnover remains steady and the Health Board continues to have the lowest reported sickness absence levels across Wales.

In discussing the report, the Committee:

- Referred to the increase in vacancy rates and suggested further detail is required to gain an understanding of vacancies across the organisation. It was confirmed that work is taking place to gain a global view of the organisation and will allow specific service areas to be reviewed to identify opportunities for workforce redesign and targeted solutions to address staffing issues.

- Highlighted internal promotions and suggested this data may be useful, it was confirmed that the Health Board have a high level of internal movement with approximately 70% of vacancies being filled internally.
- Queried whether flexible working requests are being reviewed and whether a higher percentage of these requests are coming from older staff members. It was suggested that there is a need to be proactive and start looking at workforce profiles in terms of the older workforce and how this will be addressed going forward.
- Proposed the need to promote the Health Board as a future employer to provide potential roles and apprenticeships for young people. It was confirmed that this is an area of work that is not being managed consistently however at the last meeting of the Education Steering Group there was a discussion around school leavers and apprenticeships and the need to provide a more coordinated approach in this space, grown our own staff, drive forward staffing solutions and provide a focus on recruitment of young people.
- further engagement is also required with schools and colleges and it was confirmed that an opportunities event is planned to take place with Further Education colleges.
- Confirmed the need for the Committee to focus more strategically in terms of driving change forward and gaining oversight and assurance around addressing some of the issues highlighted.

Action:

- **PC25/75.1** A detailed report to come back to a future meeting of the Committee in relation to the increase in vacancy rates to provide an understanding of vacancies across the organisation.

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.

PC25/76 Review and Refresh of the PADR Process

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

- The report forms part of the Organisational Development plan which focuses on embedding the culture of the organisation.
- The Performance Appraisal and Development Review (PADR) process is being revised to provide both challenge and support for staff and looks to facilitate a contribution conversation for staff and managers.
- The refresh also provides a focus on well-being as well as performance and links in with the revised values and behaviours and organisational objectives of the Health Board.
- The new process has been developed with input from a design group which included a wide range of staff from different areas of the organisation. The feedback from the group incorporated the need to enable more meaningful discussions with staff to include reference to performance and culture.
- The draft documents were shared with the Committee and these include a performance grid which allows discussion around performance and values and additional guidance around succession planning to identify staff who want to stay within the Health Board.

In discussing the report, the Committee:

- Acknowledged that the documentation includes clear progression pathways for staff and queried whether this new process will improve the current PADR rate. It was confirmed that the aim is to improve the quality of discussions taking place as well as the figures.
- Queried the outcome of the new process suggesting there is a need to keep it simple and focus on how staff are contributing to the wider achievements of the organisation including their individual future plans to ensure PADR discussions are welcomed and provide valuable outcomes for staff.
- Agreed that staffing and performance issues should be addressed on a regular basis and not dealt with via this process. The reviews should provide an opportunity for open conversations and include clear objectives that can be reflected on an annual basis.
- Noted the need to ensure manager have the skills to facilitate open and honest discussions as this is a critical part of the approach and also suggested this links in to the clinical appraisal process.
- Thanked the Committee for the feedback stating that the aim of the refresh is to start to make improvements in leadership and management across the organisation by developing a process to instigate conversations that include areas such as performance and behaviours, noting this is part of a journey.

It was resolved that the Committee:

- **REVIEWED** and **ENDORSED** the plans to implement a new PADR process to include a toolkit and refreshed PADR paperwork.

PC25/77 Strategic Equality Annual Report 2024/25

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

- The report includes an overview of the previous year as well as areas that need to be strengthened over the current period which will then be reported in the following year to provide a look forward and look back.
- The recommendation is for the Committee to approve the report ahead of being presented to the Board in September 2025.

In discussing the report, the Committee:

- Acknowledged the lack of ethical diversity across the organisation including senior leaders and the need to address this area of work. It was confirmed that a race equality scheme action plan has been developed which refers to ethical diversity and the Health Board are currently facilitating the aspiring Board members programme however further work is required in this area.
- Referred to the race pay gap report which provides a good measure and indicator for the future and suggested that Social Economic Duty training has been received by some Board members.
- Stated that a group is being established to focus on the data linked to the Workforce Race Equality Standard (WRES) to review current processes.
- Confirmed that there is a need for clarity in terms of identifying the issues and aligning actions to address these issues.

It was resolved that the Committee:

- **NOTED** the content of the report.
- **RECOMMENDED APPROVAL** to the Board of the Draft Equality Report content, that will be considered for approval by the deadline of March 2026.

PC25/78 Foundations for the Future

The Committee received the report and the Chief Executive highlighted:

- A briefing session for Independent Members will be arranged going into the Autumn period.
- Foundations for the Future is one of the four major change programmes for the Health Board and the purpose is improve the effectiveness of the organisation to better serve the population of North Wales.
- The Discovery report was published in November 2024 and highlighted seven themes which have driven forward the design element. The programmes also comprises of five workstreams which include strategy, culture, people, process and structures.
- An outline design paper was presented to the Board in May 2025 and was based on a wide range of design workshops which highlighted eight key themes.
- Further detailed design is currently underway and the core features being raised consistently include the need for greater pan BCU working as well as collaboration and joint working between clinicians and managers at all levels, reducing silo working and improving standardised care, the need for greater clinical engagement within specialties to develop medium and long term service plans as well as recruitment, morale and performance.
- Additional areas that are also being addressed include the gap between senior managers and the shop floor, significant focus and clarity on decision making, the need for clear strategy and organisational direction, an increased focus on autonomy and accountability, the need for clear and communicated governance routes and consistency of planning.
- The model going forward in relation to the structures work relates to an integrated primary and community placed base approach with a regional secondary specialised services approach which include corporate functions and this work is accelerating.
- In terms of the overall programme, there will be a focus on the benefits and this will link in with the improvement team to ensure defined measurables and outcomes are identified.

In discussing the report, the Committee:

- Queried the timeframe of the programme, it was confirmed that there is a current focus on the structures timeframe to ensure this is addressed as quickly as possible. A deeper engagement report is being completed and there may be opportunities to develop different timeframes for certain areas however the aim is to ensure the organisation have the right people, in the right jobs at the right time.

It was resolved that the Committee:

- **NOTED** the verbal update provided.

GOVERNANCE AND ASSURANCE

PC25/79 Social Partnership and Public Procurement Act

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

- The report includes the two papers, one refers to the Social Partnership Act and the duties of the Health Board and the second paper, appendix B refers to the Strengthening Social Partnership Report.
- The Social Partnership and Public Procurement (Wales) Act (SPPP) provides a framework to improve population well-being by enhancing public services through social partnership working, promoting fair work and socially responsible public procurement.
- The report includes four key principles which include social partnership, socially responsible procurement, fair work and sustainable development.
- As an organisation we are required to submit a Social Partnership Report to Welsh Government and this is the first year this has become a requirement, once submitted there will be an opportunity to reflect on the reports submitted by other Health Boards which may provide some learning going forward.
- Appendix B, the Strengthening Social Partnership Report is based on a self assessment tool provided by Welsh Government, the report has been created in partnership with Trade Union colleagues to assess the working relationship and will be submitted to Welsh Government if approved by the Committee.
- The report does not require Board approval but can be reported via the 'AAA' Report as an appendix.

Action:

- **PC25/79.1** Include the Strengthening Social Partnership Report as an appendix to the Committee 'AAA' Report.

It was resolved that the Committee:

- **APPROVED** the Strengthening Social Partnership Report for onward submission to Welsh Government.
- **NOTED** the briefing.

PC25/80 Welsh Language Annual Report

Members received the report and the Executive Director of Allied Health Professionals & Health Sciences and the Head of Welsh Language Services highlighted:

- The report is due to be presented to the Board in September 2025 and includes the key components of work that have been taking place across the Health Board and the actions going forward.
- The 'More than just words Plan 2022-27' provides the main areas of progress against the standards and appendix 2 highlights delivery against these actions.
- The Welsh Language training team have excelled this year with a 28% increase in demand for training. One learner has also been shortlisted for leaner of the year and has commended the team for the support received.

In discussing the report, the Committee:

- Agreed that the report showcases the amount of work taking place in this space, highlights a willingness of staff wanting to learn Welsh and referred to the feedback received from the Eisteddfod that reflected positively on the Health Board in terms of incorporating the Welsh Language across the organisation.
- Confirmed the need to highlight the ambition and culture of Welsh Language at the Board and encourage Board Members to speak more Welsh as part of their Board leadership roles.
- Highlighted the availability of Welsh Language being used in patient facing areas and stated the need to encourage staff to speak other languages where relevant.
- Stated that the new corporate induction process will include a Welsh Language section which provides an introduction to the language and practical support with areas such as pronouncing people's names correctly.
- Suggested going forward staff are encouraged to use Welsh Language on a daily basis and proposed the Committee consider how this work can be supported.

Action:

- **PC25/80.1** Committee to consider how to provide support and encourage staff to use Welsh Language on a daily basis.

It was resolved that the Committee:

- **REVIEWED** and **APPROVED** the reports prior to submission to the Board in September 2025.

PC25/81 Draft Health and Safety Annual Report

The Committee received the report and the Head of Health, Safety and Security highlighted:

- The report is due to be presented to the Board in September 2025 and highlights the areas of work that have been taking place across the Health Board.
- Further work is required in this area which will enable the team to chart the journey more clearly going forward.
- Work is taking place to transition to NHS employer and the teams are working closely to provide support.

In discussing the report, the Committee:

- Highlighted the need for more focus on violence and aggression, it was confirmed that this is an area of concern, work is taking place with the Welsh Risk Pool around violence prevention and reduction and this work will start to embed.

It was resolved that the Committee:

- **ACCEPTED** the **ASSURANCE** provided in the report.

PC25/82 Progress on Consultant Job Planning Internal Audit Report

The Committee received the update and the Interim Executive Medical Director highlighted:

- Consultant job planning is a big challenge due to the volume of Consultants who require a job plan.

- Job planning is included as an element of Consultant contracts and is required to be reviewed on an annual basis however this has not been completed by the Health Board over the past few years.
- There is a requirement to complete up to 90 staff members by the end of September 2025 however the current overall compliance status is 38%. A high proportion of doctors are working above their sessional limit of ten sessions therefore job plans cannot be signed off as further scrutiny is required.
- Work is taking place to adopt a job planning policy to ensure sufficient standards are in place.

In discussing the report, the Committee:

- Confirmed that an Internal Audit review has been completed in this area as requested by the Chief Executive which received an unsatisfactory rating and a follow up review is currently taking place.
- Noted that all Health Board in Wales have received limited assurance in this area and the lack of an All Wales job planning policy is an issue across NHS Wales.
- Queried whether the lack of job plans creates a risk, it was confirmed that doctors limits are set at ten sessions and once this limit is breached, this creates a risk.
- Agreed that there are areas of the system that need to be addressed and clarity is required to ensure this is resolved suggesting further discussion is required with colleagues across Wales and progress is reported back to the Committee.

Action:

- **PC25/82.1** Progress on Consultant Job Planning to be reported back to the Committee for onwards submission and assurance to the Audit Committee.

It was resolved that the Committee:

- **NOTED** the update provided.

PC25/83 Board Assurance Framework

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

- The Board Assurance Framework is being shared with each Committee to review the relevant areas, the Audit Committee will review the full Board Assurance Framework before it is submitted to the Board in September 2025.

It was resolved that the Committee:

- **RECEIVED** and **CONSIDERED** the contents and assurance rating of the Board Assurance Framework.

FOR INFORMATION

PC25/84 Summary of Business to be Reported from Private

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

PC25/85 Cycle of Business and Committee Forward Workplan

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

PC25/86 Welsh Language Commissioner Annual Report

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

CLOSING BUSINESS

PC25/87 Agree Items for Referral to Board / Other Committees

It was agreed that the Strengthening Social Partnership Report would be attached as an appendix to the Committee 'AAA' Report.

PC25/88 Review of Meeting Effectiveness

It was agreed that there had been good discussion about taking forward areas of work. There is a need to ensure main items feature in the appropriate place and the Committee are sighted on progress. The staff story was received positively and generated valuable discussions.

PC25/89 Date of next meeting

Thursday 16 October 2025, 9.30-12.30pm

Resolution to Exclude the Press and Public

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

People & Culture Committee Action Log (Public)

Updated 09.10.25

Open Actions						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
	PC25/73.1	14.08.25	**Staff Story** The People Managers Forum to review real life scenarios and explore the support that can be provided for staff and managers in terms of training, support and learning from staff experience to align with the culture approach and discuss how this can be managed going forward.	Georgina Roberts	Dec 25	**Remain Open** **09.10.25** This is being taken forward with the People Managers Forum.
	PC25/74.1	14.08.25	**Sickness Deep Dive Report** An action plan relating to the sickness deep dive to come back to the Committee to highlight what the Health Board are looking to achieve as a result of the deep dive and what outcomes will be monitored.	Nick Graham Georgina Roberts	Dec 25	**Remain Open** **09.10.25** The action is on track and will be presented to the Committee in December 25.
	PC25/75.1	14.08.25	**People Operations Report** A detailed report to come back to a future meeting of the Committee in relation to the increase in vacancy rates to provide an understanding of vacancies across the organisation.	Nick Graham	Dec 25	**Remain Open** **09.10.25** The action is on track and will be presented to the Committee in December 25.
	PC25/82.1	14.08.25	**Progress on Consultant Job Planning Internal Audit Report**	Clara Day	Dec 25	**Remain Open** **07.10.25** This will be a priority area

			Progress on Consultant Job Planning to be reported back to the Committee for onwards submission and assurance to the Audit Committee.			of focus for the new Executive Medical Director and will be reported to the Committee in December 2025.
	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** **07.10.25** The Director of Environment and Estates is developing a strategic paper to be presented to the Committee in December 25. **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.
ACTIONS PROPOSED FOR CLOSURE						
	PC25/73.2	14.08.25	**Staff Story** Head of Employee Experience and Engagement and Director of Corporate	Pam Wenger Katie Sargent	Oct 25	**Action proposed for closure** **06.10.25** A Staff Stories hub has been developed and is live on

			Governance to discuss staff access to relevant information and providing guidance for policy management.			BetsiNet where the staff stories and accompanying films are available for staff to access as well as providing further information, guidance and signposting for staff and managers. NB not all storytellers are comfortable sharing their story beyond the P&C committee (as per August's story) so those will not feature.
	PC25/73.3	14.08.25	**Staff Story** Deputy Director of People to circulate the current interactive toolkit that is available to provide support to staff.	Jason Brannan	Oct 25	**Action proposed for closure** **15.08.25** The Deputy Director of People circulated the link to the Living Well, Working Well Handbook to members outside of the meeting for information.
	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	**Action proposed for closure** **14.08.25** It was agreed during the meeting that the approach to Performance reporting is being reviewed in relation to the level of information being shared at both Board and Committee level. This will be addressed by action 25/139.1 from the Board held on 31 July 2025 and therefore it was agreed to close this action. **29.07.25** A date for this session is being arranged to take place in September / October 25.
	PC25/56.2	12.06.25	**Fair Work Element of the Well-being**	Georgina	Oct 25	**Action proposed for closure**

			Objectives Fixed term contracts to be reviewed in further detail to provide assurance to the Board.	Roberts		**07.10.25** An item on the management of fixed term contracts has been included on the agenda for the October 25 meeting. **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 25.
	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	**Action proposed for closure** **07.10.25** A report has been included on the agenda for the October 25 meeting for discussion and agreement of the most appropriate route for progress of the required actions going forward. **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. **24.03.25** A comprehensive update and response plan will be presented to the Committee at the next meeting in June 25. **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.

						An update on the response plan recommendations will be prepared for the June 2025 meeting.
Closed Actions (as agreed at meeting on 14.08.25)						
Action No.	**Minute Ref.**	**Date**	**Agreed Action**	**Lead**	**Timescale**	**Status**
	PC25/53.1	12.06.25	**Staff Story** Ensure the staff stories are shared with other People and Culture Groups within the Health Board as well as more widely across the organisation.	Georgina Roberts	Oct 25	**31.07.25** Going forward the staff stories will be shared with the 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.
	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	**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.
	PC25/58.1	12.06.25	**Corporate Risk Register** A rational 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	**01.08.25** This will be actioned going forward to provide a clear rationale when dates or scores change on the risks.
	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	**01.08.25** The cycle of business has been revised and included on the agenda for the August 25 meeting.

	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	**29.07.25** This is included on the agenda for the meeting in August 25.
	PC25/32.1	10.04.25	**People Operations Report** 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.	Jason Brannan Georgina Roberts	~~June 25~~ 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.
	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	**05.06.25** A paper was presented to the Board in May 25.
	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	**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.
	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	**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.
	PC25/56.1	12.06.25	**Fair Work Element of the Well-being**	Georgina	~~Oct 25~~	**01.08.25** The Fair Work element of

			Objectives Regular assurance in relation to fair work to be provided to the Committee for oversight.	Roberts		the Well-being objectives have been included on the CoB for the Committee.
	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	**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.
	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	**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.

Teitl adroddiad: ***Report title:***	Staff story – Culture Change Leaders' motivations for getting involved in the Culture and Leadership Programme and their views about its impact to date
Adrodd i: ***Report to:***	People and Culture Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 16 October 2025
Crynodeb Gweithredol: ***Executive Summary:***	The culture of NHS systems, and those organisations within them, is crucial to ensuring the delivery of high-quality, safe and effective patient care. Following the approval and support of the Board in September 2023 to improve culture, leadership and engagement in the Health Board, we are undertaking an evidence-based programme specifically designed to improve healthcare cultures and leadership. The programme has been developed by Professor Michael West, The King's Fund, Centre for Creative Leadership and NHS Improvement. The Culture and Leadership Programme is part of Objective 3 of our Three Year Plan 2024-27 and is governed through the major change programme Foundations for the Future. It provides opportunities for an organisation to understand it's culture using evidence-based tools and to develop tailored leadership approaches for developing compassionate, inclusive and collective leadership and deliver culture change. Culture Change Leaders (CCLs) are key to supporting the Culture and Leadership Programme. The Committee will today review the Culture and Leadership Programme's synthesis report, which describes the key themes emerging from engagement and discovery work including Board and senior leadership conversations about their perceptions of the culture in BCUHB. The report also makes recommendations for improvements, which include input from the Culture Change Leaders.
Argymhellion: ***Recommendations:***	The Committee is asked to note the themes raised by the two storytellers about their experiences which led them to want to be part of a change to the culture of the organisation. The Committee is also asked to consider the points each storyteller makes on pages 4 and 6 of the report.

Arweinydd Gweithredol: ***Executive Lead:***	Georgina Roberts Interim Executive Director of People			
Awdur yr Adroddiad: ***Report Author:***	Katie Sargent Employee Experience and Engagement			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	The wellbeing of our employees is crucial to the delivery of all our strategic objectives, as we cannot achieve the excellence we aspire to without a healthy, engaged and committed workforce.			
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?***	No. Our approach to hearing from staff through staff stories is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.			
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?***	No. N/A			
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)	N/A			

Details of risks associated with the subject and scope of this paper, including new risks(cross reference to the BAF and CRR)	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There is no additional financial cost attached to this proposal.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	N/A
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This story will be presented to an upcoming meeting of the Local Partnership Forum and shared with the People Managers Forum membership.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	N/A
Camau Nesaf: Gweithredu argymhellion ***Next Steps:*** Following up on any actions requested by the Committee in response to this story and preparing the next staff story, which will be aligned to the Committee's business.	
Rhestr o Atodiadau: Dim ***List of Appendices:*** *None*	

Staff story title	Staff story – Culture Change Leaders' motivations for getting involved in the Culture and Leadership Programme and their views about its impact to date
Staff story format	Written and video
Consent received to share staff story	Yes Consent Level: All levels consented Level 1 – Any health and social care professionals within BCUHB Level 2 – Researchers for service evaluation and improvement beyond BCUHB Level 3 – Meetings and conferences with anyone present including public and journalists Level 4 – Anyone including online Any special considerations: None

Staff story background

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

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

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

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

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

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

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

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

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

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

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

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

Staff story transcript
Di Platt, Business Manager

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

Having moved to the beautiful Clwydian Range of North Wales back in 2008, I joined the Betsi family as PA to the Executive Director of Therapies.
I gained invaluable experience at corporate level and was soon seen to be member of staff who was relied on, and wanted career development. I was successful in undertaking a secondment to the Chief Executive's Office as Business Manager and fully enjoyed the time there and had the opportunity to return during COVID-19.

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

My experience of cultures at work

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

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

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

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

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

Becoming a Culture Change Leader

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

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

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

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

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

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

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

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

Di's feedback

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

Staff story – Katherine White, Medicine Management Specialist Nurse

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

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

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

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

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

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

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

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

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

My current experience of cultures at work

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

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

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

Becoming a Culture Change Leader

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

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

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

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

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

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

Katherine's feedback

- Could we do more to improve the cascade of information across the organisation? Some ideas are that we could ensure that details of the Culture and Leadership Programme and our new values and behaviours are included in things like safety briefs and ward handovers.

- The roadshows that have been undertaken about culture change really help spread the message. Being visible is important as it can prompt staff to have those conversations and get involved.

Teitl adroddiad: ***Report title:***	People Operations Report			
Adrodd i: ***Report to:***	People & Culture Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 16 October 2025			
Crynodeb Gweithredol: ***Executive Summary:***	The purpose of this report is to outline the current workforce operational position as of beginning of September 2025. The report has been revised following feedback from the committee and improvements around the content and information have been made for this report.			
Argymhellion: ***Recommendations:***	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: ***Executive Lead:***	Georgina Roberts, Interim Executive Director of People & OD			
Awdur yr Adroddiad: ***Report Author:***	Mr Nick Graham, Associate Director of Workforce Optimisation			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Objective 1: Building an effective organisation			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Not applicable			

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?***	No It does not apply at this stage as no formal actions have been agreed as a result of this 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 been undertaken?***	No It does not apply at this stage as no formal actions have been agreed as a result of this 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)***	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* ***Financial implications as a result of implementing the recommendations***	There is no additional costs associated with this paper at this time.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	There are no direct implications associated with this paper at this time.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Links to BAF SP12 and CRR 24-01
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Next Steps: ***Ongoing refinement of this report to support committee oversight***	
List of Appendices: People Operations Report	

People Operations Report September 2025

George Roberts
Interim Executive Director of People Services and OD

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

Executive Summary

• The vacancy rate currently stands at 8.2%, showing little improvement against the position during the same period last year. Clinical staff groups such as Registered Nursing, and Add Professional Scientific and Technical are seeing positive reductions in vacancy FTE over the last year, however, increases in Add Clinical Services, Admin and Clerical, Estates and Ancillary and Medical and Dental are causing the vacancy rate to remain fairly static. 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 stands at 7.7% and continues its downward trend from 10% in December 2022. Registered Nursing staff group reporting the lowest turnover rate at 5.5%, whilst Estates and Ancillary see the highest rates of 11.5%. 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, in August 2025 rolling sickness absence was 0.08% 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 and local audits are underway to better understand the underlying factors in current Stress, Anxiety and Depressions absence cases to inform options available to better support individuals.

• PADR compliance continues to improve, currently standing at 81.6% and just 3.4% off the 85% target. The PADR process is currently being reviewed to bring more of a focus on staff wellbeing and performance and align PADR to the new BCUHB values and behaviours framework. This process will also provide the opportunity to highlight talent across the organisation as we focus on Talent Management and Succession Planning. Rollout to pilot areas will commence over coming weeks.

• Level 1 mandatory training compliance remains above the target of 85% at 91.3%. There is a focus on compliance for bank staff, medics 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 63.7 days during August 2025. Time to shortlist is now the only KPI metric showing above the target after Time to check references fell below the target for August 2025. Recent changes have been made to the Enhanced Establishment Control Process to streamline the process for managers and reduce delays in the recruitment process.

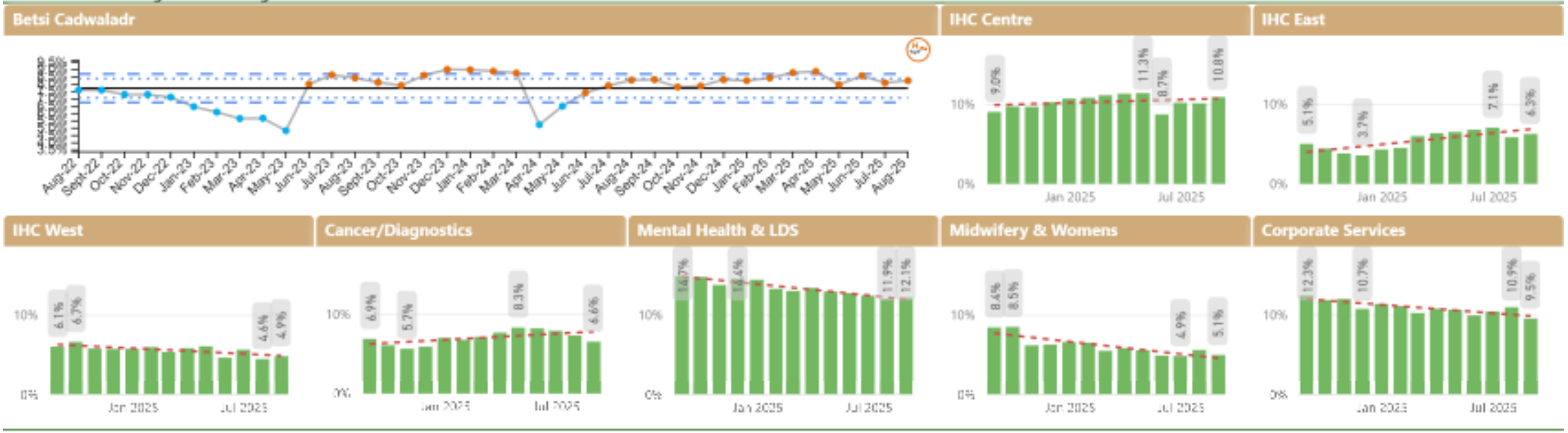
People

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Vacancy % by IHC

BCU Data as at August 25



Analysis : The vacancy rate continues to show a cause for concern and is fairly static compared to the previous year. MHLD currently has the highest vacancy rate at 12.1% equating to 279.8 FTE vacancies. However, the trend shows an improving position with the rate 2.6% lower than it was a year ago. Corporate Services has the second highest vacancy rate at 9.5% equating to 208.2 FTE vacancies. Midwifery and Womens are showing an improving trend over the 12 month period and currently have the lowest vacancy rate 5.1%. IHC Centre and East are both showing deteriorating trends within the previous 12 months increasing by 1.8% and 1.2% respectively. This can be attributed to an increasing Budget FTE within IHC Centre whilst the Actual FTE has remained static. IHC East shows a similar picture with Actual FTE increasing by 67.8 FTE whilst the Budget growth exceeded this causing an increase of 63.6 vacancy FTEs.

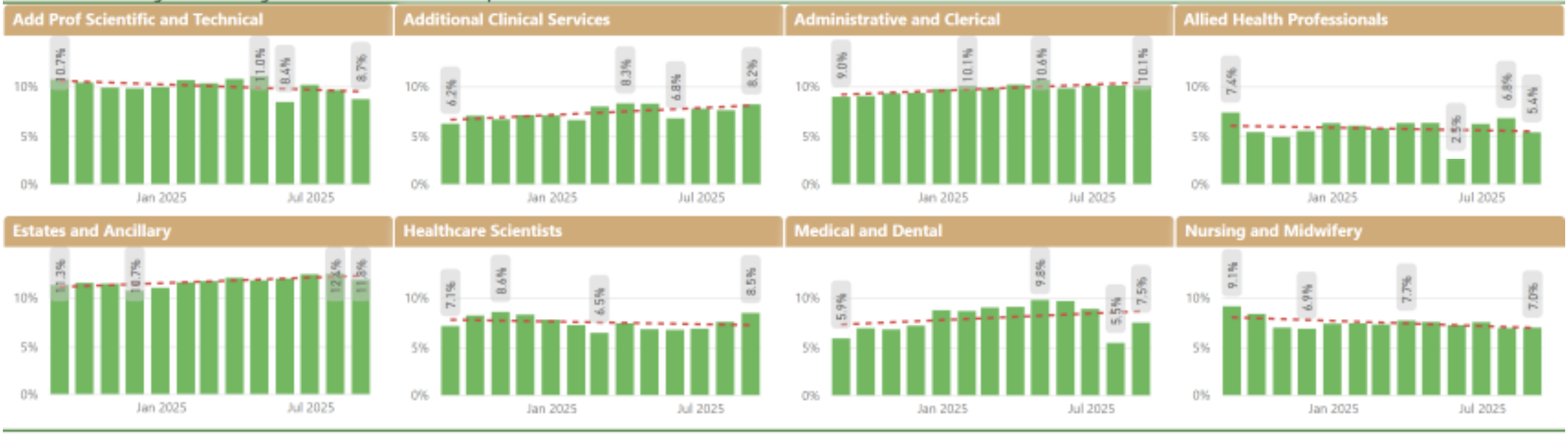
Challenges :

Issues throughout the recruitment process are causing delays in reducing vacancies in a timely manner. Timescales to approve a post for advert are delayed by EEC processes, and further restrictions on band 8b and above roles is impacting with recruitment to patient facing business critical roles. High numbers of applicants continues to be a challenge, particularly for HCA adverts, where some adverts are attracting hundreds of applications. Shortlisting can take a significant amount of time with very few progressing to interview owing to the poor quality candidates and growing use of AI. The increase in less than full time employees will also be contributing to the increases in vacancies in some areas.

Progress : BCUHB continues to work on introducing filter questions to the application process which will prevent the submission of applications where the individual does not meet the defined criteria for employment in the role. This will alleviate some of the pressure on manager time, speeding up the recruitment process and improving compliance with KPIs.

Vacancy % by Staff Group

BCU Data as at August 25



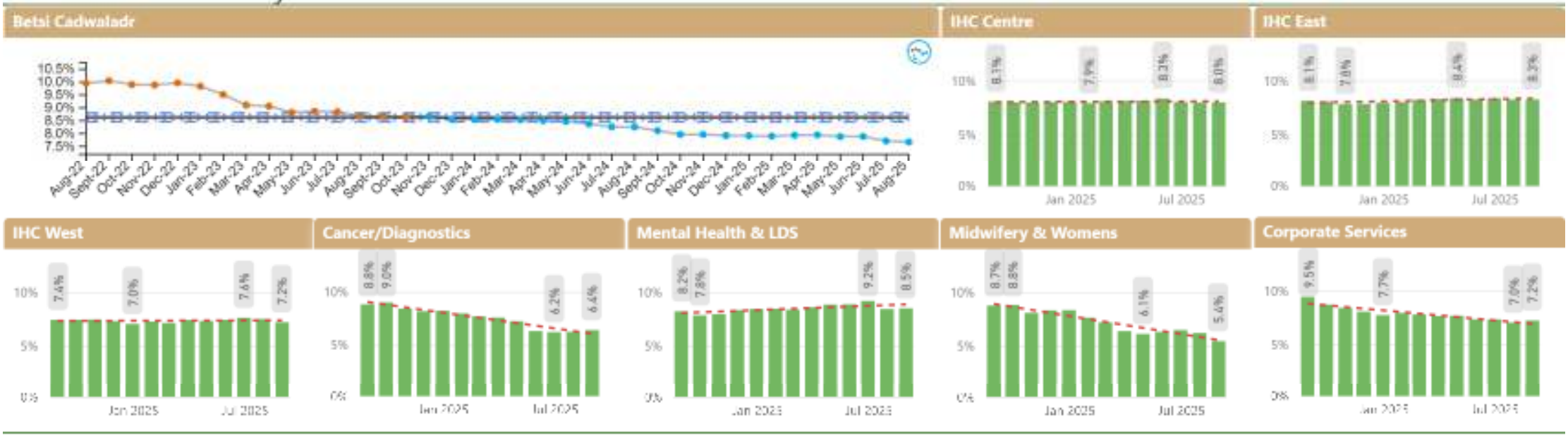
Analysis : Vacancy rates are showing an increase over the last 12 months across most staff groups with the exceptions of Nursing and Midwifery, AHPs and APST. Estates and Ancillary have the highest vacancy rate at 11.8% (equivalent 176.6 FTE vacancies). The largest increase over the 12 month period can be seen within Additional Clinical Services which has increased by 2% which is largely driven from an increase of 6.8% within IHC Central. This is followed by Medical & Dental which increased by 1.6% which is largely down to Budget FTE increases within IHC Centre and East whilst the Actual FTE has remained fairly static. Nursing and Midwifery vacancy rates continue to improve and currently stand at 7% which is an improvement of 2.1% from August 2024.

Challenges : Estates and Ancillary vacancy rates remain a challenge as rates continue to deteriorate within this staff group. Increases in the Admin and Clerical vacancy rate are, in part, due to cost savings schemes and delays caused by the EEC process. Consultant vacancies remains a cause for concern and the escalated bed base continues to contribute to the cost and demand of medics.

Progress : The in flow of registered nurses via streamlining and international recruitment has had a positive impact on Nursing vacancy rates. Teams are providing support to alleviate the vacancy position within Estates and Ancillary staff group through planned recruitment open days and provision of support to candidates through the application process. The IHCs are engaging with overseas recruitment to roles below consultant.

