

## **Bundle Local Partnership Forum 5 February 2025**

- 1 PRELIMINARY MATTERS
  - 1.1 L25/01 Declarations of Interest  
*Chair*
  - 1.2 14:00 - L25/02 Unconfirmed Minutes of Meeting Held on 10.09.24  
*Chair*
    - L25 02.1 DRAFT Minutes LPF 10.9.24 v0.02 amended by CS
  - 1.3 14:05 - L25/03 Matters Arising and Action Log  
*Chair*
    - L25 03.1 LPF Action Log
- 2 LEAD ITEMS
  - 2.1 14:10 - L25/04 Staff Stories - Impact of inconsistent application of Workforce policies on staff - fixed term contracts  
*Katie Sargent, Associate Director - Employee Engagement*
    - L25 04.1 Staff Story Coversheet
    - L25 04.2 Staff Story
  - 2.2 14:25 - L25/05 Items from Trade Union Partners / Escalations  
*'Corridor care/ Escalation of these incidences and is the Health Board Auditing these incidences'. Response to be provided by Executive Director of Nursing & Midwifery*
  - 2.3 14:55 - L25/06 Annual Planning Cycle - Workshop  
*Paolo Tardivel, Director of Transformation and Improvement*
    - L25 06.1 Annual Planning Cycle - Three Year Plan LPF Slides
  - 2.4 15:25 - L25/07 Foundations for the Future - Verbal Update  
*Carol Shillabeer, Chief Executive Officer*
  - 2.5 15:45 - L25/08 Review Cycle of Business and Terms of Reference  
*Llinos Roberts, Executive Business Manager*  
*PAPERS TO FOLLOW*
  - 2.6 16:00 - L25/09 CEO Briefing - Organisation Progress and Special Measures - Verbal Update  
*Carol Shillabeer, Chief Executive Officer*
- 3 ROUTINE REPORTING
  - 3.1 16:15 - L25/10 Workforce and Organisational Directorate Overview Report  
*Georgina Roberts, Associate Director, People Services (West)*  
*To include:*
    - Employee Relations Report*
    - Workforce Policies Group Report*
    - Workforce Partnership Group Report*
    - Workforce engagement Update*
    - Job Evaluation Programme Report*
    - Speak out Safely*
    - Health & Wellbeing*
    - Equality and Human Rights Update*
    - L25 10.1 Workforce and OD Overview Report
    - L25 10.2 Workforce and OD Overview Report - App 1
  - 3.2 16:45 - L25/11 Month 9 Finance Report  
*Interim Executive Director of Finance*
    - L25 11.1 Finance Report Coversheet
    - L25 11.2 M09 2024 25 Finance Report
- 4 FOR INFORMATION
  - 4.1 L25/12 Chief Executive's Verbal Update

- 4.2 L25/13 Welsh Partnership Forum Minutes
  - L25 13.1 Welsh Partnership Forum Minutes July 2024
- 4.3 L25/14 Minutes of the People and Culture Committee Meeting held 10th October 2024
  - L25 14.1 Minutes from P&C Committee 10.10.24 V1.00 Confirmed (Public)
- 5 CLOSING BUSINESS
- 5.1 16:55 - L25/16 Review of Meeting Effectiveness  
*Chair*
- 5.2 L25/17 Date of Next Meeting  
*1.00pm, Tuesday, 6th May 2025*  
*Future meetings: 5.8.25, 4.11.25 & 3.2.26*



### Local Partnership Forum

## Minutes of the meeting held on 10<sup>th</sup> September 2024 At Brenig Room, Conwy Business Park, Conwy.

<b>Present</b>	<b>Role / representing Trade Union</b>
Carol Shillabeer (SC)	Chief Executive / Joint LPF Chair (Chairing)
Richard Tanswell (RT)	UNISON (Teams)
Stuart Whittaker (SW)	Unite
Martin Piggott (MP)	Unite
Michelle Parsonage (MP)	Unite
Jackie Hughes (JH)	Society of Radiographers
William Nichols (WN)	Independent Member, RCN Steward,
Georgina Roberts (GR)	Associate Director for Workforce – West (Teams) deputising for Jason Brannan
Helen Roberts (HR)	Governance & Compliance Manager (Teams)
Helen Stevens-Jones (HS-J)	Director Of Partnerships, Communications And Engagement
Debbie Payne (DP)	British Dietetics Association
Russell Caldicott (RC)	Interim Executive Director of Finance (Teams)
Stacey Roberts (SR)	Unison Branch Officer (Teams)
<b>In Attendance</b>	
Rebecca Testa (RT)	Head of Organisational Development (Teams)
Michelle Greene (MG)	Integrated Health Community Director (East) (Teams)
Paolo Tardivel (PT)	Director of Transformation and Improvement
Rachel Wright (RW)	Lead Patient Experience And Carers Service
Nia Jones (NJ)	Deputising for IHC Director West (Teams)
Sam Watson (SW)	Improvement And Business Manager, Office Of The Exec Nurse Director (Teams)
Eleri Roberts (ER)	Deputising for Ffion Johnstone, IHC Director, West
Stephen Doore (SD)	Equalities and Inclusion Manager (Teams)
David Maslen-Jones (DMJ)	Asst.Dir. Occupational Health, Safety And Security (Teams)
Fiona Lewis (FL)	Corporate Business Officer
Nia Thomas (NT)	Head Of Organisational Development

<b>PRELIMINARY MATTERS</b>	<b>Action by</b>
<p><b>L24/14 Welcome and apologies</b></p> <p><b>L24/14.1</b> The Chair warmly welcomed everyone to the meeting.</p> <p><b>L24/14.2</b> Apologies were received from Jan Tomlinson, Jason Brannan (Georgina Roberts to deputise), Dyfed Edwards, Angela Wood (Sam Watson to deputise), Imran Devji, Ffion Johnstone (Eleri Roberts to deputise), Ian Donnelly, Toni Wood, Ceri Harris, Teresa Owen, Alison Tardivel, Andrea Hughes, Denise Roberts, Jane Moore,</p>	

<p>Kay Hannigan, Susan Williams, Catherine Jones, David Barber, Nick Such, Gareth Evans, Alison Kemp, Geoffrey Armstrong and Peter McLaughlin.</p>	
<p><b>L24/15 Minutes of the previous meeting held on 26.02.24.</b></p> <p><b>L24/15.1</b> The minutes were approved as an accurate record of the meeting.</p> <p><b>L24/15.2</b> Chair noted she was keen to talk with Jan Tomlinson regarding the Forum's effectiveness, its Terms of Reference and Cycle of Business</p>	<p><b>CS / JT</b></p>
<p><b>L24/16 Summary Action Plan Update</b></p> <p><b>L24/16.1</b> It was noted that work was required to close some older actions and if required, put them onto the Forward Work Plan. Georgina Roberts, Jan Tomlinson and Billy Nichols to liaise outside of meeting.</p> <p><b>L24/16.2</b> All updates added to the Summary action Plan</p>	<p><b>GR / JT / WN</b></p>
<p><b>L24/17 A Patient's Story</b></p> <p><b>L24/17.1</b> Rachel Wright, Lead Patient Experience and Carers Service, shared a Patient Story. This was the story of Robyn, who had contacted the Patient Liaison Service, to share her experience when accessing the Trans Voice Service offered by the Health Board. Her journey started back in 2019 and Robyn described her difficult first two years, whilst she waited to access the Welsh Gender Service, but then noted positive comments once she started to access the service.</p> <p><b>L24/17.2</b> The key messages from Robyn's experience were that since accessing the service, she had improved positivity and confidence and secondly, that there were many ways to access support through the service.</p> <p><b>L24/17.2</b> It was noted that a specialist Speech and Language Team had been set up in 2023 to support the Trans and Gender Diverse Service. This is available pan-BCU, three days per week, equating to one day a week for each Integrated Health Community.</p> <p><b>L24/17.3</b> It was noted that whilst patients wait to be seen, they are provided with numerous resources, such as patient information leaflets, a vocal hygiene webinar, baseline measurements, goal settings and also that they are also placed on a therapy waiting list. Therapy is offered on a 1:1 basis, as well as by group sessions.</p> <p><b>L24/17.4</b> RW reported that outcome measures for the service had been very positive, with reduced waiting times and increased clinical times for patients, that access to virtual clinics linked into the Corporate priority and that the Communications teams were doing a great deal of work on social media encouraging feedback.</p> <p>The Patient's Story was <b>noted</b>.</p> <p><i>[Rachel Wright left the meeting]</i></p>	

<p><b>L24/17.5</b> The Chair offered to share her Chief Executive Reports from the Board and with Jan Tomlinson’s agreement ensure they are appended to future agendas for information and assurance.</p> <p><b>L24/17.6</b> The Chair noted that within her most recent Chief Executive’s Report, the following were noted:</p> <ul style="list-style-type: none"> <li>• the previous week the Board had met with the Interim Health Secretary, Mark Drakeford. Mr Drakeford’s feedback from the meeting showed that he believed the Board was moving in the right direction and that there were clear tangible improvements for both patients and staff. CS wished to thank everyone for their efforts in this regard.</li> <li>• An Accountability Review had taken place in Welsh Government, and once the report is published, to share with Members for their views.</li> <li>• The First Minister had commissioned some work around productivity – noting that there are currently more staff and fewer patients being seen, however it was also noted that there were more complex cases now as people live longer.</li> <li>• Lord Darzi’s report into the English NHS due to be released by UK Government on 12.9.24. It was expected that the report will share similar themes with NHS Wales.</li> <li>• The Health Board continued to recruit to the Executive Team, with the appointment of the Executive Director of Allied Health Professionals and Health Science; noting that the Organisation was in the process of recruiting for both the vacant Executive Director of People and Organisational Development and the Chief Operating Officer positions.</li> <li>• The important work going into Planned Care, mentioning the reduction by 40% in the numbers of people waiting to be seen for more than 156 weeks.</li> </ul>	<p><b>CS</b></p> <p><b>CS</b></p>
<b>STRATEGIC PRIORITIES</b>	
<p><b>L24/18 Update on Special Measures</b></p> <p><b>L24/18.1</b> Paolo Tardivel, Director of Transformation and Improvement, presented his report, providing members with an update.</p> <p><b>L24/18.2</b> PT highlighted:</p> <ul style="list-style-type: none"> <li>• that his Team had used all learning and best practices from the previous year of Special Measures to incorporated into the 2024-2027 Three Year Plan.</li> <li>• The 2023/24 Stabilisation phase was now complete, and that good progress had been made but there was much work to be done.</li> <li>• Quality Management System development continued to be piloted in various areas</li> <li>• With regards to the independent reviews, 75% of all actions completed, with key themes embedded into all associated work.</li> <li>• Staff engagement in the ‘discovery’ phase of the Operating Model was complete and being analysed, prior to commencement of the ‘design’ phase.</li> <li>• The Board Development Programme continues to be rolled out.</li> <li>• Special Measures was now integrated into ‘business as usual’</li> </ul>	

<ul style="list-style-type: none"> <li>• The four major change programmes continue apace – Planned Care, Urgent Emergency Care, Strategy and Operating Model.</li> </ul> <p><b>L24/18.3</b> The Chair noted that in the past there had been an Independent Review into Human Resources, which incorporated Workforce planning, equality, staff well-being, etc, and asked that it be revisited and examined on a future agenda. GR and PT to investigate.</p> <p><b>L24/18.4</b> PT noted that challenged services might come out of Special Measures at different times, with every effort being made to make the improvements sustainable and embedded. It was noted that both Vascular Services and the Emergency Department at Ysbyty Glan Clwyd had recently been de-escalated by Health Care Inspectorate Wales.</p> <p><b>L24/18.5</b> It was noted that the Special Measures work continues to be part of the IMTP/Annual Plan and that the IMTP should be added to November’s agenda.</p> <p>The Update on Special Measures report was <b>noted</b>.</p>	<p><b>GR / PT</b></p>
<p><b>L24/19 Finance Report</b></p> <p><b>L24/19.1</b> Russell Caldicott, Interim Executive Director of Finance, presented his Month 4 report.</p> <p><b>L24/19.2</b> RC noted that if the organisation stayed within budget, as set out in the 2024/25 Financial Plan, this required the organisation to continue to focus on attaining savings and ensuring that it spends every penny wisely. RC noted that despite the figures being large, the size of the challenge was to spend 1% less over the coming year; this would in turn would enable the Organisation to access the £82m transformation incentive, guaranteed by Welsh Government (WG).</p> <p><b>L24/19.3</b> It was noted that the Health Board had performed well against the ask of making savings of £48m, as set out in the savings plan, securing £34.4m YTD, however pressures continued in certain areas, such as CHC and out of area care packages and the premium costs of interim and agency staff.</p> <p><b>L24/19.</b> RC assured Members that he had received confirmation from WG that whatever was agreed in the soon to be announced pay award, WG had agreed to provide an additional allocation to support this, however there was a risk that the allocation would not support the total pay award.</p> <p><b>L24/19.5</b> A discussion took place surrounding ongoing concerns around recruitment and retention and the pressures this puts on the Organisation. RC confirmed that work was ongoing, aimed at providing a substantive workforce model, noting that the Organisation had to continue to have good financial control of resources and maximise technology.</p> <p>The Finance Report was <b>noted</b>.</p>	
<p><b>L24/20 Corporate Planning Update</b></p>	

<p><b>L24/20.1</b> Paolo Tardivel, Director of Transformation and Improvement, presented his report and provided members with a presentation regarding key planning areas including the Annual Delivery Plan (ADP) for Q1, Corporate Planning Review and Annual Planning Cycle arrangements. The report also contained updates on the Health Board's intentions for Strategy development and Well-being objectives.</p> <p><b>L24/20.2</b> Regarding the ADP for Q1, it was noted that more work was required to improve the percentage delivery rates. Regarding the Corporate Planning Review progress, it was noted that there had been 8 areas to be delivered on, 6 of which were complete and 2 on course for completion within Q2.</p> <p><b>L24/20.3</b> PT noted that the five strategic objectives which had evolved from Special Measures Outcome areas, had provided the basis of the 3 year Annual Plan and proved extremely useful in providing clarity of the Organisation's objectives.</p> <p><b>L24/20.4</b> Chair noted that it was extremely important for trade union partners to be involved in planning, and asked for PT to be available for an in-depth discussion in November's meeting, when Members will be able to discuss and help shape the Organisation's priorities. CS to speak with Jan Tomlinson and Billy Nichols; Fiona Lewis to ensure the Annual Plan is added to the next agenda.</p> <p><b>L24/20.5</b> A discussion took place concerning certain Members who felt that Corporate strategies contained within the Annual Plan were rarely, if ever, referred to when creating their own departmental strategies, despite the Annual Plan being shared with them. PT confirmed that theyhis team was already aware of the situation and one objective for the forthcoming year was to work out the best ways of cascading information, to overcome this problem. Helen Stevens-Jones, Director of Partnerships, Communications and Engagement, agreed to revisit this subject with a presentation on how best to tackle this to ensure that only relevant information is cascaded; also to look at percentage of staff that have team meetings and 1:1s. FL to add to Forward Plan for February 2025.</p> <p>The Corporate Planning Update report was <b>noted</b>.</p>	<p><b>CS / JT / WN FL</b></p> <p><b>HS-J FL</b></p>
<p><b>L24/21 Culture Change Programme, Values and Behaviour</b></p> <p><b>L24/21.1</b> Nia Thomas, Head of Organisational Development, provided a presentation in which she described the framework for how the Organisation is refreshing its values to ensure compassionate and inclusive cultures, and what work needs to be done to underpin that.</p> <p><b>L24/21.2</b> NT confirmed that The NHS Cultural Leadership Programme was evidence-based and had been used extensively in England, with very positive results. The Programme has helped NHS organisations develop cultures that enable and sustain continuously improving, safe, high quality, compassionate and inclusive care and aims to strengthen middle-management and team leadership.</p> <p><b>L24/21.3</b> It was noted that the Organisation was in the Scoping and Discovery phase, establishing what its values and behaviours should be, ensuring this is done correctly and being embedded at all levels.</p>	

<p><b>L24/21.4</b> Members were provided with the first draft of the Values and Behaviour Framework, which listed expectations regarding Organisational values and behaviours, behaviours expected of staff, of manager and finally behaviours that are unwanted in the Organisation.</p> <p><b>L24/21.5</b> Members were shown the mechanism for how staff could provide feedback by noting whether they felt the Framework was clear and relevant, if there was anything missing from the Framework and how its values and behaviours could be used within their teams. NT shared that the overwhelming feedback received was positive.</p> <p><b>L24/21.6</b> Members thanked NT and her team for carrying out this very important work and made the following points:</p> <ul style="list-style-type: none"> <li>• once complete, the PADR should be updated and refreshed to embed this.</li> <li>• once complete, this should become an integral part of the recruitment process.</li> <li>• that the Learning side of the Organisation should feature more prominently in the Framework</li> </ul> <p>To be added to the Forward Planner for February 2025</p> <p>The Culture Change Programme, Values and Behaviour report was <b>noted</b>.</p> <p><i>[Michelle Green and Julia Clayton left the meeting]</i></p>	<b>NT / FL</b>
<p><b>L24/22 Update on Operating Model (OM) Review</b></p> <p><b>L24/22.1</b> Georgina Roberts, Senior Associate Director, People Services, presented her update to the Members, noting the 5 elements being taken into account, as listed in her report. This information was being collated into the Discover phase report, which was being finalised and expected to be released towards the end of the year, following which, the Design phase would begin.</p> <p><b>L24/22.2</b> It was noted that the name 'Operating Model' would most likely be changed due to colleagues mistakenly assuming that it referred only to structures, when in fact it incorporated culture work, processes, Governance and how information is shared. A discussion ensued regarding Members feeling that valuable insight was being missed through a lack of staff engagement, as many colleagues believed the OM applied to management structures and not to them.</p> <p><b>L24/22.3</b> Trade Union Members were asked to discuss with colleagues what they felt might be the best way to engage staff in the upcoming Design phase.</p> <p>The Update on Operating Model Review Report was <b>noted</b>.</p> <p><i>[Paolo Tardivel left the meeting]</i></p>	<b>JT / WN</b>
<p><b>L24/23 NHS Wales Protocol for Recognising Continuous Service</b></p>	

<p><b>L24/23.1</b> Georgina Roberts, Senior Associate Director, People Services, presented the Protocol which comes into effect on 1<sup>st</sup> October 2024, and had been developed on a tripartite basis between the Trade Unions, public service employers and WG. The Protocol enables people to move within the Welsh public service and still have their annual leave recognised in terms of continuous service. It was noted that this already takes place within the Organisation informally, however the Protocol puts it into a formal structure. T</p> <p><b>L24/23.2</b> Members were pleased to welcome this Protocol and were appreciative of the formalisation of the process, in particular with regards to the effect on colleagues' pensions.</p> <p>The NHS Wales Protocol for Recognising Continuous Service report was <b>noted</b>.</p>	
<p><b>L24/24 Issues for discussion, raised by Trade Union Partners</b></p> <p><b>L24/24.1</b> Martin Piggott (Unite) brought to the attention of the Forum the case of a Health Care Support Worker, who was advised that there was only overtime available, if this was arranged through Bank. Georgina Roberts to discuss outside the meeting.</p> <p><b>L24/24.2</b> It was brought to the attention of the Forum that BCUHB pays mileage claims at 35p per mile rather than the 45p/mile, as recognised by HMRC. Georgina Roberts and Russell Caldicott to discuss outside the meeting</p> <p><b>L24/24.3</b> A request was put forward that asked for the Expenses Policy to be more easily accessible on the intranet – possibly to be placed within the Workforce Policy section? GR to investigate.</p> <p><b>L24/24.4</b> Chair thanked the Trade Union for bringing these items to the Forum's attention.</p>	<p><b>MP / GR</b></p> <p><b>GR / RC</b></p> <p><b>GR</b></p>
<b>FOR ASSURANCE</b>	
<p><b>L24/25 Workforce Report</b></p> <p><b>L24/25.1</b> Georgina Roberts, Senior Associate Director, People Services, presented the report, in which she highlighted the following:</p> <ul style="list-style-type: none"> <li>• in terms of Attendance Management, the in-month figure for sickness had risen to 5.76% from 5.13%, however the rolling figure had slightly reduced from 6.5% to 5.9%.</li> <li>• it was noted that the percentage of younger colleagues getting ill was increasing, with possibly more complex issues.</li> <li>• average length of sickness was 12 days.</li> <li>• anxiety, stress, depression and other psychiatric illnesses remained the highest cause for absence at 30%.</li> <li>• With regards to case management, they were in the trial phase of testing the Case Management Tracking System, which is currently being run alongside ESR. Once up and running, this system will provide greater detailed case analyses.</li> </ul>	

<ul style="list-style-type: none"> <li>that there had been a reduction in disciplinary cases from 60 (in the previous report) to 34.</li> </ul> <p><b>L24/25.2</b> With regards to the Workforce Partnership Group (WPG), it was noted that more encouragement was required to get management to offer their support to the WPG. GR and CS to discuss outside the meeting.</p> <p>The Workforce report was <b>noted</b>.</p> <p><i>[Rebecca Testa left the meeting]</i></p>	<b>GR / CS</b>
<p><b>L24/26 Equality Team Update</b></p> <p><b>L24/26.1</b> Stephen Doore, Equalities and Inclusion Manager, provided his update, highlighting the following:</p> <ul style="list-style-type: none"> <li>On 28<sup>th</sup> March 2024, the Health Board published its new Strategic Equality Plan, which included 5 objectives and 27 priority areas, all of which were being worked on. SD noted that the new Plan incorporated the old Integrated Plan, LGBTQ+ Action Plan and Code of Practice for all System Services.</li> <li>Recently received feedback from Wales Equality Standards raised concern in two areas listed below, resulting in pieces of work to identify the reasoning behind the findings. <ul style="list-style-type: none"> <li>the organisation had an unusually high percentage of black and ethnic minorities staff going through capability procedures</li> <li>the Organisation had a high number of staff who have not declared their ethnicity on ESR.</li> </ul> </li> <li>Neuro-Divergence Awareness Training had been accessed by 214 people.</li> <li>The recent roll-out of Active Bystander Training had enabled 304 people to access the training, with very positive feedback received.</li> <li>A fourth staff network had recently been launched – The Neuro Divergence Staff Network – which already had 100+ active members.</li> <li>The Equality Team was developing an Outcomes Framework, which will provide evidence that their work is having an impact on patients, public and staff.</li> </ul> <p><b>L24/26.2</b> SD referred to the Annual Gender Pay Gap Report, recognising that there were still issues around gender pay, but noting that within the report there were 9 recommendations, all of which had been put into a Strategic Equality Plan and receiving the appropriate monitoring.</p> <p><b>L24/26.3</b> Chair thanked SD for his report, which she acknowledged raised some very difficult questions that required addressing.</p> <p>The Equality Team Update was <b>noted</b>.</p>	
<p><b>L24/27 Strategic Occupational Health and Safety Group (Issues of Significance).</b></p> <p><b>L24/27.1</b> Carol Shillabeer, Chief Executive, presented the report, in which she noted the following:</p>	

<ul style="list-style-type: none"> <li>• both a draft Annual Report and Policy were due to go to Board in September.</li> <li>• Lynne Bushell had very recently joined the organisation as Head of Health, Safety and Security.</li> <li>• Five items were considered at the SOHS meeting on 9.9.24, which included: <ul style="list-style-type: none"> <li>○ a Fire Audit (currently being reviewed by Internal Audit)</li> <li>○ Occupational Health</li> <li>○ Doctor vacancy</li> <li>○ Counselling – two issues in particular – 1) looking at reducing the number of days taken to access service and 2) the Silver Cloud service</li> <li>○ Manual Handling - the redistribution of resources to support that priority.</li> </ul> </li> </ul> <p><b>L24/27.2</b> David Maslen-Jones, Assistant Director of Occupational Health, Safety and Security, notified Members that the All-Wales procurement of a new software system to be used by the Occupational Health Service, had not progressed as planned, leaving the service unable to access certain information. This had resulted in the Organisation joining a UK-wide forum for other similarly affected NHS Health Boards and Trusts, which it was hoped would provide a solution within the coming few weeks.</p> <p><b>L24/27.3</b> Members requested an amendment be made to the report's 2<sup>nd</sup> attachment, titled 'Datix Incidents', where the report referred to 'Comm', it be made clearer as to what this abbreviation refers. DM-J agreed to amend report.</p> <p>The Strategic Occupational Health and Safety Group (Issues of Significance) report was <b>noted</b>.</p>	<b>DM-J</b>
<b>CLOSING BUSINESS</b>	
<p><b>L24/28 Agree items for Referral to Board / Other Committees</b></p> <p><b>L24/28.1</b> It was agreed that CS discuss the ToR and CoB with Pam Wenger, to ensure that future agendas could include fewer items, with more detail, which would enable more in-depth discussions; also to look at suitability of Closing Business items – Review Risks highlighted in meeting, for referral to Risk Mngt Group .</p>	<b>CS</b>
<p><b>L24/29 Review Risks Highlighted in the meeting, for referral to Risk Management Group.</b></p> <p><b>L24/29.1</b> To discuss with Pam Wenger removing this item from future agendas, as Risk Management Framework now reviews risks and to ensure it is removed from future agendas.</p>	<b>FL</b>
<p><b>L24/30 Agree Items for Chair's Assurance Report</b></p> <p><b>L24/30.1</b> To provide an overview of key items discussed, reflecting the feeling that the Terms of Reference might require a refresh to enable the LPF to move forward in a more pro-active manner.</p>	
<p><b>L24/31 Review of Meeting's Effectiveness</b></p>	<b>GR</b>

<p><b>L24/31.1</b> Members requested a short session overview of the new Risk Management Framework. To add to the Forward Work Plan following discussion with Pam Wenger.</p> <p><b>L24/31.2</b> A discussion ensued as to the pros and cons of hybrid meetings, however it was agreed that the flexibility enabled many to attend who might not be able to do so if it were purely an in-person meeting.</p> <p><b>L24/31.3</b> GR to look at ToR to assess its fitness for purpose and look at the possibility of making one meeting per year an in-person, extended development session.</p>	<b>GR</b>
<p><b>L24/32 Date of next meeting</b></p> <p>1 pm, Wednesday, 6<sup>th</sup> November 2024</p> <p><i>Future meeting dates – 5<sup>th</sup> February 2025</i></p>	

*[Meeting closed at 12:03pm]*

## Local Partnership Forum

### Summary Action Plan

Ref. No.	Lead Executive / Member	Minute Reference and Action Agreed	Original timescale agreed	Update	Revised Timescale / Action status (O/C)
<b>Actions from meeting held on 10.09.24</b>					
1	<b>Carol Shillabeer / Jan Tomlinson</b>	<b>L24/15.2 Minutes of Previous Meeting.</b> CS keen to talk with JT regarding the Forum's effectiveness, its Terms of Reference and Cycle of Business	Feb 2025	<b>Suggest Close</b> <b>31.10.24</b> The Terms of Reference and Cycle of Business will be reviewed and brought back to the February meeting. PW will liaise with JT as part of the review process. <b>21.1.25</b> Pam Wenger reviewed ToR and COB. Added to February's agenda.	
2	<b>Georgina Roberts / Jan Tomlinson / Billy Nichols</b>	<b>L24/16 Summary Action Plan Update.</b> Look at action log with JT & WN to close some of the older actions and if required, put them onto the Forward Plan.	6.11.24	<b>31.10.25</b> - To be discussed at the TU and HR catch – up meeting on 1 <sup>st</sup> November 2024.	
3	<b>Carol Shillabeer / Fiona Lewis</b>	To share latest Chief Executive's Report and with JT's agreement ensure that this item is added to Forward Plan, to be provided at each	20.9.24	<b>Suggest close.</b> Suggest we share the CEO at every meeting. Added to COB.	

		meeting for information and assurance.			
4	<b>Carol Shillabeer</b>	To share the WG Accountability Review Report once published.		<b>Suggest close</b> <a href="#">Ministerial Advisory Group: NHS Wales accountability review   GOV.WALES</a>	
5	<b>Carol Shillabeer / Jan Tomlinson / Billy Nichols</b>	<b>L24/20.4 Corporate Planning Update</b> Regarding the need for TU involvement in planning, CS to speak to JT and WN to discuss and help shape the Organisation's priorities		Conversations to be had as part of the annual planning cycle	
6	<b>Jan Tomlinson / Billy Nichols</b>	<b>L24/22.3 Update on Operating Model Review</b> Trade Union Members were asked to discuss what they felt might be the best way to engage staff in the upcoming Design phase of the OM.	6.11.24		
7	<b>Georgina Roberts / Martin Piggott</b>	<b>L24/24.1 Issues for Discussion, raised by Trade Union Partners</b> To speak with Martin Piggott (Unite) to look at the case of the HCSW who was advised that there was only overtime available, if this was arranged through Bank.	6.11.24	<b>Suggest close</b> <b>31.10.24</b> GR discussed with RC and a response was provided to Martin.	
8	<b>Georgina Roberts / Russell Caldicott</b>	<b>L24/24.2 Issues for Discussion, raised by Trade Union Partners</b> To understand why mileage claims are paid at 35p/mile rather than the 45p/mile, as recognised by HMRC.	6.11.24	<b>Suggest close</b> <b>31.10.24</b> GR discussed with RC and an explanation has been forwarded to Martin.	
9	<b>Georgina Roberts</b>	<b>L24/24.3 Issues for Discussion, raised by Trade Union Partners</b> To ensure that the Expenses Policy is made easier to find on intranet – put in Workforce Policy section?	6.11.24	<b>31.10.24</b> GR raised with Aaron Haley in Comms who was looking at the issue (which is slightly complicated as the policy is hosted via NWSSP)	

10	<b>Georgina Roberts / Carol Shillabeer</b>	<b>L24/25.2 Workforce Report</b> To discuss ways of encouraging more management support for the Workforce Partnership Group	6.11.24	<b>31.10.24</b> Carol to include in her next video to the organisation	
11.	<b>Carol Shillabeer / Pam Wenger</b>	<b>L24/28.1 Agree items for Referral to Board / Other Committees</b> CS discuss the ToR and CoB with Pam Wenger, to ensure that future agendas could include fewer items, with more detail, which would enable more in-depth discussions; also to look at suitability of Closing Business items – Review Risks highlighted in meeting, for referral to Risk Mngt Group	6.11.24	.	
<b>CLOSED ACTIONS</b>					
1	<b>Jan Tomlinson</b>	<b>L22/40.2</b> JT agreed to advise Members when a decision was reached by the Business Committee regarding an agreement on revising overtime rates due to current staffing crisis caused by high sickness rates.	11.10.22	<b>11.10.22</b> JT and LH confirmed that they had not yet received any feedback from the All Wales but they would chase this matter with Welsh Government and report back to Members. It was agreed that this matter would be resolved by the next meeting. <b>10.1.23</b> Ongoing. <b>30.1.23</b> JT confirmed that awaiting update paper promised at January meeting by SB to share with TU partners. <b>31.7.23</b> Ongoing. No decision reached. <b>13.10.23</b> Ongoing. <b>24.10.23</b> Jason Brannan confirmed that National conversations still taking place and that no decision had been reached. Ongoing. <b>15.02.24</b> No update at present <b>26.02.24</b> – this relates to national issue – JT waiting for leader of the Business Committee <b>29.2.24.</b> To be picked up as part of workplan	1.12.24

