

Bundle BCU Health Board 25 September 2025

- 1 09:30 - SUPPORTING PAPERS
- 1.1 09:30 - 25/171 Supporting Paper for Strategic Planning Item (Annual Delivery Plan 2025/26)
25.171a BOARD ADP Q1 2025 26 Monitoring Pack v1.4 120925 FINAL
- 1.2 09:30 - 25/179 Supporting Papers for Governance and Accountability Framework
25.179a Schedule 1 - Scheme of Delegation and Reservation of Powers
25.179b SoRD summary - new Table B v2.1
25.179c Standing Financial Instructions - 2025 Draft for Board
- 1.3 09:30 - 25/180 Supporting Papers for Corporate Governance Report
25.180 ENG - FV All Wales AC-Section 12 September 2025 Board report
25.180a ENG - FV Appendix 1 - Approved Clinicians Data - September 2025 Board report
25.180b ENG - FV Appendix 2 - Section 12(2) Doctors Data - September 2025 Board Report
25.180c Audit Committee Annual Report 2024-25 V1.0
25.180d PFIG Committee Annual Report 2024-25 V3.0
25.180e QSE Committee Annual Report 2024-25 V1.0
25.180f People & Culture Committee Annual Report 2024-25 V1.0
25.180g PPHP Committee Annual Report 2024-25 V1.0
25.180h Mental Health Legislation Committee Annual Report 2024-25 V1.0
25.180i Charitable Funds Committee Annual Report 2024-25 V1.0
- 1.4 09:30 - 25/182 Annual Reports
25.182a HS&S Summary Annual Performance Report July 2025 (Final Draft 07.07.2025)
25.182b Appendix 1 - Welsh Language Services Annual Monitoring Report 2024-2025 Final
25.182b Appendix 2 - More than just words Update Report 2024-25 - BCUHB
25.182c Strategic Equality Annual Report
25.182d Annual Duty of Candour Report 2024-25
25.182e Annual PTR Report 2024-25 Final

Quarter 1- 2025/26 ADP Monitoring Report

August 2025



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Annual Delivery Plan Quarter 1 - Overview by Sub-Objective

| KEY: | Completed | Off track, but with a plan to course correct and complete in Quarter 2 | Off track and unlikely to complete within Quarter 2 |
|--|--|--|---|
| Sub-Objective | Executive Lead | | Confidence RAG |
| 1A Effective Systems of Governance | Dir. Corporate Governance | | |
| <p>1A.9. Deliver a recovery plan to eliminate the backlog of overdue Learning from Events Report (LFERs, which are part of the claims and redress process with the Welsh Risk Pool), and embed a new process to ensure future timely submission and also a reduction in the number case LFERs that are 'red deferred' (which necessitate significant review and resubmission).</p> <p>The Director of Corporate Governance has overseen the delivery of all changes included in the delivery plan. This marks continued progress in the strengthening of governance arrangement, ensuring consistency and transparency of the LFER process across the Health Board. Robust redress systems are now embedded, including senior oversight, centralised tracking, and proactive performance monitoring. The delivery plan also fosters deeper learning from legal concerns and ensures sustained, measurable progress in supporting sustained, measurable progress for managing and addressing legal and regulatory challenges.</p> | | | |
| 1D: Implementing the Quality Management System | Executive Director of Nursing and Midwifery | | |
| <p>1D.2. Complete a series of communication exercises and briefing sessions to keep BCUHB workforce informed about QMS using an educational and myth busting approach designed to strengthen knowledge and understanding of QMS.</p> <p>Welsh Government have acknowledged the improvements delivered for QMS (Quality Management System) and learning has been shared nationally. A comprehensive programme of communication and engagement activities was delivered during Q1, with continued commitment to raising awareness and understanding of the QMS across the workforce. Structured communications such as the launch of the QMS Hub, myth-busting bulletins, intranet articles, and targeted leadership briefings have been delivered, these actions have enhanced staff engagement, integrated QMS principles into strategic and operational discussions, and laid a strong foundation for ongoing quality improvement. Progress has also been noted in the application of QMS in supporting the Health Boards Challenges Services work, with two of the eight specialist (plastics and oncology) identified for de-escalation, providing an effective platform for the coming year.</p> | | | |
| 2B Strengthening Planning and Commissioning | Director of Performance and Commissioning | | |
| <p>2B.6. A review of insourcing/outsourcing contracting will be undertaken leading to a plan for improvement and development.</p> <p>The Director of Performance and Commissioning have initiated a preliminary review of insourcing and outsourcing. The review is intended to address long standing capacity constraints, while also establishing sustainable future models. The Health Board is committed to supporting commissioning functions and work is underway to establish sustainable ways forward for the Performance and Commissioning Directorate. As part of this effort, the Integrated Performance Framework (IPF) is being</p> | | | |



reviewed and strengthened to incorporate commissioning elements which will reinforce escalation and de-escalation processes. The revised IPF is on track for presentation to the Executive Team, with the intention of securing formal sign-off at the September Health Board meeting.

2C Improving the Environment, Estate and Facilities

Director of Environment and Estate

2C.1. Review the schedule of prioritised business cases in light of the outcome of the all-Wales capital prioritisation exercise.

This priority is now complete following the outcome of the NHS All-Wales Capital Prioritisation exercise the Health Board has advanced key strategic capital developments. The Health Board recognises that development of the environment and estate is a key supporting factor in the re-design and transformation of services. Business cases are being actively progressed for submission to Welsh Government including for Adult & Older Persons Mental Health Unit, Ysbyty Glan Clwyd (Full Business Case), Nuclear Medicine Consolidation, Ysbyty Glan Clwyd (Full Business Case) and the Royal Alexandra Hospital (Addendum to Full Business Case - Phase 1). In addition, the approval of capital funding from Welsh Government for the replacement of critical diagnostic and treatment equipment, which will enhance service delivery and patient outcomes including two Linear Accelerators at the North Wales Cancer Centre, Ysbyty Glan Clwyd and a Single-Photon Emission Computed Tomography (SPECT-CT) at Ysbyty Gwynedd.

3A Culture Development

Associate Director People Services

3A.1. Fully implement and embed the Values & Behaviours Framework into our organisational policies, processes and practices so that staff live the values and behaviours in their day-to-day work.

Following the formal launch of the Values & Behaviours Framework in Board at the end of March the focus has been on integrating the Values & Behaviours Framework into our systems, processes and ways of working across the organisation, 80% of this work is complete with the plan remaining dynamic to support organisational development. The Values & Behaviours toolkit and other resources to support the embedding of the Values has been launched and continues to be actively promoted by Culture Change Leaders to support wider access across the organisation. Welsh Government have also noted significant progress in strengthening leadership and core values as part of Special Measures.

3B Leadership Development

Associate Director People Services

3B.3. Review and evaluate the first senior level programme – Glyder Fawr (Advanced Clinical Leadership Programme) delivered in 24/25 in readiness for the second cohort of this national HEIW led programme commencing at the end of Q1 25/26.

Data analysis and evaluation of the programme was completed, resulting in recommendations for improvement that will be incorporated into the next phase of the two leadership programmes which include enhancing staff engagement and learning outcomes. Progressing through the year, these improvements will further enrich the Integrated Learning Development Framework (ILDF), supporting staff at all levels in developing leadership skills. The programme will contribute to better outcomes for both staff and patients across the Health Board.



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| 3B Leadership Development | Associate Director People Services | |
| <p>3B.5. Evaluate the outcomes from previous cohorts of the Mynydd Mawr – Foundations of Leadership and Management programme (delivered 24/25) to identify learning outcomes and impact in the workplace.</p> | | |
| <p>Similar to the Glyder Fawr approach, data analysis and evaluation of the programme was completed, resulting in recommendations for improvement that will be incorporated into the next phase of the two leadership programmes which include enhancing staff engagement and learning outcomes. Progressing through the year, these improvements will further enrich the Integrated Learning Development Framework (ILDF), supporting staff at all levels in developing leadership skills. The programme will contribute to better outcomes for both staff and patients across the Health Board.</p> | | |
| 3C Citizen engagement and partnership working | Director Of Partnerships/communications And Engagement | |
| <p>3C.6 - Reset the Health Board's representation at the Regional Partnership Board establishing a structured reporting process to improve decision making.</p> | | |
| <p>The Health Board has taken steps to reset and strengthen its strategic role within the Regional Partnership Board (RPB) through a review of representation and the introduction of a structured reporting process. These changes are now embedded within formal governance arrangements, ensuring clear accountability and alignment between RPB activity and organisational priorities. The refreshed representation model provides consistent senior-level input, enabling the Health Board to influence regional decision-making and support integrated, person-centred care more effectively. Enhanced oversight through regular reporting to the Executive Committee ensures that RPB developments are fully considered within the Health Board's planning and performance frameworks. Collectively, these improvements provide assurance that the Health Board is well-positioned to deliver better outcomes for patients and communities through more joined-up, informed, and transparent decision-making.</p> | | |
| 3D Welsh Language & Culture | Executive Director of Allied Health Professions & Health Science | |
| <p>3D.5. Promote the use of Welsh language within the organisation.</p> | | |
| <p>Progress continues in line with Health Board strategic aims with delivery of all milestones for Quarter 1. The Welsh Language Strategic Forum's approval of the detailed implementation plan on 2 June 2025 provided a clear and structured pathway forward, enabling the Welsh Language Team to take focused action to enhance visibility, staff engagement, and cultural awareness across the organisation and externally within communities. The steps outlined including increased Welsh language presence in communications, tailored language training, and cross-service collaboration, will support the integration of the Welsh language and culture into everyday working life. These efforts will foster a more inclusive environment where the Welsh language is both valued and actively used, aligning with our wider organisational values and responsibilities.</p> | | |
| 4B Primary Care including clusters | Chief Operating Officer | |
| <p>4B.8. Implement the new GMS Contract Assurance Framework.</p> | | |
| <p>The Contract Assurance Framework has successfully transitioned to a business-as-usual process within the Primary Care Contracting teams and Integrated Healthcare Community (IHC). A clear delivery plan for the year has been agreed aligning fully with national GMS CAF timescales. Lessons learned from 2024'25 have been incorporated</p> | | |

to enhance this year's CAF processes, and an all-Wales Task and Finish Group is being established to prepare for 2026/27. Progress and impact will continue to be reported to the Pan-BCUHB Primary Care Quality and Safety Group and the Primary Care Contracting Group.

4B Primary Care including clusters **Chief Operating Officer**

[4B.15. Discussions \(internally and with partners\) will be progressed to a conclusion as to whether the current 14 cluster footprints are optimal or whether a change of focus to pan-cluster footprints would be preferable.](#)

Discussions commenced and a rapid review was conducted by the Health Board in Quarter 1 to assess the size, capability, and potential of cluster footprints across the region. The review incorporated findings from the Accelerated Cluster Development (ACD) evaluation, Cluster Maturity Matrix, and Health Board's direction for Primary Care Mode for Wales (PCMW) in North Wales. Moving forwards the Strategic Programme for Primary Care Sub-Group will monitor the work, with final decisions to consider Regional Partnership Board direction and the Health Board's operating model. The report and recommendations will be published by 25th July 2025 and therefore will be completed during Quarter 2 of 2025/26.

4C Community Care **Chief Operating Officer**

[4C.1. Enhanced Community Care - Generate options to increase provision of Enhanced Community Care \(ECC\)](#)

In anticipation of the development of National Data Standards for ECC, the Health Board has been collaborating with national leads to establish information standards and clarify the definition of ECC. Teams from Primary Care and Data Intelligence continue to review and refine internal data recording processes for both core services and ECC. As the national standards are not yet finalised, this sub-objective has been rescheduled and is now aligned to Quarter 2.

4C Community Care **Chief Operating Officer**

[4C.5. Weekend Community Nursing - Review options to increase District Nursing provision at the weekend including the nature and level of weekend demand.](#)

Clarification on impacts has been requested from the Nurse Programme Lead, and learning from other Health Boards will continue to inform local improvement plans. The Health Board is reviewing associated revenue requirements in order that both target levels and service demand can be delivered safely, and without compromising activity levels. Weekend demand data reporting has commenced with reporting planned for July following roster consolidation. A SharePoint solution has been implemented to ensure accurate calculation in line with WG standards, and clarification. The Health Board has implemented mitigations to enable operational response to weekend District Nursing Provision. Heads of Community Nursing have engaged with Welsh Government colleagues to reprofile rosters, supporting centralised reporting against the target for weekend District Nursing levels (80% of weekday levels). Given the require resource implications and work taking place at National level, this work is expected to continue until Quarter 2.

4C Community Care **Chief Operating Officer**

[4C.9. Weekend Specialist Palliative Care - Review opportunities to increase Specialist Palliative care capacity in the East to bring cover up to the same level as other parts of BCU i.e. 2 CNS's on duty at the weekend.](#)

Palliative care services exist across the Health Board and are configured to provide palliative care expertise both in the hospital and community setting. Services are tailored to the needs of the patient regardless of their primary diagnosis with seven day specialist palliative care nursing being available and 24hr specialist medical advice for clinical staff. Work has taken place during Quarter 1, however, further clarity has been requested to ensure alignment with the defined sub-objective requirements.



The Corporate Planning Team are working closely with the service leads to better understand the current position and to make sure the right actions are in place. This will enable clearer reporting and assurance in Quarter 2.

4D.A Planned Care **Chief Operating Officer**

4D.a.1. Develop and implement the next stage of the Validation Approach in the Health Board; focusing on delivering high levels of data quality, updated waiting lists and application of waiting list policies.

From a clerical perspective, 1,809 pathways were successfully closed within <104 weeks, while 464 pathways exceeding 104 weeks were reviewed and updated to ensure compliance with current policies. In respect of clinical validation, the e-form registering and reporting approach was introduced and was fully deployed to streamline validation workflows and enhance real-time monitoring. This digital enhancement has improved efficiency, and will facilitate consistent data capture across services. Additionally, a comprehensive draft Policy and Standard Operating Procedure (SOP) has been developed to standardise validation practices. This policy provides clear operational guidance for clinical and administrative teams and will support consistent application of waiting list policies in line with national standards. Work also commenced on analysing pathway trends, evaluating data accuracy, and preparing for the next phase of targeted clinical engagement. The next stage will focus on embedding these processes into business-as-usual operations, expanding clinical validation capacity, and driving further reductions in long-waiting patients.

4D.A Planned Care **Chief Executive Officer**

4D.a.2. Implement locally the 8 nationally agreed Interventions Not Normally Undertaken (INNU), and the pipeline of INNUs that follow.

Further to the completion of a draft local policy for interventions not normally undertaken (INNU) notice has been received that National Policy will be issued in Q2. The revised national policy will support the delivery of the 8 priority procedures determined for implementation as part of Phase 1. In parallel, site-level INNU validation activity is underway and the registration and reporting of INNU validation activity is being integrated into the broader clinical validation framework, which is scheduled for implementation by the end of Q2. Effective INNU governance supports clinical consistency, reduce unwarranted variation in care, and ensures compliance with national guidance and best practice.

4D.A Planned Care **Chief Executive Officer**

4D.a.15. Recalibrate capacity from follow-ups to new appointments in priority specialties, following assessment of opportunity.

Progress has been made in establishing a robust approach to follow-up validation across BCUHB including a baseline assessment of the current state, providing a clear foundation for targeted improvement. A structured validation approach is now in place, and work has commenced to identify and remove duplicate pathways within three key specialties: Trauma & Orthopaedics, Gynaecology, and Dermatology. To support the management of 100% breach cases, CIN discharge protocols are being developed. This work is closely aligned with efforts to scale up the use of SOS (Scheduled Outpatient Services) and PIFU (Patient-Initiated Follow-Up). Collectively, these activities will support improved access and flow.

4D.b Cancer Care**Chief Operating Officer**

4D.b.3. Commission of additional external resource in endoscopy and dermatology whilst seeking to develop and recruit to more sustainable models of care to meet the needs of our population across north Wales.

Cancer care continued to be a key focus point for the Health Board in Quarter 1. To ensure continued access to timely care, additional external resources were commissioned for both endoscopy and dermatology. These additional services have supported service delivery, while the Health Board works to develop and recruit to more sustainable models of care. It is intended that this approach will enable the Health Board to meet the current needs of its population across North Wales and provide stability during the period of transformation.

4G Adult Mental Health & Learning Disabilities**Executive Director of Allied Health Professionals & Health Science**

4F.1. Work with the NHS Executive to deliver the emerging Mental Health strategic improvement programme including patient centred safety, crisis care and access to community services.

The Health Board continued to work and engage with the NHS Executive in respect of the Emerging Strategy, adapting to the developing strategic Programme for Mental Health, good relationships are developing across the national and local teams. Clinical and Transformation leads were identified for all Patient Safety Programme workstreams with governance for reporting into Divisional Programme Oversight Group and Quality and Safety Delivery Group agreed. Comments on the draft All Wales MH Discharge policy were provided to support continued development. Other work progressing in quarter 1 included the implementation of two action plans covering ligature reduction and training & procedure, these plans were approved by the Health & Safety Executive and reflect the developing Wales standards.

A Crisis Care model was also developed, this is intended to enhance, complement and support existing services to provide face to face interventions based on individual needs and will align to the Strategic Programme for Mental Health. Looking ahead to Quarter 2, data validation and pathway mapping will be undertaken to support both the community redesign and all ages mental health EHR major change programme, with a workshop scheduled to inform options to be developed in line with the national requirements. Patient centred safety planning training has also been agreed with the national team and dates confirmed for Quarter 2.

4G CAMHS**Chief Operating Officer**

4G.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.

Best practice has been shared and received from other Health Boards, including information regarding the provision of groups and psycho-education, supporting delivery against MHM therapeutic intervention targets. The information gathered is being reviewed through the regional Access group alongside a scoping exercise of local provision. Actions undertaken to date demonstrates a proactive approach to reviewing and developing services ensuring it is appropriate, equitable, and aligned with the national CAMHS service specification, with the aim of reducing unwarranted variation and better meeting the needs of children, young people, and their families across the region.



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4H Neurodevelopment

Chief Operating Officer

4H.3. Incorporate learning through sharing best practice across Wales for a sustainable service provision as the service eliminates long waits.

With demand higher than available capacity, the Health Board is increasing its capacity to support the reduction of long waits and develop a more sustainable service model. A Needs Led model of care is being pursued, with profiling tool options evaluated and model agreed. Plans have also been developed for training and implementation across services, which will aid early identification and provision of support without the need for diagnosis.

4I Dementia

Executive Director of Nursing and Midwifery

4I.6. Dementia-appropriate Environments: Facilitate extensive assessment of environments

BCUHB continues to contribute to national dementia care innovation through its role in the Workstream 4 Hospital Charter Steering Group hosted by Improvement Cymru. This collaboration supports shared learning around tools such as PORT and Dementia Care Mapping (DCM) driving improvements in dementia-friendly hospital environments. A key highlight this quarter was BCUHB's hosting of the Innovating Dementia Sandpit Workshop a strategic initiative focused on reducing distress and discomfort associated with long waits and overstimulating environments in A&E. The workshop brought together multiagency stakeholders to co-create inclusive design solutions that promote calm, clarity and comfort for people living with dementia supporting both environmental assessment and preventative care.

Integrated Health Communities (IHCs) are focusing on three elements within their dementia improvement plans: Emergency Departments, Education and Ward Environments. Progress is reported and monitored via the IHC Patient Carer Experience groups and the Strategic Patient Care Experience Group

In progressing Emergency Department Experience, the Health Boards Dementia Improvement Team visited the three Emergency Departments, meeting with staff to explore current practices relating to patients with dementia and their families. The ED leads are meeting regularly to progress and monitor work, supported by the Dementia Improvement Team. A Dementia Pathway for Emergency Departments is being explored, taking account of relevant inspections, action plans and the evidence base. The Complaints Team are undertaking a review of complaints data. In the next Quarter, plan to design and deliver a bespoke dementia patient experience review for the Emergency Departments.

Scoping of dementia education, learning and development is underway to enhance the core mandatory module on ESR. Compliance with mandatory training across BCUHB as of July 2025 is 83.87% (permanent) and 74.34% . The national Welsh Government-led Learning & Development group is being asked to commission work to revise the Good Work Framework and to set minimum core standards for dementia education. If not forth-coming BCUHB will propose locally. Within West IHC the Dementia Specialist Nurses are progressing well with Tier 2 training. Online bite-size dementia friendly environment training sessions are being set up in ESR, which will equip staff to understand dementia-appropriate environment principles and provide underpinning knowledge for devising action plans to improve environments.

Dementia environmental assessments are underway within the IHCs. West IHC assessments have been completed with the team progressing required actions. In East IHC 'Morris Ward Tea Rooms' has been established, with all patients with Dementia supported to use. Feedback is positive about the benefits of this area and the activities undertaken here. The gardens next to Morris Ward are also under review, to improve access with patients and their families involved in the consultation. Central IHC are



working through learning from areas of excellence in terms of environment for care of patients with Dementia, in consideration of the care delivery that meets this objective on Ward 2 at YGC and Holywell Community Hospital.

4I Dementia

Executive Director of Nursing and Midwifery

4I.9. Prevention: Creation/collate/share prevention resources.

In progressing prevention, engagement with Public Health colleagues has identified best 'prevention' resources, with update of an existing Modifiable Risk Factors flyer awaited to include two newly-identified risk factors adding before circulation. Prevention has been added to the Dementia Improvement Team's Communication & Engagement Plan. Discussions occurred with partners e.g., Fire & Rescue have begun to look at how we can resource then promote these materials together (printed, online and via QR codes).

A Dementia Practice Educator (DPE) newly commenced in post, with four care homes in Central area recruited for the Deconditioning Prevention pilot. Deconditioning Steering Group established. Care home residents will be identified by the DPE before admission or early after admission to hospital so that an individualised deconditioning support plan can be tailored and put in place quickly which may prevent admission or help prevent deconditioning after admission. The DPE will support each resident as they prepare to leave hospital and transition back into care home life, to maintain and extend the deconditioning/contracture prevention practices. The DPE will also plan and deliver a range of effective learning opportunities for staff, families and residents (where appropriate) across care home and secondary care and community hospital settings to significantly increase their knowledge of prevention of deconditioning/contractures/effective positioning.

Charitable funding secured for Dementia Care Mapping training, which is currently under discussion with Procurement. Charitable funding also secured for translation of NIHR Dementia Leaflets into Welsh. A Second Dementia Consultant Nurse commenced in post with focus on MHLA

5D Intelligence Led

Chief Digital and Information Officer

5D.5 As part of the Operational dashboard (IRIS2) rollout, implement the necessary foundations that will enable use across all types of devices in an intuitive and bespoke manner.

The milestone activities for the redeveloped IRIS have been completed. The DI&I team will seek user feedback post-launch to guide future improvements. IRIS has made significant technical progress towards becoming an intelligence portal that supports service management, planning, and decision-making to enhance population outcomes. IRIS serves as the core platform for delivering information and intelligence products, facilitating data sharing, managing capacity, and monitoring patient care outcomes. Future developments will expand content and formats, linking hospital activity, quality, and clinical outcomes.



▪ **APPENDIX 2 - Change Control**

| Change Reference | 2025/26 Sub-objective | Proposed | Justification of change |
|-------------------------|---|-------------------|--|
| 2526-001 | 2B.6: Review of Commissioning Arrangements | Move to Quarter 2 | Capacity issues within the Performance and Commissioning Team have delayed progress in progressing this sub-objective. |
| 2526-002 | 4C.1: Generate Options to increase provision of Enhanced Community Care (ECC) | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2. |
| 2526-003 | 4C.5: Weekend Community Nursing | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2. |
| 2526-004 | 4C.9: Weekend Specialist Palliative Care | Move to Quarter 2 | Actions to date have provided foundations for progressing sub-objective requirements in Quarter 2. |





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STANDING ORDERS

Scheme of Reservation and Delegation of Powers

(Schedule 1 of the Standing Orders)

SCHEME OF RESERVATION AND DELEGATION OF POWERS

**This Schedule forms part of, and shall have effect as if incorporated in the
Local Health Board Standing Orders**

Date approved by Health Board:

MODEL SCHEME OF RESERVATION AND DELEGATION OF POWERS

Introduction

As set out in Standing Order 2, the Board, subject to any directions that may be made by the Welsh Ministers, shall make arrangements for certain functions to be carried out on its behalf so that the day to day business of the LHB may be carried out effectively, and in a manner that secures the achievement of its aims and objectives. The Board may delegate functions to:

- i) A Committee, e.g., Performance, Finance and Information Governance Committee (PFIG);
- ii) A sub-Committee, e.g., a locality based Performance, Finance and Information Governance (PFIG) Committee taking forward matters within a defined area. Any such delegation would, subject to the Board's authority, usually be via a main Committee of the Board;
- iii) A joint-Committee or joint sub-Committee, e.g., with other LHBs or Local Authorities established to take forward matters relating to services; and
- iv) Officers of the LHB (who may, subject to the Board's authority, delegate further to other officers and, where appropriate, other third parties, e.g., shared/support services, through a formal scheme of delegation)

and in doing so, must set out clearly the terms and conditions upon which any delegation is being made. These terms and conditions must include a requirement that the Board is notified of any matters that may affect the operation and/or reputation of the LHB.

The Board's determination of those matters that it will retain, and those that will be delegated to others are set out in the following:

- Schedule of matters reserved to the Board;
- Scheme of delegation to Committees and others; and
- Scheme of delegation to officers.

all of which must be formally adopted by the Board in full session and form part of the LHB's SOs.

DECIDING WHAT TO RETAIN AND WHAT TO DELEGATE: GUIDING PRINCIPLES

The Board will take full account of the following principles when determining those matters that it reserves, and those which it will delegate to others to carry out on its behalf:

- Everything is retained by the Board unless it is specifically delegated in accordance with the requirements set out in Standing Orders or Standing Financial Instructions.
- The Board must retain that which it is required to retain (whether by statute or as determined by the Welsh Ministers) as well as that which it considers is essential to enable it to fulfil its role in setting the organisation's direction, equipping the organisation to deliver and ensuring achievement of its aims and objectives through effective performance management
- Any decision made by the Board to delegate functions must be based upon an assessment of the capacity and capability of those to whom it is delegating responsibility
- The Board must ensure that those to whom it has delegated powers (whether a Committee, partnership or individuals) remain equipped to deliver on those responsibilities through an ongoing programme of personal, professional and organisational development
- The Board must take appropriate action to assure itself that all matters delegated are effectively carried out
- The framework of delegation will be kept under active review and, where appropriate, will be revised to take account of organisational developments, review findings or other changes
- Except where explicitly set out, the Board retains the right to decide upon any matter for which it has statutory responsibility, even if that matter has been delegated to others
- The Board may delegate authority to act, but retains overall responsibility and accountability
- When delegating powers, the Board will determine whether (and the extent to which) those to whom it is delegating will, in turn, have powers to further delegate those functions to others.

HANDLING ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS: WHO DOES WHAT

The Board

The Board will formally agree, review and, where appropriate revise schedules of reservation and delegation of powers in accordance with the guiding principles set out earlier.

The Chief Executive

The Chief Executive will propose a Scheme of Delegation to Officers, setting out the functions they will perform personally and which functions will be delegated to other officers. The Board must formally agree this scheme.

