Bundle Health Board 27 March 2025

1 Corporate Governance Supporting Pack
- FV All Wales AC and Section12 Board Report - March 2025 Board meeting
- FV Appendix 1 - Approved Clinicians Data - March 2025 Board report
- FV Appendix 2 - All Wales Section 12(2) Doctors Data - March 2025 Board Report
- Highlight Report - JCC 21 January 2025 Final

2 Equalities Annual Report Supporting Pack
- 25.55 - 1.1 -Equality Annual Report - BCUHB Narrative Statutory Employment Reports 2023_24 with Trends
- 25.55 - 2 -Equality Annual Report - Gender Pay Audit 31st March 2024 with trends
- 25.55 - 3 -Equality Annual Report - Race Pay Initial Annual Report 31.12.2023 with trends

Teitl adroddiad: ***Report title:***	Mental Health Act 1983 as amended by the Mental Health Act 2007. Mental Health Act 1983 Approved Clinicians (Wales) Directions 2018. Update of Registers of:- **1.** Approved Clinicians (All Wales) **2.** Section 12(2) Doctors (All Wales). Reporting Period: 11th January 2025 – 12th March 2025
Adrodd i: ***Report to:***	Betsi Cadwaladr University Health Board
Dyddiad y Cyfarfod: ***Date of Meeting:***	27th March 2025
Crynodeb Gweithredol: ***Executive Summary:***	This report is a standing item provided as assurance of compliance with Mental Health Act legislation, policy and process. The Board is asked to note the report contents and formally ratify approvals which are approved through weekly action letters previously submitted by the Approval Team to the Executive Medical Director and their nominated deputy. The details presented to the Board in this Report are a summary of the approvals for Approved Clinicians and Section 12(2) Doctor approvals across Wales. The report provides a governance record of compliance with legislative requirements under the Mental Health Act 1983 (as amended 2007) of the recommendation for approval and ratification process. Approval is sought via Action Letters which are submitted to the Executive Medical Director for consideration. Approval is then received in writing from the Executive Medical Director or their nominated deputy and returned to the All Wales Approval Team. Upon receipt of written ratification from the Executive Medical Director, the Clinician is then informed that they have received approval and this is confirmed in writing in a signed Approval Board approval letter. The Health Board then formally ratifies Executive Medical Director ratification decisions through this paper which is submitted on a bi-monthly basis – as detailed in Appendices 1 and 2. The Board is asked to note the contents of this report and ratify the approvals in line with the requirements of the Welsh Government Guidance Document “Mental Health Act 1983 Approval of Approved Clinicians (Wales) July 2018 for Approved Clinicians”, the NHS Wales Mental Health Act 1983 (Approved Clinicians) (Wales) Directions 2018 and the “All Wales Section 12(2) Process and Criteria Document for S12(2) Approved Doctor approvals” document.
Argymhellion: ***Recommendations:***	The Board is asked to note the contents and is recommended to formally ratify approvals delegated to the Executive Medical Director which contain All Wales Approval Panel recomendations to grant approval or reapproval for Approved Clinicians and Section 12(2) Doctors across Wales.

Arweinydd Gweithredol: ***Executive Lead:***	Dr Sreeman Andole, Interim Executive Medical Director, Office of the Medical Director.			
Awdur yr Adroddiad: ***Report Author:***	Meryl Roberts, All Wales Approval Manager for Approved Clinicians and Section 12(2) Doctors.			
Pwrpas yr adroddiad: ***Purpose of report:***	I'w Nodi *For Noting* ☐	I Benderfynu arno *For Decision* ☐	Am sicrwydd *For Assurance* ☒	
Lefel sicrwydd: ***Assurance level:***	Arwyddocaol *Significant* ☒ Lefel uchel o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *High level of confidence/evidence in delivery of existing mechanisms/objectives*	Derbyniol *Acceptable* ☐ Lefel gyffredinol o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *General confidence / evidence in delivery of existing mechanisms / objectives*	Rhannol *Partial* ☐ Rhywfaint o hyder/tystiolaeth o ran darparu'r mecanweithiau / amcanion presennol *Some confidence / evidence in delivery of existing mechanisms / objectives*	Dim Sicrwydd *No Assurance* ☐ Dim hyder/tystiolaeth o ran y ddarpariaeth *No confidence / evidence in delivery*
Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn: ***Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:***				
Cyswllt ag Amcan/Amcanion Strategol: ***Link to Strategic Objective(s):***	Betsi Cadwaladr University Health Board successfully bid to take over the function of the Welsh Ministers for the Approval Process in 2009 on behalf of all former Local Health Boards. Betsi Cadwaladr University Health Board (BCUHB) acting in its capacity as the main Approving Board for Wales, has continued to effectively undertake the delegated function of the Welsh Ministers for the approval of Approved Clinicians and Section 12(2) Doctors on behalf of all the Health Boards in Wales. The Approving Board and Process of Approval continue to fully meet all objectives.			
Goblygiadau rheoleiddio a lleol: ***Regulatory and legal implications:***	The approval process meets Approved Clinician regulatory requirements set out in the Mental Health Act 1983 (as amended) and the 2008 No.1204 Mental Health (Mutual Recognition) Regulations 2008. The Health Board continues to ensure an effective approval, re-approval, suspension and termination of approval processes for Approved Clinicians and Section 12(2) Doctors in Wales is in place.			
Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?	Do/Naddo			

In accordance with WP7 (which now incorporates WP68) has an EqIA been identified as necessary and undertaken ?	No Os naddo, rhowch esboniad yn ymwneud â'r rheswm pam nad yw'r ddyletswydd yn *berthnasol* *If no please provide an explanation as to why the duty does not apply* It is not applicable.
Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR) ***Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)***	To ensure that all Clinicians are approved and reapproved within written agreed timescales, the All Wales Approval Panel assesses applications according to the Procedural Arrangements agreed with Welsh Government and the Section 12(2) Process and Criteria Document. If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. The Board is asked to note that in accordance with The Mental Health (Mutual Recognition) Regulations 2008, a Section 12(2) approved Doctor in England is also approved in Wales and vice versa. (This does not apply to Approved Clinicians). Due to a lack of Section 12(2) Directions for Wales, there is a risk that a Section 12(2) Doctor approved in Wales may not be lawful in England. Considerable work to date has taken place with Welsh Government, the Approval Team and the All Wales Approval Panel Chair in order to redress the deficit. Draft Section 12(2) Directions have now been written by Welsh Government and the Approval Team is awaiting legal review of the draft Directions by Welsh Government. Until the S12(2) Directions are extant, the All Wales Section 12(2) Process and Criteria Document will continue to remain the reference document used to approve, reapprove, suspend or end Section 12(2) approval.
Goblygiadau ariannol o ganlyniad i roi'r *argymhellion ar waith* ***Financial implications as a result of implementing the recommendations***	There are no budgetary implications associated with this paper. Resources for maintaining compliance oversight are overseen by Dr S Andole, Office of the Medical Director.

Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith ***Workforce implications as a result of implementing the recommendations***	If Clinicians do not apply for re-approval according to the agreed timescales, their approval could expire and this could have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. If the Approving Board do not ratify approvals, this could also have an adverse impact on the availability of Approved Clinicians, Responsible Clinicians and Section 12(2) Approved Doctors across the workforce in Wales. The ratification of approvals by the Approving Board for all Health Boards is the final step in the process of granting approval or reapproval to the workforce in all of the Health Boards in Wales.
Adborth, ymateb a chrynodeb dilynol ar ôl ymgynghori ***Feedback, response, and follow up summary following consultation***	This is an ongoing process.
Cysylltiadau â risgiau BAF: (neu gysylltiadau â'r Gofrestr Risg Gorfforaethol) ***Links to BAF risks:*** *(or links to the Corporate Risk Register)*	Lack of Section 12(2) Wales Directions is recorded on Datix Risk Register number ID: 4134.
Rheswm dros gyflwyno adroddiad i fwrdd cyfrinachol (lle bo'n berthnasol) ***Reason for submission of report to confidential board (where relevant)***	Amherthnasol Not applicable
Camau Nesaf: **Gweithredu argymhellion** ***Next Steps:*** Implementation of recommendations of this report will be the final step in the ratification of approval process and will fully accord with all legislative and process requirements.	
Rhestr o Atodiadau: ***List of Appendices:*** **<u>Appendix 1:</u> Update of Register of Approved Clinicians - Wales**. Mental Health Act 1983 as amended by the Mental Health Act 2007, Approved Clinician (Wales) Directions 2018. **<u>Appendix 2</u>: Update of Register of Section 12(2) Approved Doctors - Wales**. Mental Health Act 1983 as amended by the Mental Health Act 2007. All Wales Section 12(2) Process and Criteria Document.	

APPENDIX 1

Update of Register of Approved Clinicians in Wales Reporting Period: 11th January 2025 – 12th March 2025	
	Approved Clinicians
Approvals and Re-approvals	14
Approvals suspended	4
Approvals re-instated/ returned to work in Wales	2
Left Wales (Removed)	10
Retired	0
No longer Registered & Retired:	2
Transferred from AC register (to S12 Register)	0
Removed from S12 – Became AC approved	0
Approval Ended	7
Death in Service	0

APPENDIX 1

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 Approved Clinician (Wales) Directions 2018

Update of Register of Approved Clinicians - Wales

Reporting Period: 11th January 2025-12th March 2025

Approvals and Re-approvals: 14

Surname	First Name	Workplace	Date Approval Expires
Yerassimou	Pamela	Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth, Cardiff, CF64 2XX.	9th January 2030
Gnanavel	Muthukkumaar	Swansea Bay University Health Board, Tonna CMHT, Tonna Hospital, Tonna Uchaf, SA11 3LX.	13th January 2030
Roberts	Anthony Peter	Betsi Cadwaladr University Health Board, Nant y Glyn CMHT, 10 Nant y Glyn Road, Colwyn Bay, Conwy, LL29 7RB.	21st January 2030
Lawrence	Mary	Cardiff and Vale University Health Board, Hamadryad Centre CMHT, Hamadryad Road, Cardiff, CF10 5UY.	21st January 2030
Fielding	Sian	Aneurin Bevan University Health Board, Maindiff Court Hospital, Ross Road, Abergavenny, Monmouthshire, NP7 8NF.	9th February 2030
Jones	Martin Peter	Betsi Cadwaladr University Health Board, CMHT, Pwll Glas Resource Centre, Pwll Glas Road, Mold, Flintshire, CH7 1RA.	10th February 2030
Eastwood	Nigel	Powys Teaching University Health Board, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LY.	10th April 2029
Gutting	Petra	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, LL57 2PW.	20th February 2030

Surname	First Name	Workplace	Date Approval Expires
Morris	David	Swansea Bay University Health Board, Block D, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX.	23rd February 2030
Alam	Arif	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	26th February 2030
Tomlinson	Peter	Cardiff and Vale University Health Board, University Hospital Llandough, Penarth, CF64 2XX.	4th March 2030
Muthuvelu	Premraj	Betsi Cadwaladr University Health Board, Hafod CMHT, Beechwood Road, Rhyl, Denbighshire, LL18 3EU.	9th March 2030
Shankar	Nikhil Gauri	Betsi Cadwaladr University Health Board, Heddfan Psychiatric Unit, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	10th March 2030
Kelleher	Matthew	Swansea Bay University Health Board, Swansea CDAT, 42 St James' Crescent, Swansea, SA1 6DR.	3rd February 2027

Approvals Suspended: 4

Surname	First Name	Workplace	Date Approval Expires
Loo	*Jian Lin (later reinstated)	Betsi Cadwaladr University Health Board, Plas Gororau, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YY.	1st May 2029
Tint	Aung	Formerly Betsi Cadwaladr University Health Board, Ty Derbyn Adult CMHT, Croesnewydd Road, Wrexham Maelor Hospital, LL13 7TD.	27th April 2027
McDermott	*Alexander (later reinstated)	Swansea Bay University Health Board, Caswell Clinic, Glanrhyd Hospital, Bridgend, CF31 4LN.	23rd September 2029
Wiredu	Solomon Kwasi	Betsi Cadwaladr University Health Board, Hafod CMHT, Beechwood Road, Rhyl, LL18 3EU.	4th September 2029

Approvals Reinstated/Returned to Work in Wales: 2

Surname	First Name	Workplace	Date Approval Expires
Loo	Jian Lin	Betsi Cadwaladr University Health Board, Plas Gororau, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YY.	1st May 2029
McDermott	Alexander	Swansea Bay University Health Board, Caswell Clinic, Glanrhyd Hospital, Bridgend, CF31 4LN.	23rd September 2029