				<p><b>3.9.24</b> Still no feedback available.</p> <p><b>10.9.24.</b> Jan Tomlinson and George Roberts to discuss outside meeting, with <b>suggestion to close.</b></p>	
<b>2</b>	<b>Russell Caldicott</b>	<p><b>L22/49 Finance Report</b></p> <p><b>L22/49.4</b> Rob Nolan agreed to update Members regarding the situation concerning staff who had inadvertently paid VAT on their lease cars, and whether they would be receiving a rebate from the Health Board</p>	10.1.23	<p><b>28.10.22</b> Rob Nolan advised that WG is still awaiting advice from Counsel so that it will now not be going to the next DOF meeting. We will have to wait until Counsel is advised. Ongoing.</p> <p><b>10.1.23</b> Ongoing</p> <p><b>31.7.23</b> Ongoing</p> <p><b>24.10.23</b> Kay Hannigan confirmed that she had been advised by Sue Green, NHS Confederation, that the position had been agreed by the Executive Director of Finance back in 2022 and that decision remains in place. The decision was based on a number of factors - that the change in VAT was very short-lived and that the lease agreements that individuals signed recognised that reductions or increase in costs or charges do not change the fees agreed. Sue Green confirmed that this had been discussed with national trade unions representatives and acknowledged. JH asked for clarification as she was aware of changing VAT rates and new contracts being signed - JH agreed to share details with RC.</p> <p>RC asked for time to confirm the facts and agreed to share with members outside the meeting.</p> <p><b>26.02.24</b> – this is national issue. JH waiting for trade union to return with further information</p> <p><b>10.9.24.</b> Until there are any national developments, which would be brought to Members, <b>suggestion to closed.</b></p>	1.12.23
<b>3</b>		<b>ISSUES FOR DISCUSSION RAISED BY TRADE UNION REPRESENTATIVES</b>	11.7.23	<p><b>02.08.23.</b> The current process will be reviewed as part of the organisations culture offer. At present there is no central resource to proactively</p>	16.1.24

	<b>Jason Brannan</b>	<b>L23/26.2</b> Regarding people being expected to apply personally for their long service awards, it was agreed that JB would look into a mechanism to enable line managers to access length of service data.		<p>manage this, and current mechanisms remain in place</p> <p><b>7.8.23</b> It was agreed the Deputy Director of People Services would explore this further</p> <p><b>24.10.23</b> JB confirmed that this remained part of the organisational development plan, linked to a wider Retention and Recognition plan currently being worked on and that lists could be provided to managers of staff, listing dates of service of their staff. Jackie Hughes confirmed that there was increased communication on the intranet, which was very good to see. Carol Shillabeer was very keen to see there being an automated solution. Ongoing.</p> <p><b>26.2.24</b> to be picked up in OD Steering Group, to take a fresh look at this.</p> <p><b>02.09.24</b> – A proposal is being drafted, however it should be noted that there are no internal resources available and additional funding would be required.</p> <p><b>10.9.24</b> It was noted that a specific piece of work was underway regarding Reward and Recognition by the People and Culture Committee.</p> <p><b>Suggestion to close and put on the Forward Work Programme.</b></p>	
<b>4</b>	<b>All / Jason Brannan</b>	<p><b>SUBJECTS RAISED BY TRADE UNIONS</b></p> <p><b>L23/43</b> LPF Members to forward comments regarding the mix of Trade Union representation at meetings on a corporate and local level to JB</p>	24.10.23	<p><b>24.10.23</b> Ongoing.</p> <p><b>15.02.24</b> On-going. Billy Nichols leading on this</p> <p><b>26.02.24</b> – review facilities time – JT to discuss with CS this issue on strategic and corporate level</p> <p><b>26.02.24</b> – GR to discuss with colleagues in East IHC regarding release of staff for facilities time.</p> <p><b>26.2.24</b> – JT and trade union colleagues to discuss inter trade union agreement regarding sharing of information following meetings.</p>	<p>16.1.24</p> <p>1.5.24</p> <p>1.5.24</p> <p>1.5.24</p>

				<p><b>26.2.24</b> – Trade Unions to identify areas of importance to progress development of Sharepoint site.</p> <p><b>10.9.24</b> George Roberts advised that this had been picked up by the East.</p> <p><b>Suggestion to close.</b></p>	1.5.24
5	<b>Helen Stevens Jones</b>	<b>Patient Story - L24/04.4</b> Review to be undertaken regarding communication with patients awaiting treatment	1.5.24	<p><b>2.9.24</b> There has been a review of the information we share online for people waiting for planned procedures. Examples of this can be found in the “Self-care while you prepare for treatment” section of the BCU website. This also signposts the Waiting List Support Service. This information is actively promoted through our channels.</p> <p>Redeveloped information ties in with the national 3Ps (Promote, Prevent and Prepare) programme. This reflects the drive to change the narrative to moving away from the passive term “waiting list” to moving towards proactive preparation that provides holistic support for people to help them manage their conditions and support people to prepare for surgery. This includes improving communication with people before they access care and whilst they are waiting, and providing advice on actions they can take to keep them well and fit enough to benefit from their treatment.</p> <p>A staff story will be presented to the November 2024 meeting</p> <p><b>10.9.24</b> It was noted that a great deal of work had taken place with regards to communications with patients and it was agreed to move this item to the Forward Work Planner, for HS-J to update members on a 6 monthly basis.</p>	

				<b>Suggestion to close.</b>	
<b>6</b>	<b>Jason Brannan</b>	<b>Patient Story - L24/04.7</b> Consideration to be given to providing 'staff story' to future meetings	1.5.24	<b>10.9.24</b> Carol Shillabeer provided update at meeting, in which she confirmed that a paper is due to go to People & Culture Committee on 10.10.24, which outlines the approach to staff stories. Jason Brannan asked to share this paper with Members Rachel Wright confirmed that NHS Wales is due to introduce a Patient Experience Framework, called People's Experience – which will address patients' stories along with relatives and staff experiences. <b>30.10.24</b> Proposal included on the Agenda for 06.11.24 <b>6.11.24</b> meeting changed to briefing session, so item added to Forward Planner for Feb '25 agenda. <b>Suggestion to close.</b>	
<b>7</b>	<b>All</b>	<b>Integrated 3 Year Plan L24/05.6</b> Members to feedback any further comments to CSt around the development of the Integrated3 Year Plan	1.5.24	Item added to September's agenda. <b>Suggestion to close.</b>	
<b>8</b>	<b>Carol Shillabeer</b>	<b>Issues raised by Trade Union Partners L24/10.2</b> Members to be kept updated on progress being made with regard to cover of OH doctors.	1.5.24	<b>10.9.24</b> Carol Shillabeer updated Members that challenges remain but all efforts are continuing. <b>Suggest to close</b>	
<b>9</b>	<b>Carol Shillabeer</b>	<b>Strategic Occupational Health &amp; Safety Group (Issues of Significance) L24/12 – CS</b> to follow up with AW learning from Inquests and Concerns. Update note to be issued to Forum members outside the meeting.	1.5.24	<b>10.9.24</b> Carol Shillabeer confirmed that following a review of around 252 cases sent to the Coroner, around 50% of cases were found not to have received an adequate investigation. These findings led to a revision of the Integrated Concerns Policy about how the organisation deals with concerns and ensure that patients	

				(where possible) and relatives are involved from the start of the process and that any questions are answered by the final report. <b>Suggestion to close.</b>	
10	Fiona Lewis	<b>L24/17 A Patient's Story</b> Share the link with Members	13.9.24	<b>11.9.24</b> Actioned <b>Suggestion to close.</b>	
11	Paolo Tardivel	<b>L24/18.3 Update on Special Measures.</b> To add onto Forward Plan the Independent HR Review, which had incorporated Workforce planning, equality, staff well-being, etc, to be examined on a future agenda. GR and PT to investigate.	6.12.24	The Deputy Director of People will incorporate this into his update against agenda item 3.2. <b>Suggest to close</b>	
12	Fiona Lewis	<b>L24/18.4 Update on Special Measures</b> As part of IMTP/Annual Planning for Special Measures elements to be highlighted. To be added to November's agenda		<b>16.9.24</b> Actioned <b>Suggest close.</b>	
13	Fiona Lewis	<b>L24/20.4 Corporate Planning Update</b> FL to add Annual Plan to the next agenda.	10.9.24	<b>15.9.24</b> Actioned. <b>Suggest close</b>	
14.	Nia Thomas / Fiona Lewis	<b>L24/21.6 Culture Change Programme, Values and Behaviour.</b> To ensure that the Learning side of the Organisation is incorporated more prominently in the Framework. FL to add an update to the Forward Planner. Feb 25.	5.2.24	<b>10.9.24</b> Added to Forward Planner for Feb 2025. <b>25.9.24</b> NT confirmed that all feedback received at the meeting had been logged in their meetings tracker and the feedback has been considered during deliberations to create the second iteration of their Values & Behaviours framework. <b>Suggest close.</b>	

15	David Maslen-Jones	<p><b>L24/27.3 Strategic Occupational Health and Safety Group (Issues of Significance).</b> Members requested amendment be made to the report's 2<sup>nd</sup> attachment, 'Datix Incidents', where the report referred to 'Comm', it be made clearer as to what this abbreviation refers. DM-J agreed to amend report.</p>		<p><b>Update 30.10.24</b> Report updated as requested. <b>Suggest to close</b></p>	
16	Helen Stevens-Jones / Fiona Lewis	<p><b>L24/20.5 Corporate Planning Update</b> During a discussion concerning Members feeling that corporate strategies contained within the Annual Plan were rarely, if ever, referred to when making their own departmental strategies. HS-J to investigate how best to tackle this and to ensure only relevant information is cascaded. Also to investigate the percentage of staff that have team meetings and 1:1s. FL to ad to Forward Plan.</p>	Feb 2025	<p><b>10.9.24</b> FL Added to Forward Plan for Feb 25. <b>Suggest to close</b></p>	
17	Fiona Lewis	<p><b>L24/29.1 Review Risks Highlighted in the meeting, for referral to Risk Management Group.</b> To discuss with Pam Wenger removing this item from future agendas, as Risk Management Framework now reviews risks and to ensure it is removed from future agendas.</p>		<p>Actioned. <b>Suggest to close</b></p>	



<b>Teitl adroddiad:</b> <i>Report title:</i>	Staff Story The impact of inconsistent application of workforce policies on staff – fixed term contracts			
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 05 February 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This is the first of what will be a regular Staff Story on each meeting agenda.</p> <p>This follows consensus on the proposed approach to gathering, sharing, and (where appropriate) acting on staff stories shared at the People and Culture Committee and Local Partnership Forum meetings, plus the presentation of this story to the People and Culture Committee's December 2024 meeting.</p>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Group is asked to <b>note</b> the themes raised in this story and consider what action might be taken to prevent similar experiences occurring.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan, Deputy Director of People			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Katie Sargent, Assistant Director of Communications and Engagement			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input checked="" type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b>  <b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				

<b>Goblygiadau rheoleiddio a lleol:</b>	N/A
<b><i>Regulatory and legal implications:</i></b>	
<b>Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i></b>	No.  This approach is in addition to a number of initiatives and workstreams to improve mechanisms for listening to staff and will be undertaken with support from Equality and Diversity colleagues and networks representing staff.
<b>Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?</b>  <b><i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i></b>	No.  N/A
<b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b>  <b><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></b>	N/A
<b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Financial implications as a result of implementing the recommendations</i></b>	There is no additional financial cost attached to this proposal.
<b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b>  <b><i>Workforce implications as a result of implementing the recommendations</i></b>	The preparatory work for Staff Stories is minimal and we estimate will take no more than half a day per story.
<b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b>  <b><i>Feedback, response, and follow up summary following consultation</i></b>	This story was presented to the People and Culture Committee's December 2024 meeting.
<b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <b><i>Links to BAF risks:</i></b> <i>(or links to the Corporate Risk Register)</i>	N/A
<b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b>  <b><i>Reason for submission of report to confidential board (where relevant)</i></b>	N/A
<b>Camau Nesaf:</b> Gweithredu argymhellion  <b><i>Next Steps:</i></b> Preparing the next Staff Story, aligned to the Group's business wherever possible.	

**Rhestr o Atodiadau:**

Dim

***List of Appendices:***

*None*



<b>Staff story title</b>	Impact of inconsistent application of workforce policies on staff – fixed term contracts
<b>Staff story format</b>	Written
<b>Consent received to share staff story</b>	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**

This is our first staff story and, as such, we have endeavoured to ensure their profile (including gender, pay grade and role) is representative of many of our staff. Their experience links to themes and practices that others have highlighted.

Unfortunately, we were not able to meet with the individual suggested by Trade Union colleagues for our first staff story due to the deadlines involved, but their story will be featured at a later date.

This member of staff was initially contracted on a fixed term contract and the story describes their experience of the communications and processes of contract negotiations, extensions, revocations and their journey to securing a permanent contract.

It details the impact of this experience on their life, health and wellbeing. This member of staff contacted our Speak Up Safely Guardians and shares their story with the aim of highlighting the process and procedural issues that arose within

this case with a view to learning and ultimately improving the experience of our employees so that they feel valued.

## **Staff story transcript**

### **Joining the Health Board**

In November 2022, I was hired on a 12-month fixed term contract at BCUHB. I moved to North Wales for this role from southern England so I rent here.

In February 2023 I had a discussion with my supervisor about a permanent contract. However, as my equivalent position in Central had just been through their contract renewal process and had been offered a fixed term 12-month extension, it was concluded that a permanent contract would not be equitable. Therefore annual renewal of 12-month fixed term contracts was going to be the simplest and most equitable course of action.

### **12 month extension of existing contract**

In September 2023 my manager began the process of renewing my contract extension after I agreed verbally to a 12-month extension.

In November 2023, my manager received management team confirmation of my 12-month extension, which was then revoked, then by the end of the month, approved again by the management team, with confirmation from the management team administrator. My extension also appeared on the Electronic Staff Record (ESR) with a start date of 30/11/2023.

### **No pay in December**

I continued working during December 2023. However, my payslip contained no basic pay, only a tax rebate. Payroll had not received any forms from Establishment Control (EC) regarding my position and as such did not consider me an employee on payroll.

The management team administrator discovered that on the same day the extension of my contract was confirmed following the necessary approvals, it had once more been revoked. No alert had been raised to the team administrator, my manager, or myself.

Subsequently, emails were sent between my manager, the team administrator, the Programme Management Business Lead, the Heads of Nursing, EC and Workforce Support Systems so that I could receive supplementary pay on the 29/12/2024, but this still meant I was left without pay over Christmas.

### **Resolution**

To enable me to be paid whilst this issue was resolved, I was given a three month extension, back dated to November. I was reassured that this would be sufficient time for my contract to be sorted out properly. This contract ran until 29/02/2024.

On the 13/02/2024 my manager confirmed that the management team had approved another three month extension and were hoping to verify a permanent contract (rather than the initially proposed 12-month fixed term arrangement) for me within the next week.

### **Reaching out for support and guidance**

In April 2024, I contacted the Speak Up Safely team to raise a concern and seek advice and support.

I did this as my second three month extension was due to end on 29/05/2024 and I was told that I would need to re-interview to secure the permanent role/ As it had to go out to advert, I had to keep applying for other jobs as a back-up in case I was not successful in my re-interview for my fixed term position.

My manager and I had no confirmation of the date the advert would go out and thus didn't know what the timeline would be. In May 2024, the role was put out to advert as a permanent position.

### **Confusion about job advertisement**

I was told that the job advert had to go out publicly but that it could go out for 24 hours only with a line explaining that there was an internal candidate. However, when the advert went live, it went up for the standard amount of time and without the clause about myself as an internal candidate.

After communications with the administration team, the advert was taken down early, but nonetheless after full five days. This meant there was a large number of applicants.

Despite the competition for the job, I performed well at interview and was offered my job. In June 2024 I received a conditional offer of employment. My manager had asked for my start date to be 1 June to ensure no disruption to pay, and my offer letter indicated that as long as my pre-employment checks were done within 30 days, then all should be well.

### **Conclusion**

I am very thankful to be coming to the end of this immensely stressful chapter but certainly I cannot view this as 'all being well' or resolved, due to the impact this stress has had on my wellbeing and life over the last six months.

For context to my story, I am paid at the lowest spine of band 4. At this salary, if my pay is disrupted, I struggle to cover my basic needs financially. This is not something I can afford to risk happening a second time and so as well as the stress of needing to apply for other roles as a back-up, I have been anxious about spending money in what could be my last few pay cheques.

This has been the case for six months, as since my 12-month fixed term contract was revoked at late notice, I was contracted only on emergency three month extensions.

My hope is that in sharing my story, no-one else will have this experience in the future at BCUHB.

### **Impact on staff member - key messages**

- **Job insecurity**

The continued promises of resolution, followed by short term extensions, made it difficult to go through checks for other jobs and reflected poorly on me and my professional credibility when I applied for jobs and then withdrew. I ended up continuously applying and interviewing for roles, which is a considerable mental and emotional load.

These are not roles I wanted, as I was keen to continue in my BCUHB role, so it was not a way I was spending my time voluntarily, but out of need in case there was disruption to my pay or my job came to a sudden close at the end of emergency extensions.

- **Worry regarding livelihood and paying bills**

The uncertainty regarding pay left me concerned about being able to pay rent and bills. I was not spending money on anything but necessities - cancelling plans with friends, not going to the gym or other out-of-work activities I typically engage in for my wellbeing, as I needed to have some money aside in case my job ended at short notice or my pay was missed again.

I do not have the option of temporarily moving back in with family if I end up not being able to pay rent due to my pay not coming through. As my family live far away, if my contract ended suddenly, having to relocate at minimal notice would cost me significantly.

- **Lack of clarity and transparency of process and decision making**

The last-minute emergency extensions and lack of transparency from higher levels left me feeling like I lacked any agency, which was exhausting when the impact of the decisions was so significant to my livelihood and wellbeing.

- **Feeling unvalued due to broken promises**

I felt unvalued by BCUHB and lost trust in its values due to repeated promises and reassurances not translating into any job or pay security for me.

- **Negative impact on relationships**

This experience has affected my friendships and relationships. As I was concerned about spending money, I found it difficult to make plans and to see my friends and family.

As I relocated for this job, seeing my family is a day's travel and fuel is expensive. With the uncertainty about the continuity in my role, I did not feel able to spare this expense.

My partner is in the forces, and when he gets leave it is important that we are able to make the most of this rare quality time. We like to spend it making plans and going on hiking trips, but even paying for campsites and fuel to travel were expenses I needed to cut back on. Moreover, when he had leave during this time, I

had to spend my evenings and time off in lieu (TOIL) completing job applications rather than enjoying time with him.

Additionally, the stress of these last six months has been emotionally and mentally tiring for me and I did not feel like my whole self even when I was able to see friends as I was pre-occupied with the stress of whether or not I would continue to have a job.

- **Concern about impact on continuity of patient care due to uncertainty regarding position**

This experience has impacted my work, as I was uncertain if I should be taking on new clinical cases due to the ethics of continuing therapeutic sessions with my patients. If leaving with notice, I could prepare them for this but due to the uncertainty of my situation, I could not.

## **Staff story – organisational reflections**

### **Fixed term contracts**

The member of staff describes their experience of being on a fixed term contract and their journey of securing a permanent contract.

The staff member shares the difficulties they experienced having their contract extended and the impact this had on their role and well-being.

Fixed term contracts have emerged as a general theme in Speak Up Safely Guardian multi-disciplinary team meetings.

It has been recognised that some managers are recruiting staff on fixed term contracts when they have the budget for a permanent position. This practice is being used as an informal probationary period and work is already underway to limit this for specific circumstances only. These are: 1. maternity leave cover; 2. requirement for a fixed term project and 3. covering long term sickness.

An Equality Impact Assessment of fixed term contracts has been undertaken and the EC Panel will challenge any requests for a fixed term post to be established. Furthermore, all existing fixed term contracts in the Health Board are due to be reviewed, with a view to exploring making these roles permanent.

### **Underpayments**

The staff member shares their experience of not receiving a salary in December 2023 due to Establishment Control not considering them as an employee on payroll.

Salary underpayments usually arise when incorrect, insufficient, or late submission to Payroll of changes to an employee's circumstances or contract or, incorrect details have been either included on paperwork or input on the ESR system. In order to avoid overpayments/underpayments, managers must ensure that accurate pay related information is provided to the Payroll Department on a timely

basis and follow the Health Board's Establishment Control processes to action staff changes.

In the event of underpayment, a manager must refer to F14 Financial Procedure Salary Overpayments and Underpayments, where there is an opportunity for the member of staff to receive an emergency payment. Where an emergency payment is approved, all applications must be submitted no later than normal pay day in the month that an additional payment is required.

### **Training and support for people managers**

In recent months work has been undertaken to improve the efficiency of BCUHB Workforce Support Systems. The responsibility to complete the correct paperwork lies with the manager. Training is available to managers, including recruitment guidance available for staff and managers to access via BetsiNet. In addition, the recently-launched People Managers Forums will support managers with issues such as this.

### **Retention of colleagues**

This member of staff could have walked away and decided to take a role at another organisation. But they did not due to their desire to stay in this area and work with colleagues they had fostered working relationships with, in a service they had been integral in developing.

The Organisational Development Team extend their gratitude and appreciation to the staff member for sharing their experience.

# BCU Three Year Plan Update

## Local Partnership Forum

5<sup>th</sup> February 2025



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board

## The purpose of today's session is to:

- 1 Provide an update on the progress of the development of the Health Board's Three-Year Plan
- 2 Share the Cabinet Secretary for Health and Social Care's priorities
- 3 Discuss the emerging themes within the plan
- 4 Discuss the areas for collaboration within the plan

# Three-Year Plan Development Progress

-  A new process informed by the Special Measures Independent Review of Planning, feedback and learning
-  An Executive Led approach has been taken, commissioning targeted programmes of work to deliver specific outcomes
-  A focus on engagement and co-design started much earlier in the process – acknowledging there is still much more to do in this space with Partners
-  An initial draft has been collated and input received from Board Members
-  The Cabinet Secretary for Health and Social Care issued his priorities, delivery expectations and enabling actions, alongside financial allocations over Christmas
-  The Local Partnership Forum is an important part of the partner collaboration approach – working towards an ambition of a joined-up plan for the people of North Wales

## 5 Priorities

- 1 Timely Access to Care
- 2 Population Health and Prevention
- 3 Building Community Capacity
- 4 Mental Health Access
- 5 Women's Health

- Delivery / Performance Expectations
- Enabling Actions
- Prioritisation
- Escalation status
- Collaboration across boundaries

# Strategy, Well-being and Three-Year Plan Strategic Objectives



### Objective 1: Building an effective organisation

- 1A Board Effectiveness
- 1B Risk Management
- 1C Operating Model
- 1D Performance and Accountability Framework
- 1E Value and Sustainability
- 1F Legislative Improvements
- 1G Workforce Planning
- 1H Quality Management System
- 1I Welsh Language
- 1J Decarbonisation
- 1K Enabling Left Shift

### Objective 2: Developing strategy and long-lasting change

- 2A 10-year Strategy
- 2B Clinical Services Plan
- 2C Commissioning
- 2D Capital Priorities: supporting change to happen
- 2E Digital, Data and Technology (DDaT)
- 2F Prioritisation
- 2G Effectively delivering Major Change
- 2H Strengthening Planning
- 2I Finance Governance Environment
- 2J Early identification and support of Challenged Services

### Objective 3: Compassionate culture, leadership & engagement

- 3A Compassionate Leadership & Org Development
- 3B Citizen Engagement
- 3C Being a Good Partner

### Objective 4: Improving quality, outcomes and experience

- 4A Patient Experience
- 4B Prevention
- 4C Primary Care and Early Intervention
- 4D Community Care and Clusters
- 4E Planned Care
- 4Fa Cancer Care
- 4Fb Oncology
- 4G Urgent and Emergency Care
- 4H Diagnostics
- 4Ia Adult Mental Health & Learning Disability
- 4Ib CAMHS & ND
- 4Ic Dementia Services
- 4J Currently 'Challenged Services'
- 4K Women's Services
- 4L Children
- 4M Pharmaceutical services
- 4N Palliative Care

### Objective 5: Effective environment for Learning

- 5A University Partnership
- 5B Research, Development and Innovation
- 5C Academic Careers
- 5D Intelligence Led
- 5E Learning Organisation
- 5F Mainstreaming Success

Subject to change following application of National Planning Guidance

\* Noting new 10 Year Strategy under development

Quality as a golden thread throughout

Shifting resources towards prevention and early intervention

Accelerating delivery of improved outcomes for our population

Moving to a digital first environment is a crucial enabler

Collaboration with Partners is vital in solving system wide issues

## Discussion points

- 1 Thoughts on anything covered so far?
- 2 What are the priority areas for collaboration?
- 3 How do we best engage and work together going forward?

### Objective 1: Building an effective organisation

1A	Board Effectiveness
1B	Risk Management
1C	Operating Model
1D	Performance and Accountability Framework
1E	Value and Sustainability
1F	Legislative Improvements
1G	Workforce Planning
1H	Quality Management System
1I	Welsh Language
1J	Decarbonisation
1K	Enabling Left Shift

### Objective 2: Developing strategy and long-lasting change

2A	10-year Strategy
2B	Clinical Services Plan
2C	Commissioning
2D	Capital Priorities: supporting change to happen
2E	Digital, Data and Technology (DDaT)
2F	Prioritisation
2G	Effectively delivering Major Change
2H	Strengthening Planning
2I	Finance Governance Environment
2J	Early identification and support of Challenged Services

### Objective 3: Compassionate culture, leadership & engagement

3A	Compassionate Leadership & Org Development
3B	Citizen Engagement
3C	Being a Good Partner

### Objective 4: Improving quality, outcomes and experience

4A	Patient Experience
4B	Prevention
4C	Primary Care and Early Intervention
4D	Community Care and Clusters
4E	Planned Care
4Fa	Cancer Care
4Fb	Oncology
4G	Urgent and Emergency Care
4H	Diagnostics
4Ia	Adult Mental Health & Learning Disability
4Ib	CAMHS & ND
4Ic	Dementia Services
4J	Currently 'Challenged Services'
4K	Women's Services
4L	Children
4M	Pharmaceutical services
4N	Palliative Care

### Objective 5: Effective environment for Learning

5A	University Partnership
5B	Research, Development and Innovation
5C	Academic Careers
5D	Intelligence Led
5E	Learning Organisation
5F	Mainstreaming Success



<b>Teitl adroddiad:</b> <i>Report title:</i>	Workforce and Organisational Directorate Overview Report			
<b>Adrodd i:</b> <i>Report to:</i>	Local Partnership Forum			
<b>Dyddiad y Cyfarfod:</b> <i>Date of Meeting:</i>	Wednesday, 05 February 2025			
<b>Crynodeb Gweithredol:</b> <i>Executive Summary:</i>	<p>This report provides an update on key activities within the following Workforce functions:</p> <ul style="list-style-type: none"> <li>• Workforce Partnership Group</li> <li>• Job Evaluation</li> <li>• Workforce Policies</li> <li>• Employee Relations</li> <li>• Leadership &amp; Staff Engagement</li> <li>• Health &amp; Wellbeing</li> <li>• Equality and Human Rights</li> </ul>			
<b>Argymhellion:</b> <i>Recommendations:</i>	The Forum is asked to <b>NOTE</b> this report.			
<b>Arweinydd Gweithredol:</b> <i>Executive Lead:</i>	Jason Brannan - Deputy Director of People Services			
<b>Awdur yr Adroddiad:</b> <i>Report Author:</i>	Gill Querci, Business Support Manager to the Executive Director for People Services			
<b>Pwrpas yr adroddiad:</b> <i>Purpose of report:</i>	I'w Nodi <i>For Noting</i> <input checked="" type="checkbox"/>	I Benderfynu arno <i>For Decision</i> <input type="checkbox"/>	Am sicrwydd <i>For Assurance</i> <input type="checkbox"/>	
<b>Lefel sicrwydd:</b> <i>Assurance level:</i>	<b>Arwyddocaol</b> <i>Significant</i> <input type="checkbox"/> Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i>	<b>Derbyniol</b> <i>Acceptable</i> <input type="checkbox"/> Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>General confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Rhannol</b> <i>Partial</i> <input type="checkbox"/> Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol  <i>Some confidence / evidence in delivery of existing mechanisms / objectives</i>	<b>Dim Sicrwydd</b> <i>No Assurance</i> <input type="checkbox"/> Dim hyder/tystiolaeth o ran y ddarpariaeth  <i>No confidence / evidence in delivery</i>
<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><b><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></b></p>				
<b>Cyswllt ag Amcan/Amcanion Strategol:</b> <i>Link to Strategic Objective(s):</i>				

<b>Goblygiadau rheoleiddio a lleol:</b>  <i>Regulatory and legal implications:</i>	Compliance with Employment Law
Yn unol â WP7, a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP7 has an EqIA been identified as necessary and undertaken?</i>	N/A
Yn unol â WP68, a oedd SEIA yn angenrheidiol ac a gafodd ei gynnal?  <i>In accordance with WP68, has an SEIA identified as necessary been undertaken?</i>	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)  <i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i>	CRR 2836 – Stress-related absence CRR 2376 – sickness absence
Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith  <i>Financial implications as a result of implementing the recommendations</i>	There are no direct financial implications as a result of this report.
Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith  <i>Workforce implications as a result of implementing the recommendations</i>	There are no direct workforce implications as a result of this report
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori  <i>Feedback, response, and follow up summary following consultation</i>	N/A
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)  <i>Links to BAF risks: (or links to the Corporate Risk Register)</i>	N/A
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)  <i>Reason for submission of report to confidential board (where relevant)</i>	N/A
<b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b> <b>Next Steps:</b> <b>Implementation of recommendations</b>	
<b>Rhestr o Atodiadau:</b> <b>List of Appendices:</b> <b>Appendix 1 – Implementation of the Non-pay Parts of the 2022 to 2024 Collective Agreement – Local Outcomes Report January 2025</b>	

## **The Workforce Partnership Group**

The Workforce Partnership Group was established to promote and deliver a regular dialogue between the People Services Directorate, senior managers and Trade Union partners on matters relating to the BCU workforce. It enables managers and Trade Unions to put forward issues affecting the workforce for discussion and decision-making.

## **Attendance Management**

The workforce partnership group receives a monthly update on employee sickness absence. As at the end of December 2024 monthly sickness absence was 6.76% an increase on the 5.72% recorded in September 2024. The rolling figure also saw an increase from 5.96% to 6%. The National target level for absence is 4.2% and BCUHB remains significantly above that level. It is reported anecdotally from both management and trade union partners that we are witnessing younger people with much more serious conditions. Long term sickness is currently 3.68%, short term only accounts for 1.1%.

The highest rate of sickness in month was recorded as being the band 2 Health Care Support Workers with a sickness rate of 9.63% up from 7.88% in September. Band 2 staff as whole recorded sickness levels of 8.98%.

On average for the month of December an average of 1109 staff were off work absent for sickness reasons every day.

The application of temporary injury allowance continues to be undertaken in partnership. A regular report is submitted to the Workforce Partnership Group.

The Managing Attendance in Work module of the ASIM (A Step into Management) training programme has been updated by a small group of workforce and trade union representatives. This reinforces the message around compassionate leadership and the need to make reasonable adjustments to facilitate an early return to work.

## **Organisational Change**

The Workforce Partnership Group continues to engage with and consult upon matters relating to organisational change. The progress of ongoing organisational change issues continues to be monitored and all Change Proposals and Outcome documents are posted on BetsiNet. Reports have been received on proposed changes to:

- Health Protection Service
- West CHC and ND Service
- BCUHB Integrated Vaccination Service

## **Implementation of the Non-pay Elements of the 2022-24 Collective Agreement - Welsh Health Circular (2024) 017**

The Welsh Health Circular (WHC) (2024) 017 has required updates from the Health Board to be completed in partnership. The latest progress review document is attached. The Welsh Partnership Forum will consider the returns to share implementation best practice and identify future national priorities.

The progress is overseen locally in partnership by the Workforce Partnership Group and ensuring that the agreement is aligned with the workforce strategy. Along with monitoring

progress the Workforce Partnership Group is working to agree on local priority areas and to develop an action plan. The LPF Is required to note this progress.

### Employment Case Management

The People Services Operational teams, along with the Case Management Team, support the management of formal employee relations cases across the Health Board. The operations teams continue to advise on all capability (health) cases. The operations teams also advise upon all informal Respect and Resolution cases. Work on Employment Tribunal cases is progressively managed by the People Operations teams.

Quality assurance reviews are currently being carried out to assess whether the case management tracker is ready to be fully implemented following the testing of the system within People Services during the last quarter. This will provide greater detail and analysis of the cases being managed.

During Q3, the People Services teams attended three team coaching sessions with colleagues from Aneurin Bevan University Health Board and HEIW in preparation for the implementation of their Reducing Harm approach to employee relations cases. This work is being introduced alongside application of the principles of Mersey Care’s Four-Step process as part of the implementation of a restorative just and learning culture. The aim of adopting these approaches in our employee relations cases is to reduce both the numbers of cases and the negative impact these have on individuals, teams, and services.