In preparing the scheme of delegation to officers, the Chief Executive will take account of:

- The guiding principles set out earlier (including any specific statutory responsibilities designated to individual roles);
- Their personal responsibility and accountability to the Chief Executive, NHS Wales in relation to their role as designated Accountable Officer; and
- Associated arrangements for the delegation of financial authority to equip officers to deliver on their delegated responsibilities (and set out in Standing Financial Instructions).

The Chief Executive may re-assume any of the powers they have delegated to others at any time.

The Director of Corporate Governance

The Director of Corporate Governance will support the Board in its handling of reservations and delegations by ensuring that:

- A proposed schedule of matters reserved for decision by the Board is presented to the Board for its formal agreement;
- Effective arrangements are in place for the delegation of LHB functions within the organisation and to others, as appropriate; and
- Arrangements for reservation and delegation are kept under review and presented to the Board for revision, as appropriate.

The Audit Committee

The Audit Committee will provide assurance to the Board of the effectiveness of its arrangements for handling reservations and delegations.

Individuals to who powers have been delegated

Individuals will be personally responsible for:

- Equipping themselves to deliver on any matter delegated to them, through the conduct of appropriate training and development activity; and
- Exercising any powers delegated to them in a manner that accords with the LHB's values and standards of behaviour.

Where an individual does not feel that they are equipped to deliver on a matter delegated to them, they must notify the Chief Executive or the Director of Corporate Governance of their concern as soon as possible in so that an appropriate and timely decision may be made on the matter.

In the absence of an officer to whom powers have been delegated, those powers will be exercised by the individual to whom that officer reports, unless the Board has set out alternative arrangements.

If the Chief Executive is absent their nominated Deputy may exercise those powers delegated to the Chief Executive on their behalf. However, the guiding principles governing delegations will still apply, and so the Board may determine that it will reassume certain powers delegated to the Chief Executive or reallocate powers, e.g., to a Committee or another officer.

SCOPE OF THESE ARRANGEMENTS FOR THE RESERVATION AND DELEGATION OF POWERS

The Scheme of Delegation to officers referred to here shows only the "top level" of delegation within the LHB. The Scheme is to be used in conjunction with the system of control and other established procedures within the LHB.

SCHEDULE OF MATTERS RESERVED TO THE BOARD¹

| THE BOARD | | AREA | DECISIONS RESERVED TO THE BOARD |
|-----------|----------------------|------------------------|--|
| 1 | FULL | GENERAL | Board may determine any matter for which it has statutory or delegated authority in accordance with SOs (except for those decisions delegated to the NHS Wales Joint Commissioning Committee (the JCC)). |
| 2 | FULL | GENERAL | The Board must determine any matter that will be reserved to the whole Board. These will be set out within Schedule of Matters Reserved to the Board. |
| 3 | FULL | GENERAL | Approve the LHB's Governance Framework |
| 4 | FULL | OPERATING ARRANGEMENTS | <p>Approve, vary and amend:</p> <ul style="list-style-type: none"> ▪ Standing Orders; ▪ Standing Financial Instructions; ▪ Schedule of matters reserved to the LHB; ▪ Scheme of delegation to Committees and others; and ▪ Scheme of delegation to officers. <p>In accordance with any directions set by the Welsh Ministers.</p> |
| 5 | FULL | OPERATING ARRANGEMENTS | Ratify any urgent decisions taken by the Chair and the Chief Executive in accordance with Standing Order requirements |
| 6 | NO – Audit Committee | OPERATING ARRANGEMENTS | Formal consideration of report of Director of Corporate Governance on any non-compliance with Standing Orders, making proposals to the Board on any action to be taken. |

¹ Any decision to reserve a matter, and the manner in which that retained responsibility is carried out will be in accordance with any regulatory and/or Welsh Government requirements.

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| 7 | FULL | OPERATING ARRANGEMENTS | Receive report and proposals regarding any non-compliance with Standing Orders, and where required ratify in public session any action required in response to failure to comply with SOs. |
| 8 | FULL | OPERATING ARRANGEMENTS | Authorise use of the LHB's official seal. |
| 9 | FULL | OPERATING ARRANGEMENTS | Approve the Standards of Business Conduct Policy. |
| 10 | NO - Chair on behalf of Joint Committee, Vice-Chair on behalf of Joint Committee if Chair is declaring interest | ORGANISATION STRUCTURE & STAFFING | Require, receive and determine action in response to the declaration of Board members' interests, in accordance with advice received, e.g. from Audit Committee or Director of Corporate Governance |
| 11 | FULL | STRATEGY & PLANNING | Determine the LHB's strategic aims, objectives and priorities |
| 12 | FULL | STRATEGY & PLANNING | Approve the LHB's key strategies and programmes related to: <ul style="list-style-type: none"> ▪ Population Health Needs Assessment and Commissioning Plan ▪ The development and delivery of patient and population centred health and care/clinical services ▪ Improving quality and patient safety outcomes ▪ Workforce and Organisational Development ▪ Infrastructure, including IM &T, Estates and Capital (including major capital investment and disposal plans) |

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| 13 | FULL | STRATEGY & PLANNING | Approval of Joint Area Plan prepared under the direction of the Regional Partnership Board and in response to the population assessment |
| 14 | FULL | STRATEGY & PLANNING | Agreement of Well-being objectives in accordance with the requirements of the Well-being and Future Generations (Wales) Act 2015 |
| 15 | FULL | STRATEGY & PLANNING | Approval of Well-being Plan prepared and agreed by the Public Service Board |
| 16 | FULL | STRATEGY & PLANNING | Approve the LHB's Integrated Medium Term Plan, including the balanced Medium-Term Financial Plan |
| 17 | FULL | STRATEGY & PLANNING | Approve the LHB's budget and financial framework (including overall distribution of the financial allocation and unbudgeted expenditure) |
| 18 | FULL | OPERATING ARRANGEMENTS | Approve the LHB's framework and strategy for performance management. |
| 19 | FULL | STRATEGY & PLANNING | Approve the LHB's framework and strategy for risk and assurance. |
| 20 | FULL | OPERATING ARRANGEMENTS | Ratify policies for dealing with raising concerns, complaints and incidents in accordance with the Putting Things Right and health and safety requirements. |
| 21 | FULL | OPERATING ARRANGEMENTS | Agree the arrangements for ensuring the adoption of standards of governance and performance (including the quality and safety of healthcare, and the patient experience) to be met by the LHB, including standards/ requirements determined by Welsh Government, regulators, professional bodies/others, e.g. National Institute of Health and Care Excellence (NICE) |
| 22 | FULL | STRATEGY & PLANNING | Approve the LHB's patient, public, staff, partnership and stakeholder engagement and co-production strategies. |

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| 23 | FULL | OPERATING ARRANGEMENTS | Approve the introduction or discontinuance of any significant activity or operation. Any activity or operation shall be regarded as significant if the Board determines it so based upon its contribution/impact on the achievement of the LHB's aims, objectives and priorities |
| 24 | FULL | ORGANISATION STRUCTURE & STAFFING | Appointment of officer members of the Board (Chief Executive and Directors) in accordance with the provisions of the Regulations and in accordance with Ministerial Instructions |
| 25 | NO – Remuneration and Terms of Service Committee | ORGANISATION STRUCTURE & STAFFING | Termination of appointment and suspension officer members in accordance with the provisions of the Regulations and in accordance with Ministerial instructions |
| 26 | NO – Remuneration and Terms of Service Committee | ORGANISATION STRUCTURE & STAFFING | Consider appraisal of officer members of the Board (Chief Executive and Directors) |

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| 27 | NO – Remuneration and Terms of Service Committee | ORGANISATION STRUCTURE & STAFFING | Approve the appointment, appraisal, discipline and dismissal of any other Board level appointments and other senior employees, in accordance with Ministerial Instructions e.g. the Director of Corporate Governance |
| 28 | NO – Remuneration and Terms of Service Committee | ORGANISATION STRUCTURE & STAFFING | Consider and approve redundancy and Early Release Applications, noting that where the settlement is £50,000 or above subsequent agreement of Welsh Government is required. |
| 29 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve, [arrange the] review, and revise the LHB's top level organisation structure and corporate policies |
| 30 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, [arrange the] review, revise and dismiss LHB Committees, including any joint-Committees directly accountable to the Board |
| 31 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss the Chair and members of any Committee, joint-Committee or Group set up by the Board |
| 32 | FULL | ORGANISATION STRUCTURE & STAFFING | Appoint, equip, review and (where appropriate) dismiss individuals appointed to represent the Board on outside bodies and groups |
| 33 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the standing orders and terms of reference and reporting arrangements of all Committees, joint-Committees and groups established by the Board |

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| 34 | NO – Audit Committee | OPERATING ARRANGEMENTS | Approve arrangements relating to the discharge of the LHB’s responsibility as a bailee for patients’ property |
| 35 | FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers | OPERATING ARRANGEMENTS | Approve individual compensation payments in line with the provisions of Annex 4 to Chapter 6 of the Welsh Government Manual for Accounts |
| 36 | FULL - except where Chapter 6 specifies appropriate to delegate to a committee, Chief Executive or Officers | OPERATING ARRANGEMENTS | Approve individual cases for the write off of losses or making of special payments above the limits of delegation to the Chief Executive and officers |
| 37 | FULL | OPERATING ARRANGEMENTS | Approve proposals for action on litigation on behalf of the LHB |
| 38 | FULL | ORGANISATION STRUCTURE & STAFFING | Approve the arrangements relating to the discharge of the LHB's responsibilities as a corporate trustee of funds held on trust in accordance with the provision of Paragraph 20 of the Standing Financial Instructions. |

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| 39 | FULL | STRATEGY & PLANNING | Approve new contracts for the LHB to provide, or to secure provision from providers for Personal Medical; Dental; Pharmacy; Optometry services to some or all of the LHB's population where the value exceeds the delegated limit of the Chief Executive |
| 40 | FULL | STRATEGY & PLANNING | Approve individual contracts (other than NHS contracts) above the limit delegated to the Chief Executive set out in the Standing Financial Instructions |
| 41 | FULL | PERFORMANCE & ASSURANCE | Approve the LHB's audit and assurance arrangements |
| 42 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the LHB's Executive on progress and performance in the delivery of the LHB's strategic aims, objectives and priorities and approve action required, including improvement plans, as appropriate |
| 43 | FULL | PERFORMANCE & ASSURANCE | Receive reports from the LHB's Committees, groups and other internal sources on the LHB's performance and approve action required, including improvement plans, as appropriate |
| 44 | FULL | PERFORMANCE & ASSURANCE | Receive reports on the LHB's performance produced by external regulators and inspectors (including, e.g., Audit Wales, HIW, etc) that raise significant issue or concerns impacting on the LHB's ability to achieve its aims and objectives and approve action required, including improvement plans, taking account of the advice of Board Committees (as appropriate) |
| 45 | FULL | PERFORMANCE & ASSURANCE | Receive the annual opinion of the LHB's Chief Internal Auditor and approve action required, including improvement plans |
| 46 | FULL | PERFORMANCE & ASSURANCE | Receive the annual management report from the Auditor General for Wales and approve action required, including improvement plans |

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| 47 | FULL | PERFORMANCE & ASSURANCE | Receive assurance regarding the LHB's performance against the Health and Care Standards for Wales and the arrangements for approving required action, including improvement plans. |
| 48 | FULL | REPORTING | Approve the LHB's Reporting Arrangements, including reports on activity and performance locally, to citizens, partners and stakeholders and nationally to the Welsh Government where required |
| 49 | FULL | REPORTING | Receive, approve and ensure the publication of LHB reports, including its Annual Report and annual financial accounts in accordance with directions and guidance issued |

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DELEGATION OF POWERS TO COMMITTEES AND OTHERS²

Standing Order 2 provides that the Board may delegate powers to Committees and others. In doing so, the Board has formally determined:

- the composition, terms of reference and reporting requirements in respect of any such Committees; and
- the governance arrangements, terms and conditions and reporting requirements in respect of any delegation to others, in accordance with any regulatory requirements and any directions set by the Welsh Ministers.

The Board has delegated a range of its powers to the following Committees and others:

- Audit Committee
- Charitable Funds Committee
- Mental Health Legislation Committee
- Quality, Safety and Experience Committee
- Partnership, People and Population Health Committee
- Performance, Finance and Information Governance Committee
- Executive Committee
- Remuneration Committee

The scope of the powers delegated, together with the requirements set by the Board in relation to the exercise of those powers are as set out in i) Committee terms of reference, and ii) Formal arrangements for the delegation of powers to others. Collectively, these documents form the LHB's Scheme of Delegation to Committees.

² As defined in Standing Orders

SCHEME OF DELEGATION TO EXECUTIVE DIRECTORS, OTHER DIRECTORS AND OPERATIONAL BUDGET MANAGERS

The LHB Standing Orders and Standing Financial Instructions specify certain key responsibilities of the Chief Executive, the Executive Director of Finance and other officers.

The Chief Executive's Job Description, together with their Accountable Officer Memorandum, sets out their specific responsibilities. The individual job descriptions determined for Executive Director level posts also define in detail the specific responsibilities assigned to those post holders. These documents, together with the schedule of additional delegations below and the associated financial delegations set out in the Standing Financial Instructions, form the basis of the LHB's Scheme of Delegation to Officers.

This element of the scheme of delegation only relates to matters delegated by the Board to the Chief Executive and the Executive Directors which are not covered by the Standing Financial Instructions.

| Delegated Matter | Table Reference No. |
|--|----------------------------|
| MEETINGS | 1 |
| PERSONNEL | 2 |
| ENGAGEMENT OF STAFF (NOT ON THE ESTABLISHMENT) | 3 |
| REPORTING INCIDENTS TO THE POLICE | 4 |
| LEGAL PROCEEDINGS | 5 |
| INSURANCE POLICIES AND RISK MANAGEMENT | 6 |
| CLINICAL AUDIT | 7 |
| PUTTING THINGS RIGHT REGULATIONS | 8 |
| SEAL | 9 |
| GIFTS & HOSPITALITY | 10 |
| DECLARATION OF INTERESTS | 11 |
| INFORMATICS AND THE DATA PROTECTION ACT | 12 |
| AUTHORISATION OF NEW DRUGS | 13 |
| AUTHORISATION OF RESEARCH PROJECTS | 14 |
| AUTHORISATION OF CLINICAL TRIALS | 15 |
| INFECTIOUS DISEASES & NOTIFIABLE OUTBREAKS | 16 |
| REVIEW OF FIRE PRECAUTIONS | 17 |
| HEALTH & SAFETY | 18 |
| MEDICINES INSPECTORATE REGULATIONS | 19 |
| ENVIRONMENTAL REGULATIONS | 20 |
| COSTS/NOTIONAL RENT/THIRD PARTY DEVELOPER/IMPROVEMENT GRANTS | 21 |
| COMPLIANCE LEAD ROLES: CALDICOTT GUARDIAN, DPO, SIRO | 22 |
| EMERGENCY PLANNING | 23 |
| STATUTORY COMPLIANCE WITH RESPECTIVE LEGISLATION | 24 |
| APPOINTMENT OF MEDICAL & DENTAL CONSULTANT POSTS | 25 |
| HUMAN TISSUE ACT 2004 | 26 |
| IONISING RADIATION (MEDICAL EXPOSURE) REGULATIONS 2017 [IR(ME)R] | 27 |
| NURSE STAFFING LEVELS (WALES) ACT 2016 | 28 |
| WELSH LANGUAGE STANDARD REPORTING | 29 |
| CONTROLLED DRUGS ACCOUNTABLE OFFICER | 30 |
| UPHOLDING PROFESSIONAL STANDARDS IN WALES (UPSW) | 31 |

Board Member Responsible (Tiers 2, 3 or 4): in line with the Standing Orders, delegated approval to the relevant Board Member, Board Committee or Executive Director. Where there is more than one Executive Director named the applicable responsibility is in relation to their individual service area.

Specific Delegation Where Applicable: The intention is to delegate to the Operational Divisions wherever possible, however some Matters are either delegated through a Director, Associate or Assistant then to the Operational Division, or they are not delegated beyond this secondary level. This column sets out the delegation flow where relevant. Where there is more than one 'Accountable Lead' named the applicable responsibility is in relation to their individual service area.

Operational Responsibility (Tier 4): – where Matters are delegated to the Operational Divisions, the generic term "Service Director" has been used to identify the Accountable Lead, for example IHC Director, Director of Mental Health, Cancer, and Support Functions. It is also recognised that these Matters are delegated within Health Board Policy and where relevant are directly supported by Finance, People Services and other Support Functions.

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|--|---|----------------------------|
| 1. Meetings | | | |
| a) Calling meetings of the LHB | Chair | Director of Corporate Governance | Not Delegated |
| b) Chair all LHB Board meetings and associated responsibilities | Chair or Vice Chair in Chair's absence | Not Delegated | Not Delegated |
| 2. Personnel | | | |
| All Matters locally supported by CFO / FD / People | | | |
| a) Nominate officers to enter into contracts of employment regarding staff, agency staff or consultancy service contracts in accordance with the "Policy for the Safe Recruitment and Selection Practices" together with accompanying guidance, particularly the need for pre-employment checks. | Executive People and OD | Supported by Members of the Executive Committee | Service Director |
| b) Approve the commencement of employment prior to all pre-employment checks being completed. | Executive People and OD | Associate Director People Services | Not delegated |
| c) Authority to fill funded post on the establishment with permanent staff. | Executive People and OD | Deputy Director Workforce & OD / Associate Director of People Services (IHC / PAN BCU / Support Services) | Service Director |
| d) Travel & subsistence expenses | | | |
| Authority to authorise travel & subsistence expenses | Executive People and OD | Direct to Operational Services | (Tier 4) |
| Maintenance of a list of managers authorised to sign payroll and travel expense documentation. (and via e-expense systems) | Executive People and OD | Deputy Director of Workforce & OD | Service Director |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|----------------------------|--------------------------------------|----------------------------|
| e) Leave | | | |
| Approval of annual leave in accordance with LHB policy | Executive People and OD | Direct to Operational Services | Service Director |
| Carry-over of annual leave in exceptional circumstances up to a maximum of 5 days | Executive People and OD | Direct to Operational Services | (Tier 4) |
| Compassionate leave | Executive People and OD | Direct to Operational Services | Service Director |
| Special leave arrangements (to be applied in accordance with All Wales Policy) | Executive People and OD | Direct to Operational Services | Service Director |
| Leave without pay | Executive People and OD | Direct to Operational Services | (Tier 4) |
| Medical Staff Leave of Absence – paid and unpaid | Executive People and OD | Direct to Operational Services | Service Director |
| Consultants Special Leave | Executive Medical Director | Direct to Operational Services | (Tier 4) |
| Time off in lieu | Executive People and OD | Direct to Operational Services | Service Director |
| Maternity / Paternity Leave – paid and unpaid | Executive People and OD | Direct to Operational Services | (Tier 4) |
| f) Annualised hours/flexible working hours system-maintenance of adequate records | Executive People and OD | Direct to Operational Services | Service Director |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|--|--|----------------------------|
| g) Sick Leave | | | |
| Extension of sick leave on half pay up to three months | Executive People and OD | Direct to Operational Services in conjunction with Associate Director of People Services | Not delegated |
| Return to work part-time on full pay to assist recovery | Executive People and OD | Direct to Operational Services in conjunction with Associate Director of People Services | Service Director (Tier 4) |
| Extension of sick leave on full pay | Executive People and OD | Direct to Operational Services in conjunction with Associate Director of People Services | Not delegated |
| h) Study Leave | | | |
| Study leave outside the UK (non-medical staff excluding clinical staff) | Executive People and OD | Direct to Operational Services | Service Director |
| Medical staff study leave (UK) | Executive Medical Director / Executive People and OD | Direct to Operational Services | (Tier 4) |
| Consultant Medical Staff Leave (UK) | Executive Medical Director | Direct to Operational Services | Service Director |
| All Medical and non-Medical Clinical Staff study leave outside the UK (as per relevant professional lead) | Executive Medical Director / Executive Director of Nursing & Midwifery / Executive Director of Therapies & Health Science / Executive Director of Operations | Direct to Operational Services | (Tier 4) |
| All other study leave (UK) | Executive People and OD | Direct to Operational Services | Service Director |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|--|---|---|
| i) Removal Expenses | | | |
| Authorisation of payment of removal expenses incurred by officers taking up new appointments (providing consideration was promised at interview) | Executive People and OD | Direct to Operational Services → In accordance with BCUHB policy / approval from the Executive People and OD | Service Director |
| j) Respect & Resolution Procedure | Executive People and OD | Direct to Operational Services | (Tier 4) |
| k) Professional Misconduct/Competence-Medical and Dental Staff | Executive Medical Director / Executive People and OD | Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD | Not Delegated |
| l) Suspension of Doctors employed directly by the LHB | Executive Medical Director | Deputy Responsible Officer / Deputy Medical Director / Deputy Director of Workforce & OD | Not Delegated |
| m) Formal actions as required under The Performers List | Chief Executive | Executive Medical Director supported Executive People and OD and Chief Operating Officer | Not Delegated to Operational Divisions, cover for Executive Medical Director provided through the Deputy Responsible Officer or Deputy Medical Director |
| n) Requests for new posts to be authorised as car users | Executive Director of Finance | Direct to Operational Services | Service Director |
| o) Renewal of Fixed Term Contract | Executive People and OD | Direct to Operational Services | (Tier 4) |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|---|--|--|
| p) Ill Health Retirement Decision to pursue retirement on the grounds of ill-health following advice from Workforce & OD Department | Executive People and OD | Associate Director of People Services | Service Director for local implementation: Ultimate Approval is via NHS Pensions Agency |
| q) Disciplinary Procedure (excluding Executive Directors) | Executive People and OD | Executive Directors and Members of the Executive Committee | Service Director (Tier 4) |
| 3. Engagement of Staff Not On the Establishment | | | |
| a) Non clinical Consultancy Staff | Executive Director of Finance | Supported by Executive Team | Service Director |
| b) Medical Locum staff | Executive Medical Director | Direct to Operational Services | (Tier 4) |
| c) Booking of Agency Nursing Staff | Executive Director of Nursing & Midwifery | Direct to Operational Services | Service Director (Tier 4) |
| d) Booking of Bank Staff: | | | |
| Nursing | Executive Director of Nursing & Midwifery | Direct to Operational Services | Service Director (Tier 4) |
| Other Staffing Groups | Executive People and OD | Direct to Operational Services | Service Director (Tier 4) |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|---|---|---|
| 4. Procedure to follow after reporting of incidents to the Police (refer to Standing Operating Process in relation to reporting requirement to Security Advisors) | | | |
| a) Where a criminal offence is suspected | Executive Director of Finance and Executive Director of People and OD | Direct to Operational Services | Service Director For Implementation and compliance |
| b) Criminal offence of a sexual or violent nature | Ex Executive Director of People and OD Executive Director of Workforce & OD | Direct to Operational Services | Service Director For implementation and compliance |
| c) Arson or theft | Executive Director of Finance and Executive Director of People and OD | Direct to Operational Services | Service Director for implementation and compliance |
| d) Other | Chief Executive and Executive Director of Finance and Executive Director of People and OD | Direct to Operational Services → dependent upon the nature of the suspected offence | Service Director for implementation and compliance |
| 5. Legal Proceedings | | | |
| a) Engagement of the LHB's Legal Services | Director of Corporate Governance | Deputy Director for Legal Services | List of officers authorised to instruct Legal Services will be detailed in the Legal Services Policy Out of Hours approval via Gold On-Call. |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|----------------------------------|---|---|
| b) Approve and sign all documents on behalf of the LHB which will be necessary in legal proceedings | Director of Corporate Governance | Any Director of the Board or the Deputy Director for Legal Services provided such approval is in accordance with advice from a regulated legal professional – all contrary decisions are reserved for the Chief Executive | Not Delegated |
| c) Sign on behalf of the LHB any agreement or document not requested to be executed as a deed | Chief Executive | Any Executive Director of the Board or an officer formally nominated by the Chief Executive | Not Delegated |
| 6. Insurance Policies (incorporating Risk Management) | | | |
| Insurance Policies (incorporating Risk Management) | Chief Executive | Executive Director of Finance and Director of Corporate Governance | Not Delegated except for matters relating to the Welsh Risk Pool where the Deputy Director for Legal Services may act |
| 7. Clinical Audit | | | |
| Clinical Audit | Chief Executive | Executive Medical Director | Service Director (Tier 4) |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|----------------------------------|---|---|
| 8. Putting Things Right Regulations (in line with WRP Policy & Guidance) | | | |
| a) Overall responsibility for ensuring that all concerns (as defined in PTR Regulations) are dealt with effectively | Chief Executive | Executive Director of Nursing & Midwifery / Director of Corporate Governance (for redress, personal injury claims and clinical negligence claims) | Service Director Patient Safety Team, and Patient and Carer Experience/Complaints Team/Legal Services Team for implementation |
| b) Responsibility for ensuring complaints are investigated thoroughly, and learning is embedded. | Chief Executive | Executive Director of Nursing & Midwifery | Service Director and Patient and Carer Experience/Complaints Team for implementation |
| c) Medico – Legal Matters - Co-ordination of their management (including redress, personal injury claims and clinical negligence claims) | Director of Corporate Governance | Deputy Director for Legal Services | Legal Services Team |
| 9. Seal | | | |
| a) The keeping of a register of seal and safekeeping of the seal | Chief Executive | Director of Corporate Governance | Not Delegated |
| b) Attestation of seal in accordance with Standing Orders | Chief Executive and Chair | Director of Corporate Governance | Not Delegated |
| c) Signing and sealing documents in accordance with Standing Orders | Chief Executive and Chair | Director of Corporate Governance | Not Delegated |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|--------------------------|--|--|
| 10. Gifts and Hospitality | | | |
| a) Keeping of gifts and hospitality register | Chief Executive | Director of Corporate Governance | Service Director for implementation and compliance |
| 11. Declaration of Interests | | | |
| a) Maintaining a register of interests | Chief Executive | Director of Corporate Governance | Service Director for implementation and compliance |
| 12. Informatics and the Data Protection Act | | | |
| a) Review of LHB's compliance with the Data Protection Act | Chief Executive | Chief Digital and Information Officer | Data Protection Officer |
| b) Responsibility for Informatics policy and strategy | Chief Executive | Chief Digital and Information Officer | Service Director |
| c) Responsibility for ensuring that adequate management (audit) trails exist in Informatics systems | Chief Executive | Chief Digital and Information Officer | (Tier 4) |
| 13. Authorisation of New Drugs | | | |
| Authorisation of New Drugs | Chief Executive | Executive Medical Director on the advice of the appropriate professional bodies (Clinical approval via NICE Implementation Group | Not Delegated |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|----------------------------|---|----------------------------|
| | | and Drugs and Therapy Group for onward financial approval by Executive Committee) | |
| 14. Authorisation of Research Projects (individuals responsible for their own declaration of interest to UKPI and BCUHB) | | | |
| Authorisation of Research Projects (individuals responsible for their own declaration of interest to UKPI and BCUHB) | Executive Medical Director | Director of Research & Development | Service Director (Tier 4) |
| 15. Authorisation of Clinical Trials | | | |
| Authorisation of Clinical Trials | Chief Executive | Executive Medical Director | Service Director (Tier 4) |
| 16. Infectious Diseases & Notifiable Outbreaks – outbreak control / public health monitoring and surveillance / provision of public health advice | | | |
| | Chief Executive | Executive Director of Public Health | Not Delegated |
| 17. Review of Fire Precautions | | | |
| Review of Fire Precautions | Chief Executive | Director of Environment and Estates | Not Delegated |
| 18. Health & Safety | | | |
| Review of all statutory compliance legislation and Health and Safety requirements (including associated mandatory staff awareness training). | Chief Executive | Director of Environment and Estates | Not Delegated |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|--------------------------|---|---|
| 19. Medicines Inspectorate Regulations | | | |
| Review Regulations Compliance | Chief Executive | Executive Medical Director supported by Chief Pharmacist | Service Director via Head of Medicines Management |
| 20. Environmental Regulations | | | |
| Review of compliance with environmental regulations, for example those relating to clean air and waste disposal | Chief Executive | Director of Estates and Environment | Not Delegated |
| 21. Cost/Notional Rent/Third Party Developer/Improvement Grants | | All Matters locally supported by CFO / FD | |
| Approval of all schedules of payments | Chief Executive | Chief Operating Officer | Service Director (Tier 4) |
| Submission to Welsh Government for all new GP premises or major extensions in accordance with BCU Strategy | Chief Executive | Chief Operating Officer and Director of Estates and Environment | Not Delegated |
| 22. Compliance Lead Roles: | | | |
| a) Caldicott Guardian | Chief Executive | Executive Medical Director | Deputy Medical Director |
| b) Data Protection Officer | Chief Executive | Data Protection Officer | Head of Information Governance |
| c) Senior Information Risk Owner | Chief Executive | Chief Digital Information Officer | Not Delegated |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|--|--------------------------|---|--|
| 23. Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder) | | | |
| Emergency Planning & Major Incidents – Civil Contingencies Act (Category 1 Responder) | Chief Executive | Director of Public Health | Head of Emergency Preparedness Response and Resilience |
| 24. Statutory compliance with respective Legislation | | | |
| Individual Board Members responsible for the implementation of respective legislation | Chief Executive | Director of Corporate Governance | Service Director for implementation |
| 25. National Health Service (Appointment of Consultants) (Wales) (Amendment) Regulations 2005 (Statutory Instrument 2005: 3039) Appointment of all Medical and Dental Consultant posts. Consultant posts within Public Health that are open to both medically qualified and those qualified in other disciplines other than medicine should follow this process, even though they fall outside of the requirements of the Statutory Instrument. | | | |
| Appointment of all Medical and Dental Consultant posts | Board | Chair of ACC's and reported to the People and Culture Committee | Not Delegated |
| 26. Human Tissue Act 2004 | | | |
| Compliance with the Human Tissues Act | Chief Executive | Executive Medical Director | Service Director for implementation |
| 27. Ionising Radiation (Medical Exposure) Regulations 2017 | | | |
| Compliance Ionising Radiation (Medical Exposure) Regulations 2017 | Chief Executive | Executive Director of Allied Health Professionals and Health Science / Executive Medical Director | Service Director for implementation |