Left Wales/Removed: 10

Surname	First Name	Workplace	Date Approval Expires
Babalola	Emmanuel Olutunde	Hywel Dda University Health Board, Community Mental Health Team, Gorwelion Resource Centre, Aberystwyth, SY23 1HB.	15th April 2026
Hussain	Syed	Powys Teaching Health Board, The Hazel Centre, Temple Street, Llandrindod Wells, Powys, LD1 5HF.	31st March 2025
Ahmed	Mugab Hassan	Cygnet Healthcare, Delfryn House, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ.	16th March 2025
Omogui	Osaretin John Ret	Cardiff and Vale University Health Board, Hamadryad CMHT, Hamadryad Road, Cardiff, CF10 5UY.	8th December 2026
Hussain	Mohammad Aqib	Priory Healthcare, Ty Catrin Independent Hospital, Priory Group, Dyfrig Road, Cardiff, CF5 5AD.	9th August 2026
Odume	Anthony Nketatabuife	Powys Teaching Health Board, Bro Hafren Community Mental Health Team, Back Lane, Newtown, Powys, SY16 2NG.	3rd May 2026
Upadhye	Tushar	Swansea Bay University Health Board, Central Clinic, 21 Orchard Street, Swansea, SA1 5AT.	3rd August 2025
Ali	Syed Noor Uz Zia	Powys Teaching Health Board, Hazels Resource Centre, Temple Street, Llandrindod Wells, Powys, LD1 5HF	6th July 2025

Surname	First Name	Workplace	Date Approval Expires
Baker	Sylvia	Cwm Taf Morgannwg University Health Board, Tonteg Hospital, Church Road, Pontypridd, CF38 1HE.	12th March 2025
Zafar	Muhammad	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	13th May 2025

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

No longer Registered & Retired: 2

Surname	First Name	Workplace	Date Approval Expired/Expires
Atkins	Maria	Hywel Dda University Health Board, Perinatal Mental Health Service, Ty Myddfai, Cillefwr Industrial Estate, Glien Road, Johnstown, Carmarthen, SA31 3RB.	10th February 2025
Govan	Catherine Fiona Margaret	Hywel Dda University Health Board, Elizabeth Williams Clinic, Mill Lane, Llanelli, SA15 3SE.	12th January 2028

Transferred from AC Register to S12 Register: 0

Surname	First Name	Workplace	Date Approval Expires

Approval Expired/Ended: 7

Surname	First Name	Workplace	Date Approval Expired
Pyle	David Ian	Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU.	15th January 2025
Attwood	Stephen	Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ.	22nd January 2025
Sanjay	Jain	Betsi Cadwaladr University Health Board, Hergest Unit, Ysbyty Gwynedd, Penrhosgarnedd, Bangor, Gwynedd, LL57 2PW.	28th January 2025
Dhadesugur	Seshadri	Cwm Taf Morgannwg University Health Board, Ysbyty Cwm Cynon, New Road, Mountain Ash, CF45 4BZ.	3rd February 2025
Rahuja	Saika	Cygnet Healthcare, Cygnet Delfryn House, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ.	4th February 2025
Basu	Nilanjan	Aneurin Bevan University Health Board, North Monmouthshire CMHT, Maindiff Court Hospital, Ross Road, Abergavenny, NP7 8NF.	5th February 2025
Alam	*Arif (*later reapproved)	Cwm Taf Morgannwg University Health Board, Royal Glamorgan Hospital, Ynysmaerdy, Pontyclun, CF72 8XR.	20th February 2025

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expired

APPENDIX 2

Update of Register of Section 12(2) Approved Doctors - Wales Reporting Period:- 11th January 2025-12th March 2025	
	Section 12(2) Approved Doctors
Approvals and Re-approvals	11
Approvals suspended	1
Approvals re-instated/ returned to work in Wales	0
Removed (Left Wales)	1
Retired	0
Registered without a licence to practise and retired	0
Transferred from AC register (to S12 Register)	0
Became AC approved	1
Approval Ended	2
Death in Service	0

APPENDIX 2

Mental Health Act 1983 (as amended by the Mental Health Act 2007)
Mental Health Act 1983 – All Wales Section 12(2) Process and Criteria Document

Update of Register of Section 12(2) Doctors - Wales

Reporting Period: 11th January 2025-12th March 2025

S12 Approvals and Re-approvals: 11

Surname	First Name	Workplace	Date Approval Expires
Jose	Avinash	Betsi Cadwaladr University Health Board, Ty Llywelyn Medium Secure Unit, Bryn y Neuadd Hospital, Llanfairfechan, Conwy, LL33 0HH.	13th January 2030
Elkhashab	Abdellatif	Swansea Bay University Health Board, Llwyneryr Unit, 151 Claremont Road, Morriston, Swansea, SA6 6AH.	15th January 2030
Umaa	Usmer	Cardiff and Vale University Health Board, Llanfair Unit, University Hospital Llandough, Penlan Road, Llandough, CF64 2XX.	23rd January 2030
Williams	Della	Aneurin Bevan University Health Board, Pen-y-Cae Surgery, The Health Centre, Bridge Street, Ebbw Vale, Gwent, NP23 6EY.	30th January 2030
Choudhury	Attiq	Hywel Dda University Health Board, Preseli Centre - S-CAMHS, Withybush General Hospital, Fishguard Road, Haverfordwest, Pembrokeshire, SA61 2PZ.	5th February 2030
Attwood	Stephen	c/o Private Address	9th February 2030
Omolokun	Elizabeth	Cardiff and Vale University Health Board, Hamadryad Centre CMHT, Hamadryad Road, Cardiff, CF10 5YY.	10th February 2030

Surname	First Name	Workplace	Date Approval Expires
Jones	Katherine Rhiannon	c/o Private address	23rd February 2030
Suliman	Ismaiel	Aneurin Bevan University Health Board, North Caerphilly CMHT, Rhymney Integrated Social Care Centre, Rhymney, Tredegar, NP22 5PW.	25th February 2030
Pooley	Owen	Betsi Cadwaladr University Health Board, Meddygfa Corwen House, Maes y Farchnad, Penygroes, Gwynedd, LL54 6NN.	26th February 2030
Saleem	Saima	Hywel Dda University Health Board, Bryngolau Ward, Prince Philip Hospital, Llanelli, SA14 8QF.	6th March 2030

S12 suspended: 1

Surname	First Name	Workplace	Date Approval Expires
Alstead	Philip	c/o Private Address	26th October 2026

S12 Approval Reinstated/Transferred/Returned to Wales: 0

Surname	First Name	Workplace	Date Approval Expires

Removed (Left Wales): 1

Surname	First Name	Workplace	Date Approval Expires
Mudondo	Nyasha	Betsi Cadwaladr University Health Board, GP Out of Hours Service, Maelor Hospital, Croesnewydd Road, Wrexham, LL13 7TD.	3rd May 2025

Retired: 0

Surname	First Name	Workplace	Date Approval Expired

Registered Without a Licence and Retired: 0

Surname	First Name	Workplace	Date Approval Expired

S12 Approval Ended and Became AC Approved: 1

Surname	First Name	Workplace	Date Approval Expired
McDermott	Alexander	Cwm Taf Morgannwg University Health Board	11th February 2025

S12 Approval Ended/Expired: 2

Surname	First Name	Workplace	Date Approval Expired
Sohail	Shahnila	Cardiff and Vale University Health Board, South Cardiff Crisis Resolution and Home Treatment Team, Whitchurch Hospital, Park Road, Whitchurch, Cardiff, CF14 7XB.	11th January 2025
Chowdhury	Tafika	c/o Private address	21st February 2025

Death in Service: 0

Surname	First Name	Workplace	Date Approval Expires

GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Joint Commissioning Committee

Highlight Report from the Joint Commissioning Committee (JCC)

Dyddiad y Cyfarfod / Date of Meeting	21/01/2025
Statws Cyhoeddi / Publication Status	Open/ Public
	Not Applicable
Awdur yr Adroddiad / Report Author	Jacqui Maunder – Committee Secretary
Cyflwynydd yr Adroddiad / Report Presenter	Stacey Taylor - JCC Interim Chief Commissioner
Noddwr yr Adroddiad / Report Sponsor	Stacey Taylor JCC Interim Chief Commissioner

Pwrpas yr Adroddiad / Report Purpose	For Noting Choose an item.

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/Group)		
Committee / Group / Individuals	**Date**	**Outcome**
Health Boards	March 2025	Noted

1. SITUATION/BACKGROUND

This report had been prepared to provide Health Board (HB) Chief Executive Officer (CEO) Members of the Joint Committee with a summary of the key issues considered by the Joint Commissioning Committee (JCC) at its public meeting on 21 January 2025.

Key highlights from the meeting are reported in Section 3.

2. PURPOSE

The Purpose and Role of the Joint Committee is set out in Paragraphs 2.18 and 2.20 of the JCC Standing Orders.

3. HIGHLIGHT REPORT

(Links to reports highlighted January 2025 - NHS Wales Joint Commissioning Committee)

Status	Update
Alert / Escalate	• **Emergency Ambulance Services**: Ongoing concerns about performance and capacity. A risk review was discussed at the JCC Strategy session in December 2024; and • **Ambulance Staff Re-banding**: The Welsh Ambulance Services University NHS Trust (WAST) proceeded with the Emergency Medical Technician (EMT) re-banding proposal on the basis the in-year costs will be absorbed by WAST for 2024/25. The JCC noted that this will remain a provider issue, rather than a JCC issue going into 2025/26. Skill mix changes will be required to mitigate future financial impacts.

Advise	• **Chief Commissioner Recruitment**: The recent recruitment process undertaken failed to secure the appointment of a permanent Chief Commissioner. Stacey Taylor continues to cover the role on an interim basis.
	• An update was received from the Interim Chief Commissioner:
	  ○ **Quarter 3 Progress & Future Priorities**: Work is ongoing under transition to establish 'routine business' for the JCC. Priorities include delivering the 2024/25 plan, finalising the organisational structure, and preparing the 2025-28 Integrated Medium Term Plan (IMTP),
	  ○ Key achievements were highlighted; and
	  ○ Next developments include the Directory of Services and the JCC Commissioning Framework.
	• Members received reports from each of the three Commissioning Directors;
	• Update from the Director of Commissioning for Mental Health, Learning Disabilities and Vulnerable Groups. Members noted:

Status	Update
	○ Issues with mental health service facilities under NHS England (NHSE) contracts, particularly environmental concerns, ○ A review of Traumatic Stress Wales (TSW) services is underway; the JCC hosts this service which is funded by the Welsh Government, ○ An internal audit assessment on the Quality Aspects of the National Frameworks which received a 'Reasonable Assurance' assessment rating; and ○ A fire at a low-secure unit commissioned by the JCC led to patient transfers to medium-secure facilities. Further discussions would take place related to the future strategy of the Mental Health portfolio at a future JCC Strategy Session. • Update from the Director of Commissioning for Ambulance and 111 provided updates on: ○ Pressures on emergency ambulance services, ○ The ongoing judicial review of the JCC decision to develop the Emergency Medical Retrieval and Transfer Services (EMRTS), ○ Ongoing work by WAST responding to the recommendations of the Manchester Arena Inquiry, ○ Recommendation 4 - the bespoke road based service. Due to financial and operational implications and performance disparities across Wales, further discussions are needed, and these will continue through the Collaborative Commissioning Leadership Group (CCLG), ○ Welsh Government has established a group to consider revised performance metrics in relation to emergency ambulances and the outputs will be presented to the Cabinet Secretary for Health & Social Care in the near future, ○ The draft long-term vision for Non-Emergency Patient Transport Services (NEPTS) 'The Future Vision' would be finalised by March 2025; and ○ Key risks to the ambulance service in Wales. • The update from the Director of Commissioning for Specialised Services included: ○ Concerns over delays in plastic surgery with the target of no patients waiting longer than 104 weeks,

Status	Update
	○ Capacity gaps in outreach plastic surgery services in north Wales (now in escalation), ○ Obesity surgery waiting times; and ○ Neonatal and Paediatric Intensive Care services remain at an escalated risk level.
Assure	• **Governance & Risk Management**: • Updated financial delegated limits approved for the Interim Chief Commissioner, • Concerns raised over funding for new medicines for very rare diseases, with JCC proposed as the preferred planning body (National Institute of Clinical Excellence (NICE), • National approach to Continuing Healthcare (CHC) commissioning endorsed with workstreams planned, • Risk register received, with further work needed to assess risk appetite, • Assurance reports presented on governance, including the approval of the sub-committee terms of reference, finance and audit matters relating to WHSSC.
Inform	• **Patient Story**: A patient attended the meeting to reflect on personal experience and highlight the benefits of a microprocessor knee in improving mobility and quality of life. • **Strategic Planning (IMTP 2025-28)**: ○ NHS Wales Planning guidance highlights a 1.77% budget uplift with a 2% efficiency savings target, ○ Highlighted the importance of collaboration and prioritisation of resources, ○ Key priorities include urgent care and planned care recovery, ○ Early estimates suggest JCC will require between 5.5%-6.4% financial growth requirement, ○ The substantial cost drivers such as inflationary pressures, increased demand and NICE technology approvals were highlighted, ○ A further strategy workshop would be arranged to support the ongoing work to develop the JCC IMTP. • The Committee received the following assurance reports: ▪ CTMUHB Audit and Risk Committee Assurance Report ▪ Legacy WHSSC Management Group Briefings for November and December 2024

Status	Update
	▪ Individual Patient Funding Request (IPFR) Panel Chairs report ▪ Welsh Kidney Network (WKN) Chairs report.
Appendices	None

Note that an "in committee" meeting was also held. A formal update will be given to the next public JCC meeting on 18 March 2025 under the Corporate Governance report.