The table below reports the live disciplinary cases (Policy WP9) position at 31<sup>st</sup> December 2024. The overall number has decreased from 34 at the time of the last report. At the beginning of 2024 60 cases were being managed.

IHC/Pan BCU/Support Service	12 weeks or less	13- 24 Weeks	24 weeks plus	total
West	3	0	1	4
Centre	4	2	0	6
East	1	0	0	1
Pan BCU (CDIO, ICD Primary and Regional)	0	0	0	0
Mental Health & Learning Disabilities	3	2	1	6
Estates	0	0	0	0
Office of Medical Director	0	0	0	0
Womens	0	0	1	1
Diagnostic & Clinical Support Services	0	0	0	0
Other corporate	1	1	2	4
Total	12	5	5	22

## **Workforce Policies**

The Workforce Policy Group has reviewed, developed and approved a number of Policies in partnership with Trade Unions and Health Board stakeholders.

**Since the last LPF update, the list of Written and Control Documents (W&CD) below identifies which have been consulted on and are in the final stage of ratification;**

- **All Wales Pregnancy Loss Policy**

All Wales Policy which replaces the BCU Local Policy. The all-Wales policy mirror's BCU's local policy, no substantial changes to the current policy.

The reference to Pregnancy Loss Champion has been removed as BCU have Wellbeing Champions.

- **WP78 All Wales Pensions Flexibilities Policy**

This all Wales Policy will provide guidance to all employees. Will enable employees to understand the range of options available to access their pension and combine this with flexible working.

Will enable employers to understand, promote and discuss flexible pension options with staff.

Sets out the expectations and requirements of employees and employers in pursuing and considering applications to access one of the options.

Seeks to ensure that employees later in their careers will feel valued, rewarded, and recognised by their employer for their experience, service and commitment.

Forms part of the contract of employment for staff working in NHS Wales.

- **WP80 Determination of Starting Salaries Policy**

Policy has been updated to provide robust guidance to both employees and managers, when individuals upon entry to the NHS request to be placed on an either intermediate or top step point. Ensuring that managers consider the financial position as well as fairness on their immediate team would they place someone on the top step point when commencing with BCU. Reference to the SS1 form is made in the Policy

The following five written and control documents have had changes made to the front cover to state *All Wales Workforce & Organisational Development policies remain extant until replaced by an updated version approved by the Welsh Partnership Forum/BCU Workforce approval route*

- WP4a Procedure for NHS Staff to Raise Concerns
- WP13 All Wales Flexible Working Policy
- WP65 Organisational Change Policy including all appendices
- WP3a All Wales Capability Policy
- WP09 All Wales Disciplinary Policy
- WP41 Recruitment and Retention Protocol

- Bilingual Skills Policy

Updating the policy to provide up to date:

- Census information on the number of Welsh speakers by county in the BCU operational area.
- Guidance on were to advertise roles that are Welsh Essential

- Amendments to the Welsh Language Matrix in order for employees and workers to be able to better declare their level of Welsh language skills
- Relationships at Work Policy

## **New Policy**

At the request of the People Services team a Relationship at Work Policy has been developed in partnership with our Trade Union Partners and input from the People Services Team, to give guidance to employees, workers and students on professional boundaries between one another and service users/patients.

- WP14 Annual Leave Policy

General update and inclusion of information on unpaid leave which was in the previous version

Any period of unpaid leave of one month or more will not count towards the calculation of annual leave entitlement. Furthermore, employees who contribute to the NHS Pension Scheme and who take unpaid leave will be required to make up their pension contributions over an agreed period following their return to work.

- WP23 Professional Registration Policy

Policy has had full re-write. It gives guidance to those requiring statutory registration with a regulator and those requiring registration with a professional body or register. Individuals required to be registered to undertake the work they are employed by BCUHB to undertake must continually maintain that registration.

The policy outlines the responsibilities of the employee, manager, people services and other areas of BCUHB.

- WP60 Exit Interview Policy

Policy has been updated by the Organisational Development Team.

There are two amendments to the policy, which both involve the change of word from 'Procedure' to 'Policy'. These changes appear on page 3 'BCUHB EXIT INTERVIEW PROCEDURE AND QUESTIONNAIRE' the word 'Procedure' has been changed to 'Policy', and Page 5 the word 'Procedure' has been changed to 'Policy'.

- WP79 All Wales Recovery of Over payments Procedure

A procedure to bring a unified approach in how an overpayment should be handled across NHS Wales. This All-Wales procedure will replace any existing local processes to ensure consistency by NHS Wales Shared Services Partnership Payroll Services and NHS Wales Organisations upon the identification of an overpayment.

- WP77 Protocol for Recognising Continuous Service

The Protocol for Recognising Continuous Service has been developed on a tripartite basis in social partnership with trade unions, public service employers, and Welsh Government of the Workforce Partnership Council (WPC).

The aim of the protocol is to aid mobility of the public service workforce and aid recruitment within public service organisations by retaining employees with valuable public service experience, skills and knowledge within the public service workforce.

- Neonatal (Leave and Pay) Policy

Neonatal Care (Leave and Pay) Act 2023 comes into force in April 2025. One in seven babies born in the UK is admitted to neonatal care shortly after birth. Babies receive neonatal care either because they have been born prematurely (before 37 weeks of pregnancy) or at full term but sick.

The entitlement is for:

- c) Parents of babies who are admitted into hospital aged 28 days or less will have the right to neonatal leave if the baby is in hospital for a continuous period of 7 days or more.
- c) The maximum amount of leave available is 12 weeks, to be taken in one block (likely to be taken at the end of the maternity/paternity leave) and to be used within 68 weeks of the birth.
- c) Statutory neonatal pay will also be available subject to 26 weeks service and the employee earning above the lower earnings limit.

- All Wales Job Evaluation Policy

The aim of this policy is to ensure that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for approval and application of NHS Wales Job Descriptions where they are available and the review of these job descriptions on a three yearly cycle.

**Consultation and development of the following policies is on-going;**

- WP58 Electronic Staff Record (ESR) System Policy

**All Wales policies in development**

- All Wales Managing Attendance at Work Policy
- All Wales Disciplinary Policy
- Draft All Wales Redeployment Policy

**In partnership with the People Services team and Trade Unions, the following W&CD are in the pipeline for development and will provide clear and concise guidance to BCU staff, as well as outlining compliance with relevant legislation or regulations;**

- Guidance in the use of Fixed Term Contracts Policy
- Determination of Starting Salaries – Medical and Dental
- Guidance to support employees with a terminal illness

**The Policies, Practice and Compliance team are working closely with the Associate Director of People – Central to update the following W&CD to support our partnership working ethos;**

- WP15 Partnership and Recognition Agreement
- WP15a Time Off and Facilities Agreement for Trade Union Duties and Activities

**The Policies, Practice and Compliance team are working closely with the Associate Director of People – Central to ensure that the following procedure is approved in line with the W&CD**

- Temporary Injury Allowance Procedure

**The Policy, Process and Compliance Team are working with the authors to update the following policies, which are tabled for approval at Workforce Policy Group in January and February 2025.**

- WP21a Entitlement to Breaks Procedure
- WP13 Flexible Working Policy
- WP65 Dress Code Guidelines
- WP14C Shared Parental Leave Procedure
- WP30 Statutory and Mandatory Training Policy
- WP33 Wellness Action Plan (support documents for WP33 Staff Mental Health, Wellbeing and Stress Management Procedure)

No changes to content of the following W&CD only the formatting of the document

- WP21 Working Time Procedure and Appendix
- WP25 Adverse Weather Procedure
- WP35 Time off in Lieu Procedure
- WP36 Flexitime Guidelines
- WP37 Childcare Vouchers Procedure
- WP46 Additional Leave Purchase Procedure
- WP63 Death in Service Procedure
- WP49 Pay Progression Policy
- WP66 All Wales Menopause Policy
- WP40 All Wales Employment Break Policy
- WP11 Managing Attendance at Work linked forms (No changes to content of the appendices only the formatting of the document)
  - Return to work form
  - Phased return form

It is proposed that in 2025, those Policies that have been approved will be reviewed with a view to simplify the existing process and to provide manager guidance which sit alongside the policies, whilst working with the People Services team and Trade Union Partners.

**The following documents have been approved and are live on BetsiNet**

- WP72 Medical & Dental Temporary Worker Policy
- WP72a Medical Locum Induction and Competence Assessment

Several existing Policies, Procedures and Processes have been collated into one new Medical and Dental Temporary Worker Policy. The policy is supported by one added Standard Operating Procedure (SOP); WP72a Medical Locum Induction and Competence Assessment

### All Wales Policies

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

### Key points to raise on People Policy Development

It is recognised that a broad range of input from a diverse user group is needed for effective policy development, particularly from stakeholders and operational teams who routinely apply policies in their roles. The Policy, Process and Compliance team have

noted in some cases there has been limited input outside the core policy group membership in recent month. To address this, a series of policy development sessions will be scheduled and published alongside a plan that outlines which policies will be developed or reviewed in a rolling 12-month period. A key component to this will be input from stakeholders who have capacity to take a lead on policy development.

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

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

Below is a list of all WP Polices which are either out of date or require an update in 2025, the author of each W&CD has been contacted to provide a date of when they will be tabled on Workforce Policy Group for approval;

<b>Name of Policy</b>	<b>Author</b>	<b>Date of Review</b>
WP24b - BCUHB Gateway Protocol for the NHS Knowledge & Skills Framework	Organisational Development	01/10/2014
WP52 - Study Leave Policy - (Applies to all staff apart from Medical & Dental)	Organisational Development	01/01/2018
WP54 - Study Leave Process (Applies to all staff apart from Medical & Dental)	Organisational Development	01/01/2018
WP54 - Appendix 1 - Study Leave Application Form	Organisational Development	01/01/2018
WP24c - PADR Form	Organisational Development	01/12/2020
WP30 - Statutory Mandatory Training Policy and Procedure	Organisational Development	01/02/2022
WP12 - Orientation Appendices	Organisational Development	01/04/2022
WP12 - BCUHB Induction Procedure	Organisational Development	01/08/2025
WP22 - BCU Mufti Allowance Procedure	Mental Health and Learning Disability	01/10/2017
WP22 - Mufti Allowance Procedure Forms Final	Mental Health and Learning Disability	01/10/2017
WP56 - Procedure for the Management of the Larger Person	This policy will become a Health and Safety/Nursing Policy when the all Wales policy is released.	01/06/2020

OHW02 - Staff Health and Wellbeing Guidelines	Health, Safety and Wellbeing	01/10/2020
WP59 - Personal Employee Record Management Procedure	People and Organisational Development	01/10/2020
WP3a - Capability Forms	Awaiting approval by Exect Director of POD to retire document	01/06/2021
WP27c - Managing Attendance at Work Reasonable Tailored Adjustment	Awaiting approval by Exect Director of POD to retire document	01/05/2022
WP14a - Interim Protocol on Pay While Undertaking Jury Service and the Recovery of Loss of Earnings	Awaiting approval by Exect Director of POD to retire document	01/06/2021
WP42 - Guidance on Dealing with Hate Incidents Crimes Against BCUHB Staff	Equalities	01/06/2024
WP43 - Guidelines to Support Trans and gender diverse Staff in BCUHB	Equalities	20/08/2024
WP69 - Employer Pension Contributions – Alternative Payment Policy	Lesley Hall updating	01/03/2025

## Job Evaluation Update

In January 2025 the Internal Audit into Job Evaluation (JE) was completed. Whilst the report offered a lot of positive aspects, the overall assurance level cannot be quantified as there were two areas in which the auditors were unable to validate the process. The final audit report with agreed management responses was submitted on 21<sup>st</sup> January and will be tabled at the subsequent Audit Committee. LPF colleagues are asked to note the following summary of findings in the table below;

	Findings	Management Response
1	<p><b>Review of Health Board procedures on publication of new Handbook editions and changes to process</b></p> <p>Current Health Board procedures are not reflective of the updated eighth edition handbook or the revised procedure instigated on 17 October 2024.</p>	<p>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.</p>
2	<p><b>Scheme of Reservation and Delegation (SoRD) compliance</b></p>	<p>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</p>

	<p>The Health Board's governing SoRD document includes Delegated Matter 10e, concerning requests for upgrading or regrading which is delegated to the Service Director.</p> <p>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.</p> <p>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.</p>	<p>include the service director to meet the requirements on the SORD.</p>
3	<p><b>Computer Aided Job Evaluation (CAJE) referenced Job Descriptions included in all vacancy adverts</b></p> <p>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.</p>	<p>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).</p>
4	<p><b>Conflicts of Interest in Job Matching Panels</b></p> <p>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.</p> <p>This information has not been provided for us to review.</p>	<p>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.</p> <p>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</p>

		on the matching and consistency panel, a declaration of interest will be recorded and reported to LPF.
5	<p><b>Panel outcomes are actioned in a timely manner</b></p> <p>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.</p> <p>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.</p>	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.

To address the above actions and to ensure the Health Board is in a position to meet the requirements of the new all Wales Job Evaluation Policy, a task and finish group will commence in February 2025 and will lead on updating the processed and necessary policy documents.

#### Job Evaluation Performance Update

As of **Monday 20<sup>th</sup> January 2025**, there are a total of **50** requests waiting to be matched in the backlog; 19 requests are JD's for new/vacant posts and 31 requests are postholder re-bandings/reviews.

20% of the queued 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 JD's being submitted our panels have been forced to ask for clarification and additional information which adds to the matching time.

Out of the 50 jobs waiting, 40 have been waiting over 4 weeks to be seen at their first panel.

**Received for processing so far during January (excludes track changes): 4**

## Approvals Achieved in January so far:

- 13 track change requests where approved
- 8 jobs approved at consistency checking

## Failure to Agree

There are 3 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 for 75 days awaiting its first panel. This JD is set to be seen at this week's planned panel.

## Challenges affecting performance against KPIs include:

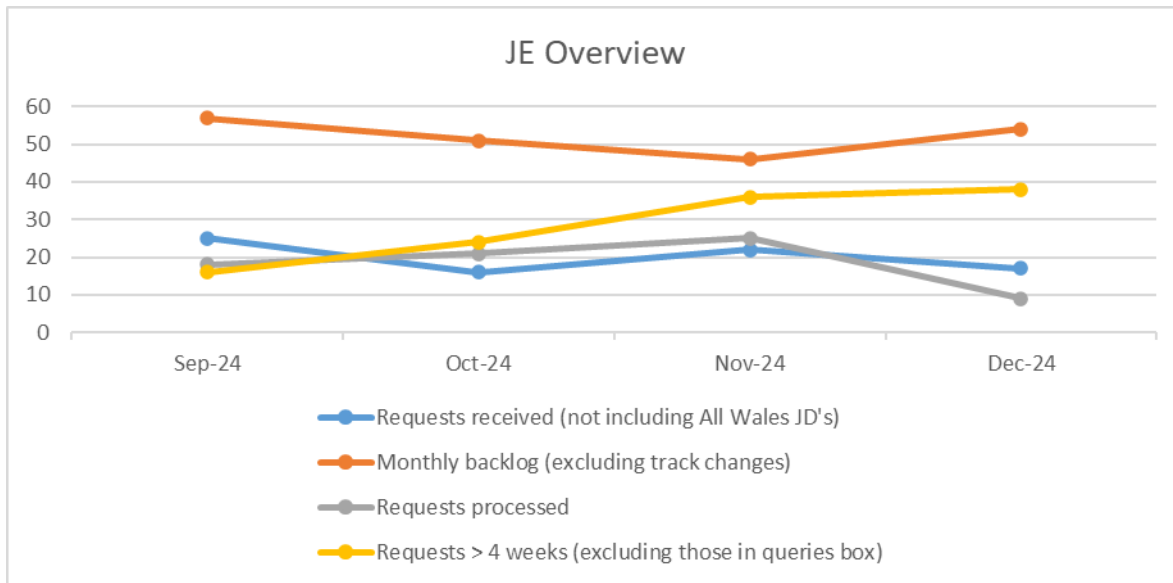
- When a panel has to be cancelled or cut short to only a half day, due to matcher availability/sickness absence. Late December and Early January can prove difficult to organise panels as many people take annual leave or cannot give availability due to their service needs.
- Recently we have received a number of posts relating to the Vaccination and Immunisation OCP, that we have been asked to prioritise for urgent processing. Between December and January, we have process 21 jobs for this OCP. 7 of these JD's needed full matching through panels, whilst others were reviewed via the track change approval route. Supporting this OCP process during December has impacted our waiting time.
- Due to the standard of JD's being submitted our panels have been forced for ask for clarification and additional information, which adds to the matching time as the JD's 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 15 weeks at present.

## Running KPI Table

Month	Requests received (not including All Wales JD's)	Monthly backlog (excluding track changes)	Requests processed	Requests > 4 weeks (excluding those in queries box)	In Queries Box	Longest case waiting in working days (excluding those in queries box)	Track changes approved	All Wales JD's copied over	Panels Planned for the next month
Dec-24	17	54	9	38	10	70	10	0	3 full day panels and 2 half day panels
Nov-24	22	46	25	36	9	59	15	0	6 full day panels
Oct-24	16	51	21	24	12	55	10	2	6 full day panels
Sep-24	25	57	18	16	16	35	16	0	5 full day and 1 half day
Aug-24	28	51	8	11	17	31	12	0	6 full day panels
Jul-24	21	45	24	5	19	27	10	0	5 full day panels

## So far during January 2025:

- The average number of days to process a request (excluding track changes): 52
- The longest number of days to process a request (excluding those which had queries and went to numerous panels): 84
- Average number of days to process a track change request: 7 days



## **Leadership and Engagement Update**

### **1. Introduction and Context**

This paper provides an update on the core workstreams aligned to the improvement of the Health Board’s leadership and engagement and is aligned with Welsh Government Special Measures and the Health Board annual plan expectations.

A whole organisation approach is being taken to our culture, leadership and engagement work, linking the principles and values to other applicable areas e.g. our recruitment and retention, employee health and wellbeing and commissioning processes.

### **2. Leadership Development**

#### **Integrated Leadership Development Framework (ILDF)**

Work is continuing to develop a Leadership Development offer that will provide a range of opportunities that support our leaders in developing their leadership capabilities. This is described in our Integrated Leadership Development Framework (ILDF), which provides leadership opportunities for all staff within the health board. Progress to date is below:

#### **Quarter 3 Activities Focussed on:**

##### **Venture Leadership Hub**

The new Venture Leadership Hub was launched in November 24. The hub is hosted on HEIW’s Leadership Portal, Gwella. It hosts all leadership development activities, including both informal and formal routes to leadership development.

Work has continued to socialise the hub and share widely across the organisation. A request for feedback from approximately 400 colleagues, on the look and content of the hub has been gathered for review in early February 2025. Following the review phase II development of the hub will commence, taking on board the feedback and suggestions

from colleagues. Development and piloting a new 'courses' application to ensure that the hub can host new programmes and content into the future will also take place in quarter 4.

### **People Managers Forum**

The People Managers Forum is a space for all people managers to network and share their experience. The forum supports our people managers in developing their skills and competence, helps them keep up to date with recent changes in policies and processes and aims to build a community of practice that is an engaging and supportive space.

The second session on 'submitting additional pay requests on time' was held on the 19th December 2024, with over 40 people managers booked to attend. Helen Stevens-Jones (Director of Partnerships/Communications and Engagement) attended to introduce the session and engage with managers. Session 3 will be held in January 2025 and will focus on supporting with good roster management, followed by session 4 in February, which will provide support and practical tips for managers on the revised Flexible Working Policy.

### **Programme Development within the ILDF:**

#### **Aspiring Programme**

The draft programme will be finalised and consulted on with key stakeholders on the Design group, in readiness for launch in Q1.

#### **Senior Leadership Programme**

The Advanced Clinical Leadership Programme for 2025 is open to applications until the 17<sup>th</sup> January 2025. The second cohort to be held in North Wales will commence in April 2025.

## **3. Retention Programme**

### **Introduction & Context**

Workforce retention is a major challenge facing the NHS. It is directly related to leadership and culture and research suggests that employees leave the NHS because they feel overworked, underpaid, unable to deliver good care, are treated badly, or are unable to develop their careers (Health Education and Improvement Wales, 2024). Issues often present as a combination of factors, hence the need to understand how they influence a person's decision to stay within, or leave, the NHS in Wales.

Quality improvement interventions can have a positive impact on workforce retention rates and an examination of BCUHB resources and data helps to provide a better understanding of retention issues at both local and regional levels. A targeted approach that promotes a sustained implementation of retention-based interventions, policies and procedures - together with workforce support and career development opportunities - should ultimately lead to lower attrition rates and improved employee experience.

Health Education and Improvement Wales advocate an ongoing process of audit and review and have developed a retention-based assessment tool from which to establish baseline information concerning staff retention issues. The tool is currently being trialled by nurses and midwives and, if successful, will be rolled out to all NHS employees in due course.

Retaining a skilled and experienced workforce is a key priority for BCUHB and the gathering of retention-based information - together with an analysis of findings - should therefore provide opportunities for improved staff retention.

### **Retention Programme Progress in Quarter 3**

Work is continuing with the Health Education and Improvement Wales 'Nurse Retention Self-Assessment Tool'. Enabling further progress with BCUHB's 'Nurse Retention Plan' in line with Welsh Government and Health Education and Improvement Wales directives. Plan is being informed by themes and findings from self-assessment submissions.

The All-Wales Health Education and Improvement Wales Retention Community of Practice is now established and is providing a clear focus for a collaborative approach to NHS retention, including uniform implementation of Quality Improvement (QI) methodology and processes.

A focus on BCUHB retention issues in Administrative & Clerical Services in Quarter 4 will examine staff turnover and churn rates from a pan-perspective employing variables such as age, site-base, PADR compliance and opportunities for career progression.

## **4. Engagement**

### **NHS Wales Staff Survey 2024**

Following the close of the NHS Wales Staff Survey on 2 December 2024 and a completion rate of 17.2 per cent, we anticipate receipt of the HEIW dashboard with quantitative data by the end of January 2025.

A plan to distribute this data amongst staff survey leads locally is in place and findings will inform action to address issues and to promote the positive findings.

The qualitative data (the free text comments) is expected to be available to us by the end of March 2025. We await confirmation from HEIW on the national reporting of overall 2024 results.

### **Foundations for the Future**

Focus groups for the design phase of the Foundations for the Future programme are underway at the time of writing, with some taking place pre-Christmas and others during January. Participants include senior staff from key groups including operational teams, IHCs, medical leadership, nursing, MHLD, corporate, clinical network managers and women's, cancer and North Wales clinical services. These online sessions are being facilitated by Ffion Johnstone, Programme Director and Georgina Roberts, Associate Director of People Services.

As of 16 January 2025, nine online workshop sessions have been held and a total of 72 colleagues have attended. A further six workshops are planned.

There is also an opportunity for staff to complete a [survey](#) in English or Welsh via BetsiNet to contribute to the discussions.

## **Welcome to Betsi Cadwaladr University Health Board video**

To add to the short film we created last year to demonstrate what is meant by compassionate behaviour and the impact we each have on others, we have completed a second film to welcome new staff to the organisation.

This will be sent to staff awaiting start dates and shown at induction and orientation sessions to give new colleagues a flavour of the breadth of the organisation and the teams that deliver care to our population. This is part of the wider work to improve employee experience, from the initial contact with the organisation through the recruitment journey.

We felt it was important to feature colleagues in a variety of clinical and non-clinical roles, to showcase the range of careers and opportunities the Health Board offers.

To this end, we repurposed some of the footage we gathered over the summer in preparation for September's Staff Achievement Awards ceremony. We are currently awaiting responses from all those who feature in the film to ensure they are content to appear in it and will share it widely when this process is complete.

## **Seren Betsi Launch**

Seren Betsi is a monthly staff recognition scheme that will be launched to promote colleagues and teams who demonstrate and live the new organisational values of compassion, openness and respect. The new scheme was supported by the Organisational Development Steering Group (ODSG) at the November 2024 meeting will align with the promotion of the new organisational values and behaviours as agreed by the Board in November 2024.

## **Workforce Engagement Approach**

We have spent the past few weeks fact finding about the key ingredients to effective staff engagement in organisations and are preparing a paper proposing how we might use what we have learned to augment the activity already underway as part of the culture, leadership and engagement programme.

## **Codi Llais Yn Ddiogel/Speak Out Safely (SUS) Update**

This update covers activity within SUS from the beginning of September 2024 to the end of January 2025. The main points covered are in relation to:

- Ongoing activity and data in relation to staff concerns being raised through SUS, including numbers of concerns raised, types of concerns, average time taken to respond, percentage numbers of concerns closed, and percentage number of concerns still open. Additionally provided, is ratings data on staff experience of using SUS
- Changes in SUS Multi-disciplinary team membership
- Update on types of awareness raising activities currently in place to ensure as many staff in BCUHB as possible are aware of SUS/SUS and how to use it

## Activity Update

### Overall High Level Data – Work in Confidence:

Work in Confidence, the independent anonymous concerns raising platform that allows staff in BCUHB to engage in anonymous two way conversation with a member of the SUS MDT or SUSG launched in July 2021. Since its launch **414** staff have registered on the platform and **233** conversations around concerns have been raised. The platform notes a consistent increase of around 7-13% new registrations each month. Of the **233** conversations, **208** have been closed (**89.27%**). This report for the first time illustrates a new headed concern for ‘Sexual Safety’.

Category of Concern	Number Received	% total concerns
Leadership & Management issues	60	25.3%
Bullying & Harassment	45	19.3%
Patient Safety & Quality	35	15%
Other	29	12.4%
Staff Safety	18	7.7%
Behavioural/Relationships	25	8.5%
Systems & Processes	10	4.3%
Equality, Diversity & Inclusion	10	4.3%
Infrastructure & Environment	1	0.5%
Sexual Safety	1	
<b>Total Cases</b>	<b>189</b>	<b>100%</b>

### Specific data for the time period 1st September 2024 – 30th January 2025 – Work in Confidence:

In this period there have been **38** new staff members who have registered for the platform (as part of the 414 total number of staff members). **47** conversations have been raised during this time (as part of the overall 233 conversations as highlighted in 2.1.1.) and of these **23** have been closed (**48.94%**) and **24** remain open.

Category of Concern	Number Received	% total concerns
Leadership & Management Issues	15	31.9%
Patient Safety & Quality	3	6.4%
Bullying & Harassment	6	12.8%
Other	11	23.4%
Equality, Diversity & Inclusion	2	4.3%
Behavioural/Relationships	9	19.1%
Sexual Safety	1	2.1%
<b>Total Cases</b>	<b>47</b>	<b>100%</b>

The average time it takes SUS team members to respond when a new conversation is started is **2** days, and typically cases are being closed within **22** days of their first being opened. Staff satisfaction ratings at closure of concerns currently stand at **4.92%** which remains again for this 5 month period as our highest overall ratings score since SUS launched (based on a Likeard Scale rating between 0 and 5 with 5 being the highest satisfaction rating on the scale).

Overall high level data – Concerns raised with SUS Guardian:

There have been **73** cases raised directly with the SUS Guardians (outside of referrals via Work in Confidence) since the launch of the SUS Guardian function in October 2021. Of these, **71** have been closed (**97%**).

Category of Concern	Number Received	% total concerns	Activity from last quarter
Leadership & Management Issues	23	32.8%	1%
Systems & Processes	9	13%	No change
Bullying & Harassment	10	13%	1%
Patient Safety & Quality	7	10.1%	No change
Behavioural/Relationships	9	13%	No change
Equality, Diversity & Inclusion	5	7.2%	No change
Other	6	8.6%	No change
Staff Safety	2	2.8%	No change
<b>Total Cases</b>	<b>73</b>	<b>100%</b>	

SUS MDT Update

Membership of the SUS MDT has undergone Minor changes \* since an SUS update was last provided to LPF. The current MDT membership is:

- Dr Jim Mcguigan – Deputy Executive Medical Director
- Andrea Orme – Associate Director of People Services
- Reena Cartmell – Director of Nursing Quality, Assurance and Learning
- Justine Parry – Assistant Director of Compliance and Business Management
- Dr Kath Clarke – Head of Quality – \* *Recently retired*
- Clare Jones – Corporate Health and Safety Manager
- Rebecca Testa – Head of Organisational Development
- Melany McKenna/Kate Shakespeare – Principle Clinical Psychologist/Clinical Psychologist (alternating meetings)
- Gareth Evans – Lead for SUS and Chair of the SUS MDT
- Tracey Eccles – Lead Guardian
- Kathryn Seeney - Guardian

SUS Guardian Update

The recently appointed Lead Guardian has been in post for three months,

Therefore, the current position with Guardians is as follows:

- 1 x Permanent Lead Guardian – 30 hrs a week (Recent appointment)
- 1 x Fixed term Guardian – 8 hrs a week until 30<sup>th</sup> March 2025

As part of ongoing efforts to raise awareness about SUS, activity continues in the organisation which will continue over the forthcoming months which includes:

- Maintaining our Betsi.Net Speak Out Safely pages.
- Continuing to provide information on SUS in the Corporate Induction processes for all new starters, and in the updated staff handbook
- Continuing to provide information on SUS in our Foundations of Leadership and Management courses.
- Having bi-lingual posters on the role of the SUSG and on how to use Work in Confidence available for display in staff areas across the Health Board
- Review role of the IM and commence developing plans to work on embedding the relationship with Guardians and the IM
- Roll out comms plan throughout the health board introducing the guardians through a podcast and refreshing the rebranding for SUS
- Develop an interactive handbook to include all detail and tools from the Betsi.Net pages into one handbook which could be printed for harder to reach staff.
- Review and compare national statistics with local reporting and share information for staff awareness purposes on our SUS Betsi.Net pages
- Continue to network and develop links with other Guardians across Wales and also across England
- Continue with plans to roll out a recruitment for SUS champions and reengage with work around developing a local network of champions
- Attend roadshows with colleagues in our Equalities team to raise awareness of the SUS process
- Continue to ensure consideration is given to cross-cutting themes between the work of SUS/SUS and wider cultural transformation work in the organisation, including that being undertaken as part of Special Measures, e.g. Integrated Leadership Development Framework, Cultural Change Programme and the development of a Learning Organisation Framework.

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

### **Wellbeing**

The staff Health Needs Assessment (HNA) report was finalised and signed off and sent to senior POD colleagues for them to share with colleagues and review under against their culture and leadership programme. An additional document was also shared to each of the IHC areas highlighting comments of concern linked to OD and HR matters which link in with and support the ongoing work on culture, leadership, staff behaviours and HR work. The HNA provided good feedback and information of how we should target and deliver our health and wellbeing programme for the next 12-18 months prioritising our staff. The next steps are to review the recommendations and include some targeted work in line with staff feedback as part of the wellbeing team delivery plan.

Planning has been underway to start the third round of Occupational Health & wellbeing roadshows which started in November with a monthly visit to each of the 3 acute sites over the next few months (7th Nov YGC, 12th Dec WXM, Jan YG date TBC) and a schedule for the community sites from February 2025 is currently being developed. Multiple roadshow stands were held across BCUHB sites with approximately 325 staff members attending. We worked in collaboration with the health protection team to offer flu vaccinations to all

staff who attended our health and wellbeing roadshows. Further roadshow engagement sessions are planned throughout 2025.

Other sessions for support that we have delivered:

- Hybrid awareness sessions / drop-in clinics were delivered with 65 staff members attending
- Departmental closed sessions – 29 staff members attended; sessions were delivered to the Occupational Health department, Maesderw community Nurses (Llandudno) and Flintshire mental health team
- Occupational Health and wellbeing team attended the Health Care Assistant Conference at Venue Cymru on 22.11.24 as well as the BCUHB Clinical Leadership conference at Conway Business Park 21.11.24, promoting staff wellbeing services and available resources for teams and staff which was well received.

Monthly virtual menopause cafes continue to run alongside the WULF menopause awareness sessions with a new session on nutrition and lifestyle being introduced this quarter. To mark world menopause awareness month, we invited Jayne Woodman from The Menopause Team to be a guest speaker at the virtual menopause café which took place on 23rd October. A total of 63 staff attended the BCUHB Menopause cafes for Q3. The Occupational Health & Wellbeing department teamed up with Jayne Woodman from The Menopause Team and Unite the Union to deliver a week-long menopause live roadshow 25-28 November 2024 across our BCUHB sites. We delivered menopause information and support sessions direct to staff across acute and community sites. The roadshows were a huge success and we engaged with over 400 staff members over the week.