| DELEGATED MATTER | BOARD MEMBER RESPONSIBLE | SPECIFIC DELEGATION WHERE APPLICABLE | OPERATIONAL RESPONSIBILITY |
|---|----------------------------------|--|-------------------------------------|
| 28. Nurse Staffing Levels Act (Wales) 2016 | | | |
| Compliance with Nurse Staffing Levels Act (Wales) 2016 | Chief Executive | Executive Director of Nursing & Midwifery | Service Director for implementation |
| 29. Welsh Language Standard Reporting | | | |
| Compliance with the Welsh Language Standards | Chief Executive | Executive Director of Allied Health Professionals and Health Science | Service Director for implementation |
| 30. Controlled Drugs Accountable Officer | | | |
| Controlled Drugs Accountable Officer | Chief Executive | Chief Pharmacist | Not Delegated |
| 31. Upholding Professional Standards in Wales (UPSW) | | | |
| Responsible Officer | Executive Medical Director (SRO) | Deputy Medical Director (Deputy Responsible Officer) | Service Director for implementation |
| Appointing a Designated Board Member | Health Board Chair | Remuneration Committee | Not Delegated |

SCHEME OF DELEGATION LINKED TO STANDING FINANCIAL INSTRUCTIONS

Introduction

This Schedule of additional delegations identifies those specific areas within the Standing Financial Instructions which require additional delegations from the Board, Chief Executive and the Executive Director of Finance and other Officers.

This Schedule should not be read in isolation and needs to be used alongside the full set of Standing Financial Instructions at Schedule 3 of Standing Orders.

The following principles will apply:

- i. Financial limits are at the discretion of the Board;
- ii. Each cost centre must have a single approved budget holder who is accountable for ensuring budgets do not overspend and that expenditure is committed within the Health Board's delegated approved levels as detailed in the budget holder signed Accountability Agreement;
- iii. In an officer's absence, financial limits can be delegated in part or in total either generally or for specific items;
- iv. Directors can assign delegated budget holders with approval limits up to £150k at their discretion
- v. These limits apply to requisition authorisation, which is where the control lies;
- vi. In exceptional circumstances, the Chair may have delegated authority on behalf of the Board, and the use of the delegated authority to the Chair must be included in the minutes of the next meeting of the Board;
- vii. Each Director has the responsibility of cascading the delegation within their area and ensuring that authorised signatories are in place but will remain ultimately accountable for their budget. It may be appropriate for some areas of expenditure to be notified to the Board even if they are within the budget holder's limits.

Responsibility for **authorising** contracts for goods and services, including capital schemes, Service Level Agreements and Memorandum of Understandings, with **non-NHS bodies** are subject to the delegated level of authority as follows:

Financial Delegations

| TIER | FINANCIAL DELEGATION | Authority Delegated to | Oracle Approvers |
|------|--|------------------------|--|
| 0 | Board | Above £1,000,000 | Chief Executive following approval by Board and Welsh Government |
| 1 | Chief Executive | Up to £1,000,000 | Chief Executive |
| 2 | Executive Director of Finance | Up to £500,000 | Executive Director of Finance |
| 3 | Executive Directors | Up to £300,000 | Executive Directors |
| 4 | Senior Officers (<i>not included in tier 3 including Finance Director: Commissioning and Financial Planning; Director of Corporate Governance; Director of Performance and Commissioning; Director of Communications and Engagement; Chief Digital and Information Officer; and Director of Estates and Environment</i>) | Up to £250,000 | Senior Officers (<i>not included in tier 3 including Finance Director: Commissioning and Financial Planning; Director of Corporate Governance; Director of Performance and Commissioning; Director of Communications and Engagement; Chief Digital and Information Officer; and Director of Estates and Environment</i>) |
| 5 | Assistant / Associate / Deputy Directors or Heads of Service | Up to £150,000 | Assistant / Associate / Deputy Directors or Heads of Service |
| 6 | Nominated Budget Holder for specific cost centres | Up to £50,000 | Nominated Budget Holder for specific cost centres |
| 7 | Service Lead or Site / General Manager | Up to £30,000 | Service Lead or Site / General Manager |
| 8 | Contracts Manager or Head of Operations | Up to £25,000 | Contracts Manager or Head of Operations |

1. General Requirements, Overriding Financial Instructions and Financial Provisions and Obligations

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 1A | Health Board's must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have the effect as if incorporated in the Standing Orders (SOs). | 1.1.1 | Board | Director of Corporate Governance working with the Executive Director of Finance to ensure SFIs are in place and agreed by the full Board. |
| 1B | All financial procedures must be approved by the Executive Director of Finance and Audit Committee. | 1.1.3 | Executive Director of Finance Audit Committee | No further delegation |
| 1C | Should any difficulties arise in the interpretation of any of the SFIs then advice of the Board Secretary and Executive Director of Finance should be sought before acting. The users of SFIs should also be familiar with the provisions of the health boards SOs. | 1.1.4 | All Board Members and Officers of the Health Board | Director of Corporate Governance is responsible for ensuring all Board members are aware of this requirement Executive Directors are responsible for ensuring that their teams are aware of this requirement. |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|---|--|
| 1D | Full details of any non-compliance with SFIs and explanation of the reasons for non-compliance to be reported to the Executive Director of Finance and Board Secretary. | 1.2.1 | All Board Members and Officers of the Health Board | <p>Director of Corporate Governance is responsible for ensuring all Board members are aware of this requirement</p> <p>Members of the Executive Committee are responsible for ensuring that their teams are aware of this requirement.</p> |
| 1E | <p>Executive Director of Finance and Board Secretary to refer any matters of non-compliance to the Audit Committee to formally consider the matter.</p> <p>Audit Committee to make proposals to the Board on any action to be taken.</p> | 1.2.1 | <p>Executive Director of Finance/ Director of Corporate Governance</p> <p>Audit Committee</p> | <p>Finance Director: Commissioning and Financial Planning in the absence of the Executive Director of Finance <u>and</u> the Head of Corporate Affairs in the absence of the Director of Corporate Governance.</p> |
| 1F | The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer must ensure that the health board meets its statutory obligation to perform its functions within the available financial resources. | 1.3.1 | <p>Board</p> <p>Chief Executive specifically</p> | <p>No further delegation.</p> <p>Guidance on the responsibility of budget holders is set out later in this document.</p> |

2. Responsibilities and delegation

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 2A | <p>The Board exercises financial supervision and control by:</p> <p>a) Formulating the Medium-Term Financial Plan (MTFP) as part of the Integrated Medium-Term Plan (IMTP);</p> <p>b) Requiring the submission and approval of budgets within approved allocations/overall funding</p> <p>c) Defining and approving essential features in respect of important financial policies, systems and controls (including the need to obtain value for money and sustainability); and</p> <p>d) Defining specific responsibilities placed on Board members and Health Board officers, and Health Board committees and Advisory Groups as indicated in the 'Scheme of delegation' document.</p> | 2.1.1 | Board | <p>Coordination and management of the development of the IMTP - Executive Director of Transformation, Strategic Planning & Commissioning</p> <p>Coordination and development of the MTFP – Executive Director of Finance</p> |
| 2B | Responsibility for the health board's system of internal control. | 2.2.2 | Chief Executive | Executive Directors are responsible for ensuring adequate systems of internal control are in place across their areas of responsibility. |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 2C | It is the duty of the Chief Executive to ensure that Board members, health board officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs | 2.2.3 | Chief Executive | <p>Director of Corporate Governance and Executive Director of Finance are responsible for ensuring all Board members understand their responsibilities.</p> <p>Executive Directors are responsible for ensuring that their teams understand their responsibilities.</p> |
| 2D | <p>The Executive Director of Finance is responsible for:</p> <p>a) Implementing the health board’s financial policies and for coordinating any corrective action necessary to further these policies;</p> <p>b) Maintaining an effective system of internal financial control including ensuring that detailed financial procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;</p> | 2.3.1 | Executive Director of Finance | <p>Finance Director: Commissioning and Financial Planning</p> <p>Finance Director: Commissioning and Financial Planning</p> |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| | <p>c) Ensuring that sufficient records are maintained to show and explain the health board's transactions, in order to disclose, with reasonable accuracy, the financial position of the health board at any time; and</p> <p>d) Without prejudice to any other functions of the health board, Board members and health board officers, the duties of the Executive Director of Finance include:</p> <p>(i) the provision of financial advice to other Board members and health board officers, and health board committees and Advisory Groups,</p> <p>(ii) the design, implementation and supervision of systems of internal financial control, and</p> <p>(iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the health board may require for the purpose of carrying out its statutory duties.</p> | | | <p>Finance Director: Commissioning and Financial Planning</p> <p>No further delegation</p> |
| 2E | The Executive Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to affect these SFIs. | 2.3.2 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 2F | <p>All Board members and health board officers, and health board Committees and Advisory Groups, severally and collectively, are responsible for:</p> <p>a) The security of the property of the health board; b) Avoiding loss; c) Exercising economy, efficiency and sustainability in the use of resources; and d) Conforming to the requirements of SOs, SFIs, Financial Procedures and the Scheme of delegation.</p> | 2.4.1 | All Board members, officers, Committees and Advisory Groups | No further delegation |
| 2G | <p>Any contractor or employee of a contractor who is empowered by the health board to commit the health board to expenditure or who is authorised to obtain income shall be covered by the SFIs. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.</p> | 2.5.1 | Chief Executive | Executive Directors are responsible for ensuring this is understood by contractors working in their area. |

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3. Audit, Fraud and Corruption, and Security Management

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|-----------|--|--|
| 3A | In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. | 3.1.1 | Board | No further delegation. Director of Corporate Governance will support the establishment of the Committee and ensure clear terms of reference are in place. |
| 3B | The Audit Committee will follow the guidance set out in the NHS Wales Audit Committee Handbook. <i>Note: if new or revised guidance is issued in addition to / replacement of the Handbook, the Committee should follow the revised guidance.</i> | 3.1.1 | Chair of Audit Committee | No further delegation. Chair of Audit Committee to be supported by Director of Corporate Governance. |
| 3C | Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control, including the establishment of an effective Internal Audit function. | 3.2.1 (a) | Chief Executive | Director of Corporate Governance |
| 3D | Ensuring that the Internal Audit function meets the required standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer. | 3.2.1 (b) | Chief Executive | Chief Executive to be supported by Director of Corporate Governance Head of Internal Audit |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|-----------|--|--|
| 3E | Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption | 3.2.1 (c) | Chief Executive | Director of Corporate Governance and Executive Director of Finance or Executive Director of People Services and Organisational Development |
| 3F | Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. | 3.2.1 (d) | Chief Executive | Head of Internal Audit and Director of Corporate Governance |
| 3G | The health board's Audit Committee must ensure that a cost-effective external audit service is delivered. | 3.4.1 | Audit Committee | Director of Corporate Governance and Executive Director of Finance to support the Audit Committee. |
| 3H | The Audit Committee should consider the annual audit plan prepared by the external auditors and the associated fees. The Audit Committee should consider material changes to the annual audit plan. | 3.4.3 | Audit Committee | No further delegation. Director of Corporate Governance to ensure review scheduled in to the Committees work programme |
| 3I | The Auditor General's representative should be invited to attend every Audit Committee. | 3.4.4 | Director of Corporate Governance | |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 3J | The health board will provide the Auditor General and his representatives with whatever facilities are necessary to facilities audits, including accommodation and access to IT facilities. | 3.4.7 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 3K | The Chief Executive and Executive Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption. | 3.5.1 | Chief Executive and Executive Director of Finance | No further delegation The Executive Director of Finance will be responsible for regular liaison with Counter Fraud Services |
| 3L | The health board shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist. | 3.5.2 | Board | Executive Director of Finance to put arrangements in place. Audit Committee to review adequacy of arrangements. |
| 3M | Local Counter Fraud Specialist to provide a written report to the Executive Director of Finance and Audit Committee at least annually, on counter fraud work within the health board | 3.5.4 | Local Counter Fraud Specialist | No further delegation. Director of Corporate Governance to ensure report scheduled in to the work programme of the Audit Committee. |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 3N | <p>The health board must participate in the annual National Fraud Initiative.</p> <p>The Audit Committee should consider the health board's participation in additional dataset matching in order to support the detection of fraud across the whole public sector.</p> | 3.5.5 | <p>Executive Director of Finance</p> <p>Audit Committee</p> | Director of Corporate Governance to ensure review scheduled in to the work programme of the Audit Committee. |
| 3O | The Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management. | 3.6.1 | Chief Executive | Executive Director of Finance, with support from relevant Directors. |
| 3P | The Chief Executive has overall responsibility for controlling and co-ordinating security. | 3.6.2 | Chief Executive | Executive Director of Finance, with support from relevant Directors. |

4. Financial Duties

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---------------------------------------|
| 4A | <p>The Executive Director of Finance of the Health Board will:</p> <p>a) Prior to the start of each financial year, submit to the Board for approval a report showing the total allocations received, assumed in-year adjustments and their proposed distribution, including any sums to be held in reserve;</p> <p>b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;</p> <p>c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and</p> <p>d) Regularly update the Board on significant changes to the initial allocation and the application of such funds.</p> | 4.2.4 | Executive Director of Finance | No further delegation |
| 4B | <p>The Chief Executive has overall executive responsibility for the health board's activities and is responsible to the Board for ensuring that it meets its financial duty to breakeven.</p> | 4.2.5 | Chief Executive | Executive Directors |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 4C | The Chief Executive will compile and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan. | 4.3.7 | Chief Executive | Executive Director of Transformation and Strategic Planning |
| 4D | The Board will: <ul style="list-style-type: none"> a) Approve the Integrated Medium-Term Plan (IMTP) prior to the beginning of the financial year of implementation. b) Approve a balanced Medium Term Financial Plan (MTFP) as part of the Integrated Medium-Term Plan, which meets all probity and value for money requirements; and c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the health board plan is not in place or in balance. | 4.3.8 | Board | Performance, Finance and Information Governance Committee and the Planning, Population and Health Partnership Committee will scrutinise the draft IMTP and MTFP and make recommendations to the Board. |
| 4E | The Board approved Integrated Medium-Term Plan will be submitted to the Welsh Government in line with the requirements of the Integrated Planning Framework. | 4.3.9 | Board | Chief Executive on Board's behalf |

5. Financial Management and Budgetary Control

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-------|--|----------|--|--|
| 5A | Prior to the start of the financial year the Executive Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. | 5.1.1 | Executive Director of Finance | No further delegation |
| 5B | Approval and Delegation of budgets | 5.1.1 | Board | No further delegation |
| 5Bi | Approval of annual detailed budget for Directorates within budget approved by Board | Local | Executive and Associate Directors | No further delegation |
| 5Bii | Delegation of budgets to budget holders including ensuring the appropriate documentation is completed and returned to the Finance Directorate | Local | Executive and Associate Directors | No further delegation |
| 5Biii | Authorisation of expenditure above budget | Local | Chief Executive | Reported to Audit Committee See Table 5B (1) below |
| 5C | The Chief Executive may delegate, via the Executive Director of Finance, the management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with Section 33 of the NHS (Wales) Act 2006 (C.42). This delegation must be in writing, in the form of a letter | 5.2.1 | Chief Executive | Executive Director of Finance |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| | of accountability, and be accompanied by a clear definition of: a) The amount of the budget; b) The purpose(s) of each budget heading; c) Individual or committee responsibilities; d) Arrangements during periods of absence; e) Authority to exercise virement; f) Achievement of planned levels of service; and g) The provision of regular reports. | | | |
| 5D | Delegation to include the authority to exercise virement and budget transfers | 5.2.1 | Chief Executive | Executive Director of Finance See Table 5D (1) below |
| 5E | The Chief Executive, Executive Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board. | 5.2.2 | Chief Executive | Executive Director of Finance Budget Holders |
| 5F | Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Executive Director of Finance. | 5.2.4 | Chief Executive <i>[advised by Executive Director of Finance]</i> | No further delegation |
| 5G | All budget holders must provide information as required by the Executive Director of Finance to enable budgets to be compiled and managed appropriately. | 5.2.5 | Budget Holders | No further delegation |
| 5H | All budget holders are required to sign up to their allocated budgets at the start of the financial year. | 5.2.6 | Budget Holders | See Table 5H (1) below |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---------------------------------------|
| 5I | The Executive Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully. | 5.2.7 | Executive Director of Finance | Chief Finance Officers |

Table 5B (1) - Authority to commit resources above expenditure baselines set within delegated budgets

| Ref | Revenue Business Case Value (Total Value) | Approved by: |
|-----|---|---|
| 1 | Up to £0.25m | Chief Executive and Executive Director of Finance All approvals retrospectively reported to Executive Committee |
| 2 | Above £0.25m, up to £0.5m | Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee |
| 3 | Above £0.5m, up to £1.0m | Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee |
| 4 | Above £1.0m | Relevant Executive Director and Executive Director of Finance and then approval by Executive Committee plus the Performance, Finance & Information Governance Committee plus approval by Board and Welsh Government |

Table 5D (1) -Approval of variation of budgets, including authority to vire

| Delegated Authority | Between budget lines | Capital to revenue & vice versa |
|---|---|---|
| Within a department | Budget manager | Executive Director of Finance in liaison with Welsh Government |
| Within a directorate; between departments | Executive Director and Chief Finance Officer | |
| Between directorates: Up to £0.5m | Executive Director of both directorates and the Finance Director – Commissioning and Financial Planning | |
| Between directorates: Above £0.5m, up to £1.0m | Executive Director of both directorates and the Executive Director of Finance or Chief Executive | |
| Between directorates: Above £1.0m | Board | |
| Budget transfers between Reserves and Delegated budgets | Finance Director: Commissioning and Financial Planning | |
| Notification of virement to Directorate of Finance to ensure budget updated | Individual authorising the virement | |

Table 5H (1)

| Delegated Matter | Delegated to: | Agreed by: |
|---|--|---|
| Delegation of the management of defined Revenue budgets to budget holders: i. Revenue budgets for Clinical Directorates ii. Revenue budgets for Corporate Directorates iii. Reserves | i. Budget Holders ii. Budget Holders iii. Finance Director: Commissioning and Financial Planning | i. Executive Directors ii. Executive Directors iii. Executive Director of Finance |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 5J | Monitor financial performance against budget and plans and report the current and forecast position, and financial risks, on a monthly basis and at every Board meeting. Any significant variances should be reported to the Board as soon as they come to light and the Board shall be advised on any action to be taken in respect of such variances. | 5.3.1 | Executive Director of Finance | No further Delegation [Finance Director: Commissioning and Financial Planning <i>supports preparation</i>] |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 5K | Devise and maintain systems of financial management, performance reporting and budgetary control. | 5.3.2 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 5L | <p>Each Budget Holder is responsible for ensuring that:</p> <p>a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;</p> <p>b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;</p> <p>c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.</p> | 5.3.4 | Budget Holders | No further delegation |
| 5M | The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium-Term Financial Plans. | 5.3.5 | Chief Executive | Executive Director of Finance with Executive and Associate Directors |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 5N | All monitoring returns must be supported by a detailed commentary signed by the Executive Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing. | 5.5.2 | Chief Executive and Executive Director of Finance | No further delegation <i>[if not available these are delegated to their deputies]</i> |
| 5O | All information made available to the Welsh Ministers must be made available to the Board. | 5.5.3 | Chief Executive and Executive Director of Finance | Director of Corporate Governance |

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6. Annual Accounts and Reports

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 6A | The Board must approve the health board's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable. | 6.1 | Board | No further delegation The Audit Committee will provide advice and make recommendations. |
| 6B | The Chair and Chief Executive have responsibility for signing the accounts on behalf of the health board. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement. | 6.2 | Chair and Chief Executive Chief Executive | No further delegation No further delegation |
| 6C | Ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers and consistent with Financial Reporting Manual and International Financial Reporting Standards. | 6.3 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 6D | The health board's audited annual accounts must be adopted by the Board at a public meeting and made available to the public. | 6.4 | Board | No further delegation <i>[Director of Corporate Governance responsible for ensuring arrangements for a public meeting are made]</i> |
| 6E | The health board will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The document will comply with the Welsh Government's Manual for Accounts. | 6.5 | Board | Director of Corporate Governance to prepare draft for Board consideration. |

7. Banking arrangements

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 7A | <p>The Executive Director of Finance is responsible for managing the Health Board's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/ Directions issued from time to time by the Welsh Ministers.</p> <p>Health boards are required to use the Government Banking Service (GBS) for its banking services.</p> | 7.1.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 7B | Approval of banking arrangements | 7.1.2 | Board | Audit Committee |
| 7C | <p>The Executive Director of Finance is responsible for:</p> <ul style="list-style-type: none"> a) Establishing bank accounts; b) Establishing additional commercial accounts (exceptionally); c) Establishing separate bank accounts for the health board's non-exchequer funds; d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made; e) ensuring accounts are not overdrawn except in exceptional and planned situations; f) Reporting to the Board all arrangements made with the | 7.2.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| | health board's bankers for accounts to be overdrawn; g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds. | | | |
| 7D | All accounts should be held in the name of the health board. No officer other than the Executive Director of Finance shall open any account in the name of the health board or for the purposes of furthering health board activities | 7.2.2 | Executive Director of Finance | No further delegation |
| 7E | The Executive Director of Finance will prepare detailed instructions on the operation of bank accounts which must include: i) The conditions under which bank accounts are to be operated; ii) Those authorised to sign cheques or other orders drawn on the health board's accounts; iii) Authorised signatories are identified with sufficient seniority, and in the case of e-banking approvers, together with an appropriate approval hierarchy. | 7.3.1 | Executive Director of Finance | i) Finance Director: Commissioning and Financial Planning ii) See Table 7E (1) below |
| 7F | The Executive Director of Finance must advise the Health Board's bankers in writing of the conditions under which each account will be operated. | 7.3.2 | Executive Director of Finance | No further delegation |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 7G | The Executive Director of Finance shall approve security procedures for any cheques issued without a hand-written signature | 7.3.3 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 7H | The Executive Director of Finance will review banking arrangements of the health board at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. | 7.4.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 7I | The results of the review should be reported to the Audit Committee. | 7.4.1 | Executive Director of Finance | Director of Corporate Governance to ensure that such reports go to the Committee. |

Table 7E (1)

| | |
|--|---|
| <p>Day to day operation of bank accounts:</p> <ul style="list-style-type: none"> i. maintain list of approved signatories for manual payments ii. approval to authorise automated payments: <ul style="list-style-type: none"> • accounts payable* • payroll • primary care contractors iii. maintain list of bankline users and authorisers for internet banking transactions | <ul style="list-style-type: none"> i. Finance Director: Commissioning and Financial Planning ii. NHS Wales Shared Services Partnership iii. Finance Director: Commissioning and Financial Planning |
|--|---|

***after confirmation from Head of Financial Control that sufficient funds are available in the bank account**

8. Cash, cheques, Payment Cards and other negotiable instruments

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 8A | <p>The Executive Director of Finance is responsible for:</p> <ul style="list-style-type: none"> a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable; b) Ordering and securely controlling any such stationery with management responsibility given to a duly designated employee; c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines; d) establishing systems and procedures for handling cash and negotiable securities on behalf of the health board; e) Ensuring effective control systems are in place for the use of payment cards; f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation. | 8.1.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 8B | Purchases from petty cash are restricted in value and by type of purchase in accordance with instructions issued by the Executive Director of Finance | 8.2.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

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9. Income, fees and charges

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 9A | Designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due. | 9.2.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 9B | Ensuring that systems are in place for the prompt banking of all monies received. | 9.2.2 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 9C | Approving and regularly reviewing the level of all fees and charges, other than those determined by the Welsh Ministers or by statute (<i>Private patients, overseas visitors, income generation and other related services</i>) | 9.3.1 | Executive Director of Finance | Head of Healthcare Contracting - Finance |
| 9D | All officers must inform the Executive Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions. | 9.3.2 | All Officers of the Health Board | Executive Directors are responsible for ensuring that all their teams are aware of this requirement. Table 9D (1) sets out details of delegations related to fees and charges. |

Table 9D (1)

| Fees and Charges: | Authority Delegated to |
|--|---|
| <p>Service Level Agreements / Contracts with other NHS bodies</p> <p>Agreement to provide services with an annual income value must be approved by the Chief Operating Officer and Director of Performance and Commissioning.</p> <ul style="list-style-type: none"> i. Up to £30,000 ii. Up to £50,000 iii. Up to £150,000 iv. Up to £250,000 v. Between £250,000 and £5 million vi. Between £5 million and £10 million vii. Over £10 million | <ul style="list-style-type: none"> i. Specific Budget Holders as per operational Schemes of Delegation ii. Contracts Manager iii. Director / Head of Service iv. Relevant IHC / Service Director) v. Relevant Executive Director and Finance Director: Commissioning and Financial Planning (following Executive Committee approval) vi. Executive Director of Finance or Chief Executive (following Executive Committee approval) vii. Chief Executive (following approval by the Executive Committee and the Board) |
| <p>Grant Funding Agreements</p> <p>Agreement to receive a grant with a total income value:</p> <ul style="list-style-type: none"> i. up to £75,000 ii. up to £250,000 iii. up to £500,000 | <ul style="list-style-type: none"> i. Assistant Directors Associate / Deputy Directors (Tier 5) ii. Service Directors (Tier 4) iii. An Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) |

| | |
|---|--|
| <ul style="list-style-type: none"> iv. up to £1 million v. over £1 million | <ul style="list-style-type: none"> iv. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) v. Chief Executive (following approval by the Board and Welsh Government) |
| <p>Healthcare Agreements / Contracts with non-NHS bodies Authority to sign Agreement to provide services with a total income value over life of contract (following relevant governance approvals):</p> <ul style="list-style-type: none"> i. up to £75,000 ii. up to £250,000 iii. up to £500,000 iv. up to £1 million v. over £1 million | <ul style="list-style-type: none"> i. Assistant / Associate / Deputy Directors (Tier 5) ii. Service Directors (Tier 4) iii. An Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) iv. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) v. Chief Executive (following approval by the Board and Welsh Government) |
| <p>Individual NHS patient treatment charges outside of Agreements / Contracts</p> <p>Agreement to provide treatment</p> | <p>Executive Director of Finance</p> |
| <p>Private Patients and overseas patients without reciprocal agreements</p> <ul style="list-style-type: none"> i. pricing policy and price structure ii. payment policy, including use of deposits, income guarantees, arrangements with insurance companies | <p>Executive Director of Finance with relevant Director</p> |

| | |
|---|--|
| <p>Commercial sponsorship offers (including funding contributions for staff & non staff costs)</p> <p>Agreement to receive commercial sponsorship or funding (in accordance with the relevant Health Board Policy)</p> | <p>Chief Executive or Executive Director of Finance</p> |
| <p>Commercial and non-commercial research projects and trials</p> <p>Agreement to receive funding:</p> <ul style="list-style-type: none"> i. up to £50,000 ii. £50,000 to £100,000 iii. Over £100,000 | <ul style="list-style-type: none"> i. Executive Medical Director and Director of Finance – Commissioning & Financial Planning ii. Executive Medical Director and Executive Director of Finance iii. Executive Director of Finance (following approval by Executive Committee) |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 9E | The Executive Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place. | 9.4.3 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 9F | Ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to. | 9.4.6 | Chief Executive & Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

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10. Non-Pay expenditure

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 10A | The Chief Executive will approve the level of non-pay expenditure and operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the health board's scheme of delegation | 10.1.2 | Chief Executive | Executive and Service Directors See Table Below for Oracle and non-Oracle requisitions |

ALL DIRECTORATES MUST HAVE A LOCAL / OPERATIONAL SCHEME OF DELEGATION LINKING ACTIVITIES TO THE MAXIMUM DELEGATED LIMITS SET OUT BELOW AT A GRANULAR LEVEL OF APPLICATION WITHIN THEIR SERVICE AREA.