4. ASSESSMENT

Objectives / Strategy	
Dolen i Amcan (au) Strategol CBC Link to JCC Strategic Objectives(s)	Maximise Value
	Ensure Quality Reduce Duplication Improve Equality and Population Health Facilitate Integration
Dolen i Ddeddf Llesiant Cenedlaethau'r Dyfodol – Nodau Llesiant / Link to Wellbeing of Future Generations Act – Wellbeing Goals *150623-guide-to-the-fg-act-en.pdf (futuregenerations.wales)*	A Healthier Wales
	If more than one applies please list below: A More Equal Wales
Dolen i Hwyluswyr Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /* **Link to Enablers of Quality** *(Duty of Quality Statutory Guidance (gov.wales))*	Data to Knowledge
	If more than one applies please list below: Learning, improvement and research Whole systems perspective Leadership
Dolen i Feysydd Ansawdd *(Canllawiau Statudol Dyletswydd Ansawdd (llyw.cymru)) /*	Efficient All of the domains of quality apply
	If more than one applies please list below: Effective; equitable; person centred; timely and safe

Link to Domains of Quality *(Duty of Quality Statutory Guidance (gov.wales))*	
Effaith Amgylcheddol/ Cynaliadwyedd (5R) / Environmental /Sustainability Impact (5Rs)	No - Not Applicable If more than one applies please list below:

Impact Assessment		
Ansawdd *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Ansawdd? /* **Quality** *Have you undertaken a Quality Impact Assessment Screening?*	Yes: ☐	No: ☒
	Outcome:	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cydraddoldeb *Ydych chi wedi ymgymryd â Sgrinio Asesiad o'r Effaith ar Gydraddoldeb? /* **Equality** *Have you undertaken an Equality Impact Assessment Screening?*	Yes: ☒	No: ☒
	Outcome for Equality (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~ Outcome for Welsh Language (delete as appropriate): ~~POSITIVE~~/NEUTRAL/~~NEGATIVE~~	If no, please include rationale below: This is a summary of the latest meeting of the JCC
Cyfreithiol / Legal	There are no specific legal implications related to the activity outlined in this report.	
Enw da / Reputational	There is no direct impact on the reputation of the Joint Committee as a result of the activity outlined in this report.	
Effaith Adnoddau *(Pobl /Ariannol) /* **Resource Impact** *(People / Financial)*	Yes (Include further detail below)	
	The performance of the services will be used to develop the IMTP and identify the areas where resources may be required.	

5. RECOMMENDATIONS

Members are asked to:

- **Note** the highlights outlined in Section 3 of this report.

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

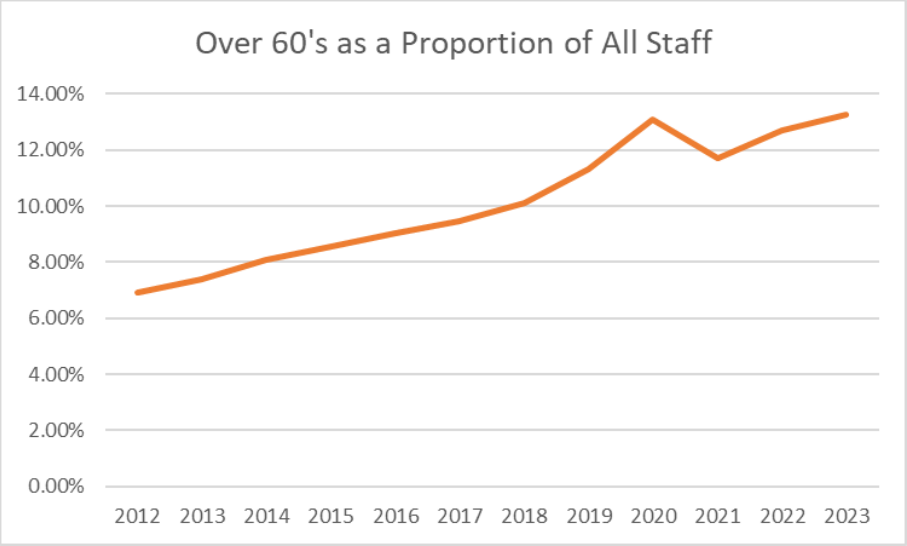
BCUHB Statutory Employment Reports – 2023/24 Commentary

1. STAFF IN POST

1a. Age Band

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

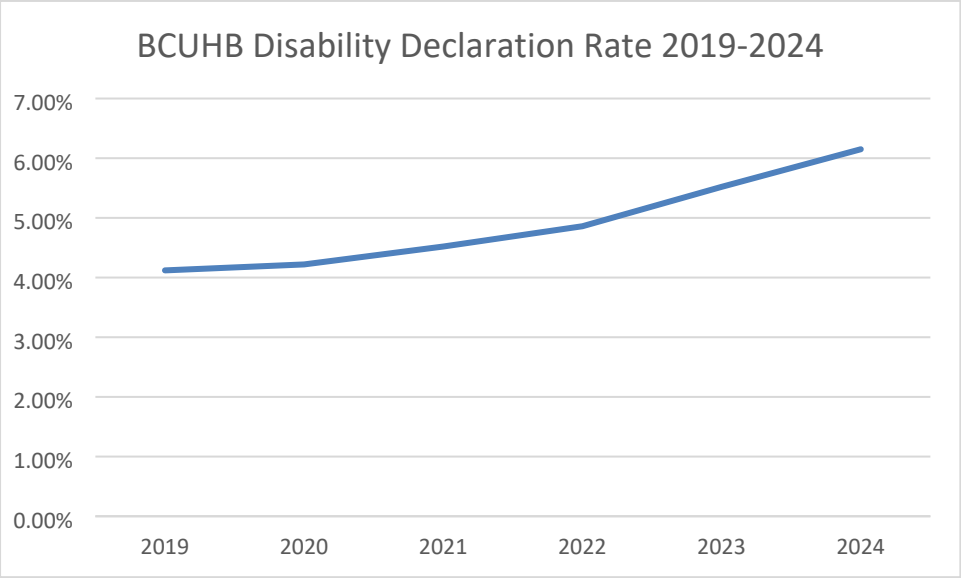
- The number of Under-25s in the workforce has increased this year to the highest number in the past five years to 887 and now represents 4.24% of the workforce. The number is still disproportionately low compared to 2021 Census statistics (9.37% of population of North Wales). Of applicants for roles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



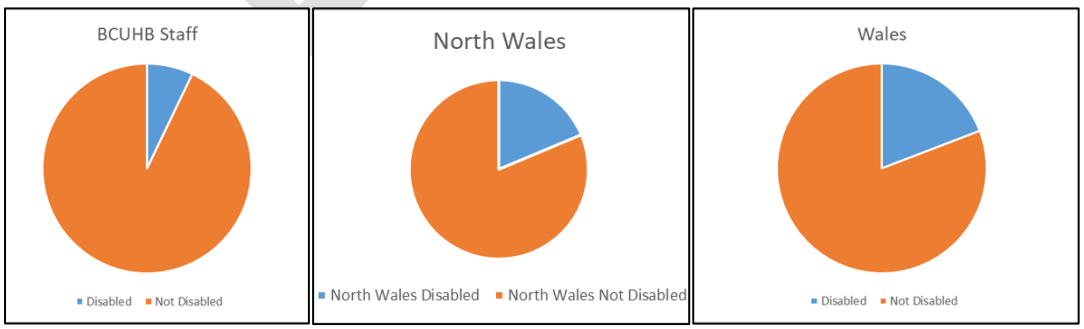
- Whilst the actual number of staff aged 70 or over remains relatively small, there has been a significant proportionate increase over the last 12 years from 56 in 2012 to 205 in 2020. This trend reversed in 2021 (164 staff, 0.87% of the workforce) and has begun to increase again to 198 staff, 0.95%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

1b. Disability

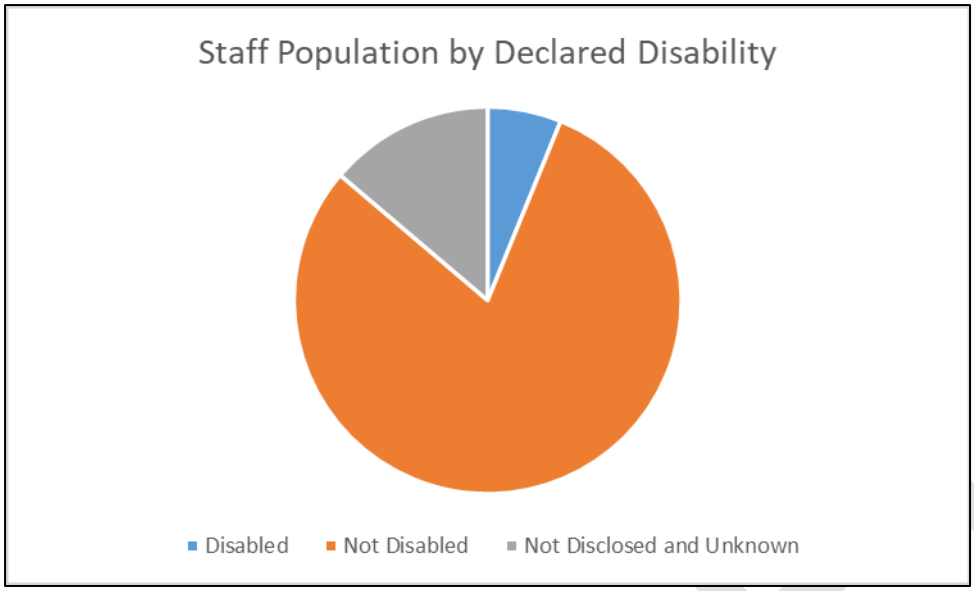
We continue to encourage and support employees to update their equality information in ESR, 942 staff have declared a disability (6.15% compared to 4.52% in 2020-21).