There were 2 x woodland wellbeing taster sessions for health professionals in November hosted by Coed Lleol which offered BCU staff the opportunity to participate in a free wellbeing taster session to experience nature and outdoor activities for health and wellbeing – approximately 30 staff attended these sessions and all reported positive outcomes on a professional and personal level with some potential referral opportunities for clinical staff and their patients. A further run of staff winter wellbeing workshops commenced in November and December.

We have been working closely with the Royal Cambrian Academy of Art to design an initiative to support NHS staff on short-term sick leave due to burnout, anxiety, mild mental health issues, or PTSD related to the Covid pandemic. The bid will be submitted in January and if successful we will look to launch the sessions for staff in March/April 2025.

## **Counselling**

The counselling programme continues to operate at full capacity with demand for services and support increasing. We currently have 121 staff on our waiting list with 126 clients in process.

Out of the current 121 staff waiting for an appointment

- 51 referred from Central
- 39 referred from West
- 24 referred from East

7 referrals have been withdrawn 3 for non-competition of mood questionnaires and 4 referred on to Community Mental health teams due to high presenting needs.

The programme has continued with the two additional face to face venues in Holywell and Carlton Court to help ease the pressure on waiting times with the counselling team leader picking up additional sessions.

The three MSC counselling trainee students on placement with all continuing on their placement with allocated clients, around 4 each. All three trainees' have completed over 50 hours for their midterm reports.

We continue to receive increasing requests for bespoke support to help departments and teams with issues around emotional wellbeing challenges (to include burn out, stress and crisis management) and we are working with teams to provide educational and support sessions to nursing staff at our community-based locations, we have provided this to staff in Deeside, Rhyl and in the West.

### **Immunisation**

Staff flu immunisation programme commenced on 30.09.24. Local peer vaccinators and vaccination centres are in place to support local delivery of the programme and support improved accessibility to the flu vaccination. Support for the delivery of this programme is also provided by the health protection service. Staff can also attend a local community pharmacy or GP for vaccination. Our current up-take stands at 32% (n 6,802), which, when compared to other HB's across Wales we are within the top three. The uptake within Wales has remained slow, all have struggled to get above 40% with figures like the 2023/24 programme. Significant promotional and engagement work needs to continue while flu remains circulating in our hospitals.

MMR protection within areas of high risk currently stands at 83%, which includes those born before 1970, natural immunity or 2 MMR vaccines. We will be running a report going back to 2019 of all employees with gaps in MMR vaccine uptake within their health record and will target staff accordingly.

An update from Welsh Government and VPDP on Pertussis vaccine and areas of at-risk groups, advising those who haven't have a pertussis containing vaccine within the past 5 years be offered one. A report has been completed on employees concerned and as in the previous recall programme, those staff within the recommended groups will be targeted to booked in for vaccination, or attend a session provided by the department nurses within their place of work.

### **Equality and Human Rights Update**

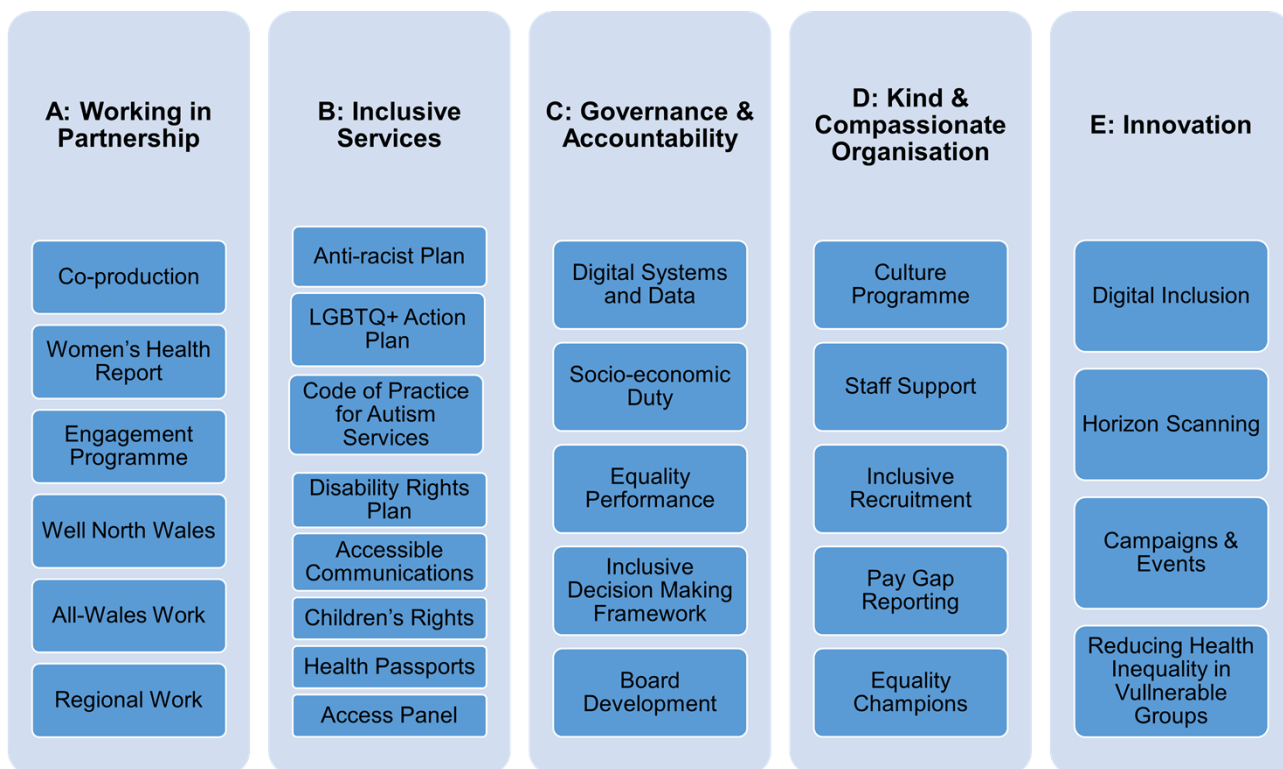
This update gives a brief overview of some of the Equality, Diversity and Inclusion activities and progress this year.

#### **1. Activities**

##### **Strategic Equality Objectives and Action Plan (SEP) 2024-2028**

The Health Board is currently in its first year of its Strategic Equality Objectives for 2024-28.

##### **Achieving Equity: Strategic Equality Plan 2024-2028**



The action plan, focusing on the first year’s activities has been published with the objectives. <https://bcuhb.nhs.wales/about-us/governance-and-assurance/strategic-equality-plan-2024-2028/>

The actions for the Welsh Government Anti-racist Wales Action Plan and LGBTQ+ Action Plan are incorporated in the SEP.

The support from the LPF is critical in ensuring that our staff are supported and the objectives and actions are embedded over the next 4 years.

### Year 1 Quarter 3

Each quarter a progress report on the 28 Actions is produced and will be presented to the Equality and Human Rights Strategic Forum, LPF, and People and Culture Committee.

This is a summary, and a full report is available.

Current	Count	%	End of Year	Count	%
Complete	0	0	Complete	0	0
On Track	23	82%	On Track	26	93%
Off Track	5	18%	Off Track	0	0%
At Risk	0	0%	At Risk	2	7%

Priority	Current	Forecast	Narrative
To implement BCUHB Anti racist Action Plan.	Off Track	On Track	The Welsh Government Anti-racist Action plan was recently revised and the timeline for actions need to be amended to reflect these changes. This action is a 4 year plus action involving challenging attitudes and behaviours, reviewing our polices through an anti-racist lens and meeting the recommendations from the Workforce Race Equality Standards report.
To implement BCUHB Code of Practice for Autism Services.	On Track	At Risk	A project lead and clinical lead have now been identified, but the delay in securing these may have an impact on meeting the deadline currently set. Initial work on the Code of Practice was lead from the Equality team, but need more senior traction, which the project leads will have more capacity to develop.
Ensure the availability of accessible information to patients and carers in line with the Accessible Communication Standards, BSL charter and Welsh Language standards	Off Track	On Track	There has been a delay in the Welsh Government revision of the Accessible Communication Standards. These will have a wider scope to include community languages. 31 objectives have been identified that will impact the Health Board. Additional actions will be incorporated into the SEP to reflect this alongside the impending Disability Action plan. The Health Board's involvement in the Bangor University Accessible Services Project for Deaf, Hearing Impaired and sensory loss, provides funding opportunities for accessible

			communications work including the provision of SignLive video relay interpretation. A BCUHB working group is being developed.
Improve BCUHB digital systems and processes to record and monitor patient and workforce equality data	Off Track	On Track	Work has been delayed through the Planned Care programme of work due to a focus on demand and capacity planning. The Data Quality and Information Governance Group has agreed to support progression of the work. Work to produce a scope for systems and to audit our main patient administration systems have now been completed and the final stage of the action is on track.
Establish parity for 'equality' as a performance domain within BCUHB performance framework.	Off Track	On Track	A draft Equality Outcomes Framework has been produced. This will be reviewed alongside the Health Board's Performance Framework. East IHC are piloting an Equality Performance Report and learning program. The working group is meeting this month to take this forward.
To deliver regular equality education sessions to the Board to embed equality and human rights duties	Off Track	At Risk	The last EDI training session for the Board was held in 2022. With Special Measures and changes to the Board impacting timelines for training. A 9.5hr EDI Board Development program has been developed to be rolled out in 1-2hr sessions throughout 2025.

### Welsh Workforce Race Equality Scheme (WRES)

At the last meeting the WRES was explained. We received the first report and recommendations in June.

Welsh Government also produced a national report, showing the commonalities of barriers faced across the NHS in Wales.

Following a meeting with Welsh Government leads, the CEO, Assistant Director and Head of Equality it was agreed that for the next 12 months the health board will focus on 2 of the recommendations. That of Inequitable likelihood of ethnic minority staff being put through capability processes and poor levels of declaration.

The team have arranged for staff reminders to update their equality data to go into the January payslips as well as a news story that was placed on the front page of the Intranet. Both will be promoting the new information film created by NHS Wales Shared Services Partnership on our Equality intranet page [Equalities - Home \(sharepoint.com\)](#).

Here are the links:

English: [Your Equality and Diversity Data in ESR](#)

Welsh: [Eich Data Cydraddoldeb ac Amrywiaeth yn ESR](#)

This was also supported by the CEO's update that went out on the 17th January, encouraging staff to update their equality data on ESR.

The equality team are working with WOD to identify ways to improve capability incidents data, which is interlinked with the wider culture and values work and anti-racist training programme as part of the Anti-racist Wales Action Plan and BCUHB Strategic Equality Objectives.

In addition to support the WRES and Anti-racist action plan the equality team have compiled a Race Pay Audit that will be published as part of the Equality Annual Report.

### **Race Equality Week 2025**

Race Equality Week is an annual UK-wide movement bringing together thousands of organisations and individuals to tackle the systemic barriers to race equality in the workplace and beyond. This year, Race Equality Week 2025, scheduled for **3rd to 9th February 2025**, promises to be more impactful than ever as we continue to strive for meaningful and lasting change.

### **2025 Theme: #EveryActionCounts**

The theme for 2025, **#EveryActionCounts**, underscores the importance of individual and collective actions in driving progress toward race equality. It's a reminder that sustainable change is built on the foundation of consistent, meaningful actions from everyone—from individuals to entire organisations.

### **Turning Words into Actions**

The guiding principle for Race Equality Week 2025 is clear: "Commitment is not measured by words but by outcomes and actions." This year's initiatives include the **5-Day Challenge 2025**, which offers daily activities designed to encourage reflection and action among employees. Topics include Intersectionality, Recognising Privilege, Inclusive Language, Code Switching/Masking, and culminate with The Big Promise. [Race Equality Week 2025](#)

### **Support for Staff experiencing or at Risk of becoming homeless**

Last year the equality team co-produced with our Equality Champions, Shelter, Clwyd Alyn and our Betsi Ending Homelessness Implementation Group, a briefing, alongside existing guidance to support staff who may be facing homelessness, due to financial hardship or other factors.

As a key employer across north Wales, staff employed by BCUHB may experience or become at risk of becoming homeless. This briefing aims to provide greater awareness so that all staff can understand what support is available.

This is one of many areas of support we are looking at and more support during a homelessness crisis is needed. Homelessness is much wider than street homelessness, and we need to broaden our understanding to enable improved support and help reduce stigma.

There is also wider guidance available on our equality resource pages - to promote inclusive best practice for people experiencing homelessness who access health services. Wider work is underway to prepare for a new duty for referring patients who are homeless. This work is being coordinated by a newly formed Reducing Homelessness Implementation Group.

[Key information to help support Betsi staff experiencing or at risk of becoming homeless](#)

### **Free Trans Allyship Training in North Wales.**

Stonewall is bringing their Trans Allies Programme to Wrexham on the 6<sup>th</sup> March 2025.

The all-day programme provides a deep dive into trans inclusion at work to support you to play your part in creating a more inclusive workplace for trans people.

During the programme delegates will:

- Develop an in-depth understanding of trans identities as well as the everyday experiences of the trans community
- Explore what a trans inclusive workplace looks like and examples of good practice from Stonewall, our clients and partners
- Understand what it means to be a trans ally and how you can work to create a more trans-inclusive workplace

[Introduction to Trans Allyship](#)

### **Ramadan Support and Staff Iftar Events**

Last year the health board for the first time provided 3 Iftar events, breaking of the faste, during Ramadan. These were open to staff and patients to attend and were supported by the chaplaincy department. The feedback from staff, both Muslim and non-Muslim has been overwhelmingly positive with staff thanking us for recognising spiritual needs and explaining what support managers can give staff and patients during the holy month.

The Iftar events will be held at the 3 min hospital sites, we welcome staff to attend to show their support and find out more about the holy month itself. [Come and Celebrate Staff Iftar 2025](#)

### **Achieving Equity in Decision Making - new guidance**

In December, the Equality team published new guidance - Achieving Equity in Decision Making: A practice guide for decision makers and project teams. This guidance has been written to advise and support staff involved in delivery of projects and programmes of work that involve making decisions that impact on patients, staff and

our communities. The aim is to ensure an inclusive, rights-based approach, improve compliance with statutory duties and to embed socio-economic, equality and human rights considerations within their work. This approach will enable the Health Board to demonstrate that decisions have been made in a fair, transparent and accountable way and have considered the needs and rights of everyone.

The guidance is for a range of different decisions and has chapters to support:

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

### [Achieving Equity in Decision Making - new guidance](#)

## **Worker Protection (Amendment of Equality Act 2010) Act 2023**

In October last year there was an amendment to the Equality Act where Employers in the UK will include a legal duty to work preventatively — and not retrospectively — to address sexual harassment in the workplace. Employers must take “*reasonable steps to prevent sexual harassment of employees in the course of their employment.*” This extends to when employees are working outside of their office, and when they are attending social events that are considered an extension of work.

The Equality Team have been part of an all-Wales group leading on the development of an all-Wales policy. The final draft is currently with this group for approval. Once approved it will be brought to the LPF for consideration.

## **2. Financial Implications**

2.1 Budgetary implications for all the areas of work within this report are recognised and are partially mitigated through funding applications or the Equality budget as appropriate. There are gaps in funding for some of the area and it is hoped that partnership working with other departments or organisations can support some of the additional plans going forward.

## **3. Risk Management**

The current risk of non-compliance with the Public Sector Equality Duty and the Socio-economic Duty rests solely within the Risk Register of the Equality Team. The Equality Team currently has two risks on its risk register:

- 1971: Duties under the Equality Act (Statutory Duties) (Wales) Regulations 20(11)
- 3111: Risk of Failure to comply with The Socio-economic Duty under The Equality Act (2010)

These risks are both currently rated as a 12 and are updated regularly by the Equality Team.

## **End of Report**

### Implementation of the non-pay parts of the 2022 to 2024 collective agreement

Non-Pay Element	Summary of implementation thus far	What is your jointly agreed level of confidence that it is being implemented consistently in your organisation (Very high, high, neutral, low, very low)?	Have you jointly agreed an action plan to facilitate ongoing implementation?	Is your action plan for ongoing implementation attached?
<p>We will work in social partnership to reduce reliance on agency workers through all means possible including adherence to the NHS Agenda for Change Terms &amp; Conditions. (i.e. all those on full time hours are paid overtime instead of bank rates) <b>Reference Agency workforce reduction programme and control framework 2024 to 2025 (WHC/2024/031)</b></p>	<p>Extra scrutiny in place via nurse managers of rosters before agency nurses are utilized. Rosters published 8 weeks in place to allow substantive part time staff and NHS bank staff to fill any gaps. Improved roster management should ensure fewer last minute cancellations. Promotion of part time and flexible working to enable staff to balance their home and work life. Agency Increased recruitment activity to fill substantive vacancies and focus on staff retention.</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	
<p>Any extra hours added onto the end of the shift due to work pressures will be</p>	<p>Additional hours worked with agreement from the line manager will be paid at either plain time for part time staff or overtime for eligible staff who</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the</p>	

<p>paid at overtime rates across all roles</p>	<p>have worked in excess of 37.5 hours. Staff on e roster will be able to take the time back at a later date. It should be noted, at present under section 2 AFC T&amp;C 3.6 Senior staff paid in pay bands 8 or 9 will not be entitled to overtime payments.</p>		<p>Workforce Partnership Group</p>	
<p>Implementation of flexible working policy and subsequent change in culture</p>	<p>Training is being rolled out across the organisation in relation to the new flexible working policy. There is a presumption that requests will be accommodated. Actions in place to ensure that requests are recorded on ESR to enable monitoring of applications.</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	
<p>Implementation of the Flexible Pensions policy and subsequent change in culture</p>	<p>NHS Employers confirmed on the 13th of February 2024 that a pension flexibilities policy is under development. This was anticipated to be presented at the Wales Workforce Partnership Forum in March. No further update has been received. Plans will be put in place to implement as soon as it is received.</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	

<p>Implement and monitor recommendations contained in:</p> <ul style="list-style-type: none"> <li>- WHC (2024) 012 Nursing Preceptorship</li> </ul> <p>HEIW Nursing for the Future Strategic Workforce Plan,</p> <ul style="list-style-type: none"> <li>- HEIW Nurse Retention Plan</li> <li>- Birthrate Plus Report</li> <li>- Recommendation which are transferrable across all AFC groups to aid individual progression</li> </ul>	<p>The Health Board recognises that central to the quality management system is continuous learning. The health board has submitted the BCUHB implementation plan for Preceptorship and Restorative Clinical Supervision to Welsh Government in June 2024. A task and finish group has been established to implement the recommendations, with meetings held monthly from November 2024.</p> <p>The health board is committed to continuous improvement that includes learning from things that go wrong, research, expertise, international approaches, and CPD. Alongside leadership and development programmes and staff engagement the Health Board is committed to developing a CPD strategy for all staff groups. A workforce planning lead has been appointed. Their role alongside nursing leaders will</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	<p><a href="#">2025 01 15 HEIW-BCU Nurse Retention Plan Progress Report - BCUHB Updates Jan 2025 AMR review.docx</a></p> <p><a href="#">2025 01 15 BCU Preceptorship Clinical Supervision Plan June 2024.docx</a></p>
---	---	-------------	--	---

	<p>encompass the implementation and monitoring of the HEIW Nursing for the Future Strategic Workforce Plan.</p> <p>A Birth Rate Plus Review is undertaken every 3 years or sooner if a service re-configuration is being proposed.</p> <p>The last Birth Rate Plus Review was undertaken as a national Welsh Government commissioned exercise in 2022/23.</p> <p>The Review identified that, for our current service configuration and clinical case mix review, the Service had a deficit of 8.9wte Midwives.</p> <p>The deficit in our Midwifery Establishment was financially supported by the Health Board in 2023/24 and 8.9wte Midwives were duly appointed.</p> <p>The Service reviews its compliance against the latest Birth Rate Plus Calculation formally on an annual basis in</p>			
--	--	--	--	--

	<p>line with the Midwifery Streamlining Outputs.</p> <p>The Service's compliance with the latest Birth Rate Plus Calculation is reported to the HB Executives and quarterly at the WG IQPD meetings.</p> <p>All midwifery vacancies are monitored</p> <p>Staff Retention Lead attends the WPG meeting to provide a progress report. The next scheduled attendance is the 17<sup>th</sup> February 2025.</p> <p>The HEIW Nurse Retention Plan is being progressed in line with Nursing Workforce Standards &amp; Retention Actions and an update position for each action within the plan was provided to HEIW's National Retention Lead for inclusion in a Wales-wide response on 30th August 2024.</p>			
<p>Implementation of the HEIW 'Staff Wellbeing best practice guide' including the nutrition and rest aspects of the staff welfare project</p>	<p>A review of the best practice guide has been completed. The wellbeing programme is working in collaboration with OD and people services on the culture and leadership design</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	

	<p>work ensuring that wellbeing is integral to the discussions around improved culture and leadership.</p> <p>The healthy food initiative is aiming to allow staff to purchase locally sourced fresh vegetables and fruit at discounted prices on site.</p> <p>Work is progressing with Public Health on the development of a healthy food policy. In collaboration with Bangor University the physical activity in the workplace initiative is being reviewed and promoted through the wellbeing champion model.</p> <p>A living well handbook for staff has been launched, providing a comprehensive overview on all health and wellbeing support including information on equalities, people services support and recruitment.</p>			
<p>Implementation of the HEIW Continuing Professional development strategy with aim of protected time for CPD,</p>	<p>The Health Board recognises that central to the quality management system is continuous learning</p> <p>The health board is committed to continuous improvement</p>	<p>High</p>	<p>Regular reports to and ongoing monitoring through the Workforce Partnership Group</p>	

<p>which in time gains parity with medics.</p>	<p>that includes learning from things that go wrong, research, expertise, international approaches, and CPD. Alongside leadership and development programmes and staff engagement the Health Board is committed to developing a CPD strategy for all staff groups.</p>			
<p>Confirm the completion of all elements of WHC 017 parts 1 and 2</p>	<p>All elements of WHC 017 parts 1 and 2 have been completed.</p>	<p>High</p>	<p>On going monitoring through the Workforce Partnership Group</p>	



<b>Teitl adroddiad:</b>	<b>2024-25 Month 9 (December) Finance Report</b>
<b>Report title:</b>	
<b>Adrodd i:</b>	Local Partnership Forum
<b>Report to:</b>	
<b>Dyddiad y Cyfarfod:</b>	Wednesday, 05 February 2025
<b>Date of Meeting:</b>	
<b>Crynodeb Gweithredol:</b>	<p>This report provides a briefing on the financial performance of the Health Board for the year to date position as at the end of Month 9 (December 2024). In addition, the report includes an update on delivery of the approved capital programme and savings delivery against target.</p>
<b>Executive Summary:</b>	<p><u>Finance Report</u></p> <p>In November 2024, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m. Attaining the control total £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond.</p> <p>It is of note that the 2024/25 planned deficit outturn position does not attain the key duty of the Health Board to have a balanced financial position.</p> <p>The Health Board recorded the £74.6m allocation received in 2023/24 (part of the wider distribution of conditionally recurrent funds across Health Boards of £336.1 million) as recurrent, having complied with the condition of moving towards attainment of the control total for 2023/24. However, the allocation tables for 2025/26 indicate that for BCUHB this funding remains conditionally recurrent, and this change is being discussed with WG.</p> <p>As at close of December 2024 (Month 9) the Health Board is reporting a deficit of £14.8m, an improvement of £1.5m from previous month but still representing an £8.3m adverse variance compared to 9/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary &amp; Secondary Care Drug costs.</p> <p>December (Month 9) is reporting an in-month surplus of £1.5m, (£2.2m surplus compared to the in-month planned deficit of £0.7m), thus reporting a deterioration of £3.6m from previous month which is partly due to 8/12ths of the £11.15m additional in-year WG funding allocation phased into the Month 8 position.</p> <p>£0.9m Accountancy Gains were identified by the Health Board in December. Total year to date Accountancy Gains are £8.9m.</p>

Total cost of the 2024/25 pay award impact is £72.5m. £33.5m Pay Award allocation has been received in Month 9, with the remaining balance of £38.2m reported as anticipated income pending confirmation of final funding allocation from WG. The forecast assumes that pay award is funded in full from WG.

It is of significant concern that the year to date financial position exceeds the level of planned deficit for close of the financial year. Further focus and interventions are required to identify and deliver mitigating actions to recover the overspend against year to date plan and control emerging pressures. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27th November) instructed all Divisions to review expenditure forecasts and identify areas where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.

Following the Health Board meeting of 28th November 2024, a request for strategic cash-only support has been made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. Whilst the sum initially requested was £18.0m this figure will be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2nd December 2024.

#### Capital Programme

The finance report articulates performance within the Capital Programme which consists of Discretionary funding plus specific funding for Major Projects. The approved Capital Resource Limit (CRL) for 2024/25 is £45.8m, which includes £0.7m IFRS16 and £45.1m Capital. Year to date expenditure is £14.0m against a year to date plan of £15.2m, reporting an year to date underspend of £1.2m as at Month 9.

The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

#### Savings

The Health Board's financial plan has set a recurrent savings target of £48.0m to be delivered in 2024/25. The £48.0m target plan is profiled on an equal twelfth's basis. The 2024/25 Savings Programme has been developed through a Value & Sustainability thematic model which is to be delivered within five core domains (a) Workforce (b) Clinical Variation (c) Non-pay (d) Continuing Healthcare and (e) Medicines Management.

Full year forecast value of Green Schemes totals £43.8m, fortuitous Accountancy Gains of £8.9m, giving a combined total of £52.6m, an increase of £0.9m from November (Month 8). Of these, £29.1m have been identified as recurring, with a full year effect of £41.4m, and £23.6m identified as non-recurring savings. The recurrent shortfall to be identified is therefore £6.6m

Savings delivered in Month 9 totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.9m were also identified in month which contribute

	<p>to the in-month delivery. Red and pipeline opportunities totalling £0.9m have now been converted to Green Schemes, with 1 remaining Red &amp; Pipeline scheme totalling £0.037m.</p> <p>Whilst the Health Board has identified savings above the planned savings requirements through a combination of Savings Schemes and Accountancy Gains, the focus has now moved on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance and Executive Delivery Group (IPEDG), which is chaired by the Chief Executive.</p> <p><u>Risks &amp; Mitigations</u></p> <p>The Integrated Performance and Executive Delivery Group (IPEDG) instructed all Divisions to review expenditure forecasts and identify areas where expenditure could be reduced to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.</p> <p>As noted above, additional intervention aimed at containment and reversal of cost overruns is now key, with the risk of attainment of the 2024/25 financial plan being assessed as circa £21.5m.</p>			
<p><b>Argymhellion:</b></p> <p><b>Recommendations:</b></p>	<p>The Board is asked to:</p> <ul style="list-style-type: none"> <li>• <b>Receive</b>, and scrutinise this report</li> </ul>			
<p><b>Arweinydd Gweithredol:</b></p> <p><b>Executive Lead:</b></p>	<p>Russell Caldicott, Interim Executive Director of Finance.</p>			
<p><b>Awdur yr Adroddiad:</b></p> <p><b>Report Author:</b></p>	<p>Michelle Jones, Head of Financial Reporting Daniel Eyre, Head of Capital Development</p>			
<p><b>Pwrpas yr adroddiad:</b></p> <p><b>Purpose of report:</b></p>	<p>I'w Nodi <i>For Noting</i></p> <p><input checked="" type="checkbox"/></p>	<p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p>	<p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p>	
<p><b>Lefel sicrwydd:</b></p> <p><b>Assurance level:</b></p>	<p>Arwyddocaol <i>Significant</i></p> <p><input checked="" type="checkbox"/></p> <p>Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>High level of confidence/evidence in delivery of existing mechanisms/objectives</i></p>	<p>Derbyniol <i>Acceptable</i></p> <p><input type="checkbox"/></p> <p>Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>General confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Rhannol <i>Partial</i></p> <p><input type="checkbox"/></p> <p>Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol</p> <p><i>Some confidence / evidence in delivery of existing mechanisms / objectives</i></p>	<p>Dim Sicrwydd <i>No Assurance</i></p> <p><input type="checkbox"/></p> <p>Dim hyder/tystiolaeth o ran y ddarpariaeth</p> <p><i>No confidence / evidence in delivery</i></p>

<p><b>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</b></p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p>	
<p><b>Cyswllt ag Amcan/Amcanion Strategol:</b></p> <p><i>Link to Strategic Objective(s):</i></p>	<p>This paper aligns to the strategic goal of attaining financial balance and is linked to the well-being objective of targeting our resources to those with the greatest need as per the financial plan.</p>
<p><b>Goblygiadau rheoleiddio a lleol:</b></p> <p><i>Regulatory and legal implications:</i></p>	<p>The financial plan and reporting, capital projects and discretionary programme assist the Health Board in meeting its' statutory and mandatory requirements.</p>
<p><b>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqIA yn angenrheidiol ac a gafodd ei gynnal?</b></p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?</i></p>	<p>Naddo N</p> <p>Equality Impact (EqIA) and a socio-economic (SED) impact assessments not applicable.</p> <p>The health board continues to assess the requirement for carrying out Equality Impact Assessments and Social-Economic impact assessments on a capital project by project basis.</p>
<p><b>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</b></p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks( cross reference to the BAF and CRR)</i></p>	<p>BAF – Financial Stability</p> <p>Current risks and mitigations are shown in Appendix A, Slide 13.</p> <p>From a capital perspective, the Health Board continues to experience occasions where tenders are exceeding budget estimates due to the volatility within the construction market and general inflationary pressures. The programme is monitored monthly to ensure that financial commitments align to available funding.</p>
<p><b>Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith</b></p> <p><i>Financial implications as a result of implementing the recommendations</i></p>	<p>Not applicable.</p>
<p><b>Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith</b></p>	<p>Not applicable</p>

<p><b>Workforce implications as a result of implementing the recommendations</b></p>	
<p><b>Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori</b></p> <p><b>Feedback, response, and follow up summary following consultation</b></p>	<p>Not applicable</p>
<p><b>Cysylltiadau â risgiau BAF:</b> (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol)</p> <p><b>Links to BAF risks:</b> (or links to the Corporate Risk Register)</p>	<p><b>Appendix A BAF risks</b> BAF SP14 – Estates &amp; Capital (There is a risk of failing to deliver and provide a safe and compliant built environment, equipment and digital landscape due to limitations in capital funding, adversely impacting on the Health Board's ability to implement safe and sustainable services through an appropriate refresh programme, could result in avoidable harm to patients, staff, public, reputational damage and litigation.)</p> <p><b>Link to Corporate Risk Register:</b> CRR24-06 Suitability and Safety of Sites CRR24-05 Delivery of the 24/25 Financial Plan</p>
<p><b>Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol)</b></p> <p><b>Reason for submission of report to confidential board (where relevant)</b></p>	<p>Amherthnasol</p> <p>Not applicable</p>
<p><b>Camau Nesaf:</b> <b>Gweithredu argymhellion</b></p> <p><b>Next Steps:</b> <b>Implementation of recommendations</b></p>	
<p><b>Rhestr o Atodiadau:</b></p> <p><b>List of Appendices:</b></p> <p>A - 2024/25 Finance Report (Revenue, Capital and Savings) – December (Month 9)</p>	