All Financial Limits shown below are inclusive of VAT irrespective of recovery arrangements

| ORACLE REQUISITIONS | Authority Delegated to |
|---------------------|---|
| Up to £25,000 | Nominated Budget Holder for specific cost centres |
| Up to £30,000 | Service Lead or Site / General Manager |
| Up to £50,000 | Contracts Manager or Head of Operations |

| ORACLE REQUISITIONS | Authority Delegated to |
|---------------------|---|
| Up to £150,000 | Assistant / Associate / Deputy Directors or Heads of Service |
| Up to £250,000 | Service Director including Finance Director: Commissioning and Financial Planning |
| Up to £300,000 | Executive Director |
| Up to £500,000 | Executive Director of Finance |
| Up to £1 million | Chief Executive |
| Above £1 million | Chief Executive following approval by the Executive Committee, Board and Welsh Government |

| Expenditure commitments made outside of the ORACLE requisition process | | Authority Delegated to |
|--|----------------|-------------------------------|
| Contracts for HealthCare Services | See Section 12 | See Section 12 |
| Pension Agency Invoices (Injury Benefit/Compensation) | | Executive Director of Finance |

| | | |
|---|---|---|
| <p>Legal costs</p> <p>All claims and defence costs to be supported by formal legal advice</p> | <p>i. Up to £0.5 million ii. Up to £1 million iii. Above £1 million</p> | <p>i. Deputy Director of Legal Services ii. Director of Corporate Governance iii. Chief Executive (following Board approval unless otherwise delegated)</p> |
| <p>Legal Advice Requests</p> | <p>Chief Executive</p> | <p>Director of Corporate Governance (or Deputy Director of Legal Services)</p> <p>List of officers authorised to instruct approved Legal Services will be detailed in the Legal Services Policy</p> |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| 10B | <p>The Chief Executive will set out in the operational scheme of delegation and authorisation:</p> <p>a) The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and</p> <p>b) The maximum level of each requisition and the system for authorisation above that level.</p> | 10.1.3 | Chief Executive | Executive and Service Directors |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 10C | <p>The Executive Director of Finance will:</p> <ul style="list-style-type: none"> a) Advise the Board regarding the thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds would be incorporated in SOs and SFIs; b) Preparation of instructions and guidance on non-pay expenditure; c) Ensure systems of authorisation are in place; d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable; e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices; f) Be responsible for ensuring compliance with the Public Sector Payment policy; g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs; h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures | 10.2.1 | Executive Director of Finance | See Table 10C (1) below for competition requirements for 'Goods and Non-Health Services Only' where there is no suitable procurement framework to source the required item(s) |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 10D | <p>Compliance with the requirements below:</p> <p>a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Executive Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;</p> <p>b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;</p> <p>c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;</p> <p>d) goods have been duly received, examined and are in accordance with specification and order;</p> <p>e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct;</p> <p>f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or LHB officers, other than:</p> <p style="padding-left: 40px;">(i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,</p> <p style="padding-left: 40px;">(ii) Conventional hospitality, such as lunches in the course of working visits;</p> <p>g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director of Finance on behalf of the Chief</p> | 10.3.1 | Budget Holders | <p>Executive Director of Finance to put arrangements to ensure compliance</p> <p>Executive Directors to ensure all budget holders within their Directorate are aware of the requirements</p> |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| | Executive; h) All goods, services, or works are ordered on official orders; i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds; j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase. | | | |
| 10E | The Chief Executive and Executive Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director. | 10.3.2 | Chief Executive Executive Director of Finance | No further delegation |
| 10F | Prepayments should be exceptional and are only permitted where either: <ul style="list-style-type: none"> ▪ The financial advantages outweigh the disadvantages (i.e., cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%); ▪ It is the industry norm e.g., courses and conferences; There is specific Welsh Ministers' approval to do so e.g., voluntary services compact. | 10.6.1 | Executive Director of Finance | Executive Directors |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------------|--|---------------------------------------|
| 10G | In exceptional circumstances prepayments can be made subject to: a) The appropriate Executive Director must provide, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the Health Board if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments; b) The Executive Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the EU public procurement rules where the contract is above a stipulated financial threshold); | 10.6.2 | Executive Director of Finance | Executive Directors |
| 10H | The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered. | 10.6.2 part c) | Budget Holders | No further delegation |
| 10I | Approval for all external consultancy support (total contract value for duration of service) to be approved by Executive Committee. Approvals above £0.5m to also be approved by Board and above £1.0m to be approved by Welsh Government | Local | Executive Committee | As per Table below |

| Consultancy (Total contract value) | Contract to be signed by |
|------------------------------------|--|
| Up to £0.25 million | An Executive Director and Finance Director: Commissioning and Financial Planning (2 to sign) |
| Up to £0.5 million | Executive Director of Finance or Chief Executive |
| Up to £1 million | Chief Executive (following Board approval) |
| Above £1 million | Chief Executive (following approval by Board and Welsh Government) |

Table 10C (1) 'Goods and Non-Health Services Only'

| Goods/Services/Works (Whole Life Cost Contract Value) | Minimum Competition | Lead | Waivers, or exceptions to tender rules |
|---|---|----------------------|--|
| Below £5,000 | Evidence of value for money has been achieved | Budget owners | - |
| £5,000 to £24,999 | Evidence of 3 written quotations | Procurement Services | Executive Director of Finance and NWSSP Procurement Services |

| | | | |
|---|--|----------------------|--|
| £25,000 plus to the prevailing Procurement Act 2023 threshold | Advertised open call for competition. Minimum of 4 tenders received if available | Procurement Services | Single Tender Action authorised by Executive Director of Finance and Chief Executive |
| Over the prevailing Procurement Act 2023 threshold | Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route | Procurement Services | Single Tender Action prohibited |
| Contracts above £1m | Welsh Gov approval required (approval to be obtained at the planning stage) | Procurement Services | - |

Notes:

Total value excluding VAT.

Subject to the existence of suitable suppliers

11. Procurement and contracting for goods and services

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| 11A | The health board shall maintain detailed policies and procedures for all aspects of procurement including tendering and contracting processes. | 11.2.1 | Board <i>[Chief Executive is ultimately responsible]</i> | NWSSP Procurement Services |
| 11B | The Procurement Act 2023 and associated subordinate instruments, the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments, and the Welsh Procurement Policy Notices are the key pieces of legislation which governs public sector procurement in the UK. All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. | 11.3.5 | Executive Directors | Officers of the Health Board |
| 11C | To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers' guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out: a) requirements for, and exceptions to, formal competitive tendering ('Goods and Non-Health Services Only'); b) tendering processes including post tender discussions; | 11.5.1 | Board <i>[Chief Executive is ultimately responsible]</i> | Executive Director of Finance |

| | <p>c) requirements and exceptions to obtaining quotations ('Goods and Non-Health Services Only');</p> <p>d) evaluation and scoring methodologies; and</p> <p>e) approval of firms for providing goods and services.</p> <p>All procurement procedures must comply with all relevant legislation, the Welsh Ministers' guidance and the Health Board's delegation arrangements and approval processes. *</p> | 11.5.2 | | |
|-----|---|----------------------|--|--|
| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
| 11D | <p>The health board shall develop sustainable procurement solutions consistent with the Wellbeing of Future Generations (Wales) Act 2015 (the WBFG Act 2015).</p> <p>The health board is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains.</p> | 11.7.1 11.7.5 | Board | <p>No further delegation</p> <p>Executive Director of Transformation, Strategic Planning and Commissioning – to develop on behalf of Board</p> |
| 11E | <p>The health board shall benchmark its performance in sustainable procurement against the Wellbeing of Future Generations (Wales) Act 2015 (WBFG Act 2015).</p> <p>For all contracts over £25,000, the health board shall take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).</p> | 11.7.6 | Board | Executive Director of Finance |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|--|
| 11F | Minimum thresholds for quotes and competitive tendering arrangements for 'Goods and Non-Health Services' are to be complied with. | 11.10.2 | Executive Director of Finance | All Officers of the Health Board See Table 10(C)1 |
| 11G | <p>In exceptional circumstances it may be necessary to secure goods/services/works from a single supplier. In these circumstances a Single Quote / Tender Application (Waiver) must be completed. The Executive Director of Finance must approve such applications up to £25,000; the Chief Executive or designated deputy, and Executive Director of Finance, are required to approve applications exceeding £25,000.</p> <p>This requirement for a Single Quote / Tender Application (Waiver) applies even if the award is a Single Supplier Direct Award under a 'procurement framework'.</p> | 11.13 | Executive Director of Finance | No further delegation |
| 11H | The relevant budget holder shall oversee and manage each contract on behalf of the health board so as to ensure that obligations on delivery of business and operational objectives, and achieving value for money, are met | 11.16.1 | Budget Holders | No further delegation |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 11I | <p>The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the health board. In so doing, the health board's approved catalogue shall be used.</p> <p>Where a required item is not included within the catalogue, advice must be sought from procurement services.</p> | 11.18.1 | Budget Holders | All individuals authorised to requisition items |
| 11J | Where a required item is not included within the catalogue or on a framework contract, the budget manager shall request procurement services to undertake quotation / tendering exercises ('Goods and Non-Health Services Only') on their behalf. | 11.18.2 | Budget Holders | All individuals authorised to requisition items |
| 11K | All orders for goods ('Goods and Non-Health Services Only') and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number. | 11.18.3 | Budget Holders | All individuals authorised to requisition items |

****Current delegated limit for contracts before requiring Ministerial approval is £1m***

12. Health Care Agreements and Contracts for Health Care Services

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|---------|--|-----------------------------|--|---|
| 12A | <p>The Chief Executive is responsible for ensuring the health board enters into suitable Health Care Agreements, or Individual Patient Commissioning Agreements, where appropriate for the provision of health care services from external providers.</p> <p>All agreements must be in accordance with the functions conferred on the Health Board by the Welsh Ministers.</p> | <p>12.1.1</p> <p>12.1.3</p> | Chief Executive | See Table 12A (1) – 12A (11) below |
| 12A (i) | All Continuing Health Care Pre-Placement Agreements (PPA) are to be approved by the Chief Executive | Local | Chief Executive | No further delegation |
| 12B | The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all Health Care Agreements with external providers. | 12.3 | Chief Executive | <p>Executive Director of Finance and Director of Performance and Commissioning</p> <p>Director of Corporate Governance to ensure that such reports are built in to work programmes.</p> |

| | Agreements for the purchase of services | Authority delegated to |
|--------------------|--|---|
| <p>12A (1)</p> | <p>Long Term Agreements / Contracts with other NHS bodies</p> <p>Approval and Signing of the Long-Term Agreements (annual renewal of contracts).</p> <p>New agreements / contracts, or any variations to agreement / contracts, are to be approved as per section 12A (2) below</p> | <p>Annual contract schedule approved via annual budget approval process</p> |
| <p>12A (2)</p> | <p>Service Level Agreements / Contracts with other NHS bodies</p> <p>Agreement to purchase services with an annual value must be approved by the Chief Operating Officer and Director of Performance and Commissioning.</p> <ul style="list-style-type: none"> i. up to £30,000 ii. up to £50,000 iii. up to £150,000 iv. up to £250,000 v. between £250,000 and £5 million vi. between £5 million and £10 million vii. above £10 million | <ul style="list-style-type: none"> i. Specific Budget Holders as per operational Schemes of Delegation ii. Contracts Manager iii. Directors / Heads of Service iv. Relevant IHC / Service Director v. Relevant Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) vi. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) vii. Executive Director of Finance or Chief Executive (following approval at Executive Committee and the Board) <p>All new contracts or variations over £1 million to be retrospectively reported to Board.</p> |

| | Agreements for the purchase of services | Authority delegated to |
|--------------------|---|--|
| <p>12A (3)</p> | <p>Healthcare Agreements / Contracts with non-NHS bodies (Private / 3rd Sector / Grants / Primary Care / Local Authorities)</p> <p>Agreement to purchase services with a total contract value over life of contract must be approved by the Executive Director (Tier 3) and Executive Director of Finance (Tier 2)</p> <ul style="list-style-type: none"> i. up to £75,000 ii. up to £150,000 iii. up to £250,000 iv. between £250,000 and £500,000 v. between £500,000 and £1 million vi. above £1 million (contract on framework) vii. above £1 million (not under any framework) | <ul style="list-style-type: none"> i. Assistant Directors ii. Associate / Deputy Directors iii. Service Directors iv. Relevant Executive Director and Finance Director: Commissioning and Financial Planning (following approval by the Executive Committee) v. Executive Director of Finance or Chief Executive (following approval by the Executive Committee) vi. Chief Executive (following approval at Executive Committee, PFIG and the Board) vii. Chief Executive (following approval at Executive Committee, PFIG and the Board and from Welsh Government) <p>Welsh Government approval required in advance of contract planning</p> |

| | Agreements for the purchase of services | Authority delegated to |
|--------------------|--|---|
| <p>12A (4)</p> | <p>Individual Continuing Health Care (CHC) Placements/Packages - Authorisation of individual placements/packages following recommendation from the 'Local' CHC Panel. For placements above £200,000 per annum, recommendation is required from the Complex, Value for Money and High Risk CHC Panel</p> <p>APPROVAL REQUIREMENTS EXCLUDES 'FAST TRACK' PROCESS AS PER THE WALES NATIONAL FRAMEWORK</p> <p>Agreement to purchase services with an annual value:</p> <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £200,000 iii. Between £200,000 and £1 million iv. Above £1 million | <ul style="list-style-type: none"> i. Service Director and Chief Operating Officer ii. Chief Operating Officer and Executive Director of Finance iii. Executive Director of Finance (following approval at Executive Committee) iv. Chief Executive (following approval at Executive Committee and Board) |
| <p>12A (5)</p> | <p>Individual Patient Commissioning Agreements (for example, Mental Health Out of Area Placements)</p> <p>Agreement to purchase services with an annual value:</p> <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £250,000 iii. Between £250,000 and £1 million iv. Above £1 million | <ul style="list-style-type: none"> i. Service Director and Chief Operating Officer ii. Chief Operating Officer and Executive Director of Finance iii. Executive Director of Finance (following approval at Executive Committee) iv. Chief Executive (following approval at Executive Committee and Board) |

| | Agreements for the purchase of services | Authority delegated to |
|--------------------|--|---|
| 12A (6) | <p>NHS Funded Nursing Care (FNC)</p> <ul style="list-style-type: none"> i. Authorisation of individual placements/packages following recommendation from a Nurse Assessor ii. Agreement of changes to annual standard rates | <ul style="list-style-type: none"> i. IHC Director/Relevant Service Director (Tier 4) ii. Board (following recommendation from Executive Committee) |
| 12A (7) | <p>Individual Patient Funding Requests (IPFR) - Authorisation of individual agreements following recommendation from the IPFR Panel:</p> <ul style="list-style-type: none"> i. Up to £125,000 ii. Between £125,000 and £299,000 iii. Between £300,000 and £1 million iv. Above £1 million | <ul style="list-style-type: none"> i. Chair and Vice-chair of BCUHB IPFR Panel ii. Chief Executive iii. Wales IPFR Panel iv. Welsh Government |
| 12A (8) | <p>Primary Care Contracts – General Medical Services (excluding enhanced services)</p> <ul style="list-style-type: none"> i. Approval and Signing of the GMS contracts with practices ii. Variations to the Agreement iii. Payments under the contracts | <ul style="list-style-type: none"> i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP |
| 12A (9) | <p>Primary Care Contracts – General Medical Services (Enhanced services)</p> <ul style="list-style-type: none"> i. Approval and Signing of agreements to provide Enhanced services ii. Variations to the Agreement iii. Payments under the Agreements | <ul style="list-style-type: none"> i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP |

| | Agreements for the purchase of services | Authority delegated to |
|---------------------|---|--|
| 12A (10) | Primary Care Contracts – General Dental Services i. Approval and Signing of the GDS contracts with practices ii. Amendments to the Agreement iii. Payments under the contracts | i. Authority delegated as per Table 12A (3) ii. Authority delegated as per Table 12A (3) iii. Delegated to NWSSP |
| 12A (11) | Primary Care Contracts – Pharmaceutical Services (including enhanced and advanced services) i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services | i. Delegated to NWSSP ii. Authority delegated as per Table 12A (3) |
| 12A (12) | Primary Care Contracts – General Ophthalmic Services i. Payments under the contracts or enhanced service agreements ii. Approval and signing of agreements to provide enhanced services | i. Delegated to NWSSP ii. Authority delegated as per Table 12A (3) |
| 12A (13) | Providing services jointly with Local authorities under Section 32 and 33 of NHS (Wales) Act 2006. i. Approval and Signing of the pooled budget arrangements ii. Amendments to the Agreement | As per Table 12A (3) above |

13. Grant funding

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| 13A | Maintaining detailed policies and procedures for all aspects of grant funding- i.e., awarding of grants. Where appropriate these should comply with the Welsh Government's Code of Practice to funding the third sector. | 13.2.1 | Board <i>[Chief Executive is ultimately responsible]</i> | Executive Director of Finance |
| 13B | Health Boards are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules. | 13.4.3 | Board <i>[Chief Executive is ultimately responsible]</i> | Executive Director of Finance |
| 13C | Health Boards are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). | 13.4.4 | Board <i>[Chief Executive is ultimately responsible]</i> | Executive Director of Finance |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|-----------------------------|--|---------------------------------------|
| 13D | <p>The health board must enter into legally binding funding agreements</p> <p>The health board is responsible for ensuring that all third-party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.</p> | <p>13.4.5</p> <p>13.4.6</p> | <p>Board</p> <p><i>[Chief Executive is ultimately responsible]</i></p> | <p>Executive Director of Finance</p> |

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14. Pay expenditure

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|---|--|
| 14A | In accordance with SOs the Board shall establish a Remuneration Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. | 14.1.1 | Board | Director of Corporate Governance to ensure Committee in place |
| 14B | <p>The Remuneration Committee shall report in writing to the Board the basis for its recommendations.</p> <p>The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers.</p> <p>Minutes of the Board's meetings should record such decisions.</p> | 14.1.2 | <p>Remuneration Committee Chair</p> <p>Board</p> <p>Chair supported by Director of Corporate Governance</p> | <p>Director of Corporate Governance to ensure reports from the Committee go to the Board</p> <p>No further delegation</p> <p>No further delegation</p> |
| 14C | The Board will, after due consideration and amendment, if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee. | 14.1.3 | Board | People and Culture Committee |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|------------|--|----------|--|---|
| 14D | The workforce plans incorporated within the approved Integrated Medium-Term Plan will form the funded establishment, i.e., the budget for all approved posts. | 14.2.1 | Board to approve | Executive Director of People and Organisational Development All Executive Directors to contribute |
| 14E | The funded establishment of any department may not be varied without the approval of the Chief Executive or an officer with delegated authority. | 14.2.2 | Chief Executive | Executive Director of People and Organisational Development and Executive Director of Finance |
| 14F | No Board member or health board official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive. | 14.3.2 | Chief Executive | Executive Director of People and Organisational Development and Executive Director of Finance |
| 14F (i) | Agree acting up salaries for staff a) Staff up to Band 9, within budget. b) Staff Band 9 and above excluding Executive Directors c) Interim Executive Directors | Local | Chief Executive | a) Service Director (Tier 4) supported by Local People Services Team b) Chief Executive c) Remuneration Committee |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 14G | Procedures to be presented by the Chief Executive for Board approval for the determination of commencing pay rates, condition of service, etc. for employees in accordance with pay, terms and conditions set out in Agenda for Change and other pay review bodies. | 14.4.1 | Chief Executive | Executive Director of People and Organisational Development |
| 14H | The Executive Director of People and Organisational Development has responsibility for securing an efficient, well controlled payroll service. | 14.5.1 | Executive Director of People and Organisational Development | No further delegation |
| 14I | The Executive Director of People and Organisational Development is responsible for: a) The control framework and detailed procedures which are in place to: <ul style="list-style-type: none"> • ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments, • reduce the risk of fraud and error within the payroll function. b) Specifying timetables for submission of properly authorised time records and other notifications; | 14.5.2 | Executive Director of People and Organisational Development | No further delegation |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| | <p>c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;</p> <p>d) Agreeing the timing and method of payment with the payroll service;</p> <p>e) Authorising the release of payroll data where in accordance with the applicable Data Protection Legislation;</p> <p>f) Verification and documentation of data;</p> <p>g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;</p> <p>h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;</p> <p>i) Security and confidentiality of payroll information;</p> <p>j) Checks to be applied to completed payroll before and after payment; and</p> <p>k) A system to ensure the recovery from those leaving the employment of the Health Board of sums of money and property due by them to the Health Board.</p> | | | |
| 14J | <p>The Chief Executive is responsible for:</p> <p>a) Ensuring that any shared or hosted service arrangement is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and audit review procedures;</p> <p>b) Ensuring a sound system of internal control and audit review of any internally provided payroll service;</p> | 14.5.3 | Chief Executive | <p>a) Director of Corporate Governance</p> <p>b) Finance Director: Commissioning and Financial Planning</p> |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| | c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts. | | | c) Finance Director: Commissioning and Financial Planning |
| 14K | <p>Appropriately nominated managers have delegated responsibility for:</p> <p>a) Submitting time records, and other notifications in accordance with agreed timetables;</p> <p>b) Completing time records and other notifications in accordance with the Service Level Agreements; and</p> <p>c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement.</p> <p>Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director of People and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Executive Director of Finance.</p> | 14.5.4 | Line Managers | No further delegation |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---------------------------------------|
| 14L | Ensuring that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and dealing with variations to, or termination of, contracts of employment | 14.6.1 | Executive Director of People and Organisational Development | No further delegation |

| | |
|---|--|
| <p>Approve departure under compromise agreement (VERs)</p> <ul style="list-style-type: none"> ○ Up to £50k (i & ii) ○ Above £50k (i, ii & iii) | <p>i. All applications to be approved by Executive Director of People and Organisation Development, Chief Executive and Executive Director of Finance.</p> <p>ii. All applications also need to be approved by the Remuneration Committee</p> <p>iii. Any VER payments over £50k also need to be approved by Welsh Government.</p> |
| Approve redundancy | Chief Executive and Executive Director of Finance and Remuneration Committee (subject to any Welsh Government approval mechanisms) |
| Approve departure under compromise agreement (other than VERs) | Executive Director of People and Organisation Development (subject to any Welsh Government approval mechanisms), Chief Executive and Executive Director of Finance |

***Note: Any agreements that are deemed contentious to be referred to Remuneration Committee**

15. Capital Plan, Capital Investment, Fixed Asset Registers and Security of Assets

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 15A | <p>The Chief Executive is responsible for:</p> <ul style="list-style-type: none"> (i) ensuring that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans; (ii) the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost; (iii) ensuring that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received; (iv) ensuring that the three-year Capital Plan and detailed annual Capital Programme is approved by the Board, as part of the IMTP, prior to the commencement of the financial year; (v) ensuring the availability of resources to finance all revenue consequences of the investment, including capital charges; and (vi) ensuring that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. | 15.4.1 | Chief Executive | <ul style="list-style-type: none"> (i) Executive Director of Transformation and Strategic Planning (ii) Director of Environment and Estates (iii) Executive Director of Finance (iv) Executive Director of Transformation and Strategic Planning (v) Executive Director of Finance (vi) Director of Environment and Estates |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 15B | <p>For every capital expenditure proposal, the Chief Executive shall ensure:</p> <p>a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;</p> <p>b) That the Executive Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate Health Board personnel and external agencies in the process.</p> | 15.4.2 | Chief Executive | Executive Director of Finance |
| 15C | For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance. | 15.4.3 | Chief Executive | Director of Environment and Estates and Executive Director of Finance |
| 15D | <p>The Chief Executive shall issue to the manager responsible for any scheme:</p> <p>a) Specific authority to commit expenditure;</p> <p>b) Authority to proceed to tender;</p> <p>c) Approval to accept a successful tender.</p> | 15.4.5 | Chief Executive | Executive Director of Finance |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|---------|---|----------|---|--|
| 15D(i) | Professional advice on recoverable VAT is to be sought on all major Capital Expenditure Programmes. Advice to be sought for the conclusion of each project decision gateway to validate assumptions included within the Business Cases and Plans. | Local | Executive Director of Finance | Head of Capital Finance |
| 15D(ii) | Any movement in contract retention values included in the original contract conditions and award criteria are to be approved by the Executive Committee (unless otherwise delegated) | Local | Executive Committee (unless otherwise delegated) | As delegated by Executive Committee |
| 15E | The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the health board's SOs. | 15.4.6 | Chief Executive <i>[with advice from Executive Director of Finance]</i> | See below Table 15E (1) Detailed procedures are contained in the Health Board's Capital Manual |