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

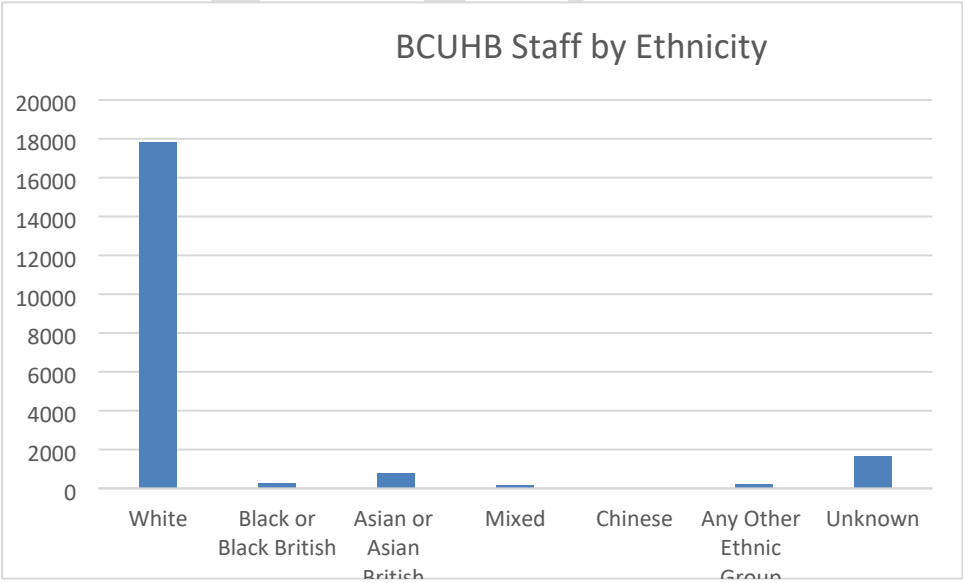


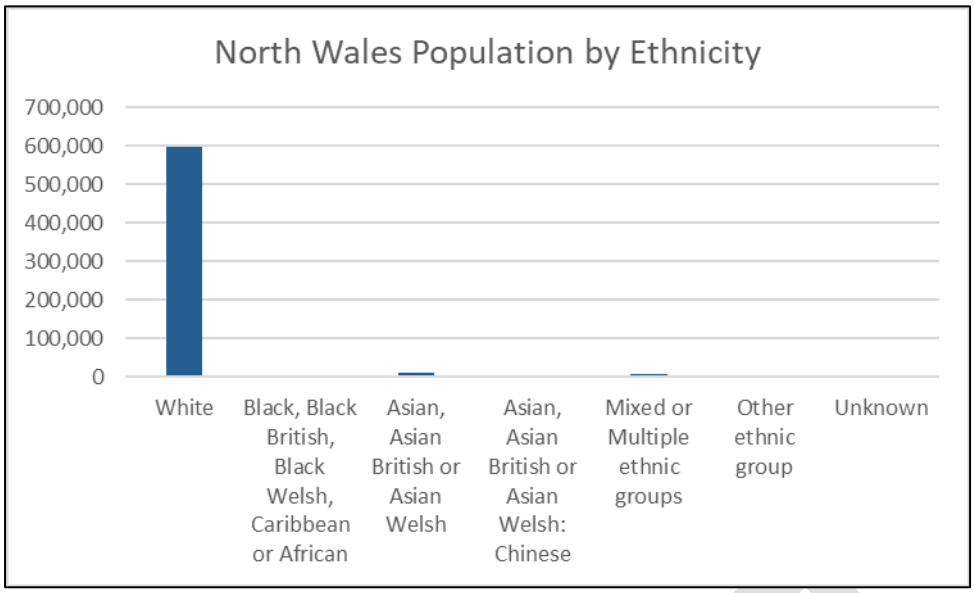
At BCUHB 13.79% of staff (1741) have not disclosed whether they have a long-term health condition, or the information is unknown. This is a reduction against the 2022-23 number which was 14.34% not disclosed or unknown.

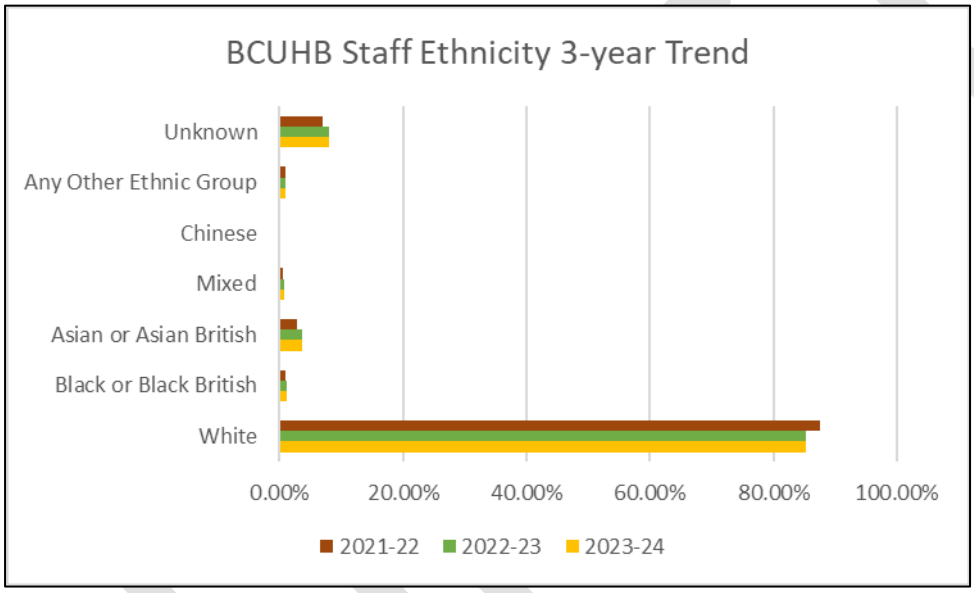


1c. Ethnicity

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







North Wales Population (2021) by Ethnicity and Local Authority Area (including BCUHB %)

(Source: Nomis August 2023)

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

Unknown	0.0%	0.0%	0.0%	0.0%	0.0%	7.0%

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

1d. Gender (Sex)

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

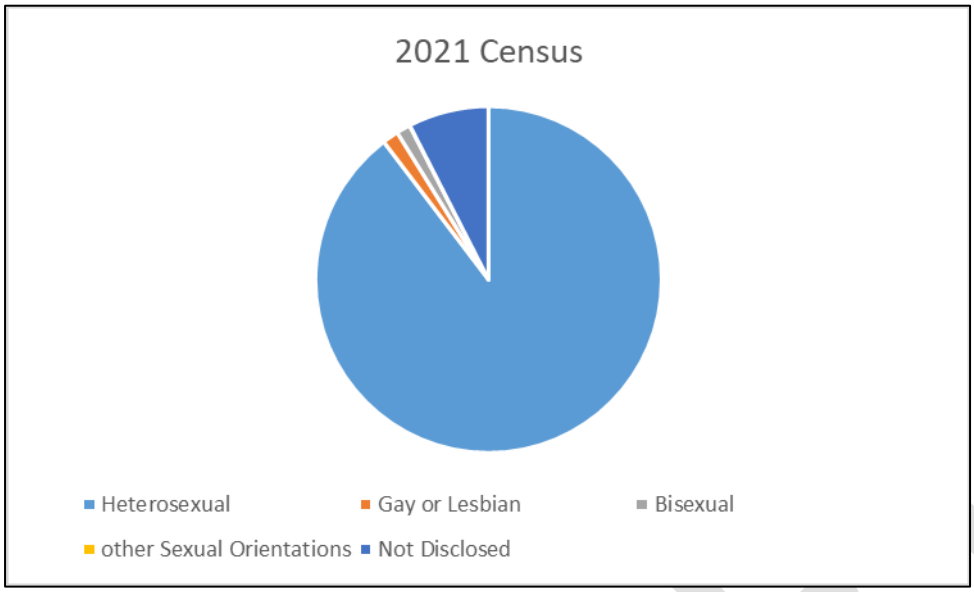
1e. Religion and Belief

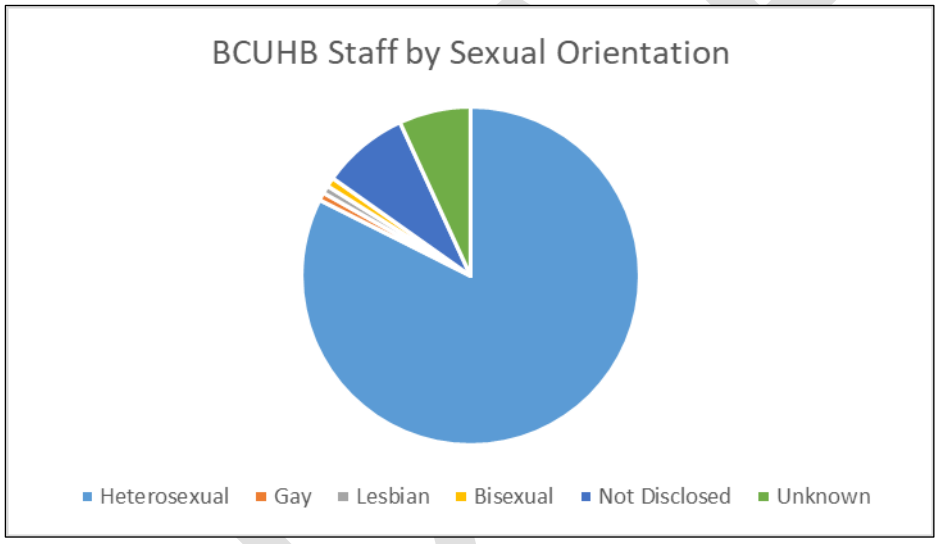
- There have been no significant changes to the proportions of staff declaring different religions or beliefs in our organisation, although the numbers of people declaring Atheism has continued to rise, and now stands at 14.87%, up from 14.03% last year and 12.83% in 2022. A significant proportion of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

1f. Sexual Orientation

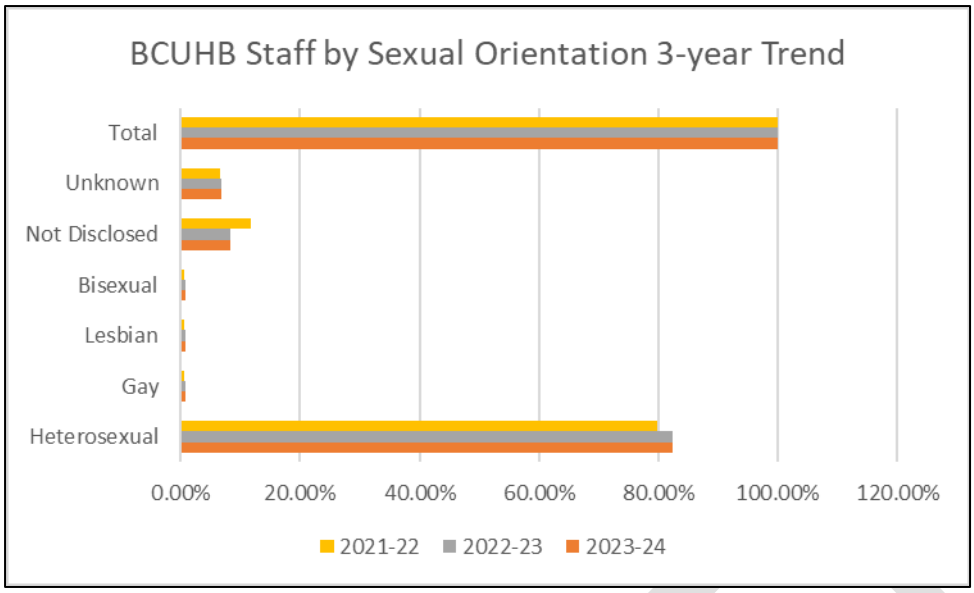
- BCUHB is reporting 2.39% of staff as having declared their sexuality as lesbian, gay or bisexual as at 31st March 2024. This has increased since 2022, where the figure was 1.87%.
  The 2021 Census collected data on sexual orientation for the first time. and from comparing BCUHB results with the census we can see that the results are broadly similar, with the most significant differences being the percentage of respondents declaring themselves heterosexual being lower in BCUHB and the 'not disclosed' number being higher in BCUHB. One could make a tentative assumption that each category would rise proportionately if the disclosure rate increased to 100%.
  In 2023-24, 8.32% of staff did not disclose their sexual orientation information, which is an improvement from 11.65% undisclosed on 31st March 2022.