Turnover % by IHC

BCU Data as at August 25



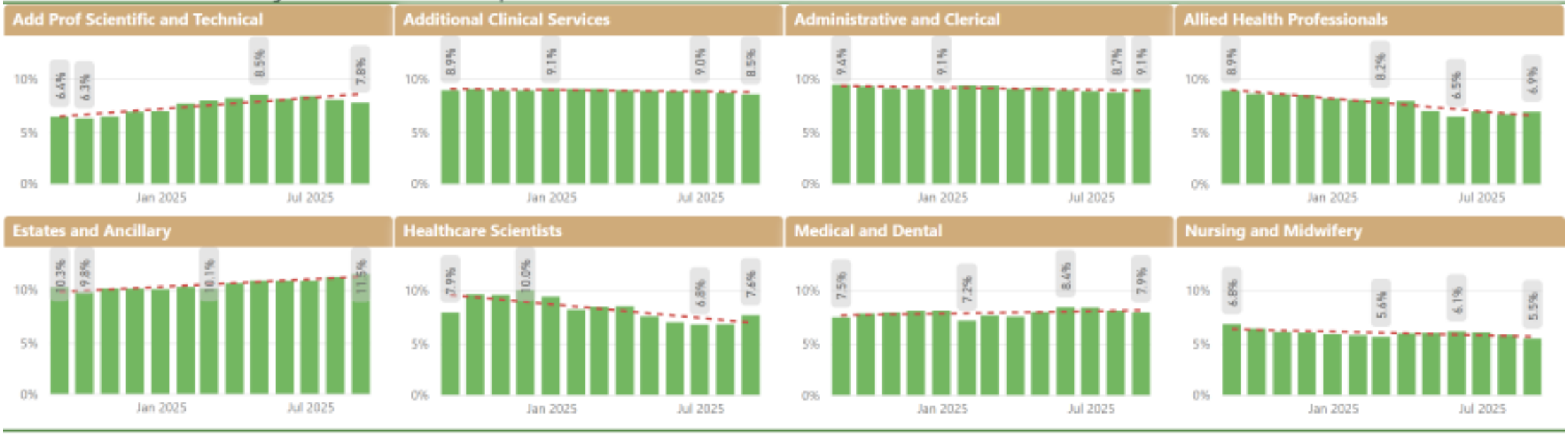
Analysis : Turnover has been on an improving trend over the last 3 years and currently stands at 7.7%. All areas show either an improving or largely static trend. MHLD currently has the highest turnover rate at 8.5% followed by IHC East has the second highest turnover rate at 8.3%. Midwifery and Womens has seen the largest decrease in turnover over the previous 12 months, falling by 3.3% to a rate of 5.4% as at August 2025. IHC Centre has the highest number of leavers over the past 12 months, losing 30.3 FTEs per month on average followed by IHC East at 29.8 FTEs.

Challenges : Exit interview data remains difficult to collect and limited insight can be gained from the small numbers submitted. In addition to external turnover, some areas have a significant amount of internal movement which is not captured in the external turnover rates above.

Progress : Teams are promoting exit interview questionnaires for leavers and are utilising staff survey results to identify areas of concern and promote retention. Teams are actively progressing our culture improvement work and staff survey actions. Within MHLD, the team is focussing on the leave reasons given for staff with less than 2 years service to inform retention strategies in this area. Teams in East IHC are focussing of hotspot areas with higher than average turnover (Palliative Care, HMP Berwyn, Gastro and Facilities) to explore and address the reasons for poor retention rates.

Turnover % by Staff Group

BCU Data as at August 25



Analysis : Add Prof Scientific and Technical, Estates and Ancillary and Medical and Dental all show an increased turnover rate when compared to August 2024 with the largest increase of 1.4% being seen with APST. Within this staff group MHLD has the highest turnover rate of 13.3% and has increased 2% from the same period last year. Allied Health Professionals staff saw the greatest improvement in turnover, reducing by 2% over the 12 month period. Followed by Nursing and Midwifery which has reduced by 1.3%.

Challenges : Retention within Estates and Facilities and Admin and Clerical staff groups remains a challenge, however, there is also a significant amount of internal turnover within registered and unregistered nursing staff groups which is also detrimental to the stability within services.

Progress : Teams are using staff survey local plans to add to interventions to support staff retention. Further review of exit interviews and deeper dives are ongoing to better understand the reasons for turnover.

Monthly Sickness % by IHC

BCU Data as at August 25

The charts above report the monthly sickness rate for BCU.

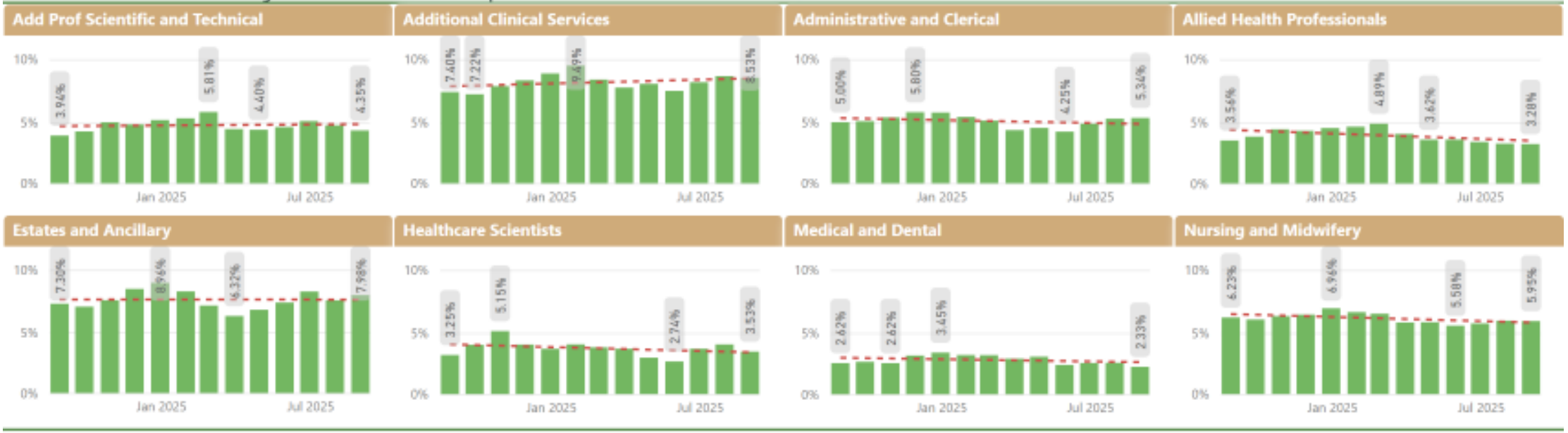
Analysis : The BCU monthly sickness rate is currently showing no special causes for concern or improvement based on the trend of previous months, however, it is 0.24% higher than it was during August 2024. The slight increase on the previous years monthly absence means that the rolling absence continues to slowly deteriorate and now stands at 6.05%. MHLD has the highest sickness rate at 7.56% with stress and anxiety sickness absence currently standing at 2.90% compared to the BCU average of 1.98%. Stress and anxiety sickness continues to rise with the August 2025 rolling rate standing at 1.83% which is an increase of 0.25% on August 2024. All IHCs, with the exception of Corporate Services, show an increase in rates compared to the same period the previous year.

Challenges : The All Wales tolerance level for absence is 4.5%; the average UK absence is 4.1%. BCUHB at 6.5% shows our concerning level of staff absence. Stress, Anxiety and depression remain the top reason for absence.

Progress : Managing Attendance at Work training sessions continue on a monthly basis with both an in-person and virtual offering. Reviews of hot spot areas are discussed with managers and action plans are in place for long term sickness cases. In addition, there are plans to begin a focus on areas with high levels of frequent absence. The People Services within EIHC have undertaken an audit of reported "stress anxiety and depressions" (SAD) in order to get a better understanding of the underlying causes of each absence and better inform managers with options to assist staff experiencing home or work related stress, anxiety and depression. Teams will also be identifying and contacting managers where "other" is the highest reason for absence to understand the rationale and offer a solution where this category is used in order to protect confidentiality within a shared roster. MHLD People Services team have recently developed a 'Supporting Staff with Stress-related Absence Checklist', this document aims to support clear, compassionate, person-centered communication and engagement with a staff member who is absent due to stress, anxiety or depression.

Sickness % by Staff Group

BCU Data as at August 25



The charts above report the monthly sickness rate for BCU.

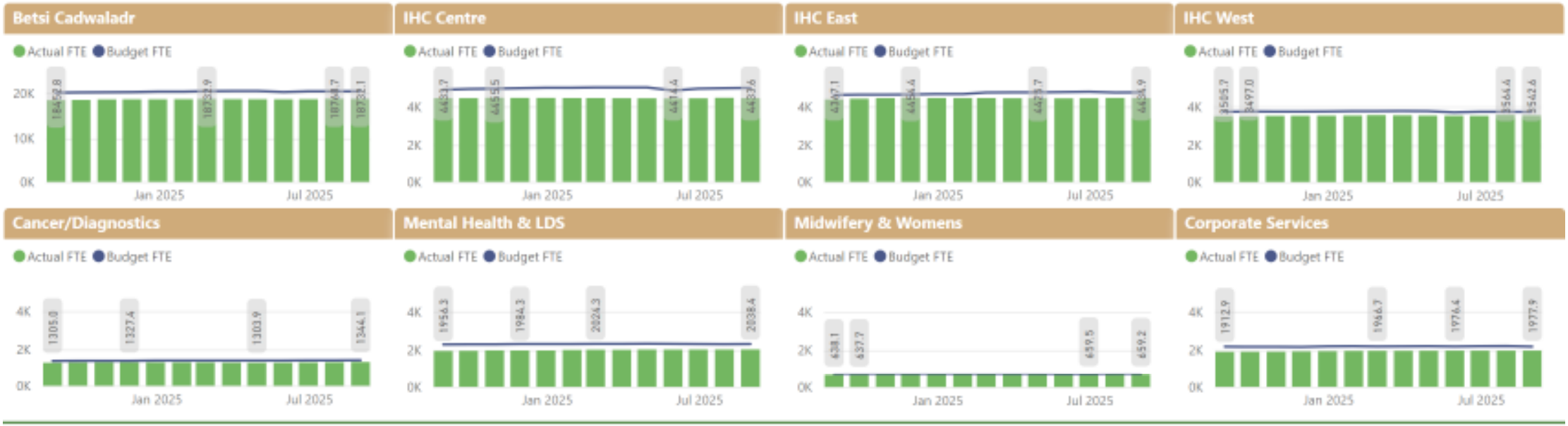
Analysis : Additional Clinical Services staff group currently has the highest monthly sickness rate at 8.53%, an increase of 1.13% on the same period last year, with stress and anxiety absence increasing by 0.55%. Estates and Ancillary has the second highest monthly sickness rate at 7.98%, an increase of 0.68% on the same period last year. Nursing and Midwifery absence has decreased when compared to August 2024 by 0.28% with the latest months sickness rate being 5.95%. Medical and Dental sickness absence is 0.29% lower than it was during the same period last year. Add Prof Scientific and Technic, AHPs and Healthcare Scientist staff groups all have monthly sickness rates under 4.5%. Admin and Clerical have seen an increase in the monthly rate in recent months increasing from 4.25% in May to now stand at 5.34% due to an increase in stress and anxiety absence.

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

BCU Data as at August 25



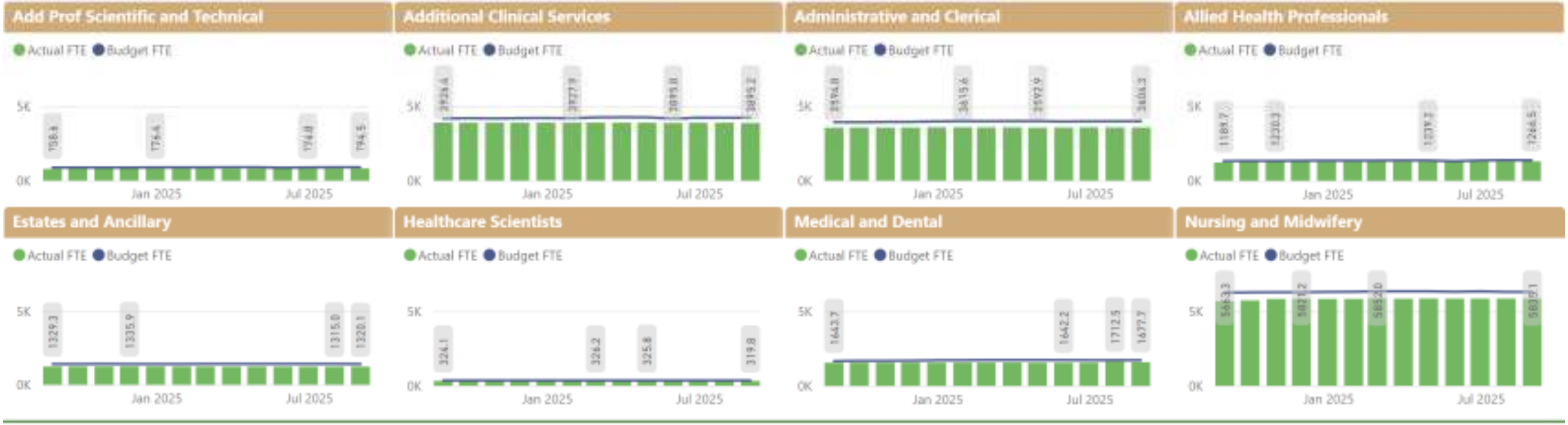
Analysis : Budgets continue to increase across all areas of the Health Board, with a combined increase of 296.5 FTEs over the last 12 months compared to an increase in actual staff in post of 279.3 FTEs. IHC East saw the greatest increase in budget over the last 12 months growing by 131.4 FTEs with actual FTE increasing by 67.8 FTEs; this has been the increase of SLE medical posts and NSA for RNs, with minor increase too for AHP staff. MHLD saw the greatest increase in staff in post, growing by 82 FTEs over the last 12 months whilst the budget grew by just 24.8 FTEs, leading to a 2.6% reduction in the vacancy rate. IHC West and Midwifery & Womens were the only IHCs to see a decrease in Budget FTE meaning that the vacancy position improved in both as the Actual FTE grew.

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

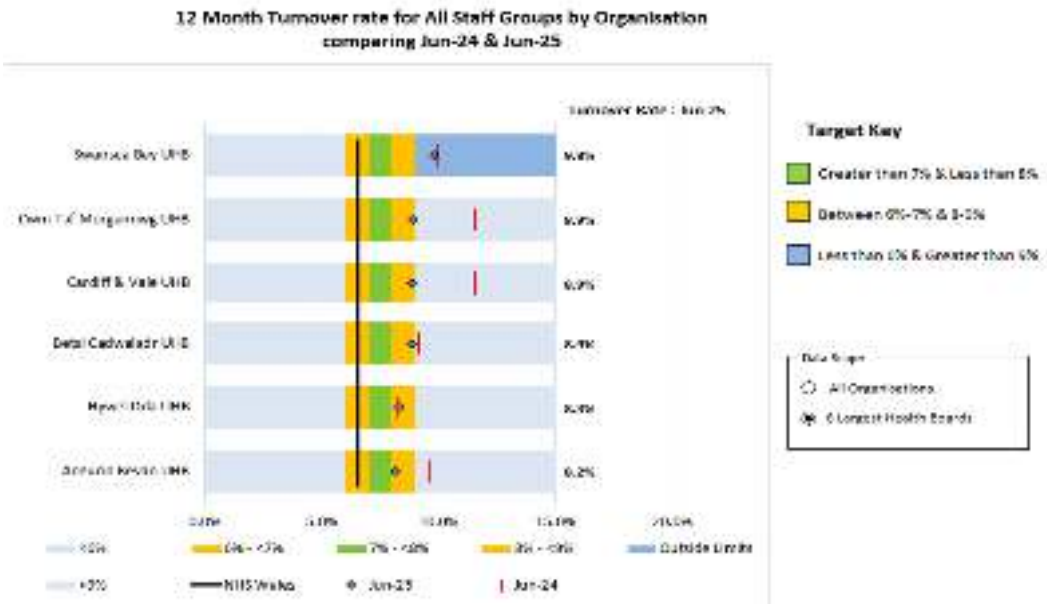
BCU Data as at August 25



Analysis : Medical and Dental staff group saw the biggest increase in budget FTE between August 2024 and August 2025, growing by 66.5 FTEs. Admin and Clerical budget increased by 60.1 FTEs. Additional Clinical Services saw the largest increase in vacancy FTE of 86.3 with an increase in budget FTE and actual FTE decreasing by 31.2. The biggest improvement can be seen in Nursing and Midwifery. The vacancy FTE in this staff group decreased by 130.7 which can be attributed to the increase of 171.8 in actual FTE.

Workforce Comparators

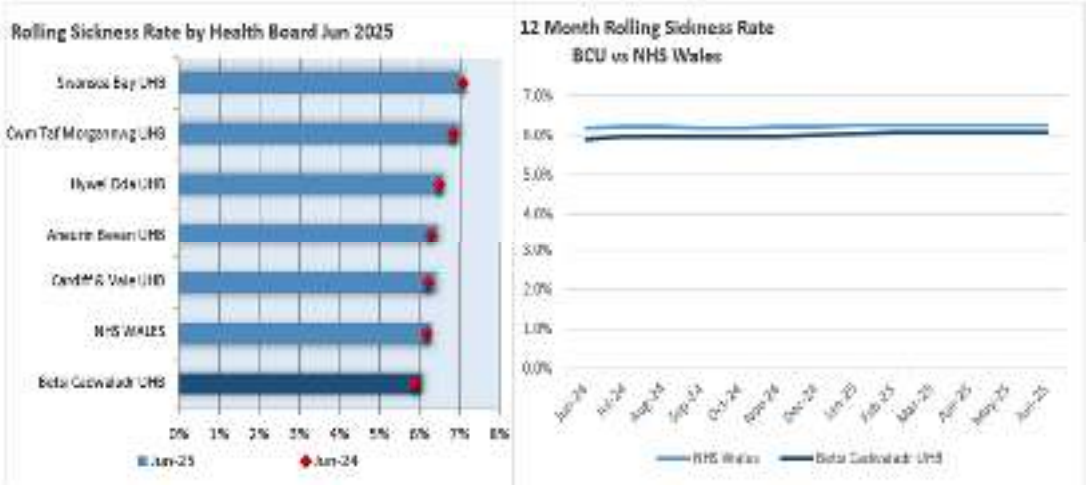
Turnover %



Of the 6 largest Health Boards in Wales, BCU had the 3rd lowest turnover rate in June 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.

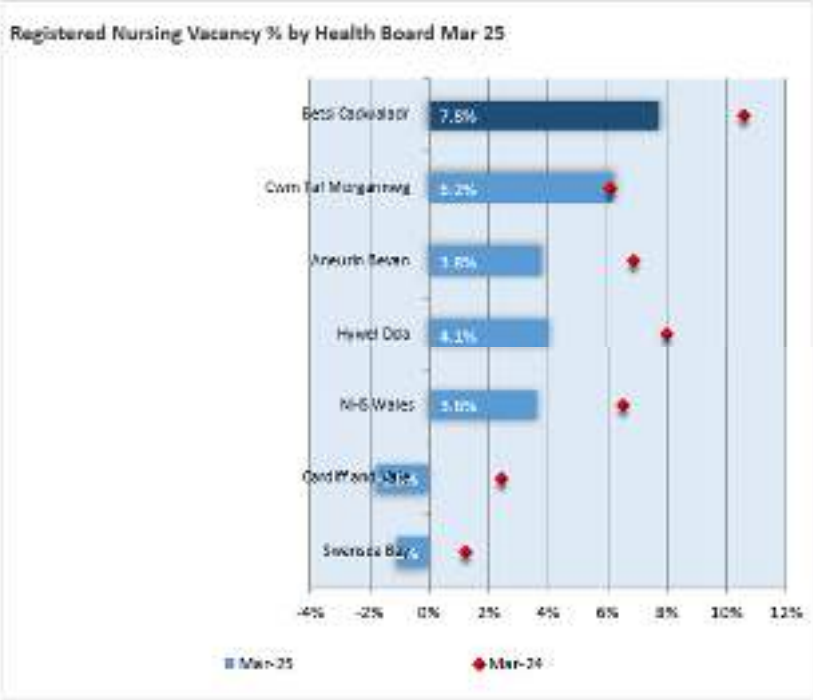
Sickness %



During June 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 6.3%. Swansea had the highest sickness rate at 7%.

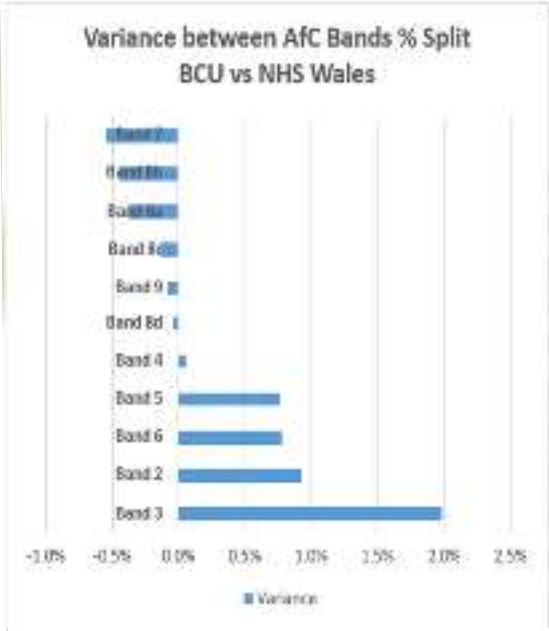
Workforce Comparators

Vacancy %



The BCU Registered Nursing Vacancy rate was showing as 4.2% above the NHS Wales average in March 2025 and was the highest rate of the 6 largest health boards. However, the rate is 2.8% lower than the previous year.

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



AFC Band	BCU % Staff in Post FTE Jun 2025	NHS Wales % Staff in Post FTE Jun 2025	Variance	BCU Staff in Post FTE Jun 2025
Band 3	14.0%	12.1%	2.0%	2554.1
Band 2	17.2%	16.3%	0.9%	3129.8
Band 6	17.3%	16.5%	0.8%	3147.4
Band 5	20.0%	19.2%	0.8%	3631.6
Band 4	8.4%	8.4%	0.1%	1532.8
Band 8d	0.4%	0.4%	0.0%	69.6
Band 9	0.2%	0.3%	-0.1%	31.4
Band 8c	0.8%	0.9%	-0.1%	147.8
Band 8a	3.6%	4.0%	-0.4%	650.4
Band 8b	1.1%	1.6%	-0.4%	204.4
Band 7	10.4%	10.9%	-0.5%	1893.0

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 14% of the BCU AfC workforce compared to 12.1% of the NHS Wales AfC workforce. Bands 7 to 9 account for a smaller proportion of the BCU workforce in comparison to NHS Wales (16.5% vs 18.1%).

Highlighted Areas

BCU Data as at August 25

Org L6	Actual FTE	Vacancy %	Monthly Sickness %	PADR %	Mandatory Training %	Turnover %
NW Cancer Mgmt & Admin (HXQG) L6						
2024-11	95.3	0.2%	10.42%	67.3%	77.1%	10.5%
2025-02	88.4	13.0%	8.96%	59.4%	75.8%	14.0%
2025-05	87.8	13.6%	9.03%	38.5%	76.8%	9.9%
2025-08	87.5	15.9%	10.49%	37.0%	76.3%	12.2%
Facilities Catering - West (RX55) L6						
2024-11	84.7	11.8%	8.55%	55.5%	87.3%	7.8%
2025-02	83.0	13.6%	7.08%	47.7%	85.7%	7.1%
2025-05	81.5	15.2%	11.09%	37.6%	83.3%	9.2%
2025-08	83.4	13.1%	9.29%	34.3%	79.2%	9.7%
Chief Operating Officer (YX05) L6						
2024-11	46.0	-2.5%	5.88%	72.3%	85.0%	6.1%
2025-02	48.0	-3.0%	2.89%	66.6%	83.2%	6.1%
2025-05	46.8	1.1%	3.10%	69.4%	80.1%	8.3%
2025-08	46.0	1.8%	2.41%	71.7%	80.0%	8.6%
Medicine & Unscheduled Care YGC (HX23) L6						
2024-11	641.5	5.9%	4.96%	83.4%	90.2%	8.5%
2025-02	625.1	9.9%	6.13%	87.1%	91.3%	9.1%
2025-05	626.7	9.7%	3.67%	85.5%	93.0%	9.0%
2025-08	622.5	10.3%	4.76%	87.8%	92.9%	8.2%

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.

Analysis :

NW Cancer Mgmt & Admin was the poorest performing area against the metrics in the latest month after initially being flagged as an area of concern in Nov 2024. All metrics within the latest month show a deteriorating position.

Facilities Catering is also highlighted again after appearing in the previous report. There have been improvements with the vacancy and sickness position but PADR, Training and Turnover rates continue to deteriorate.

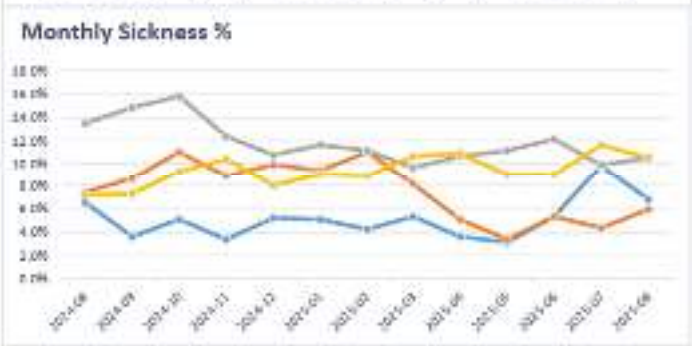
Chief Operating Officer appear due to each quarter in the previous year declining for Training and Turnover rates. Vacancies have also increased, however, these still remain well below target.

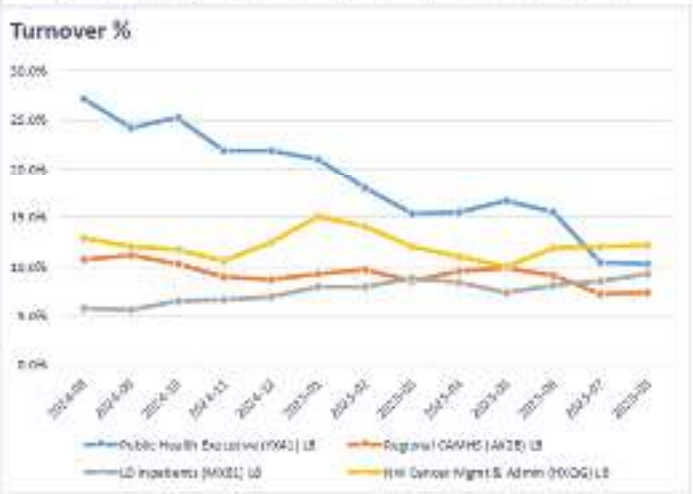
Medicine & Unscheduled Care YGC have seen increases in vacancy and sickness rates.

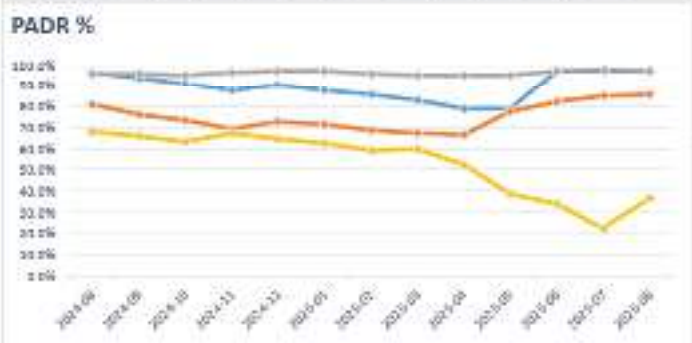
Challenges :

Progress: Work is underway via the Sickness Plan to deep dive in to the sickness and support the team and 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. This has been due to change of roles with management team and this post has only recently been back filled.

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 has increased from a low of 3.13% in May to 6.78% in August 2025.

Regional CAMHS have seen improvements in all areas from the November position and now meet the PADR Target. However, vacancies remain high and currently stand at 29.1%.

LD Inpatients have also seen improvements in all of the measures metrics. However, continue to report high levels of sickness at 10.55% and vacancies at 13.7%.

NW Cancer Mgmt & Admin are performing poorly in all metrics and appear again within the August highlighted deteriorating areas.

Recruitment KPIs

BCU Data as at August 25

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 achieved the target in the latest month meaning that all KPIs with the exception of Time to shortlist are now below the target KPI. Time to shortlist took an average of 5 days in August 2025 compared to the NHS Wales average of 5.8 days. From conditional offer to ready for Start Date showed a significant improvement on the same period in the previous year, down 6.3 days on average. BCU met the 71 day KPI for Vacancy creation to ready for start date, taking 63.7 days on average during August 2025, moving slightly below the NHS Wales average of 63.8 days.

Challenges : - Staff shortages within some People Ops Teams over the past year has impacted on the monitoring of applications nearing KPI target and issuing of shortlisting reminders. As staffing levels improve over coming weeks, it is anticipated that progress towards the KPIs targets will resume.

Progress : The People Ops Teams continue to monitor TRAC vacancies and offer support to managers to remove barriers, particularly with those vacancies closest to, or past, the KPI target. Hiring managers who are new to TRAC are closely supported by teams to reduce delays. The time to shortlist KPI has been an area of focus whereby hiring managers are contacted prior to the close of an advert to remind them of the expected turn around time for shortlisting and encourage them to schedule time to action the shortlisting. A similar approach is being considered for the time to reference KPI to look at where the bottlenecks are in the processes that may be contributing to missing the KPI targets.

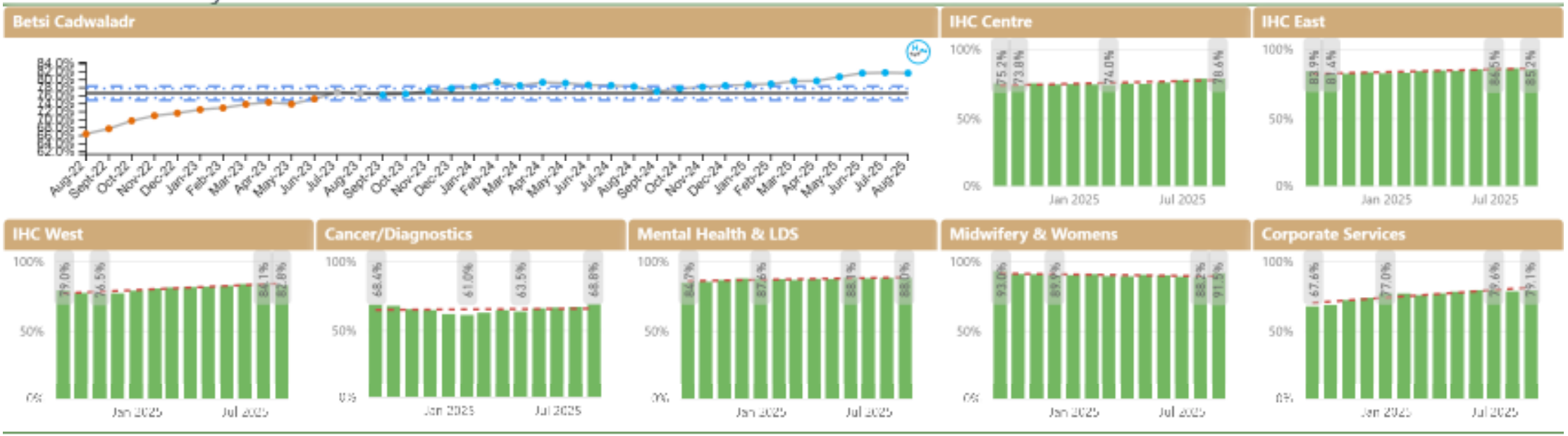
Leadership and Development

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

PADR % by IHC

BCU Data as at August 25



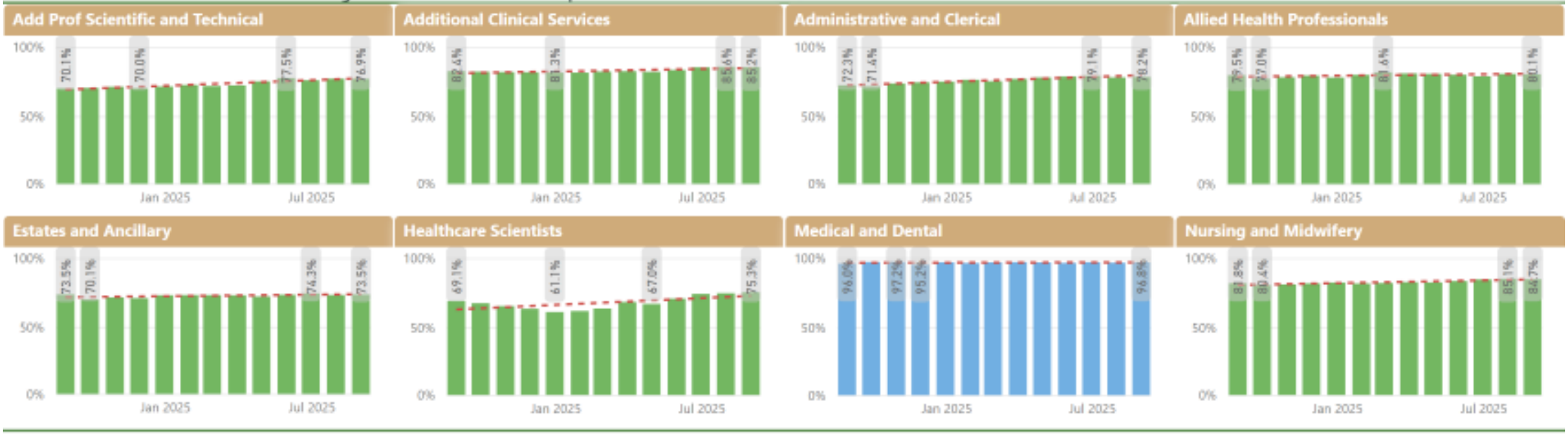
Analysis : PADR compliance currently stands at 81.6%, a 3.3% increase on the same period in the previous year At present IHC East, MHLD and Midwifery and Womens meet the 85% target KPI. Cancer/Diagnostics is currently the worst performing area with a compliance rate of 68.8%. Nearly all areas of have seen varying levels of improvement on the previous year with Corporate Services seeing the biggest improvements in PADR compliance, improving by 11.5% to 79.1%. IHC West has made steady progress across the period, improving compliance by 3.2% and now remain just 2.2% off the target of 85%. Whilst still exceeding the best performing is East IHC, Midwifery & Womens are the only area to see a decrease from August 2024 falling by 1.5%.

Challenges : Whilst performance is generally improving across the IHCs, there are areas of poor performance. Areas can be negatively impacted by changes in management which create a delay in the timely completion of PADRs.