Table 15E (1) - Capital Schemes funded by Discretionary Allocation

| Discretionary Capital Programme Approvals | | Gross Expenditure on Whole Project | |
|--|---|---|--|
| Approval / Sign Off by: | Initial Annual Discretionary Programme | New Approvals Schemes under £500k | Scheme over £500K to £1m |
| Strategic Planning and Service Change Group (SPSC) | | | Agree project mandate and priority |
| Tier 4 | Sign Abbreviated Business Case up to £50K | Sign Abbreviated Business Case up to £50K | - |
| Tier 3 or 4 | Sign Abbreviated Business Case over £50K | Sign Abbreviated Business Case over £50K | Sign Abbreviated Business Case and Business Justification Case |
| Executive Director / Senior Responsible Officer (Tier 3 or 4) | - | - | Sign Business Justification Case |
| Executive Director of Finance (Tier 3) | - | - | Review and agreement |
| Capital Investment Group (CIG) | Recommend | Recommend | Recommend |
| Strategic Planning and Service Change Group (SPSC) | Recommend for onward consideration for board governance | Approve | Approve Business Justification Case |
| Performance, Finance and Information Governance Committee (PFIG) | Recommend | - | - |
| Health Board | Approve | - | - |

Capital Schemes funded by Welsh Government

Strategic Planning and Service Change Group (SPSC) considers overall priorities and project mandates in advance of submission to Welsh Government for consideration (Executive approval required). For all-Wales capital schemes, the nature of the business case will be determined in discussion with Welsh Government.

| Scheme under £1m | Scheme over £1m |
|---|---|
| Executive Committee considers overall priorities and project mandates (unless otherwise delegated) | |
| ↓ | ↓ |
| Scoping document submitted to Welsh Government (WG) followed by a scoping meeting with WG to jointly sign off | Scoping document submitted to WG followed by a scoping meeting with WG to jointly sign off |
| ↓ | ↓ |
| Business Justification Template signed off by lead Senior Responsible Officer and Executive Director | Strategic Outline Case signed off by Strategic Planning and Service Change Group (SPSC), Performance, Finance and Information Governance (PFIG) Committee and the Board |
| ↓ | ↓ |
| Capital Investment Group Recommend | Outline Business Case signed off by Executive Committee, PFIG Committee and the Board |
| ↓ | ↓ |
| Strategic Planning and Service Change Group Approve | Full Business Case signed off by Executive Committee, PFIG Committee and the Board |
| ↓ | ↓ |
| Submission to WG for approval | Final approval required from WG at each stage of Business Case process |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|---|--|
| 15F | The Executive Director of Transformation & Strategic Planning and Executive Director of Finance shall issue detailed procedures governing the project, financial management including variations to contract, of capital investment projects and valuation for accounting purposes. | 15.4.7 | Executive Director of Transformation & Strategic Planning and Executive Director of Finance | See Table 15F (1) below |
| 15G | The Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure. | 15.4.7 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 15H | Approval for any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and Third-party Developments, without the consent of the Welsh Ministers. | 15.5.1 | Welsh Ministers | No further delegation |

Table 15F (1)- Capital orders and payment authorisation

ALL CAPITAL SCHEMES TO BE APPROVED AS PER TABLE 15E (1)

Leases over £250,000 are to be approved by the Executive Committee and reported to Performance, Finance and Information Governance (PFIG) committee.

| Delegated authority | Variations to Discretionary Schemes | Variations to Capital Schemes funded by WG (within Approved Sum) * | Financial monitoring and reporting responsibility | Enter lease arrangement (all types) total value** |
|---------------------|--|--|---|--|
| Up to £75k | Head of Capital | Head of Capital | Head of Capital | Executive Director (Tier 3 or 4) and the Executive Director of Finance |
| Up to £250k | Director of Environment and Estates | Director of Environment and Estates | Director of Environment and Estates | Executive Director (Tier 3 or 4) and the Executive Director of Finance |
| Up to £500k | Executive Director of Finance | Executive Director of Finance | Executive Director of Finance | Executive Director of Finance (following approval by the Executive Committee) |
| Up to £1 million | Chief Executive | Chief Executive | Chief Executive | Chief Executive (following approval by the Executive Committee) |
| Above £1 million | Board and Welsh Government (following consideration by PFIG) | Board and Welsh Government | Board and Welsh Government | Chief Executive (following approval by the Executive Committee, PFIG, Board and Welsh Government) |

***Any variations to Capital Schemes funded by Welsh Government that exceed the approved sum require further approval from WG**

****All property leases are to be signed under Seal**

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|-----------------|--|--|
| 15I | <p>The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Executive Director of Transformation & Strategic Planning and Executive Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.</p> <p>The Health Board shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance.</p> <p>Additions to the fixed asset register must be clearly identified to the delegated budget holder and be validated by reference to appropriate documentation.</p> | 15.6.1 – 15.6.3 | Chief Executive | Executive Director of Finance |
| 15J | <p>The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in ledgers against balances on fixed asset registers.</p> | 15.6.5 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---------------------------------------|
| 15K | The overall control of fixed assets is the responsibility of the Chief Executive. | 15.7.1 | Chief Executive | Executive Director of Finance |
| 15L | All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Executive Director of Transformation & Strategic Planning and Executive Director of Finance. | 15.7.3 | Executive Director of Finance, with support from relevant Directors. | Officers of health board |
| 15M | Approval of routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures. | 15.7.4 | Board All officers of health board | No further delegation |

16. Stores and receipt of goods

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 16A | <p>i) overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive.</p> <p>(ii) The control of any pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager</p> <p>(iii) the control of any fuel, oil and coal shall be the responsibility of a designated Estates Manager.</p> | 16.2.1 | Chief Executive | <p>Executive Director of Finance</p> <p>Chief Pharmacist</p> <p>Director of Environment and Estates</p> |
| 16B | The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property. | 16.2.2 | Executive Director of Finance | Service Directors |
| 16C | Stocktaking arrangements shall be agreed with the Executive Director of Finance and there shall be a physical check covering all items in store at least once a year. | 16.2.4 | Executive Director of Finance | Direct to Operational Services |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| 16D | Where a complete system of stores control is not justified, alternative arrangements shall require the approval of the Executive Director of Finance | 16.2.5 | Executive Director of Finance | No further delegation |
| 16E | <p>For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store.</p> <p>The authorised person shall check receipt against the delivery note before forwarding this to the Executive Director of Finance or authorised officer who shall satisfy themselves that the goods have been received before accepting the recharge.</p> | 16.3.1 | Chief Executive | Executive Director of Finance |

17. Disposals and condemnations, losses and special payments

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 17A | The Executive Director of Finance must prepare detailed procedures for the disposal of assets, including condemnations, and ensure that these are notified to managers. | 17.1.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 17B | All unserviceable assets shall be condemned or otherwise disposed of by an officer authorised for that purpose by the Executive Director of Finance. The assets should be recorded on a form indicating whether they are to be converted, destroyed or otherwise disposed of. The form should be countersigned by a second officer authorised for that purpose by the Executive Director of Finance | 17.1.3 | Executive Director of Finance | Following advice from appropriate heads of service (e.g. IM&T, Estates, etc.) items with original value obsolete, obsolescent, redundant, irreparable or cannot be repaired cost effectively may be condemned or otherwise disposed of in accordance with the delegations set out in Table 17B (1) |

Table 17B (1)

| Asset value: | Approved by: |
|---|---|
| With current/estimated purchase price <£499 | Budget Manager |
| with current purchase new price >£500 < £5000 | Relevant Executive Director |
| With current purchase new price > £5,000 < £250,000 | Executive Director of Finance following approval by the Executive Committee |
| With current purchase new price > £250,000 | Performance, Finance and Information Governance (PFIG) Committee |
| Disposal of property or land (all values) | Board and Welsh Government |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|------------|--|-----------------|---|--|
| 17C | The Executive Director of Finance shall ensure procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses and special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts. | 17.2.2 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 17D | The Executive Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write off' action is recorded on the system. | 17.2.8 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |
| 17E | The Audit Committee shall approve the writing off of losses or the making of special payments within delegated limits determined by Welsh Ministers and as set out in Schedule 3 of the SOs. | 17.2.9 | 17.2.9 | See Table 17E (1) Below |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 17F | The Executive Director of Finance shall ensure that all losses and special payments are reported to the Audit Committee at every meeting | 17.2.13 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning / Director of Corporate Governance |

Table 17E (1)

| | |
|--|--|
| Ratify fruitless payments (including abandoned Capital Schemes) | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £250,000 | Chief Executive and Executive Director of Finance |
| Above £250,000 | Chief Executive, Executive Director of Finance and Welsh Government (following Executive Committee approval) |

| | |
|---|--|
| Ratify payment for clinical negligence and personal injury claims where legal advice has been obtained and guidance applied (negotiated settlements) * | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £500,000 | Deputy Director for Legal Services |
| Up to £1 million | Director of Corporate Governance |
| Above £1 million | Chief Executive (following Board approval unless otherwise delegated) and Welsh Government |
| Other clinical negligence and personal injury claims where legal advice has not been obtained | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Director of Corporate Governance |
| Above £50,000 | Welsh Government |
| Authority to write off losses and authorise special payments for bad debts and claims abandoned - private patients, overseas visitors and others. | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Chief Executive or Executive Director of Finance |

| | |
|--|--|
| Above £50,000 | Welsh Government |
| Authority to write off damage to buildings, fittings, furniture and equipment, loss of equipment and property in stores and in use due to culpable causes (e.g., fraud, theft, arson) or other. | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Chief Executive or Executive Director of Finance |
| Above £50,000 | Welsh Government |
| Authorise compensation payments made under legal obligation (excluding Clinical Negligence and Personal Injury) | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £500,000 | Deputy Director for Legal Services |
| Up to £1 million | Director of Corporate Governance |
| Above £1 million | Chief Executive (following Board approval unless otherwise delegated) and Welsh Government |

| | |
|---|---|
| Authorise extra contractual payments to contractors. | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Chief Executive or Executive Director of Finance |
| Above £50,000 | Welsh Government |
| Authorise ex-gratia payments to patients and staff for the loss of personal effects | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Chief Executive or Executive Director of Finance |
| Above £50,000 | Welsh Government |
| Authority to write off Losses of cash due to theft, fraud, overpayment of salaries, wages, fees and allowances | <i>Audit Committee to regularly receive Schedule of Losses and Special Payments</i> |
| Up to £50,000 | Chief Executive and Executive Director of Finance |
| Above £50,000 | Welsh Government |

*** For all clinical negligence and personal injury cases (including Court cases) the use of structured settlements should be considered involving costs to the NHS of £250,000 or more.
All structured settlements require approval from the Welsh Government H&SSG Director of Finance**

18. Digital, Data and Technology

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 18A | The health board shall publish and maintain a Freedom of Information (FOI) publication scheme, or adopt a model publication scheme approved by the Information Commissioner. | 18.1.2 | Board | Chief Digital and Information officer |
| 18B | The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of digital systems and data. | 18.2.1 | Chief Digital and Information officer | No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian |
| 18C | The Executive Director of Finance shall ensure that new financial data and systems, and amendments to current financial systems, are developed in a controlled manner and thoroughly tested prior to implementation. | 18.3.1 | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---|
| 18D | <p>The responsible Director for Digital Data and Technology has responsibility for ensuring that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for the</p> <ul style="list-style-type: none"> i) security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage; ii) availability of the service including resilience for continuity. <p>The contract should also ensure rights of access for audit purposes.</p> | 18.4.1 | Chief Digital Information Officer | No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian |
| 18E | <p>Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall periodically seek assurances that adequate controls are in operation.</p> | 18.4.2 | Chief Digital Information Officer | No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|--------------------------------|--|---|
| 18F | The responsible Director for Digital Data and Technology has responsibility for ensuring that the risks to the health board arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including business continuity and disaster recovery plan. | 18.5.1 | Chief Digital Information Officer | No Delegation other than responsibilities for security of patient data is delegated to the Executive Medical Director in their role of Caldicott Guardian |
| 18G | All purchases of hardware and software must be undertaken in line with agreed IT policies, Procedures and contractual arrangements. | Requirement in support of SFIs | All Officers | |
| 18H | No purchase or installation may be made of IT software whether new or upgrades to existing systems other than via the IT department | Requirement in support of SFIs | All Officers | |

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|--------------------------------|--|---------------------------------------|
| 18I | Purchases of routine desktop hardware should be procured via health board contracts. Purchasing of servers should always be via IT | Requirement in support of SFIs | All Officers | |

DRAFT FOR BOARD

19. Patients' property

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|---|
| 19A | Ensuring patients or their guardians are informed before or at admission, that the health board will not accept responsibility or liability for patients' property brought into Health Service premises, unless it is handed in for safe custody and a copy of an official patients' property record is obtained as a receipt | 19.2.1 | Chief Executive Officer | Service Directors |
| 19B | Provide detailed written instructions on the collection, custody, investment, recording, safekeeping and disposal of patients' property | 19.3.1 | Executive Director of Finance | Service Directors |
| 19C | Issuing property valued >£5,000 only on production of a probate letter of administration | Local | Executive Director of Finance | Finance Director: Commissioning and Financial Planning |

20. Funds Held on Trust (Charitable Funds)

The Health Board's Charitable Funds are managed through the registered charity with the Charity Commission (known as Awyr Las) and through the Charitable Funds Committee and its formal Trustee status

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|--|----------|--|---------------------------------------|
| 20A | The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of funds are to be taken and by whom | 20.2.2 | Board | See Table 20A (1) below |
| 20B | Fundraising Appeals – Preparation/Monitoring/Reporting progress and performance | Local | Executive Director of Finance | Head of Fundraising |
| 20C | Legacies - Authority to accept the discharge of a donor's estate | Local | Executive Director of Finance | Not delegated |

Table 20A (1) Access to Charitable Funds

| Delegated authority | Approve expenditure from charitable funds |
|---|---|
| (i) Approval and setting up of designated Fund Advisors for new funds. (ii) Approval of changes to Fund Advisors | (i) Head of Fundraising with advice from relevant Director (ii) Head of Fundraising with advice from relevant Director |

| | |
|--|--|
| Expenditure requests for Charitable funds | To be submitted to Charity Team for initial review |
| Up to £5,000 (non-contentious) * | Designated Fund Advisors subject to confirmation from the Assistant Financial Accountant - Charitable Funds that sufficient funds are available and expenditure complies with Charity guidelines |
| Over £5,000 (and under £5,000 if deemed contentious) * | Charitable Funds Committee |

****The term “contentious” refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives as detailed in ‘Your Charity Procedures’.***

Investment of Charitable Funds

| Investments Authority | |
|---|---|
| Investment of funds | |
| i. Decision on nature and value of investment | i. Charitable Funds Committee with guidance from Executive Director of Finance |
| ii. Placing of investment | ii. Charitable Funds Committee with guidance from Executive Director of Finance and appointed investment managers |

*****The term “investment” refers to stocks, shares, bonds, property, unit funds or other instruments derived to generate a rate of return and/or valuation gains, other than interest bearing bank accounts***

21. Retention of Records

| Ref | SFI requirement | SFI Ref. | Accountability for deliver and compliance with the SFI sits with | Related responsibilities delegated to |
|-----|---|----------|--|--|
| 21A | The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of information Act 2000 (c.36). | 21.1.1 | Chief Executive | Chief Digital and Information officer / Executive Medical Director |
| 21B | Approval for the destruction of records | Local | Chief Executive | Chief Digital and Information officer / Executive Medical Director |

| Description | Specific | More information | Welsh Government | Board | Performance, Finance and Information Governance (PIIG) Committee | Executive Committee | Strategic Planning and Service Change Group | Charitable Funds Committee | Capital Investment Group (CIG) | Chief Executive | Executive Director of Finance | AN Executive Director and the Executive Director of Finance | AN Executive Director and the Executive Director of Finance | Chief Operating Officer | Executive Medical Director | Executive Directors | Finance Director, Commissioning and Strategic Planning | Other Officers as delegated by Executive Directors | Notes |
|--|--|---------------------------------------|------------------|-------|--|---------------------|---|---|--------------------------------|---|---------------------------------------|---|---|-------------------------|--|---------------------|--|---|---|
| | | | | | | | | | | | | | | | | | | | |
| Ex-gratia payments | Ex-gratia payments are payments which a Health Body is not obliged to make or for which there is no statutory cover or legal liability. These limits are for ex-gratia payments for personal effects / property claims relating to both patients and staff | Losses and Special Payments Procedure | £50k+ | | | | | | | Up to £50k | Up to £50k | | | | | | | | |
| New Drugs | Value based on annual costs after relevant approval | | | £1m+ | | | | | | Up to £1m following relevant approval | Up to £1m following relevant approval | | | | Up to £1m following relevant approval | | | Up to £0.5m following relevant approval | For new drugs and the commitment to expenditure after year one of the treatment fund arrangements, the approval process is as follows: a) NICE Implementation Group, onwards to b) Drugs and Therapeutics Group (DTG), onwards to c) Senior Leadership Team for approval up to £0.5m, onwards to d) Executive Director of Finance, Executive Medical Director or Chief Executive for approval up to £1m e) Board approval for £1m+ |
| Procurement Waivers - Single Tender/Quotation Action | Goods and services should be procured through fair and open competition to secure value for money and ensure propriety and regularity. However, there may be situations where it is more appropriate to approach a single provider through the use of a single tender/quotation action (STA/SQA). A STA/SQA should only be undertaken when there is no feasible alternative and due process is followed. | Single Tender Action Procedure | | | | | | | | £25k+ | Up to £25k | | | | | | | | All Single Waivers are created within the Services. In addition to the initial 'local' approval, the Executive Director with that area of responsibility must also approve prior to submission to NWSSP Procurement Services. Retrospective Reporting to Audit & Risk Committee |
| Staffing | New posts (Increase in funded establishment) | | | | | | | | | Approve new posts across HB | Approve new posts across HB | | | | Approve new posts within own structure in line with delegated budgets and limits | | | Approve new posts within own structure in line with delegated budgets and limits | |
| | Agency and waiting list initiatives | | | | | | | | | | | | | | Approve in advance in own structure in line with delegated budgets and limits | | | Approve in advance in own structure in line with delegated budgets and limits | |
| Charitable Funds | Charitable funds are used exclusively for charitable purposes and must satisfy both the objects of the registered charity and any restrictions of the specific income source or fund. All items of expenditure will need to be approved using the appropriate authorisation level and relevant processes and controls are in place for reviewing the expenditure and justification for spend to ensure all spend is eligible prior to it being incurred. The procedures for requisitioning and approving any expenditure for items or services using charitable funds is identical to that for the Health Board, therefore all procurement policies apply equally. | Your Charity Procedures | £1m+ | £1m+ | | | | £5,000+ (Plus contentious expenditure below £5,000) | | | | | | | | | | Authorised Charitable Fund Advisors may approve 'non-contentious' expenditure up to £5,000 from their charitable fund | The term 'contentious' refers to the appropriateness of the expenditure either due to its nature or its compatibility with fund objectives as detailed in 'Your Charity Procedures'. |
| Income | Different limits apply dependent on category / source of income, for example, contracts for services, research projects or grants. Approval required dependent on category and value as per Scheme of Reservation and Delegation. The Executive Director of Finance must be informed of all funding bids to Welsh Government or other organisations. | As per Table 9D (1) of SORD | | | | | | | | | | | | | | | | | The HB welcomes additional sources of funding to help deliver services and improve patient care. Good governance would suggest that bids should be reviewed by the relevant Chief Finance Officer in the first instance and that all bids for funding are forwarded for review by the Finance Director, Commissioning and Financial Planning before submission. |
| Non-Welsh Government sourced income generation from research and development activities | Each Project undertaken by the HB which is funded by an external partner requires a contract between both parties. | | | | | | | | | £100k+ (following agreement by Executive Committee) | | | | | Up to £100k (with relevant finance agreement) | | | | Executive Medical Director to approve up to £100k with agreement from the Finance Director, Commissioning and Financial Planning (up to £50k) or the Executive Director of Finance (between £50k and £100k) |

Schedule 2.1

**STANDING FINANCIAL INSTRUCTIONS
FOR BETSI CADWALADR UNIVERSITY
HEALTH BOARD**

DRAFT FOR BOARD

This Schedule forms part of, and shall have effect as if incorporated in the Local Health Board Standing Orders (incorporated as Schedule 2.1 of SOs).

Model Standing Orders, Reservation and Delegation of Powers for LHBs
Schedule 2.1: Standing Financial Instructions

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Foreword

These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. Designed to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability in the conduct of business, they translate statutory and Welsh Government financial requirements for the NHS in Wales into day to day operating practice. Together with the adoption of Standing Orders (SOs), a scheme of decisions reserved to the Board and a scheme of delegations to officers and others, they provide the regulatory framework for the business conduct of the LHB.

These documents form the basis upon which the LHB's governance and accountability framework is developed and, together with the adoption of the LHB's Values and Standards of Behaviour framework, is designed to ensure the achievement of the standards of good governance set for the NHS in Wales.

All LHB Board members and officers must be made aware of these Standing Financial Instructions and, where appropriate, should be familiar with their detailed content. The Executive Director of Finance will be able to provide further advice and guidance on any aspect of the Standing Financial Instructions. The Director of Corporate Governance will be able to provide further advice and guidance on the wider governance arrangements within the LHB. Further information on governance in the NHS in Wales may be accessed at <https://nwssp.nhs.wales/all-wales-programmes/governance-e-manual/>

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Schedule 1

Schedule 2.1: Standing Financial Instructions

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Betsi Cadwaladr University Health Board

1. INTRODUCTION

1.1 General

- 1.1.1 These Model Standing Financial Instructions are issued by Welsh Ministers to Local Health Boards using powers of direction provided in section 12 (3) of the National Health Service (Wales) Act 2006. Local Health Boards (LHBs) in Wales must agree Standing Financial Instructions (SFIs) for the regulation of their financial proceedings and business. They shall have effect as if incorporated in the Standing Orders (SOs) (incorporated as Schedule 2.1 of SOs).
- 1.1.2 These SFIs detail the financial responsibilities, policies and procedures adopted by Betsi Cadwaladr University Health Board (the LHB). They are designed to ensure that the LHB's financial transactions are carried out in accordance with the law and with Welsh Government policy in order to achieve probity, accuracy, economy, efficiency, effectiveness and sustainability. They should be used in conjunction with the Schedule of decisions reserved to the Board and the Scheme of delegation adopted by the LHB.
- 1.1.3 These SFIs identify the financial responsibilities which apply to everyone working for the LHB and its constituent organisations. They do not provide detailed procedural advice and should be read in conjunction with the detailed departmental and financial control procedure notes.
- 1.1.4 Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Corporate Governance or Executive Director of Finance must be sought before acting. The user of these SFIs should also be familiar with and comply with the provisions of the LHB's SOs.

1.2 Overriding Standing Financial Instructions

- 1.2.1 Full details of any non-compliance with these SFIs, including an explanation of the reasons and circumstances must be reported in the first instance to the Executive Director of Finance and the Director of Corporate Governance, who will ask the Audit Committee to formally consider the matter and make proposals to the Board on any action to be taken. All Board members

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and LHB officers have a duty to report any non-compliance to the Executive Director of Finance and Director of Corporate Governance as soon as they are aware of any circumstances that has not previously been reported.

1.2.2 Ultimately, the failure to comply with SFIs and SOs is a disciplinary matter that could result in an individual's dismissal from employment or removal from the Board.

1.3 Financial provisions and obligations of LHBs

1.3.1 The financial provisions and obligations for LHBs are set out under Sections 174 to 177 of, and Schedule 8 to, the National Health Service (Wales) Act 2006 (c. 42). The Board as a whole and the Chief Executive in particular, in their role as the Accountable Officer for the organisation, must ensure the LHB meets its statutory obligation to perform its functions within the available financial resources.

2. RESPONSIBILITIES AND DELEGATION

2.1 The Board

2.1.1 The Board exercises financial supervision and control by:

- a) Formulating and approving the Medium Term Financial Plan (MTFP) as part of developing and approving the Integrated Medium Term Plan (IMTP);
- b) Requiring the submission and approval of balanced budgets within approved allocations/overall funding
- c) Defining and approving essential features in respect of important financial policies, systems and financial controls (including the need to obtain value for money and sustainability); and
- d) Defining specific responsibilities placed on Board members and LHB officers, and LHB committees and Advisory Groups as indicated in the 'Scheme of delegation' document.

2.1.2 The Board has resolved that certain powers and decisions may only be exercised by the Board in formal session. These are set out in the 'Schedule of matters reserved to the Board' document. The Board, subject to any directions that may be made by Welsh Ministers, shall make appropriate arrangements for certain functions to be carried out on its behalf so that the day to day business of the Health Board may be carried out effectively, and in a manner that secures the achievement of the organisations aims and objectives. This will be via powers and authority delegated to committees, sub-committees, joint committees or joint sub-committees that the LHB has established or to an officer of the LHB in accordance with the 'Scheme of delegation' document adopted by the LHB.

2.2 The Chief Executive and Executive Director of Finance

2.2.1 The Chief Executive and Executive Director of Finance will, as far as possible, delegate their detailed responsibilities, but they remain accountable for financial control.

2.2.2 Within the SFIs, it is acknowledged that the Chief Executive is ultimately accountable to the Board, and as Accountable Officer, to the Welsh Government, for ensuring that the Board meets its obligation to perform its functions within the available financial resources. The Chief Executive has overall executive responsibility for the LHB's activities; is responsible to the Chair and the Board for ensuring that financial

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provisions, obligations and targets are met; and has overall responsibility for the LHB's system of internal control.

2.2.3 It is a duty of the Chief Executive to ensure that Board members and LHB officers, and all new appointees are notified of, and put in a position to understand their responsibilities within these SFIs.