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





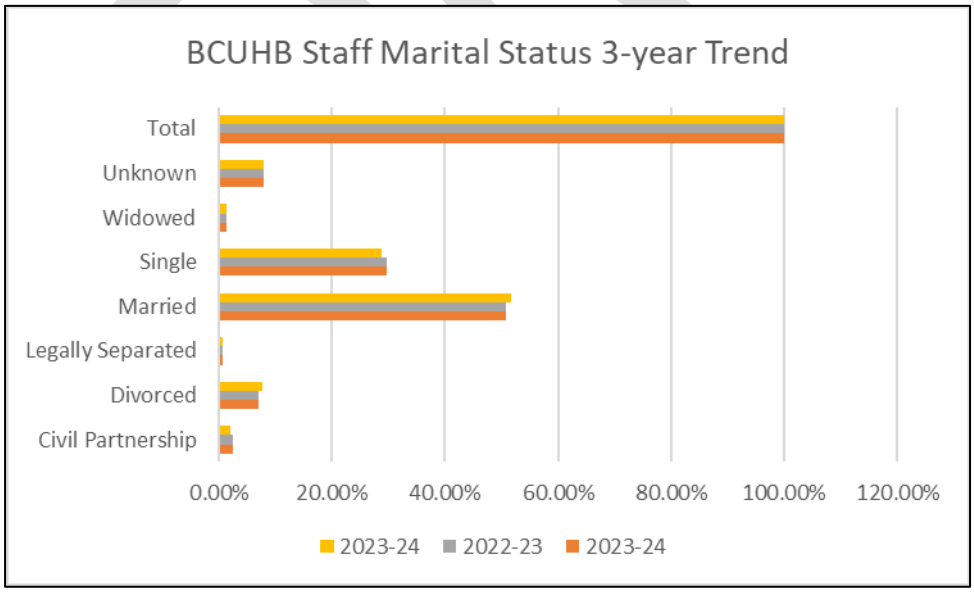
Note:
The following responses have been categorised as follows:
Not stated (person asked but declined to provide a response) – Not Disclosed
Undecided – Not Disclosed
Other sexual orientation not listed – Not Disclosed
Unspecified – Unknown



1g. Marital Status

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

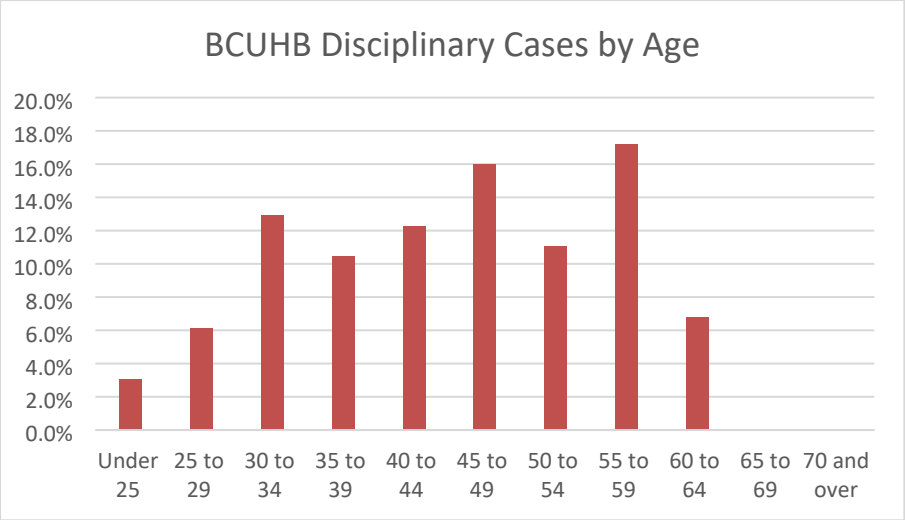
Notably, this year has seen a further decrease in applicants not stating their marital status. For the year ending 31st March 2021, 18.18% of applicants did not state their marital status compared with 1.6% for the year ending 31st March 2022 and 0.13% for the year ending 31st March 2024.



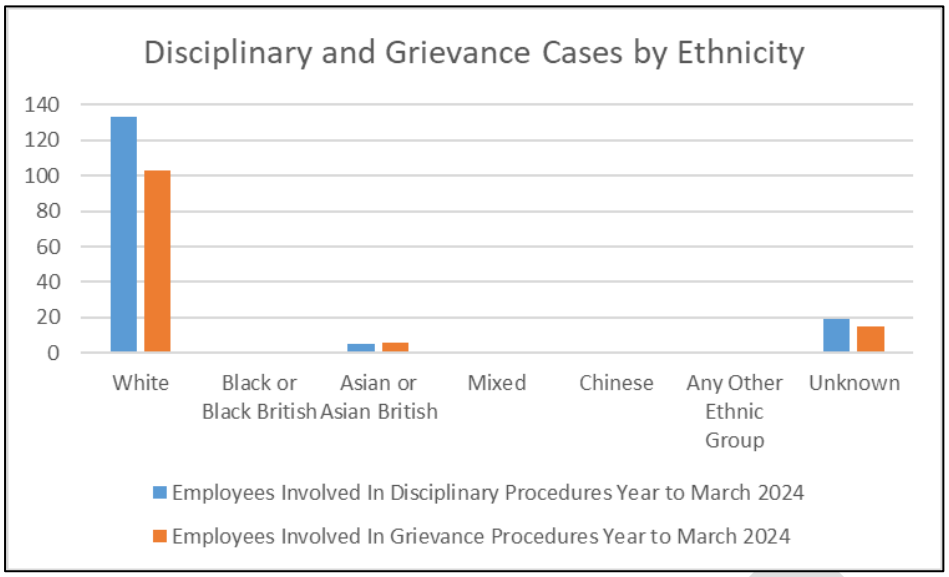
2. STAFF INVOLVED IN DISCIPLINARY OR GRIEVANCE CASES

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

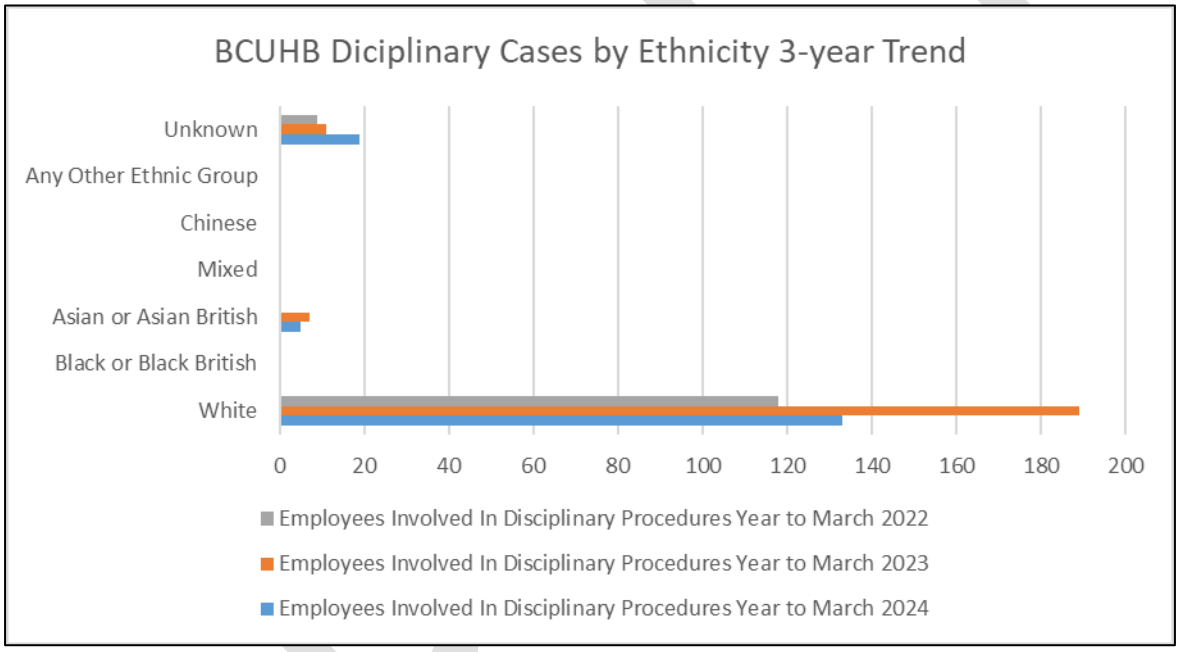
- There are proportionately 13% more men involved in disciplinary cases and 12% more men were involved in grievance cases than women when compared to the ratio of men and women in the organisation.
- The age groups with proportionately higher involvement in disciplinary cases are the Under 25, 25-29,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

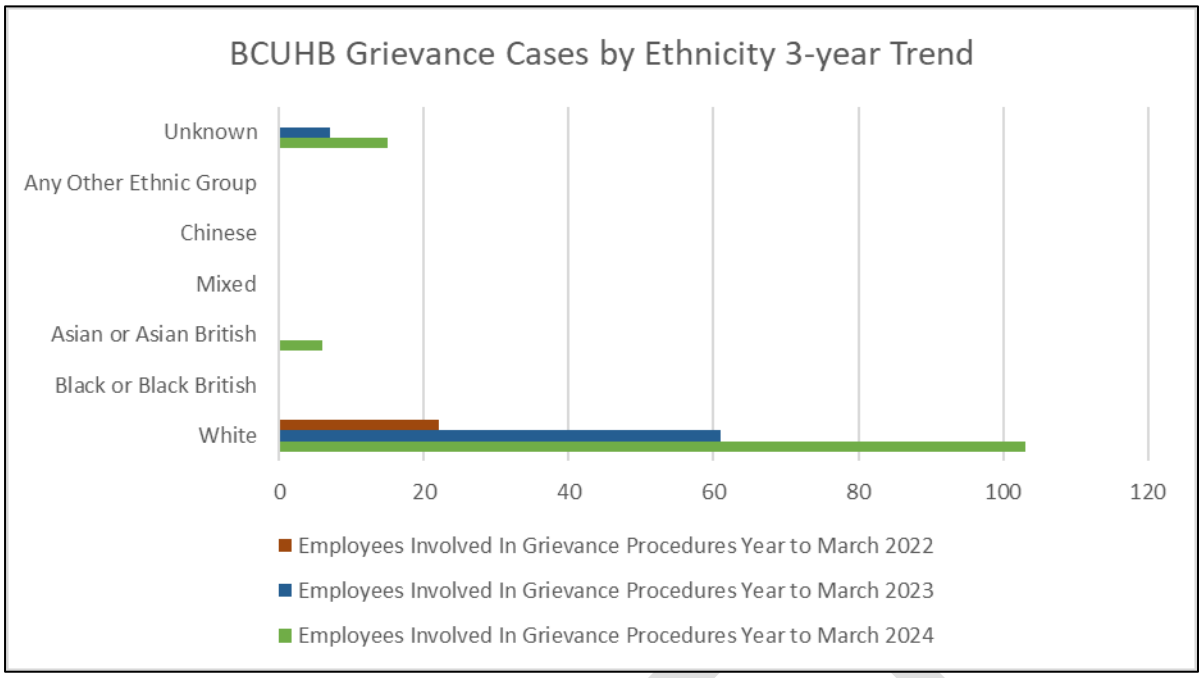


- When we consider disciplinary and grievance cases by ethnicity, we do not see a significant difference between cohorts against their size in the organisation, however the number of Asian employees involved in disciplinary cases is 0.61% higher than the proportion of the employee population that Asian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



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





3. PAY, BAND AND STAFF ROLES

3a. Gender Pay, Band and Staff Role

- Average pay for male staff continues to be higher. Overall, the average pay of male employees is £45,848 compared to £35,348 for females. This is reflected in every staff group, except allied health professionals and students, with the biggest gender pay gaps appearing in administrative and clerical roles and medical and Estates and Ancillary roles.

- Women are over-represented in the most grades. 91.4% of female employees are employed at band 7 or below, compared to 74.27% of males. This is largely unchanged from the previous year.

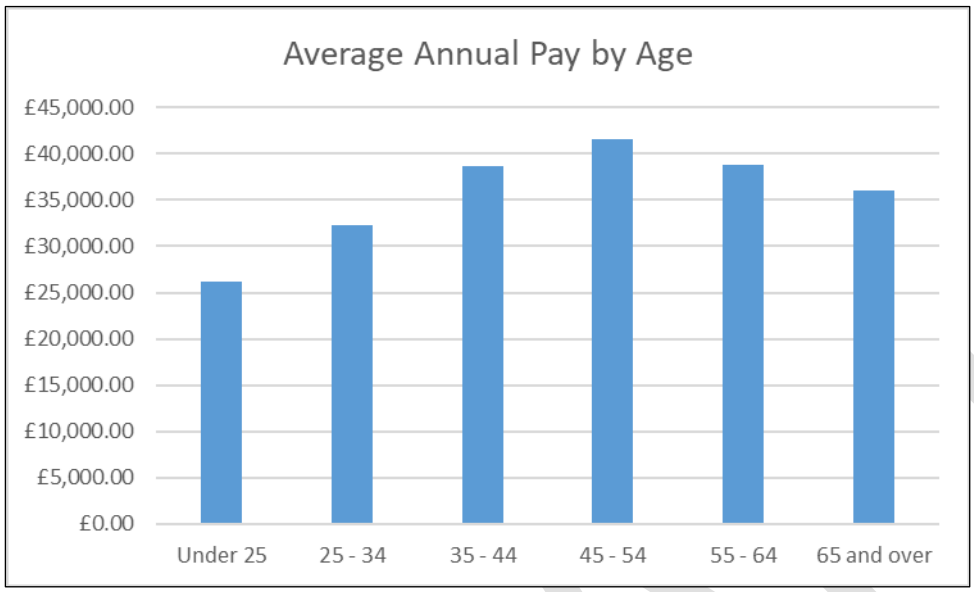
- Female employees are more likely to be on a permanent contract. 96.51% of female employees are permanent compared to 93.1% of male employees.