Progress : People Ops Teams continue to regularly engage with managers to identify and improve hotspot areas of lower compliance and to ensure cyclical plans are in place to retain performance in areas where the 85% target is being met. The PADR process is currently being reviewed to bring more of a focus on staff wellbeing and performance and align PADR to the new BCUHB values and behaviours framework. This process will also provide the opportunity to highlight talent across the organisation as we focus on Talent Management and Succession Planning. Pilot areas for rollout have been identified and will commence over coming weeks.

PADR/MARS % by Staff Group

BCU Data as at August 25



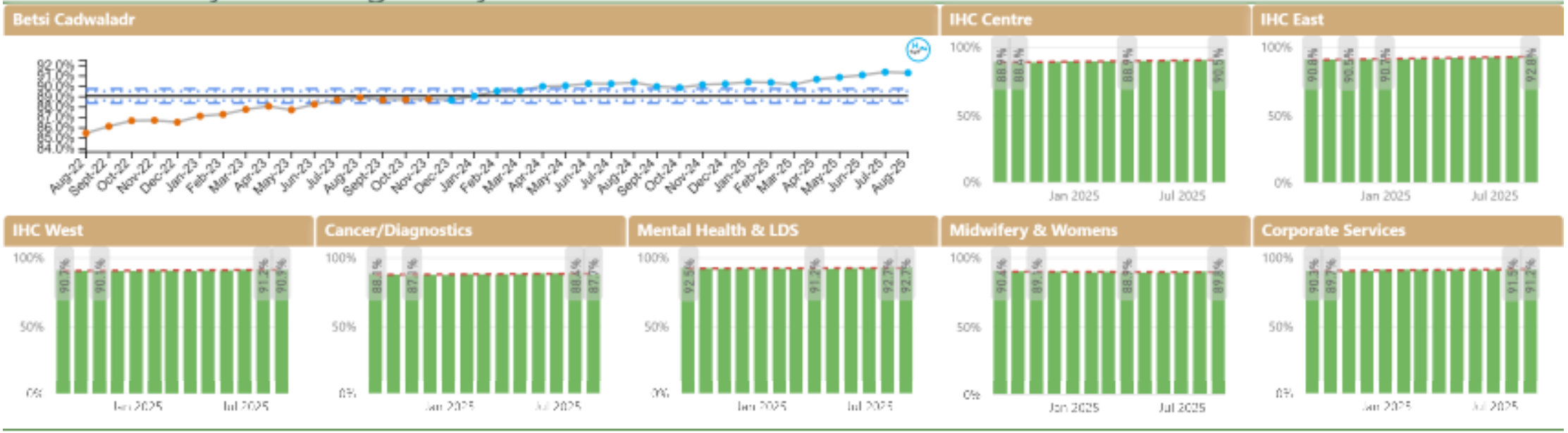
Analysis : All staff groups have either improved or remained static when compared to the same period in the previous year. Additional Clinical Services are currently the only staff group to achieve the 85% target. Registered Nursing is the next best performing staff group with an 84.7% compliance, a 2.9% improvement on the same period last year and only being 0.3% off the target. Add Prof Scientific and Technic staff group has seen the greatest improvement in rates, increasing by 6.8% to 76.9% over the 12 month period; largely the result of progress within IHC West and Corporate Teams. The Medical Appraisal Rate (MARS) has increased by 0.8% on the previous year and now stands at 96.8%

Challenges : Whilst compliance is improving overall, there remain to be large numbers of employees who have never had a PADR, circa 349, which 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 August 25



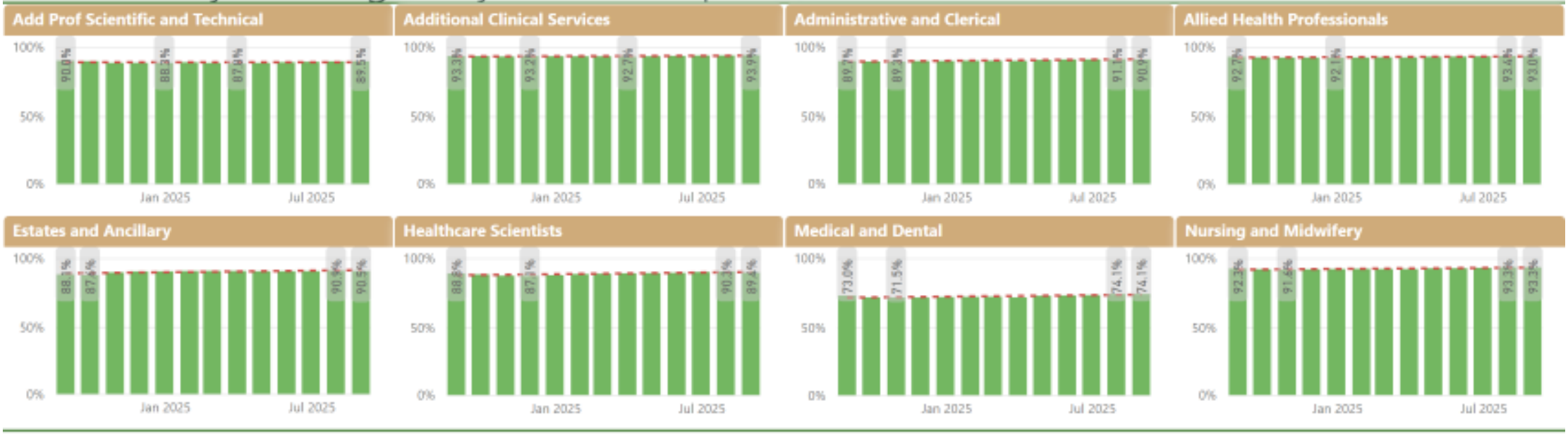
Analysis : All areas are compliant with the 85% target for level 1 mandatory training and have maintained compliance across the 12 month period. All level 1 competencies currently meet the 85% target. Mandatory level 2 training currently stands at 88.5% with both Moving and Handling level 2 and Infection Prevention level 2 failing to meet the 85% target at 80.6% and 83.8% 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 92.8% compares to 90.5% in Centre and 90.9% in West.

Challenges : Whilst the overall level 1 compliance rate is above target, there remain some teams that are currently below target. Mandatory training compliance amongst medics remains a challenge with all IHCs currently reporting rates below the 85% target.

Progress : Regular updates for compliance are provided to areas of service on a monthly basis during meetings and used as a point of discussion. In Corporate areas the team have highlighted the importance of plans to support individuals returning to work following absence to ensure that mandatory training is completed. A Power BI resource is under development to support the People Services teams in identifying and targeting registered nursing and midwifery bank staff where compliance against key competencies has expired or is due to expire.

Mandatory Training % by Staff Group

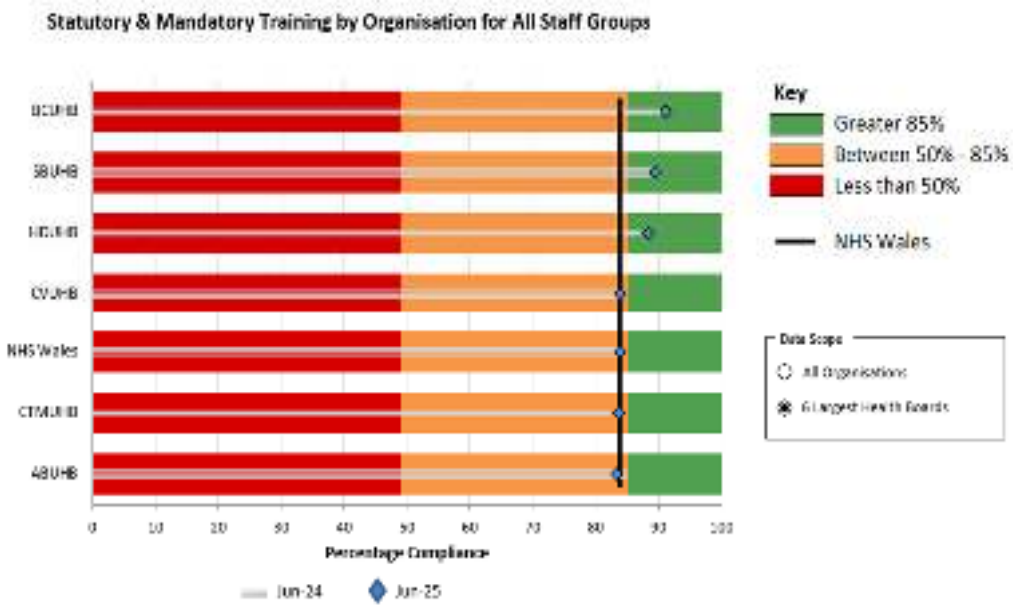
BCU Data as at August 25



Analysis : All staff groups are compliant with the 85% target for level 1 mandatory training, and have maintained compliance across the 12 month period. The exception to this is Medical and Dental staff, however improvements have been made in the last period which is 0.9% off achieving the target.

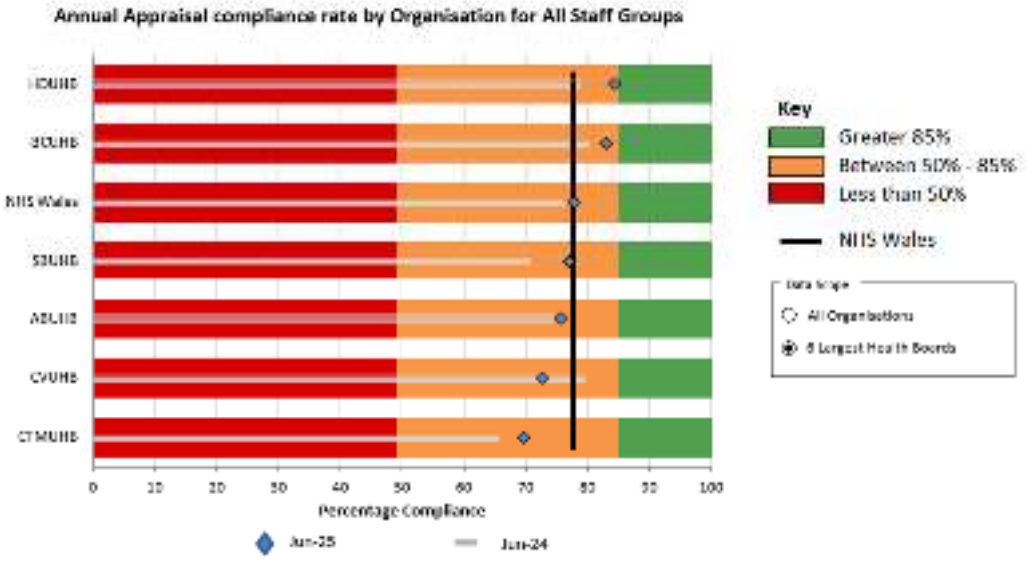
Workforce Comparators

Statutory & Mandatory Training %



BCU had the highest mandatory training level 1 compliance rate out of the 6 largest health boards in June 2025 and was 7.4% higher than NHS Wales average of 83.8%.

Appraisals %



BCU had the second highest appraisal compliance rate out of the 6 largest health boards in June 2025 with a combined AfC and Medical Appraisal rate of 83.1% compared to the NHS Wales average of 77.8%.

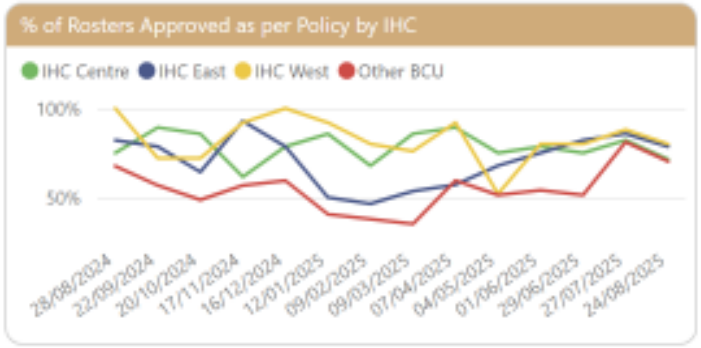
Roster KPIs

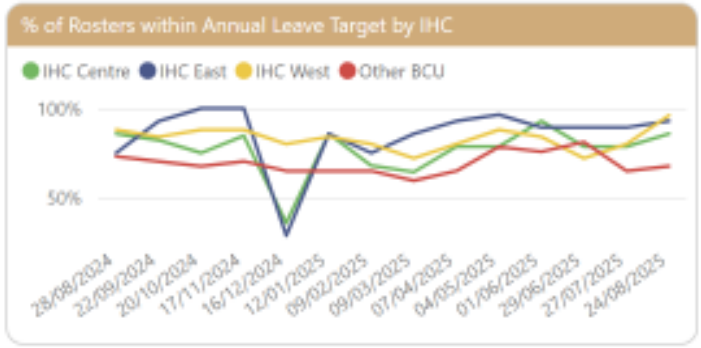
BCU Data as at August 25

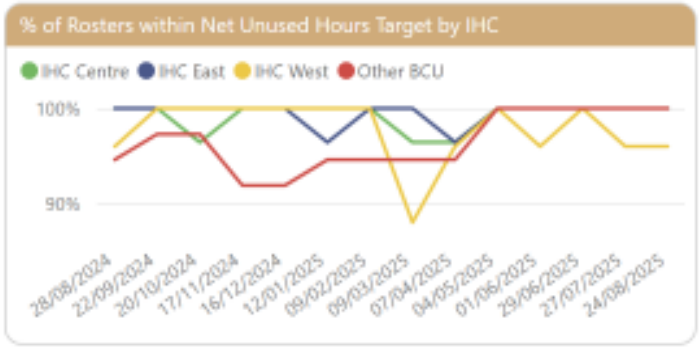
Summary

	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	27/07/2025	24/08/2025
Approved in Policy %	80%	73%	66%	74%	77%	64%	56%	60%	73%	61%	70%	70%	84%	75%
Annual Leave %	80%	81%	81%	84%	53%	79%	71%	69%	78%	85%	85%	81%	77%	84%
Net Unused Hours %	97%	99%	98%	97%	97%	97%	98%	95%	96%	100%	99%	100%	99%	99%

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 75% and is 5% lower than it was during the same period in the previous year. IHC West has fallen by 20% within the period to stand at 80%, whilst IHC Centre and East have each fallen by 3.6% and currently stand at 71.4% and 78.6% respectively. 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 99% of rosters compliant and has remained consistently high through the previous year.

Challenges : Recommendation during roster reviews may delay the approval process but essential to improve roster outcome. Roster approvals and unused hours continue to be a focus area.

Progress : Roster teams continue to engage with services identifying where challenges were occurring and adding structure to the roster planning and reviews. Roster Reviews continue every 4 weeks, data cleanse on net hour continues. Scheduled 52-week annual leave reports will be sent out in the next couple of weeks to support managers to allocate last six months leave balance where the KPI is low. System cleanse work continues in preparation for 'ESR Go' reviewing grade types, grade type categories and naming conventions

Culture and Engagement

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Staff Survey BCU Staff Engagement Results

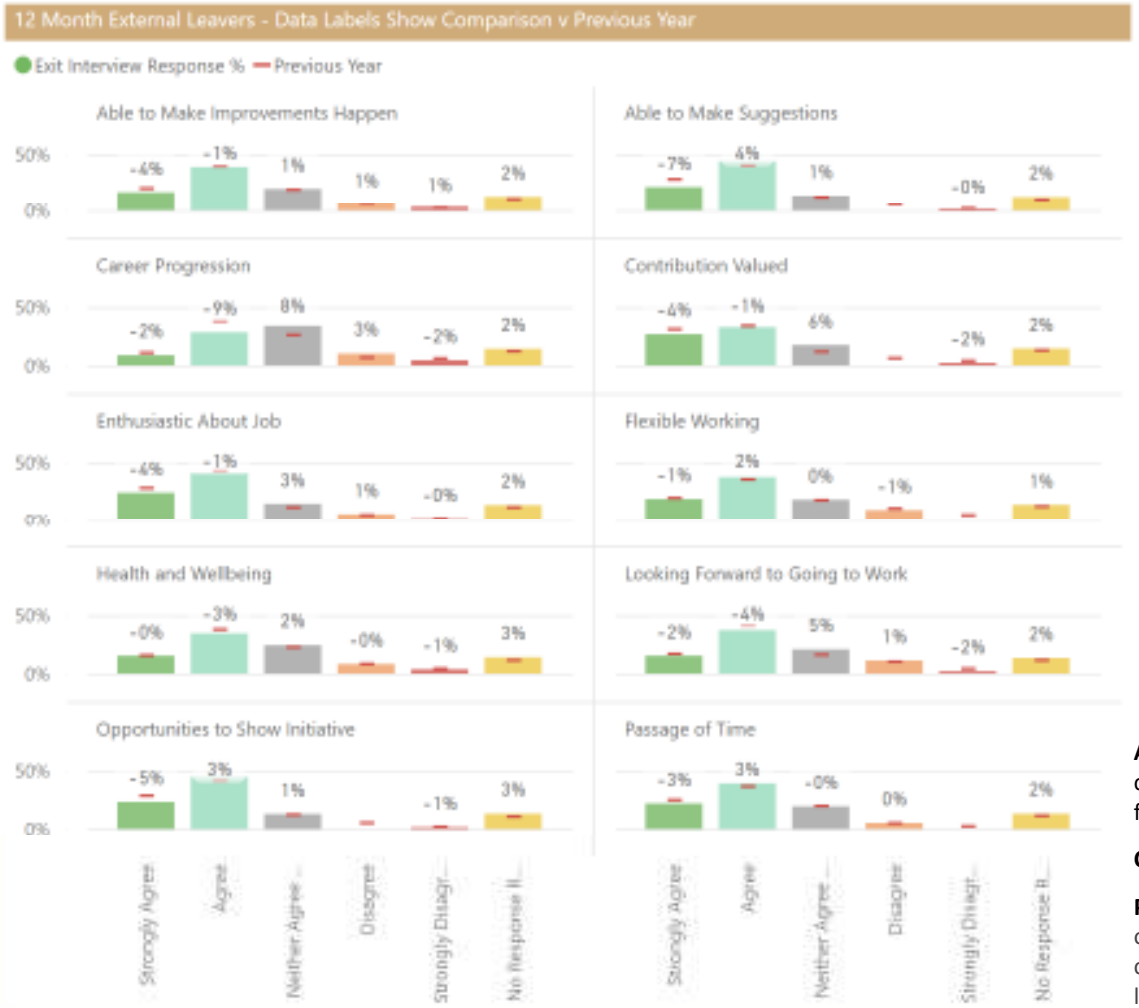
The charts to the left show the BCU response positivity score to the Staff Survey Staff Engagement question over the last 11 years.

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.

Exit Interviews

BCU Data as at August 25



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 6% for Looking Forward to Going to Work.

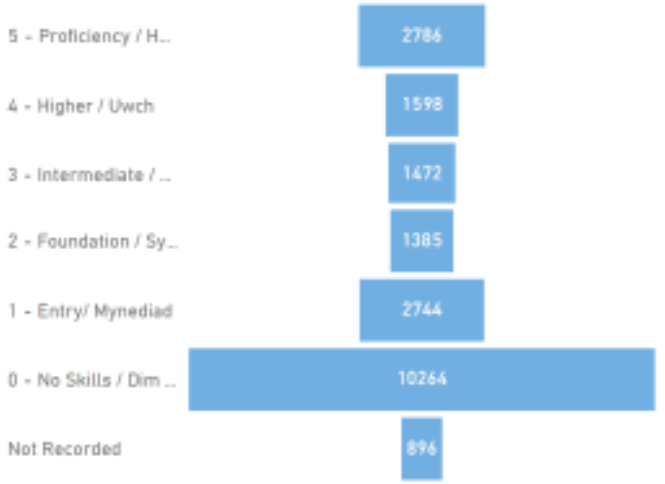
Challenges : Limited data from the dashboard, low completion rate within the Division

Progress: Recognising the data is limited in understanding why people leave the Division, work is ongoing to better understand why staff leave the Division or why they move roles within the Division, currently not captured in data. This is to enhance the understand of what roles or job types may appear less attractive to applicants in order to address

Welsh Language Skills

BCU Data as at August 25

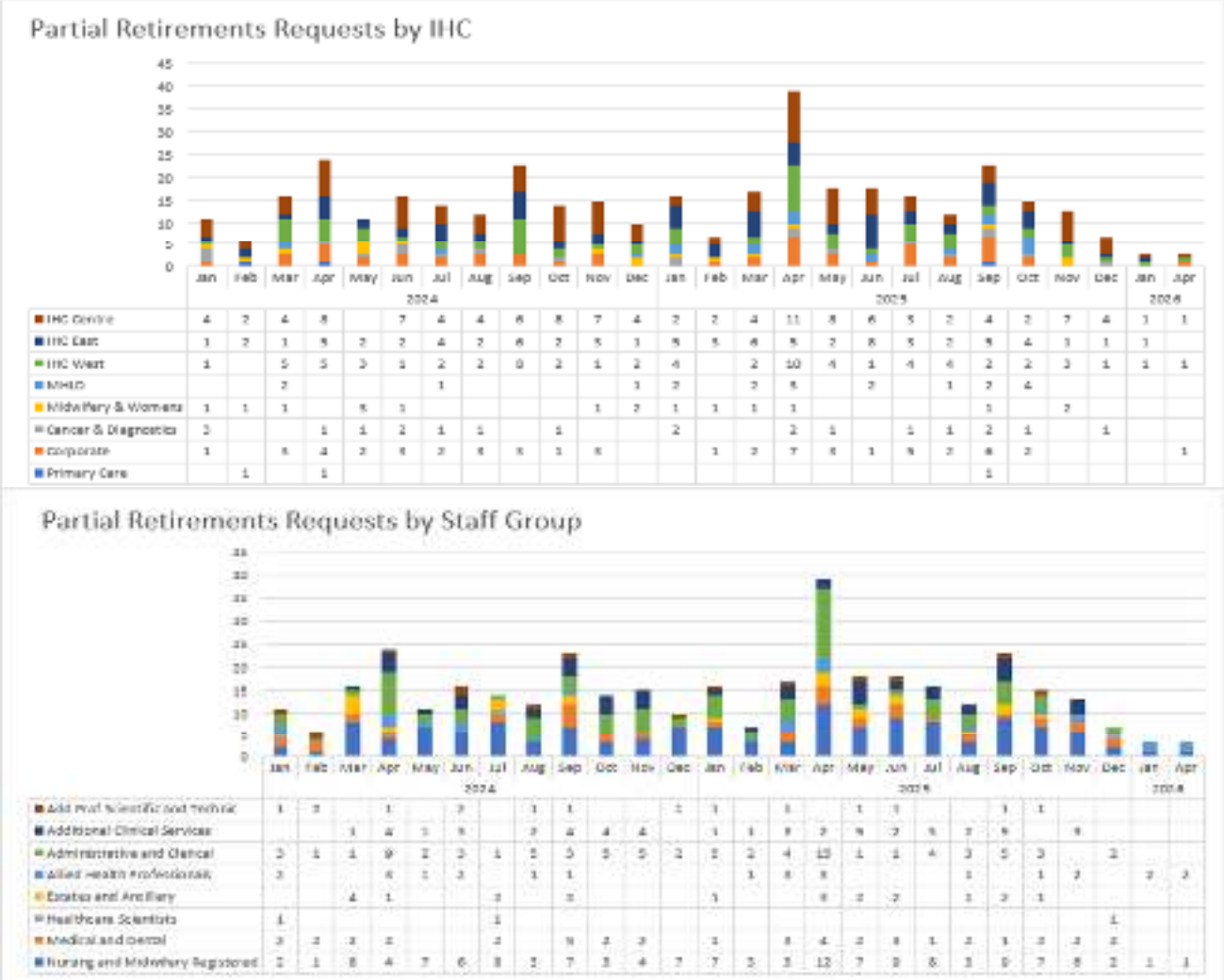
Org L4	Not Recorded	0 - No Skills / Dim Sgiliau	1 - Entry/ Mynediad	2 - Foundation / Sylfaen	3 - Intermediate / Canolradd	4 - Higher / Uwch	5 - Proficiency / Hyfedredd	Total
Health Community Centre (HCCX) L4	287	2681	772	364	355	199	365	5023
Health Community East (HCEX) L4	174	3608	606	187	190	125	187	5077
Health Community West (HCWX) L4	158	760	395	307	414	740	1259	4033
Integrated Clinical Delivery - Primary Care (ICDP) L4	15	177	57	18	30	24	67	388
Integrated Clinical Delivery - Regional Care (ICDR) L4	99	707	207	93	94	101	211	1512
Mental Health & LDS (MX00) L4	48	1007	322	170	183	170	291	2191
Midwifery and Womens Services (WXXX) L4	34	391	77	56	40	59	120	777
Corporate Services	81	933	308	190	166	180	286	2144
Total	896	10264	2744	1385	1472	1598	2786	21145



Analysis : The number of employees without Welsh Language Skills recorded in ESR continues to improve, reducing from 942 in June 2025 to 896 in August 2025. 4.2% of the workforce currently do not have Welsh Language skills recorded in the system which is an improvement of the 4.5% reported previously. 48.5% 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 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.

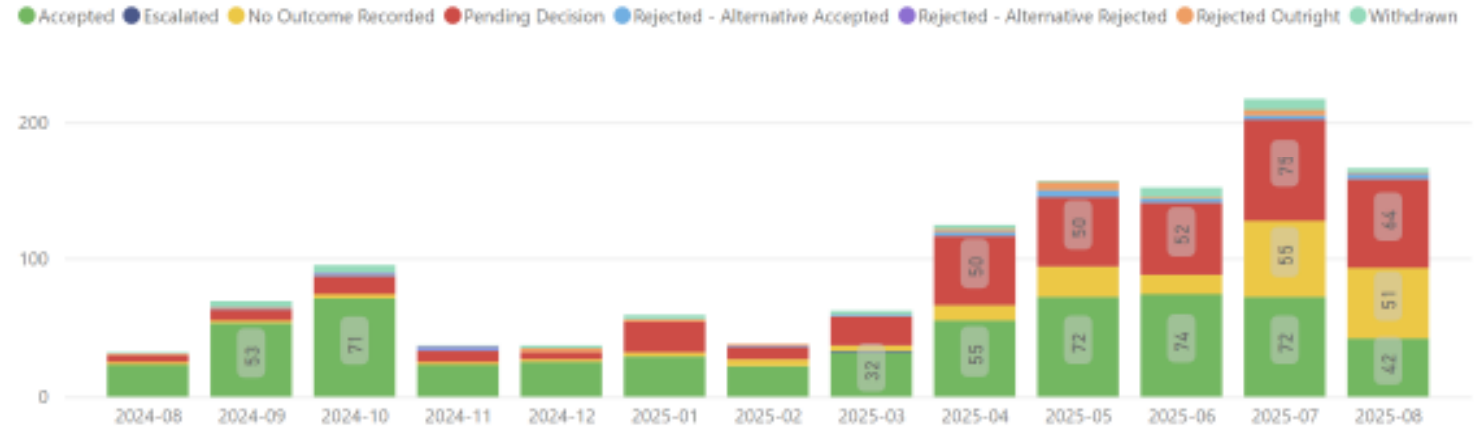
Over the last 12 months, IHC Centre has had the most partial retirement requests with a proposed effective date between September 2024 and August 2025, 63 requests in total. Over the next few months 19 employees in IHC Centre will be taking partial retirement, subject to the requests reaching completion 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 26 employees have requested partial retirement, due to take effect over coming months, again subject to the requests reaching completion stage.

Flexible Working Requests

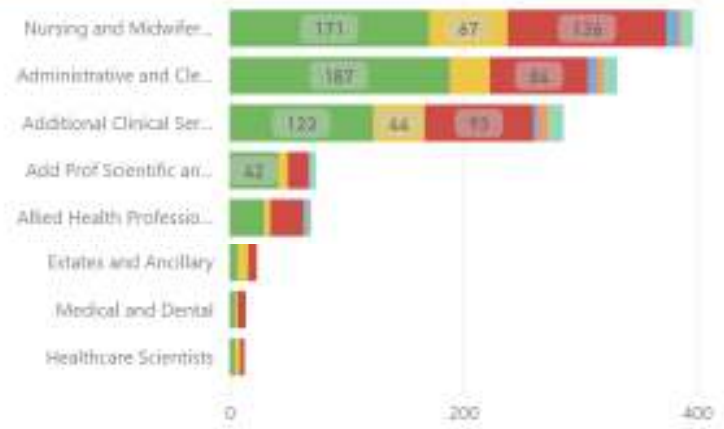
BCU Data as at August 25

ESR Flexible Working Requests by Date Submitted



ESR Flexible Working Requests by IHC Submitted Sep 2024 to Aug 2025

ESR Flexible Working Requests by Staff Group Sep 2024 to Aug 2025



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.

Over the last 12 months there were 1210 flexible working requests were submitted, 570 were accepted, 377 are pending decision, 1 has been escalated, 174 have no outcome recorded, 41 were withdrawn, and 47 were rejected.

IHC Centre has the greatest number of flexible working requests recorded in ESR with 259 in the previous 12 months with 41.3% having currently been accepted. Corporate Services has the greatest number of successful requests with 56.4% 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'.

Consultant Job Planning Compliance

Analysis : Consultant Job planning Compliance is currently standing at 45% for BCU, which is considerably improved from the April position where a figure of 29.6% was reported. Pan North Wales Services are reporting the best performance at 61% and IHC Centre are the worst performing area at 14%.

Teitl adroddiad: ***Report title:***	New Job Evaluation Policy & Process
Adrodd i: ***Report to:***	People and Culture Committee
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 16 October 2025
Crynodeb Gweithredol: ***Executive Summary:***	This paper is for the Committee to **note** the recent implementation of the new all- Wales Job Evaluation (JE) Policy and procedure. This paper also includes an update on the Management actions of the Internal Audit that was undertaken in early 2025. Updating local JE processes has strengthened governance around re-banding applications by incorporating Divisional Management approval. This change ensures greater oversight and accountability. Furthermore, adopting all Wales JDs will improve consistency across the Welsh Health system and reduce risk of future equal pay claims, whilst also giving greater flexibility to departments when selecting JDs from a national library. This paper also incorporates information on volume of workload in the JE function and key performance metrics. In light of the scale of change under the new process, this update to People & Culture Committee is presented as a separate agenda item. Moving forwards, routine updates will be incorporated into the People Operations report.
Argymhellion: ***Recommendations:***	*The Committee is asked to **note** the contents of this paper*
Arweinydd Gweithredol: ***Executive Lead:***	George Roberts, Interim Executive Director of People & OD
Awdur yr Adroddiad: ***Report Author:***	Steven Gregg-Rowbury, Head of Policy Practice & Compliance.

Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☒		I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):***	Building an Effective Organisation			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	Adhering to the Equality act 2010; Equal Pay for Equal Work Value			
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 – the EQIA was completed for the new JE policy			
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 – the SEIA was completed for the new JE policy			
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)***	Risks were identified within the internal audit report in early 2025. The risks are aligned to CRR24-01. These risks have been mitigated by implementation of the new policy and procedure.			
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	Improved financial governance when approving re-banding applications as Divisional Management level.			
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith	A fairer and more transparent process for role evaluation. Moreover, employees will have			

Workforce implications as a result of implementing the recommendations	routine reviews of their JDs under the new PARD process.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	(crynodeb o sut mae'r papur wedi cael ei adolygu, yr ymateb a pha newidiadau a wnaed ar ôl cael adborth) This paper has not been consulted on specifically, however, the new policy was consulted on at all- Wales level. Local processes were consulted on through the People Policy Group, JE steering group (JEPS) and issued out for organisational wide consultation.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	This aligns with CRR24-01
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Next Steps: ***For the committee to note the contents of the report. Future updates on workload volume and performance indicators will be incorporated into the People Operations report.***	
List of Appendices: Appendix 1 – Internal Audit Action Log	

Introduction

Routine reports on the volume of JE activity and performance indicators have historically been submitted to Local Partnership Forum (LPF). This is, in part, in recognition of the partnership working with People Services and Trade Unions that provides the JE function.

Whilst LPF will continue to receive this information it was identified that People & Culture Committee would also benefit from receiving the routine updates as part of the People Operations Report.

In light of the recent policy change for JE it was agreed to provide People & Culture Committee a separate paper that includes a summary of the new process changes, an update on the Internal Audit actions and a recent set of team performance metrics.

1. Corff yr adroddiad / *Body of report*

The new WP26 Job Evaluation (JE) policy and procedure for Agenda for Change employees came into effect from 1st August 2025. The all-Wales Policy was written in partnership with Trade Unions and approved by the Welsh Partnership Forum in late 2024.

At a similar time to the all-Wales policy being released, BCUHB undertook an internal audit into the JE process following concerns that were raised regarding the re-banding process. The audit was concluded in early 2025 and identified a series of actions, which are noted as completed in appendix 1.

In order for BCUHB to meet the requirements of the new policy and to respond to the management actions in the Internal Audit, the JE process has been updated and also came into effect on 1st August 2025.

<u>Primary Changes Under the New JE Process</u>

Whilst the fundamental aspects of Job Evaluation have not changed, the local process of how job descriptions are written, submitted and reviewed is different under the new policy. The primary changes to the process are summarised below into three areas;

1. **All Wales Job Descriptions;** The new policy makes clear the Health Board's requirements in adopting mandatory all-Wales Job Descriptions that have been approved through Welsh Partnership Forum. In addition, it is now possible to use all-Wales JDs that have been developed by another Health Board and have been approved by the national Job Evaluation team for use across Wales, without requiring local evaluation.

2. **Annual Reviews of JDs;** Under the new policy, all agenda for change employees are to have a review of their JD at least every three years. Locally in BCUHB, the new PADR system due to be released in the coming weeks incorporates a review of JDs on an annual basis. For employees with a nationally mandated JD, the review will take place at a national level.

3. **Re-Banding Requests;** Requests to have existing roles evaluated, now incorporates Divisional Management Team (DMT) approval. Upon receipt of a re-banding request from an employee, a manager is now required to submit the request into the Establishment Control portal. DMTs are now asked to consider the impact of approving the re-banding request within their services but also any wider implications across other departments across BCUHB which have similar roles.

   By incorporating Establishment Control approval, this satisfies the risks identified in the internal audit that Service Directors were not included in changes that impact budget. Furthermore, as decisions are made prior to the role being evaluated, there should be no delays to employees receiving pay uplifts.