2.3 The Executive Director of Finance

2.3.1 The Executive Director of Finance is responsible for:

- a) Implementing the LHB's financial policies and for co-coordinating any corrective action necessary to further these policies;
- b) Maintaining an effective system of internal financial control including ensuring that detailed financial control procedures and systems incorporating the principles of separation of duties and internal checks are prepared, documented and maintained to supplement these instructions;
- c) Ensuring that sufficient records are maintained to show and explain the LHB's transactions, in order to disclose, with reasonable accuracy, the financial position of the LHB at any time; and
- d) Without prejudice to any other functions of the LHB, and Board members and LHB officers, the duties of the Executive Director of Finance include:
 - (i) the provision of financial advice to other Board members and LHB officers, and LHB Committees and Advisory Groups,
 - (ii) the design, implementation and supervision of systems of internal financial control, and
 - (iii) the preparation and maintenance of such accounts, certificates, estimates, records and reports as the LHB may require for the purpose of carrying out its statutory duties.

2.3.2 The Executive Director of Finance is responsible for ensuring an ongoing training and communication programme is in place to effect these SFIs.

2.4 Board members and LHB officers, and LHB Committees and Advisory Groups

2.4.1 All Board members and LHB officers, and LHB Committees and Advisory Groups, severally and collectively, are responsible for:

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- a) The security of the property of the LHB;
- b) Avoiding loss;
- c) Exercising economy, efficiency and sustainability in the use of resources; and
- d) Conforming to the requirements of SOs, SFIs, Financial Control Procedures and the Scheme of delegation.

2.4.2 For all Board members and LHB officers, and LHB Committees and Advisory Groups who carry out a financial function, the form in which financial records are kept and the manner in which members of the Board, Committees, Advisory Groups and employees discharge their duties must be to the satisfaction of the Director of Finance.

2.5 Contractors and their employees

2.5.1 Any contractor or employee of a contractor who is empowered by the LHB to commit the LHB to expenditure or who is authorised to obtain income shall be covered by these instructions. It is the responsibility of the Chief Executive to ensure that such persons are made aware of this.

3. AUDIT, FRAUD AND CORRUPTION, AND SECURITY MANAGEMENT

3.1 Audit Committee

3.1.1 An independent Audit Committee is a central means by which a Board ensures effective internal control arrangements are in place. In addition, the Audit Committee provides a form of independent check upon the executive arm of the Board. In accordance with SOs the Board shall formally establish an Audit Committee with clearly defined terms of reference. Detailed terms of reference and operating arrangements for the Audit Committee are set out in Schedule 3 to the SOs. This committee will follow the guidance set out in the NHS Wales Audit Committee Handbook.

[nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/](https://www.nwssp.nhs.wales/a-wp/governance-e-manual/governance-e-manualdocuments/useful-documents/nhs-wales-audit-committee-handbookjune-2012/)

3.2 Chief Executive

3.2.1 The Chief Executive is responsible for:

- a) Ensuring there are arrangements in place to review, evaluate and report on the effectiveness of internal financial control including the establishment of an effective Internal Audit function;
- b) Ensuring that the Internal Audit function meets the Public Sector Internal Audit Standards and provides sufficient independent and objective assurance to the Audit Committee and the Accountable Officer;

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/641252/PSAIS_1_April_2017.pdf

- c) Deciding at what stage to involve the police in cases of misappropriation and other irregularities not involving fraud or corruption;
- d) Ensuring that an annual Internal Audit report is prepared for the consideration of the Audit Committee and the Board. The report must cover:
 - a clear opinion on the effectiveness of internal control in accordance with the requirements of the Public Sector Internal Audit Standards.

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- major internal financial control weaknesses discovered,
- progress on the implementation of Internal Audit recommendations,
- progress against plan over the previous year,
- a strategic audit plan covering the coming three years, and
- a detailed plan for the coming year.

3.2.2 The designated internal and external audit representatives are entitled (subject to provisions in the Data Protection Act 2018 and the UK General Data Protection Legislation without necessarily giving prior notice to require and receive:

- a) Access to all records, documents and correspondence relating to any financial or other relevant transactions, including documents of a confidential nature;
- b) Access at all reasonable times to any land or property owned or leased by the LHB;
- c) Access at all reasonable times to Board members and LHB officers;
- d) The production of any cash, stores or other property of the LHB under a Board member or a LHB official's control; and
- e) Explanations concerning any matter under investigation.

3.3 Internal Audit

3.3.1 The Accountable Officer Memorandum requires the Chief Executive to have an internal audit function that operates in accordance with the standards and framework set for the provision of Internal Audit in the NHS in Wales. This framework is defined within an Internal Audit Charter that incorporates a definition of internal audit, a code of ethics and Public Sector Internal Audit Standards. Standing Order 10.1 details the relationship between the Head of Internal Audit and the Board. The role of the Audit Committee in relation to Internal Audit is set out within its Terms of Reference, incorporated in Schedule 3 of the SOs, and the NHS Wales Audit Committee Handbook.

3.4 External Audit

- 3.4.1 Pursuant to the Public Audit (Wales) Act 2004 (c. 23), the Auditor General for Wales (Auditor General) is the external auditor of the LHB. The Auditor General may nominate his representative to represent him within the LHB and to undertake the required audit work. The cost of the audit is paid for by the LHB. The LHB's Audit Committee must ensure that a cost-efficient external audit service is delivered. If there are any problems relating to the service provided, this should be raised with the Auditor General's representative and referred on to the Auditor General if the issue cannot be resolved.
- 3.4.2 The objectives of the external audit fall under three broad headings, to review and report on:
- a) Whether the expenditure to which the financial statements relate has been incurred lawfully and in accordance with the authority that governs it;
 - b) The audited body's financial statements, and on its Annual Governance Statement and remuneration report ¹;
 - c) Whether the audited body has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.
- 3.4.3 The Auditor General's representatives will prepare a risk-based annual audit plan, designed to deliver the Auditor General's objectives, for consideration by the Audit Committee. The annual plan will set out details of the work to be carried out, providing sufficient detail for the Audit Committee and other recipients to understand the purpose and scope of the defined work and their level of priority. The Audit Committee should review the annual plan and the associated fees, although in so doing it needs to recognise the statutory duties of the Auditor General. The annual audit plan should be kept under review to identify any amendment needed to reflect changing priorities and emerging audit needs. The Audit Committee should consider material changes to the annual audit plan.
- 3.4.4 The Auditor General's representative should be invited to attend every Audit Committee meeting. The cycle of approving and monitoring the progress of external audit plans and reports, culminating in the opinion

¹ Note: The Healthcare Inspectorate Wales will review and report on the Annual Quality Statement.

on the annual report and accounts, is central to the core work of the Audit Committee.

- 3.4.5 The Auditor General's representatives will liaise with Internal Audit when developing the external audit plan. The Auditor General's representative will ensure that planned external audit work takes into account the work of Internal Audit to avoid duplication wherever possible and considers where Internal Audit work can be relied upon for opinion purposes.
- 3.4.6 The Auditor General and his representatives shall have a right of access to the Chair of the Audit Committee at any time.
- 3.4.7 The Government of Wales Act 2006 (GOWA) provides that the Auditor General has statutory rights of access to all documents and information, as set out in paragraph 3.2.2a of these SFIs that relate to the exercise of many of his core functions, including his statutory audit of accounts, value for money examinations and improvement studies. The rights of access include access to confidential information; personal information as defined by the Data Protection Act 2018 and the UK General Data Protection Legislation; information subject to legal privilege; personal information and sensitive personal information that may otherwise be subject to protection under the European Convention of Human Rights; information held by third parties; and electronic files and IT systems. Paragraph 17 of Schedule 8 to GOWA operates to provide the Auditor General with a right of access to every document relating to the Trust that appears to him to be necessary for the discharge of any of these functions. Paragraph 17(3) of Schedule 8 also requires any person that the Auditor General thinks has information related to the discharge of his functions to give any assistance, information and explanation that he thinks necessary. It also requires such persons to attend before the Auditor General and to provide any facility that he and his representatives may reasonably require, such as audit accommodation and access to IT facilities. The rights apply not just to the LHB and its officers and staff, but also to, among others, suppliers to the LHB.
- 3.4.8 The Auditor General's independence in the exercise of his audit functions is protected by statute (section 8 of the Public Audit (Wales) Act 2013), and audit independence is required by professional and ethical standards. Accordingly, the LHB (including its Audit Committee) must be careful not to seek to fetter the Auditor General's discretion in the exercise of his functions. While the LHB may offer comments on the plans and outputs of the Auditor General, it must not seek to direct the Auditor General.
- 3.4.9 The Auditor General will issue a number of reports over the year, some

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of which are specified in the Auditor General's Code of Audit and Inspection Practice and International Standards on Auditing. Other reports will depend on the contents of the audit plan.

The main mandatory reports are:

- Report to those charged with governance (incorporating the report required under ISA 260) that sets out the main issues arising from the audit of the financial statements and use of resources work
- Statutory report and opinion on the financial statements
- Annual audit report.

In addition to these reports, the Auditor General may prepare a report on a matter the Auditor General considers would be in the public interest to bring to the public's attention; or make a referral to the Welsh Ministers if significant breaches occur.

3.4.10 The Auditor General also has statutory powers to undertake Value for Money Examinations and Improvement Studies within the LHB and other public sector bodies. At LHBs he also undertakes a Structured Assessment to help him assess whether there are proper arrangements for securing economy, efficiency and effectiveness in the use of resources. The Auditor General will take account of audit work when planning and undertaking such examinations and studies. The Auditor General and his representatives have the same access rights in relation to these examinations and studies as they do in relation to annual audit work.

3.5 Fraud and Corruption

3.5.1 In line with their responsibilities, the LHB Chief Executive and Executive Director of Finance shall monitor and ensure compliance with Directions issued by the Welsh Ministers on fraud and corruption.

3.5.2 The LHB shall nominate a suitable person to carry out the duties of the Local Counter Fraud Specialist (LCFS) as specified by Directions to NHS bodies on Counter Fraud Measures 2005 (as amended).

<https://nwssp.nhs.wales/a-wp/governance-e-manual/knowning-who-does-what-why/supporting-good-governance/nhs-counter-fraud-service-wales/>

3.5.3 The LCFS shall report to the LHB Executive Director of Finance and the LCFS must work with NHS Counter Fraud Authority (NHSCFA) and the NHS

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Counter Fraud Service Wales (CFSW) Team in accordance with the Directions to NHS bodies on Counter Fraud Measures 2005.

- 3.5.4 The LCFS will provide a written report to the Executive Director of Finance and Audit Committee, at least annually, on proactive and reactive counter fraud work within the LHB.
- 3.5.5 The LHB must participate in the annual National Fraud Initiative (NFI) led by Audit Wales and must provide the necessary data for the mandatory element of the NFI by the due dates. The LHB should participate in appropriate risk measurement or additional dataset matching exercise in order to support the detection of fraud across the whole public sector.

3.6 Security Management

- 3.6.1 In line with their responsibilities, the LHB Chief Executive will monitor and ensure compliance with Directions issued by the Welsh Ministers on NHS security management.
- 3.6.2 The Chief Executive has overall responsibility for controlling and coordinating security.

4. FINANCIAL DUTIES

4.1 Legislation and Directions

4.1.1 The Health Board has two statutory financial duties, the basis for which is section 175 of the National Health Service (Wales) Act 2006, as amended by the National Health Service Finance (Wales) Act 2014. Those duties are then set out and retained in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.” They are as follows:

- First Duty - A duty to secure that its expenditure, which is attributable to the performance by it of its functions, does not exceed the aggregate of the funding allotted to it over a period of 3 financial years.
- Second Duty - A duty to prepare a plan to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.1.2 The details and requirements for the two duties are set out in the Welsh Health Circular “WHC/2016/054 - Statutory Financial Duties of Local Health Boards and NHS Trusts.”

Full details of the WHC can be obtained by contacting the HSSG Director of Finance

4.2 First Financial Duty – The Breakeven Duty

4.2.1 The Health Board has a statutory duty to secure that its expenditure does not exceed the aggregate of the funding allotted to it over a period of 3 financial years, that is to breakeven over a 3-year rolling period.

4.2.2 Welsh Government will determine revenue and capital allocations prior to the start of each financial year and notify Health Boards.

4.2.3 Health Boards must ensure their boards approve balanced revenue and capital plans in line with their notified allocations before the start of each financial year.

4.2.4 The Executive Director of Finance of the LHB will:

- a) Prior to the start of each financial year submit to the Board for approval a report showing the total allocations received, assumed in-year allocations and other adjustments and their proposed

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distribution to delegated budgets, including any sums to be held in reserve;

- b) Ensure that any ring-fenced or non-discretionary allocations are disbursed in accordance with Welsh Ministers' requirements;
- c) Periodically review any assumed in-year allocations to ensure that these are reasonable and realistic; and
- d) Regularly update the Board on significant changes to the initial allocations and the application of such funds.

4.2.5 The Chief Executive has overall executive responsibility for the LHB's activities and is responsible to the Board for ensuring that it meets its First Financial Duty.

4.3. Second Financial Duty – The Planning Duty

4.3.1 The Health Board has a statutory duty to prepare a plan, the Integrated Medium Term Plan (IMTP), to secure compliance with the first duty while improving the health of the people for whom it is responsible, and the provision of health care to such people, and for that plan to be submitted to and approved by the Welsh Ministers.

4.3.2 The Integrated Medium Term Plan must reflect longer-term planning and delivery objectives and should be continually reviewed based on latest Welsh Government policy and local priority requirements. The Integrated Medium Term Plan, produced and approved annually, will be 3 year rolling plans. In particular the Integrated Medium Term Plan must reflect the Welsh Ministers' priorities and commitments as detailed in the NHS Planning Framework published annually by Welsh Government.

4.3.3 The NHS Planning Framework directs Local Health Boards to develop, approve and submit an Integrated Medium Term Plan (IMTP) for approval by Welsh Ministers. The plan must

- describe the context, including population health needs, within which the Health Board will deliver key policy directives from Welsh Government.
- demonstrate how the Health Board are
 - delivering their well-being objectives, including how the five ways of working have been applied
 - contributing to the seven Well-being Goals,
 - establishing preventative approaches across all care and services

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- demonstrate how the Health Board will utilise its existing services and resources, and planned service changes, to deliver improvements in population health and clinical services, and at the same time demonstrate improvements to efficiency of services.
 - demonstrate how the three-year rolling financial breakeven duty is to be achieved.
- 4.3.4 An Integrated Medium Term Plan should be based on a reasonable expectation of future service changes, performance improvements, workforce changes, demographic changes, capital, quality, funding, income, expenditure, cost pressures and savings plans to ensure that the Integrated Medium Term Plan (including a balanced Medium Term Financial Plan) is balanced and sustainable and supports the safe and sustainable delivery of patient centred quality services.
- 4.3.5 The Integrated Medium Term Plan will be the overarching planning document enveloping component plans and service delivery plans. The Integrated Medium Term Plan will incorporate the balanced Medium Term Financial Plan and will incorporate the LHB's response to delivering the
- NHS Planning Framework,
 - Quality, governance and risk frameworks and plans and
 - Outcomes Framework
- 4.3.6 The Integrated Medium Term Plan will be developed in line with the NHS Planning Framework and include:
- A statement of significant strategies and assumptions on which the plans are based;
 - Details of major changes in activity, service delivery, service and performance improvements, workforce, revenue and capital resources required to achieve the plans; and
 - Profiled activity, service, quality, workforce and financial schedules.
 - Detailed plans to deliver the NHS Planning Framework and quality, governance and risk requirements and outcome measures;
- 4.3.7 The Chief Executive has overall executive responsibility to develop and submit to the Board, on an annual basis, the rolling 3 year Integrated Medium Term Plan (IMTP).
- 4.3.8 The Board will:
- a) Approve the Integrated Medium Term Plan prior to the beginning of

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the financial year of implementation and in accordance with the guidance issued annually by Welsh Government. Following Board approval the Plan will be submitted to Welsh Government prior to the beginning of the financial year of implementation.

- b) Approve a balanced Medium Term Financial Plan as part of the Integrated Medium Term Plan, which meets all financial duties, probity and value for money requirements; and
- c) Prepare and agree with the Welsh Government a robust and sustainable recovery plan in accordance with Welsh Ministers' guidance where the LHB plan is not in place or in balance.

4.3.9 The Board approved Integrated Medium Term Plan will be submitted to Welsh Government, for approval by the Minister, in line with the requirements set out in the NHS Planning Framework.

4.3.10 The finalised approved Integrated Medium Term Plan will form the basis of the Performance Agreement between the LHB and Welsh Government.

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5. FINANCIAL MANAGEMENT AND BUDGETARY CONTROL

5.1. Budget Setting

5.1.1 Prior to the start of the financial year the Executive Director of Finance will, on behalf of the Chief Executive, prepare and submit budgets for approval and delegation by the Board. Such budgets will:

- a) Be in accordance with the aims and objectives set out in the Board approved Integrated Medium Term Plan, and Medium Term Financial Plan, and focused on delivery of improved population health, safe patient centred quality services;
- b) Be in line with Revenue, Capital, Commissioning, Activity, Service, Quality, Performance, and Workforce plans contained within the Board approved balanced IMTP;
- c) Take account of approved business cases and associated revenue costs and funding;
- d) Be produced following discussion with appropriate Directors and budget holders;
- e) Be prepared within the limits of available funds;
- f) Take account of ring-fenced, specified and non-recurring allocations and funding;
- g) Include both financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents)
- h) Be within the scope of activities and authority defined by the National Health Service (Wales) Act 2006, including pooled budget arrangements;
- i) Identify available reserves;
- j) Take account of the principles of Well-being of Future Generations (Wales) Act 2015 including the seven Well-being Goals and the five ways of working; and
- k) Identify potential risks and opportunities.

5.2. Budgetary Delegation

5.2.1 The Chief Executive may delegate, via the Executive Director of Finance, the

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management of a budget to permit the performance of a defined range of activities, including pooled budget arrangements under Regulations made in accordance with section 33 of the National Health Service (Wales) Act 2006 (c. 42). This delegation must be in writing, in the form of a letter of accountability, and be accompanied by a clear definition of:

- a) The amount of the budget;
- b) The purpose(s) of each budget heading;
- c) Individual or committee responsibilities;
- d) Arrangements during periods of absence;
- e) Authority to exercise virement;
- f) Achievement of planned levels of service; and
- g) The provision of regular reports.

The budget holder must sign the accountability letter formally delegating the budget.

- 5.2.2 The Chief Executive, Executive Director of Finance and delegated budget holders must not exceed the budgetary total or virement limits set by the Board.
- 5.2.3 Budgets must only be used for the purposes designated, and any budgeted funds not required for their designated purpose(s) revert to the immediate control of the Chief Executive, subject to any authorised use of virement.
- 5.2.4 Non-recurring budgets should not be used to finance recurring expenditure without the authority in writing of the Chief Executive, as advised by the Executive Director of Finance.
- 5.2.5 All budget holders must provide information as required by the Executive Director of Finance to enable budgets to be compiled and managed appropriately.
- 5.2.6 All budget holders will sign up to their allocated budgets at the commencement of the financial year.
- 5.2.7 The Executive Director of Finance has a responsibility to ensure that appropriate and timely financial information is provided to budget holders and that adequate training is delivered on an on-going basis to assist budget holders managing their budgets successfully.

5.3. Financial Management, Reporting and Budgetary Control

- 5.3.1 The Executive Director of Finance shall monitor financial performance against budget and plans and report the current and forecast position, and financial risks, on a monthly basis and at

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every Board meeting. Any significant variances should be reported to LHB Board as soon as they come to light and the Board shall be advised on any recommendations and action to be taken in respect of such variances.

5.3.2 The Executive Director of Finance will devise and maintain systems of financial management, performance reporting and budgetary control. These will include:

- a) Regular financial reports, for revenue and capital, to the Board in a form approved by the Board containing sufficient information for the Board to:
 - Understand the current and forecast financial position
 - Evaluate risks and opportunities
 - Use insight to make informed decisions
 - Be consistent with other Board reports, and as a minimum the reports will cover:
 - Current and forecast year end position on statutory financial duties
 - Actual income and expenditure to date compared to budget and showing trends and run rates
 - Forecast year end positions
 - A statement of assets and liabilities, including analysis of cash flow and movements in working capital.
 - Explanations of material variances from plan
 - Capital expenditure and projected outturn against plan
 - Investigations and reporting of variances from financial, activity and workforce budgets.
 - Details of corrective actions being taken, as advised by the relevant budget holder and the Chief Executive's and/or Director of Finance's view of whether such actions are sufficient to correct the situation;
 - Statement of performance against savings targets
 - Key workforce and other cost drivers
 - Income and expenditure run rates, historic trends, extrapolation and explanations
 - Clear assessment of risks and opportunities
 - Provide a rounded and holistic view of financial and wider organisational performance.
- b) The issue of regular, timely, accurate and comprehensible advice and financial reports to each delegated budget holder, covering the areas for which they are responsible;
- c) An accountability and escalation framework to be established for the organisation to formally address material budget variances

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- d) Investigation and reporting of variances from financial, activity and workforce budgets;
- e) Monitoring of management action to correct variances;
- f) Arrangements for the authorisation of budget transfers and virements.

5.3.3 Each Budget Holder will

- be held to account for managing services within the delegated budget
- investigate causes of expenditure and budget variances using information from activity, workforce and other relevant sources
- develop plans to address adverse budget variances.

5.3.4 Each Budget Holder is responsible for ensuring that:

- a) Any likely overspending or reduction of income that cannot be met by virement is not incurred without the prior consent of the Chief Executive subject to the Board's scheme of delegation;
- b) The amount provided in the approved budget is not used in whole or in part for any purpose other than that specifically authorised, subject to the rules of virement;
- c) No permanent employees are appointed without the approval of the Chief Executive other than those provided for within the available resources and workforce establishment as approved by the Board.

5.3.5 The Chief Executive is responsible for identifying and implementing cost and efficiency improvements and income generation initiatives in accordance with the requirements of the Medium Term Financial Plans and SFI 9.1.

5.4. Capital Financial Management, Reporting and Budgetary Control

5.4.1 The general rules applying to revenue Financial Management, Reporting and Budgetary Control delegation and reporting shall also apply to capital plans, budgets and expenditure subject to any specific reporting requirements required by the Welsh Ministers.

5.5 Reporting to Welsh Government - Monitoring Returns

5.5.1 The Chief Executive is responsible for ensuring that the appropriate

monitoring returns are submitted to the Welsh Ministers in accordance with published guidance and timescales.

- 5.5.2 All monitoring returns must be supported by a detailed commentary signed by the Executive Director of Finance and Chief Executive. This commentary should also highlight and quantify any significant risks with an assessment of the impact and likelihood of these risks maturing.
- 5.5.3 All information made available to the Welsh Ministers should also be made available to the Board. There must be consistency between the Medium Term Financial Plan, budgets, expenditure, forecast position and risks as reported in the monitoring returns and monthly Board reports.

6. ANNUAL ACCOUNTS AND REPORTS

- 6.1 The Board must approve the LHB's annual accounts prior to submission to the Welsh Ministers and the Auditor General for Wales in accordance with the annual timetable.
- 6.2 The Chair and Chief Executive have responsibility for signing the accounts on behalf of the LHB. The Chief Executive has responsibility for signing the Performance Report, Accountability Report, Statement of Financial Position and the Governance Statement.
- 6.3 The Director of Finance, on behalf of the LHB, is responsible for ensuring that financial reports and returns are prepared in accordance with the accounting policies, guidance and timetable determined by the Welsh Ministers, as per Welsh Government's Manual for Accounts, and consistent with Financial Reporting Manual (FReM) and International Financial Reporting Standards.
- 6.4 The LHB's annual accounts must be audited by the Auditor General for Wales. The LHB's audited annual accounts must be adopted by the Board at a public meeting and made available to the public.
- 6.5 The LHB will publish an annual report, in accordance with guidelines on local accountability, and present it at its Annual General Meeting. The Director of Corporate Governance will ensure that the Annual Report is prepared in line with the Welsh Government's Manual for Accounts. The Annual Report will include
- The Accountability Report containing:
 - o Corporate Governance Report
 - o Remuneration Report and Staff Report
 - o Accountability and Audit Report
 - The Performance Report, which must include:
 - o An overview
 - o A performance Analysis

7. BANKING ARRANGEMENTS

7.1 General

7.1.1 The Executive Director of Finance is responsible for managing the LHB's banking arrangements and for advising the Board on the provision of banking services and operation of accounts. This advice will take into account guidance/Directions issued from time to time by the Welsh Ministers. LHBs are required to use the Government Banking Service (GBS) for its banking services.

7.1.2 The Board shall approve the banking arrangements.

7.2 Bank Accounts

7.2.1 The Executive Director of Finance is responsible for:

- a) Establishing bank accounts and ensuring that the Government Banking Service is utilised for main Health Board business transactions;
- b) Establishing additional commercial accounts only exceptionally and where there is a clear rationale for not utilising the Government Banking Service;
- c) Establishing separate bank accounts for the LHB's non-exchequer funds;
- d) Ensuring payments made from bank accounts do not exceed the amount credited to the account except where arrangements have been made;
- e) Ensuring accounts are not overdrawn except in exceptional and planned situations.
- f) Reporting to the Board all arrangements made with the LHB's bankers for accounts to be overdrawn;
- g) Monitoring compliance with Welsh Ministers' guidance on the level of cleared funds.

7.2.2 With the exception of Project Bank Accounts, all bank accounts should be held in the name of the LHB. No officer other than the Executive Director of Finance shall open any account in the name of the LHB or for the purposes of furthering LHB activities.

7.2.3 Any Project Bank Account that is required may be held jointly in the name of the LHB and the relevant third party contractor.

7.3 Banking Procedures

7.3.1 The Executive Director of Finance will prepare detailed instructions on the operation of bank accounts, that ensure there are sound controls over the day-to-day operation of bank accounts, which must include:

- a) The conditions under which each bank account is to be operated;
- b) Those authorised to sign cheques or other orders drawn on the LHB's accounts.
- c) Effective divisions of duty for employees working within the banking and treasury management function to minimise the risk of fraud and error.
- d) Authorised signatories are identified with sufficient seniority, and in the case of e-banking approvers, together with an appropriate payment approval hierarchy.
- e) Procedures are in place for prompt banking of money received.
- f) Ensure there are physical security arrangements in place for cheque stationery, e-banking access devices and payment cards.
- g) Cheques and payable orders are treated as controlled stationery with management responsibility given to a duly designated employee.
- h) Frequent reconciliations are undertaken between cash books, bank statements and the general ledger so that all differences are fully understood and accounted appropriately.
- i) Commercial bank accounts should only be used exceptionally where there is a sound rationale and demonstrates value for money. Commercial accounts should be procured through a tendering exercise and the outcome reported to the Audit Committee on behalf of the Board.

7.3.2 The Executive Director of Finance must advise the LHB's bankers in writing of the conditions under which each account will be operated.

7.3.3 The Executive Director of Finance shall approve security procedures for any payable orders issued without a hand-written signature e.g. automatically printed. All Payable Orders shall be treated as controlled

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stationery, in the charge of a duly designated officer controlling their issue.

7.4 Review

- 7.4.1 The Executive Director of Finance will review banking arrangements of the LHB at regular intervals to ensure they reflect best practice, that they are efficient and effective and represent best value for money. The results of the review should be reported to the Audit Committee.