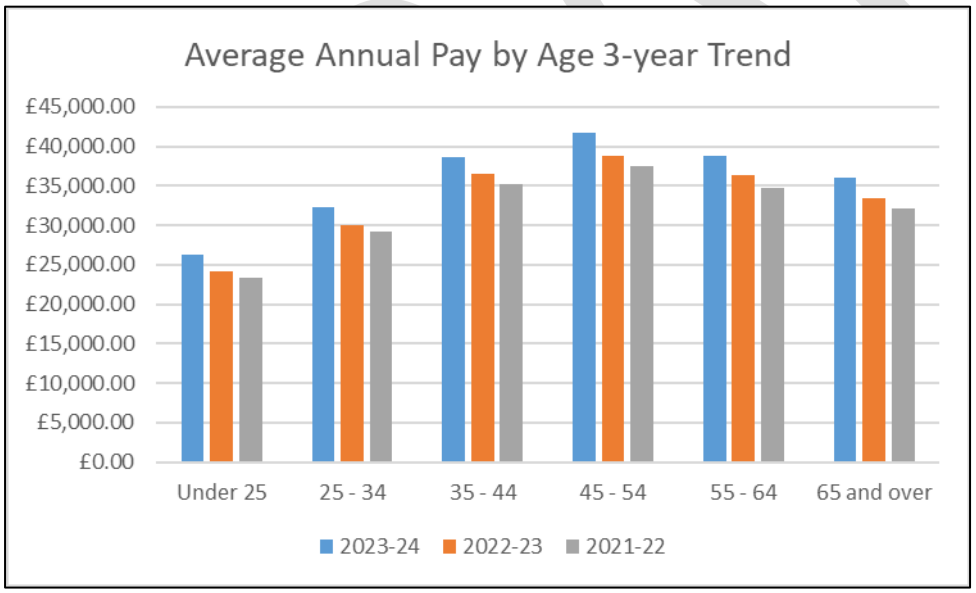
- However female employees are far more likely to work part time than male colleagues. 48.58% of female employees are on part time contracts compared to 20.84% of male employees.

- There remains a significant difference in the proportion of consultants by gender. Across BCUHB, 2.89% of staff are consultants. Just 1.17% of our female employees are consultants, whereas 10.16% of our male employees are consultants. Males account for 67.44% of consultant roles which receive a higher level of pay award, and this will be the most likely contributor to a gender pay gap. This has dropped from 2023, when males accounted for 69.3% of consultants.

3b. Age and Pay

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





3c. Disability and Pay

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

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

4d. Ethnicity and Pay

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

4e. Religion or Belief and Pay

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

4f. Sexual Orientation and Pay

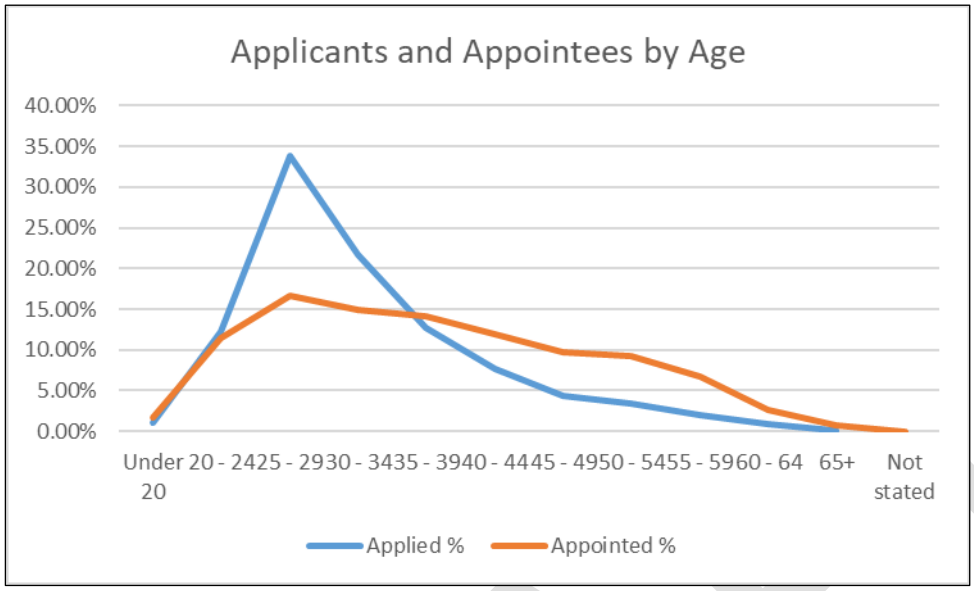
There is a negligible difference in average pay between the heterosexual and gay/lesbian staff groups, but staff declaring themselves bisexual have a lower average pay. Staff declining to declare have a higher average pay than all other groups.

5. APPLICANTS TO THE HEALTH BOARD

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

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

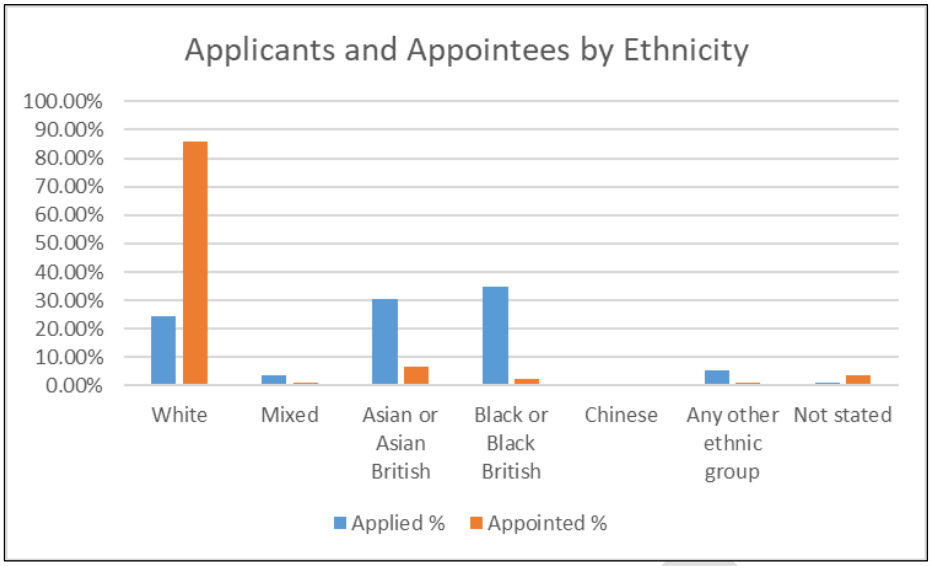
- In terms of actual success rate, those from the 55-59 age range have the most success when applying to the health Board. This relates to a sizeable number of positions, with 203 roles appointed to from a cohort of 1417 applicants, meaning 14.33% of those who applied were appointed. The number of applicants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



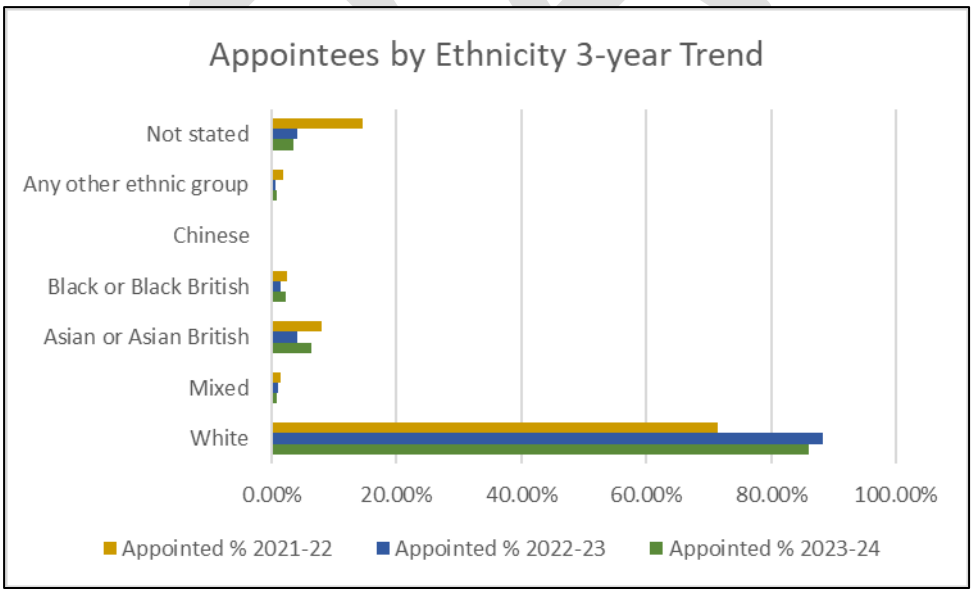
- 2.62% of applicants to the Health Board declared a disability and accounted for 6.08% of appointees.
- 2021 census data that indicates approximately 21.1% of the population in Wales declared a disability or long-term health condition[1]

[1]Disability, England and Wales - Office for National Statistics (ons.gov.uk)

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



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

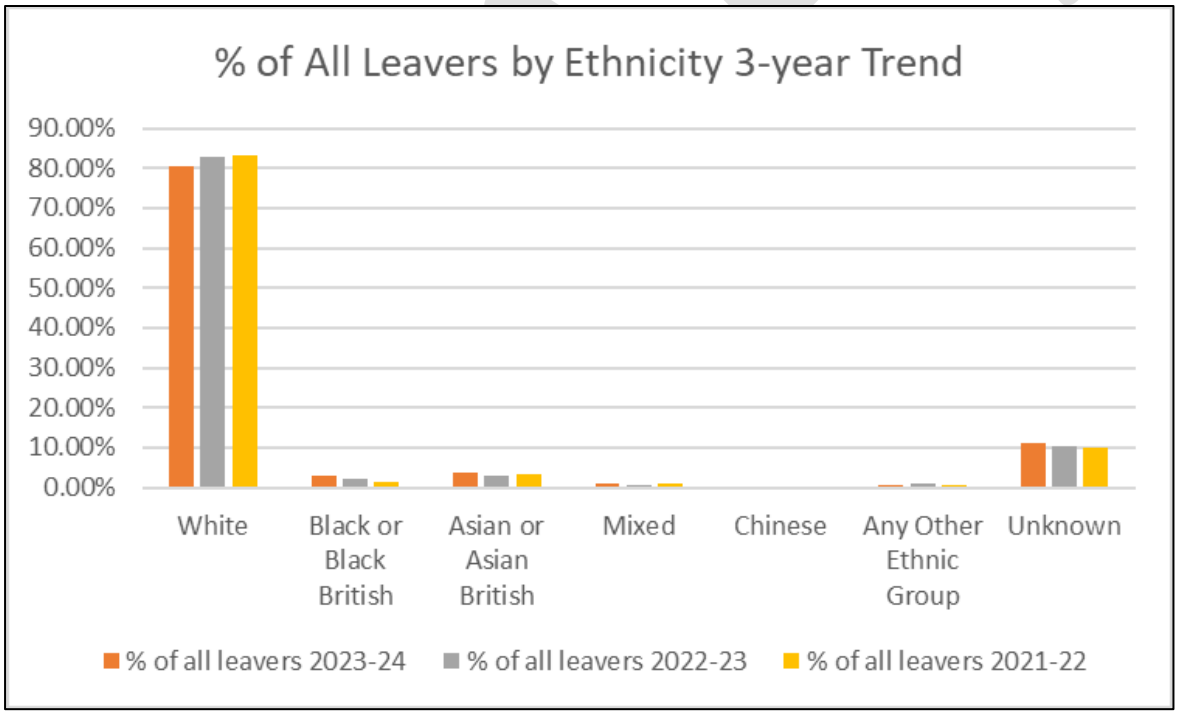


6. STAFF WHO LEFT BCUHB

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

explained by retirements and early retirements which we would expect to see, and likely influenced by the residual impacts of the pandemic and impacts of workforce unrest and recognised difficulties in the NHS seen in recent years. Despite this, over 60s account for 13.27% of the overall workforce – nearly twice the proportion of 2014, and the highest number since these records began in 20212.