Summary of Internal Audit Actions

Following the internal audit of the JE process, several key findings were identified and addressed through the implementation of the new all-Wales JE Policy and updated local procedures. The detailed audit actions are in Appendix one. To summarise, the main improvements are:

Policy Alignment: The new JE policy supersedes outdated procedures and incorporates updated governance protocols.

Delegation Compliance: Re-banding requests now require Divisional Management Team approval, ensuring alignment with the Scheme of Reservation and Delegation (SoRD).

CAJE Reference Compliance: Routine audits now ensure all advertised roles include valid CAJE references, improving transparency and accuracy.

Panel Independence: Measures have been introduced to prevent conflicts of interest in job matching panels, with declarations recorded in exceptional cases to LPF and P&C Committee.

Timely Actioning of Outcomes: Financial approval is now secured prior to evaluation, reducing delays in implementing JE outcomes.

All actions have been completed or embedded into the new process, with ongoing monitoring reported to the Local Partnership Forum and People & Culture Committee.

Monthly Performance Overview - August 2025

As of **Monday 8th September 2025**, there are a total of 17 requests waiting to be matched.10 of these requests are JDs for new/vacant posts. 7 of these requests are postholder re-bandings/reviews requests.

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

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

9 requests received for processing during August 2025 (excludes track changes):

- 8 new vacant
- 1 re-banding

Approvals Achieved in August so far:

- 8 track change requests were approved
- 17 jobs approved at consistency checking

Failure to Agree

Under the new JE policy there is no *Failure to Agree* process. The outstanding failure to agree requests were submitted under the former process. If there are any instances of non-agreement between an employee and a manager regarding the duties being undertaken versus the JD of the post holder, under the new policy the escalation route is the Respect and Resolution Policy.

There are 5 legacy *Failure to Agree* processes that are in progress. Reasons for these include:

- Unable to agree to the content of JD
- Issues with Manager sign-off

Longest Running Case

- The longest running case as at the date of this report was 12 days **awaiting the first panel**. This JD is scheduled to be reviewed in mid-September panel.

Running KPI Table

The table below shows the volume of activity in the JE team. The team strive to ensure there are no JDs awaiting more than 4 weeks for job matching. IN some cases a JD is reviewed and sent back to the manager with queries, these periods where a JD is returned to a manager are not counted in the overall KPI.

Month	Requests received (not including All Wales JDs)	Monthly backlog (excluding track changes)	Requests processed (not including All Wales JDs)	Requests > 4 weeks (excluding those in queries box)
Aug-25	9	17	17	0
Jul-25	19	26	14	0
Jun-25	12	22	15	0
May-25	9	20	26	0
Apr-25	9	27	23	4
Mar-25	7	43	10	34
Feb-25	9	45	8	35
Jan-25	8	44	19	37

Challenges affecting performance against KPIs include:

Whilst the team are currently meeting the 4-week KPI, earlier in 2025 there were higher numbers of delayed JDs. For the committee to note, delays are usually due to the following;

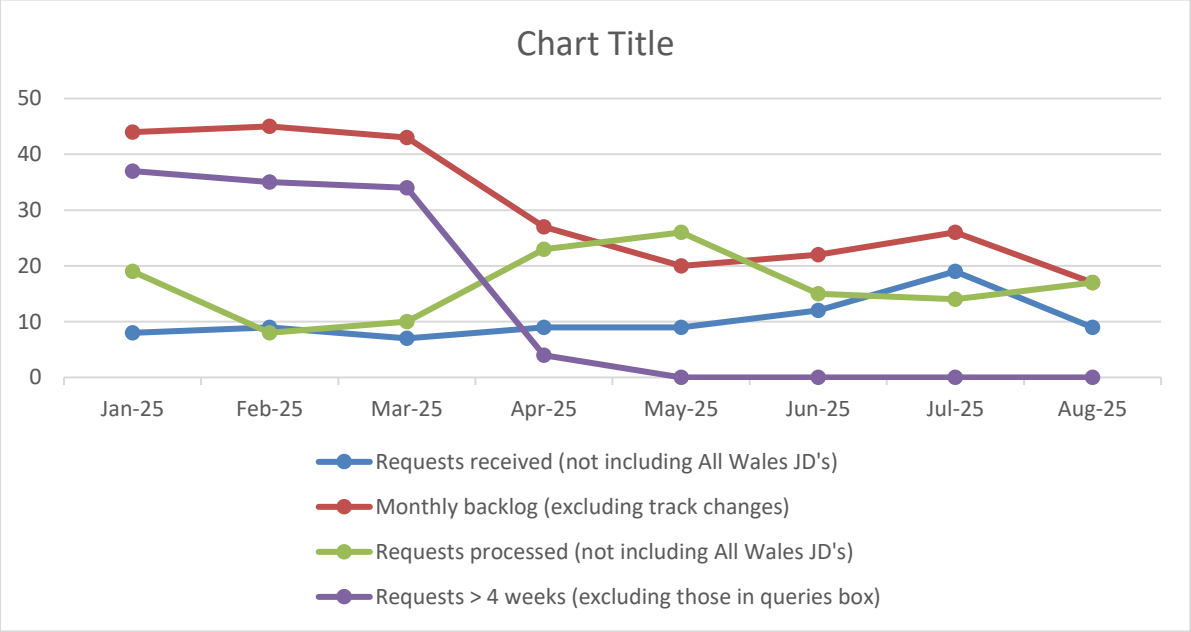
- When a panel has to be cancelled or cut short to only a half day, due to matcher availability/sickness absence.
- The same people cannot and will not sit on both the job matching panel, and consistency checking panel, for the same JD.
- Due to the standard of JDs being submitted our panels have been forced for ask for clarification and additional information, which adds to the matching time as the JDs are sent back to the submitting manager for updating.
- When a JD is sent back for clarification as a result of a consistency checking panel, even for a simple enquiry, it may take some time for the manager to respond and as a result the target could be breached.
- Full matching is taking approximately 4 weeks at present.

During August 2025:

The average number of days to process a request (excluding track changes): 27

The longest number of days to process a request (excluding those which had queries and went to numerous panels): 24

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



TRAC Sample Audit Findings

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

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

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

During August, 50 JDs were checked, 8 request were returned to recruiting managers for clarify around correct CAJE numbers.

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

Appendix One – Internal Audit Action Log

Audit Finding	Agreed Action	Due Date	Update
Review of Health Board procedures on publication of new Handbook editions and changes to process Current Health Board procedures are not reflective of the updated eighth edition handbook or the revised procedure instigated on 17 October 2024.	The new all Wales JE Policy was released in December 2024 which will supersede the current BCU WP26 JE procedures. As part of implementing the new policy, updated governance protocols will be incorporated in the associated operating procedures.	31st May 2025	The New Policy and Process was launched on 1st August 2025
Scheme of Reservation and Delegation (SoRD) compliance The Health Board's governing SoRD document includes Delegated Matter 10e, concerning requests for upgrading or regrading which is delegated to the Service Director. Job Evaluation procedures are not aligned with this requirement and permit submission of review/re-banding requests from a line manager and head of service, breaching the SoRD. There is no control to ensure appropriate segregation in line manager and head of service approval. We identified 285 (40%) of the 714 Re-band/Review submissions from 2019 to 18/11/24 were undertaken by the line manager who is also the head of service.	Under the new all Wales JE policy, procedures will be updated to incorporate an evaluation of banding reviews prior to them being submitted to the JE team. This new pre-evaluation sign-off will include the service director to meet the requirements on the SORD. Expected Evidence of Implementation: Updated Job Evaluation procedures that reflect the requirements of the SoRD, with final approval obtained from the relevant Service Director prior to submission for job matching, ensuring segregation of duties at all times.	31st May 2025	The new process now incorporates the Divisional Management Team approval of all Banding Review applications, to be in alignment with the SORD.

Computer Aided Job Evaluation (CAJE) referenced Job Descriptions included in all vacancy adverts We found two of the five new posts that were advertised included the correct job description with the CAJE reference and date noted. We broadened our review to current live posts advertised on TRAC (as of 28 November 2024) and found an instance where the job description had no CAJE reference - we could not verify if it was the correct band and description for the advertised role.	A communications notice will be issued to all recruiting managers that the CAJE reference is a mandatory field in the Establishment Control system. Subsequent sample audits of JDs will take place between the JE and EC team with compliance monitoring reported as part of the routine updates to Local Partnership Forum (LPF).	30th June 2025	Communications were issued during the launch of the new process. Routine audits are now in place that check vacancy requests contain current JDs. Findings of the audits will be reported to LPF and P&C committee moving forwards.
Conflicts of Interest in Job Matching Panels. We sought to evidence that matching panels were not subject to conflicts of interest or that consistency checkers were not part of the matching panel to ensure independence in the process. This information has not been provided for us to review.	Due to current limited resource, there are instances in recent months whereby the same panel members have undertaken a JD review and also participated in consistency checking. A report of the number of instances where this has happened will be reported to LPF. To address the issue recurring, the JE team will aim to avoid holding any consistency checking panels without full independent members. Any consequent delays in the JE processing times will be reported to the JEPS steering going and Local Partnership Forum. If, in an exceptional circumstance, the same member has needed to sit on the matching and consistency panel, a declaration of interest will be recorded and reported to LPF.	28th February 2025	Since the audit finding were issued there have been no instances of panel members sitting on both matching and consistency checking panels. Any exceptional circumstances that may lead to this happening in the future will be reported to LPF and P&C committee

Panel outcomes are actioned in a timely manner Following a review of recorded outcomes for our sample, we found that five of fifteen (33%) had not been actioned by management at the time of our review and were advised that the delays had been due to, in the main, the need to progress through establishment control and virements for the funding. We found the delays varied between two and seven months from the date of outcome and were still to be actioned. Establishment Control procedure has no reference to any requirement for a matched re-banding/review to go through a further set of controls, once it has been matched and consistency panel checked.	As part of implementing the new all Wales policy, incorporating a pre-evaluation panel, the funding requirements will be identified prior to a banding review taking place. As such, there will be no requirement to withhold any alterations to banding/salary once the JE evaluation has taken place. Expected Evidence of Implementation: Revised establishment control procedure that reflects the requirement to allocate a new position number upon re-banding, to ensure delays to operational management processing staff change forms for post-holders is minimised.	31st May 2025	Under the new process, financial approval has already been given at the establishment control stage. Therefore, there should be no delays in managers submitting the SMA for to payroll with the relevant ECR reference number, to update their employee's salary following evaluation.

End of Report

Teitl adroddiad: *Report title:*	Management of Fixed Term Contracts			
Adrodd i: *Report to:*	People & Culture Committee			
Dyddiad y Cyfarfod: *Date of Meeting:*	16th October 2025			
Crynodeb Gweithredol: *Executive Summary:*	The Health Board has made significant progress in addressing the risks associated with the prolonged use of fixed-term contracts (FTCs). Through improved contract management, proactive redeployment, and adherence to employment legislation, the number of FTCs has been reduced by 26% over the past 15 months without incurring redundancy costs or legal claims. This demonstrates that the current approach is both effective and sustainable. Continued focus on workforce planning, policy compliance, and early intervention will be essential to maintaining financial control and protecting organisational integrity. The Committee is invited to consider the recommendations outlined in this paper to further strengthen the management of FTCs and safeguard against future contractual and financial risks, building on what has previously been endorsed by the Executive Team.			
Argymhellion: *Recommendations:*	The Committee is asked to **NOTE** the above recommendations outlined to mitigate the future risks to the organisation, which follow on what was endorsed by the executive in 2024.			
Arweinydd Gweithredol: *Executive Lead:*	Georgina Roberts, Interim Executive Director of People Services & OD			
Awdur yr Adroddiad: *Report Author:*	Jason Brannan, Deputy Executive Director of People Services & OD			
Pwrpas yr adroddiad: *Purpose of report:*	I'w Nodi *For Noting* ☒	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: *Assurance level:*	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
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):*	
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	
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?*	NA
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?*	NA
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)*	Financial implications if recommendations are not agreed.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* *Financial implications as a result of implementing the recommendations*	None
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	None – lack of implementation would result employment issues.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	
Camau Nesaf: *Next Steps:*	
Rhestr o Atodiadau: *List of Appendices:* Appendix 1 - Raw data on FTC Appendix 2 – Definition of a FTC	

Background

In January 2024, the People Services Team implemented a comprehensive organisational process to improve data quality and identify staff employed on fixed-term contracts (FTCs). This involved a detailed review of all employment contracts to ensure that the terms and conditions of each FTC were accurately recorded within our systems. The definition of an FTC is noted in Appendix two.

The primary aim of this exercise was to support the organisation's financial position by ensuring that FTCs were terminated upon expiry, thereby maintaining financial control and reducing unnecessary expenditure.

During this review, it became clear that a significant number of FTCs had been in place for two years or more, highlighting a pattern of prolonged use. This practice presents several contractual and financial risks, including:

- Potential redundancy payments
- Increased legal and financial liability
- The loss of experienced staff due to employment uncertainty

In May 2024, the Executive Team agreed with the recommendations made, to ensure a consistent approach, and to reduce the number of fixed term contracts, which were:

a) *They are only used in the following criteria:*
- *to cover sickness absence*
- *to cover maternity*
- *to cover a clearly defined project with an end date*

b) *Where it is envisaged that a role will continue for longer than two years, staff are offered a permanent role. This is to ensure that they would be entitled to be treated no differently than a substantive employee, in line with our statutory duty. This process involves a thorough review of the role's requirements and the staff member's performance and suitability for the role.*

c) *If an employed member of staff applies for a fixed-term role and is suitable, they should be seconded to undertake the role. This would support staff development and retention.*

d) *Where there is a genuine fixed-term contract, the maximum length should be 21 months to allow for termination processes and to avoid incurring a redundancy payment once an individual meets 24 months if they have been externally recruited.*

e) *Where a genuine fixed-term contract is requested, the Head of People plays a pivotal role in the approval process, ensuring that the recruiting manager is fully aware of the potential liabilities and that this is documented.*

Since this agreement processes have been in place to actively manage, advise and focus on the reduction in fixed term contacts.

The Current Position as at End of July 2025

In April 2024, the Health Board had 979 fixed-term contracts (FTCs) in place. Over the past 15 months, this figure has been **reduced by 26%,** bringing the total down to 721.

This reduction has been achieved through the application of the controls outlined earlier, with a focus on safely managing contract terminations to avoid redundancy costs. Staff have either been redeployed or their FTCs have been ended prior to reaching 24 months, thereby mitigating financial risk.

Appendix 1 provides the raw data, detailing where reductions have occurred by staff group, and across Integrated Health Communities (IHCs), Divisional, and Corporate areas.

Executive Team members will now be aware that significant financial cases of redundancy liability are flagged to them, enabling timely intervention to support redeployment efforts across the Health Board.

Importantly, the reduction of 258 FTCs has not resulted in any employment tribunal claims relating to unfair dismissal or withholding of redundancy payments, indicating that the process has been managed appropriately and in line with employment legislation. There has been one redundancy payment as an individual could not be redeployed.

The implementation of Enhanced Establishment Control (EEC) has supported oversight of contract types, and therefore People Services check and challenge recruiting managers to ensure that it meets the legal definition and the controls implemented last April.

Next Steps

To continue mitigating the contractual and financial risks associated with the prolonged use of fixed-term contracts (FTCs), the following actions are recommended now, which build up on what has been agreed previously as noted in this paper:

1. **Enhance Workforce Planning and Redeployment Pathways**
   Work with Divisional and Corporate teams to identify redeployment opportunities early, reducing the risk of redundancy and retaining valuable skills within the organisation.
2. **Review and Update FTC Guidance**
   Ensure that guidance reflect current legal obligations and best practice, including clear guidance on the maximum duration of FTCs and the transition to permanent roles where appropriate.
3. **Regular Reporting to Executive Team**
   Continue to provide quarterly updates to the Executive Team on FTC trends, risks, and outcomes, including any cases flagged for potential redundancy or legal exposure.
4. **Training for Managers**
   Deliver targeted training for line managers and HR leads on FTC management, employment law implications, and the importance of early intervention.

Recommendation:

The Committee is asked to **note** the above recommendations.

End of Report

Appendix 1
Fixed Term Contracts Headcount by Staff Group

Staff Group	30/04/2024			31/07/2025		
	Primary Assignment	Non Primary Assignment	Grand Total	Primary Assignment	Non Primary Assignment	Grand Total
Add Prof Scientific and Technic	73	12	**85**	61	7	**68**
Additional Clinical Services	169	26	**195**	147	11	**158**
Administrative and Clerical	134	22	**156**	95	17	**112**
Allied Health Professionals	13	17	**30**	11	10	**21**
Estates and Ancillary	13	1	**14**	3		**3**
Healthcare Scientists	9	2	**11**	4	3	**7**
Medical and Dental	321	10	**331**	269	12	**281**
Nursing and Midwifery Registered	108	45	**153**	42	22	**64**
Students	4		**4**	7		**7**
Grand Total	**844**	**135**	**979**	**639**	**82**	**721**

Fixed Term Contracts Headcount by IHC

Org L4	30/04/2024			31/07/2025		
	Primary Assignment	Non Primary Assignment	Grand Total	Primary Assignment	Non Primary Assignment	Grand Total
050 Health Community Centre (HCCX) L4	188	29	**217**	122	9	**131**
050 Health Community East (HCEX) L4	156	27	**183**	103	15	**118**
050 Health Community West (HCWX) L4	166	32	**198**	159	22	**181**
050 Integrated Clinical Delivery - Primary Care (ICDP) L4	10	4	**14**	5	1	**6**
050 Integrated Clinical Delivery - Regional Care (ICDR) L4	54	7	**61**	46	9	**55**
050 Mental Health & LDS (MX00) L4	103	6	**109**	89	2	**91**
050 Midwifery and Womens Services (WXXX) L4	61	9	**70**	32	4	**36**
Corporate Services	106	21	**127**	83	20	**103**
Grand Total	**844**	**135**	**979**	**639**	**82**	**721**

Appendix 2

What is a Fixed-Term Contract (FTC)?
A FTC is defined by statute and notes two tests:
The "limited-term contract" definition is met if both of the following criteria are satisfied:

- The employment under the contract is not intended to be permanent.
- Provision is made in the contract for it to terminate by virtue of a limiting event. (*section 235(2A), ERA 1996*).

A "limiting event" is defined as:

- In the case of a contract for a fixed term, the expiry of the term.
- In the case of a contract made in contemplation of the performance of a specific task, the performance of that task.
- In the case of a contract which provides for its termination on the occurrence of an event (or the failure of an event to occur), the occurrence of the event (or the failure of the event to occur) (*section 235(2B), ERA 1996*).

To simplify the legal definition, a FTC would cover a role, e.g., sickness or maternity (where the post holder is coming back), or a defined project due to end on a specific date.

GIG CYMRU NHS WALES

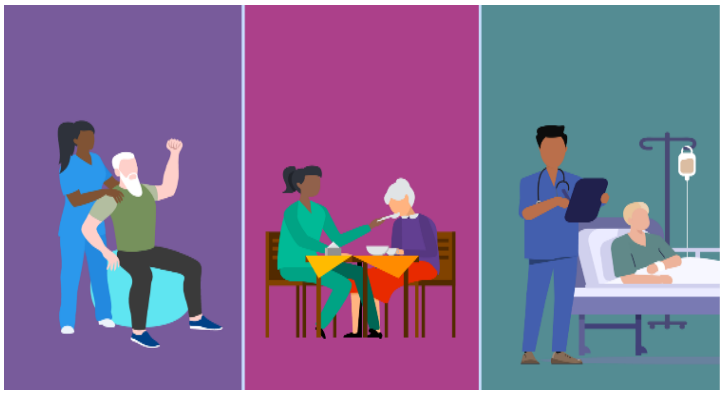
Gofal Cymdeithasol Cymru
Social Care Wales

Llywodraeth Cymru
Welsh Government

Safon Cydraddoldeb Hil y Gweithlu (SCHG)
Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)
An inclusive workforce provides the best care

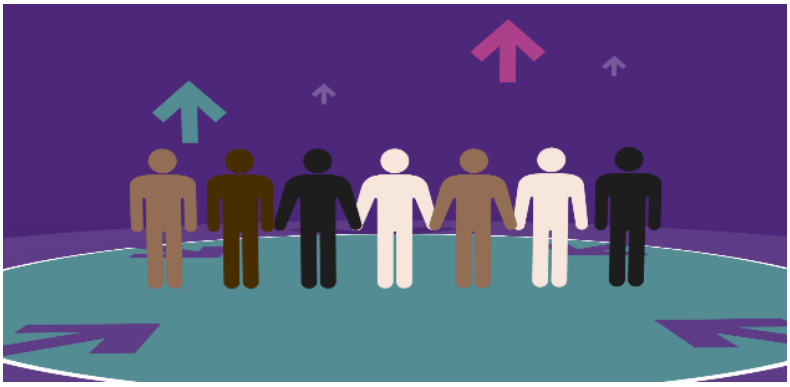
The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

BETSI CADWALADR UNIVERSITY HEALTH BOARD

2025



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT 2025

BETSI CADWALADR UNIVERSITY HEALTH BOARD

Foreword

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Betsi Cadwaladr University Health Board (BCUHB), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in BCUHB.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

KEY FINDINGS WRES 2025

BETSI CADWALADR UNIVERSITY HEALTH BOARD

	BCUHB	NHS Wales
Undeclared ethnicity rate overall (%)	8.0%	**9.9%**
Undeclared ethnicity number Band 8 +	67	**526**
Full appointment data available (Ind 5)	no	**incomplete**
Staff survey completion rate	17.4%	**21.9%**
% staff survey response from BME staff	6.4%	**9.2%**
% BME staff	7.6%	**10.6%**
Ind 1: Board representation (difference between workforce and Board)	-1.7%	**-6.7%**
Ind 2: ESP representation (difference between workforce and ESP)	-4.7%	**-7.8%**
Ind 2: Disparity ratio lower to middle	1.70	**1.65**
Ind 2: Disparity ratio middle to upper	1.48	**1.71**
Ind 2: Disparity ratio upper to senior	0.75	**1.13**
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	2.5%	**-5.6%**
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.47	**0.49**
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.42	**0.38**
Ind 5: Equitable likelihood ratio of appointment Clinical	0.4	**0.47**
Ind 5: Equitable likelihood ratio of appointment Medical	no data	**0.63**
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	1.01	**0.96**
Ind 8: Equitable likelihood of entering formal disciplinary process	0.92	**0.88**
Ind 9: Equitable likelihood of entering local capability process	5.98	**2.22**
Ind 10: Experience harassment from patients/public (% difference BME vs White)	0.6%	**2.7%**
Ind 11: Experience harassment from colleagues (% difference BME vs White)	3.8%	**3.1%**
Ind 12: Experience discrimination from managers (% difference BME vs White)	3.4%	**4.6%**

Colour rating explanation:
Green = at least 10% improvement from 2024
Red = at least 10% worsening from 2024

Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Betsi Cadwaladr University Health Board (BCUHB), this report highlights the following data:

1. **inequitable progression of ethnic minority staff to senior grades**
2. **reduced likelihood of ethnic minority staff being appointed after shortlisting**
3. **persisting inequality in minoritised staff being put through capability processes**
4. **poor levels of declaration of ethnicity, especially by senior staff**
5. **a decline in the percentage of staff completing the annual survey**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in BCUHB to deliver an inclusive workplace that provides best quality care for patients and public.

Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services University NHS Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture and with the previous year.

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset and have no impact on the conclusions of the report.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of Black, Asian and minority ethnic (BME) staff are large enough to not undermine confidence in the data.

We didn’t adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes Agenda for Change (AfC) recruitment processed by NWSSP Recruitment. Specifically, it does

not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31st March 2025**, and revisions were permitted up to 31st May 2025.

Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

'ESP' refers to Executive and Senior Posts.

RACE COMPOSITION OF BCUHB (AND NHS WALES)

Ethnicity	Headcount	%
Asian	866	4.1%
Black	301	1.4%
Mixed & Other	440	2.1%
White	17,838	84.4%
Unknown	1,684	8.0%
Total	**21,129**	**100.0%**

BCUHB

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
Total	**113,971**	**100.0%**

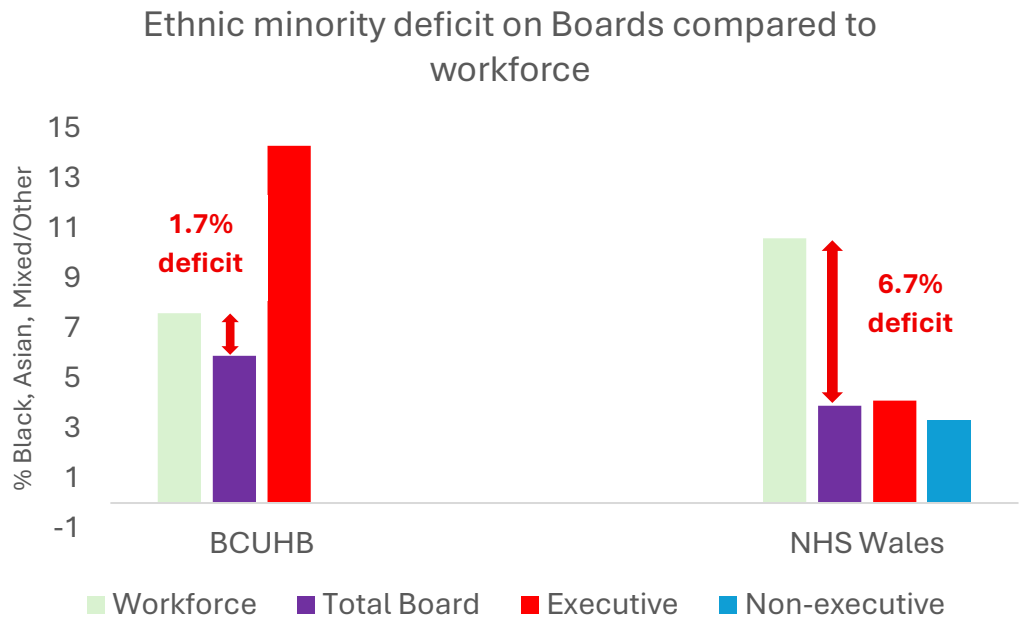
NHS Wales

DATA TREND AND SUMMARY

There has been an increase of ethnic minority workforce from 6.8% to 7.6% (a 11.7% increment)

INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

DATA DISPLAY 1

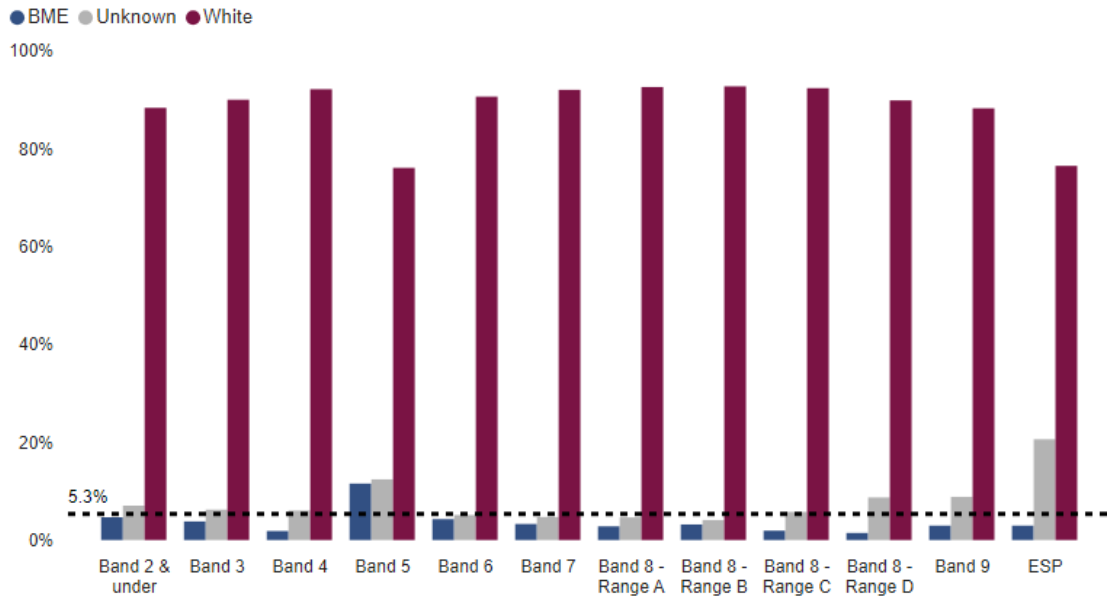


DATA TREND AND SUMMARY 1

1. There is one ethnic minority Board member in BCUHB –changed from last year
2. The deficit between workforce and Board representation has decreased to within the tolerance range (as per the 'four-fifths rule', notwithstanding the increase in ethnic minority workforce (6.8% to 7.6%)
3. Rates of non-declared ethnicity on the board have increased from 0 to 11.8%

INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

DATA DISPLAY 2.1

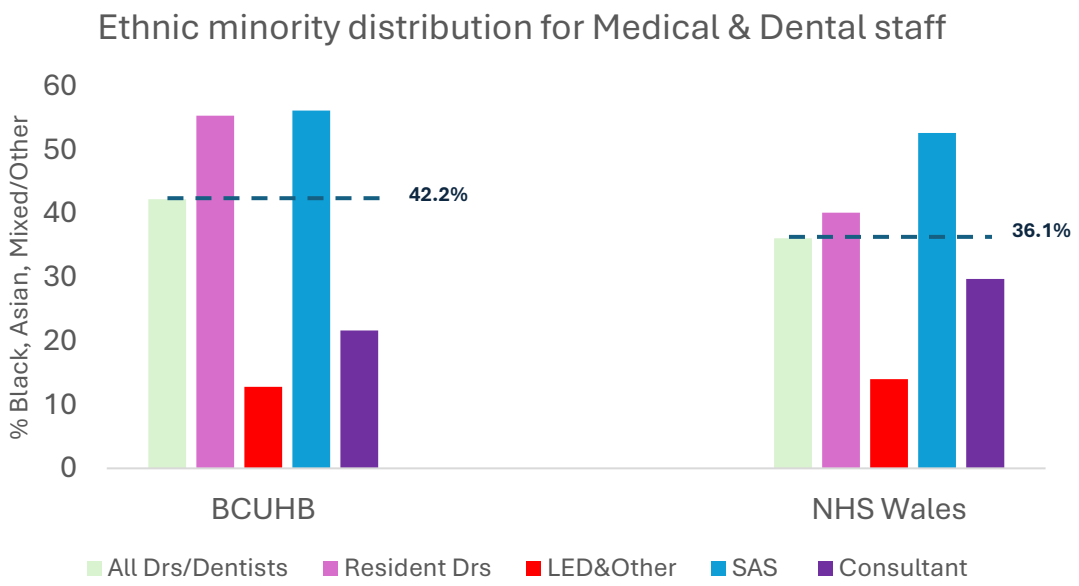


5.3% dotted line reflects % of staff on AfC bands (not doctors and dentists)

DATA TREND AND SUMMARY 2.1

1. Ethnic minority staff under-represented above Band 5 – unchanged from last year
2. Percentage minoritised staff above Band 5 risen from 3.4% in 2024 to 3.7%
3. There is one ethnic minority staff member at ESP level in BCUHB, representing a deficit of 4.7% compared to workforce percentage of Asian, Black and Mixed/Other staff.
4. 8% staff have no declared ethnicity, similar to 2024 – especially in higher Bands.

DATA DISPLAY 2.2



DATA TREND AND SUMMARY 2.2

1. Ethnic minority doctors and dentists are under-represented at Consultant grade (also LED/Other)

DATA DISPLAY 2.3

	DISPARITY RATIO		
	Lower – Middle	**Middle – Upper**	**Upper – Senior**
BCUHB	**1.70** (1.58)	**1.48** (1.51)	**0.75** (0.67)
NHS Wales	**1.65** (1.51)	**1.71** (1.81)	**1.13** (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. 'Lower bands' refer to band 5 and below, 'Middle' bands 6 and 7, 'Upper' bands 8a to 9, and 'Senior' relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

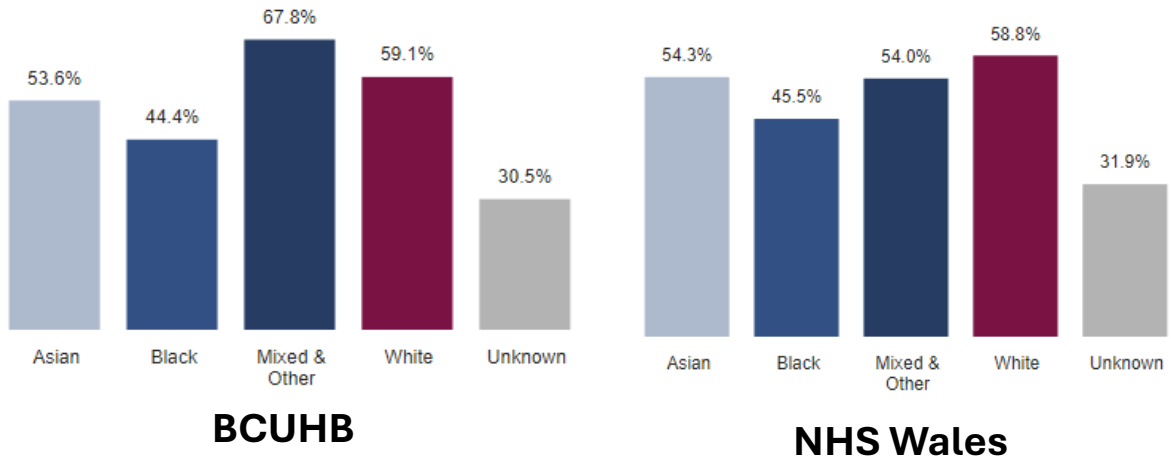
DATA TREND AND SUMMARY 2.3

The disparity ratio is essentially unchanged from 2024, reflecting a persisting inequality in the progression process in BCUHB (and NHS Wales as a whole)

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 17.4%

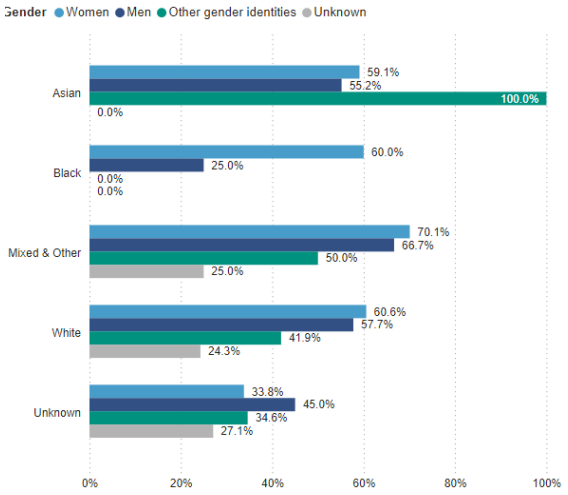
DATA DISPLAY 3.1

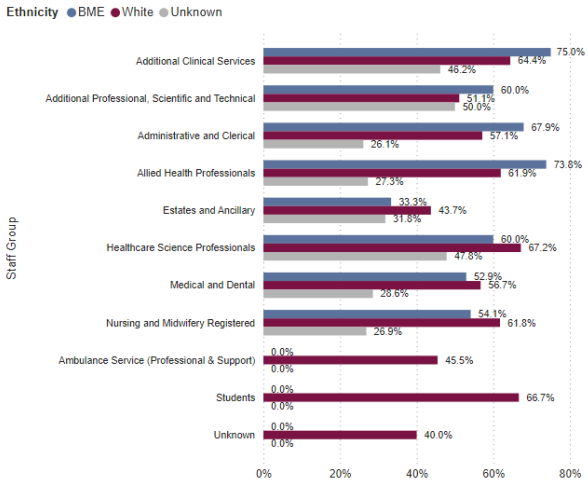


DATA TREND AND SUMMARY 3.1

White staff are more likely than Black and Asian staff to feel BCUHB provides equitable promotion opportunities. This is slightly improved from last year. Staff who don't declare ethnicity are the most likely to feel this inequality.