8. CASH, CHEQUES, PAYMENT CARDS AND OTHER NEGOTIABLE INSTRUMENTS

8.1 General

8.1.1 The Executive Director of Finance is responsible for:

- a) Approving the form of all receipt books, agreement forms, or other means of officially acknowledging or recording monies received or receivable;
- b) Ordering and securely controlling any such stationery, ensuring all cash related stationery treated as controlled stationery with management responsibility given to a duly designated employee;
- c) The provision of adequate physical facilities and systems for officers whose duties include collecting and holding cash, including the provision of safes or lockable cash boxes, the procedures for keys, and for coin operated machines;
- d) Establishing systems and procedures for handling cash and negotiable securities on behalf of the LHB;
- e) Ensuring effective control systems are in place for the use of payment cards;
- f) Ensuring that there are adequate control systems in place to minimise the risk of cash/card misappropriation.

8.1.2 Official money shall not under any circumstances be used for the encashment of private cheques or IOUs (informal documents acknowledging debt).

8.1.3 All cheques, postal orders, cash etc., shall be banked intact. Disbursements shall not be made from cash received, except under arrangements approved by the Executive Director of Finance.

8.1.4 The holders of safe/cash box combinations/keys shall not accept unofficial funds for depositing in their safe/cash box unless such deposits are in special sealed envelopes or locked containers. It shall be made clear to the depositors that the LHB is not to be held liable for any loss, and written indemnities must be obtained from the organisation or individuals absolving the LHB from responsibility for any loss.

8.1.5 The opening of coin operated machines (including telephone, if applicable) and the counting and recording of takings shall be

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undertaken by two officers together, except as may be authorised in writing by the Executive Director of Finance and the coin box keys shall be held by a nominated officer.

- 8.1.6 During the absence (for example, on holiday) of the holder of a safe/cash box combination/key, the officer who acts in their place shall be subject to the same controls as the normal holder of the combination/key. There shall be written discharge for the safe and/or cash box contents on the transfer of responsibilities and the discharge document must be retained for inspection.

8.2 Petty Cash

- 8.2.1 The Executive Director of Finance will issue instructions restricting the use and value of petty cash purchases.
- 8.2.3 Petty cash use should be minimised and be subject to regular cash balance reviews in order to minimise cash levels held.
- 8.2.3 Petty cash should be operated under an imprest system and be subject to regular checks to ensure physical and book cash levels are consistent.

9. INCOME, FEES AND CHARGES

9.1 Income Generation and Participation in/Formation of Companies

9.1.1 The LHB shall only generate income for those goods and services that are approved by the Welsh Ministers. Any income generating activities must be complementary to the provision of NHS services and must be in accordance with the Welsh Ministers' policy and powers to raise money as set out in section 169 of the National Health Service (Wales) Act 2006 (c. 42).

9.1.2 The LHB can only form or participate in a company for income generation, improving health, healthcare care and health services, purposes with the consent and/or direction of Welsh Ministers. The LHB should obtain advice from Welsh Government officials prior to undertaking substantive work on formation or participation in any company.

9.2 Income Systems

9.2.1 The Executive Director of Finance is responsible for designing and maintaining procedures to ensure compliance with systems for the proper recording, invoicing, and collection and coding of all monies due.

9.2.2 The Executive Director of Finance is also responsible for ensuring that systems are in place for the prompt banking of all monies received.

9.3 Fees and Charges

9.3.1 The Executive Director of Finance is responsible for approving and regularly reviewing the level of all fees and charges other than those determined by the Welsh Ministers or by Statute. Independent professional advice on matters of valuation shall be taken as necessary.

9.3.2 All officers must inform the Executive Director of Finance promptly of money due arising from transactions which they initiate/deal with, including all contracts, leases, tenancy agreements, private patient undertakings and other transactions.

9.4 Income Due and Debt Recovery

9.4.1 Delegated budget holders and managers are responsible for informing the Executive Director of Finance of any income due that arises from any contracts, service levels agreements, leases, activities such as private patients or other transactions.

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- 9.4.2 Delegated budget holders and managers must inform the Executive Director of Finance when overpayment of salary or expenses have been made, in order that recovery can be made.
- 9.4.3 The Executive Director of Finance is responsible for recovering income due and for ensuring debt recovery procedures are in place to secure early payment and minimise bad debt risk on all outstanding debts.
- 9.4.4 Income not received should be dealt with in accordance with losses procedures.
- 9.4.5 Overpayments should be detected (or preferably prevented) and recovery initiated.
- 9.4.6 The Chief Executive and the Executive Director of Finance are responsible for ensuring the Welsh Ministers' guidance on disputed debt arbitration is strictly adhered to.

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10. NON-PAY EXPENDITURE

10.1 Scheme of Delegation, Non-Pay Expenditure Limits and Accountability

10.1.1 The Board must agree a Scheme of Delegation in line with that set out in its Standing Orders Scheme of Reservation and Delegation of Powers.

10.1.2 The Chief Executive will approve the level of non-pay expenditure and the operational scheme of delegation and authorisation to budget holders and managers within the parameters set out in the LHB's scheme of delegation.

10.1.3 The Chief Executive will set out in the operational scheme of delegation and authorisation:

- The list of managers who are authorised to place requisitions for the supply of goods, services and works and for the awarding of contracts; and
- The maximum level of each requisition and the system for authorisation above that level.

10.2 The Executive Director of Finance's responsibilities

10.2.1 The Executive Director of Finance will:

- a) Advise the Board regarding the NHS Wales national procurement and payment systems thresholds above which quotations (competitive or otherwise) or formal tenders must be obtained; and, once approved, the thresholds would be incorporated in SOs and SFIs;
- b) Prepare procedural instructions or guidance within the Scheme of Delegation on non-pay expenditure;
- c) Ensure systems are in place for the authorisation of all accounts and claims;
- d) Ensure Directors and officers strictly follow NHS Wales system and procedures of verification, recording and payment of all amounts payable.
- e) Maintain a list of Executive Directors and officers (including specimens of their signatures) authorised to certify invoices.
- f) Be responsible for ensuring compliance with the Public Sector Payment policy ensuring that a minimum of 95 percent of

creditors are paid within 30 days of receipt of goods or a valid invoice (whichever is later) unless other payment terms have been agreed.

- g) Ensure that where consultancy advice is being obtained, the procurement of such advice must be in accordance with applicable procurement legislation, guidance issued by the Welsh Ministers and SFIs;
- h) Be responsible for Petty Cash system, procedures, authorisation and record keeping, and ensure purchases from petty cash are restricted in value and by type of purchase in accordance with procedures

10.3 Duties of Budget Holders and Managers

10.3.1 Budget holders and managers must ensure that they comply fully with the Scheme of Delegation, guidance and limits specified by the Chief Executive and Director of Finance, and that:

- a) All contracts (except as otherwise provided for in the Scheme of Delegation), leases, tenancy agreements and other commitments which may result in a liability are notified to the Executive Director of Finance in advance of both any commitment being made and NWSSP Procurement Services being engaged;
- b) Contracts above specified thresholds are advertised and awarded, through NWSSP Procurement Services, in accordance with EU and HM Treasury rules on public procurement;
- c) Contracts above specified thresholds are approved by the Welsh Ministers prior to any commitment being made;
- d) goods have been duly received, examined and are in accordance with specification and order,
- e) work done or services rendered have been satisfactorily carried out in accordance with the order, and, where applicable, the materials used are of the requisite standard and the charges are correct,
- f) No requisition/order shall be issued for any item or items to any firm which has made an offer of gifts, reward or benefit to Board members or LHB officers, other than:
 - (i) Isolated gifts of a trivial character or inexpensive seasonal gifts, such as calendars,

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- (ii) Conventional hospitality, such as lunches in the course of working visits;

This provision needs to be read in conjunction with Standing Order 8.5, 8.6 and 8.7.

- g) No requisition/order is placed for any item or items for which there is no budget provision unless authorised by the Executive Director of Finance on behalf of the Chief Executive;
- h) All goods, services, or works are ordered on official orders
- i) Requisitions/orders are not split or otherwise placed in a manner devised so as to avoid the financial thresholds;
- j) Goods are not taken on trial or loan in circumstances that could commit the LHB to a future uncompetitive purchase;

10.3.2 The Chief Executive and Executive Director of Finance shall ensure that the arrangements for financial control and financial audit of building and engineering contracts and property transactions comply with the guidance issued by the Welsh Ministers. The technical audit of these contracts shall be the responsibility of the relevant Director as set out in the LHB's scheme of delegation.

10.4 Departures from SFI's

10.4.1 Departing from the application of Chapters 10 and 11 of these SFI's is only possible in very exceptional circumstances. Health Boards must consult with NWSSP Procurement Services, Executive Director of Finance and Director of Corporate Governance prior to any such action undertaken. Any expenditure committed under these departures must receive prior approval in accordance with the Health Board Scheme of Delegation.

10.5 Accounts Payable

10.5.1 NWSSP Finance, shall on behalf of the LHB, maintain and deliver detailed policies, procedures systems and processes for all aspects of accounts payable

10.6 Prepayments

10.6.1 Prepayment should be exceptional, and should only be considered if a good value for money case can be made for them (i.e. that "need" can be demonstrated). Prepayments are only permitted where either:

- The financial advantages outweigh the disadvantages (i.e. cash flows must be discounted to Net Present Value (NPV) using the National Loans Fund (NLF) rate plus 2%);
- It is the industry norm e.g. courses and conferences;
- In line with requirements of [Managing Welsh Public Money](#)
- There is specific Welsh Ministers' approval to do so e.g. voluntary services compact.

10.6.2 In **exceptional** circumstances prepayments can be made subject to:

- a) The appropriate Executive Director providing, in the form of a written report, a case setting out all relevant circumstances of the purchase. The report must set out the effects on the LHB if the supplier is at some time during the course of the prepayment agreement unable to meet their commitments;
- b) The Executive Director of Finance will need to be satisfied with the proposed arrangements before contractual arrangements proceed (taking into account the Public Contracts Regulations 2015 where the contract is above a stipulated financial threshold); and
- c) The budget holder is responsible for ensuring that all items due under a prepayment contract are received and they must immediately inform the appropriate Director or Chief Executive if problems are encountered.

11. PROCUREMENT AND CONTRACTING FOR GOODS AND SERVICES

General Information

11.1 Procurement Services

11.1.1 While the Chief Executive is ultimately responsible for procurement the service is delivered by NHS Wales Shared Services Partnership (NWSSP) Procurement Services (“**Procurement Services**”).

11.1.2 Procurement staff employed by NWSSP provide a procurement support function to all health organisations in NHS Wales. Although NWSSP is responsible for the provision of a Procure to Pay service and provision of appropriate professional procurement and commercial advice, ultimate responsibility for compliance with legislation and policy guidelines remains with the Health Board. Where the term ‘procurement staff’ or ‘department’ is used in this chapter it should be read as equally applying to those departments where the procurement function is undertaken locally and outside of Procurement Services, for example ‘Pharmacy’ and ‘Works’ who undertake procurement on a devolved basis.

11.2 Policies and Procedures

11.2.1 Procurement Services shall, on behalf of the LHB, maintain detailed policies and procedures for all aspects of procurement, including tendering and contracting processes. The policies and procedures shall comply with these SFIs, the NWSSP Procurement Manual (existing and future revised), and the Revised General Consent to enter Individual Contracts [included as Schedule 1 of these SFIs].

11.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB’s Executive Directors, Independent Members and officers within the organisation strictly follow procurement, tendering and contracting procedures.

11.2.3 NWSSP’s Director of Procurement Services is responsible for ensuring that procurement, tendering and contracting policies and procedures are:

- kept up to date;
- conform to statutory requirements and regulations;
- adhere to guidance issued by the Welsh Ministers; and
- are consistent with the principles of sustainable development.

11.2.4 All procurement guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

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11.3 Legislation Governing Public Procurement

- 11.3.1 Legislation governs public sector procurement in the UK. From the 24 February 2025, the Procurement Act 2023 and associated subordinate instruments (together “**the 2023 Act**”) and the Health Services (Provider Selection Regime) (Wales) Regulations 2025 and associated subordinate instruments (together “**the PSR Wales Regulations**”) are the key pieces of legislation which governs public sector procurement in the UK. The PSR Wales Regulations only apply to certain health services (“**In-Scope Health Services**”) and further detail these can be found in the Welsh Government’s statutory guidance titled “Health service procurement: statutory guidance”. Goods and services which are not In-Scope Health Services (“**Goods and Non-Health Services**”) fall within the scope of the 2023 Act.
- 11.3.2 Where specific instruction relates only to procurements undertaken under the PSR Wales Regulations, the words ‘**In-Scope Health Services Only**’ will appear at the start of the instruction paragraph. Where specific instruction relates only to procurements undertaken under the Act, the words ‘**Goods and Non-Health Services Only**’ will appear at the start of the instruction paragraph. If such references do not appear at the start of the instruction paragraph, all information detailed is applicable to the procurement regimes under both the PSR Wales Regulations and the 2023 Act, save for any bracketed instruction reference following a phrase to either regimes applicability.
- 11.3.3 ‘**Goods and Non-Health Services Only**’ The Act governs the procurement of Goods and Non-Health Services. The Welsh Government’s Policy Framework and the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act also govern this area. A key objective of the legislation is to establish a flexible, accessible and equitable framework for public procurement in Wales that maximises social, economic, environmental and cultural outcomes for communities across Wales. Legislation, policy, and guidance setting out procedures and requirements for awarding all forms of regulated contracts shall have effect as if incorporated in the LHBs SFIs. **In the event of any conflict between what is contained in the 2023 Act and the LHB’s SFIs, the former shall prevail.**
- 11.3.4 ‘**In Scope Health Services Only**’ The PSR Wales Regulations governs the procurement of In-Scope Health Services. Under this legislation, relevant organisations to which the PSR Wales Regulations apply must also have regard to the Wales Procurement Policy Statement (WPPS) under section 14 of the 2023 Act. They must also have regard to the statutory guidance issued by the Welsh Government which sets out how the PSR Wales Regulations should be adopted. One of the key objectives of this legislation is to ensure

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there is more flexibility when selecting providers for health services, with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, and which better enable the development of stable partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB's SFIs. **In the event of any conflict between what is contained in the PSR Wales Regulations and the LHB's SFIs, the former shall prevail.**

- 11.3.5 All Directors and their staff are responsible for ensuring that all legal requirements in the area of public procurement are understood and fully complied with. The provisions set out in the 2023 Act, the PSR Wales Regulations, Welsh Procurement Policy Notices and all associated subordinate instruments are the model upon which all procurement exercises should be based.
- 11.3.6 Procurement advice should be sought in the first instance from Procurement Services. The commissioning of further specialist advice shall be jointly agreed between the LHB and Procurement Services e.g., engagement of NWSSP Legal and Risk Services prior to 3rd party Legal Service providers.
- 11.3.7 All other relevant legislation, guidance and policy documents must also be observed, including but not limited to the following:
- Social Partnership and Public Procurement (Wales) Act 2023
 - The Well-being of Future Generations (Wales) Act 2015
 - Welsh Language (Wales) Measure 2011
 - Modern Slavery Act 2015
 - Bribery Act 2010
 - Equality Act 2010
 - Welsh Government's Code of Practice for Ethical Employment in Supply Chains
 - The Producer Responsibility Obligations (Packaging Waste) Regulations 2007
 - Welsh Government 'Towards zero waste: our waste strategy'
 - The Welsh Government Procurement Policy Framework, including:
 - Wales Procurement Policy Notes (extant at the time of undertaking the procurement exercise)
 - The Wales Procurement Policy Statement (WPPS) (section 14 of the Procurement Act 2023).

11.4 Procurement Principles and Objectives

11.4.1 The term "procurement" embraces the complete process from

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planning, sourcing to taking delivery of all works, goods and services required by the LHB to perform its functions, and furthermore embrace all building, equipment, consumables, and services including health services. Procurement further embraces contract and/or supplier management, including market engagement and industry monitoring.

11.4.2 **‘Goods and Non-Health Services Only’** The legal and governing principles guiding ‘covered procurement’ under the 2023 Act, and incorporated into these SFIs include but are not limited to the following:

- Having regard to the objectives of delivering value for money; maximising public benefit; sharing information for the purpose of allowing suppliers and others to understand the authority’s procurement policies and decisions; acting, and being seen to act, with integrity; and removing or reducing the barriers faced by SMEs.
- Ensuring equal treatment by treating suppliers the same, unless differences between the suppliers justify different treatment (and where different treatment of suppliers is justified, to take all reasonable steps to make sure the different treatment does not put a supplier at an unfair advantage or disadvantage).

11.4.3 **‘In Scope Health Services Only’** The legal and governing principles guiding procurement of In-Scope Health Services under the PSR Wales Regulations, and incorporated into these SFIs include but is not limited to the LHB doing the following:

- Making decisions in the best interests of people who use the service by acting with a view to (1) securing the needs of the people who use the services; (2) improving the quality of the services; (3) improving efficiency in the provision of the services;
- Acting transparently, fairly, and proportionately;
- Having regard to the Welsh Government’s Health Service Procurement: Statutory Guidance; and
- Having regard to the Wales Procurement Policy Statement published under section 14 of the 2023 Act.

11.5 Procurement Procedures

11.5.1 To help towards ensuring that the LHB is compliant with the legislation governing public sector procurement in the UK, and Welsh Ministers’ guidance and policy, the LHB shall, through Procurement Services, ensure that it shall have procedures that set out:

- a) requirements for, and exceptions to, formal competitive tendering (**‘Goods and Non-Health Services Only’**);
- b) tendering processes including post tender discussions;
- c) requirements and exceptions to obtaining quotations (**‘Goods and Non-**

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Health Services Only’);

- d) evaluation and scoring methodologies; and
- e) approval of firms for providing goods and services.

11.5.2 All procurement procedures must comply with all relevant legislation, the Welsh Ministers’ guidance and the LHB’s delegation arrangements and approval processes.

11.6 Notification to Welsh Government and consent from the Welsh Ministers

11.6.1 **Schedule 1** details the requirement and notification process for entering into contracts.

11.6.2 The provisions of Schedule 1 do not remove the requirement for the LHB to comply with Standing Orders, SFIs or to obtain any other consents or approvals required by law for the transactions concerned.

Planning

11.7 Sustainable Procurement

11.7.1 To further nurture the Welsh economy and in support of social, environmental, economic and cultural goals in Wales, the Health Board must also be mindful to structure requirements ensuring Welsh companies have the opportunity to transparently and fairly compete to deliver services regionally or across Wales where possible and within the legislative framework. The principles of the Well-being of Future Generations (Wales) Act 2015 (“**the WBFG Act 2015**”) should be adopted at the earliest stage of procurement planning.

11.7.2 For example, the WBFGA 2015 requires affected public bodies to act in a manner which seeks to ensure that the needs of the present are met without compromising the ability of future generations to meet their own needs. The WBFG Act 2015 also provides for a shared purpose through seven well-being goals for Wales which are indivisible from each other and explain what is meant by the well-being of Wales.

11.7.3 The 7 Wellbeing goals are

- a prosperous Wales
- a resilient Wales
- a healthier Wales
- a more equal Wales
- a Wales of cohesive communities
- a Wales of vibrant culture and thriving Welsh language
- a globally responsible Wales.

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11.7.4 The WBFG Act 2015 puts in place a “sustainable development principle” which tells relevant public bodies how to go about meeting their well-being duty. Such bodies need to make sure that when making their decisions they take into account the impact they could have on people living in Wales now and in the future. The WBFG Act 2015 includes five principles that those public bodies need to think about to show they have applied the sustainable development principle, which by way of brief summary are as follows:

- **Collaboration:** acting in collaboration with any other person (or different parts of the body itself) that could help the body to meet its well-being objectives;
- **Integration:** considering how the public body’s well-being objectives may impact upon each of the well-being goals, on their other objectives, or on the objectives of other public bodies;
- **Involvement:** the importance of involving people with an interest in achieving the well-being goals, and ensuring that those people reflect the diversity of the area which the body serves;
- **Long term:** the importance of balancing short-term needs with the need to safeguard the long-term needs; and
- **Prevention:** how acting to prevent problems occurring or getting worse may help public bodies meet their objectives.

11.7.5 The LHB is required to consider the Welsh Government Guidance on Ethical Employment Practices in Public Sector Supply Chains and the Code of Practice on ethical employment in supply chains which includes aims to commit public, private and third sector organisations to a set of actions designed to eliminate modern slavery and support ethical employment practices.

11.7.6 The LHB shall make use of the tools developed by Welsh Government Commercial Delivery Team in implementing the principles of the WBFG Act 2015. The LHB shall benchmark its performance against the WBFG Act 2015. As detailed in WPPN 005, for the procurement of all contracts over £25,000, LHBs are required to take into account the social, economic, environmental and cultural goals in the WBFG Act 2015 using the Sustainable Risk Assessment Template (SRA).

11.8 Small and Medium Sized Enterprises (SMEs), Third Sector Organisations (TSOs) and Supported Factories and Businesses (SFBs)

11.8.1 In accordance with the ‘covered procurement’ objectives in the 2023 Act, Welsh Government’s commitments are set out in Welsh Government’s ‘technical guidance for covered procurement’ and the current and subsequent versions of the Wales Procurement Policy

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Statement (WPPS). The LHB shall ensure that it provides opportunities for SMEs, TSOs and SFBs to quote or tender for contracts.

11.9 Planning Procurements

11.9.1 Health Boards must ensure that all staff with delegated budgetary responsibility or who are part of the procurement process for goods, services and works are aware of the legislative and policy frameworks and requirements governing public procurement.

11.9.2 A process of planning all procurement exercises must be undertaken with the Procurement Services and an appropriate representative from the service and other appropriate stakeholders, (depending on the value, risk and complexity of the procurement). The purpose of a planning phase is to determine:

- the likely financial value of the procurement, including whole life cost;
- the likely 'route to market' which will consider the legislative and policy framework set out above;
- the availability of funding to be able to award a contract following a successful procurement process; and
- that the procurement follows current legislative and policy frameworks including Value Based Procurement.

11.9.3 The procurement specification should factor in the 4 principles of prudent healthcare:

- equal partners through co-production;
- care for those with the greatest health need first;
- do only what is needed; and
- reduce inappropriate variation.

For '**Goods and Non-Health Services Only**' Value based outcome/experience/delivery principles must also be included where appropriate ensuring best value for money, sustainability of services and the future financial position. For '**In Scope Health Services Only**' Value Based Healthcare should be considered under the Key Criteria 'Value' where this is appropriate and applicable. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement (and is also a core objective of the 2023 Act).

11.9.4 Where free of charge services are made available to the Health Board, Procurement Services must be consulted to ensure that any competition requirements are not breached, particularly in the case of

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pilot activity to ensure that the Health Board does not unintentionally commit itself to a single provider or longer-term commitment. Regular reports on free of charge services provided to the Health Board should be submitted by Health Board's Director of Corporate Governance to the Audit Committee.

11.9.5 The Health Board is required to participate in all-Wales collaborative planning activity where the potential to do so is identified by the procurement professional involved in the planning process. Cross sector collaboration may also be required.

Joint or Collaborative Initiatives

11.9.6 Specialist advice should be obtained from Welsh Government's Health and Social Care Finance Department, and the opinions of Procurement Services and NWSSP Legal and Risk prior to external opinion being sought, where there is an undertaking to commence joint or collaborative initiatives which may be deemed as novel or contentious.

11.10 Procurement Process

11.10.1 Where there is a requirement for goods or services, the manager must source those goods or services from the Health Board's approved catalogue. Where a required item is not included within the catalogue, advice must be sought from Procurement Services on opportunities to source those goods or services through public sector contract framework, such as those provided by the Welsh Government's Commercial Delivery team, NHS Supply Chain or Crown Commercial Services. The use of suitable Welsh frameworks (where access is permissible) shall take precedence over frameworks led by public sector bodies located outside of Wales.

11.10.2 '**Goods and Non-Health Services Only**' - In the absence of an existing suitable procurement framework to source the required item, a competition must be operated in accordance with the 2023 Act and the table below. The LHB must ensure the value of their requirement considers cumulative spend across the LHB for like requirements and opportunity for collaboration with other NHS Wales Organisations.

TABLE ‘Goods and Non-Health Services Only’

| Goods/Services/Works Whole Life Cost Contract value (figures excl. VAT) | Minimum competition¹ | Form of Contract |
|--|---|--|
| Below £5,000 | Evidence of value for money has been achieved | Purchase Order |
| £5,000 - £24,999 | Evidence of 3 written quotations | Simple Form of Contract/Purchase Order |
| £25,000 plus to the prevailing Procurement Act 2023 threshold ² | Advertised open call for competition. Minimum of 4 tenders received if available. | Formal contract and Purchase Order |
| Over the prevailing Procurement Act 2023 threshold | Advertised open call for competition. Minimum of 5 tenders received if available or appropriate to the procurement route. | Formal contract and Purchase Order |
| Contracts above £1 million | Welsh Government approval required ³ | Formal contract and Purchase Order |

¹ subject to the existence of suitable suppliers

² The Procurement Act 2023 – Schedule 1 – threshold amounts

³ in accordance with the requirements set out in Schedule 1.

11.10.3 **‘In Scope Health Services Only’** - In the absence of an existing suitable procurement framework to source the required item, the LHB is required to follow the most appropriate and proportionate procurement process as set out under the PSR Wales Regulations and the health service procurement: statutory guidance. The LHB should note that one of the key objectives of the PSR Wales Regulations are to provide more flexibility when selecting providers for health services with competitive tendering being one tool for the LHB to use when it is of benefit; alongside other routes that may be more proportionate, with a view to enabling the development of stable supplier partnerships and the delivery of collaborative care. Legislation, policy, and guidance setting out procedures for awarding all forms of regulated contracts shall have effect as if incorporated in the LHB’s SFIs.

11.10.4 Agreements awarded are required to deliver best value for money over the whole life of the agreement. Value for money is defined as the optimum combination of whole-life cost and quality to meet the requirement.

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Competition Requirements

11.11 Procurement Thresholds

- 11.11.1 Goods and Non-Health Services Only' The LHB must consider the minimum financial thresholds for quotes and competitive tendering arrangements when undertaking a procurement. The total value of the contract, whole life cost, over its entire period is the qualifying sum that should be applied (except in specific circumstances relating to aggregation and contracts of an indeterminate duration) as set out below, and in Schedule 1 of the 2023 Act.
- 11.11.2 '**Goods and Non-Health Services Only**' Advice from Procurement Services must be sought for all requirements in excess of £5,000 (excluding VAT).
- 11.11.3 '**Goods and Non-Health Services Only**' The deliberate subdividing of contracts to fall below a specific threshold is strictly prohibited. Any attempt to avoid these limits may expose the Board to risk of legal challenge and could result in disciplinary action against an individual[s].
- 11.11.4 '**Goods and Non-Health Services Only**' Deliberate re-engagement of a supplier, where the value of the individual engagement is less than £5,000 (excluding VAT), must not be undertaken where the total value of engagements taken as a whole would exceed £5,000 (excluding VAT) and require competition.
- 11.11.5 '**In Scope Health Services Only**' There is no minimum financial threshold for application of the PSR Wales Regulations.

11.12 Designing Competitions

- 11.12.1 The budget holder or manager responsible for the procurement is required to engage with the Procurement team to ensure:
- Required timescales are achievable
 - Specifications are drafted which:
 - are fit for inclusion in competition documents;
 - are drafted in a manner encouraging innovation by the market;
 - are capable of being responded to and do not narrow competition;
 - deliver in line with legislative and policy frameworks.
 - include robust performance measures to effectively measure and manage supplier performance; and
 - consider the ability of the market to deliver.