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



Gender Pay Gap Report

As of 31st March 2024

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board

GENDER PAY GAP REPORT – 31st MARCH 2024

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INTRODUCTION

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

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

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

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

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

1. WHAT IS COVERED IN THIS REPORT

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

Key Reporting Metrics:

Mean Gender Pay Gap in hourly pay

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

Median Gender Pay Gap in hourly pay

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

Proportion of males and females in each pay quartile

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

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

Gender pay reporting and gender identity

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

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

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

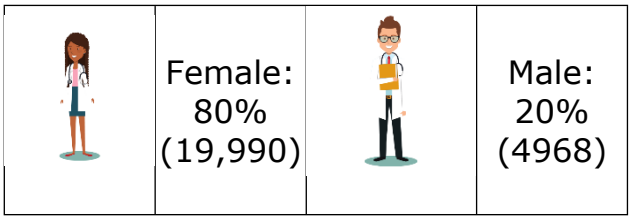
The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

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

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

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

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



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

Mean and Median Rates

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

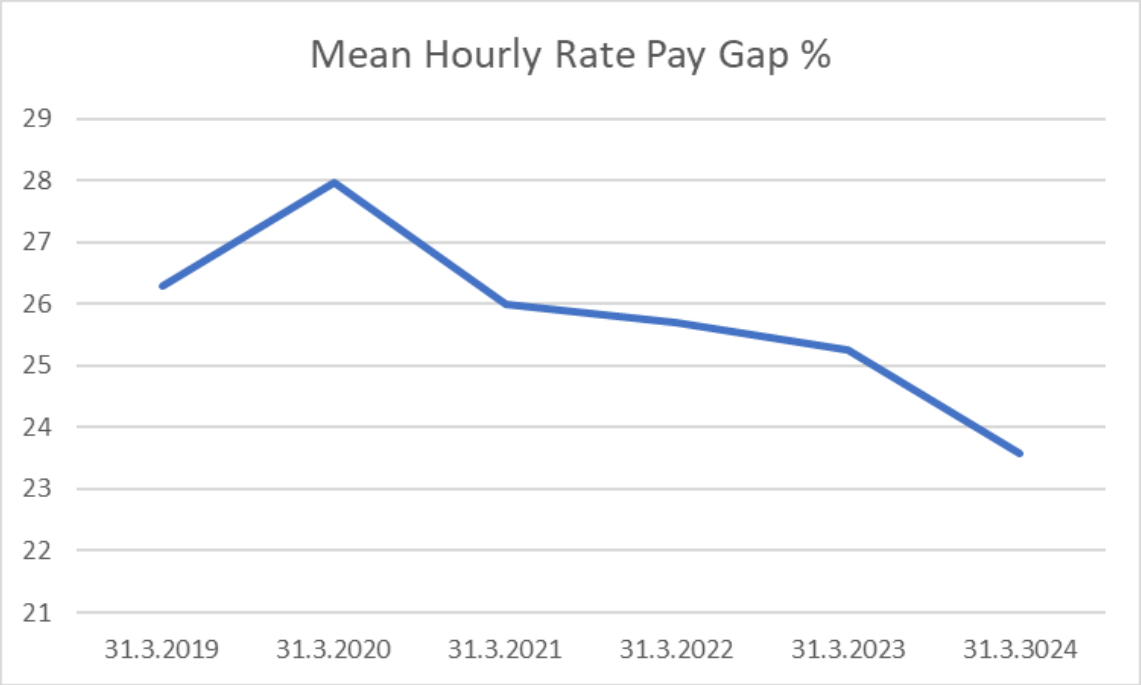
Mean Gender Pay Gap = 23.58%; Median Gender Pay Gap = 6.65%

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

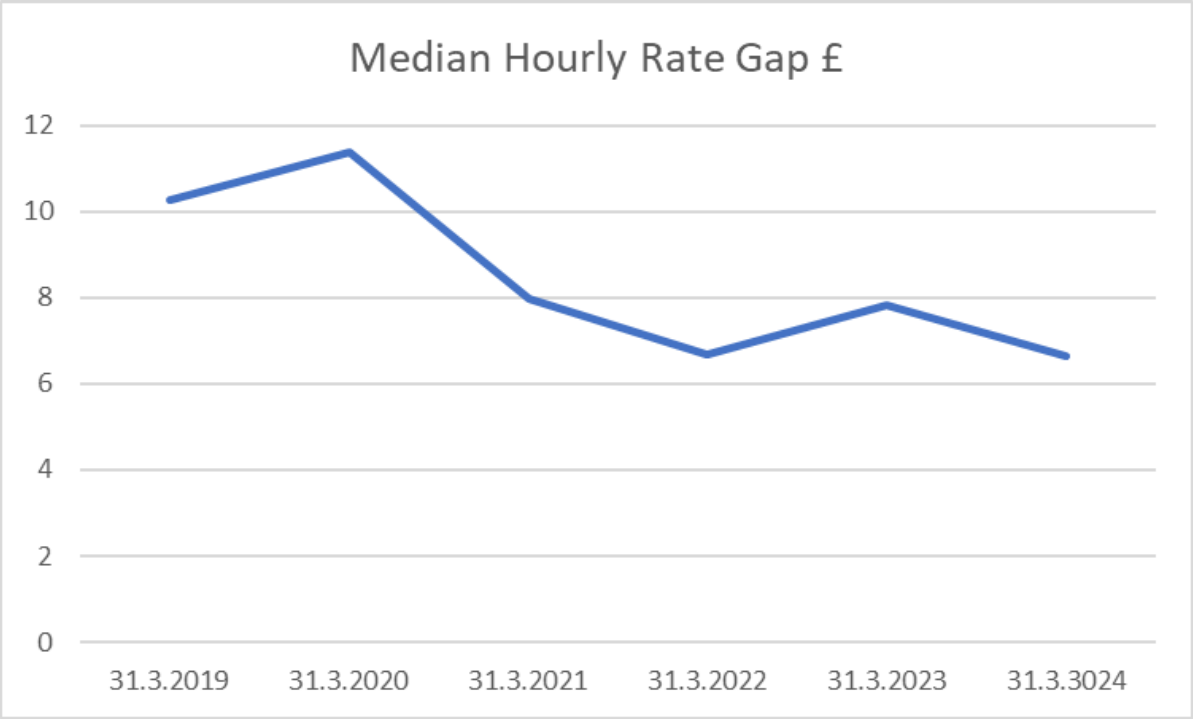
Women's mean hourly rate is 23.58% lower than men. In other words when comparing mean hourly rates, women are paid 76.42p for every £1 that men get paid.

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

Mean Hourly Rate Pay Gap Trend



Median Hourly Rate Pay Gap Trend

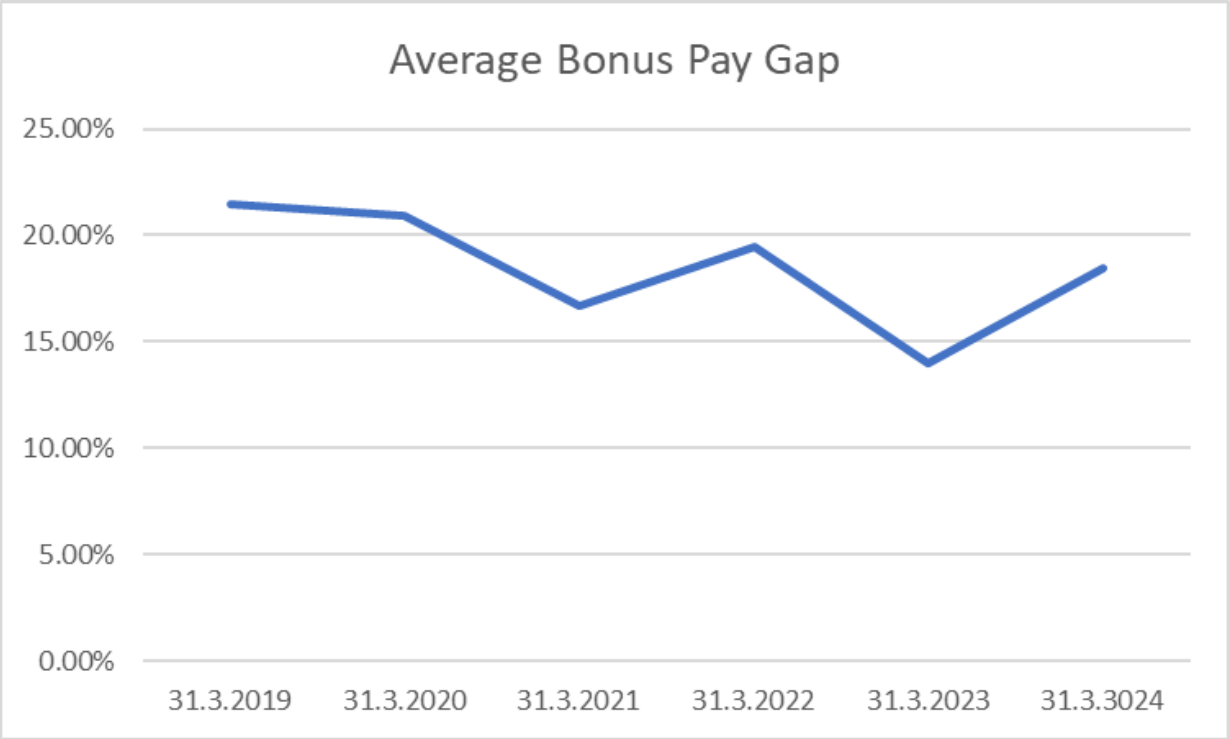


Bonus Payments

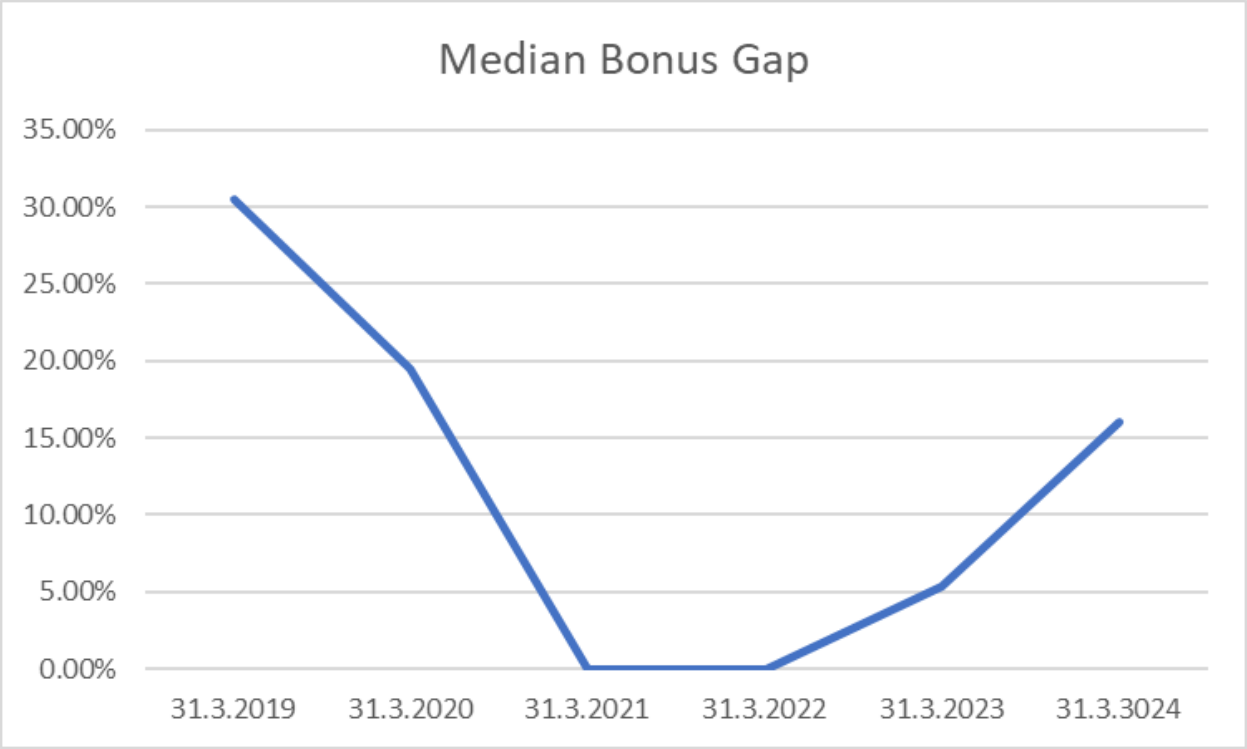
Gender	Average Bonus (£)	Median Bonus (£)
Male	**12,276.58**	**11,905.14**
Female	**10,014.17**	**10,002.00**
Difference	**2,262.41**	**1,903.14**
Pay Gap %	**18.43**	**15.99**

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

Average Bonus Pay Gap Trend



Median Bonus Gap Trend



The proportion of staff receiving a bonus**

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

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

Quartile Data

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

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

Quartile 1: Lower quartile (lowest paid)

	83.02% (4,509)		16.98% (922)

16.98% of the lower quartile are men

Quartile 2: Lower middle quartile

	82.20% (4,469)		17.80% (968)

17.80% of the lower middle quartile are men

Quartile 3: Upper middle quartile

	85.65% (4,656)		14.35% (780)

14.35% of the upper middle quartile are men

Quartile 4: Upper quartile (highest paid)

	72.77% (3,956)		27.23% (1480)

27.23% of the top quartile are men

The highest variances are in the upper quartile.