DATA DISPLAY 3.2





DATA TREND AND SUMMARY 3.2

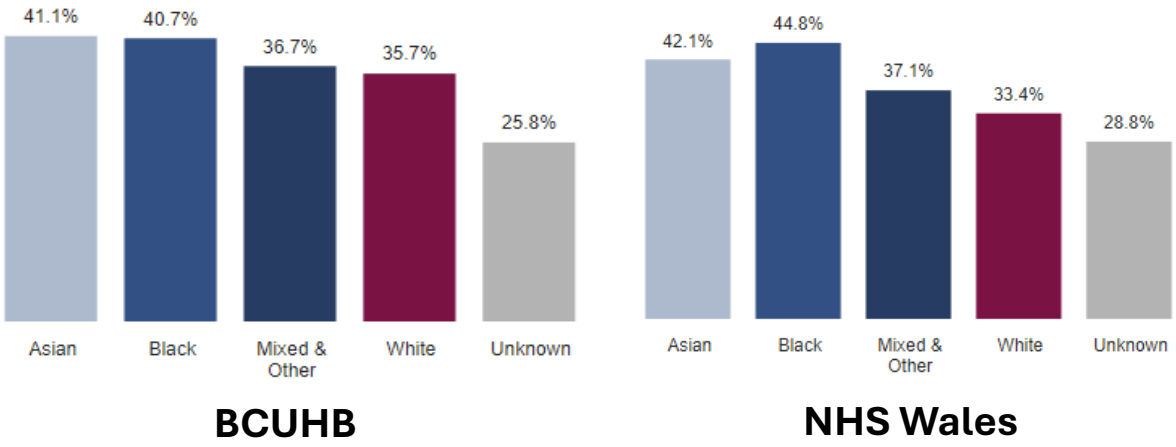
There is no consistent gender trend with regard to this inequality. Equally, there is no strong trend for any particular staff group to report this inequality disproportionately.

INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

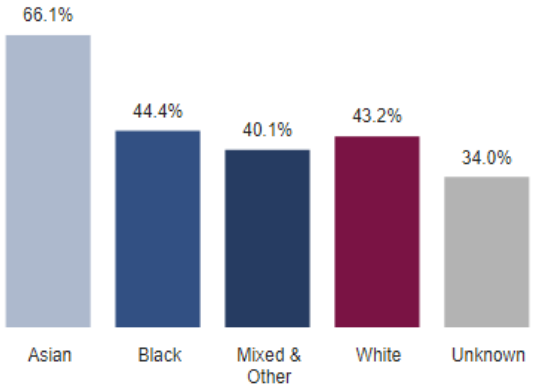
Based on staff survey: response rate 17.4%

DATA DISPLAY 4

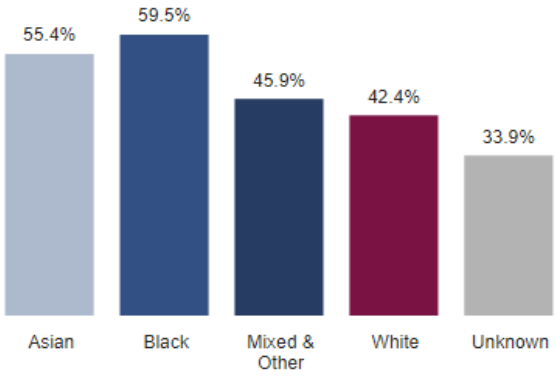
a) Have sought progression



b) Considering future progression



BCUHB



NHS Wales

DATA TREND AND SUMMARY 4

There is no trend by ethnicity with regard to staff who have previously sought progression in BCUHB.

In terms of planning future progression opportunities, Asian staff were more likely than any other counterparts to be considering this. This trend has increased in BCUHB over the last year for Asian staff, but notably reduced for Black staff.

INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

DATA DISPLAY 5

	BCUHB	NHS Wales
All roles	**0.47** (0.53)	**0.49** (0.57)
Non-clinical roles	**0.42** (0.42)	**0.38** (0.47)
Clinical roles	**0.40** (0.50)	**0.47** (0.58)
Medical roles	**NA** (NA)	**0.63** (0.57)
Asian	**0.57** (0.55)	**0.53** (0.58)
Black	**0.29** (0.47)	**0.35** (0.48)
Mixed/Other	**0.78** (0.70)	**0.75** (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

DATA TREND AND SUMMARY 5

1. Minoritised staff are half as likely to be appointed after shortlisting compared to White applicants – this has got worse since 2024
2. This appointment inequity is seen in clinical and non-clinical jobs
3. In BCUHB, as in NHS Wales as a whole, Black staff are least likely to be appointed from shortlist; White applicants are three times more likely to be successful

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

DATA DISPLAY 6

	Likelihood ratio overall
BCUHB (%BME : %White)	**1.01** (97.6% : 96.9%)
NHS Wales (%BME : %White)	**0.96** (91.3% : 95.6%)

DATA TREND AND SUMMARY 6

There is no racial inequality in access to training in BCUHB or NHS Wales

INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

DATA DISPLAY 8

	Likelihood ratio overall
BCUHB	**0.92** (1.15)
NHS Wales	**0.88** (1.07)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 8

There is no racial inequality in referral into the formal disciplinary process in BCUHB

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

DATA DISPLAY 9

	Likelihood ratio overall
BCUHB	**5.98** (10.20)
NHS Wales	**2.22** (3.46)

Staff Group	2023/2024	2024/2025	Change
Additional Clinical Services	41.70	17.79	-23.91 ▼
Additional Professional, Scientific and Technical	0.00	0.00	0
Administrative and Clerical	11.39	22.91	+11.52 ▲
Allied Health Professionals	65.56		
Estates and Ancillary	0.00	0.00	0
Healthcare Scientists	6.58		
Medical and Dental	0.00	0.00	0
Nursing and Midwifery Registered		2.58	
Total	**10.20**	**5.98**	**-4.23 ▼**

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

DATA TREND AND SUMMARY 9

1. Black and minoritised staff are more likely to be subject to entering capability process in BCUHB; this likelihood has reduced since 2024
2. This disproportionality is in non-clinical (admin and clerical) and clinical roles (additional clinical services and nursing and midwifery sectors).

INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to White staff

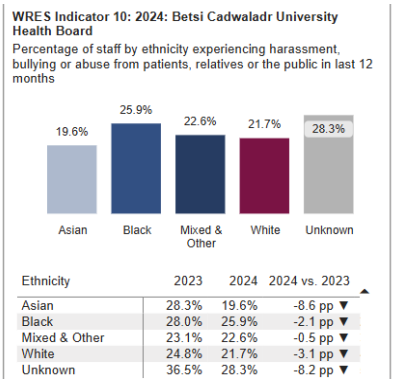
INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to White staff

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to White staff, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

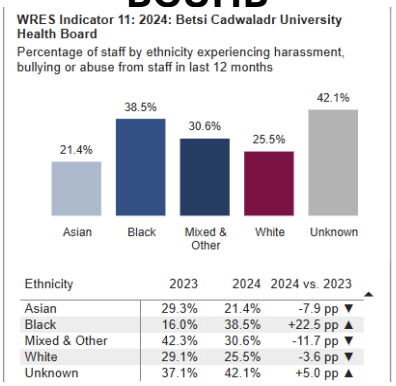
Based on staff survey: response rate 17.4%

DATA DISPLAY 10-12

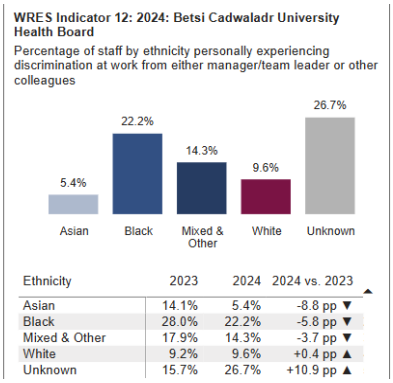
BCUHB



Ethnicity	2023	2024	2024 vs. 2023
Asian	28.3%	19.6%	-8.6 pp ▼
Black	28.0%	25.9%	-2.1 pp ▼
Mixed & Other	23.1%	22.6%	-0.5 pp ▼
White	24.8%	21.7%	-3.1 pp ▼
Unknown	36.5%	28.3%	-8.2 pp ▼

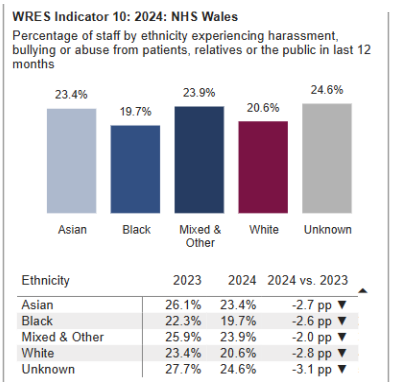


Ethnicity	2023	2024	2024 vs. 2023
Asian	29.3%	21.4%	-7.9 pp ▼
Black	16.0%	38.5%	+22.5 pp ▲
Mixed & Other	42.3%	30.6%	-11.7 pp ▼
White	29.1%	25.5%	-3.6 pp ▼
Unknown	37.1%	42.1%	+5.0 pp ▲

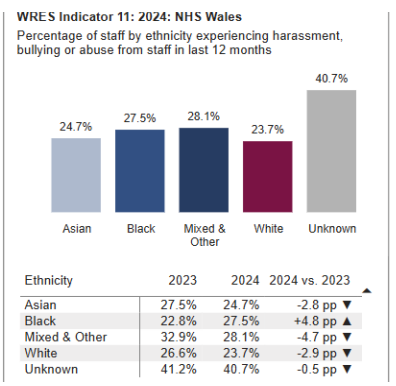


Ethnicity	2023	2024	2024 vs. 2023
Asian	14.1%	5.4%	-8.8 pp ▼
Black	28.0%	22.2%	-5.8 pp ▼
Mixed & Other	17.9%	14.3%	-3.7 pp ▼
White	9.2%	9.6%	+0.4 pp ▲
Unknown	15.7%	26.7%	+10.9 pp ▲

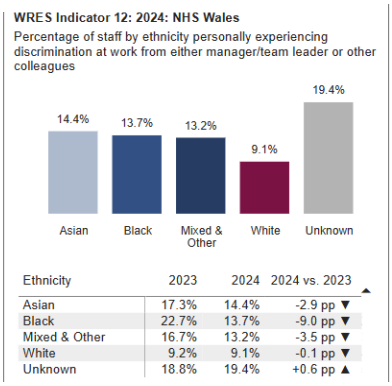
NHS Wales



Ethnicity	2023	2024	2024 vs. 2023
Asian	26.1%	23.4%	-2.7 pp ▼
Black	22.3%	19.7%	-2.6 pp ▼
Mixed & Other	25.9%	23.9%	-2.0 pp ▼
White	23.4%	20.6%	-2.8 pp ▼
Unknown	27.7%	24.6%	-3.1 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.5%	24.7%	-2.8 pp ▼
Black	22.8%	27.5%	+4.8 pp ▲
Mixed & Other	32.9%	28.1%	-4.7 pp ▼
White	26.6%	23.7%	-2.9 pp ▼
Unknown	41.2%	40.7%	-0.5 pp ▼



Ethnicity	2023	2024	2024 vs. 2023
Asian	17.3%	14.4%	-2.9 pp ▼
Black	22.7%	13.7%	-9.0 pp ▼
Mixed & Other	16.7%	13.2%	-3.5 pp ▼
White	9.2%	9.1%	-0.1 pp ▼
Unknown	18.8%	19.4%	+0.6 pp ▲

DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of bullying and harassment of staff from both public and peers in BCUHB. The exception is the experience of Black staff reporting harassment from other staff. Discrimination from managers or team leaders has reduced. Additionally, it is clear that staff who did not declare ethnicity also more often report bullying, harassment and discrimination.

Conclusions and Next Steps

In the complex setting of modern healthcare and the 21st century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in BCUHB and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change.

In the course of engagement with BCUHB, one area of work was highlighted:

- Improving the quality of self-report data via engagement with the electronic staff record.

The WRES data for this area shows that:

- Overall ethnicity declaration rate has not improved (8.0% this year and 7.9% in 2024); among senior staff in BCUHB the number of individuals at Band 8a and above with no declared ethnicity is 67 (and was 63 in 2024).

Additional notable data findings:

- There is continuing disproportionality in terms of ethnic minority staff being put through capability processes, although there has been improvement in this indicator.
- The report of being discriminated against by a team leader has improved overall.
- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in BCUHB have not improved.
- Additionally, the data on appointment for shortlisting shows a regression (especially for Black applicants).

Where there are positive areas of progress in the last year are:

- The appointment of an ethnic minority member to the Board has seen proportionality in Board representation compared to workforce composition.
- Staff survey metrics, specifically regarding experience of bullying, harassment and discrimination.
- This needs to be contextualised in the presence of a fall in staff survey response, with only 1 in 6 of the workforce completing the survey.

In addition, during the WRES implementation discussions, there was mention of establishing an ethnic minority staff network, which would have an impact on bringing the staff voice and day-to-day experiences to the attention of leaders. The establishment of a new Culture Committee is of note, and their work should ideally be connected to the health board's WRES actions and the strategic equality plans, in order to channel progress into effective actions and an accountability framework.

At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective. Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data.

It is hoped that this data analysis triggers development of a set of implementable actions which will form the basis of what is submitted in the Strategic Equality Plan (SEP) return. Following

receipt of this report, we look forward to having our next meeting in September to discuss these actions and frame that subsequent mid-year SEP return. Working in this collaborative way is intended to make the process unitary, simpler and more effective.

The Health Board may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. The potential role of a staff network in this context is important. Such understanding will also help reverse the negative trend seen this year with completion of the staff survey.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right but is also vital in the mission to improve health outcomes for the whole population of Wales.

Teitl adroddiad: *Report title:*	Gender, Race and Disability Pay Gap Reports
Adrodd i: *Report to:*	People and Culture Committee
Dyddiad y Cyfarfod: *Date of Meeting:*	16th October 2025
Crynodeb Gweithredol: *Executive Summary:*	**Health Board Equality Pay Reports** To provide the pay reports for Gender, Race and Disability to the People and Culture Committee. Highlighting the key areas of data within the reports and actions going forward. **Context:** As part of the Health Board's duties under the Equality Act 2010 there is a legal requirement to produce and publish its Gender Pay Gap information annually. There is a key set of data that is required to be published on the Health Board's website as well as the Government's Gender Pay Gap portal. All reports are based on a day's data point, 31st March 2025. In March this year, the government undertook a consultation aimed to gather views on introducing the new reporting requirements on both race and disability pay gap reporting, which will form part of the proposed Equality (Race and Disability) Bill, with the aim of using a framework similar to existing gender pay gap reporting. Key considerations in the consultation included the types of reports, the definition of "disability" and the mandatory publication of action plans. In March 2025, the Health Board published its first Race Pay Audit, to support its work within the Anti-racist Action Plan, to better understand the data gaps and seek solutions. This year the Health Board has developed its first Disability Pay Gap report to sit alongside the other pay gap reports and allow the Health Board to gain a better understanding of the potential pay gaps and seek solutions that will support the upcoming Welsh Government's Disabled Peoples Rights Plan, which is expected within the next 18 months. **Rationale:** This report includes the three standard pay reports, Gender, Race and Disability, using the data criteria set out for Gender Pay Audits. In addition to this there is a fourth report. This report builds on the previous comments received following last year's Gender and Race reports, asking for more details regarding data as well as identifying data gaps, collected by Health Board's Electronic Staff Records (ESR), looking at trends and staff groups as part of the Health Board's commitment to go beyond our statutory reporting duties and deep dive into the granular details of the data that we are able to currently collect to develop process and actions to improve staff experiences. Key areas that will be included in the fourth report are:

<table>
<tr><td></td><td colspan="4">

- Data sets by staff group (in some areas the numbers are so small they could be identifiable)
- Removal of student data, which currently negatively impacts the pay gap data and the recommendations The aim of these reports is to provide both information on the current pay gaps within the Health Board as well as assurance of the actions being undertaken to improve the data going forward.

In addition to the work within BCUHB, the all-Wales Equality Leadership Group, chaired by BCUHB's Head of Equality and Human Rights, will be leading on an all-Wales project looking at what shared learning and best practice can be shared.

People and Culture Committee focus:

1. There is a legal duty to publish Gender Pay Gap Data (data criteria listed in the report)
2. The data in the main three reports, in addition to the fourth, provides opportunities for analysis and strategic alignment to actions within Equality Plans as well as IMPT.
</td></tr>
<tr><td>Argymhellion:
Recommendations:</td><td colspan="4">The Committee is asked to approve the proposed reporting of two pay gap reports for each area as appropriate.</td></tr>
<tr><td>Arweinydd Gweithredol:
Executive Lead:</td><td colspan="4">Georgina Roberts, Interim Executive Director of People Services & Organisational Development</td></tr>
<tr><td>Awdur yr Adroddiad:
Report Author:</td><td colspan="4">Ceri Harris – Head of Equality and Human Rights</td></tr>
<tr><td>Pwrpas yr adroddiad:
Purpose of report:</td><td>I'w Nodi
For Noting
☐</td><td colspan="2">I Benderfynu arno
For Decision
☒</td><td>Am sicrwydd
For Assurance
☐</td></tr>
<tr><td>Lefel sicrwydd:

Assurance level:</td><td>Arwyddocaol
Significant
☒
Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☐
Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☐
Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐
Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
<tr><td colspan="5">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:</td></tr>
</table>

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):*	This request links to Strategic Objective 3: Creating compassionate culture, leadership and engagement.
Goblygiadau rheoleiddio a lleol: *Regulatory and legal implications:*	No Legal Implications
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
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)*	Potential Risk of cost of Employee Action impacted by pay gaps. The Equality and Human Rights Commission (EHRC) may take enforcement action if the health board does not report on time, or report inaccurate data. This can lead to court orders and fines.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* *Financial implications as a result of implementing the recommendations*	There are no existing financial implications as a result of implementing the recommendations identified.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith *Workforce implications as a result of implementing the recommendations*	There will be a number of actions needed: • Working with ESR leads to undertake further analysis of the gaps in data and areas where data is not currently available. • Continuation of the work to encourage staff to update their equality information, allowing better data analysis. • Deep dive into the intersectional barriers within pay bands. .
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori *Feedback, response, and follow up summary following consultation*	Following the last years reporting, there has been moves to include data by staff group as well as expanding the reporting to include disability. A fourth Pay Gap report has been created to provide information and assurance on these areas. Key areas for focus are: • Improve the quality of self-report data. • Analysis of intersectionality of pay gap data and experiences.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) *Links to BAF risks:* *(or links to the Corporate Risk Register)*	The risks associated with this paper are: 1971 Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011 4986 Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) *Reason for submission of report to confidential board (where relevant)*	N/A
Camau Nesaf: *Next Steps:* *Following Executive Committee approval, a fourth report was created to provide assurance and more data details. The fourth report will not be published.*	
Rhestr o Atodiadau: *List of Appendices:* Appendix 1 – Gender Pay Gap Report – As of 31st March 25 Appendix 2 – Race Pay Gap Report – As of 31st March 2025 Appendix 3 – Disability Pay Gap Report - As of 31st March 2025 Appendix 4 – Pay Audit Report – As of 31st March 25	

1. Introduction/Background

This paper and attached reports aim to provide the People and Culture Committee detailed information on the current pay gaps within the areas of Gender, Race and Disability and request support for the recommendations identified. As part of the Health Board's duties under the Equality Act 2010 it is legally required to publish its Gender Pay Gap information annually. Currently there is no similar legal requirement to produce Race or Disability Pay Gap reports.

In March 2025, the government undertook a consultation aimed to gather views on introducing the new reporting requirements on both Race and Disability Pay gap reporting, which will be part of the proposed Equality (Race and Disability) Bill, with the aim to use a framework similar to existing gender pay gap reporting. Key considerations in the consultation included the types of reports, the definition of "disability" and the mandatory publication of action plans.

The Health Board published its first Race Pay report in March 2025, to support its work within the Anti-racist Action plan, to better understand the data gaps and seek solutions. This year the Health Board has developed its first Disability Pay Gap report to sit alongside the other pay gap reports and allow the Health Board to gain a better understanding of the potential pay gaps and seek solutions that will support the upcoming Welsh Government's Disabled Peoples Rights Plan that is expected within the next 18 months.

2. About the Pay Gap Reporting Process

There is a strict set of criteria that the Health Board is asked to report within the document and publish on both the Health Board's website as well as the Government's gender pay portal. These include:

- The breakdown of staff by gender in headcount and percentage. There is no provision or request to include non-binary staff currently
- Percentage of men and women in each hourly pay quartile
- The mean and median hourly rate by gender
- Bonus payments by gender by percentage

- Mean and median gender pay gap of bonus
- Link to the Health Board's website Gender Pay Gap Report

This set of criteria has been used, where possible, across each pay gap report.

Mean Pay Gap in hourly pay
The mean hourly rate is the average hourly wage across the entire organisation, so the mean pay gap is a measure of the difference between report focus group mean hourly wage, eg men and women

Median Pay Gap in hourly pay
The median hourly rate is calculated by arranging the hourly pay rates of all pay report focus group employees from highest to lowest and finding the point that is in the middle of each range.

Proportion of the report's focus group, gender, race or disability in each pay quartile
Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of each group in each of the four parts.

Following the publishing of last year's Gender Pay Gap, the Board requested further data to be included. This included tables showing the data and trends over a five-year period, plus a request to break down the data by pay band and staff group. In pulling this information together for the attached reports, inconsistencies and gaps in information have been identified, including high areas of under reported data, which may not be reliable or appropriate for current publication.

For clarity, a fourth Pay Audit report has been developed that builds on comments received following last year's Gender and Race reports, requesting more detailed data as well as identifying data gaps, collected by the Health Board's Electronic Staff Records (ESR), looking at trends and staff groups as part of the Health Board's commitment to go beyond the statutory reporting duties and deep dive into the granular details of the data that is currently available to develop process and actions to improve staff experiences. This fourth report is for assurance and will not be published along with the other three reports.

Key areas that have been included in the fourth report are:

- Data sets by staff group (in some areas the numbers are so small they could be identifiable)
- Removal of student data, which currently negatively impacts the pay gap data and the recommendations

The aim of these reports is to provide both information on the current pay gaps within the Health Board, as well as assurance of the actions being undertaken to improve the data going forward.

In addition to the work within BCUHB, the all-Wales Equality Leadership Group, chaired by BCUHB's Head of Equality and Human Rights, will be leading on an all-Wales project looking at what shared learning and best practice can be shared.

The following is a highlight of data within the three main reports:

Gender Pay Gap Data – Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	26.5947	19.3812
Female	20.0818	18.1882
Difference	6.5129	1.1931
Pay Gap %	24.4894	6.1557

Race Pay Gap Data – Mean and Median Rates

Ethnicity	Mean Hourly Rate	Median Hourly Rate
Non-white	30.0983	20.5964
Not Declared	23.9157	18.9393
White	20.2453	17.7216
Difference between White & Non-white	-9.853	-2.8748
Difference between White & Not Declared	-3.6704	-1.2177
Pay Gap % between White & Non-white	***-48.6682%**	**-16.2223%**
Pay Gap % between White & Not Declared	-18.1297%	-6.8711%

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., non-white employees are paid on average 48.67% more than white employees. This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.

Disability Pay Gap Data – Mean and Median Rates

Disability Grouping	Mean Hourly Rate	Median Hourly Rate Grouping	Total Full Pay Relevant Employees
No	21.0621	21.6231	17,738
Not Declared	24.4429	25.8152	1,162
Prefer Not to Answer	20.9422	21.1256	136
Unspecified	24.0286	26.1987	1,381
Yes	19.7351	19.7030	1,498
Grand Total			21,915
% Difference No - Yes	6.3002	8.8796	92
% Difference No - Not Declared	-16.0520*	-19.3871	93
% Difference No - Prefer Not to Answer	0.5693	2.3008	99
% Difference No - Unspecified	-14.0849	-21.1609	92

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., in this case, employees who have not declared a disability are paid on average 16.05% more than those who have declared themselves not disabled.

Preparing the Disability Pay Gap Report has identified multiple areas where data is not currently available, as well as recognising that disability is under-reported on ESR. In addition to the 12.22% unknown data on ESR, the Health Board recognises that some staff who have a disability and/or impairment may not feel comfortable in disclosing this for fear of discrimination.

The Health Board's equality team, via mechanisms such as established equality networks, intranet pages and face to face equality roadshows and training is working on building trust and confidence in the workforce to access support and declare their equality monitoring information on ESR.

Next Steps

Focus on Existing Data and Data Gaps

The fourth report, that goes beyond the statutory data publishing requirements, will be for Board assurance and not be published.

One of the additional areas that will be included in the next reporting cycle will include an analysis of the utilisation of WP80 – Determination of Starting Salaries Policy by protected characteristics.

In addition to the work within BCUHB, the All-Wales Equality Leadership Group, chaired by BCUHB's Head of Equality and Human Rights, will be leading on an all-Wales project looking at what shared learning and best practice can be shared.

3. Budgetary / Financial Implications

There are no existing financial implications as a result of implementing the recommendations identified.

It is worth noting that the Equality and Human Rights Commission (EHRC) may take enforcement action should the Health Board not report on time, or report inaccurate data. This can lead to court orders and fines.

4. Risk Management

There are two corporate risks in relation to this work::

1971 - Duties under the Equality Act (Statutory Duties) (Wales) Regulations 2011

4986 - Failure to deliver the Health Board's obligations under the Anti-Racist Wales Action Plan

The Equality team works closely with IHCs to provide equality advice and support to enable them to meet their responsibilities under the Equality Act, Public Sector and Socio-economic Duty and the Welsh Government action plans

5. Equality and Diversity Implications

The core aim of the Pay Gap Reports is to identify areas of focus and development of actions. These actions will be incorporated into the Health Board's Strategic Equality Objectives and Action Plan for 2024-28, as well as relevant areas within the People Plan and IMTP.

Gender Pay Gap Report

As of 31st March 2025

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board

GENDER PAY GAP REPORT – 31st MARCH 2025

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1. INTRODUCTION

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

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

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

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

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

2. WHAT IS COVERED IN THIS REPORT

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

3. KEY REPORTING METRICS:

Mean Gender Pay Gap in hourly pay

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

Median Gender Pay Gap in hourly pay

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

Proportion of males and females in each pay quartile

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

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

Gender pay reporting and gender identity

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

4. COMBINED AGENDA FOR CHANGE AND NON-AGENDA FOR CHANGE PAY DATA

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

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

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

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

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

As of 31st March 2025, BCUHB employed 17,692 women and 4,223 men therefore 80.73% of the workforce were female.

	Female: 80.73% (19,664)		Male: 19.27% (5031)

Gender	People	%
Female	19664	80.73%
Male	5031	19.27%
Grand Total	**21,915**	

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	26.5947	19.3812
Female	20.0818	18.1882
Difference	6.5129	1.1931
Pay Gap %	24.4894	6.1557

Mean Gender Pay Gap = 24.49%; Median Gender Pay Gap = 6.16%

The average is calculated over different numbers of employees, we employ 13,469 more female employees than male therefore this will account for some of the variance.

Women's mean hourly rate is 24.49% lower than men. In other words when comparing mean hourly rates, women are paid 75.51p for every £1 that men get paid.

Women's median hourly rate is 6.16% lower than men. In other words when comparing median hourly rates, women are paid 93.84p for every £1 that men get paid.

We can see from the following graphs that the mean hourly rate pay gap has increased by 0.9%, and the median hourly rate has continued to close, this year by 0.49%. This indicates that proportionately more women are in higher paid roles than previously, but the men that are in higher paid roles are paid more than women overall.

Bonus Payments

Gender	Average Bonus (£)	Median Bonus (£)
Male	5,581.93	5,001.00
Female	3,990.32	3,027.18
Difference	1,591.61	1,973.82
Pay Gap %	28.51	39.47

In line with the reporting requirements, our Average bonus gap of 28.51% is based on actual bonuses, so it does not consider part-time work. This gap has increased from the previous year's figure of 18.43% in 2024. The median bonus gap has increased from 15.99% to 39.47%. This is the midpoint in the range of bonuses that male and female staff received; this would suggest that the value of bonuses received by men at the high end of the range has increased, while the equivalent for women has decreased.

We see that 13 more men received a bonus this year compared to last year. The number of women receiving a bonus increased by 16. The number of men receiving a bonus continues to be almost exactly three times that of women. We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in

bonus, but we expect to see this gap start to close as more women continue to receive these bonuses, and those long service men retire.

The proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	99.00	19664.00	0.50
Male	261.00	5031.00	5.19

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

Quartile Data

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

Quartile	Female	Female %	Male	Male %
1	4552.00	83.16	922.00	16.84
2	4479.00	81.73	1001.00	18.27
3	4667.00	85.18	812.00	14.82
4	3994.00	72.86	1488.00	27.14

Quartile 1: Lower quartile (lowest paid)

	83.16% (4,552)		16.84% (922)

16.84% of the lower quartile are men

Quartile 2: Lower middle quartile

	81.73% (4,479)		18.27% (1001)

18.27% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.18% (4,667)		14.82% (812)

14.82% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)

	72.86% (3,994)		27.14% (1488)

27.14% of the top quartile are men

The highest variances are in the upper middle quartile.

51.04% (9031) of females were in roles within the lower and lower middle quartiles and 48.96% (8661) in the upper middle and upper pay quartiles. This compares with 45.53% (1,923) males in the lower and lower middle quartiles and 54.47% (2300) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	82.45% (9,031)		17.56% (1,923)

Upper Middle and Upper Pay Quartiles

	79.02% (8,661)		20.98% (2,300)

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

5. PROGRESS ON CLOSING THE GENDER PAY GAP

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

6. NEXT STEPS

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

We will consider how to positively influence our pay gap results by:

- Continue to raise awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Build on opportunities within the Foundations of the Future program and other organisational development projects as appropriate to remove barriers to progression and maximise opportunities for development of staff, such as the revised PADR process.

- Continue to explore data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Exploring how to increase recruitment in underrepresented areas through widening access schemes, including exploring options for improving recruitment training for managers.
- Build in to leadership and personal development opportunities the recognition that good leadership potential is not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- As part of the review of onboarding, ensuring training such as active bystander training is part of recruitment training for managers.
- Continuing and expanding menopause support for staff, recognising the impact menopause can have on personal development and staff retention.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprenticeships, and mentoring.

7. CONCLUSION

Over the past 3-4 years, the average hourly rate of pay gap has steadily fallen, however, this year has seen the figure increase by 0.91%.
The median hourly pay rate gap has continued a downward trajectory, falling from 6.65% last year to 6.16% this year.

This year we have seen that while 16 more women received bonuses this year compared to 13 more men, men received more in bonuses, leading to an increase in the average bonus gap from 18.43% to 28.51%. This has, as one would expect, caused the median bonus gap to increase from 15.99% to 39.47%.

We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in bonus, but we expect to see this gap start to close as more women receive these bonuses, and those men with long service retire.

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

We can see from the table on page 11, although our staff population is 80% women, our consultant staff group is made up of only 32% women. This staff group is from the upper quartile of pay, and this gender imbalance will therefor negatively impact our pay gap results.

Also worth noting, at this current time, that the process for employing junior doctors has changed; whereby they are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

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

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

8. STATEMENT BY OUR HEAD OF EQUALITY AND HUMAN RIGHTS

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

It is widely recognised that historical gender inequality in society has resulted in a much higher proportion of senior medical workforce roles being occupied by men. Despite the majority of the workforce being women, this factor influences our bonus pay gap, and our medical workforce benefit from Clinical Excellence and Commitment Awards, driving our bonus gaps.

We are committed to doing what we can do at health board level to reduce our gender pay gap, and to tackling all forms of inequality, including gender inequality at work. Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan.

With this in mind, we will continue to improve our understanding of the professional experiences of women in our medical workforce to ensure equitable career progression between men and women, inclusive of non-binary colleagues. Our determination to embed our values of compassion, openness and respect into all areas of our workforce systems and service delivery and our commitment to promote and improve sexual safety in healthcare will contribute towards these goals"

Race Pay Gap Report

As of 31st March 2025

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board

RACE PAY GAP REPORT – 31st MARCH 2025

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INTRODUCTION

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

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

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

As part of our commitment to adopting to an anti-racist approach to our delivery of service and developing and supporting our workforce, we have developed this race pay gap report. By commencing work in this area we will start to gain insights of the difference in average hourly pay between different groups across the workforce. From April 2024 BCUHB 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.