# Finance Report

## December - Month 9 2024/25

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



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

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board



# Executive Summary

<b>Objective</b>	<ul style="list-style-type: none"> <li>To provide assurance on financial performance and delivery against Health Board financial plans and objectives; and give early warning on potential performance issues. To make recommendations for action to continuously improve the financial position of the organisation, focusing on specific issues where financial performance is showing deterioration or there are areas of concern.</li> </ul>	
<b>Statutory Financial Duties</b>	<b>Revenue</b>	<ul style="list-style-type: none"> <li>Health Board received an additional recurrent allocation of £11.15m in Month 8, with the planned outturn improving from a £19.8m deficit to £8.6m. A condition of accepting the additional income being the improvement in outturn, the £8.6m deficit being the new control total</li> <li>In-month surplus of £1.5m, a deterioration of £3.6m from previous month which is partly due to 8/12ths of the £11.15m additional in-year WG funding allocation phased into the Month 8 position.</li> <li>Year to date total deficit of £14.8m, which is £8.3m over the £6.5m year to date planned deficit (9/12ths of the £8.6m full year planned deficit).</li> <li>Full year forecast outturn position remains at £8.6m deficit. This does not attain breakeven and the key first duty to break-even.</li> </ul>
	<b>Cash</b>	<ul style="list-style-type: none"> <li>Closing cash balance as at 31st December 2024 was £7.1m, including £5.8m revenue cash and £1.3m for capital projects.</li> <li>The Health Board approved on 28th November 2024, a request for strategic cash-only support be made to Welsh Government to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. The request was £18.0m, this figure will potentially be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS Wales on 2<sup>nd</sup> December 2024</li> </ul>
	<b>Savings</b>	<ul style="list-style-type: none"> <li>The Health Board's financial plan has set a savings target of £48.0m to be delivered in 2024/25.</li> <li>Month 9 forecast is to deliver £52.6m (including £8.9m Accountancy Gains). An increase of £0.9m from Month 8 that exceeds plan requirements.</li> <li>Of the £52.6m forecast delivery, £29.1m is recurring schemes with a full year effect of £41.4m. The gap of recurrent savings to the target is £6.6m.</li> <li>Savings delivered in Month 9 totalled £5.2m, of which £3.2m is recurring. Accountancy Gains of £0.8m were also identified in month which contribute to the in-month delivery.</li> </ul>
	<b>Capital</b>	<ul style="list-style-type: none"> <li>Approved Capital Resource Limit (CRL) for 2024/25 is £45.8m. Year to date expenditure is £14.0m against a year to date plan of £15.2m.</li> </ul>
<b>Key Messages</b>	<ul style="list-style-type: none"> <li>In November 24, Welsh Government recognised the continuing pressures reported within the Health Board and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.</li> <li>Year to date financial position exceeds the level of planned deficit for close of the financial year by £8.3m. This will need to be recovered over the remainder of the financial year by minimising expenditure and keeping control of emerging pressures to recover the overspend against plan.</li> <li>Focus continues to be on containing cost overruns and recovering the year-to-date deficit above plan. This is being managed through the Integrated Performance Executive Delivery Group (IPEDG) chaired by the Chief Executive. IPEDG (27<sup>th</sup> November) instructed all divisions and IHC's to identify a range of cost reductions to recover the overspend and allow sufficient headroom to mitigate any potential risks to delivery of the financial plan.</li> <li><b>Attaining the control total of £8.6m deficit outturn is key to securing the £82m received non-recurrently 2024/25 into 2025/26 and beyond.</b></li> </ul>	

# Key Performance Indicators



## Month 9 Position

In Month: £186.7m against plan of £188.9m  
**£2.2m favourable**

YTD: £1674.8m against plan of £1666.5m  
**£8.3m adverse above £6.5m YTD planned deficit (Total YTD deficit is £14.8m)**



## Forecast

Full year Planned deficit has reduced from £19.8m to £8.6m in Month 8 following in year WG allocation of £11.15m to support continuing pressures. The year to date adverse variance and in month performance indicates a risk to delivery of £20m

**£8.6m deficit**

## Month 9 Divisional Performance

West IHC	£10.6m adverse
Central IHC	£16.8m adverse
East IHC	£20.1m adverse
Womens	£1.6m adverse
MH & LD	£14.8m adverse
Commissioning Contracts	£0.3m adverse
ICD Primary Care	£3.6m favourable
ICD Regional Network	£1.6m adverse
Support Functions	£2.2m favourable
Other Budgets	£52.7m favourable



## Savings

In-month: £5.2m against target of £4.0m  
**£1.2m favourable**

YTD: £41.5m (includes £8.9m accountancy gain) against a target of £36.0m  
**£5.5m favourable**



## Savings Forecast

£52.6m against target of £48.0m

**£4.6m favourable**



## COVID-19 Impact

£8.1m YTD cost

**£11.3m forecast cost against £12.2m COVID funding allocation from Welsh Government**



## Year to Date Income

£121.4m against budget of £117.8m

**£3.6m favourable**



## Year to Date Pay

£835.8m against budget of £808.4m

**£27.4m adverse**



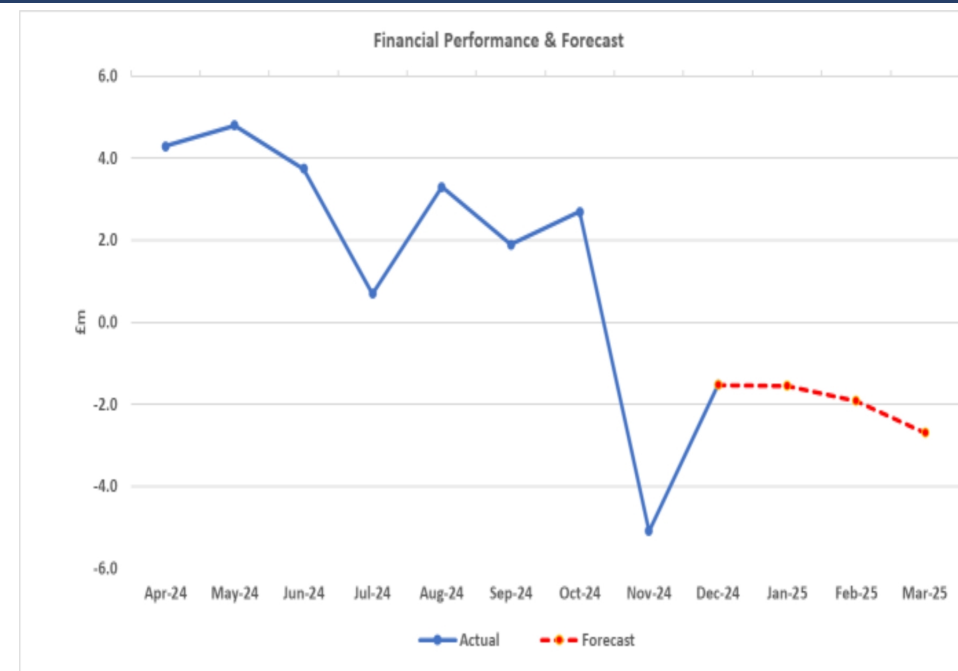
## Year to Date Non-Pay

£960.5m against budget of £969.5m

**£9.0m favourable (above planned deficit of £5.7m)**

# Revenue Position

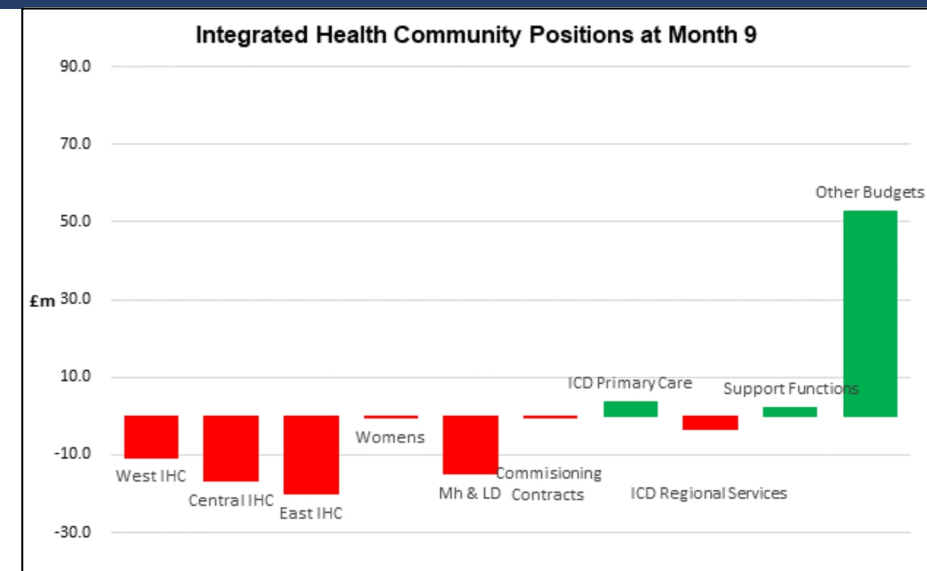
	Actual									2024/25 Cumulative against Plan				Actual Forecast
	M01	M02	M03	M04	M05	M06	M07	M08	M09	Budget	Actual	Variance	Variance	
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	%	
Revenue Resource Limit	(172.4)	(171.6)	(172.4)	(178.2)	(178.6)	(186.2)	(184.8)	(227.6)	(188.2)	(1,660.1)	(1,660.1)	0.0	0.00%	(2,225.1)
Miscellaneous Income	(13.1)	(12.8)	(13.5)	(13.4)	(13.7)	(13.2)	(14.5)	(13.8)	(13.4)	(117.8)	(121.4)	-3.6	3.06%	(162.2)
Health Board Pay Expenditure	86.7	87.2	86.7	87.7	87.5	96.5	88.7	122.5	92.2	808.4	835.8	27.4	3.39%	1,121.4
Non-Pay Expenditure	103.1	102.0	102.9	104.6	108.1	104.9	113.2	113.8	107.8	969.5	960.5	-9.0	-0.93%	1,274.6
<b>Total Deficit / (Surplus)</b>	<b>4.3</b>	<b>4.8</b>	<b>3.7</b>	<b>0.7</b>	<b>3.3</b>	<b>1.9</b>	<b>2.7</b>	<b>(5.1)</b>	<b>(1.5)</b>	<b>0.0</b>	<b>14.8</b>	<b>14.8</b>		<b>8.6</b>
Planned Deficit	1.6	1.6	1.6	1.6	1.6	1.6	1.6	(5.8)	0.7	6.5	0.0	6.5	100.00%	
<b>Total Deficit / (Surplus) above Plan</b>	<b>2.6</b>	<b>3.2</b>	<b>2.1</b>	<b>(0.9)</b>	<b>1.6</b>	<b>0.3</b>	<b>1.0</b>	<b>(0.7)</b>	<b>(2.2)</b>	<b>6.5</b>	<b>14.8</b>	<b>8.3</b>		



- Within the 204/25 financial plan Welsh Government Strategic Support funding that was to conclude in 2023/24 (totalling £82m per year) was allocated for an additional year on a non-recurrent basis in 2024/25. The £74.6m non-recurrent additional support issued in 2023/24 was agreed as recurrent for 2024/25; giving an opening recurrent underlying deficit position of £178.2m.
- In November 24, Welsh Government have recognised the continuing pressures, which were in part funded on a non recurrent basis in 23/24, and allocated a further £11.15m, on condition that the planned deficit is reduced to £8.6m.
- As stated above, the Health Board recorded the £74.6m allocation received in 2023/24 (part of the wider distribution of conditionally recurrent funds across Health Boards of £336.1 million) as recurrent, having complied with the condition of moving towards attainment of the control total for 2023/24. However, the allocation tables for 2025/26 indicate that for BCUHB this funding remains conditionally recurrent, and this change is being discussed with WG.
- Month 9 position is reporting an in-month surplus of £1.5m, a deterioration of £3.6m from previous month. Year to date is reporting a deficit of £14.8m. This represents an £8.3m adverse variance compared to 9/12ths of the revised £8.6m full year planned deficit. This is largely driven by pressures associated with additional capacity areas remaining open (substantial patients clinically stable and medically fit awaiting discharge), Out of Area Mental Health placements, CHC increased activity and Primary & Secondary Care Drug costs. Risks to delivery of the plan totals £21.5m (See Slide 14).

# Divisional Positions

	In Month				Cumulative				Forecast Year End Variance against the Plan £m
	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	Budget £m	Actual £m	Variance to Plan £m	Variance to Plan %	
<b>WG RESOURCE ALLOCATION</b>	(188.2)	(188.2)	0.0	0%	(1,660.1)	(1,660.1)	0.0	0%	0.0
<b>WEST INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	(0.0)		1.0	0.9	0.1		0.1
West Area	17.7	17.6	0.1		152.6	155.4	(2.8)		(3.9)
Ysbyty Gwynedd	11.2	11.8	(0.6)		100.0	107.1	(7.2)		(9.4)
Facilities	1.3	1.2	0.1		9.9	10.7	(0.8)		(1.0)
<b>Total West</b>	<b>30.3</b>	<b>30.7</b>	<b>(0.4)</b>	<b>-1%</b>	<b>263.4</b>	<b>274.1</b>	<b>(10.6)</b>	<b>-4%</b>	<b>(14.2)</b>
<b>CENTRAL INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	0.0		0.9	0.9	0.0		0.0
Central Area	23.5	23.6	(0.0)		200.6	203.3	(2.7)		(5.8)
Ysbyty Glan Clwyd	14.6	15.1	(0.5)		125.2	138.5	(13.3)		(18.4)
Facilities	1.6	1.4	0.2		11.7	12.5	(0.8)		(1.1)
<b>Total Central</b>	<b>39.8</b>	<b>40.1</b>	<b>(0.3)</b>	<b>-1%</b>	<b>338.4</b>	<b>355.2</b>	<b>(16.8)</b>	<b>-5%</b>	<b>(25.3)</b>
<b>EAST INTEGRATED HEALTH COMMUNITY</b>									
Management	0.1	0.1	0.0		0.9	0.9	(0.0)		(0.1)
East Area	25.8	26.7	(0.9)		222.0	232.8	(10.8)		(13.2)
Ysbyty Wrexham Maelor	12.2	12.6	(0.5)		108.6	116.8	(8.2)		(10.3)
Facilities	1.6	1.3	0.3		10.8	11.8	(1.1)		(1.4)
<b>Total East</b>	<b>39.6</b>	<b>40.8</b>	<b>(1.1)</b>	<b>-3%</b>	<b>342.2</b>	<b>362.3</b>	<b>(20.1)</b>	<b>-6%</b>	<b>(24.9)</b>
<b>Total Midwifery and Women's Services</b>	<b>4.2</b>	<b>4.0</b>	<b>0.2</b>	<b>5%</b>	<b>37.1</b>	<b>37.7</b>	<b>(0.6)</b>	<b>-2%</b>	<b>(0.8)</b>
<b>Total Mental Health and LDS</b>	<b>14.8</b>	<b>16.5</b>	<b>(1.7)</b>	<b>-12%</b>	<b>132.3</b>	<b>147.2</b>	<b>(14.8)</b>	<b>-11%</b>	<b>(16.6)</b>
<b>Total Commissioning Contracts</b>	<b>23.7</b>	<b>24.5</b>	<b>(0.8)</b>	<b>-3%</b>	<b>219.2</b>	<b>219.5</b>	<b>(0.3)</b>	<b>0%</b>	<b>1.3</b>
<b>INTEGRATED CLINICAL DELIVERY PRIMARY CARE</b>									
Covid Programmes	0.4	0.6	(0.2)		5.5	5.3	0.2		0.2
Dental North Wales	2.9	2.5	0.3		25.6	22.0	3.6		4.3
Community Dental Services	0.6	0.6	0.0		5.0	5.3	(0.2)		(0.4)
Other Primary Care	(0.6)	(0.6)	0.0		1.1	1.0	0.1		0.0
<b>Total Integrated Clinical Delivery Primary care</b>	<b>3.3</b>	<b>3.1</b>	<b>0.2</b>	<b>7%</b>	<b>37.2</b>	<b>33.6</b>	<b>3.6</b>	<b>10%</b>	<b>4.1</b>
<b>INTEGRATED CLINICAL DELIVERY REGIONAL SERVICES</b>									
Provider Income	(1.9)	(2.0)	0.2		(16.8)	(18.3)	1.5		1.7
Diagnostic and Specialist Clinical Support	7.3	7.4	(0.1)		62.3	66.2	(4.0)		(4.3)
Cancer Services	6.0	5.9	0.0		50.8	51.8	(1.0)		(1.3)
<b>Total Integrated Clinical Delivery</b>	<b>11.4</b>	<b>11.3</b>	<b>0.1</b>	<b>1%</b>	<b>96.3</b>	<b>99.8</b>	<b>(3.6)</b>	<b>-4%</b>	<b>(3.9)</b>
<b>Total Service Support Functions</b>	<b>16.6</b>	<b>14.3</b>	<b>2.3</b>	<b>14%</b>	<b>122.9</b>	<b>120.6</b>	<b>2.2</b>	<b>2%</b>	<b>(0.3)</b>
<b>Total Other Budgets</b>	<b>5.2</b>	<b>1.5</b>	<b>3.7</b>	<b>71%</b>	<b>77.6</b>	<b>25.0</b>	<b>52.7</b>	<b>68%</b>	<b>80.6</b>
<b>Total Deficit above Plan</b>	<b>0.7</b>	<b>1.5</b>	<b>2.2</b>	<b>313%</b>	<b>6.5</b>	<b>(14.8)</b>	<b>(8.3)</b>	<b>-129%</b>	<b>(0.0)</b>
<b>Planned Deficit</b>	<b>(0.7)</b>	<b>0.0</b>	<b>(0.7)</b>		<b>(6.5)</b>	<b>0.0</b>	<b>(6.5)</b>		<b>(8.6)</b>
<b>Total Deficit</b>	<b>0.0</b>	<b>1.5</b>	<b>1.5</b>		<b>0.0</b>	<b>(14.8)</b>	<b>(14.8)</b>		<b>(8.6)</b>



- In-month surplus of £2.2m which is £3.0m below the monthly profiled financial plan deficit of £0.7m, an improvement of £2.9m from Month 8.
- Pay expenditure decreased by £30.3m (24.7%), being predominantly due to the £34.3m backdated year to date impact of the 24/25 Pay award paid in Month 8. The Pay award funding, with estimated costs of £72.5m (See breakdown in Slide 12) still needs confirming by WG which is noted as a risk on slide 14.
- Total Non-Pay expenditure decreased by £6.0m, of which £3.6m is a reduction in Healthcare Services provided by other NHS Bodies, £1.5m reduction in Primary Care Contractor and £0.5m reduction in Primary Care Drugs.
- Further detail on Non-Pay spend is reported in Slide 11.

# Expenditure – Pay & Non-Pay

Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Budget	YTD Actual	YTD Variance		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m		
Administrative & Clerical	11.9	11.9	12.1	12.0	11.9	12.0	12.1	16.9	13.0	120.4	113.8	6.6	162.0	
Medical & Dental	19.7	20.0	19.5	20.3	20.3	29.0	20.8	29.4	21.5	184.5	200.4	(15.9)	250.0	
Nursing & Midwifery Registered	26.6	26.8	26.9	27.0	26.9	26.9	27.4	38.3	28.4	246.0	255.2	(9.2)	346.5	
Additional Clinical Services	13.5	13.6	13.5	13.6	13.6	13.7	13.3	17.5	13.7	116.4	125.9	(9.5)	171.5	
Add Prof Scientific & Technical	3.5	3.5	3.5	3.5	3.5	3.6	3.6	5.2	3.8	36.8	33.7	3.1	43.8	
Allied Health Professionals	5.8	5.7	5.6	5.7	5.7	5.8	5.9	8.3	6.2	52.8	54.7	(1.9)	74.4	
Healthcare Scientists	1.5	1.5	1.5	1.5	1.5	1.5	1.6	2.0	1.6	13.6	14.1	(0.5)	18.6	
Estates & Ancillary	4.1	4.0	4.1	4.1	4.0	4.1	4.0	5.1	4.1	37.2	37.7	(0.4)	53.5	
Students	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.8	0.4	0.3	1.0	
<b>Health Board Total</b>	<b>86.7</b>	<b>87.2</b>	<b>86.7</b>	<b>87.7</b>	<b>87.5</b>	<b>96.5</b>	<b>88.7</b>	<b>122.5</b>	<b>92.2</b>	<b>808.4</b>	<b>835.8</b>	<b>(27.4)</b>	<b>1,121.4</b>	
Other Services (Incl. Primary Care)	2.6	2.6	2.8	2.8	2.9	2.9	3.7	3.5	3.0	23.4	26.9	(3.5)	35.8	
<b>Total Pay</b>	<b>89.3</b>	<b>89.8</b>	<b>89.6</b>	<b>90.5</b>	<b>90.5</b>	<b>99.4</b>	<b>92.4</b>	<b>126.0</b>	<b>95.2</b>	<b>831.8</b>	<b>862.7</b>	<b>(30.9)</b>	<b>1,157.2</b>	

Non-Pay Costs as per Monitoring Return Table	Actual										Cumulative			Full Year Forecast
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD Budget	YTD Actual	YTD Variance		
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m		
Primary Care Contractor (excluding drugs, including non resource limited expenditure)	19.6	18.6	20.0	19.6	19.6	19.6	20.3	21.7	20.1	179.6	179.1	0.5	239.3	
Primary Care - Drugs & Appliances	10.9	10.5	10.2	10.8	11.6	10.8	12.4	11.3	10.8	92.6	99.3	(6.7)	132.3	
Provider Services - Non Pay (excluding drugs & depreciation)	19.0	16.1	16.6	20.2	19.0	19.0	19.4	20.7	19.1	206.6	169.0	37.6	221.6	
Secondary Care - Drugs	7.9	8.2	7.8	9.0	8.3	8.1	9.3	8.0	8.9	68.7	75.4	(6.7)	101.3	
Healthcare Services Provided by Other NHS Bodies	30.5	31.5	30.8	22.3	30.0	29.5	32.1	34.0	30.4	269.7	271.1	(1.5)	362.4	
Continuing Care and Funded Nursing Care	10.6	11.9	11.6	11.3	11.9	11.2	12.5	11.6	11.7	100.0	104.2	(4.2)	137.7	
Other Private & Voluntary Sector	1.2	1.5	1.6	6.8	2.6	2.6	2.7	2.3	2.2	14.1	23.5	(9.4)	30.3	
Joint Financing and Other	0.0	0.3	0.2	0.3	0.5	0.1	0.3	0.2	0.4	2.3	2.3	(0.1)	3.4	
Losses, Special Payments and Irrecoverable Debts	0.2	0.3	0.3	0.3	0.5	0.2	0.3	0.4	0.4	2.2	2.8	(0.6)	3.8	
<b>Non-pay costs</b>	<b>99.9</b>	<b>98.8</b>	<b>99.1</b>	<b>100.6</b>	<b>104.1</b>	<b>101.0</b>	<b>109.4</b>	<b>110.0</b>	<b>104.0</b>	<b>935.8</b>	<b>926.8</b>	<b>9.0</b>	<b>1,232.1</b>	
AME/DEL Depreciation	3.2	3.2	4.0	4.0	3.9	3.9	3.9	3.9	3.9	33.7	33.7	0.0	42.5	
<b>Total non-pay</b>	<b>103.1</b>	<b>102.0</b>	<b>103.0</b>	<b>104.5</b>	<b>108.1</b>	<b>104.9</b>	<b>113.2</b>	<b>113.8</b>	<b>107.8</b>	<b>969.5</b>	<b>852.6</b>	<b>9.0</b>	<b>1,274.6</b>	

## Health Board Pay:

- Month 9 Provider Services Pay decreased by £30.3m (24.7%) from Month 8, with £34.3m being the backdated year to date impact of the 24/25 Pay Award paid in Month 8. When compared to previous months monthly average, December Pay is reporting a reduction of £0.7m. Agency spend decreased by £0.5m, NHS Medical Locum costs decreased by £0.3m and WLI spend also reduced by £0.2m.

- Provider Services Pay - £27.4m year to date adverse variance.

- Full year total cost of the 24/25 Pay Award is £72.5m (including M&D, A4C, RLW and additional costs outside of payroll). See further breakdown in Slide 12.

## Non-Pay Expenditure(excluding Depreciation):

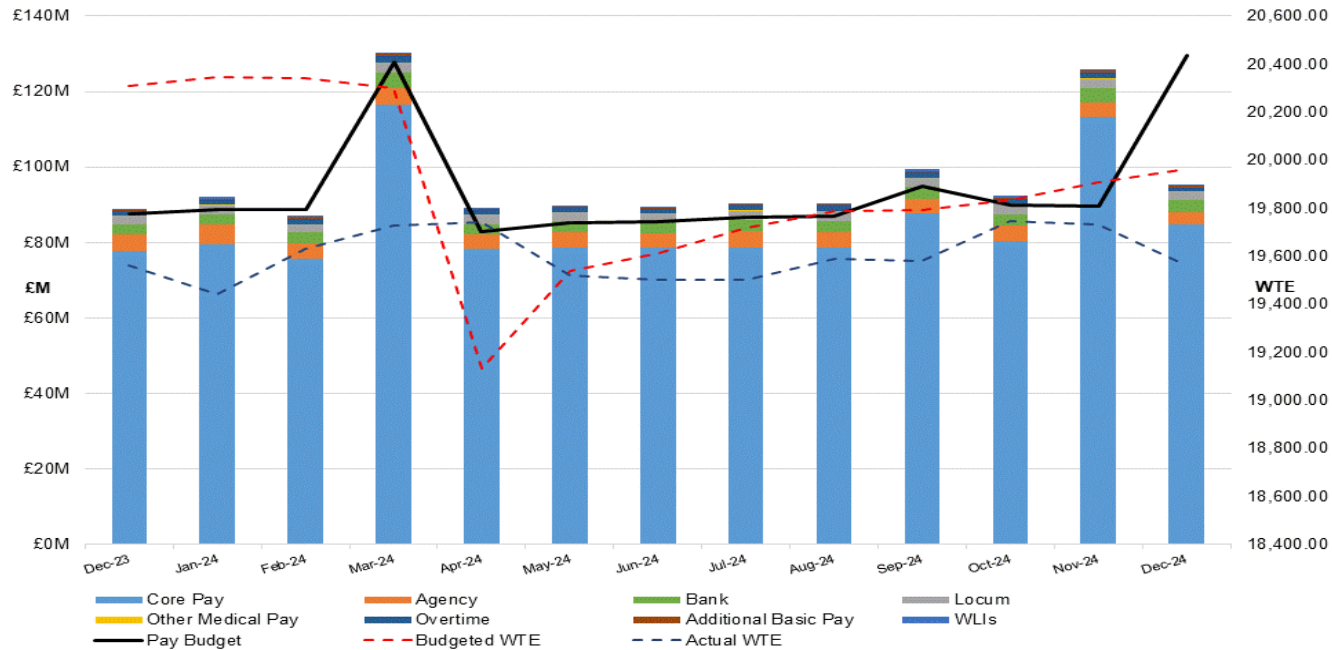
- Total non pay reduced by £6.0m from previous month, of which £3.6m is a reduction in Healthcare Services provided by other NHS Bodies due to the additional Vertex spend funded by WG included within the previous month position.

- Primary Care Contractor decreased by £1.5m and Primary Care Drugs also decreased by £0.5m from previous month with the reductions being primarily one-off fortuitous gains in-month.

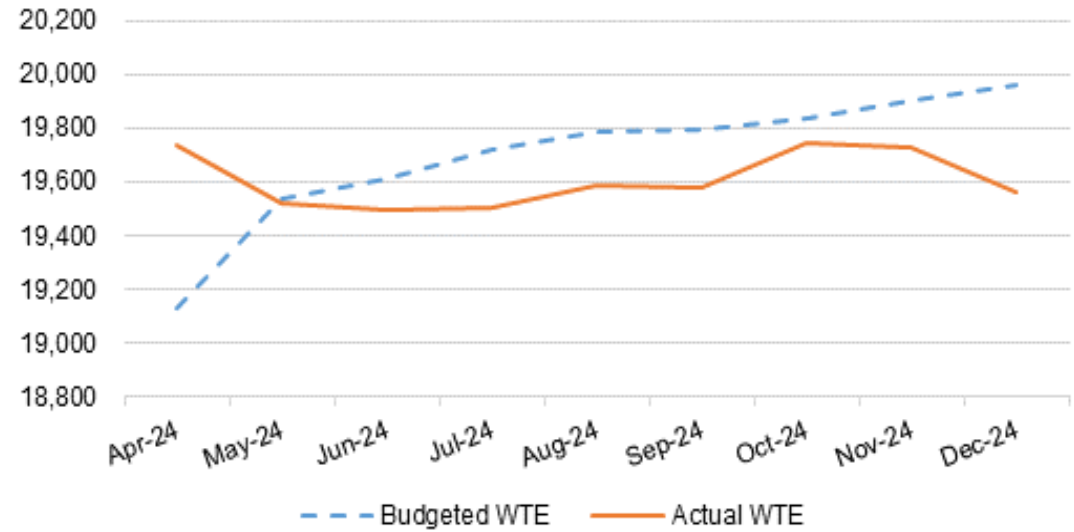
- Further detail on Non-Pay expenditure movements is reported in Slide 11.

# Expenditure – Pay

Pay Costs



Pay-WTE



2024-25 Variable Pay	Actual									
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	YTD
	£m	£m	£m	£m	£m	£m	£m	£m	£m	£m
Agency	4.0	4.2	3.8	4.2	4.2	3.7	4.2	3.9	3.4	35.6
Overtime	1.1	1.3	1.2	1.4	1.3	1.4	1.2	1.7	1.0	11.5
Locum	2.6	2.3	2.3	2.5	2.6	2.4	2.8	2.6	2.3	22.4
WLI's	0.3	0.2	0.2	0.3	0.3	0.4	0.4	0.4	0.3	2.9
Bank	2.6	2.9	2.8	3.0	3.1	3.2	3.0	3.7	3.1	27.3
Other Non Core	0.0	0.0	0.0	0.0	0.1	0.2	0.1	0.1	0.1	0.6
Additional Hours	0.4	0.3	0.3	0.4	0.4	0.3	0.4	0.5	0.4	3.4
<b>Total</b>	<b>11.1</b>	<b>11.1</b>	<b>10.8</b>	<b>11.8</b>	<b>11.9</b>	<b>11.6</b>	<b>12.1</b>	<b>12.8</b>	<b>10.5</b>	<b>103.7</b>

- Variable Pay totals £10.5m for December, a reduction of £2.3m from previous month driven by a £0.6m reduction in Bank, £0.6m in Overtime, £0.5m in Agency, £0.3m in Locum and £0.2m in WLI's.