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

Lower and Lower Middle Pay Quartiles

	82.55% (8,978)		17.39% (1,890)

Upper Middle and Upper Pay Quartiles

	79.21% (8612)		20.79% (2260)

Gender Pay Gap by Pay Band

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

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

Figures below 5 are suppressed and denoted by *

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

3. PROGRESS ON CLOSING THE GENDER PAY GAP

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

4. NEXT STEPS

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

We will consider how to improve and promote by:

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

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

5. CONCLUSION

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

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

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

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

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

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

6. STATEMENT BY OUR HEAD OF EQUALITY AND HUMAN RIGHTS

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

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

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

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

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

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

Race Pay Gap Report

As of 31st Dec 2023

GIG CYMRU NHS WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr University Health Board

RACE PAY GAP REPORT – 31st DECEMBER 2023

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INTRODUCTION

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

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

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

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

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

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

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

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

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

1. WHAT IS COVERED IN THIS REPORT

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

Key Reporting Metrics:
Mean Race Pay Gap in hourly pay

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

Median Race Pay Gap in hourly pay

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

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

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

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

Categories used in the report.

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

1. White

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

Race pay reporting

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

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

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

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

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

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

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

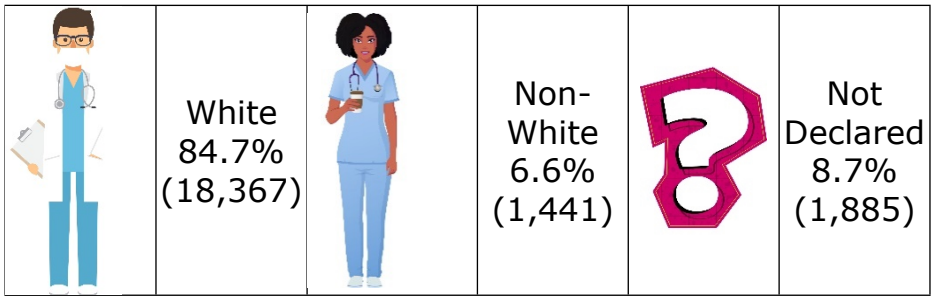
The AfC system allocates posts to set pay bands by considering aspects of the job, such as the skills involved, under an all-Wales NHS Job Evaluation Scheme. There are twelve numbered pay bands subdivided into points.

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

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

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

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



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

Demographics of the north Wales Population

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

(Source: Nomis August 2023)

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

Mean and Median Rates

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

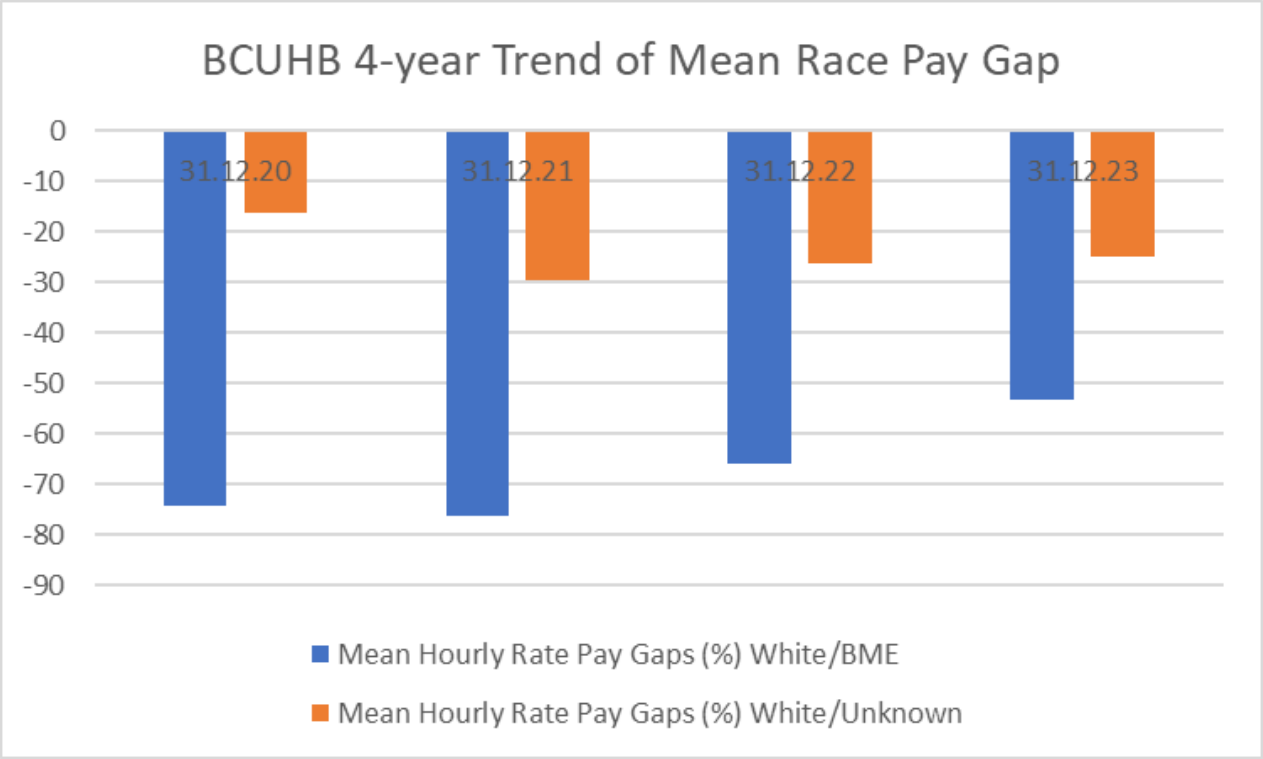
Mean Race Pay Gap = -53.33%; Median Race Pay Gap = -24.59%

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

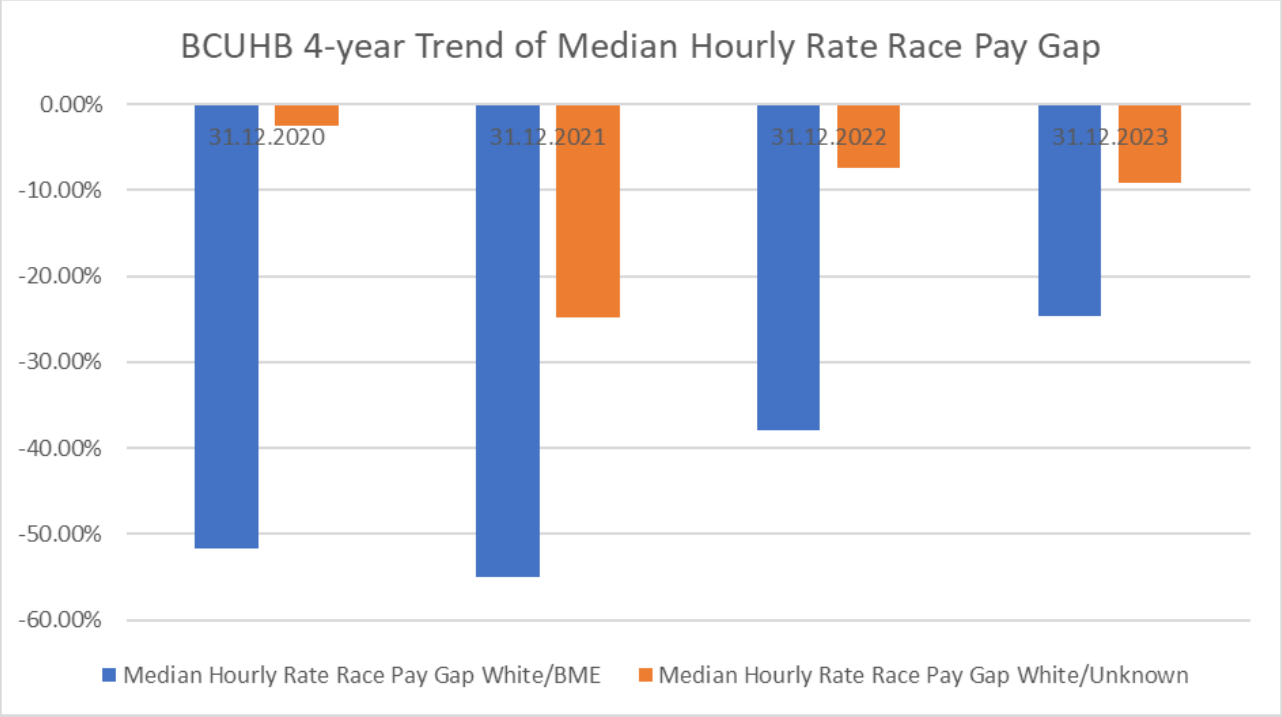
Non-white employees' mean hourly rate is 53.33% higher than white employees. In other words when comparing mean hourly rates, non-white are paid £1.53 for every £1 that white employees get paid.

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

Mean Hourly Rate Pay Gap Trend



Median Hourly Rate Pay Gap Trend



Bonus Payments

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

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

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

The proportion of staff receiving a bonus**

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

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

Quartile Data

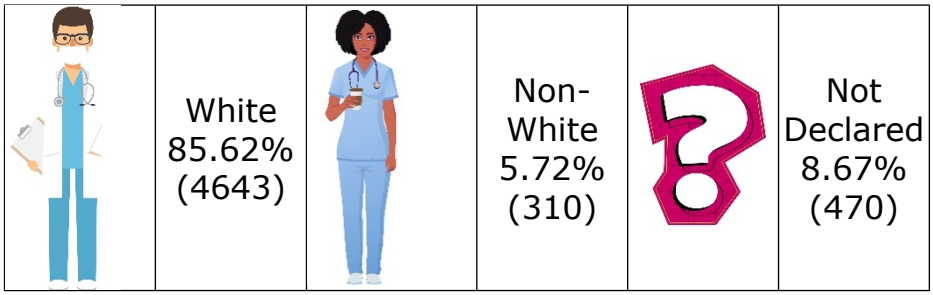
The quartile data ranks our employees from highest to lowest paid, this is divided into four equal parts or quartiles and describes the percentage of white, non- white and 'not declared' people in each.

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

Quartile 1: Lower quartile (lowest paid)

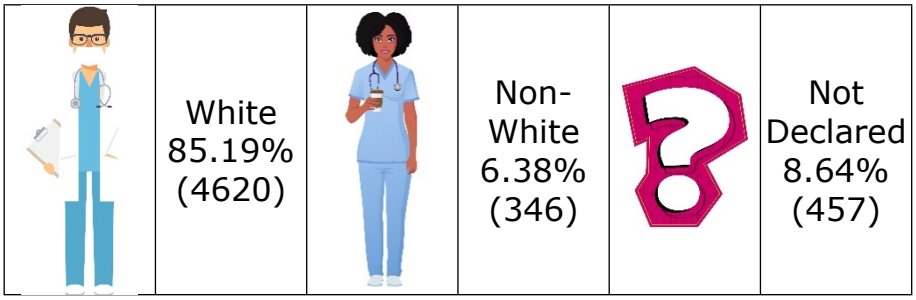
90.67% of the lower quartile are white.

Quartile 2: Lower middle quartile



85.62% of the lower middle quartile are white.

Quartile 3: Upper middle quartile



85.19% of the upper middle quartile are white.

Quartile 4: Upper quartile (highest paid)

	White 77.19% (4187)		Non-White 11.93% (647)		Not Declared 10.88% (590)

77.19% of the upper quartile are white

The highest variances are in the upper quartile.

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

Lower and Lower Middle Pay Quartiles

	White 88.14% (9560)		Non-White 4.13% (448)		Not Declared 7.73% (838)

Upper Middle and Upper Pay Quartiles

	White 81.19% (8807)		Non-White 9.15% (993)		Not Declared 9.65% (1047)

Race Pay Gap by Pay Band

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

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

Breakdown of bands in each AfC Employees quartile

Quartile 1 Bands 1-3

Quartile 2 Bands 4-5

Quartile 3 Bands 6-7

Quartile 4 Bands 8a-9

3. NEXT STEPS

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

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

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

We will consider how to improve and promote by:

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

4. CONCLUSION

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

5. STATEMENT BY OUR DEPUTY DIRECTOR, PEOPLE SERVICES

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

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

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