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

This Race Pay Gap report focuses on comparing the pay of ethnic minority and global majority staff and white staff. For the purposes of this report, the data reporting will refer to White and non-White staff, and staff who have not declared their ethnicity and will show the difference in average earnings.

1. WHAT IS COVERED IN THIS REPORT

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances. Future reports will be produced that break down Agenda for Change and Non-Agenda for Change pay to give a more comprehensive picture above what is required by statutory reporting requirements. This report applies to the 12-month period ending 31st March 2025.

Key Reporting Metrics:

Mean Race Pay Gap in hourly pay

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

Median Race Pay Gap in hourly pay

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

Proportion of staff by ethnicity in each pay quartile

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

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

Categories used in the report.

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

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

Race pay reporting

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

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

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

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

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

2. COMBINED AGENDA FOR CHANGE AND NON-AGENDA

FOR CHANGE PAY DATA

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

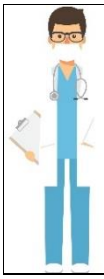
The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

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

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

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

As of 31st March 2025, BCUHB employed 18,381 white staff, 1771 non-white staff, and 1763 staff who had not declared their ethnicity, therefore 83.87% of the workforce were white, 8.08% were non-white and 8.04% of staff had not declared.

	White 83.87% (18,381)		Non-White 8.08% (1,771)		Not Declared 8.04% (1,763)

Ethnicity	**People**	**%**
White	18381	83.87%
Non-White	1771	8.08%
Not Declared	1763	8.04%
Grand Total	**21,915**	

Demographics of the north Wales Population

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

(Source: Nomis August 2023)

	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	North Wales	BCUHB staff
Asian, Asian British or Asian Welsh (including Chinese)	1.8%	2.1%	1.1%	2.2%	2.2%	1.9%	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.2%	0.3%	0.2%	0.4%	0.6%	0.3%	1.2%
Mixed or Multiple ethnic groups	1.1%	1.1%	0.9%	1.1%	1.2%	1.1%	0.7%
White	96.9%	96.5%	97.6%	96.2%	96.0%	96.6%	86.9%
Other ethnic group	0.3%	0.4%	0.3%	0.5%	0.6%	0.4%	1.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%

Mean and Median Rates

Ethnicity	**Mean Hourly Rate**	**Median Hourly Rate**
Non-White	30.0983	20.5964
Not Declared	23.9157	18.9393
White	20.2453	17.7216
Difference between White & Non White	-9.853	-2.8748
Difference between White & Not Declared	-3.6704	-1.2177
Pay Gap % between White & Non White	**-48.6682%**	**-16.2223%**
Pay Gap % between White & Not Declared	-18.1297%	-6.8711%

Mean Race Pay Gap = -48.67%*; Median Race Pay Gap = -16.22%

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., non-white employees are paid on average 48.67% more than white employees.
This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.

The average is calculated over different numbers of employees, we employ 16,371 more white employees than non-white employees therefore this will account for some of the variance.

Non-white employees' mean hourly rate is 48.66% higher than white employees. In other words when comparing mean hourly rates, non-white employees are paid £1.49 for every £1 that white employees get paid.

Non-white employees' median hourly rate is 16.22% higher than white employees'. In other words when comparing median hourly rates, Non-white employees are paid £1.16 for every £1 that white employees get paid.

Bonus Payments

The number of non-white staff receiving bonuses compares very favourably to white staff, as the overall cohort sizes are very different, but the numbers on white and non-white staff receiving a bonus are similar.

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

The proportion of staff receiving a bonus**

Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
White	188	19846	**0.95%**
Non-White	143	1954	**7.32%**
Not Declared	11	293	**3.75%**

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

Quartile Data

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

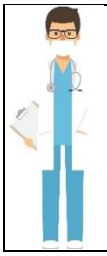
Quartile	White	Non White	Not Declared	White %	Non White %	Not Declared %
1	4,969	164	325	90.77%	3.29%	5.94%
2	4,629	356	466	84.47%	7.03%	8.50%
3	4,529	457	465	82.66%	8.85%	8.49%
4	4,254	642	507	77.60%	13.15%	9.25%

Quartile 1: Lower quartile (lowest paid)

	White 90.77% (4,969)		Non-White 3.29% (164)		Not Declared 5.94% (325)

90.77% of the lower quartile are white.

Quartile 2: Lower middle quartile

	White 84.47% (4629)		Non-White 7.03% (356)		Not Declared 8.5% (466)

84.47% of the lower middle quartile are white.

Quartile 3: Upper middle quartile

	White 82.66% (4529)		Non-White 8.85% (485)		Not Declared 8.49% (465)

82.66% of the upper middle quartile are white.

Quartile 4: Upper quartile (highest paid)

	White 77.6% (4254)		Non-White 13.15% (721)		Not Declared 9.25% (507)

77.6% of the upper quartile are white

The highest variances are in the upper quartile.

Non-white staff account for around 7-8% of the middle two quartiles, which

roughly correlates with the non-white proportion of all staff (6.6%). This rises to 13.15% of the upper quartile, almost double the proportion of non-white staff in the whole employee population. Non-white staff account for 2.54% of the lower quartile, less than half of the proportion of non-white staff in the employee population as a whole.
This distribution of non-white staff at the two extremes of the pay quartiles explains the current pay gap, as well as the area for focus for improvements, staff development and leadership programmes.

It will be useful to note that the proportion of non-White staff in Quartile 3 has risen from 6.38% in 2023-24 to 8.85% in 2024-25. Additionally, the proportion of non-White staff in Quartile 4 has risen from 11.93% in 2023-24 to 13.15% in 2024-25.

Lower and Lower Middle Pay Quartiles

	White 87.62% (9598)		Non-White 5.16% (565)		Not Declared 14.44% (791)

Upper Middle and Upper Pay Quartiles

	White 80.13% (8783)		Non-White 11% (1206)		Not Declared 8.87% (972)

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

3. NEXT STEPS AND CONCLUSION

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, and our current Strategic Equality Plan 2024-2028.

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

We will consider how to develop this work further by:

- Using data from workforce analyses as they become available, such as the NHS staff survey to identify areas of support needed such as work-life balance needs, career progression and training opportunities to ensure staff have all the opportunities to develop and progress in the Health Board.
- Raising awareness of the experiences of Black, Asian and ethnic minority staff in securing development opportunities across NHS Wales through strategic recruitment training currently being delivered and measuring the development of those that attend the training over the next 18 months to understand the effectiveness of the training.
- Proactively seek the views and experiences of global majority and international staff from across the organisation. Recognising the intersectionality of barriers that can impact on career progression, also via the staff survey and other mechanisms such as the WRES reports.
- Exploring ways to increase recruitment in underrepresented areas such as quartile 1, through widening access schemes, including exploring options for improving recruitment training for managers, i.e., ethnic minority recruitment fairs.
- Leverage and promote leadership and personal development opportunities for global majority and international staff, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board, such as the Welsh Government Aspiring Leadership Program and Climb Program.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.

- Continuing to promote agile working within the Health Board.
- Continue to make active bystander training available for all staff.
- Continuing to promote the international colleagues welcome pack across the organisation with a focus on recruiting managers to help ensure that international recruits settle in to north Wales well.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprentices, and mentoring.

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

4. STATEMENT BY OUR INTERIM EXECUTIVE DIRECTOR, PEOPLE SERVICES

"Pay gap reporting is a vital tool in helping us understand various issues linked to equality in our organisation. This report helps us understand more about the structure of our organisation and where there is an imbalance. We are committed to tackling all forms of inequality, including racial inequality at work.

We recognise that the Anti-racist Wales Action Plan is an important part of that work.

Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan. This reflects the Health Boards' strategic equality objectives and is supported by an increasing body of evidence, which correlates inclusion, well-being and the workforce's engagement with the quality of health and care experienced by the people we serve.

With this in mind, we will continue to improve our understanding of the professional experiences of Black, Asian and minority ethnic people in our workforce to ensure equitable career progression between people regardless of their ethnicity.

This report will support us in understanding where our opportunities are and demonstrates our commitment to acting meaningfully on the results of our annual WRES reports, and we are encouraged that the proportion of global majority and international staff in the upper two pay quartiles has increased significantly this year.

As our pay gap is driven by the distribution of non-white staff across the pay quartiles, we are able to focus work in the future on staff development and leadership programmes for non-White staff in the lower pay quartiles.

It is encouraging that the mean and median hourly rate pay gaps are narrowing, and to see increases in numbers of Black, Asian and ethnic minority staff in three of the four pay quartiles.

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

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Disability Pay Gap Report

As of 31st March 2025

Betsi Cadwaladr University Health Board

DISABILITY PAY GAP REPORT – 31st MARCH 2025

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INTRODUCTION

This analysis is based on the number of staff who declared their disability and/or impairment status as at 31 March 2025.

It should be noted that this report includes the 2,679 people who have not declared disability and/or impairment status. In this report the 'unknown' category refers to employees who have either not declared their disability and/or impairment status on the Electronic Staff Record (ESR), or have declared that they do not want to provide an answer, or who ESR has no disability data for.

This report therefore includes pay gap comparisons between those declaring themselves as not disabled and those declaring themselves disabled, and those employees in the 'unknown' category.

KEY REPORTING METRICS

Mean Gender Pay Gap in hourly pay

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between not disabled ("No") employee's mean hourly wage and disabled ("Yes") employee's mean hourly wage, and the difference between not disabled ("No") employee's mean hourly wage and that of employees in the 'unknown' category.

Median Gender Pay Gap in hourly pay

The median hourly rate is calculated by arranging the hourly pay rates of all self-declared disabled ("Yes"), self-declared not disabled ("No") and 'unknown' employees from highest to lowest and finding the point that is in the middle of each range.

Proportion of employees from each category in each pay quartile

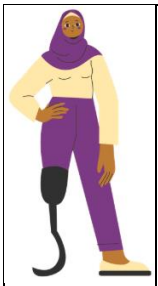
Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of all self-declared disabled ("Yes"), self-

declared not disabled ("No") and 'unknown' employees in each of the four parts.

This report does not look at whether there are differences in pay for self-declared disabled ("Yes"), self-declared not disabled ("No") or 'unknown' employees in equivalent post, or Whole Time Equivalent (WTE) at the size of the role. This means that the results will be impacted by differences in the disabled status composition across groups and job grades.

STAFF POPULATION BY DISABILITY STATUS

Disability Grouping	**Total Full Pay Relevant Employees**	**% of Total Employees**
No	**17,738**	**80.94%**
Not Declared	1,162	5.30%
Prefer Not To Answer	136	0.62%
Unspecified	1,381	6.30%
Total 'Unknown'	**2,679**	**12.22%**
Yes	**1,498**	**6.84%**
Total Employees	**21,915**	**100%**



Disabled

6.84%

(1,498)

Not Disabled 80.94%

(17,738)

Unknown 12.22%

(2,679)

The Disability Pay Gap measures the difference in pay between all employees who have identified as having a disability and/or impairment, and those employees who have identified as not having a disability and/or impairment. We are reporting the Disability Pay Gap against the same measures as those for the Gender Pay Gap. It should be noted that the data analysed as part of the Disability Pay Gap here, employees have been asked to self-identify whether they have a disability and/or impairment, and no objective assessment against the Equality Act

definition has been applied to the employee group for the purposes of Disability Pay Gap reporting.

HOURLY PAY

Disability Grouping	Mean Hourly Rate	Median Hourly Rate Grouping	Total Full Pay Relevant Employees
No	21.0621	21.6231	17,738
Not Declared	24.4429	25.8152	1,162
Prefer Not To Answer	20.9422	21.1256	136
Unspecified	24.0286	26.1987	1,381
Yes	19.7351	19.7030	1,498
Grand Total			21,915
% Difference No - Yes	6.3002	8.8796	92
% Difference No - Not Declared	-16.0520*	-19.3871	93
% Difference No - Prefer Not To Answer	0.5693	2.3008	99
% Difference No - Unspecified	-14.0849	-21.1609	92

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., in this case, employees who have not declared a disability are paid on average 16.05% more than those who have declared themselves not disabled.

This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.

BONUS PAY

Our ESR bonus gap data is unavailable at the time of writing.

PAY QUARTILES

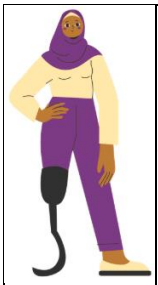
Proportion of Staff identifying with a disability and/or impairment and staff identifying as not having a disability and/or impairment in each pay quartile.

Each quartile represents one quarter of employees working for the Health Board when ordered from lowest to highest paid.

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	4,457	280	36	262	439
2	4,432	299	36	347	366
3	4,465	220	33	362	399
4	4,384	363	31	410	294

The following summaries combine 'Not declared', 'Prefer not to answer' and 'Unspecified' as 'Unknown' for ease of analysis.

Quartile 1: Lower quartile (lowest paid)



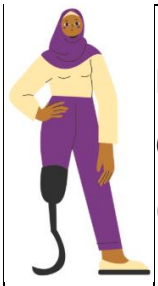
Disabled
8.02%
(439)

Not Disabled
81.42%
(4457)

Unknown
10.56%
(578)

8.02% of the lower quartile are disabled.

Quartile 2: Lower middle quartile



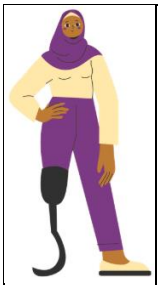
Disabled
6.68%
(366)

Not Disabled
80.88%
(4432)

Unknown
12.45%
(683)

6.68% of the lower middle quartile are disabled.

Quartile 3: Upper middle quartile

	Disabled 7.28% (399)		Not Disabled 81.49% (4465)		Unknown 11.22% (615)

7.28% of the upper middle quartile are disabled.

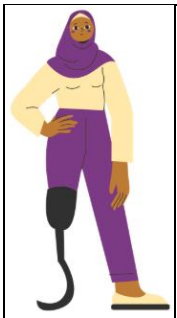
Quartile 4: Upper quartile (highest paid)

	Disabled 5.36% (294)		Not Disabled 79.97% (4384)		Unknown 14.67% (804)

5.36% of the upper quartile are disabled.

The lowest number of employees declaring a disability and/or impairment are in the upper quartile.

<u>Lower and Lower Middle Pay Quartiles</u>

	Disabled 7.35% (805)		Not Disabled 81.15% (8,889)		Unknown 11.51% (1,261)

Upper Middle and Upper Pay Quartiles

	Disabled 6.32% (693)		Not Disabled 80.73% (8,849)		Unknown 12.95% (1,419)

CONCLUSION

Mean Hourly rate of Pay

In assessing the mean hourly rate pay gap, we can see that is a positive pay gap between employees declaring no disability and/or impairment and those declaring a disability and/or impairment in favour of those declaring no disability and/or impairment. This mean hourly rate gap is 6.3%, meaning that on average, for every £1 that a disabled staff member is paid, an able-bodied employee is paid £1.06.

There is a slight pay gap between those declaring themselves as not disable and those employees who selected 'prefer not to answer' of 0.57%.

This year there is an inverse pay gap in favour of people who did not declare, and those whom ESR hold no data of 16.05% and 14.08% respectively.

Median Hourly Rate Grouping

We can see that there is a gap of 8.87% between those declaring no disability and/or impairment and those declaring a disability and/or impairment in favour of those not declaring.

Breaking down the 'unknown' categories, there are significant negative pay gaps of -19.38% and -21.16% between employees declaring no disability and/or impairment and the 'not declared' and 'unspecified' categories respectively (i.e. in favour of the 'not declared' and 'unspecified' categories), yet a positive gap of 2.3% between employees declaring no disability and/or impairment and those stating 'prefer not to answer'.

We can see that there are differences between the pay of disabled and not disabled staff.

We can see that 6.84% of our staff have declared themselves disabled, and that disabled staff are paid 6.3% less that staff declaring themselves not disabled. Those declaring themselves disabled also have the lowest median hourly rate of pay.

In terms of quartiles, the largest cohort of disabled staff is in the lowest pay quartile.

Comment from our Head of Equality and Human Rights

"In March 2025, the Welsh Government Equality and Social Justice Committee published its report: "Anything's Achievable with the Right Support: tackling the Disability Employment Gap" following an inquiry into the disability employment and pay gaps.

Recommendation 5 from the report states that:

"The Welsh Government should require devolved public sector bodies, where possible, to make a more substantial contribution to the aim of eliminating the Disability Employment Gap. This should include requiring them to:
- review their policies and practices to ensure alignment with the forthcoming Disability Action Plan;
- set a target to become Disability Confident Leaders within a specific timescale;
- include eliminating the disability employment gap as a formal objective in their well-being plans.

Where possible, this recommendation should be implemented within a specified and realistic timescale which we suggest would be by the end of 2025."

By promptly preparing this initial report, the Health Board demonstrates its commitment to ensuring that we understand where we need to focus our attention in removing barriers for people with long term health conditions. We are proud to have been a Disability Confident Leader organisation since 2020 and are committed to remaining so. This report is an additional and valuable tool in ensuring that we remain impactfully disability confident and make progress in tackling the disability pay gap.

This is the first annual disability pay gap report that the Health Board has produced, and it should be noted that the reporting functionality in ESR is new and still developing.

As we improve our reporting systems and produce further reports in the future, we are committed to undertaking work to expand these analyses and gain greater insights and understanding into the experiences of disabled staff and to work to address inequalities that we identify through the use of employee data and by engaging with staff by various means, including via the NHS Wales staff survey and discussions with RespectAbility, our staff network for disabled staff".

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Equality Pay Gap Report As of 31st March 2025

Author:Equality Team

Betsi Cadwaladr University Health Board
EQUALITY PAY GAP REPORT – 31st MARCH 2025

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Introduction

Current regulations state that Gender Pay Gap Information should be provided as a snapshot on 31st March each year and published before the following March. This requirement is likely to expand in the future to include employees who share other protected characteristics.

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

The Executive Board recognises that pay gap reporting provides important insight into disparities in earnings between different groups in the BCUHB workforce.

Furthermore, the Executive Board are determined to go beyond the statutory reporting requirements and collate as much information as is possible in order to better understand the experiences of staff by gender, ethnicity and disability status, and this report provides that data, including 5-year pay gap trends.

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

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

This Equality Pay Gap report focuses on comparing the pay of employees by gender, ethnicity and disability status, and shows the difference in average earnings.

What is covered in this report

This report provides the following information based on ordinary pay which includes basic pay and shift pay and allowances.

GENDER PAY

Key Reporting Metrics:

Mean Gender Pay Gap in hourly pay

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

Median Gender Pay Gap in hourly pay

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

Proportion of males and females in each pay quartile

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

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

Gender pay reporting and gender identity

Current Advisory, Conciliation and Arbitration Service (ACAS) and government guidance suggests that if an individual doesn't identify with either gender they should be excluded from the report. We recognise that this excludes employees who do not identify as either 'male' or 'female' i.e., transgender or non-binary employees and are aware of the importance of being sensitive to how an employee chooses to self-identify in terms of their gender. Regulations

do not define the terms 'male' and 'female' and the requirement to report gender pay should not result in employees being singled out and questioned about their gender. We are therefore using the data provided by Electronic Staff Records (ESR) based on the gender identification the employee has provided as the means for determining male and female employees.

Combined Agenda for Change and non-agenda for change Pay data

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

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

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

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

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

As of 31st March 2025, BCUHB employed 17,692 women and 4,223 men therefore 80.73% of the workforce were female.

	Female: 80.73% (19,664)		Male: 19.27 % (5031)

Gender	People	%
Female	19664	80.73%
Male	5031	19.27%
Grand Total	**21,915**	

Mean and Median Rates

	Mean Hourly Rate	Median Hourly Rate
Male	26.5947	19.3812
Female	20.0818	18.1882
Difference	6.5129	1.1931
Pay Gap %	24.4894	6.1557

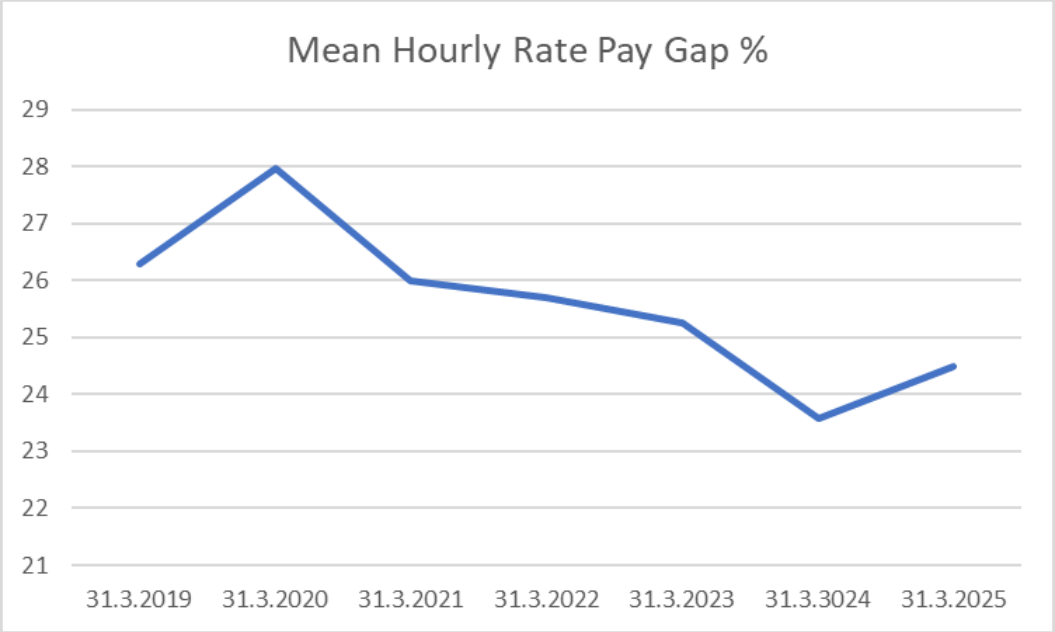
Mean Gender Pay Gap = 24.49%; Median Gender Pay Gap = 6.16%
The average is calculated over different numbers of employees, we employ 13,469 more female employees than male therefore this will account for some of the variance.

Women's mean hourly rate is 24.49% lower than men. In other words when comparing mean hourly rates, women are paid 75.51p for every £1 that men get paid.

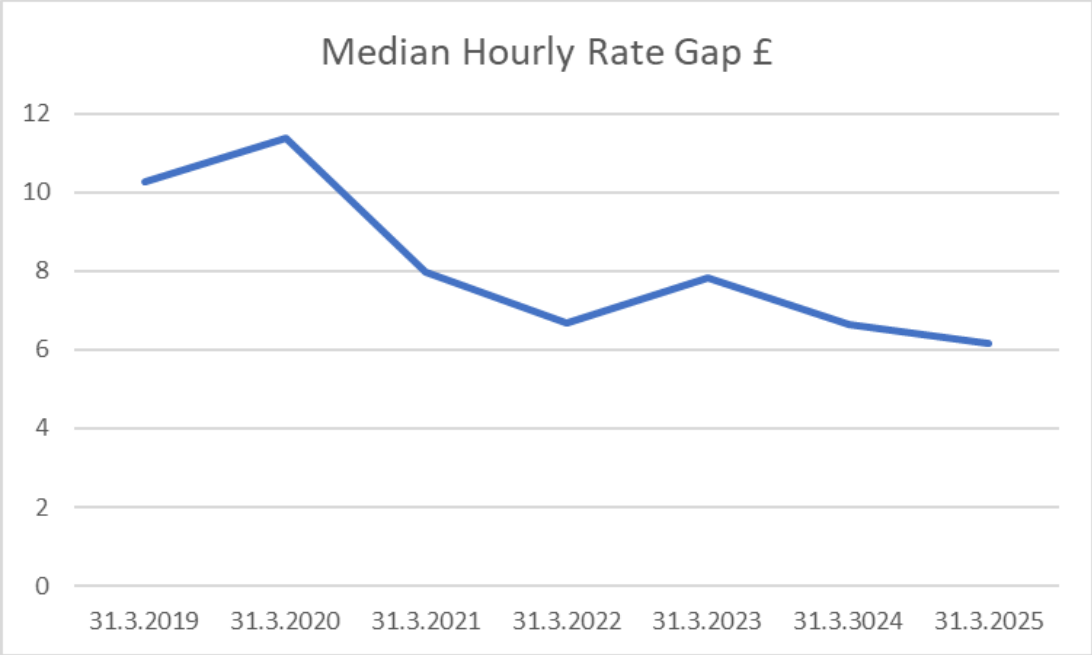
Women's median hourly rate is 6.16% lower than men. In other words when comparing median hourly rates, women are paid 93.84p for every £1 that men get paid.

We can see from the following graphs that the mean hourly rate pay gap has increased by 0.9%, and the median hourly rate has continued to close, this year by 0.49%. This indicates that proportionately more women are in higher paid roles than previously, but the men that are in higher paid roles are paid more than women overall.

Mean Hourly Rate Pay Gap Trend



Median Hourly Rate Pay Gap Trend

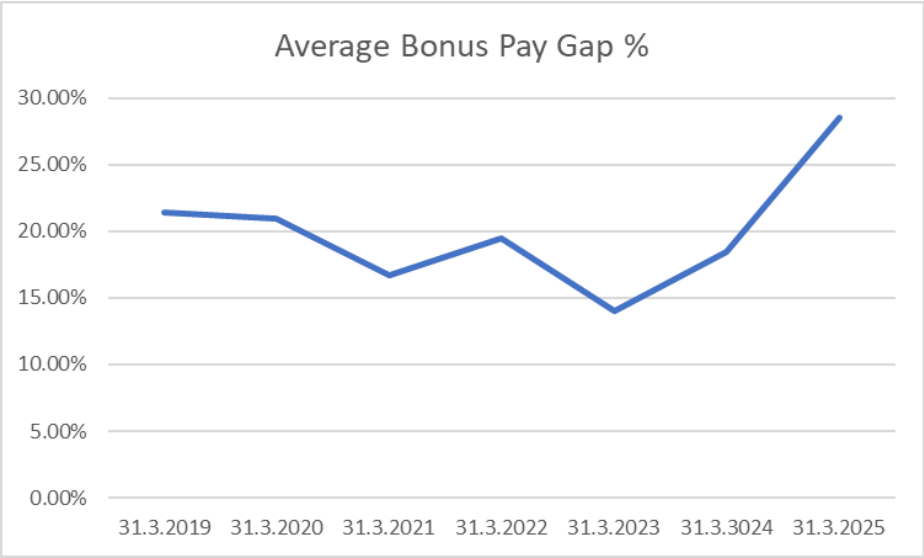


Bonus Payments

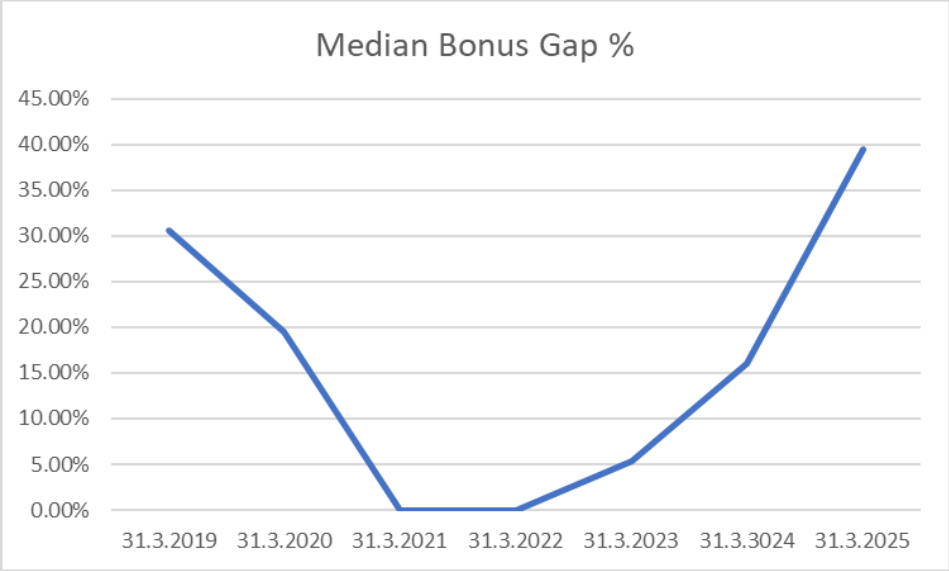
Gender	Average Bonus (£)	Median Bonus (£)
Male	5,581.93	5,001.00
Female	3,990.32	3,027.18
Difference	1,591.61	1,973.82
Pay Gap %	28.51	39.47

In line with the reporting requirements, our Average bonus gap of 28.51% is based on actual bonuses, so it does not consider part-time work. This gap has increased from the previous year's figure of 18.43% in 2024. The median bonus gap has increased from 15.99% to 39.47%. This is the midpoint in the range of bonuses that male and female staff received; this would suggest that the value of bonuses received by men at the high end of the range has increased, while the equivalent for women has decreased. We see that 13 more men received a bonus this year compared to last year. The number of women receiving a bonus increased by 16. The number of men receiving a bonus continues to be almost exactly three times that of women. We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in bonus, but we expect to see this gap start to close as more women continue to receive these bonuses, and those long service men retire.

Average Bonus Pay Gap Trend



Median Bonus Gap Trend



The proportion of staff receiving a bonus**

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	99.00	19664.00	0.50
Male	261.00	5031.00	5.19

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

Quartile Data

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

Quartile	Female	Female %	Male	Male %
1	4552.00	83.16	922.00	16.84
2	4479.00	81.73	1001.00	18.27
3	4667.00	85.18	812.00	14.82
4	3994.00	72.86	1488.00	27.14

Quartile 1: Lower quartile (lowest paid)

	83.16 % (4,552)		16.84 % (922)

16.84% of the lower quartile are men

Quartile 2: Lower middle quartile

	81.73 % (4,479)		18.27 % (1001)

18.27% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.18 % (4,667)		14.82 % (812)

14.82% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)

	72.86 % (3,994)		27.14% (1488)

27.14% of the top quartile are men

The highest variances are in the upper middle quartile.

51.04% (9031) of females were in roles within the lower and lower middle quartiles and 48.96% (8661) in the upper middle and upper pay quartiles. This compares with 45.53% (1,923) males in the lower and lower middle quartiles and 54.47% (2300) in the upper middle and upper pay quartiles.

Lower and Lower Middle Pay Quartiles

	82.45 % (9,031)		17.56% (1,923)

Upper Middle and Upper Pay Quartiles

	79.02 % (8,661)		20.98% (2,300)

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3
Quartile 2 Bands 4-5
Quartile 3 Bands 6-7
Quartile 4 Bands 8a-9

Pay Band and Staff Groups

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

Pay Band	Female	Male
Band 2	78.61%	21.39%
Band 3	83.06%	16.94%
Band 4	85.87%	14.13%
Band 5	87.22%	12.78%
Band 6	85.68%	14.32%
Band 7	84.06%	15.94%
Band 8a	79.33%	20.67%
Band 8b	73.97%	26.03%
Band 8c	72.61%	27.39%
Band 8d	63.77%	36.23%
Band 9	71.43%	28.57%
Non-Agenda for Change	64.86%	35.14%
Associate Specialist	48.78%	51.22%
Clinical Assistant	*	*
Consultant	32.30%	67.70%
Dentist	60.98%	39.02%
Foundation Yr 1 / Yr 2	59.26%	40.74%
Other Medical	60.00%	40.00%
SHO / House Officer	0.00%	0.00%
Specialty Doctor / Staff Grade / Trust Grade	44.76%	55.24%
Specialty/Specialist Registrar	31.03%	68.97%

Figures below 5 are suppressed and denoted by *

Gender Pay Gap by Staff Group

ESR allows us to generate gender pay gap data by staff group, however the results may have illustrative value, but would not be a reliable source of data, as we can see that while our overall average (mean) hourly rate of pay gap is 24.49%, no average hourly rate of pay gap in the below table exceeds 0.21%.

Further work is needed to establish the cause of this difference. One possible explanation is that as there is a bigger proportion of men in a higher salary bracket but when the data is broken down by staff group, we see more equality in pay as those men's pay is more equally spread across the data.

Staff Group	Gender	Average of Hourly Rate £	Average of Median Pay £	Employee Count
Add Prof Scientific and Technic	Male	26.88	25.24	146
	Female	25.06	23.34	723
	Difference	1.82	1.90	
	Pay Gap %	0.07	0.08	
Additional Clinical Services	Male	15.66	15.07	826
	Female	15.23	14.55	4765
	Difference	0.42	0.52	
	Pay Gap %	0.03	0.03	
Administrative and Clerical	Male	20.84	16.78	690
	Female	16.56	13.77	3,550
	Difference	4.27	3.01	
	Pay Gap %	0.21	0.18	
Allied Health Professionals	Male	22.79	22.99	267
	Female	23.68	23.34	1,118
	Difference	-0.89	-0.35	
	Pay Gap %	-0.04	-0.02	
Estates and Ancillary	Male	15.46	14.45	843
	Female	13.94	13.69	887
	Difference	1.51	0.76	
	Pay Gap %	0.10	0.05	
Healthcare Scientists	Male	24.36	23.34	146
	Female	24.70	24.71	195
	Difference	-0.34	-1.37	
	Pay Gap %	-0.01	-0.06	
Medical and Dental	Male	60.26	62.39	752
	Female	55.08	57.35	509
	Difference	5.18	5.04	
	Pay Gap %	0.09	0.08	
Nursing and Midwifery	Male	23.43	23.14	562

	Female	22.49	21.77	6,002
	Difference	0.94	1.37	
	Pay Gap %	0.04	0.06	

Average Annual pay by Gender

Main Staff Group	Female	Male	% Gap Female vs Male
Add Prof Scientific and Technical	£48,987.34	£52,819.90	7.26%
Additional Clinical Services	£26,080.03	£26,626.51	2.05%
Administrative and Clerical	£32,357.10	£40,936.29	20.96%
Allied Health Professionals	£45,091.80	£43,684.96	-3.22%
Estates and Ancillary	£24,931.76	£27,361.22	8.88%
Healthcare Scientists	£48,104.60	£47,429.13	-1.42%
Medical and Dental	£101,860.47	£112,737.04	9.65%
Nursing and Midwifery Registered	£41,284.40	£43,022.34	4.04%
Students	£34,217.59		
Totals (average)	**£44,768.34**	**£49,327.17**	**9.24%**
Totals (average) discounting Students	**£46,087.19**	**£50,626.99**	**6.57%**

The overwhelming majority of students are female, with no male students in the data.
If, for purposes of analysis, we remove students from the average annual pay data we can see that the % gap between women and men in Average Annual Pay narrows from 9.24% to 6.57%.