# Pay - WTE

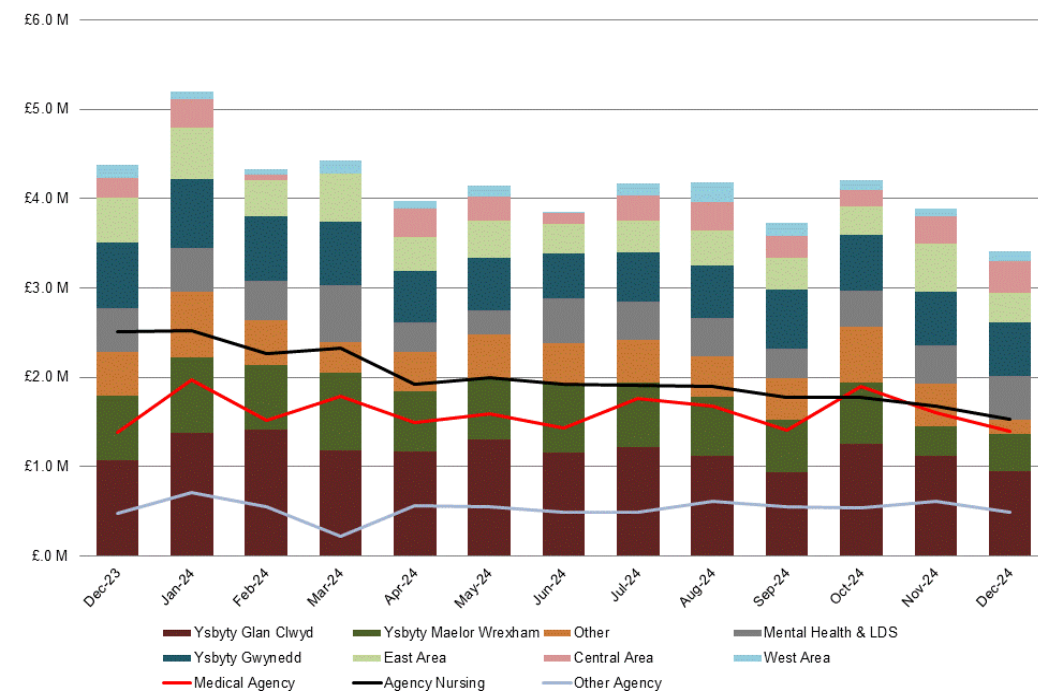
	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sept-24	Oct-24	Nov-24	Dec-24	Movement M9 v M8
<b>Budgeted WTE</b>	19,130	19,537	19,611	19,721	19,789	19,792	19,833	19,906	19,962	56
<b>Actual WTE</b>	19,740	19,518	19,500	19,503	19,590	19,580	19,746	19,731	19,562	-169

- Actual worked in December is 19,562, a decrease of 169 WTE from November.
- Budgeted WTE increased by 56 WTE between December and November.
- Below table provides a breakdown of Budgeted WTE movement by Division from Months 1 to 9:

BUDGETED WTE	Apr WTE	May WTE	June WTE	July WTE	Aug WTE	Sept WTE	Oct WTE	Nov WTE	Dec WTE	Movement M9 v M8	Explanation of M9 v M8 Key movements
West IHC	3,636	3,664	3,685	3,700	3,716	3,711	3,712	3,722	3,724	2	
Centre IHC	4,631	4,737	4,737	4,758	4,798	4,818	4,828	4,862	4,878	16	Additional funding allocated from local cost pressure reserve to fund existing staff in post.
East IHC	4,493	4,513	4,535	4,567	4,581	4,581	4,586	4,589	4,608	19	YWM Budget Amendments for Medicine Medical Doctors
COVID Response	33	168	134	134	134	134	134	134	137	3	
Dental GDS	14	14	16	16	16	14	14	14	14	0	
Dental CDS	173	173	173	173	173	172	172	172	172	0	
Womens	685	691	694	694	697	697	698	698	698	0	
Diagnostics	935	964	964	974	977	979	979	980	982	2	
Cancer Services	370	392	392	399	400	401	405	411	419	8	Additional funding from Sustainability to fund 6 Triage nurses & clerical support for 3 Oncology Consultants
Mental Health & LDS	2,245	2,247	2,255	2,255	2,262	2,265	2,273	2,278	2,277	-1	
Other Primary Care	14	15	15	15	15	15	15	15	15	0	
Corporate	1,900	1,958	2,011	2,037	2,020	2,007	2,017	2,031	2,041	10	4.5wte Chief Digital Information Officer, 3.00wte Estates
<b>TOTAL</b>	<b>19,130</b>	<b>19,538</b>	<b>19,611</b>	<b>19,721</b>	<b>19,789</b>	<b>19,792</b>	<b>19,833</b>	<b>19,906</b>	<b>19,965</b>	<b>59</b>	

# Pay Costs – Agency

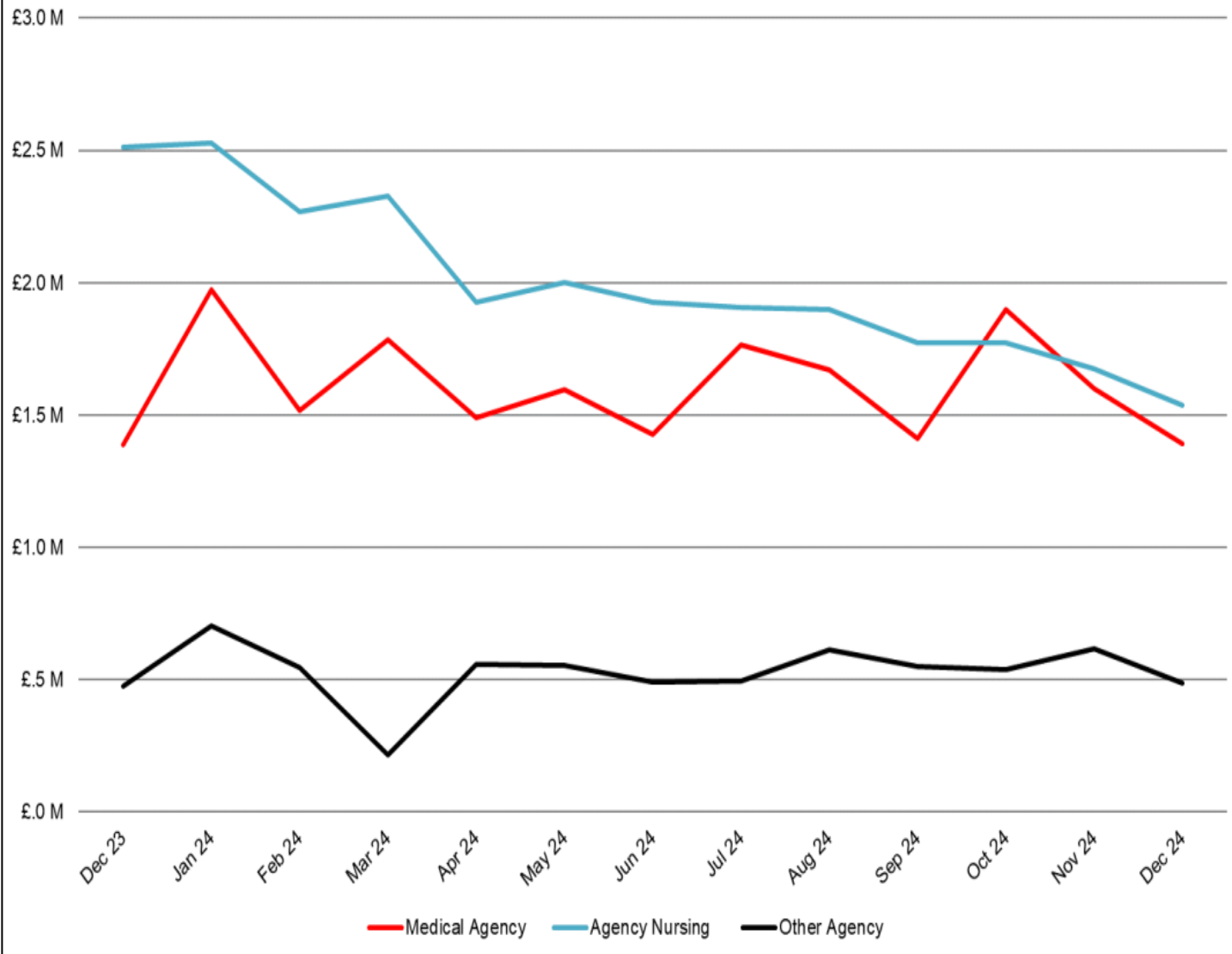
	2024-25 Agency Spend £'m												Total Year to Date £'m	Total Forecast £'m
	Actual									Forecast				
	M01	M02	M03	M04	M05	M06	M07	M08	M09	M10	M11	M12		
West Area	0.1	0.1	0.0	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.9	1.2
Central Area	0.3	0.3	0.1	0.3	0.3	0.2	0.2	0.3	0.4	0.4	0.4	0.4	2.0	3.2
East Area	0.4	0.4	0.3	0.4	0.4	0.4	0.3	0.5	0.3	0.4	0.4	0.4	3.1	4.2
Ysbyty Gwynedd	0.6	0.6	0.5	0.6	0.6	0.7	0.6	0.6	0.6	0.6	0.6	0.6	4.7	6.5
Ysbyty Glan Clwyd	1.2	1.3	1.2	1.2	1.1	0.9	1.3	1.1	0.9	1.3	1.3	1.3	9.3	13.1
Ysbyty Maelor Wrexham	0.7	0.7	0.8	0.7	0.7	0.6	0.7	0.3	0.4	0.4	0.4	0.4	5.1	6.4
Mental Health & LDS	0.3	0.3	0.5	0.4	0.4	0.3	0.4	0.4	0.5	0.5	0.5	0.5	3.1	4.5
Womens	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.2	0.1	0.2	0.2	0.2	1.5	2.2
Other inc pan BCU Cancer Services and Corporate	0.3	0.3	0.3	0.3	0.2	0.3	0.3	0.3	0.1	0.4	0.4	0.4	2.3	3.5
<b>Total Agency</b>	<b>4.0</b>	<b>4.2</b>	<b>3.8</b>	<b>4.2</b>	<b>4.2</b>	<b>3.7</b>	<b>4.2</b>	<b>3.9</b>	<b>3.4</b>	<b>4.2</b>	<b>4.3</b>	<b>4.2</b>	<b>32.1</b>	<b>44.9</b>



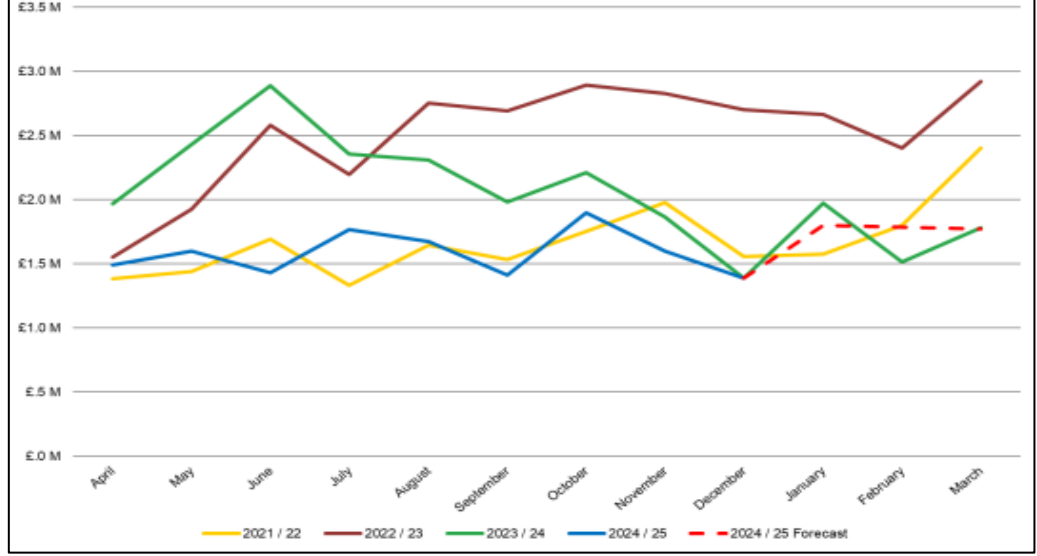
- Agency expenditure for Month 9 is £3.4m representing 3.6% of total pay, and a reduction of £0.5m from previous month spend. The in-month reduction is mainly due to a review of all hours accrued for Agency workers in relation to previous months plus reduced shifts worked in December. Future months Agency forecast profile is reporting an increase from January to March due to Agency commencing from January covering additional Consultant vacancies. Agency Nursing forecast profile is also expected to increase from January to March due to additional escalation demand. 2024/25 monthly average Agency spend is £4.0m compared to a monthly average of £5.6m in 2023/24. Whilst the future months' forecast profile has increased for both Medical and Nursing from January to March, the 2024/25 total Agency year end forecast outturn has decreased by £0.3m, from £48.6m reported at Month 8 down to £48.3m reported at Month 9 due to the in-month reduced expenditure.
- Month 9 Medical Agency expenditure is £1.4m, a decrease of £0.2m from previous month and in line with 24/25 previous months monthly average. The monthly average medical agency expenditure for 2023/24 was £2.1m. In-month Medical Agency spend is predominantly within Ysbyty Glan Clwyd (£0.4m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.3m) and Central Area (£0.1m) covering Medical vacancies and sickness.
- Nurse agency costs totalled £1.5m for the month, a decrease of £0.2m from previous month spend. Month 9 Nurse Agency spend is £1.3m lower than the 2023/24 monthly average costs of £2.8m. The use of agency nurses is predominantly within Ysbyty Glan Clwyd (£0.5m), Ysbyty Maelor Wrexham (£0.3m), Ysbyty Gwynedd (£0.3m), Mental Health (£0.2m) and East Area (£0.2m) to staff escalated beds and cover ward vacancies to ensure the Nurse Staffing Act ward staffing levels are maintained.
- Other agency costs totalled £0.5m in Month 9 and is in line with previous month spend. Other Agency costs mainly consist of Allied Health Professionals (£0.4m).

# Pay Costs – Agency

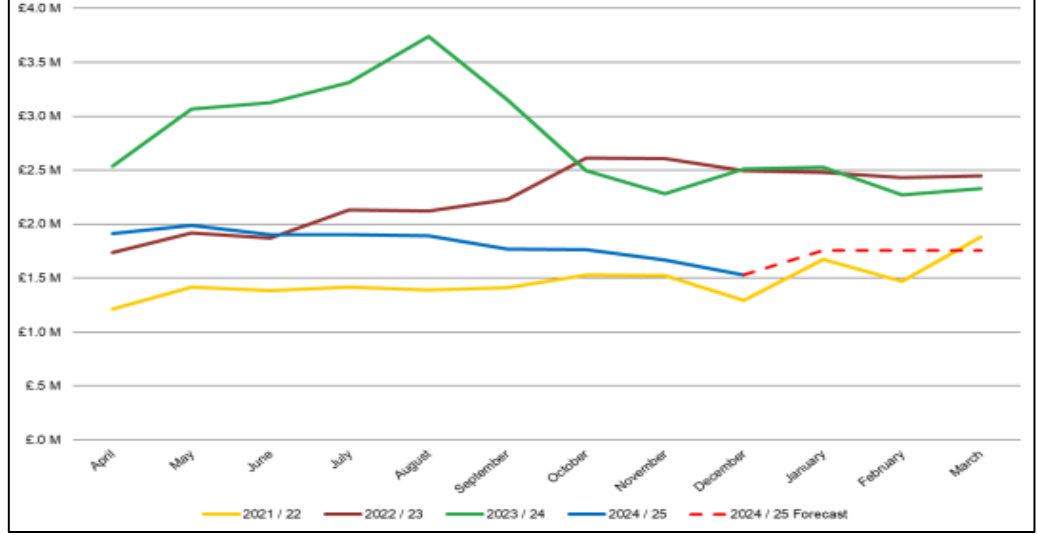
## Agency Costs



## Medical Agency Costs

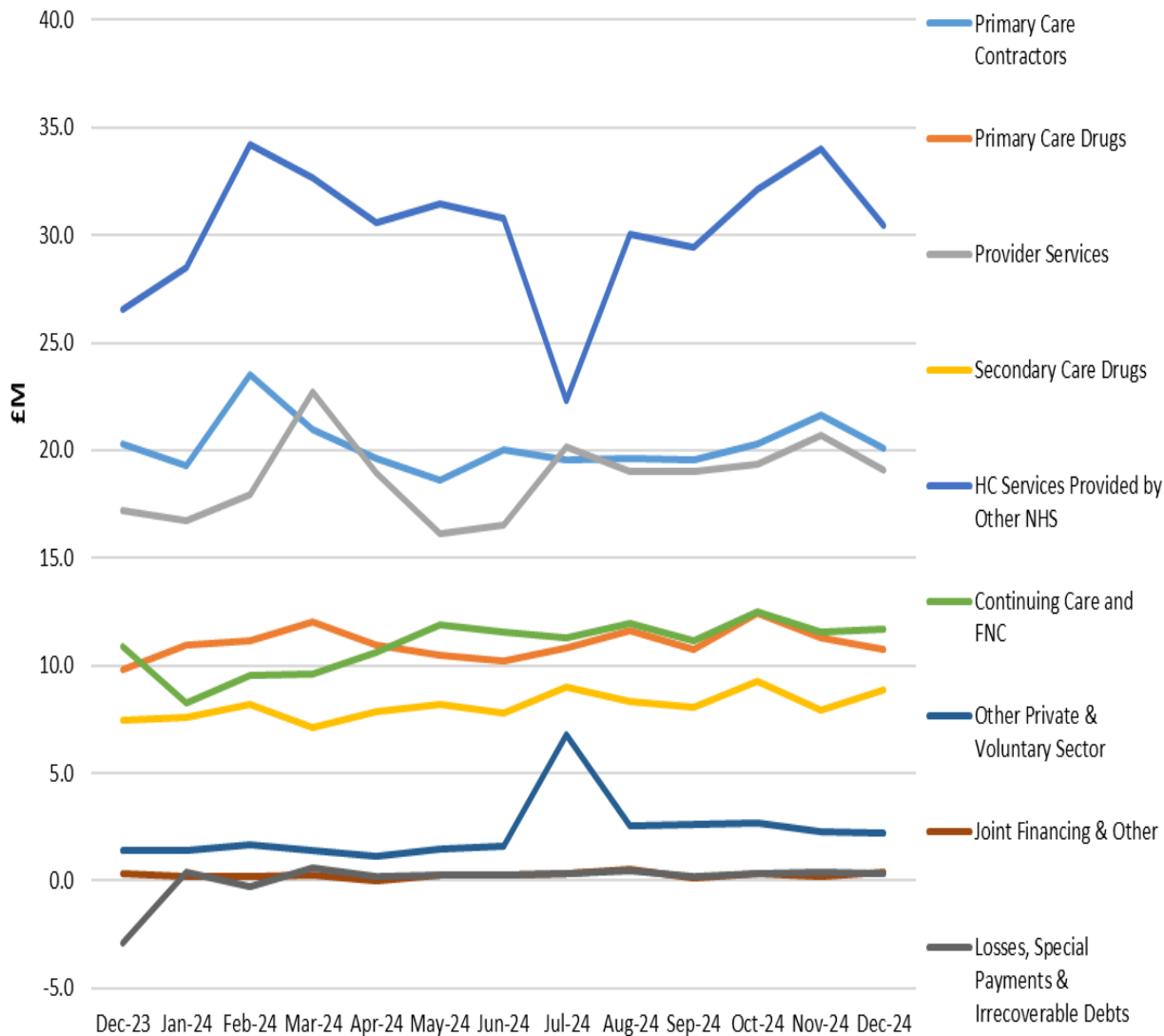


## Nursing Agency Costs



# Expenditure - Non Pay

Non Pay Expenditure (Excluding Capital Costs)



- Primary Care Contractor:** December expenditure is £1.5m (7.1%) less than previous month due to the additional cost of the newly funded pharmacy contractual framework distorting the previous month's position. When compared to previous month's monthly average, December spend has increased by £0.2m due to additional Managed Practices pressures.
- Primary Care Drugs:** Expenditure decreased by £0.5m (4.4%) due to the release of an over accrual in relation to previous months adjusted for within the Month 9 prescribing position, However, annual forecast increased by £1.2m (0.9%) due to the underlying upward trend in the rolling average of both volume and cost. Average Cost per Item increased from £7.78 per item in September to £7.85 in October (+1.0%). The overall number of Items Prescribed per Prescribing Day increased by 3.1%; October had 73,215 items prescribed compared to 71,009 in September.
- Provider Services Non Pay:** Expenditure decreased by £1.6m (7.7%) from previous month, of which £0.8m is the recovery of VAT on the Renal Contract, £0.3m reduction in Vaccination costs and the remaining reduction being within Premises and Fixed Plan Non-Pay expenditure.
- Secondary Care Drugs:** Expenditure increased by £0.9m (11.8%), of which £0.4m is Cancer Services and £0.4m increase across Secondary Care Sites (YG, YGC & YWM) in Gastroenterology Drugs spend high cost drugs for renal patients.
- Healthcare Services provided by Other NHS Bodies:** A reduction of £3.6m (10.5%) from previous month due to the impact of the additional Vertex and ATMP spend included in Month 8 for which WG funding allocation was received plus backdated UCLH activity adjustments. When compared against previous months' monthly average, Month 9 spend is reporting an increase of £0.3m (1.14%)
- Continuing Health Care (CHC) and Funded Nursing Care (FNC):** Expenditure increased by £0.1m (1.1%). Annual forecast also decreased by £0.4m (0.3%) due to the reduced number of care packages reported in the month.

# Allocations

Description	£m
Allocations Received	2,161.1
<b>Total Allocations Received</b>	<b>2,161.1</b>

Description	£m
<b>Allocations anticipated</b>	
AME/DEL Capital Adjustments	6.1
Removal of Donated Assets / Government Grant Receipts	-1.0
Removal of IFRS-16 Leases (Revenue)	-4.7
Real Living Wage (Care Homes)	4.0
IM&T Refresh Programme	1.9
Pay Award 2024-25	38.3
Medical Training - TGS	1.5
ATMP	1.5
50 Day Challenge Funding	4.4
Improved Waiting Times	8.7
Six Goals	1.4
EPMA DPIF Funding	0.8
Other	1.2
<b>Total Allocations Anticipated</b>	<b>64.1</b>

	£m
Total Allocations Received	2,161.1
Total Allocations Anticipated	64.1
<b>Total Welsh Government Income</b>	<b>2,225.2</b>

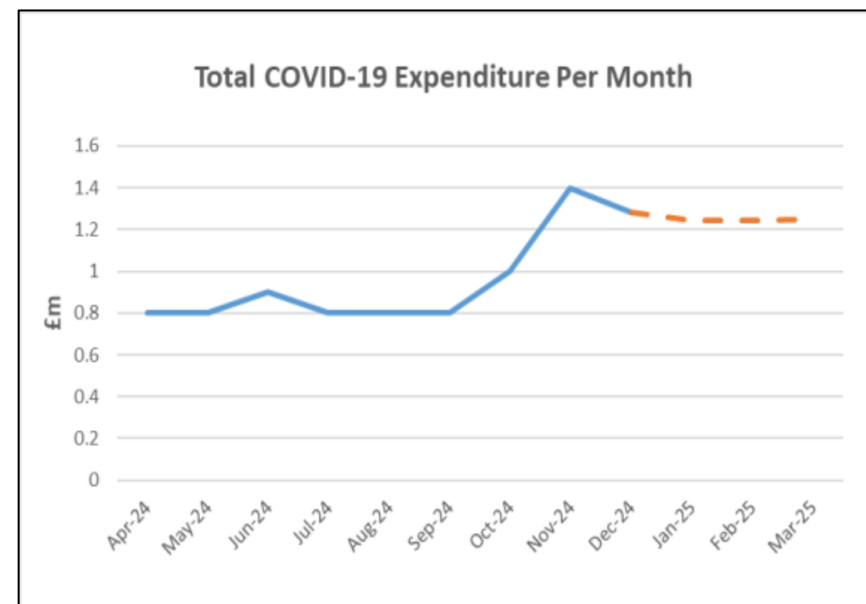
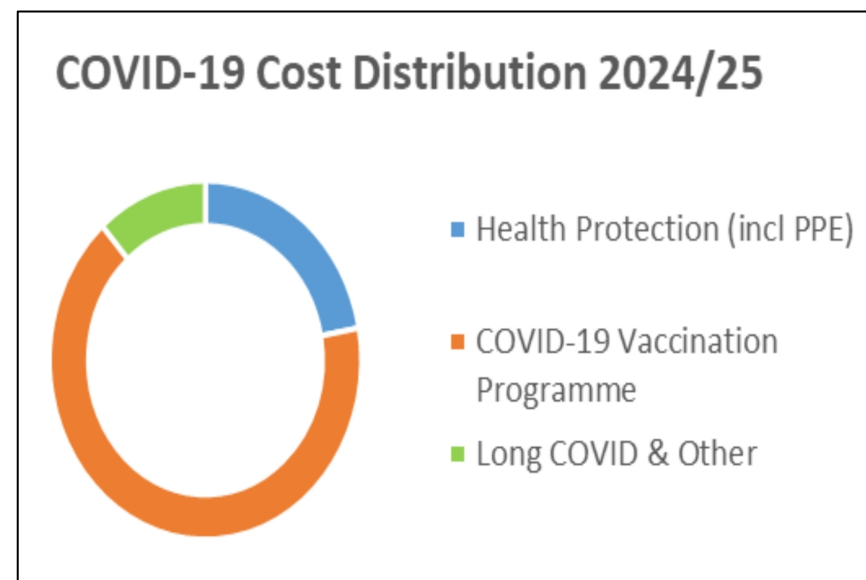
- Total Revenue Resource Limit (RRL) for the year is £2,225.1m. £1,660.1m of the RRL has been profiled into the cumulative position, £8.7m less than 9/12ths of the RRL (£1,668.8).
- Confirmed allocations to date is £2,161.1m, with further anticipated allocations in year of £64.1m. Total COVID-19 funding allocation is £12.2m, with £8.4m profiled into the cumulative position. It is forecast that a surplus of £0.9m can be retained as confirmed by WG.
- Total cost of Pay Award impact is c.£72.5m as detailed in below table. An interim allocation of £33.5m has been received to date, with the remaining balance of £38.3m reported as anticipated income.

2024/25 Pay Award impact	Total £'m
November Pay Award Costs	£50.6m
Real Living Wage (RLW)	£3.8m
RLW Bank & Bank paid in November pay award	£1.6m
September M&D Pay Award	£14.3m
Additional costs outside of direct payroll (English rotational Doctors) and Apprenticeship Levy	£0.5m
Band 8 additional incremental points	£1.7m
<b>Total</b>	<b>£72.5m</b>

- Additional pay costs excluded from the above pay calculations are:
  - Medical & Dental outstanding fees and allowances to be uplifted in January.
  - Potential additional costs English St. Helen's & Knowsley rotational Doctors uplift.
  - JSCC seeking additional funding relating to pay award elements of English contracts.
- Pay award impact on centrally held balance sheet accrual and provisions is estimated at c.£1.5m and is excluded from the above pay award calculation.

# Impact of COVID-19

	Actual									Year to Date Expenditure £m	Forecast 2024/25 £m
	M01 £m	M02 £m	M03 £m	M04 £m	M05 £m	M06 £m	M07 £m	M08 £m	M09 £m		
Health Protection (incl PPE)	0.2	0.1	0.2	0.2	0.2	0.2	0.2	0.3	0.3	1.9	2.5
COVID-19 Vaccination	0.5	0.6	0.5	0.5	0.5	0.5	0.7	0.9	0.6	5.3	7.5
Long COVID & Other	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.9	1.3
<b>Total COVID-19 Expenditure</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>0.8</b>	<b>1.0</b>	<b>1.4</b>	<b>1.0</b>	<b>8.1</b>	<b>11.3</b>
Welsh Gov COVID-19 Income	0.8	0.8	0.8	0.8	0.8	0.8	1.0	1.4	1.3	8.4	12.2
<b>Impact of COVID-19 on Position</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>(0.3)</b>	<b>(0.3)</b>	<b>(0.9)</b>



- Total COVID expenditure for WG funded programmes in Month 9 is £1.0m, with a year-to-date cost of £8.1m. Total full year forecast spend is £11.3m against a COVID funding allocation of £12.2m for 2024/25. It is forecast that there will be a projected surplus of £0.9m against the COVID funding allocation.
- Month 9 Health Protection expenditure is £0.3m with an annual forecast spend of £2.5m.
- COVID-19 Vaccination Programme expenditure for Month 9 is £0.6m and annual forecast spend is £7.5m.
- Month 9 Long COVID expenditure is £0.1m and annual forecast expenditure is £1.3m.
- All COVID programmes expenditure plans continue to be assessed and refined. However, the COVID-19 forecast at Month 9 is projecting slippage of c.£0.9m (Health Protection including PPE £0.2m, Vaccination Programme £0.1m and Long Covid £0.6m). WG have confirmed that the Health Board can retain slippage against the 2024/25 COVID funding allocation to support the delivery of sustainable services.

# Risks and Opportunities (not included in position)

- The below are risks and opportunities to the Health Board's Financial position for 2024/25 as of Month 9. Where we are clear of specific costs for both risks and opportunities, these are incorporated within the forecast position.

	Risks	£m	Level
1	Continuing Healthcare – continued patient number growth	£1.0m	Medium
2	Prescribing – growth above original plan expectation	£3.0m	Medium
3	Other Contract Performance (English Provider performance)	£1.0m	Medium
4	Dental Ringfenced Allocation retention of underspend	£4.3m	Medium
5	Risk on recovery of mitigating actions – 80% (Excluding Red & Pipeline)	£4.5m	Medium
6	Modelling assumes pay award funded centrally in full as per the planning guidance	TBC	Medium
7	Risk of NWJSCC charging additional English Pay award costs to BCU	£4.6m	Medium
8	Risk on Recovery of Cost Reductions and Balance Sheet – 30%	£3.1m	Medium
	<b>Total Quantifiable Risks</b>	<b>£21.5m</b>	

- The additional risk of re-banding Health Care support workers has not been incorporated into either the risk tables or the Health Board's financial position.

The below opportunities have now been included within the Month 9 position:

- £0.9m Retention of Covid slippage
- £0.5m Increase in RLW for Care homes, reflecting the same methodology as Powys to ensure consistency with other Health Boards.



# Balance Sheet

- The closing cash balance as at 31<sup>st</sup> December 2024 was £7.099m, which included £5.775m cash held for revenue expenditure and £1.324m for capital projects.
- The Health Board is currently forecasting a closing cash balance for 2024-25 of (£1.823m) made up of (£4.276m) revenue cash and £2.453m capital cash.
- Following the Health Board meeting of 28<sup>th</sup> November 2024, a request for strategic cash-only support was made to Welsh Government in order to continue making payments to staff and suppliers towards the end of the 2024-25 financial year. Whilst the sum initially requested was £18.0m this figure will be reduced following the additional revenue resource allocation of £11.15m notified by the Chief Executive of the NHS in Wales on 2<sup>nd</sup> December 2024.

	Opening Balance Beginning of Apr-24 £m	Closing Balance End of Dec-24 £m	Forecast Closing Balance End of Mar-25 £m
<b>Non-Current Asset</b>			
Property, plant and equipment	724.0	704.6	728.6
Intangible assets	1.2	0.9	1.2
Trade and other receivables	84.6	84.6	84.6
<b>Non-Current Assets sub total</b>	<b>809.7</b>	<b>790.1</b>	<b>814.3</b>
<b>Current Assets</b>			
Inventories	20.9	21.3	20.9
Trade and other receivables	107.7	116.3	124.4
Cash and cash equivalents	5.0	7.1	-1.8
Non-current assets classified as held for sale	0.4	0.4	0.0
<b>Current Assets sub total</b>	<b>134.0</b>	<b>145.0</b>	<b>143.5</b>
<b>TOTAL ASSETS</b>	<b>943.7</b>	<b>935.0</b>	<b>957.9</b>
<b>Current Liabilities</b>			
Trade and Other Payables	209.6	208.8	191.7
Provisions	47.1	60.5	60.6
<b>Current Liabilities Sub Total</b>	<b>256.7</b>	<b>269.2</b>	<b>252.3</b>
<b>NET ASSETS LESS CURRENT LIABILITIES</b>	<b>687.1</b>	<b>662.3</b>	<b>697.3</b>
<b>Non-Current Liabilities</b>			
Trade and Other Payables	27.5	27.5	28.2
Provisions	85.9	85.9	85.9
<b>Non-Current Liabilities Sub Total</b>	<b>113.4</b>	<b>113.4</b>	<b>114.1</b>
<b>TOTAL ASSETS EMPLOYED</b>	<b>573.7</b>	<b>549.0</b>	<b>583.3</b>
<b>FINANCED BY:</b>			
<b>Taxpayers' Equity</b>			
General Fund	353.6	343.5	366.7
Revaluation Reserve	220.1	220.1	220.1
<b>Total Taxpayers' Equity</b>	<b>573.7</b>	<b>563.5</b>	<b>586.7</b>



# Capital

- The approved Capital Resource Limit (CRL) for 2024/25 is £45.8m, which includes £0.7m IFRS16 and £45.1m Capital.
- Year to date expenditure is £14.0m against a year-to-date plan of £15.2m, with a year to date underspend of £1.2m. The programme is being reviewed continuously with discussions taking place with Welsh Government to manage and mitigate any potential risks.

## BUDGET 2024/25

		<u>Brief Overview / Update</u>			
<b>1) Capital Resource Limit 2024/25</b>	<b>£m</b>	The purpose of this dashboard is to brief the committee on the delivery of the approved capital programme to enable appropriate monitoring and scrutiny. The report provides an update, by exception, on the status and progress of the major capital projects and the agreed capital programmes. The report also provides a summary on the progress of expenditure against the capital resources allocated to the Heath Board by the Welsh Government through the Capital Resource Limit (CRL).			
WG Discretionary Capital	12.4				
All Wales Scheme	32.6				
<b>Total CRL</b>	<b>45.1</b>				

<b>CAPITAL PROGRAMME 2024/25</b>	<b>Initial Programme (£m)</b>	<b>Year to Date (£m)</b>	<b>Forecast Outturn (£m)</b>	<b>Current Over/Under Commitment (£m)</b>	<b>Comments</b>
Divisions	4.9	1.1	4.8	0.1	Programmed planned works progressing supported by tenders/purchase orders.
Operational Estates	1.4	0.8	1.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
Medical Devices	1.9	2.0	2.0	-0.1	Programmed planned works progressing supported by tenders/purchase orders.
Informatics	3.4	2.1	3.4	0.0	Programmed planned works progressing supported by tenders/purchase orders.
All Wales funding brokerage to be re-provided from discretionary	0.8	0.0	0.0	0.8	Brokerage managed within the programme.
<b>WG Discretionary Capital</b>	<b>12.4</b>	<b>5.935</b>	<b>11.6</b>	<b>0.8</b>	<b>Under Commitment</b>

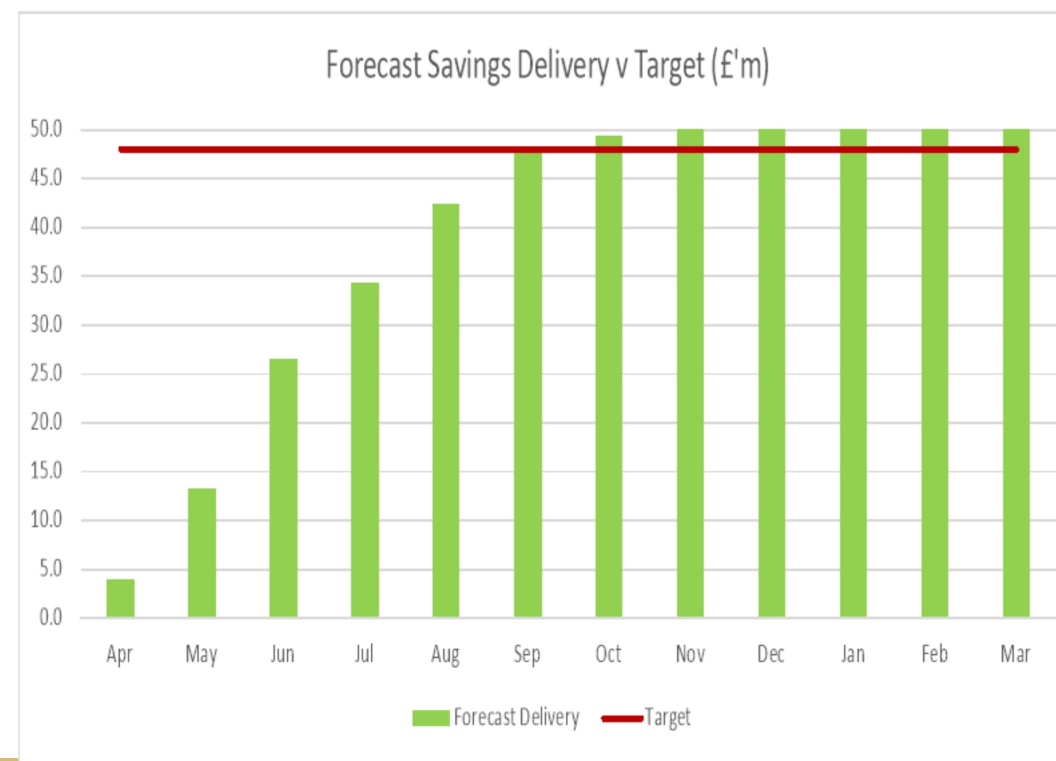
# Capital

MAJOR CAPITAL SCHEMES (with in year spend)	Programme (£m)	Year to Date (£m)	Forecast Outturn (£m)	Current Over/Under Commitment (£m)	Comments
Conwy & Llandudno Junction Health & Social Care Centre	0.2	0.0	0.3	-0.1	Following on from a meeting with IRCF in Newtown, it was agreed that BCUHB will submit a costed risk register, a detailed programme and a detailed Memorandum of Information to inform the IRCF panel of our readiness to progress to the procurement of a Supply Chain Partner to enable the completion of the OBC. This update has now be submitted.
Estates Facility Advisory Board - Fire	2.8	1.0	2.6	0.2	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Infrastructure	0.7	0.7	1.3	-0.6	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Estates Facility Advisory Board - Decarbonisation	0.4	0.2	0.4	-0.1	Estate leads confirmed that project works have started. All planned works will be completed in year to meet the CRL.
Regional Orthopaedic Hub at Llandudno Hospital	12.8	4.4	13.0	-0.2	Contractors on site and programme of works are progressing to handover in 2025/26. There is a continuous process to review the works and cashflow to meet the critical path. It is acknowledges and has been communicated to WG that the project is currently behind the spend profile with formal commercial meetings taking place to mitigate risks.
Substance Misuse Building, Llandudno	0.1	0.1	0.1	0.0	The tenders has been received and there is current value engineering (VE) exercise taking place. The planning approval for change of use has now been received. However as result of the VE the CRL has been revised and brokered into 2025/26 to manage the delay.
CAMHS Crisis Hub	0.3	0.2	0.3	0.0	Project is now completed and final account is being agreed.
Diagnostic Equipment 2024-25 - YG CT	2.9	0.2	2.9	0.0	Allocation for YG CT, fully implemented in the last quarter of the financial year.
Development of Flucloxacillin OPAT and Automation	0.1	0.1	0.1	0.0	The capital purchase of equipment to be delivered in quarter 3.
Backlog Maintenance	5.0	0.4	5.0	0.0	There has been a small delay in getting all the tenders issued and instructed. Planned works has commenced and the Health Board will meet the budget forecast.
Year End Funding – October 2024	1.7	0.1	1.7	0.0	Additional slippage monies has been received in month 6. The majority of the allocation is for 3 x DR Rooms, purchase orders are in place and delivery is time for March 2025.
Diagnostic and Medical Equipment 2024-25	2.5	0.3	2.5	0.0	Various medical equipment items form part of the £2.5m allocation. All purchase orders have been raised with delivery by the 31st March 2025.
Digital Equipment - December 2024-25	1.5	0.0	1.5	0.0	The funding is for additional hardware equipment and the transaction will complete by March 2025.
DPIF - Electronic Prescribing and Medicines Administration (EPMA) Implementation	1.0	0.0	1.0	0.0	The EPMA project implementation is over 2 years. The CRL forecast will be spent by the of the financial year.
DPIF - All Ages Mental Health Digital Solution	0.6	0.0	0.6	0.0	The IT project is being implemented over a couple of year and this allocation if for hardware that will be procure by March 2025.
HCF – Bladder Scanners	0.0	0.0	0.0	0.0	Equipment to be delivered - scheme complete
<b>All Wales Capital</b>	<b>32.6</b>	<b>7.7</b>	<b>33.5</b>	<b>-0.8</b>	<b>Over commitment</b>
<b>Total Capital Funding Available</b>	<b>45.1</b>	<b>13.6</b>	<b>45.1</b>	<b>0.0</b>	

# Savings Performance against Target

- The Health Board's financial plan has set a recurring savings target of £48.0m to be delivered in 2024/25, profiled on an equal twelfth's basis.
- Savings identification, reporting and monitoring has been developed through a Value and Sustainability thematic model, with work progressing well to identify opportunities. A large number of these opportunities have been converted to deliverable forecasts.
- Full year forecast value of Green Schemes totals £52.6m (including £41.8m Savings, £1.3m Income Generation, £8.9m Accountancy Gains and £0.7m Cost Avoidance), a forecast increase of £0.9m from Month 8. Of these, £29.1m have been identified as recurring, with a full year effect of £41.4m, and £23.6m are non-recurring savings. Accountancy Gains of £8.9m are fortuitous non-recurring reductions in expenditure resulting from reviews of accruals from the previous financial year. The gap of recurrent savings to the target is £6.6m, an improvement of £0.7m.
- In-month delivery includes Savings of £4.2m, £0.1m Income Generation, £0.9m Accountancy Gains totalling £5.2m, against a £4.0m Target
- The combined year to date delivery is £41.5m, of which £21.0m is recurring, against a £36.0m Target.

Service Performance against Target	Annual			Full Year Effect	Year to Date		
	Target	Forecast Delivery	Delivery v Target (+ve = adverse)		Target	Delivery	Delivery v Target (+ve = adverse)
West Integrated Health Community	8.7	7.0	1.6	8.7	6.5	5.3	1.2
Central Integrated Health Community	10.9	8.0	2.9	7.8	8.2	6.3	1.9
East Integrated Health Community	11.2	10.3	0.9	8.6	8.4	7.9	0.6
MHLD	4.2	7.9	-3.7	12.8	3.2	4.4	-1.3
Womens Services	1.4	1.4	-0.1	0.7	1.0	1.1	-0.1
Diagnostic and Specialist Clinical Support	2.1	1.1	1.0	0.2	1.6	0.9	0.7
Cancer Services	1.6	1.3	0.3	1.1	1.2	1.0	0.2
Dental North Wales	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Community Dental Services	0.2	0.1	0.1	0.0	0.1	0.1	0.1
Other Primary Care	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Contracts & Provider Income	0.0	1.1	-1.1	0.0	0.0	0.9	-0.9
Corporate & Support Services	3.7	4.2	-0.5	1.5	2.8	3.4	-0.6
Reserves	4.0	1.4	2.6	0.0	3.0	1.4	1.6
<b>Saving Total</b>	<b>48.0</b>	<b>43.8</b>	<b>4.2</b>	<b>41.4</b>	<b>36.0</b>	<b>32.6</b>	<b>3.4</b>
Accountancy Gains		8.9	-8.9			8.9	-8.9
<b>Total</b>		<b>52.6</b>	<b>-4.6</b>	<b>41.4</b>	<b>36.0</b>	<b>41.5</b>	<b>-5.5</b>



# Savings Performance by Category

Savings - V&S Annual Performance against Target (£'m)	Target £m	Forecast Delivery								Delivery v Target (+ve = adverse) £m	
		V&S Board Categories									
Service / Area		Workforce £m	Medicines Management £m	Procurement & Non-pay £m	CHC £m	Pathway £m	Other – Commissioning £m	Other - Primary Care £m	Income £m	Total £m	
West Integrated Health Community	8.7	2.6	2.8	0.5	0.7	0.0	0.0		0.4	7.0	1.6
Central Integrated Health Community	10.9	2.7	4.0	0.4	0.7	0.0	0.2		0.0	8.0	2.9
East Integrated Health Community	11.2	4.9	3.8	0.8	0.7	0.0	0.0		0.1	10.3	0.9
MHLD	4.2	1.1	0.1	0.1	2.5		4.1			7.9	-3.7
Womens Services	1.4	1.4	0.0	0.0						1.4	-0.1
Diagnostic and Specialist Clinical Support	2.1	0.1		1.0					0.0	1.1	1.0
Cancer Services	1.6	0.4	0.9	0.0						1.3	0.3
Dental North Wales	0.0			0.0						0.0	0.0
Community Dental Services	0.2	0.1		0.0						0.1	0.1
Other Primary Care	0.0			0.0	0.0					0.0	0.0
Contracts & Provider Income	0.0						1.1			1.1	-1.1
Corporate & Support Services	3.7	2.6	0.0	1.6	0.0	0.0	0.0	0.0	0.0	4.2	-0.5
Reserves	4.0		0.4	1.0						1.4	2.6
<b>Total Cash Releasing Savings</b>	<b>48.0</b>	<b>15.9</b>	<b>12.0</b>	<b>5.2</b>	<b>4.6</b>	<b>0.0</b>	<b>5.5</b>	<b>0.0</b>	<b>0.6</b>	<b>43.8</b>	<b>4.2</b>
Accountancy Gains		0.3	2.2	2.8	1.2		1.8	0.6		8.9	-8.9
<b>Total</b>		<b>16.2</b>	<b>14.2</b>	<b>8.0</b>	<b>5.8</b>	<b>0.0</b>	<b>7.2</b>	<b>0.6</b>	<b>0.6</b>	<b>52.6</b>	<b>-4.6</b>

Recurring Performance against Target	Annual			Year to Date		
	Target £m	Forecast Delivery £m	Delivery v Target (+ve = adverse) £m	Target £m	Delivery £m	Delivery v Target (+ve = adverse) £m
Recurring	48.0	29.1	18.9	36.0	21.0	15.0
Non Recurring	0.0	23.6	-23.6		20.5	-20.5
<b>Total</b>	<b>48.0</b>	<b>52.6</b>	<b>-4.6</b>	<b>36.0</b>	<b>41.5</b>	<b>-5.5</b>



# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
Cancer	Agency 6 Month Review of Accruals	NR	125,433	125,433	0	125,433	125,433	0
Cancer	Biosimilar Initiation, switching	R	17,952	45,034	27,082	13,464	36,181	22,717
Cancer	Clatterbridge EOY Contract Reconciliation	NR	143,000	143,000	0	143,000	143,000	0
Cancer	DOAC prescribing	R	39,156	37,027	-2,129	29,367	34,842	5,475
Cancer	Medical Agency	R	83,865	96,568	12,703	64,002	77,357	13,355
Cancer	National agreed contracts for secondary care drugs	R	888,869	629,240	-259,629	632,879	495,020	-137,859
Cancer	Optimising medicine prescribing within clinical pathways (NICE TA)	R	33,372	2,781	-30,591	25,029	2,781	-22,248
Cancer	Outsourcing savings (aseptics SACT)	R	17,550	1,950	-15,600	11,700	1,950	-9,750
Cancer	Outsourcing savings (homecare)	R	325,110	176,918	-148,192	243,831	156,154	-87,677
Contracts & Income	NCA unused 23/24 provision	NR	900,000	900,000	0	720,000	720,000	0
Contracts & Income	NHS E 2023/24 Contract Drugs Challenges	NR	597,042	597,042	0	597,042	597,042	0
Contracts & Income	RJAH Contract Underperformance	NR	600,000	600,000	0	600,000	600,000	0
Corporate	AG Venue Cymru	NR	115,000	115,000	0	115,000	115,000	0
Corporate	Cessation of RPO (Medacs) Gain share Contract	R	387,000	387,000	0	290,250	290,250	0
Corporate	Cessation of RPO (Medacs) Gain-share contract: VAT & credit notes	NR	92,823	92,823	0	92,823	92,823	0
Corporate	DDaT - Hold on scanning patient paper records due to EPR review	NR	80,000	80,000	0	60,000	60,000	0
Corporate	DDaT - McAfee Subscription & CISCO DUO	R	66,590	66,590	0	48,429	48,429	0
Corporate	DDaT - Pay Savings	NR	241,887	241,887	0	237,120	237,120	0
Corporate	DDaT - Reduction in external storage of records - Oasis	NR	30,000	30,000	0	22,500	22,500	0
Corporate	Director of Primary Care (vacancy)	NR	80,772	61,860	-18,912	80,772	61,860	-18,912
Corporate	Executive Vacancy - Chief Operating Officer 24/25	NR	112,602	80,430	-32,172	112,602	80,430	-32,172
Corporate	Finance Departement Staff Savings 24/25	R	134,845	134,845	0	56,308	56,308	0
Corporate	Finance Departement Staff Savings 24/25	NR	345,347	345,347	0	303,974	303,974	0
Corporate	Free of Charge Drugs	NR	406,963	406,963	0	406,963	406,963	0
Corporate	New Medacs Contract - Medical Bank & Medical Agency Optimisation	R	261,625	261,625	0	149,500	149,500	0
Corporate	Non recurrent vacancy slilage, Local Public Health team 24/25	NR	121,713	121,713	0	121,713	121,713	0
Corporate	Review of Invoices on Hold	NR	448,239	448,239	0	448,239	448,239	0
Corporate	RSUK - VAT Recovery - Prior Year	NR	729,365	729,365	0	729,365	729,365	0
Corporate	Staff savings opportunities 24/25	R	127,193	127,193	0	95,395	95,395	0
Corporate	VAT Recovery	NR	963,882	963,882	0	963,882	963,882	0
DSCS	Contract Monitoring - Radiology AML	NR	24,316	24,316	0	24,316	24,316	0
DSCS	FIT Testing Endoscopy PHW Contract	R	52,680	52,680	0	39,510	39,510	0
DSCS	LINC Project	NR	453,000	771,352	318,352	339,750	604,636	264,886
DSCS	Powys SLA Audiology Adults	R	38,306	38,306	0	28,729	28,729	0
DSCS	Radiotherapy Linear Accelerator Warranty	NR	36,490	36,490	0	36,490	36,490	0
DSCS	Recruit substantive staff instead of using agency	R	21,555	21,555	0	14,370	14,370	0
DSCS	Toxicology Service	R	29,202	29,202	0	21,902	21,902	0
Estates	23/24 Gas energy accruals	NR	431,893	431,893	0	431,893	431,893	0
Estates	Director of Estates (vacancy)	NR	176,716	196,351	19,635	176,716	176,716	0
Estates	Disposal of Ala Road	R	60,738	13,492	-47,246	40,494	0	-40,494
Estates	Disposal of Buildings - Cilan	R	4,969	4,969	0	3,312	3,312	0
Estates	Rates Rebate - Preswylfa	NR	185,612	185,612	0	185,612	185,612	0
HC - Centre	Biosimilar Initiation, switching	R	538,273	1,157,705	619,432	472,650	899,972	427,322
HC - Centre	CAMHs Non-Recurrent Vacancy Savings	NR	547,985	547,985	0	410,987	410,987	0

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - Centre	CAMHS OOA Accountancy Gains	NR	626,000	626,000	0	626,000	626,000	0
HC - Centre	Closure of 4 X GP Beds - Holywell Community Hospital	NR	19,092	19,092	0	14,319	14,319	0
HC - Centre	Community Hospital Management Support	NR	48,997	48,997	0	36,748	36,748	0
HC - Centre	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
HC - Centre	Continuing Health Care Schemes	R	734,000	730,775	-3,225	550,503	721,100	170,597
HC - Centre	De-commissioning of Ward 11 as escalation space	R	680,814	372,058	-308,756	425,509	116,753	-308,756
HC - Centre	DOAC prescribing	R	1,353,976	1,337,372	-16,603	1,216,281	1,202,780	-13,500
HC - Centre	Dressings review	R	80,000	18,769	-61,231	60,000	18,769	-41,231
HC - Centre	GMS Accountancy Gain	NR	130,992	130,992	0	130,992	130,992	0
HC - Centre	LAC Income over-achievement	NR	200,000	200,000	0	149,998	149,998	0
HC - Centre	National agreed contracts for secondary care drugs	R	135,968	97,751	-38,217	94,835	75,788	-19,047
HC - Centre	Nurse Agency Run Rate Reduction	R	268,705	270,831	2,126	167,940	170,066	2,126
HC - Centre	Optimising medicine prescribing within clinical pathways (NICE TA)	R	38,496	47,497	9,001	28,872	47,497	18,625
HC - Centre	Optomisation of generic prescribing	R	121,666	109,910	-11,756	112,204	104,111	-8,093
HC - Centre	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	604,110	604,110	0	604,110	604,110	0
HC - Centre	PC&C Services - Contingency Reserve	R	10,000	10,000	0	7,501	7,501	0
HC - Centre	PC&C Services - Telehealth	NR	50,000	50,000	0	37,499	37,499	0
HC - Centre	PC&C Services - Temporary Vacancies	NR	245,906	245,906	0	184,433	184,433	0
HC - Centre	Polypharmacy medication reviews	R	300,000	590,693	290,693	225,000	490,136	265,136
HC - Centre	Review low value medicines prescribed including liothyronine	R	135,432	12,301	-123,131	101,574	12,301	-89,273
HC - Centre	Review of Blood glucose test strips, optimise product selection	R	40,084	68,903	28,819	21,583	59,501	37,918
HC - Centre	Scriptswitch & Optimise savings	R	250,000	528,428	278,428	187,500	396,320	208,820
HC - Centre	YGC NR Vacancies	NR	55,338	55,338	0	55,338	55,338	0
HC - East	Accountacncy Gain - Locum Medical	NR	63,764	63,764	0	63,764	63,764	0
HC - East	Accountacncy Gain - Renal PO	NR	83,000	83,000	0	83,000	83,000	0
HC - East	Accountancy Gain - ED PO	NR	24,091	24,091	0	24,091	24,091	0
HC - East	Accountancy Gain - Locum Medical Surgery	NR	51,083	51,083	0	51,083	51,083	0
HC - East	AHP Agency Reduction - Therapies	R	240,000	201,000	-39,000	180,000	165,538	-14,462
HC - East	Biosimilar Initiation, switching	R	442,735	206,667	-236,068	260,632	99,826	-160,806
HC - East	Catering Consumables	R	92,169	92,169	0	67,668	67,668	0
HC - East	Cease inco sheet usage	R	4,215	4,215	0	2,951	2,951	0
HC - East	CHC Cost containment	R	604,512	603,449	-1,063	454,512	507,449	52,937
HC - East	Childrens - Medical Agency Reduction	R	250,000	388,169	138,169	187,500	328,169	140,669
HC - East	Childrens CHC Package Review	R	120,000	90,475	-29,525	97,500	90,475	-7,025
HC - East	Continuing Health Care (CHC) AG	NR	150,000	150,000	0	150,000	150,000	0
HC - East	DOAC prescribing	R	1,489,958	1,472,158	-17,800	1,366,676	1,353,686	-12,990
HC - East	Dressings review	R	60,000	10,778	-49,222	45,000	10,778	-34,222
HC - East	GMS Accountancy Gain	NR	209,465	209,465	0	209,465	209,465	0
HC - East	Increase of catering income	R	88,698	88,698	0	66,519	66,519	0
HC - East	Increased Income from Residences	R	75,521	28,320	-47,201	47,201	0	-47,201
HC - East	Medical Agency & Locum Reduction - Primary Care - Managed Practices	R	350,000	349,704	-296	261,000	264,704	3,704
HC - East	Medical Agency Reduction - Community Services	R	261,163	301,886	40,723	195,872	243,236	47,364
HC - East	National agreed contracts for secondary care drugs	R	157,451	124,713	-32,738	110,612	106,417	-4,195
HC - East	Nurse Staffing - Agency Reduction	NR	453,996	453,996	0	181,598	181,598	0

# Savings Variance

Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Full Year			Year to Date		
			Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - East	Optimising medicine prescribing within clinical pathways (NICE TA)	R	40,704	56,242	15,538	30,528	56,242	25,714
HC - East	Optomisation of generic prescribing	R	223,666	218,278	-5,388	208,606	206,017	-2,589
HC - East	Outsourcing savings (homecare)	R	118,128	167,069	48,941	73,830	134,130	60,300
HC - East	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	783,657	783,657	0	783,657	783,657	0
HC - East	Pico dressings	NR	7,511	7,511	0	7,511	7,511	0
HC - East	Polypharmacy medication reviews	R	350,004	723,738	373,734	262,503	599,466	336,963
HC - East	Portering Staffing	R	30,996	30,996	0	23,247	23,247	0
HC - East	Recharging AMD drug costs for out of area patients	R	60,000	53,239	-6,761	45,000	38,239	-6,761
HC - East	Reduce B3 Cook/Team Leader at weekends	R	6,996	6,996	0	5,247	5,247	0
HC - East	Reduce window cleaning from twice to one per annum in hospitals	R	5,700	5,700	0	4,275	4,275	0
HC - East	Reduction in spend on Nursing Agency - EC	R	169,000	321,138	152,138	136,000	247,493	111,493
HC - East	Reduction in spend on Nursing Agency - Medicine	R	240,000	658,120	418,120	180,000	538,120	358,120
HC - East	Reduction in spend on Nursing Agency - Surgery	R	230,719	374,321	143,602	178,672	275,321	96,649
HC - East	Renal PD Accountancy Gain	NR	98,000	98,000	0	98,000	98,000	0
HC - East	Review low value medicines prescribed including liothyronine	R	96,684	10,625	-86,059	72,513	10,625	-61,888
HC - East	Review of Blood glucose test strips, optimise product selection	R	47,125	75,249	28,124	25,375	59,809	34,434
HC - East	RSUK - VAT Recovery - In Year	R	138,012	138,012	0	42,959	42,959	0
HC - East	Scriptswitch & Optomise savings	R	350,004	674,076	324,072	262,503	505,557	243,054
HC - East	Theatre Consumable Savings	R	34,854	34,854	0	23,124	23,124	0
HC - East	Urology Scope Stacker	R	75,000	46,875	-28,125	46,875	18,750	-28,125
HC - West	Accruals Released - Area	NR	12,992	12,992	0	12,992	12,992	0
HC - West	Accruals Released - Area GMS	NR	211,000	211,000	0	211,000	211,000	0
HC - West	Accruals Released - YG	NR	26,154	26,154	0	26,154	26,154	0
HC - West	Acute paediatric medical staffing - Efficiencies	R	244,569	109,941	-134,628	179,253	57,375	-121,878
HC - West	BCU Accommodation for CHC West team	R	9,876	9,876	0	9,876	0	-9,876
HC - West	Biosimilar Initiation, switching	R	169,915	244,268	74,354	117,193	182,252	65,059
HC - West	CAMHS - Temporary clinical efficiencies	NR	134,088	106,000	-28,088	91,623	88,000	-3,623
HC - West	Childrens CHC Package Review	R	100,000	100,000	0	75,000	75,000	0
HC - West	Continence Products	R	50,000	12,497	-37,503	37,503	0	-37,503
HC - West	Continuing Health Care (CHC) AG	NR	434,469	434,469	0	434,469	434,469	0
HC - West	Conversion of Cryocool to Ice Machine	R	2,880	2,880	0	1,800	1,800	0
HC - West	Director Post Vacancy	NR	67,000	67,000	0	67,000	67,000	0
HC - West	Directorate Grip and Control - Pay related	NR	96,500	99,000	2,500	80,960	93,000	12,040
HC - West	DOAC prescribing	R	1,095,519	1,086,977	-8,542	924,847	910,036	-14,811
HC - West	Dressings review	R	30,000	3,329	-26,671	22,500	3,329	-19,171
HC - West	Flexible Job Plan Sessions	NR	83,603	83,602	-0	52,252	52,251	-0
HC - West	GMS Accountancy Gain	NR	162,857	162,857	0	162,857	162,857	0
HC - West	Grip and control measures - Acute Med Locum Reduction	R	248,000	165,000	-83,000	179,000	135,000	-44,000
HC - West	Grip and control measures - pay SDEC	R	241,500	167,000	-74,500	138,000	95,000	-43,000
HC - West	Home Enteral Tube Feeding (Ancilliary items)	NR	20,000	20,000	0	14,994	12,500	-2,494
HC - West	Implement Workforce Plan for Health Board Managed Practices	R	90,000	90,000	0	0	0	0
HC - West	Implement Workforce Plan for Health Board Managed Practices	NR	234,104	198,000	-36,104	205,852	180,000	-25,852
HC - West	Increase of catering income	R	218,024	266,000	47,976	163,512	195,500	31,988
HC - West	Llandudno Decant - Pay	NR	150,000	132,000	-18,000	150,000	132,000	-18,000

# Savings Variance

			Full Year			Year to Date		
Service	Scheme / Opportunity Title	Recurrent / Non Recurrent	Plan	Forecast	Variance Forecast vs Plan	Plan	Achieved	Variance Achieved vs Plan
HC - West	Medicine Grip and Control - Non-Pay	R	80,000	39,000	-41,000	50,000	24,000	-26,000
HC - West	National agreed contracts for secondary care drugs	R	165,855	120,331	-45,524	116,448	104,596	-11,852
HC - West	Ophthalmology Private Patient Income	R	53,000	96,000	43,000	39,750	78,000	38,250
HC - West	Optimising medicine prescribing within clinical pathways (NICE TA)	R	30,800	95,879	65,079	23,100	89,003	65,903
HC - West	Optomisation of generic prescribing	R	107,361	98,639	-8,722	99,677	93,512	-6,165
HC - West	Outsourcing savings (homecare)	R	28,893	80,935	52,042	21,670	76,797	55,127
HC - West	P&MM Accountancy Gains (March data lower than national and local forecasts)	NR	556,230	556,230	0	556,230	556,230	0
HC - West	Polypharmacy medication reviews	R	250,000	562,844	312,844	187,500	443,432	255,932
HC - West	Reduction in Agency Pay - Therapies	NR	186,000	77,000	-109,000	121,500	53,000	-68,500
HC - West	Residential Accommodation rental increase (West)	R	65,416	47,483	-17,933	32,708	17,483	-15,225
HC - West	Review low value medicines prescribed including liothyronine	R	48,156	6,456	-41,700	36,117	6,215	-29,902
HC - West	Review of Blood glucose test strips, optimise product selection	R	24,375	64,475	40,100	13,125	57,185	44,060
HC - West	Review of GP Bed Fund Contract 24.25	NR	24,024	16,000	-8,024	18,018	13,000	-5,018
HC - West	RSUK - VAT Recovery - In Year	R	60,093	60,093	0	24,274	24,274	0
HC - West	SACC - Efficiency - Reduce Escalated Beds	R	160,000	370,000	210,000	100,000	265,000	165,000
HC - West	SACC - Grip & Control - Medical Pay	R	260,000	349,000	89,000	108,500	245,000	136,500
HC - West	Scriptswitch & Optomise savings	R	200,000	419,055	219,055	150,000	314,291	164,291
HC - West	West IHC - Continuing Health Care Schemes	R	661,000	566,271	-94,729	495,750	396,390	-99,360
MH&LDS	Continuing Health Care (CHC) AG	NR	220,000	220,000	0	220,000	220,000	0
MH&LDS	Director of Nursing Recruitment Vacancy	NR	64,981	64,981	0	56,858	56,858	0
MH&LDS	Medical Agency Reduction	R	95,184	95,184	0	59,736	59,736	0
MH&LDS	National agreed contracts for secondary care drugs	R	71,965	22,025	-49,940	39,556	17,340	-22,216
MH&LDS	Outsourcing savings (primary care dispensed)	R	60,996	50,833	-10,163	45,747	35,583	-10,164
MH&LDS	Reduction in Nursing Agency Spend	R	254,388	237,393	-16,995	190,791	159,955	-30,836
MH&LDS	Reduction in Out of Area Placements	R	5,450,544	4,146,397	-1,304,147	3,048,408	1,744,261	-1,304,147
MH&LDS	Reduction in Unfunded Posts - Director of transformation	NR	124,128	124,128	0	93,096	0	-93,096
MH&LDS	Right Care Programme	R	2,500,000	2,500,000	0	1,791,667	1,888,648	96,982
Midw & Womens	Ceasing of Pay Protection	R	10,548	10,548	0	7,911	7,911	0
Midw & Womens	Consultant OOHs Intensity Allowance Review	R	25,925	25,925	0	17,948	17,948	0
Midw & Womens	Medical Agency Expenditure Reduction	R	15,259	15,259	0	9,874	9,874	0
Midw & Womens	Medical Commitment Award	NR	40,259	40,259	0	30,194	30,194	0
Midw & Womens	National agreed contracts for secondary care drugs	R	31,022	43,531	12,509	21,590	34,601	13,011
Midw & Womens	Non Recurrent BFI Re-Assessment Spend Reduction	NR	11,400	11,400	0	8,550	8,550	0
Midw & Womens	Womens BFI Accreditation	NR	11,400	11,400	0	8,550	8,550	0
Midw & Womens	Nursing & Midwifery Agency Exp Run Rate Reduction	R	65,076	47,161	-17,915	48,807	31,390	-17,417
Midw & Womens	Pay Expenditure Run Rate Reduction	NR	266,652	700,397	433,744	255,820	577,142	321,322
Midw & Womens	Vacancy Factor	R	500,000	529,685	29,685	375,000	397,263	22,263
Primary Care	Accountancy Gain - Integrated Clinical Delivery	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Primary Care	NR	147,794	147,794	0	147,794	147,794	0
Primary Care	Continuing Health Care (CHC) AG	NR	187,029	187,029	0	187,029	187,029	0
<b>Subtotal</b>			<b>43,084,488</b>	<b>44,096,344</b>	<b>1,011,856</b>	<b>33,852,499</b>	<b>34,999,223</b>	<b>1,146,724</b>
Procurement			1,208,051	1,419,824	211,772	820,958	1,087,411	266,453
Close of PO's AG			797,241	797,241	0	797,241	797,241	0
Enhanced mileage rates			229,230	318,383	89,153	171,922	261,076	89,153
Enhanced Recruitment Control Savings			2,272,251	5,995,344	3,723,092	2,272,251	4,310,859	2,038,608
Telephone Line Rental			12,914	12,981	67	9,685	9,731	46
<b>Total</b>			<b>47,604,175</b>	<b>52,640,117</b>	<b>5,035,941</b>	<b>37,924,556</b>	<b>41,465,540</b>	<b>3,540,984</b>