SUMMARY

Over the past 3-4 years, the average hourly rate of pay gap has steadily fallen, however, this year has seen the figure increase by 0.91%.
The median hourly pay rate gap has continued a downward trajectory, falling from 6.65% last year to 6.16% this year.

This year we have seen that while 16 more women received bonuses this year compared to 13 more men, men received more in bonuses, leading to an increase in the average bonus gap from 18.43% to 28.51%. This has, as one would expect, caused the median bonus gap to increase from 15.99% to 39.47%.

We can see that more women are moving into the bonus range, however as there have traditionally been more men receiving clinical excellence and long service bonuses, we see more men receiving more in bonus, but we expect to see this gap start to close as more women receive these bonuses, and those men with long service retire.

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

We can see from the data that although our staff population is 80% women, our consultant staff group is made up of only 32% women. This staff group is from the upper quartile of pay, and this gender imbalance will therefor negatively impact our pay gap results.

Also worth noting, at this current time, that the process for employing junior doctors has changed; whereby they are now employed by NHS Wales Shared Services to facilitate their rotational training across NHS Wales.

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

RACE PAY

Key Reporting Metrics:

Mean Race Pay Gap in hourly pay

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

Median Race Pay Gap in hourly pay

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

Proportion of staff by ethnicity in each pay quartile

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

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

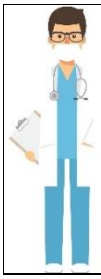
Categories used in race pay gap reporting.

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

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

Combined Agenda for Change and non-agenda for change Pay data

As of 31st March 2025, BCUHB employed 18,381 white staff, 1771 non-white staff, and 1763 staff who had not declared their ethnicity, therefore 83.87% of the workforce were white, 8.08% were non-white and 8.04% of staff had not declared.

	White 83.87% (18,381)		Non-White 8.08% (1,771)		Not Declared8.04% (1,763)

Ethnicity	People	%
White	18381	83.87%
Non-White	1771	8.08%
Not Declared	1763	8.04%
Grand Total	**21,915**	

Demographics of the north Wales Population

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

	Conwy	Denbighshire	Flintshire	Gwynedd	Wrexham	North Wales	BCUHB staff
Asian, Asian British or Asian Welsh (including Chinese)	1.8%	2.1%	1.1%	2.2%	2.2%	1.9%	3.3%
Black, Black British, Black Welsh, Caribbean or African	0.2%	0.3%	0.2%	0.4%	0.6%	0.3%	1.2%
Mixed or Multiple ethnic groups	1.1%	1.1%	0.9%	1.1%	1.2%	1.1%	0.7%
White	96.9%	96.5%	97.6%	96.2%	96.0%	96.6%	86.9%
Other ethnic group	0.3%	0.4%	0.3%	0.5%	0.6%	0.4%	1.0%
Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%

Mean and Median Rates

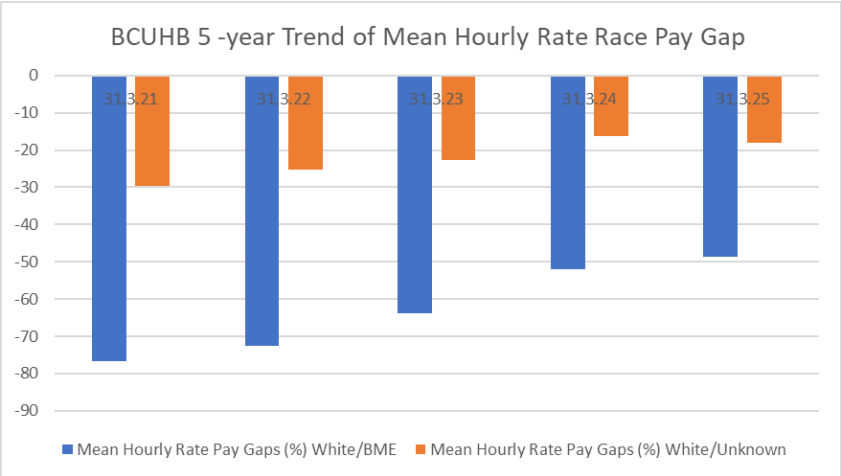
Ethnicity	Mean Hourly Rate	Median Hourly Rate
Non-White	30.0983	20.5964
Not Declared	23.9157	18.9393
White	20.2453	17.7216
Difference between White & Non White	-9.853	-2.8748
Difference between White & Not Declared	-3.6704	-1.2177
Pay Gap % between White & Non White	**-48.6682%**	**-16.2223%**
Pay Gap % between White &	-18.1297%	-6.8711%

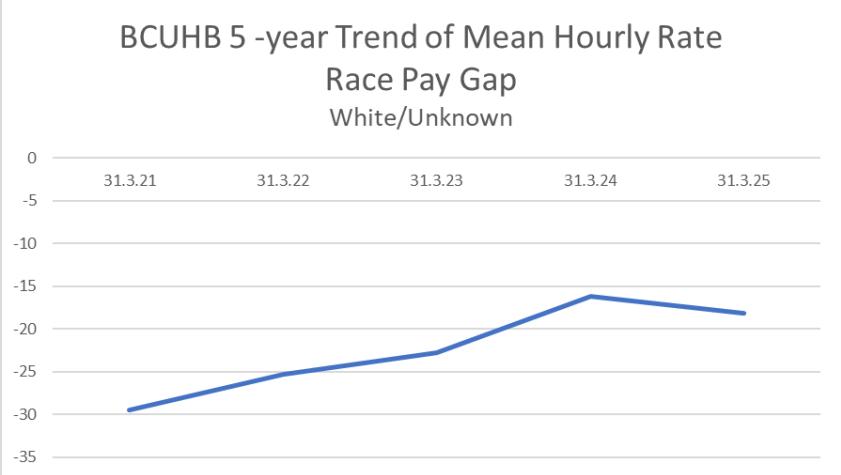
Not Declared		

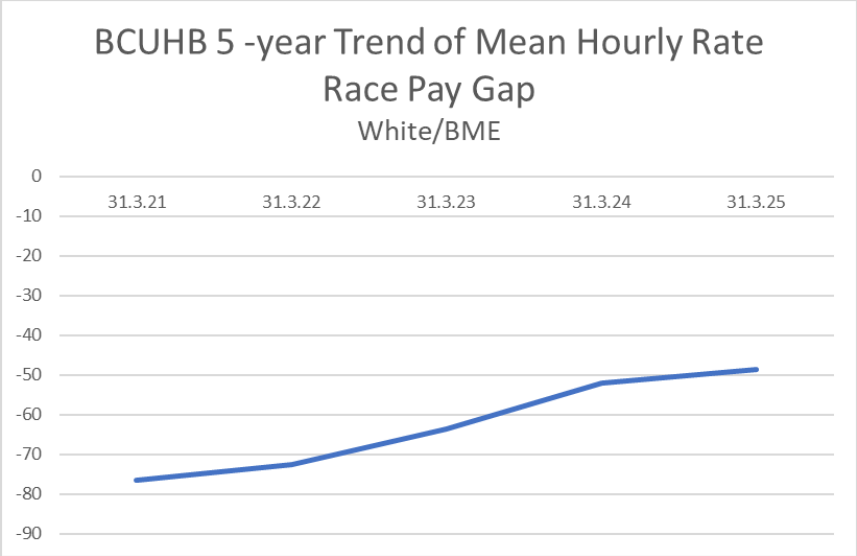
Mean Race Pay Gap = -48.67%*; Median Race Pay Gap = -16.22%

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort.

Mean Hourly Rate Pay Gap Trend

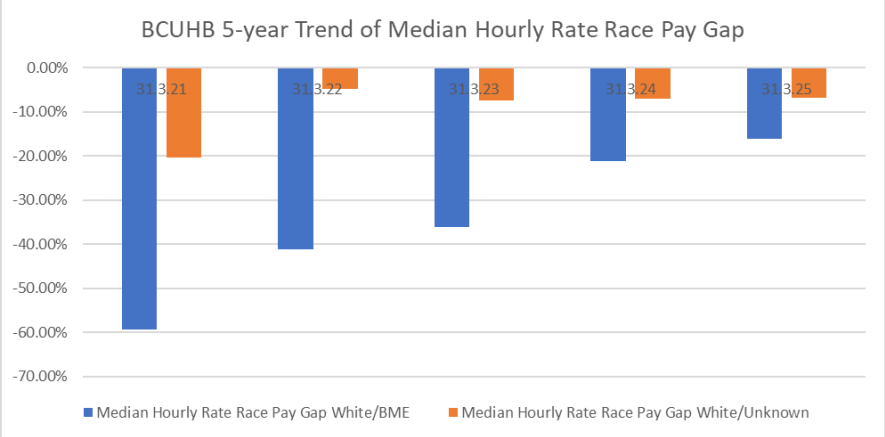


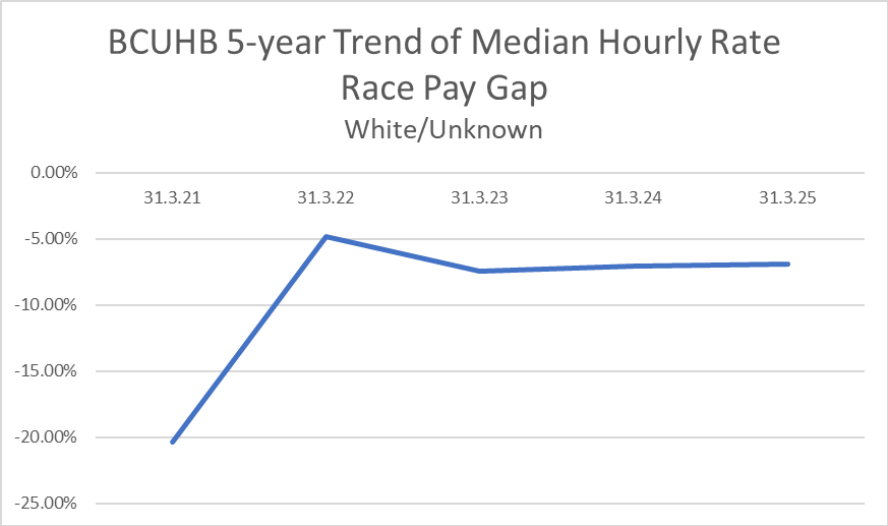


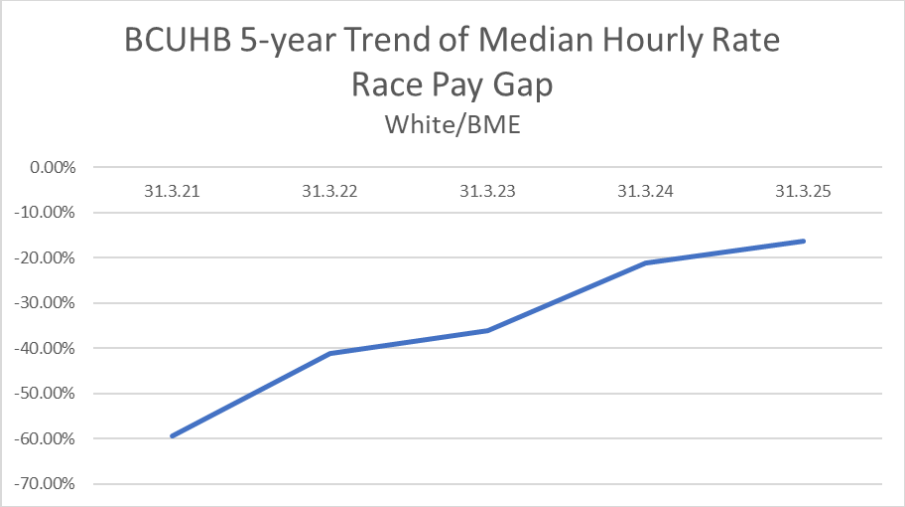


We can see this gap is narrowing.

Median Hourly Rate Pay Gap Trend







This gap is also narrowing.

Bonus Payments

The number of non-white staff receiving bonuses compares very favourably to white staff, as the overall cohort sizes are very different, but the numbers on white and non-white staff receiving a bonus are similar.

The proportion of staff receiving a bonus**

Ethnicity	Employees Paid Bonus	Total Relevant Employees	%
White	188	19846	**0.95%**
Non-White	143	1954	**7.32%**
Not Declared	11	293	**3.75%**

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

Quartile Data

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

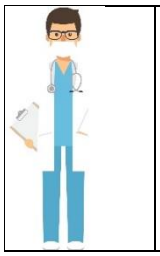
Quartile	White	Non White	Not Declared	White %	Non White %	Not Declared %
1	4,969	164	325	90.77%	3.29%	5.94%
2	4,629	356	466	84.47%	7.03%	8.50%
3	4,529	457	465	82.66%	8.85%	8.49%
4	4,254	642	507	77.60%	13.15%	9.25%

Quartile 1: Lower quartile (lowest paid)

	White 90.77% (4,969)		Non-White 3.29% (164)		Not Declared5.94% (325)

90.77% of the lower quartile are white.

Quartile 2: Lower middle quartile

	White 84.47% (4629)		Non-White 7.03% (356)		Not Declared8 .5% (466)

84.47% of the lower middle quartile are white.

Quartile 3: Upper middle quartile

	White 82.66% (4529)		Non-White 8.85% (485)		Not Declared8 .49% (465)

82.66% of the upper middle quartile are white.

Quartile 4: Upper quartile (highest paid)

	White 77.6% (4254)		Non-White 13.15% (721)		Not Declared 9.25% (507)

77.6% of the upper quartile are white
The highest variances are in the upper quartile.

Lower and Lower Middle Pay Quartiles

	White 87.62% (9598)		Non-White 5.16% (565)		Not Declared 14.44% (791)

Upper Middle and Upper Pay Quartiles

	White 80.13% (8783)		Non-White 11% (1206)		Not Declared 8.87% (972)

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3
Quartile 2 Bands 4-5
Quartile 3 Bands 6-7
Quartile 4 Bands 8a-9

Employee Ethnicity by Pay Band

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

Pay Band	Asian or Asian British	Black or Black British	Chinese	Mixed	White	Other ethnic group	Unknown	Total
Band 2	0.39%	0.08%	0.02%	0.09%	17.53%	0.16%	1.38%	19.66%
Band 3	0.20%	0.10%	0.00%	0.08%	13.56%	0.07%	0.77%	14.79%
Band 4	0.06%	0.03%	0.01%	0.05%	7.55%	0.02%	0.66%	8.37%
Band 5	0.83%	0.60%	0.02%	0.17%	14.51%	0.31%	2.18%	18.62%
Band 6	0.27%	0.13%	0.02%	0.11%	15.24%	0.15%	0.86%	16.78%
Band 7	0.11%	0.06%	0.01%	0.06%	9.15%	0.03%	0.47%	9.90%
Band 8 and above	0.06%	0.01%	0.00%	0.04%	5.17%	0.01%	0.29%	5.59%
Non-Agenda for Change				0.01%	0.16%		0.06%	0.23%
Medical and Dental	1.74%	0.28%	0.03%	0.11%	2.31%	0.29%	1.32%	6.06%

Race Pay Gap by Staff Group

Staff Group	Ethnic Origin Grouping Summary	Mean Hourly Rate	Median Hourly Rate	Total Full Pay Relevant Employees
Add Prof Scientific and Technic	BME	25.20	23.97	38

	Not Known	25.93	25.05	45
	White	25.34	23.34	786
	% Diff White - BME	0.55	-2.71	95
	% Diff White - Not Known	-2.31	-7.31	94
Additional Clinical Services	BME	16.87	17.01	413
	Not Known	15.44	14.85	405
	White	15.15	14.45	4773
	% Diff White - BME	-11.33	-17.67	91
	% Diff White - Not Known	-1.93	-2.78	92
Administrative and Clerical	BME	16.71	13.77	90
	Not Known	18.82	14.25	196
	White	17.19	13.80	3954
	% Diff White - BME	2.84	0.22	98
	% Diff White - Not Known	-9.44	-3.25	95
Allied Health Professionals	BME	28.02	20.46	68
	Not Known	23.77	23.34	52
	White	23.26	23.34	1265
	% Diff White - BME	-20.46	12.34	95
	% Diff White - Not Known	-2.17	0.00	96
Estates and Ancillary	BME	14.29	13.93	65
	Not Known	14.42	13.92	143
	White	14.72	13.90	1522
	% Diff White - BME	2.95	-0.19	96
	% Diff White - Not Known	2.06	-0.09	91
Healthcare Scientists	BME	21.18	19.59	39
	Not Known	27.22	23.34	21
	White	24.82	24.11	281
	% Diff White - BME	14.67	18.74	86
	% Diff White - Not Known	-9.63	3.18	93
Medical and Dental	BME	54.80	56.15	532
	Not Known	53.50	55.79	239
	White	64.11	66.68	490
	% Diff White - BME	14.53	15.79	-9
	% Diff White - Not Known	16.56	16.34	51
Nursing and Midwifery	BME	20.92	20.18	517
	Not Known	21.72	20.23	695
	White	22.84	22.54	5352
	% Diff White - BME	8.44	10.44	90
	% Diff White - Not Known	4.93	10.23	87

As we see in the table above, ESR allows us to generate race pay gap data by staff group, however the results may have illustrative value, but would not be a reliable source of data, as we can see that while our overall average

(mean) hourly rate of pay gap is -48.67%, no average hourly rate of pay gap between white and non-white employees in the above table exceeds -0.46%. Further work will be undertaken to identify what is causing this data issue.

SUMMARY

Non-white employees' mean hourly rate is 48.66% higher than white employees. In other words when comparing mean hourly rates, non-white employees are paid £1.49 for every £1 that white employees get paid.

This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.
The average is calculated over different numbers of employees, we employ 16,371 more white employees than non-white employees therefore this will account for some of the variance.

Non-white employees' median hourly rate is 16.22% higher than white employees'. In other words when comparing median hourly rates, Non-white employees are paid £1.16 for every £1 that white employees get paid.

In terms of pay distribution across the quartiles, non-white staff account for around 7-8% of the middle two quartiles, which roughly correlates with the non-white proportion of all staff (6.6%). This rises to 13.15% of the upper quartile, almost double the proportion of non-white staff in the whole employee population. Non-white staff account for 2.54% of the lower quartile, less than half of the proportion of non-white staff in the employee population as a whole.
This distribution of non-white staff at the two extremes of the pay quartiles explains the current pay gap, as well as the area for focus for improvements, staff development and leadership programmes.

It will be useful to note that the proportion of non-White staff in Quartile 3 has risen from 6.38% in 2023-24 to 8.85% in 2024-25. Additionally, the proportion of non-White staff in Quartile 4 has risen from 11.93% in 2023-24 to 13.15% in 2024-25.

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

DISABILITY PAY

Key Reporting Metrics

Mean Gender Pay Gap in hourly pay

The mean hourly rate is the average hourly wage across the entire organisation, so the mean gender pay gap is a measure of the difference between not disabled ("No") employee's mean hourly wage and disabled ("Yes") employee's mean hourly wage, and the difference between not disabled ("No") employee's mean hourly wage and that of employees in the 'unknown' category.

Median Gender Pay Gap in hourly pay

The median hourly rate is calculated by arranging the hourly pay rates of all self-declared disabled ("Yes"), self-declared not disabled ("No") and 'unknown' employees from highest to lowest and finding the point that is in the middle of each range.

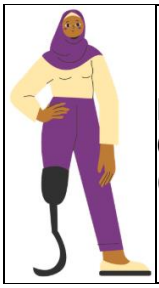
Proportion of employees from each category in each pay quartile

Pay quartiles are calculated by ranking all employees from highest to lowest paid and dividing this into four equal parts or 'quartiles' and working out the percentage of all self-declared disabled ("Yes"), self-declared not disabled ("No") and 'unknown' employees in each of the four parts.
This report does not look at whether there are differences in pay for self-declared disabled ("Yes"), self-declared not disabled ("No") or 'unknown' employees in equivalent post, or Whole Time Equivalent (WTE) at the size of the role. This means that the results will be impacted by differences in the disabled status composition across groups and job grades.

Staff Population by Disability Status

Disability Grouping	**Total Full Pay Relevant Employees**	**% of Total Employees**
No	**17,738**	**80.94%**
Not Declared	1,162	5.30%
Prefer Not To Answer	136	0.62%

Unspecified	1,381	6.30%
Total 'Unknown'	**2,679**	**12.22%**
Yes	**1,498**	**6.84%**
Total Employees	**21,915**	**100%**

	Disabled 6.84% (1,498)		Not Disabled 80.94% (17,738)		Unknown 12.22% (2,679)

The Disability Pay Gap measures the difference in pay between all employees who have identified as having a disability and/or impairment, and those employees who have identified as not having a disability and/or impairment.

We are reporting the Disability Pay Gap against the same measures as those for the Gender Pay Gap. It should be noted that the data analysed as part of the Disability Pay Gap here, employees have been asked to self-identify whether they have a disability and/or impairment, and no objective assessment against the Equality Act definition has been applied to the employee group for the purposes of Disability Pay Gap reporting.

Hourly Pay

Disability Grouping	Mean Hourly Rate	Median Hourly Rate Grouping	Total Full Pay Relevant Employees
No	21.0621	21.6231	17,738
Not Declared	24.4429	25.8152	1,162
Prefer Not To Answer	20.9422	21.1256	136
Unspecified	24.0286	26.1987	1,381
Yes	19.7351	19.7030	1,498
Grand Total			21,915
% Difference No - Yes	6.3002	8.8796	92
% Difference No - Not Declared	-16.0520*	-19.3871	93
% Difference No - Prefer Not To Answer	0.5693	2.3008	99

% Difference No - Unspecified	-14.0849	-21.1609	92

*A negative pay gap indicates that the cohort in question is paid more than the comparison cohort, i.e., in this case, employees who have not declared a disability are paid on average 16.05% more than those who have declared themselves not disabled.
This can be explained by the higher proportion of non-white staff occupying relatively highly paid medical and dental roles when compared to other lower paid roles.

Bonus Pay

Our ESR bonus gap data is unavailable at the time of writing.

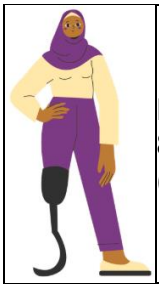
Quartile Data

Proportion of Staff identifying with a disability and/or impairment and staff identifying as not having a disability and/or impairment in each pay quartile. Each quartile represents one quarter of employees working for the Health Board when ordered from lowest to highest paid.

Quartile	No	Not Declared	Prefer Not To Answer	Unspecified	Yes
1	4,457	280	36	262	439
2	4,432	299	36	347	366
3	4,465	220	33	362	399
4	4,384	363	31	410	294

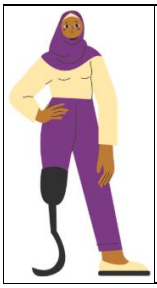
The following summaries combine 'Not declared', 'Prefer not to answer' and 'Unspecified' as 'Unknown' for ease of analysis.

Quartile 1: Lower quartile (lowest paid)

	Disabled 8.02% (439)		Not Disabled 81.42% (4457)		Unknown 10.56% (578)

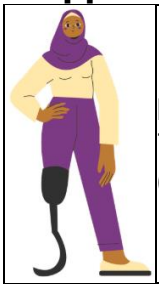
8.02% of the lower quartile are disabled.

Quartile 2: Lower middle quartile

	Disabled 6.68% (366)		Not Disabled 80.88% (4432)		Unknown 12.45% (683)

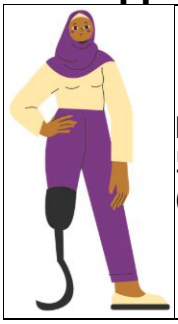
6.68% of the lower middle quartile are disabled.

Quartile 3: Upper middle quartile

	Disabled 7.28% (399)		Not Disabled81.49% (4465)		Unknown 11.22% (615)

7.28% of the upper middle quartile are disabled.

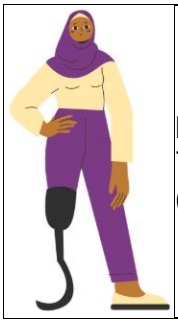
Quartile 4: Upper quartile (highest paid)

	Disabled 5.36% (294)		Not Disabled 79.97% (4384)		Unknown 14.67% (804)

5.36% of the upper quartile are disabled.

The lowest number of employees declaring a disability and/or impairment are in the upper quartile.

Lower and Lower Middle Pay Quartiles

	Disabled 7.35% (805)		Not Disabled 81.15% (8,889)		Unknown 11.51% (1,261)

Upper Middle and Upper Pay Quartiles

	Disabled 6.32% (693)		Not Disabled 80.73% (8,849)		Unknown 12.95% (1,419)

SUMMARY

In assessing the mean hourly rate pay gap, we can see that is a positive pay gap between employees declaring no disability and/or impairment and those declaring a disability and/or impairment in favour of those declaring no disability and/or impairment. This mean hourly rate gap is 6.3%, meaning that on average, for every £1 that a disabled staff member is paid, an able-bodied employee is paid £1.06.

There is a slight pay gap between those declaring themselves as not disable and those employees who selected 'prefer not to answer' of 0.57%.
This year there is an inverse pay gap in favor of people who did not declare, and those whom ESR hold no data of 16.05% and 14.08% respectively.

When we look at median hourly rate grouping, we can see that there is a gap of 8.87% between those declaring no disability and/or impairment and those declaring a disability and/or impairment in favour of those not declaring.

Breaking down the 'unknown' categories, there are significant negative pay gaps of -19.38% and -21.16% between employees declaring no disability and/or impairment and the 'not declared' and 'unspecified' categories respectively (i.e. in favour of the 'not declared' and 'unspecified' categories), yet a positive gap of 2.3% between employees declaring no disability and/or impairment and those stating 'prefer not to answer'.
We can see that there are differences between the pay of disabled and not disabled staff.

We can see that 6.84% of our staff have declared themselves disabled, and that disabled staff are paid 6.3% less that staff declaring themselves not disabled. Those declaring themselves disabled also have the lowest median hourly rate of pay.

In terms of quartiles, the largest cohort of disabled staff is in the lowest pay quartile.

Next Steps

The Health Board has several key documents that identify the important of fair recruitment, staff wellbeing and equity. These include our People Plan, and our current Strategic Equality Plan 2024-2028.

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

We will consider how to positively influence our pay gap results by:

- Continue to raise awareness of shared parental leave and other work-life balance options. Improving attitudes to flexible working and part time working across a wider range of roles.
- Exploring ways to increase recruitment in underrepresented areas such as quartile 1, through widening access schemes, including exploring options for improving recruitment training for managers, i.e., ethnic minority recruitment fairs.
- Leverage and promote leadership and personal development opportunities for global majority and international staff, reflecting that

not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board, such as the Welsh Government Aspiring Leadership Program and Climb Program.

- Build on opportunities within the Foundations of the Future program and other organisational development projects as appropriate to remove barriers to progression and maximise opportunities for development of staff, such as the revised PADR process.
- Continue to explore data across pay bands and all the different roles within the organisation. Recognising the intersectionality of barriers that can impact on career progression.
- Build in to leadership and personal development opportunities the recognition that good leadership potential is not just aligned with academic attainment, reflecting that not all staff have opportunities to attend college and universities but still have the potential to be leaders in the Health Board.
- Identifying those areas where the offer of reverse mentorship would support staff into leadership roles where there is under representation.
- Continuing to promote agile working within the Health Board.
- As part of the review of onboarding, ensuring training such as active bystander training is part of recruitment training for managers.
- Continuing and expanding menopause support for staff, recognising the impact menopause can have on personal development and staff retention.
- Working with external partners on DWP (Department for Work and Pensions) initiatives such as employability schemes, apprenticeships, and mentoring.
- Continue to make active bystander training available for all staff.
- Continuing to promote the international colleagues welcome pack across the organisation with a focus on recruiting managers to help ensure that international recruits settle in to north Wales well.

STATEMENT BY THE HEAD OF EQUALITY AND HUMAN RIGHTS

"In March 2025, the Welsh Government Equality and Social Justice Committee published its report: "Anything's Achievable with the Right Support: tackling the Disability Employment Gap" following an inquiry into the disability employment and pay gaps.

Recommendation 5 from the report states that:

> "The Welsh Government should require devolved public sector bodies, where possible, to make a more substantial contribution to the aim of eliminating the Disability Employment Gap. This should include requiring them to:
> - review their policies and practices to ensure alignment with the forthcoming Disability Action Plan;
> - set a target to become Disability Confident Leaders within a specific timescale;
> - include eliminating the disability employment gap as a formal objective in their well-being plans.
>
> Where possible, this recommendation should be implemented within a specified and realistic timescale which we suggest would be by the end of 2025."

By promptly preparing this initial report, the Health Board demonstrates its commitment to ensuring that we understand where we need to focus our attention in removing barriers for people with long term health conditions. We are proud to have been a Disability Confident Leader organisation since 2020 and are committed to remaining so. This report is an additional and valuable tool in ensuring that we remain impactfully disability confident and make progress in tackling the disability pay gap.

This is the first annual Equality pay gap report that the Health Board has produced, and it should be noted that the reporting functionality in ESR is new and still developing.

As we improve our reporting systems and produce further reports in the future, we are committed to undertaking work to expand these analyses and gain greater insights and understanding into the experiences of disabled staff and to work to address inequalities that we identify through the use of employee data and by engaging with staff by various means, including via the NHS Wales staff survey and discussions with RespectAbility, our staff network for disabled staff, BCUnity, our staff network for ethnic minority and international staff and the BCUHB GEN, our Gender Equality Network.

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

This report will also inform our work to implement the Anti-racist Wales Action Plan, including implementation of and responses to the Wales

Workforce Race Equality Standard. We will also explore opportunities to review our staff turnover rates across pay quartiles and staff groups to further inform this work and provide context.

It is important that we raise awareness of the experiences of Black, Asian and ethnic minority staff in securing development opportunities across NHS Wales through strategic recruitment training currently being delivered and measuring the development of those that attend the training over the next 18 months to understand its effectiveness.

It is widely recognised that historical gender inequality in society has resulted in a much higher proportion of senior medical workforce roles being occupied by men. Despite the majority of the workforce being women, this factor influences our bonus pay gap, and our medical workforce benefit from Clinical Excellence and Commitment Awards, driving our bonus gaps.

We are committed to doing what we can do at health board level to reduce our pay gaps, and to tackling all forms of inequality, including gender inequality at work. Creating a culture of inclusion, fairness, and equity across our workforce is at the heart of our People Strategy and Plan.

With this in mind, we will continue to improve our understanding of the professional experiences of women in our medical workforce to ensure equitable career progression between men and women, inclusive of non-binary colleagues. Our determination to embed our values of compassion, openness and respect into all areas of our workforce systems and service delivery and our commitment to promote and improve sexual safety in healthcare will contribute towards these goals”

<table>
<tr><td>Teitl adroddiad:

Report title:</td><td colspan="4">Corporate Risk Register Report</td></tr>
<tr><td>Adrodd i:

Report to:</td><td colspan="4">People and Culture Committee (P&C)</td></tr>
<tr><td>Dyddiad y Cyfarfod:

Date of Meeting:</td><td colspan="4">Thursday, 16 October 2025</td></tr>
<tr><td>Crynodeb Gweithredol:

Executive Summary:</td><td colspan="4">The Committee is asked to receive assurance of the two updated Corporate Risks and will fall under the remit and oversight of the People and Culture Committee (see appendix 2):

• CRR25-02 ‘Future Demand & Sustainable Workforce’
• CRR25-07 ‘Leadership and Operating Model’

Following two informal Executive Committee Development sessions to review the Corporate Risk Register, held on the 16th July and 20th August, it was decided that the current Corporate Risk Register would benefit from consolidation of the current 26 risks to a more strategic Corporate Risk Register for presentation to the Board and oversight at relevant committees.

The proposed revised, draft Corporate Risk Register will compromise of 11 strategic risks with a selection of the more operational Corporate Risks de-escalated to be managed operationally at Director level.

The Committee is asked to provide any further feedback on the drafts of each Corporate Risk prior to approval by Board.</td></tr>
<tr><td>Argymhellion:

Recommendations:</td><td colspan="4">The Committee is asked to receive assurance for the progression of the corporate risks to which the Committee has overall accountability.</td></tr>
<tr><td>Arweinydd Gweithredol:

Executive Lead:</td><td colspan="4">Pam Wenger, Director of Corporate Governance</td></tr>
<tr><td>Awdur yr Adroddiad:

Report Author:</td><td colspan="4">Nesta Collingridge Head of Risk Management</td></tr>
<tr><td>Pwrpas yr adroddiad:

Purpose of report:</td><td>I’w Nodi
For Noting
☐</td><td colspan="2">I Benderfynu arno
For Decision
☐</td><td>Am sicrwydd
For Assurance
☒</td></tr>
<tr><td>Lefel sicrwydd:

Assurance level:</td><td>Arwyddocaol
Significant
☐
Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

High level of confidence/evidence in delivery of existing mechanisms/objectives</td><td>Derbyniol
Acceptable
☒
Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

General confidence / evidence in delivery of existing mechanisms / objectives</td><td>Rhannol
Partial
☐
Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol

Some confidence / evidence in delivery of existing mechanisms / objectives</td><td>Dim Sicrwydd
No Assurance
☐
Dim hyder/tystiolaeth o ran y ddarpariaeth

No confidence / evidence in delivery</td></tr>
</table>

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):***	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 Health Board has robust arrangements in place to assess, capture and mitigate risks, as failure to do so could have legal implications for the Health Board.
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)***	Links to the BAF detailed in respective CRR reports
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***	Corporate risks descriptions presented informally to the Board during the risk appetite session 27 August 2025. Reviewed on two occasions by Risk Scrutiny Group and Executive Committee Sept and Oct 2025.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	See the individual risks for details of the related links to the Board Assurance Framework.

Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable for this report
Camau Nesaf: ***Next Steps:*** 1. Revised draft Corporate Risks presented to Board for approval. 2. Approved Corporate Risks to be monitored as business as usual by the Risk Scrutiny Group and Executive Committee	
Rhestr o Atodiadau: ***List of Appendices:*** Appendix 1 – Revised Corporate Risk Register Dashboard (People & Culture Committee) – September 2025 Appendix 2 – Revised Corporate Risk Register (People & Culture Committee) – September 2025	

Corporate Risk Register

Corporate Risk Register Report

1.0 Purpose

The purpose of this report is to provide an update to the Committee on the most significant risks to which the committee has overall accountability and oversight of.

Following two informal Executive Committee Development sessions to review the Corporate Risk Register, held on the 16th July and 20th August, it was decided that the current Corporate Risk Register would benefit from consolidation of the current 26 risks to a more strategic Corporate Risk Register for presentation to the Board and oversight at relevant committees.

Two consolidated new Corporate Risks will fall under the remit and oversight of the People and Culture Committee (see appendix 2):

- CRR25-02 'Future Demand & Sustainable Workforce'
- CRR25-07 'Leadership and Operating Model'

The full details of those risks are highlighted in Appendix 2 and include evidence of controls in place, assurances on those controls, additional controls required and actions with due dates.

N.B. References to old risks within the CRR details have been left in this version of the report for full transparency and to support risk authors and will be removed prior to Board and uploading to the external site.

2.0 Key Highlights

All risks have been reviewed and updated by the relevant service, with no proposed changes in risk scoring. Both risks have a current risk score which sits outside the risk tolerance level set within the risk appetite.

2.1 Changes in Score

N/A

2.2 New Risks

The risk(s) added to the Corporate Risk Register since the last update are:

Risk Ref	New Risks	Lead Exec Director	Current Risk Score (and IxL)
CRR25-02	Future Demand & Sustainable Workforce	Executive Director of Workforce	16
CRR25-07	Leadership and Operating Model	Executive Director of Workforce	16

2.3 Overdue/Delayed Actions

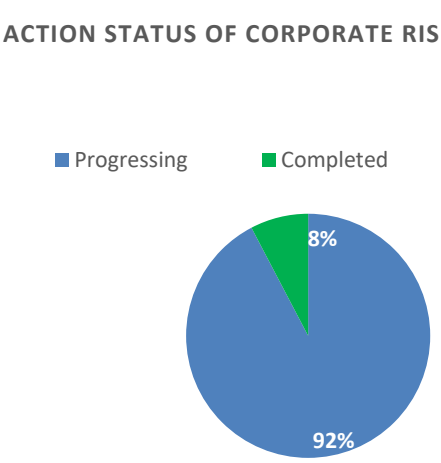
None

1.4 Risks above Health Board 25/26 appetite

All three risks reported to committee score outside the tolerance range set in the appetite.

Risk Ref	Risks	Lead Exec Director	Current Risk Score	Risk Tolerance Range in Appetite Score
CRR25-02	Future Demand & Sustainable Workforce	Executive Director of Workforce	**16**	**Quality <15**
CRR25-07	Leadership and Operating Model	Executive Director of Workforce	**16**	**Quality <15**

1.5 Action Plan status of Corporate Risks



Out of the 2 corporate risks, 13 actions have been developed to mitigate the risks. 1 action has been completed, with 12 actions progressing.

Next steps

1. Submission of Corporate Risks to Board
2. Further scrutiny of all corporate risks by the Risk Scrutiny Group and ongoing monitoring by the Executive Committee as per normal reporting cycle.

Appendix 1 - Corporate Risk Register Dashboard - People & Culture Committee (P&C) – September 2025

Lead	Ref	Risk Title	Current Score (Impact x Likelihood)	Risk Target Score	Appetite Main Risk Type Appetite Level	Lead Board Committee	Action Progression			Risk Management Commentary
							Total	Completed	Delayed or Overdue	
EDoW	CRR24-02	Future Demand & Sustainable Workforce	4x4 16	8	Quality (<15) Above Tolerance	People & Culture Committee	8	1	0	
EDoW	CRR24-07	Leadership and Operating Model	4x4 16	8	Quality (<15) Above Tolerance	People & Culture Committee	6	0	0	

Key:

Executive	
Executive Director of Workforce	EDoW

Appendix 2 – Corporate Risk Register Report - People & Culture Committee (P&C) – September 2025

CRR 25-02	**Risk Title: Future Demand & Sustainable Workforce**		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
	Assuring Committee: People & Culture Committee		**Date Last Committee Review:** New Risk
Date Last Reviewed: 25/08/2025	**Director Lead:** Executive Director of People and Organisational Development	**Link to BAF**:	**Target Risk Date:** 31/03/2026

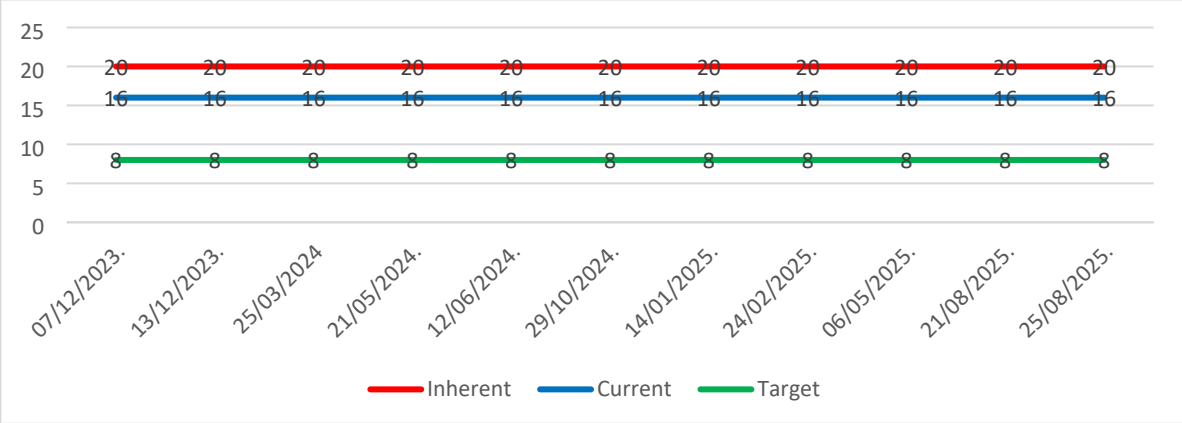
There is a risk that the organisation will not have a sustainable workforce to meet future patient demand.
This may be caused by ongoing recruitment challenges (particularly in specialist roles), limited workforce planning to match future service needs, and increasing operational pressures across teams and departments.
This may lead to staff burnout, reduced morale and retention, and an inability to consistently deliver safe, high-quality care placing additional strain on services and impacting patient outcomes.

Mitigations/Controls in place	Additional Controls required
a) Strategic Recruitment Team supporting senior leadership, medical and dental consultant posts (CRR24-01, Deputy DoPOD). b) Local IHC resourcing teams delivering recruitment activity against divisional priorities (CRR24-01). c) Recruiting Well / Joining Well programmes and recruitment campaigns (CRR24-01). d) Nurse Retention Lead and retention plan (CRR24-01). e) All-Wales Flexible Working policy implemented (CRR24-01). f) Speak Out Safely MDT and Work in Confidence platform in place for staff concerns (CRR24-01). g) Workforce reviews underway in challenged specialties (ophthalmology, vascular, orthodontics, ND, diagnostics) (cross-theme from CRR24-21, 23, 22, 27, 13).	a) Limited integrated workforce planning across the system (CRR24-01). b) Medical and Dental workforce engagement and management not fully effective (CRR24-01). c) Fragile workforce pipelines in specialist services (ophthalmology, vascular, orthodontics, ND, diagnostics) (cross-theme). d) Retention measures not yet delivering consistent impact (CRR24-01). e) Absence and sickness management requires stronger controls (linked to new Absence risk created Feb 2025, CRR24-01.

Actions	Action Owner	Due Date	Progression Analysis
Reintroduce Medical Staffing function within People Services (CRR24-01) The first stage of this is to recruit a new Band 7 Medical Staffing Policy and Practice specialist who will support key workstreams through the Value & Sustainability program	Steven Gregg-Rowbury, Workforce & Organisational Development	30/06/2025	Completed

and Medical Workforce Group. The individual starts in BCU on 1st October 2025. Any further implementation of a medical staffing resource will be dependent on the Foundations for the Future Program			
Deliver "Recruiting Well, Joining Well, Leaving Well" programme across staff journey (CRR24-01) Due to resource being allocated to the Foundations for the Future programme, the remaining workstreams within this action will continue to be worked on but the expected completion is delayed until later in 2025 a. The leaving well booklet b. Improving shortlisting timescales c. Advertising well in recruitment	Steven Gregg-Rowbury, Workforce & Organisational Development	31/03/2026	Progressing
Targeted management of sickness absence, linked to new Absence risk (CRR24-01) The Healthy Workforce group is in place and is overseeing the action plan to target reducing sickness absence rates, in line with the Welsh Government requirements by March 2026	Steven Gregg-Rowbury, Workforce & Organisational Development	31/03/2026	Progressing
Workforce modelling and specialty service plans for Ophthalmology, Vascular, ND and Orthodontics (CRR24-21, 23, 27, 22) Workforce planning templates have been issued out to services and engagement is underway to support the completion. Vascular services are so far further along with this, having held an away day on 3rd September. There are challenges in service leads having time/capacity to work on their workforce plans	Nick Graham, Workforce & Organisational Development	31/03/2026	Progressing
Develop Vascular workforce strategy and Phase 2 Business Case (CRR24-23)	Jo Flannery, Vascular Services	31/03/2026	Progressing
Recruitment and workforce model development for Orthodontics Academy model (CRR24-22; ongoing 2025, COO)	Chief Operating Officer	Ongoing	Progressing

ND workforce business case approval via Executive Team. Business case submitted to the Executive Team, decision on the case deferred pending a broader review of funding priorities	Fiona Wright, C&YP	31/12/2025	Progressing
Establish revised Radiology workforce model (CRR24-13) Updated operational Diagnostic risk to be presented at divisional meeting to discuss on the 10/10/2025.	David Fletcher, Diagnostics	20/10/2025	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Quality <15		Not in Tolerance

Position & Intended Outcome for Risk

KPIs to that inform our risk in this area as at April 2025;

Overall Vacancy rate of 8.8%, risen from 8.2% since the last report. All staff groups have seen slight increases since last month. Although, the overall trend for Nursing are showing a positive downturn in vacancy rates compared to this time last year with effective international recruitment campaigns contributing.

Turnover remained the same for March 25 compared to last month, maintaining a steady downward trend, currently our lowest score since January 2022, at 7.9% and down 0.6% in the last 12 months. Additional clinical services, AHPs and Healthcare scientists reporting increased turnover in the last 12 months. This is mirrored

	by a steady improvement in staff retention over the previous 12 months. Rolling sickness absence spiked in December 2024 and has reduced in the last three consecutive months to 5.6%. Stress, anxiety and depression continues as the highest reported reason despite also showing a reduction in time lost. KPIs to monitor how well our people are being treated; There has been a decline in the number of emergency salary payments in the past 12 months. Furthermore, E-rosters approved within policy timescales has improved in the last we months but work still needs to be done to meet the 80% KPI.

CRR25-07	**Risk Title: Leadership and Operating Model**		**Date Opened:** 21/08/2025 *(version 2 refined from 2023)*
	Assuring Committee: People & Culture Committee		**Date Last Committee Review:** New Risk
Date Last Reviewed: 25/08/2025	**Director Lead:** Executive Director of People and Organisational Development	**Link to BAF**:	**Target Risk Date:** 31/03/2026

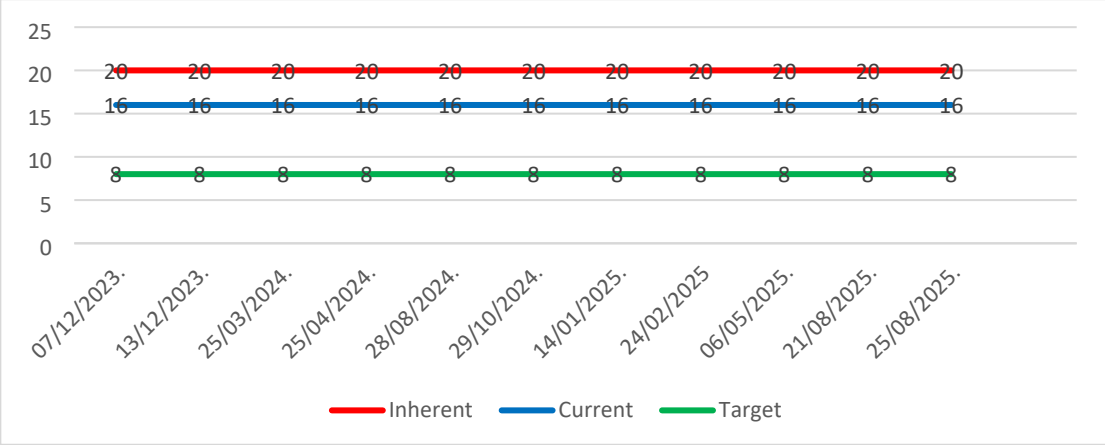
There is a risk that patients may experience delays, reduced quality of care, or fragmented services if the organisation does not have an operational model to deliver its strategic objectives
This may be caused by fragile management structures, workforce shortages, leadership capabilities and competence and rising demand in high-need areas.
This may lead to diminished organisational resilience, reduced capability to deliver foundations for the future, low staff morale, and risks to safe, high-quality care.

Mitigations/Controls in place	Additional Controls required
a) Strategic Recruitment team for senior leadership, medical and dental consultant posts (from CRR24-01, Deputy DoPOD) b) Local IHC resourcing teams driving recruitment priorities (from CRR24-01) c) Recruiting Well and Joining Well programmes (from CRR24-01) d) Nurse Retention Lead and retention plan in place (from CRR24-01) e) All-Wales Flexible Working policy implemented (from CRR24-01) f) Speak Out Safely MDT and Work in Confidence platform for staff to raise concerns (from CRR24-01) g) Organisational Culture Change Plan and Behaviours Framework approved by Board (from CRR24-16) h) Integrated Leadership Development Framework (ILDF) with measurement metrics (from CRR24-16) i) Leadership conferences, networking and masterclasses held (3 so far, >750 attendees) (from CRR24-16) j) Compassionate leadership pledge signed (from CRR24-16)	a) Need for further embedding of workforce planning function (from CRR24-01) b) Leadership development pathways not fully integrated (from CRR24-16) c) Engagement and operational effectiveness with Medical and Dental workforce inconsistent (from CRR24-01) d) Absence management requires stronger controls (from CRR24-01) e) Compassionate leadership adoption requires measurable indicators across organisation (from CRR24-16)

Actions	Action Owner	Due Date	Progression Analysis
Implement Employee Engagement Plan with suite of indicators (from CRR24-01)	Katie Sargent - Corporate Office	31/03/2026	Progressing

The actions underway listed below are part of the 2025-26 plan for culture and engagement. The 2025 staff survey result will be used to assess the impact these actions have had. It is expected the result will be available in early 2026. • Embedded new engagement listening approach including staff stories being shared at People and Culture Committee, Local Partnership Forum and more widely to support organisational understanding and learning • Refreshed reward and recognition activity to introduce monthly recognition awards 'Seren Betsi' with Executive involvement, improved annual staff achievement awards event (26.9.25) and currently reviewing approach to the celebration of long serving colleagues while holding ceremonies for those who have reached 25 years service in October 2025 • Involved local teams and introduced new local responsibility for actions in response to the 2024 NHS Wales Staff Survey to prepare the ground for the 2025 survey (goes live 6.10.25) • As of August 2025, two members of staff joined the team, bringing additional capacity to proceed with work to further develop and deliver employee engagement and experience-related improvements which will include mechanisms for both improving engagement and measuring engagement such as Pulse surveys			
Further embed ILDF and measure effectiveness (from CRR24-16) HEIW will release a Management Competency Framework due to be launched September 25. This will be used to inform the mid-level management ILDF leadership courses / resources design.	Rebecca Testa Workforce & Organisational Development	31/03/2026	Progressing
Roll out Compassionate Leadership resources and embed into development programmes (from CRR24-16)	Director of People and Organisational Development	Ongoing	Progressing
Deliver Culture Change Plan with Comms and Engagement rollout (from CRR24-16) The synthesis report has been submitted to the Executive Committee (EC) and pulls together the findings from the Discovery phase of the Culture & Leadership Programme and staff feedback from other sources including the NHS Wales Staff Survey 2024 and the Foundations for the Future programme engagement work. This report includes a series of proposals for the	Nia Thomas Workforce & Organisational Development	31/12/2025	Progressing

EC to agree that will form the work program to improve culture and leadership in the organisation,			
Quarterly Culture, Leadership & Engagement Plans finalised and monitored (from CRR24-16)	Nia Thomas Workforce & Organisational Development	Ongoing	Progressing



	Impact	Likelihood	Score
Inherent Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk Score	4	2	8
Risk Appetite	Quality <15		Not in Tolerance

Position & Intended Outcome for Risk

KPIs to that inform our risk in this area as at April 2025;
Staff retention is 90.6% In April 2025 compared to 90.2% last year.
PADR compliance showed improvement increasing to 9.6%

The number of Grievance cases has dropped in the previous three months to 3, from a spike of 17 in July 2024.

The percentage of stress & anxiety absences remains high at 1.6% although has dropped 0.2% since January. Avoidable turnover has dropped from 5.9% to 4.5% compared to January 2023.

Speak out safely cases have dropped from 9 to 6 since the last report in January 2025

Teitl adroddiad: ***Report title:***	**CORPORATE GOVERNANCE REPORT**			
Adrodd i: ***Report to:***	People and Culture Committee			
Dyddiad y Cyfarfod: ***Date of Meeting:***	Thursday, 16 October 2025			
Crynodeb Gweithredol: ***Executive Summary:***	The objective of this report is to provide the Committee with an update on key Corporate Governance matters and to provide an update to the Committee on a range of corporate governance matters as well as assurance.			
Argymhellion: ***Recommendations:***	Members are asked to: • **NOTE** the Summary of business considered in private session to be reported in public • **NOTE** the Forward Workplan			
Arweinydd Gweithredol: ***Executive Lead:***	Pam Wenger – Director of Corporate Governance			
Awdur yr Adroddiad: ***Report Authors:***	Philippa Peake-Jones – Head of Corporate Governance			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☒	Am sicrwydd *For Assurance* ☐	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☐ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☒ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*

		existing mechanisms / objectives	*existing mechanisms / objectives*	

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):***	This work links to all strategic objectives of the Health Board as Corporate Governance is a key enabler for them.
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The Health Board is required to act according to its Standing Orders. This report contains information to allow the Health Board to conform to this. It is essential that the Board has robust arrangements in place for Corporate Governance and failure to do so could have legal implications for the Health Board.
Yn unol â WP7, a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal? ***In accordance with WP7 has an EqlA been identified as necessary and undertaken?***	This is 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 been undertaken?***	This is 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)***	
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	The effective management of Governance 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 and less waste

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	Failure to have effective Corporate Governance can impact adversely on the workforce.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	Not applicable
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	BAF24-01 Building an Effective and Accountable Organisation CRR-16 – Leadership/Special Measures
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Not applicable
Next Steps: • To continue to improve and report on Corporate Governance	
List of Appendices: **Appendix 1** The People and Culture Committee Forward Work Plan	

CORPORATE GOVERNANCE REPORT

1. INTRODUCTION

The purpose of this report is to provide the Committee with an update on key corporate governance matters.

2. SUMMARY OF BUSINESS CONSIDERED IN PRIVATE

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.

The below items were considered in private at the meeting held on 14 August 2025:

- High Risk Employment Issues and Employee Relations (Senior Managers) Quarterly Professional Standards Report
- Trade Union Partnership Arrangements
- AAC Panel Consultant Appointments

3. COMMITTEE FORWARD WORK PLAN

The Forward Work Plan sets out the Committee's priorities and scheduled business outside of the normal Cycle of Business, helping ensure a structured, timely, and transparent approach to decision-making and oversight. It collates suggested referral items from other Committees and the Board.

4. RECOMMENDATIONS

Members are asked to:

- **NOTE** the matters considered in Private at the 14 August 2025 meeting.
- **NOTE** The Committee Forward Work Plan

People & Culture Committee – Non-Routine Committee Business Workplan

(1 April 2024 – 31 March 2025)

This forward plan is only to be used for one-off Adhoc items that do not require inclusion as routine business on the Annual Committee Cycle of Business.

Date of Request	Origin of Request	Requestor	Item Summary / Title	Nature of Request	Lead Officer	Executive Lead	Intended Meeting Date	Status
20.01.25	Suggestion from Pam via email 20.01.25	Pam Wenger	Final Internal Audit Report on Consultant Job Planning Sree gave a presentation at the August meeting and an update on the Consultant Job Planning Report is going to the Dec meeting	This is going to Feb meeting for info and Pam suggested a substantive update to the June meeting.	Nick Graham Clara Day	Pam Wenger Jason Brannan	04.12.25	Clara Day to have time to develop a report for the Dec meeting
23.01.25	Strategic Workforce Plan – CAMHS Request from Gareth Williams after the CAMHS Strategy Improvement & Development Group	Gareth Williams via P&C Committee	Approved establishment posts vacant Paper and presentation received from Louise Bell	Posts being advertised and having few or no applicants (MHLD, CAMHS and elsewhere) – presentation from CAMHS Strategy Improvement & Development Group	Louise Bell Steve Riley Nick Graham	Jason Brannan	TBC	This item is being discussed further with Tehmeena
27.03.25	Action from Board 25/54.1	Health Board	Equality Annual Report	People and Culture Committee to discuss the equality agenda in further detail and report back to the Board.	Georgina Roberts	Jason Brannan	TBC	This item is being discussed with Georgina Roberts and Dyfed Jones
27.03.25	Action from Board 25/56.1	Health Board	Request from Chair's Assurance Report from QSE Committee	People and Culture Committee to review the All-Wales Anti Sexual Harassment policy.	Georgina Roberts	Jason Brannan	TBC	This item is being discussed with Georgina Roberts and Dyfed Jones
18.11.24	Action from Nov Board 24/204	Health Board	Recruitment & Development of Young People Potential for Development Session	Arrange for P&C Committee forward workplan to include Recruitment and Development of local young people in North Wales to meet the future needs of different service areas across BCUHB.	Georgina Roberts	Jason Brannan	TBC	This item is being discussed with Georgina Roberts and Dyfed Jones
27.01.25	Suggestion from Dyfed Edwards	Dyfed Edwards via email 27.01.25	Workforce Data Feed into People Ops Report	Review detail of Workforce data and recruitment and discuss (as per Nick G and Dyfed E discussion)	Nick Graham	Jason Brannan	14.08.25	**CLOSED** Checked with NG, this is covered in the People Ops report
14.01.25	Action PC24/100.1 from P&C Committee on 19.12.24 See email from GQ 08.07.25 to move this forward to Oct meeting	P&C Committee	On-Call Arrangements - Final Internal Audit Report See email from Andrea Orme 03.04.25 and copy Andrea into call for papers	Agreed at Dec meeting that this comes back to the Committee with a more comprehensive update and response plan. Suggested at agenda setting that this includes EPRR and On-Call. Andrea confirmed this is joint work with Sharon Scott.	Nick Graham Angela Wood Andrea Orme	Jason Brannan	16.10.25	**CLOSED** Went to Comm 1610.25 for discussion
20.03.25	Suggestion from Georgina Roberts at agenda setting	Email from Gill Querci 20.03.25	Social Partnership and Public Procurement Act Russ Caldicott suggested this is put forward for the August meeting.	Verbal update with a full paper to be received at the June meeting.	Kay Hannigan	Georgina Roberts Jason Brannan	14.08.25	**CLOSED** Went to Comm 14.08.25

27.03.25	Action from Board 25/60.2	Board	Staff Absence and Stress	People and Culture Committee to do a deep dive into the link between absence and stress for staff to determine whether the Health Board could do more to help staff in this area.	Jason Brannan	Pam Wenger Dyfed Jones	TBC	**CLOSED** A deep dive into sickness went to Comm 14.08.25
07.11.24	Discussion at P&C agenda setting meeting and Action from Board 24/203	Committee / Health Board	Welsh Language	Focus for April meeting - Strategic approach – position paper on compliance focussing on the three IHCs. Possible focus for August meeting - P&C to facilitate discussion on how the organisation could widen opportunities to increase and incorporate the use of Welsh language. How are BCU developing services to meet language needs / how to provide SALT and other services in Welsh / Welsh language in Healthcare	Teresa Owen	Teresa Owen	16.10.25	**CLOSED** This align to item 3 on the CoB
10.04.25 18.11.24	Action from P&C Committee 10.04.25 Action from QSE Committee 24.10.24 – QSE24/120 (see email from PPJ 30.10.24)	P&C Committee QSE Committee	Strategic H&S Report H&S Update / Progress Report (to include Manual Handling Training) Discussed with PW & DJ 03.03.25 – focus to be an update on H&S Plans and outcome from HSE Prosecution from Stuart Keen	Strategic Paper on H&S that addresses the key issues, risks and actions. Refer the monitoring of Manual Handling Training to the P&C Committee.	Lynne Bushell David Maslen-Jones	Stuart Keen	14.08.25	**CLOSED** This links to item 1C on the CoB
07.11.24	Discussion at P&C agenda setting meeting	Committee	Partnership Arrangements (Private Session)	Health of Partnership Arrangements with Joint LNC and Trade Unions inc Job Planning policy	Jason Brannan	Jason Brannan	14.08.25	**CLOSED** CS to provide regular verbal update
18.02.25	Action from PPHP Committee 18.02.25 PP25/05.1	PPHP Committee	Volunteering Strategy	Discuss what is required at P&C Committee in terms of the Volunteering Strategy.	Angela Wood	Pam Wenger	12.06.25	**CLOSED** Align to item 3 on CoB
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Fair Working **See email from Pam 03.04.25 to confirm assurance on the progress against Fair Work will go to the June meeting	Present the Fair Work Element of the well-being objectives to the P&C Committee. (The review of well being objectives is going to PPHP in May)	Paolo Tardivel	Jason Brannan	12.06.25	**CLOSED** Went to Comm 12.06.25
11.09.24	Request from Pam Wenger (see email from Pam W 11.09.24)	Pam Wenger	Medical Education Update This may form part of P&C Development Session - TBC	Following Pam's discussion with Emma Woolley it was agreed to add these items to the forward plan.	Emma Woolley	Pam Wenger	12.06.25	**CLOSED** Align to item 5 on CoB
19.12.24	Action from P&C Committee 19.12.24 – PC24/93.3	P&C Committee	WRES Report	Share the WRES Report with the Board and take back to the Committee to monitor progress and provide assurance.	Ceri Harris	Jason Brannan	10.04.25	**CLOSED** Went to Comm 10.04.25Include the WRES Report on the CoB
19.12.24	Action from P&C Committee 19.12.24 – PC24/96.2	P&C Committee	Staff Survey	Bring the Staff Survey including the results to a future Committee linking into Staff Engagement.	Katie Sargent	Jason Brannan	10.04.25	**CLOSED** Went to Comm 10.04.25
16.12.24	Action from P&C Committee PC24/73.1 and email from GQ	P&C Committee	Audit Wales Workforce Planning Report	An update on the Q4 actions from the Audit Wales Workforce Planning	Nick Graham	Jason Brannan	10.04.25	**CLOSED**

14.01.25	Also suggestion from Pam and confirmation from Nick G			Review will be presented to the Committee in April 25.				Went to Comm 10.04.25
07.11.24	Discussion at P&C agenda setting meeting – Action from Dec meeting PC24/97.1 Email from Nia T 17.03.25	Committee	Values and Behaviours (Nia Thomas confirmed that the V&B Deployment Plan is now in place and updates on the plan will be provided as part of the CLE update report)	Provide assurance to a future Committee on the progress of implementation of the Values & Behaviours delivery plan (A paper highlighting next steps)	Nia Thomas	Jason Brannan	April / June 2025	**CLOSED** See note from Nia Thomas
21.11.24	Email from PPJ / Pam / Gill Q (see email from PPJ 21.11.24)	Ceri Harris	Equality Annual Report (may also include Gender Pay report)	Included in one equality item: Presentation on key messages / update (if final report not available)	Ceri Harris	Jason Brannan	13.02.25	**CLOSED** Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	CEO	Strategic Equalities Plan	Included in one equality item: Focus on how this links to the biggest challenges, be clear on specific issues for focus (and so what?), how to position this for the Committee and include the new legislation.	Ceri Harris	Jason Brannan	13.02.25	**CLOSED** Went to Comm 13.02.25
07.11.24	Discussion at P&C agenda setting meeting	Committee	Workforce Commissioning Numbers	This will be covered under the Education Training Plan item. Links to Medical Education	Jason Brannan	Jason Brannan	13.02.25	**CLOSED** Went to Comm 13.02.25
18.11.24	Action from Board 24/199	Health Board	Staff Turnover – this is included on the People Operations Report	Jason checking whether staff turnover is already included in the People Operations Report - Arrange for P&C Committee forward workplan to include Staff Turnover report.	Georgina Roberts	Jason Brannan	13.02.25	**CLOSED** Went to Comm 13.02.25
15.12.24	Email from Gill Querci 15.12.24	Gill Querci	Education Training Plan	Initial draft of the Education Training Plan to go to Committee for noting.	Nick Graham	Jason Brannan	13.02.25	**CLOSED** Went to Comm 13.02.25
09.10.24	Email from Pam Wenger 09.10.24	Pam Wenger	Worker Protection	Worker Protection (Amendment of Equality Act 2010) Act 2023 Covered in Equality Report to Dec meeting	Pam Wenger	Pam Wenger	19.12.24	**CLOSED** Went to Comm 19.12.24
10.10.24	Discussion at P&C Committee on 10.10.24	P&C Committee	Sexual Harassment	An overview of the risks and mitigating factors linked to the new duty in relation to sexual harassment.	Ceri Harris	Jason Brannan	13.02.25	**CLOSED** Went to Comm 19.12.24
13.06.24	Request from Audit Committee & PC24/29.1 Action from June P&C Committee	Phil Meakin	Internal Audit Report – On-Call Arrangements	Original request from Audit Committee for report to be considered by P&C Committee	Andrea Orme discussing with Angela Wood	Jason Brannan	19.12.24	**CLOSED** Went to Comm 19.12.24
12.09.24	Speaking Up Safely / Whistle Blowing Arrangements	Audit Committee	Review of Speaking Up Safely / Whistle Blowing Arrangements focussing on themes, hot spots and actions	Item went to Audit Committee on 12.09.24 and AC suggested this is presented to P&C Committee	Jason Brannan	Jason Brannan	19.12.24	**CLOSED** Went to Comm 19.12.24
06.08.24	Discussion with LJ and PPJ	Philippa Peake-Jones	P&C Committee.1 ToR	Amendments to P&C Committee ToR from RemCom	Pam Wenger	Pam Wenger	10.10.24	**CLOSED** Went to Comm 10.10.24
22.07.24	Request from Gill Querci / Jason Brannan via email	Jason Brannan	DPA (Dental Practice Adviser) Salary	To be discuss in Private session	Maxine Wright	Jason Brannan	10.10.24	**CLOSED** Verbal update at Oct meeting
08.08.24	PC24/54 Committee Forward Workplan	Carol Shillabeer / Dyfed Jones	Additional items for future Committee meetings	Assessment of Special Measures Welsh Language Equality Health & Safety	Philippa Peake-Jones	Relevant Executive Directors	10.10.24	**CLOSED** For discussion at Development

								Session 19.11.24
11.04.24	PC24/12.3 Action from April P&C Committee	Jason Brannan	Progress of the Audit Wales Report - Review of Workforce Planning Arrangement	Factor in a mid-year / end of year assurance report on progress against the recommendations for assurance up to the Board to ensure Audit Wales are sighted on progress	Jason Brannan	Jason Brannan	10.10.24	**CLOSED** Went to Comm 10.10.24 with a focus on Q2
25.06.24	Email on the Latest Bevan Commission Report – The Values and Value of the Third Sector (see email from Gill Q 22.07.24)	Pam Wenger / Jason Brannan / Kirsty Thomson	Staff Wellbeing Grant Scheme	Update to the Committee – Kirsty Thomson pulling together a paper to share with Angela, Helen & Jason – Philippa discussing with Pam	Kirsty Thomson	Jason Brannan	10.10.24	**CLOSED** Went to Comm 10.10.24
13.06.24	PC24/38.2 Action from June P&C Committee (Private)	P&C Committee	Health & Safety Annual Report	Item pulled from Aug P&C and went straight to Board in Sept Item went to June meeting (private) needs to go to Aug meeting (public) before Board in Sept	Jason Brannan	Jason Brannan	08.08.24	**CLOSED** Pulled from Aug agenda, went to Board in Sept
07.05.24	Via Carol Shillabeer	Georgina Roberts	Discussion on Staff Recognition	Verbal update	Jason Brannan	Carol Shillabeer	08.08.24	**CLOSED** Went to Comm 08.08.24
02.05.24	Action from RemCom	Philippa Peake-Jones	Report on BCU being a Living Wage Employer and details of BCUs Apprenticeship Scheme	To close down action transferred from RemCom	Jason Brannan	Jason Brannan	08.08.24	**CLOSED** Went to Comm 08.08.24
18.06.24	Gill Querci email / HEIW	Jason Brannan	Compassionate Leadership Pledge	Going to ET 03.07.24 and then to Sept Board via Chairs Assurance Report	Jason Brannan	Jason Brannan	08.08.24	**CLOSED** Went to Comm 08.08.24
18.06.24	Gill Querci email	Jason Brannan	'Time to Shortlist' Improvement Project	Request from Jason Brannan – links to discussion at June P&C	Jason Brannan	Jason Brannan	08.08.24	**CLOSED** Went to Comm 08.08.24