<b>Present: 17<sup>th</sup> July</b>			<b>Apologies:</b>
<p><b>Welsh Government:</b></p> <p>Annie Jones                      Chantelle Jenkins                      Emma Coles                      Jessica Khoshooee                      Judith Paget (Chair)                      Martin Mansfield                      Sara Whittam</p>	<p><b>NHS Wales Employers:</b></p> <p>Andrew Davies                      Angie Oliver                      Claire Osmundsen-Little                      Fahmin Khanum                      Gareth Hardacre                      Greg Dix                      James Bishop                      Kirsty White                      Lisa Llewellyn                      Marie Davies                      Rachel Gidman                      Ruth Alcolado                      Sophie Fuller                      Sue Green                      Tom Lawson</p>	<p><b>Trade Unions:</b></p> <p>Adam Morgan - CSP                      Alison Pawley – Unite                      Caroline Hurley - SoR                      Darryl Williams – Unite                      Dawn Ward – Unison                      Jan Tomlinson – Unison                      Jenny Lavington – CSP                      Jonathan Strachan-Taylor - GMB                      Lenient Okpogor – RCN                      Louise Wright - CSP                      Nadia Probert – Unison                      Nathan Holman – GMB                      Nicky Hughes - RCN                      Pamela Franas – GMB                      Peter Hewin - BAOT                      Rodney Berman - BMA                      Stefan Senese - Unison                      Vicky Richards – RCM</p>	<p><b>Welsh Government</b>                      Angharad Steele</p> <p><b>NHS</b>                      Alex Howells                      Andrea Thomas                      Angela Lewis                      Geoffrey Armstrong                      Hannah Evans                      Huw George                      Hywel Daniel                      Jackie Davies                      Neil Lewis                      Nicola Pygodzicz                      Sarah Simmonds</p> <p><b>Trade Union Members</b>                      Dianne Scott - RCP                      Julie Richards – RCM                      Tanya Bull – Unison</p>
			<b>Secretariat</b>
			James Bishop

1.	<b>WPF17/07-1 Judith Paget to chair</b>	<b>Actions</b>
	<p>JP welcomed colleagues and noted apologies to date.</p> <p>JP acknowledged that discussions around discrimination and pregnancy loss may be sensitive to some colleagues, and informed members that discussions will be handled with sensitivity and colleagues could leave the room if they felt it necessary.</p>	
2.	<b>WPF17/07-2 - Identify any other business to be discussed</b>	<b>Actions</b>
	<p>NH – TU colleagues raised in the pre-meet the need for a discussion around annual leave and self-certification of sickness.</p>	
3.	<b>WPF17/07-3 Current Position (Including NHS Executive)</b>	
	<p>JP advised colleagues that the Cabinet is currently discussing the programme for government, focusing on key delivery priorities. Although not yet published, top healthcare priorities include addressing long waiting times, particularly for orthopaedic procedures. JP outlined the government's priorities for the first thousand days and highlighted the Cabinet's attention on delayed transfers of care and ambulance delays. A paper on these issues will be presented to the Cabinet in September, with ongoing work in this area.</p> <p>It was noted that despite investment in the NHS, financial challenges remain a top priority. JP acknowledged that some organisations are still experiencing financial difficulties and have escalated issues. The Welsh Government is committed to supporting organisations to achieve better financial positions without traditional bailouts, emphasising a collective effort to address financial challenges.</p> <p>The NHS Executive programme has now transitioned to business as usual, receiving positive feedback from the NHS for its contributions and support. It continues to support planning, quality, safety, improvement, and financial issues. It was noted that Tech Cymru is being transferred in from ABUHB in September.</p> <p>It was also noted that the Cabinet Secretary has sent a letter regarding the pay review bodies recommendations to TU Business Committee colleagues, stating that consideration and publication will be delayed until after the summer recess to allow for a clearer position across government departments. JP shared that regular discussions are ongoing. TU colleagues expressed disappointment that members did not receive pay increase in April and raised concerns about the impact on staff and noting the impact on pay discussion for 2025/26. JP thanked colleagues and acknowledged concerns.</p>	
4.	<b>WPF17/07-4 Education and Commissioning Plan 2025/26</b>	
	<p>HEIW colleagues delivered the presentation on the development of the Education and Commissioning Plan 2025/26. TL emphasised the need for ongoing commissioning and improved data, thanking colleagues for their feedback and engagement to date. He highlighted the importance of sharing information and the progress of the CCT dashboard and</p>	<b>(All Colleagues) – Feedback on Education and</b>

	<p>highlighted the continued need for education and training. TL provided context on broader issues affecting professional groups and discussed the need for scenario planning as requested by the Welsh Government. He outlined three approaches to scenario planning, stressing the importance of understanding the cumulative impact of different options. It was noted that the deadline for feedback from colleagues is 19th July.</p> <p>RB raised concerns about the lack of specialty training posts for those completing foundation training. TL acknowledged these concerns, noting that all factors, including the pipeline and funding, are being considered. He emphasised the importance of prioritising patient needs and retaining talent in Wales.</p> <p>PH expressed concern with occupational therapy placement numbers and highlighted the need for effective horizon scanning to influence future planning. LL mentioned ongoing conversations with social care partners to identify needs, placement opportunities, and vacancies.</p> <p>SG discussed the need to reference placeholder roles, such as locally employed doctors and occupational health physicians.</p>	<p><b>Commissioning Plan 2025/26 due by 19<sup>th</sup> July 2024.</b></p>
<p><b>5.</b></p>	<p><b>WPF17/07-5 Workforce Race Equality Standard</b></p>	
	<p>SW presented the high level findings on behalf of Anton Emmanuel.</p> <p>It was noted that at the previous meeting, AE had provided an update on the actions needed once data is available for the Workforce Race Equality Standard (WRES). A summary of this update was provided after the meeting.</p> <p>The data presentation process for the national WRES report was explained. From an organisational perspective it was noted a report will be sent to the Chief Executive, with a meeting scheduled in September to further review organisational data. The final report will be submitted to the Cabinet Secretary and publication planned for September.</p> <p>Work is ongoing with organisations to strengthen actions, with the annual reporting cycle starting again in April. In October, the same data will be run for contracted staff to provide a broader understanding, including social care staff.</p> <p>TU colleagues inquired about how the data will be accessible to TU representatives. It was clarified that TU reps are on the WRES steering group, and the national report will be sent to them. Organisation-specific reports will be held by the respective organisations, with TU engagement expected at local level. TU colleagues also asked if geographical factors had been considered, specifically rurality, and it was noted that this would be commented on in the national report.</p> <p>It was also noted that a joint national plan has been created in partnership with TUs. The WRES steering group has brought together various voices to address what is being done at the national level. It was also noted that reports need to be presented to local partnership forums.</p>	

<b>6.</b>	<b>WPF17/07-6 Occupational Health Services</b>	
	<p>MM presented a written update and outlined progress made through the tripartite group, with the next meeting scheduled for 26<sup>th</sup> July.</p> <p>It was noted that WHC (2024) 017 includes baseline reporting requirements by 31 July, and a fuller report will be presented at WPF in November.</p>	<p><b>(MM/SW) - to provide OHS update at November WPF meeting.</b></p>
<b>7.</b>	<b>WPF17/07-7 WPF Workplan 2024/25 &amp; 2025/26</b>	
	<p>A workshop was held where colleagues were asked for feedback on the draft WPF Workplan 2024/25 &amp; 2025/26. Outputs have been recorded and taken forward to inform the review of the workplan. The draft WPF Workplan will be presented for sign off at the WPF Business Committee in October.</p>	<p><b>(AM/AD/MM) – Collate and integrate feedback from WPF Workplan 2024/25 &amp; 2025/26 Workshop and take to BC for sign off.</b></p>
<b>8.</b>	<b>WPF17/07-8 Review of All Wales Disciplinary Policy</b>	
	<p>AM and RW delivered a presentation on the review of the All-Wales Disciplinary Policy and emphasised the importance of the policy promoting a culture of learning, accountability, and transparency to minimise harm to employees. It is anticipated that updating the policy will save time and money, reduce investigations, foster learning, and ensure alignment with other policies. They also drew colleagues’ attention to the development of an overarching Managing Standards, Performance and Behaviours at Work policy which would also include reference to the need for a management review to be undertaken. TU colleagues expressed some concern about some managers having the necessary skillset to undertake these reviews. AM/SG/RW to feedback to the partnership policy review group.</p> <p>AM noted that reference to repeated misconduct needed to be included in the flowchart. The review used evidence to develop guiding principles aimed at reducing formal investigations and ensuring timely completion. A lot of activity is already underway, with a final draft expected to be presented to the WPF in November.</p> <p>TU colleagues emphasised the need for guidance on conducting investigations alongside police inquiries.</p> <p>Colleagues noted that the capability policy is also under review and needed to be interface with the new policy.</p> <p>RG highlighted clarity required around OD and emphasised the importance of clear, concise, fair, and equitable language in the policy.</p> <p>The item will be revisited at WPF in November.</p>	<p><b>(AM/SG/RW) – Use feedback regarding Management Review process to inform the Review of All Wales Disciplinary Policy.</b></p>

<b>9.</b>	<b>WPF17/07-9 Speaking Up Safely Update</b>	
	<p>It was noted that Nicola Williams (Executive Director of Nursing, Allied Health Professionals and Health Science, Velindre University NHS Trust) has been appointed as SRO for Speaking Up Safely within NHS Wales.</p> <p>Some concern was raised about the governance of this initiative and its placement within the broader organisational framework. The risk of confusion due to overlapping related initiatives was noted.</p> <p>NW advised that she reported to the steering group, emphasising as priorities the need to establish firm governance arrangements, link in with sexual safety work, support managers, consider the development of a community of practice and develop a communication plan to ensure that consistent messages were delivered to all staff. Feedback on these next steps was requested.</p> <p>PH inquired about responsibility for consistency. JP emphasised the need for consistency and emphasised the need for NW and her group to develop a consistent approach through a strong governance system.</p>	<p><b>(All) - to provide feedback to NW on the Speaking Up Safely steering group priorities.</b></p>
<b>10.</b>	<b>WPF17/07-10 NHS Wales Staff Survey Update</b>	
	<p>FK presented an update on the NHS Wales Staff Survey, acknowledging concerns and offering to discuss with colleagues. The survey had a 20% completion rate and was open for six weeks. It was noted that reporting issues had caused delays, with data expected in April arriving in July. Data reporting and analysis has since been brought in-house to HEIW. The summary report will be available on August 5, 2024. Efforts are underway for earlier data release next year.</p> <p>Some colleagues expressed concern regarding the completion rate. Potential reasons were discussed as to why uptake was low, including the number of questions, staff time constraints to complete the survey and a lack of access to IT. FK mentioned that the questionnaire design has been changed to mirror England's approach and they are working with local survey leads and have conducted feedback and reporting sessions. She assured colleagues that comments are being considered and improvements are being made.</p> <p>GH noted that the time of year the survey is conducted has an impact on HB responses, as new cohorts of junior doctors joining may lack the time in post to want to provide feedback. Colleagues also felt that quarterly pulse surveys may be more beneficial. Colleagues recognised that it was too late to change the date of this year's survey (Autumn) but felt that consideration needed to be given to undertaking the surveys in Spring in future.</p>	
<b>11.</b>	<b>WPF17/07-11 Flexible Pensions Policy</b>	
	<p>SG advised colleagues that flexible pensions policy has been amended following comments from tripartite pensions policy group and is now near completion.</p>	<p><b>(SG) - to present the draft policy to the Business</b></p>

	SG requested that the WPF delegates authority for agreeing the policy to the Business Committee. WPF agreed to delegate authority to agree the policy to the Business Committee.	<b>Committee for agreement at the earliest opportunity.</b>
<b>12.</b>	<b>WPF17/07-12 Job Evaluation Policy</b>	
	SG requested that the WPF delegates authority for agreeing the policy to the Business Committee. WPF agreed to delegate authority to agree the policy to the Business Committee.	<b>(SG) - to present the draft policy to the Business Committee for agreement at the earliest opportunity.</b>
<b>13.</b>	<b>WPF17/07-13 Pregnancy Loss Support Policy</b>	
	AD advised members that the request for an All-Wales Pregnancy Loss Support Policy was made at the March WPF meeting. AD thanked colleagues, particularly VR and ES, for their contributions and reminded everyone of the enhanced provision of 10 days leave for the person suffering the loss and 10 days for their partner. Additionally, noting the positive reception received from organisations to appointing a Pregnancy Loss Support Champion.  WPF agreed the policy for circulating to the Service for implementation. JP emphasised the need for careful consideration regarding the launch due to the sensitive nature of the policy.	<b>(AD/JB/CTMUHB) – Liaise with CTM UHB to distribute the lessons learned on implementing the Pregnancy Loss Support Policy.</b>
<b>14.</b>	<b>WPF17/07-14 NHS Staff Council Update</b>	
	Content noted – No comments.	
<b>15.</b>	<b>WPF17/07-15 Business Committee Update</b>	
	Content noted – No comments.	
<b>16.</b>	<b>WPF17/07-16 Medical &amp; Dental Business Group Update</b>	
	Content noted – No comments.	
<b>17.</b>	<b>WPF17/07-17 Previous WPF Minutes &amp; Actions 21st March 2024</b>	
	The notes of the last meeting held on 21 March were agreed as a correct record with the following amendments:  The action point to “Seek further clarification in relation to the concerns expressed by some TU colleagues with regard to the application of the on-call arrangements with a view to referencing, if appropriate, an action in the WPF workplan for 2024/25” should also be included in the meeting notes as well.	

	<p>Noted that Louise Wright had given apologies for the meeting.</p> <p>Noted that Stefan Senese represented Unison and not Unite.</p>	
<b>18.</b>	<b>WPF17/07-18 Any Other Business Chair</b>	
	<p>Annual leave and self-certification of sickness – TU colleagues flagged the inconsistent interpretation of the Managing Attendance at Work policy, in relation to the need to provide a fit note in order to reclaim annual leave when sick. SG agreed to look into the matter.</p>	<p><b>(SG) - to look into the requirement within the MAAW policy to provide a fit note in order to reclaim annual leave when sick.</b></p>
<b>19.</b>	<b>WPF17/07-19 Future WPF Meetings for 2024/25 20th November 2024</b>	
	<p>JP – Thanked colleagues for attendance and informed attendees of the date of the next WPF - (20<sup>th</sup> November 2024).</p> <p>Meeting Closed.</p>	

## Action Log

Action	Responsibility	Status	Due Date
Feedback on Education and Commissioning Plan 2025/26 due by 19th July 2024.	All Colleagues	Completed	19/07/2024
To provide OHS update at November WPF meeting.	Martin Mansfield Sara Whittam	<u>Status update</u> – OH relevant returns from WHC 017 part 2 were considered by the Business Committee and additional collective views provided by the Employer and Union sides respectively. A report on progress to date including options for next steps, reflecting social partner, input has been provided to NHS Chief Executive with an expectation that additional work will be commissioned to develop this area further. The social partners will continue to input and the Business Committee and full WPF will receive further updates.	20/11/2024
Collate and integrate feedback from WPF Workplan 2024/25 & 2025/26 Workshop and take to BC for sign off.	Adam Morgan Andrew Davies Martin Mansfield	Workplan updated and presented to BC on the 16 <sup>th</sup> October 2024 for approval.	16/10/2024
Use feedback regarding Management Review process to inform the Review of All Wales Disciplinary Policy.	Adam Morgan Sue Green Rhiannon Windsor	Meeting held on 7 <sup>th</sup> November and further draft developed. Update included on the agenda.	20/11/2024
To provide feedback to NW on the Speaking Up Safely steering group priorities.	All Colleagues	Completed.	20/11/2024
To present the draft flexible pensions policy to the Business	Sue Green Business Committee	Flexible pensions policy agreed and issued for implementation on the 4 <sup>th</sup> October 2024 and ratified at WPF BC on the 16 <sup>th</sup> October.	16/10/2024

<b>Committee for agreement at the earliest opportunity.</b>			
<b>To present the draft job evaluation policy to the Business Committee for agreement at the earliest opportunity.</b>	Sue Green Business Committee	On agenda for approval.	16/10/2024
<b>To look into the requirement within the MAAW policy to provide a fit note in order to reclaim annual leave when sick.</b>	Sue Green	Amendment agreed in partnership and presented to BC on the 16 <sup>th</sup> October 2024 and issued to the service.	20/11/2024

**Betsi Cadwaladr University Health Board (BCUHB)  
Confirmed Minutes of the People & Culture Committee  
held in Public on 10 October 2024  
in the Boardroom, Carlton Court, St Asaph and via Teams**

<b>Committee Members Present</b>	
<b>Name</b>	<b>Title</b>
Dyfed Jones	Independent Member (Chair of People & Culture Committee)
Clare Budden	Independent Member
Billy Nichols	Independent Member
<b>In Attendance</b>	
Dyfed Edwards	Health Board Chair ( <i>Observer</i> )
Pam Wenger	Director of Corporate Governance ( <i>via Team – part meeting</i> )
Jason Brannan	Deputy Director of People
Teresa Owen	Executive Director of Allied Health Professionals & Health Science
Georgina Roberts	Senior Associate Director People Services
Nick Graham	Associate Director of Workforce Optimisation ( <i>via Teams</i> )
Katie Sargent	Organisational Development – Engagement Lead
<b>Committee Support</b>	
Philippa Peake-Jones	Head of Corporate Affairs
Laura Jones	Project Support Manager (Corporate Governance)

<b>Agenda Item</b>	<b>Action</b>
<b>OPENING BUSINESS</b>	
<b>PC24/65 Welcome and Apologies</b>	
<b>PC24/65.1</b> Apologies were noted for Carol Shillabeer and Karen Balmer.	
<b>PC24/65.2</b> The Chair noted that the People & Culture Committee Development Session has been arranged to take place on Tuesday 19 <sup>th</sup> November 24, 10-12pm and the invitation has been circulated to members.	
<b>PC24/66 Declarations of Interest</b>	
<b>PC24/66.1</b> No declarations of interest were raised.	
<b>PC23/67 Unconfirmed Minutes of Meeting held on 08.08.24</b>	
<b>PC24/67.1</b> It was noted that Georgina Roberts job title was incorrect, subject to this amendment, the minutes were approved as an accurate record.	
<b>PC24/68 Matters Arising &amp; Table of Actions</b>	

<p><b>PC24/68.1</b> The Committee noted the open actions and agreed to close the actions that had been proposed for closure.</p>	
<p><b>STAFF STORY</b></p>	
<p><b>PC24/69 Staff Stories – A Proposal on our Approach to Capturing &amp; Sharing Staff Experience</b></p> <p><b>PC24/69.1</b> The Chair opened the item confirming the importance of the Committee to receive and understand staff stories. The Organisational Development Engagement Lead presented the item highlighting the need to find colleagues who are willing to share their experiences of working within the organisation from both a good and bad perspective. The Committee discussed the concerns of staff who do speak out and the need to ensure safeguards are in place if the Committee want to receive feedback from genuine staff experience. It was confirmed that improvements are being made to enhance the experience of staff from the start of their employment. This includes a welcome video, initial sign posting and the availability of a well-being toolkit. The aim of the staff stories is to follow a similar approach to the Board where the Committee receive a video or document from an individual and reflect on this throughout the meeting.</p> <p><b>PC24/69.2</b> The Chair suggested that receiving feedback from a negative point of view will allow the Health Board to identify areas where improvements may be required. There was discussion around the need for staff to feel comfortable that any negative comments shared would be in confidence to allow staff to speak openly. The Committee also need to determine the next steps after receiving a negative staff story in terms of actions to be taken. It was highlighted that the average staff member is a band 4 or 5 and the need for representation across different disciplines including those working on the front line and not focusing on admin staff.</p> <p><b>PC24/69.3</b> There was discussion around identifying stories that represent certain perspectives in areas such as culture to allow the Health Board to determine any patterns of issues and learning opportunities across the organisation. It was agreed that this links in to the cultures, values and behaviours work and would enable the team to find themes for staff stories that encapsulate the experience of many staff rather than individuals. This would then allow the Committee to share these themes with the Board to understand the issues being raised. It was suggested that this work could also link to the staff survey as this has previously highlighted positive and negative high-level themes. There was also discussion around the importance of the work being completed in partnership with the Trade Unions. It was agreed that the Organisational Development Engagement Lead would link in with the Workforce Partnership Group / Trade Unions with regards to how they can input into the Staff Story focussing on themes and connecting in with the Staff Survey.</p> <p><b>PC24/69.4</b> It was resolved that the Committee <b>DISCUSSED</b> and <b>APPROVED</b> the proposal to allow the necessary preparatory work to be undertaken ahead of the next Committee meeting.</p>	<p><b>KS</b></p>



<b>STRATEGIC PRIORITIES</b>	
<p><b>PC24/70 People Operations Report</b></p> <p><b>PC24/70.1</b> The Deputy Director of People presented the report highlighting that the team have been working to present the additional data requested by the Committee in relation to the metrics and the impact in a wider range of high-level areas. The staff survey is now open and staff are being encouraged to engage with this across the organisation. We continue to have the lowest reported sickness absence levels compared to other Health Boards in Wales and there has been an increase in Mandatory Training compliance. There has been a slight increase in vacancies however turnover rates and PADR's are stabilising.</p> <p><b>PC24/70.2</b> In terms of moving forward, it was suggested there is now a need to identify how this information is utilised within the wider context relating to workforce planning and the longer-term strategy. There was discussion around the responsibility of managers and services to address the problem areas. The Health Board Chair requested clarity on the statistics and interpretation of the data to determine any issues and areas for improvement. It was suggested that going forward the team could highlight areas to focus on and invite the responsible service managers to join the Committee to highlight the issues and determine how the Committee can provide support to make improvements. It was agreed that this would be taken forward as an action.</p> <p><i>The Director of Corporate Governance joined the meeting</i></p> <p><b>PC24/70.3</b> There was discussion around the data that sits under culture, leadership and engagement and a piece of work is in progress focusing on better basics for better management. It was highlighted that the culture, leadership &amp; engagement paper refers to training and suggested that there is a link between the papers. It was suggested that going forward the paper could be presented under the three headings of Leadership and Development, People &amp; Culture and Engagement. The outcome of PADR's was highlighted as an area which needs to progress in terms of capturing the career ambitions and training requirements of staff.</p> <p><b>PC24/70.4</b> In terms of key metrics relating to PADR's and high vacancies it was suggested this is an area of triangulation that needs to be reviewed in more detail. If we start to address areas such as complaints and leadership impact, we may begin to see some improvements. There was discussion around staff gaining a greater understanding of performance and the ambition of the organisation within the wider context. A query was raised in relation to the volume of exit interviews conducted and the learning that can be captured. It was confirmed that during quarter 4 work is due to take place on a new system linked to PADR's to measure values and behaviours as well as performance which will help to identify when staff are ready for promotion. It was also suggested that future papers include reference to requests for flexible working and partial retirement.</p>	<p><b>JB/NG</b></p> <p><b>JB/NG</b></p> <p><b>JB/NG</b></p>

<p><b>PC24/70.5</b> It was resolved that the Committee <b>NOTED</b> the current position provided and fed back any observations regarding <b>ASSURANCE</b> required as a result of the reported positions contained in the report.</p>	
<p><b>PC24/71 Culture, Leadership &amp; Engagement Update</b></p> <p><b>PC24/71.1</b> The Deputy Director of People presented the report highlighting that work continues on the values and behaviours programme. Following feedback, the values have been reduced from four to three and these will be shared at the Board in November. Once the programme has been introduced, the aim is to align the values and behaviours work to PADR's and recruitment. The People Managers Forum is set to launch shortly, the Staff Survey is now open and the team were confident that there would not be any challenges with the data this year. The Staff Achievement Awards were successful and it was noted that external funding had been sourced to support the event.</p> <p><b>PC24/71.2</b> There was discussion around whether the Committee would have the opportunity to provide input into the Values work before it goes to the Board, it was agreed that the Values and Behaviours work would be reviewed at the Committee Development Session on 19.11.24. It was agreed that the Board need to have oversight of the work to set the culture and the tone for the organisation and ensure the learning is captured. It was suggested that the biggest challenge will be ownership and ensuring that the culture change programme gets fully embedded for use by Directors and Manager across the organisation and provide leadership support.</p> <p><b>PC24/71.3</b> There was discussion around how the Staff Survey is being promoted, it was confirmed that this is being publicised via BetsiNet, posters, QR codes and papers copies being disseminated. The Chief Executive has produced a promotional video and the Organisational Development Team are joining the People and Culture Groups within the IHCS. The Team are also visiting the hospital sites to encourage staff as well as suggesting time is provided for staff to complete the survey. A query was raised in relation to how the organisation are dealing with staff recognition and rewards. It was agreed there is a need for the team to evaluate what is currently taking place in addition to the Long Service Awards, it is important for staff to feel valued and appreciated however there are challenges within such a large organisation which includes funding issues. It was suggested that Charitable Funds may provide an opportunity for access to funding in this area.</p> <p><b>PC24/71.4</b> In was resolved that the Committee <b>NOTED</b> the information provided within the report.</p>	<p><b>JB</b></p>
<p><b>PC24/72 Operating Model</b></p> <p><b>PC24/72.1</b> The Senior Associate Director People Services presented the item confirming that the work is coming to the end of the discovery phase. Seven themes have emerged from the work based around decision making, governance and duplication. The model being used focusses on process,</p>	



structures, people, and culture rather than predominantly structures which has been the focus in the past. Feedback has been received from a wide range of senior staff and the previous Staff Survey has been considered. The work has also considered a variety of reviews including the Independent Reviews commissioned as part of Special Measures and the review on Board Effectiveness. A gap analysis has been completed to identify any interdependencies such as the Clinical Services Plan. A Programme Board has been established, workshops have taken place and the first meeting of the Board will take place shortly. The aim is to publish the Discovery Report by the end of October and then move into the Design Phase.

**PC24/72.2** It was highlighted that the 10 Year Plan is not due to be complete for another 12 months therefore there is a need to be open with staff that areas of the Operating Model may need to be revised at some stage to align with this. There was discussion around implementation and timescale, it was agreed there is a need to communicate the timeline with staff to manage expectations. The Senior Associate Director People Services agreed that the Operating Model timeline would be shared with the organisation once this has been agreed by the Operating Model Programme Board. It was also agreed that the Committee would be made aware once the Discovery Report goes live.

**GOVERNANCE & ASSURANCE**

**PC24/73 Audit Wales Workforce Planning Review Update**

**PC24/73.1** The Associate Director of Workforce Optimisation presented the report highlighting that this is an All Wales Review and the presentation focuses on the actions from the review. Some of the actions link in to the Annual Plan as well as the work this is currently being completed by specific services. Reference was made to action R2 which relates to service level workforce planning and it was suggested that the Committee may want to see further detail on this when it is complete. It was agreed that this would come back to a future Committee in a wider form to include a review of workforce needs for the organisation over the next ten years.

**PC24/73.2** It was confirmed that the team are developing an organisational approach to workforce planning and work is taking place to progress an education training plan and improve partnership working. There are good links in place with higher and further education and the team are starting to build a supply line locally within North Wales. Assurance was provided in terms of the work aligned to each quarter to implement the workforce planning approach. The Committee discussed how the organisation is being promoted in schools, it was confirmed that career events do take place however there is a lack of resources to fully provide this function.

**PC24/73.3** It was suggested there is a need to address workforce requirements over a longer period, review pay compared to the private sector and assess the infrastructure in terms of apprenticeship routes. The Committee discussed the workforce intelligence pack and how this can assist with succession planning. The Associate Director of Workforce Optimisation agreed to share the link to the

**NG**

<p>workforce intelligence pack with the Committee. There was discussion around the other areas of workforce planning that were not included in the update such as vacancies, training staff to move into specific roles and the variety of jobs available within different areas across the organisation. It was confirmed that a workforce planning officer has now been appointed to develop this area of work.</p> <p><b>PC24/73.4</b> Reference was made to the Audit Committee in terms of monitoring progress against internal and external audit reports and the need to link the progress being made and provide assurance from the People &amp; Culture Committee to the Audit Committee. The Committee discussed lines of engagement with Audit Wales to ensure they are kept informed of progress; the Director of Corporate Governance stated that regular meetings take place to discuss progress to ensure transparency. It was agreed that there is a need to ensure people have a good experience when they join the organisation.</p> <p>It was resolved that the Committee <b>NOTED</b> the update provided and progress against the actions to date and provided feedback and observations.</p>	<p><b>NG</b></p> <p><b>PW/JB</b></p>
<p><b>PC24/74 Awyr Las – BCUHB Staff Wellbeing Grant Scheme</b></p> <p><b>PC24/74.1</b> The Deputy Director of People presented the report highlighting the organisation has been awarded £243,000 from NHS Charities Together to launch a Staff Wellbeing Grant Scheme. The report outlined the process in place for the allocation of awards noting that this may provide access to budgets to make improvements for patients and staff. There was discussion around funding starting that this is non recurrent and also the aim of providing investment over a longer period of time to provide support. It was confirmed that the decision will sit with Charitable Funds on behalf of the Trustees and the funding will be drawn down from NHS Charities Together to meet the criteria agreed.</p> <p>It was resolved that the Committee <b>NOTED</b> the report.</p>	
<p><b>PC24/75 Amendments to Committee Terms of Reference</b></p> <p><b>PC24/75.1</b> The Head of Corporate Affairs presented the item confirming it had been agreed that certain responsibilities would transfer over from the Remuneration Committee to the People &amp; Culture Committee and these were highlighted in the supporting document. There was discussion around referring to specific professions such as medical staff and it was suggested to amend the wording to state all professional registration. It was highlighted that there is reference to the People &amp; OD Strategy and it was agreed that this should now read Plan rather than strategy. There was also discussion around whether point 3.9 is relevant to the Committee. It was confirmed that Terms of Reference for all Committees would be revised as part of the annual review and it was agreed that the changes suggested would be amended. It was resolved that the Committee <b>NOTED</b> the changes to the Terms of Reference.</p>	<p><b>PPJ</b></p>
<p><b>FOR INFORMATION</b></p>	
<p><b>PC24/76 Corporate Risks for Committee within Board Appetite Tolerance</b></p>	

<p><b>PC24/76.1</b> The Director of Corporate Governance presented the item stating that where the risks are within tolerance, the Committee can accept these for noting. The two risks that are overseen by the Committee are currently within tolerance and it was agreed that these would be circulated outside of the meeting to provide oversight. It was confirmed that the full risk register will go to the Audit Committee and the Board in November.</p>	<p><b>PPJ</b></p>
<p><b>PC24/77 Summary of Business to be Reported from Private</b></p> <p><b>PC24/77.1</b> It was resolved that the Committee <b>NOTED</b> the report.</p>	
<p><b>PC24/78 Committee Forward Workplan</b></p> <p><b>PC24/78.1</b> The forward workplan was noted by the Committee.</p> <p><b>PC24/78.2</b> The Chair confirmed that Billy Nichols has accepted and been appointed as Vice Chair for the Committee. The Chair thanked Billy Nichols for taking up this role and this was noted as any other business.</p>	
<p><b>CLOSING BUSINESS</b></p>	
<p><b>PC24/79 Agree Items for Referral to Board / Other Committees</b></p> <p><b>PC24/79.1</b> It was agreed that there were no items to be referred to the Board.</p>	
<p><b>PC24/80 Review of Meeting Effectiveness</b></p> <p><b>PC24/80.1</b> The Chair confirmed that discussions are progressing well and the learning being gained is part of an important journey for the Committee. There was discussion around the well-being objectives and the need to align the discussions taking place at the Planning, Population Health &amp; Parentships Committee with this Committee. It was suggested that the fair work element is included on the agenda for the next People &amp; Culture Committee.</p> <p><b>PC24/80.2</b> There was discussion around a new duty being introduced relating to sexual harassment and the need for the Committee to understand the risks and mitigating measures linked to this. It was suggested that a member of the team could join the next meeting to provide an overview.</p>	<p><b>PW</b></p> <p><b>JB</b></p>
<p><b>PC24/81 Date of next meeting</b></p> <p>Thursday 19<sup>th</sup> December 2024, 9.30-12.30pm</p>	
<p><b>Resolution to Exclude the Press and Public</b></p> <p>'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</p>	

to the public interest in accordance with Section 1(2) Public Bodies (Admission to Meetings) Act 1960.'	
---	--