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11.12.2 Appropriate performance measures are included in agreements awarded, thus ensuring best value for money decisions taken that return maximum benefit for the organisation and ultimately the improvement of patient outcomes and wider health and social care communities. **‘Goods and Non-Health Services Only’**, under the 2023 Act there is a requirement to set and publish at least 3 Key Performance Indicators (KPI’s) for contracts above £5m, and to publish a notice on these at least annually during the term of the contract (note: this does not apply to ‘light touch regime’ contracts) and in circumstances where the LHB considers that the supplier's performance under the contract could not appropriately be assessed by reference to key performance indicators (s.52(2) of the 2023 Act)).

11.12.3 **‘Goods and Non-Health Services Only’** Criteria for selecting suppliers and achieving an award recommendation must be evaluated on the basis of the “Most Advantageous Tender”, which provides contracting authorities with greater flexibility to take into account wider social and environmental issues where that is decided to be relevant for the best solution. Such criteria must:

- be appropriately weighted;
- be transparent and proportionate;
- deliver value for money outcomes;
- fully explore complexity/risk; and
- consider whole life cost including (where appropriate) the cost of change and / or end of life costs.

11.12.4 **‘In-Scope Health Services Only’** Criteria for selecting suppliers and achieving an award recommendation must follow (where applicable) the provisions in the PSR Wales Regulations, regarding:

- Key Criteria (regulation 6);
- Basic Selection Criteria (regulation 22); and
- Exclusions (regulations 25 and 26).

The LHB is required to ensure the appropriate criteria is set with regards the selected procurement process, as set out under the PSR Wales Regulations and Health service procurement: statutory guidance”.

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11.13 Single Quotation Application (SQA) or Single Tender Application (STA) – ‘Goods and Non-Health Services Only’

11.13.1 In exceptional circumstances, there may be a need to secure goods/services/works from a single supplier. This may concern securing requirements from a single supplier, due to a special character of the firm, or a proprietary item or service of a special character. Such circumstances may include:

- Follow-up work where a provider has already undertaken initial work in the same area (and where the initial work was awarded from open competition);
- A technical compatibility issue which needs to be met e.g. specific equipment required, or compliance with a warranty cover clause;
- a need to retain a particular contractor for genuine business continuity issues (not just preferences); or
- When joining collaborative agreements where there is no formal agreement in place. Request for such a departure must be supported by written evidence from the Procurement Service confirming local agreements will be replaced by an all-Wales competition/national strategy.

11.13.2 The appropriate Executive Director must approve all single waivers for their service area prior to submission to Procurement Services. Procurement Services must be consulted prior to any such application being submitted for approval and comments provided on whether the application is supported or not from a procurement perspective (see 11.13.3) prior to the application being submitted for final approval. The Executive Director of Finance must approve such applications up to £25,000, the Chief Executive or designated deputy, and Executive Director of Finance, are required to approve applications exceeding £25,000. A register must be kept for monitoring purposes and all single tender actions must be reported to the Audit Committee.

11.13.3 In all applications, through Single Quotation Application or Single Tender Application (SQA or STA) forms, the applicant must demonstrate adequate consideration to the Chief Executive and Executive Director of Finance, as advised by the Head of Procurement, that securing best value for money is a priority. The Head of Procurement will scrutinise and endorse each request to ensure:

- robust justification is provided;
- a value for money test has been undertaken;
- no bias towards a particular supplier;
- future competitive processes are not adversely affected;
- no distortion of the market is intended;

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- an acceptable level of assurance is available before presentation for approval in line with the Health Board Scheme of Delegation; and
- an “or equivalent” test has been considered proving the request is justified.

11.13.4 Under no circumstances will Procurement Services endorse a retrospective SQA/STA, where the Health Board has already entered into an arrangement directly. A lack of sufficient time to complete the procurement process is not an acceptable reason for the requesting of an SQA/STA.

11.13.5 As a SQA or STA are only used in exceptional circumstances the Health Board, through the Chief Executive, must report each, including the specifics of the exceptional circumstances and the total financial commitment, in sufficient detail to its Audit Committee. The report will include any corrective action/advice provided by the Chief Executive, Executive Director of Finance or NWSSP Director of Procurement Services to prevent repeated inappropriate use of a SQA or a STA by the Health Board.

11.13.6 The Audit Committee may consider further steps to be appropriate, such as:

- instruct a representative of the Health Board to attend Audit Committee;
- escalate to the Board;
- request an internal Audit Review;
- request further training or
- take internal disciplinary action.

11.13.7 No SQA/STA is required where the seeking of competition is not possible, nor would the application of the SQA/STA procedure add value to the process/aid the delivery of a value for money outcome. The NWSSP Procurement Manual details the schedule of departures from a SQA/STA where competition not possible.

11.13.8 For performance monitoring purposes, Procurement Services will retain a central register of all such activity including SQA/STA’s not endorsed by Procurement Services or any exceptional matters.

11.14 Disposals - ‘Goods and Non-Health Services Only’

11.14.1 Disposal of surplus, obsolete equipment/consumables is also subject to the competition rules.

11.14.2 Obsolete or condemned articles and stores, which may be disposed

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of in accordance with applicable regulations and law at the prevailing time (e.g. Waste Electrical and Electronic Equipment (WEEE)) and the procedures of the Health Board making use of any agreements covering the disposal of such items.

11.14.3 The Health Board must obtain the best possible market price.

Approval & Award

11.15 Evaluation, Approval and Award

- 11.15.1 The evaluation of procurement competitions must be undertaken by a minimum of 2 evaluators from within the operational service of the Health Board. Evaluation Teams for competitions of greater complexity and value must be multi-disciplinary and reach a consensus recommendation for internal approval.
- 11.15.2 The internal approval of any recommendation to award a competition must follow the Board's Scheme of Delegation.
- 11.15.3 The communication of the external notification to the market to award the contract must be managed by the Procurement Service.
- 11.15.4 Information throughout the process must be handled and retained as 'commercial in confidence' and not shared outside of staff directly involved in the competition process.
- 11.15.5 All associated communication throughout the competition process must also be managed by the Procurement Service.

Implementation & Contract Management

11.16 Contract Management

- 11.16.1 Contract Management is the process which ensures that both parties to a contract fully meet their respective obligations as effectively and efficiently as possible, in order to deliver the business and operational objectives required by the contract and in particular, to achieve value for money. The relevant budget holder shall oversee and manage each contract on behalf of the LHB so as to ensure that these implicit obligations are met. This contract management will include:
- retaining accurate records;
 - monitoring contract performance measures;
 - engaging suppliers to ensure performance delivery;
-

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- implementing contractual sanctions in the event of poor performance in conjunction with advice from Procurement Services; and
- permitting stage payments as part of a formally agreed implementation / delivery plan which must be supported by written evidence issued by the budget holder.

11.16.2 Contract management on All Wales contracts will be provided by Procurement Services.

11.16.3 Advice on Contract Management best practice is available from Procurement Services.

11.17 Extending and Varying Contracts

11.17.1 'Goods and Non-Health Services Only'

- (i) Extending, modifying or varying the scope of an existing contract is possible, if the provision to do so was included as an option in the original awarded contract, e.g., scope of requirement, further expenditure due to unforeseen circumstances, change in regulatory requirements, etc.
- (ii) If there is no such provision, the 2023 Act defines such limitations. Further information on contract modifications can be found in sections 74-77 of the 2023 Act and in Guidance: Contract Modifications.

11.17.2 'In-Scope Health Services Only'

- (i) Modification of the scope of an existing contract is possible if:
 - the modification is clearly and unambiguously provided for in the original contract or framework agreement documents, or
 - the original contract was awarded under Direct Award Process 1 and the modification does not render the contract 'materially different' in character.
- (ii) If provisions set out in 11.17.2 (i) first bullet point are not met, the PSR Wales Regulations define limitations concerning modifications of contracts as being, the modification must be:
 - solely a change in the identity of the provider however continues to meet the basic selection criteria, and there are no other considerable changes to the contract; or
 - made in response to external factors beyond the control of the 'relevant authority' (as defined under section 10A of the National Health Service (Wales) 2006), and the provider, for example changes in patient or service user volume; changes in prices in accordance with a formula provided

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for in the contract documents and neither of these modifications render the contract or framework agreement materially different in character; or

- made at the discretion of the relevant authority and does not render the contract or framework agreement materially different in character and the cumulative change in the estimated lifetime value of the contract or framework agreement is under £500,000 or is under 25% of the estimated lifetime value.

11.17.3 Further approval is not required to extend an agreement beyond the original term/scope where prior approval was granted as part of the procurement process.

11.17.4 If there was no provision to extend, further approvals are required from the Health Board budget holder and the Head of Procurement. Budget holders must also be mindful of the threshold under which the original contract was awarded. Any increase in the contract value may require a more senior level of approval in line with the Scheme of Delegation.

11.17.5 This ensures an appropriate identification and assessment of potential risks to the Health Boards compliance of approvals being granted within the Scheme of Delegation and assurance that value for money continues to be delivered from public funds.

11.17.6 The budget holder must seek advice from Procurement Services in advance of committing further expenditure to ensure the contract is reflective of requirements. The budget holder must assess whether there is sufficient evidence to support the justification and whether the budget is available to support the additional requirements.

Transactional Processes

11.18 Requisitioning

11.18.1 The budget manager in choosing the item to be supplied (or the service to be performed) shall always obtain the best value for money for the LHB. The budget holder will source those goods (**'Goods and Non-Health Services Only'**) or services from the approved catalogue. Where a required item is not included within the catalogue, advice must be sought from the Procurement Services on opportunities to source those goods or services through public sector contract frameworks, such as those managed by Welsh Government's Commercial Delivery Team, NHS Supply Chain or Crown Commercial Services.

11.18.2 Where a required item is not on catalogue or on framework contract the budget manager shall request the Procurement Services to undertake quotation / tendering exercises (**'Goods and Non-Health Services Only'**) on their behalf in line with SFI 11.11 thresholds (**'Goods and Non-Health Services Only'**).

11.18.3 All orders for goods (**'Goods and Non-Health Services Only'**) and services must be accompanied by an official order number, available from the Procurement Department. In no circumstances must a requisition number be used as an order number.

11.19 No Purchase Order, No Pay

11.19.1 The Health Board will ensure compliance with the 'No Purchase Order, No Pay' policy, the All Wales policy which was introduced to ensure that Procure to Pay continues to provide world-class services on a 'Once for Wales' basis.

11.19.2 The policy ensures that a purchase order is raised at the beginning of a purchase in circumstances where a purchase order is required under the policy. This follows industry standard best practice as it provides a commitment as to what is likely to be spent. The supplier must obtain a purchase order number for their invoice in order for it to be processed for payment.

11.20 Official orders

11.20.1 Official Orders, issued following approved requisition and sourcing, must:

- a) Be consecutively numbered;
- b) State the Health Board's terms and conditions of trade.

11.20.2 Official Orders will be issued on behalf of the Health Board by Procurement Services.

12. HEALTH CARE AGREEMENTS AND CONTRACTS FOR HEALTH CARE SERVICES

12.1 Health Care Agreements

12.1.1 The Health Board will commission healthcare services for its resident population both internally, from its own LHB provided services, and externally, from other LHBs, Trusts and other providers. The Chief Executive is responsible for ensuring the LHB enters into suitable Health Care Agreements (or Individual Patient Commissioning Agreements, where appropriate) for the provision of health care services from external providers.

12.1.2 All Health Care Agreements should aim to implement the agreed priorities contained within the Integrated Medium Term Plan and wherever possible, be based upon integrated care pathways to reflect expected patient experience. In discharging this responsibility, the Chief Executive should take into account:

- The standards of service quality expected;
- The relevant quality, governance and risk frameworks and plans;
- The relevant national service framework (if any);
- The provision of reliable information on quality, volume and cost of service; and
- That the agreements are based on integrated care pathways.

12.1.3 All agreements must be in accordance with the functions conferred on the LHB by the Welsh Ministers.

12.2 Statutory provisions

The National Health Service (Wales) Act 2006 (c. 42) enables Health Boards to commission certain healthcare services. The relevant sections under the Act are as follows:

- Section 7 sets out the definition of an NHS contract, being an arrangement under which one health service body arranges for the provision to it by another of goods or services which it reasonably requires for the purposes of its functions. It also provides a definition of a health service body;
- Section 9 sets out arrangements to be treated as NHS contracts for ophthalmic and pharmaceutical services;
- Section 32 makes provision in relation to services which can be provided to Health Boards by local authorities;
- Section 33 enables the Welsh Ministers to make provision which enables Health Boards and Local Authorities to enter into prescribed arrangements as to the provision of services which are

in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;

- Part 4 enables Health Boards to make arrangements for the provision of primary medical services;
- Part 5 enables Health Boards to make arrangements for the provision of primary dental services;
- Part 6 enables Health Boards to make arrangements for the provision of general ophthalmic services;
- Part 7 enables Health Boards to make arrangements for the provision of pharmaceutical services;
- Section 188 enables the Welsh Ministers to make provision which enables Health Boards and the prison service to enter into prescribed arrangements as to the provision of services which are in connection with specified circumstances, if they are likely to lead to an improvement in the way in which each of their functions are exercised;
- Section 194 sets out the Health Boards powers to make payments towards expenditure on community services; and
- Section 195 sets out the conditions for payment where expenditure proposed under section 194 is in connection with services to be provided by a voluntary organisation.

12.3 Reports to Board on Health Care Agreements (HCAs)

12.3.1 The Chief Executive will need to ensure that regular reports are provided to the Board detailing performance, quality and associated financial implications of all health care agreements with external providers. These reports will be linked to, and consistent with, other Board reports on commissioning and financial performance.

13 GRANT FUNDING

It is a matter for LHBs to determine whether individual activities should be procured, or be eligible to receive grant funding, seeking legal advice as necessary. (Grants are defined as all non-procured payments to external bodies or individuals for activities which are linked to delivering policy objectives and statutory obligations. Payments are made to fund or reimburse expenditure on agreed items or functions in accordance with legally binding conditions.)

13.1 Legal Advice

13.1.1 Before the award of funding is made, legal advice where necessary must be sought to ensure that:

- The award does not breach the LHBs functions or its regularity of expenditure duty (that is, the activities for which the grant is made are within the scope of activities that the LHB has a legal remit to undertake);
- The activities would not be deemed to be normally subject to procurement legislation and policy; and
- A legally binding agreement is made with all delivery organisations.

See attached toolkit for grants v procurement (Annex 1):

13.2 Policies and procedures

13.2.1 The LHB shall maintain detailed policies and procedures for all aspects of grant funding. The policies and procedures shall comply with these SFIs, and where appropriate the Welsh Government's Code of Practice to funding the third sector:

<https://gov.wales/sites/default/files/publications/2019-01/third-sector-scheme-2014.pdf>

13.2.2 The Chief Executive is ultimately responsible for ensuring that the LHB's grant procedures:

- Are kept up to date;
- Conform to statutory requirements;
- Adhere to guidance issued by the Welsh Ministers;
- Are consistent with the principles of sustainable development; and
- Are strictly followed by all Executive Directors, Independent Members and staff within the organisation.

13.2.3 The award of grant funding must comply with the policy and principles set out in the Procurement section of these SFIs and ensure that the

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award meets the requirements of regularity, propriety and value for money.

13.2.4 All grant guidance issued by the Welsh Ministers should have the effect as if incorporated in these SFIs.

13.3 Corporate Principles underpinning Grants Management

13.3.1 While there is a need to make the financial arrangements for awarding funding as simple and streamlined as possible, LHBs should also ensure that taxpayers' money is spent appropriately and that it provides good value for money.

13.3.2 The overarching principles for managing public resources in Wales are set out in [Managing Welsh Public Money](#). The document states that the award of funding should be made in accordance with the law and the requirements of propriety, regularity and value for money.

13.3.3 Regularity requires compliance with appropriate authorities, regulations and legislation. Propriety requires both public authorities and funded bodies to deliver appropriate standards of conduct, behaviour and corporate governance. In addition, the public expects official decisions to be made fairly and impartially with public money spent wisely and appropriately, delivering value for money and ensuring that best use is made of resources.

13.3.4 The **corporate principles** of grants management are:

- The development of grant management processes and procedures that are transparent, accountable, proportionate and consistent;
- The delivery of a high quality regulatory framework that responds to demands but does not place unnecessary administrative burdens on LHBs or funded bodies;
- A regulatory framework that will take into consideration the need for proportionality, balancing the need for governance with the burden of administration, thus striking an appropriate balance between accountability and simplicity;
- An effective grant management process to ensure funded bodies spend the funding efficiently, transparently and for the purpose intended, with a view to maximising the impact and outcome from budgets;
- An appropriate evidence-based approach to underpin the design and development of all new funding programmes to ensure efficient and effective use of public funds, ensuring that the funding programme is the optimal solution and that funding is targeted

- where it is most needed and where it can have most impact;
- A consistent framework that will reinforce respect and effectiveness of the rules for both administrators and funded bodies; and
 - Compliance of the grant funding with State aid requirements in accordance with the State aid rules.

13.4 Grant Procedures

It is vital that money is put to use in a way that delivers the maximum benefit to the people of Wales. Grants funding programmes need to be managed as efficiently and cost effectively as possible to make sure that every penny is spent appropriately and in an accountable manner. When establishing grant funding programmes, LHBs should ensure principles of good practice available from a number of external sources are considered and reflected in grant programmes.

13.4.1 Health Boards must agree a clear purpose for each grant and how it will measure the delivery organisation's success in delivering those purposes. It should also agree appropriate targets with the delivery organisation.

13.4.2 For grant programmes that span a number of financial years, the LHB is responsible for evaluating the programmes to ensure they are fit for purpose, achieving required outcomes and continue to provide value for money.

13.4.3 LHBs are responsible for ensuring that appropriate procedures exist in relation to all the grants and funding for which they are accountable. **They are also responsible for ensuring that any grant provided to an entity that engages in economic activity complies with the State aid rules.**

13.4.4 LHBs are required to undertake due diligence checks on all potential delivery organisations to determine the economic and financial viability of any organisation(s) to administer public funds, and the reliability of the organisation(s). These checks are important in order to identify any risks or issues that could expose the LHB to potential financial loss, fraud or reputational damage. A proportionate level of due diligence should be carried out, both prior to the award of any grant funding and throughout the life of the award.

13.4.5 The LHB must enter into legally binding funding agreements with all delivery organisations. When developing funding agreements, the LHB should ensure principles of good practice available from a number of external sources are considered and reflected.

13.4.6 The LHB is responsible for ensuring that all third party delivery organisations comply with and adhere to the terms and conditions of the Funding Agreement.

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14. PAY EXPENDITURE

14.1 Remuneration and Terms of Service Committee

14.1.1 In accordance with SOs the Board shall establish a Remuneration and Terms of Service Committee, with clearly defined terms of reference and operating arrangements that specify which posts fall within its area of responsibility. This Standing Financial Instruction should be read in conjunction with Standing Order 3.4.

14.1.2 The Committee shall report in writing to the Board the basis for its recommendations. The Board shall use the report as the basis for their decisions, but remain accountable for taking decisions on the remuneration and terms of service of Directors and other senior employees, in accordance with the framework set by the Welsh Ministers. Minutes of the Board's meetings should record such decisions.

14.1.3 The Board will, after due consideration and amendment if appropriate approve proposals presented by the Chief Executive for the setting of remuneration and terms of service for those employees and officers not covered by the Committee.

14.1.4 The LHB will remunerate the Chair, Chief Executive, Executive Directors and Independent Members of the Board in accordance with instructions issued by the Welsh Ministers. Welsh Ministers approval will be required in the exceptional event that remuneration needs to be above the maximum of the salary band range, administratively this approval will be exercised by the Director General HSSG.

14.1.5 The Remuneration and Terms of Service Committee will consider cases of redundancy and Voluntary Early Release applications. The Remuneration and Terms of Service Committee will consider any novel employment and pay cases, such as compromise agreements and non-disclosure agreements, ensuring Welsh Government advice has been sought and considered.

14.2 Funded Establishment

14.2.1 The workforce plans incorporated within the approved Integrated Medium Term Plan will form the funded establishment, i.e., the budget for all approved posts. (The financial budgets (£) and workforce establishment budgets (budgeted whole time equivalents) as per SFI 5.1.1 g)

14.2.2 The funded establishment of any department may not be varied without

the approval of the Chief Executive or an officer with delegated authority.

14.3 Staff Appointments

14.3.1 Staff must only be engaged by authorised managers, in accordance with the Board's Scheme of Delegation. The engagement must be within the approved budget and funded establishment.

14.3.2 No Board member or LHB official may engage, re-engage, or re-grade employees, either on a permanent or temporary nature, or hire agency staff, or agree to changes in any aspect of remuneration outside the limit of their approved budget and funded establishment unless authorised to do so by the Chief Executive.

14.4 Pay Rates and Terms and Conditions

14.4.1 The Board will approve procedures presented by the Chief Executive for the determination of commencing pay rates, condition of service, etc, for employees in accordance with pay, terms and conditions set out in Ministerial directions on Agenda for Change and Medical and Dental pay, and any staff with pre-existing terms and conditions of service, following a TUPE transfer into employment or ad hoc salaried staff.

14.4.2 The Remuneration Committee will determine pay rates and conditions of services for board members, and other senior employees, in accordance with ministerial instructions.

14.5 Payroll

14.5.1 The Executive Director of People and Organisational Development, has responsibility for securing an efficient, well-controlled payroll service from NHS Wales Shared Services Partnership that:

- pays the correct staff with the correct amount,
- all payments are supported by properly authorised documentation.

14.5.2 The Executive Director of People and Organisational Development is responsible for:

- a) The control framework and detailed procedures which are in place to:
 - To ensure all payments comply with HMRC, Pensions Agency and other regulation in relation to the deduction and payment of tax, national insurance, pension or other payments,
 - reduce the risk of fraud and error within the payroll function.

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- b) Specifying timetables for submission of properly authorised time records and other notifications;
- c) The final determination of pay and allowances including verification that the rate of pay and relevant conditions of service are in accordance with current agreements;
- d) Agreeing the timing and method of payment with the payroll service;
- e) Authorising the release of payroll data where in accordance with the provisions of the applicable Data Protection Legislation (the Data Protection Act 2018 and the UK General Data Protection Legislation);
- f) Verification and documentation of data;
- g) The timetable for receipt and preparation of payroll data and the payment of employees and allowances;
- h) Maintenance of subsidiary records for superannuation, income tax, social security and other authorised deductions from pay;
- i) Security and confidentiality of payroll information;
- j) Checks to be applied to completed payroll before and after payment; and
- k) A system to ensure the recovery from those leaving the employment of the LHB of sums of money and property due by them to the LHB.

14.5.3 The Chief Executive is responsible for:

- a) Ensuring that arrangements for a payroll service from NHS Wales Shared Services Partnership (NWSSP) is supported by appropriate Service Level Agreements, terms and conditions, adequate internal controls and internal audit review procedures;
- b) Ensuring a sound system of internal control and audit review of any internally provided payroll service; and
- c) Maintenance and/or the authorisation of regular and independent reconciliation of pay control accounts.

14.5.4 Appropriately nominated managers have delegated responsibility for:

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- a) Submitting time records, and other notifications in accordance with agreed timetables;
- b) Completing time records and other notifications in accordance with the Service Level Agreements; and
- c) Submitting termination forms in the prescribed form immediately upon knowing the effective date of an employee's or officer's resignation, termination or retirement. Where an employee fails to report for duty or to fulfil obligations in circumstances that suggest they have left without notice, the Executive Director of People and Organisational Development and/or Chief Executive must be informed immediately. In circumstances where fraud is suspected, this must be reported to the Executive Director of Finance.

14.6 Contracts of Employment

14.6.1 The Executive Director of People and Organisational Development must:

- a) Ensure that all employees are issued with a Contract of Employment in a form approved by the Board and which complies with employment legislation; and
- b) Deal with variations to, or termination of, contracts of employment.

15. CAPITAL PLAN, CAPITAL INVESTMENT, FIXED ASSET REGISTERS AND SECURITY OF ASSETS

15.1 Capital Plan

15.1.1 Capital plans, and annual capital programmes, must be approved by the Board before the commencement of a financial year and should be in line with the objectives set out in the approved Integrated Medium Term Plan (IMTP) for the organisation. The actual capital plan and programmes must be delivered within Welsh Government capital finance resource limits.

15.1.2 The Director of Planning (or nominated responsible director) will develop a capital plan, and detailed capital programme, for the organisation that sets out a detailed capital investment plan to support the objectives set out in the IMTP. The capital programme must be affordable and within the capital allocations, as set out in the Welsh Government (WG) Capital Resource Limit for the year, and the LHB must not exceed the allocation resource limit. There must be an approved revenue funding plan in place to support any revenue costs associated with the capital plan. Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.1.3 The Board must approve a three year Capital Plan, and an annual Capital Programme, as set out in the Integrated Medium Term Plan and Budgetary Control chapters of these SFI.

15.2 Capital Investment Decisions

15.2.1 Robust business case and capital investment appraisal must be undertaken prior to formal submission to Welsh Government, the level of detail within the appraisal commensurate with the value and risk of the investment. Capital investment decisions should be undertaken in line with Welsh Government requirements and guidance for the development of business cases as set out in:

- NHS Wales Infrastructure Investment Guidance (Welsh Health Circular WHC (2018) 043)
<https://gov.wales/nhs-wales-infrastructure-investment-guidance>
- Better business cases: investment decision-making framework
<https://gov.wales/better-business-cases-investment-decision-making-framework>

15.2.2 The Executive Director of Finance must provide a professional opinion on the financial elements of the business case. Capital investment decisions will be taken by the organisation in line with the financial thresholds specified by Welsh Government and in the Health Board's Scheme of Delegation.

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15.3 Capital Projects

15.3.1 The Chief Executive shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that formal confirmation of capital resources has been received.

15.3.2 When capital investment decisions are taken and a Capital Programme is approved the project cannot be initiated until the authority to commit expenditure is formally delegated to a manager, in line with the organisation's Scheme of Delegation. The capital project must then be procured in line with normal procurement procedures or the Designed for Life or other approved procurement framework and in line with Welsh Government requirements and guidance and the applicable procurement legislation. Management control and financial reporting systems must be established to ensure that the project is:

- delivered on time;
- on budget; and
- within contractual obligations.

15.3.3 Project management controls and financial reporting systems must be established to ensure these objectives are met. Reporting requirements to Welsh Government will be set out in the approval letter provided post Ministerial approval.

15.3.4 Regular updates must be provided to the Board, and relevant Board Committees, during the financial year.

15.4 Capital Procedures and Responsibilities

15.4.1 The Chief Executive:

- a) Shall ensure that there is an adequate appraisal and approval process in place for determining capital expenditure priorities and the effect of each proposal upon plans;
- b) Is responsible for the management of all stages of capital schemes and for ensuring that schemes are delivered on time and to cost;
- c) Shall ensure that any capital investment above the Welsh Ministers' delegated limit is not undertaken without approval of the Welsh Ministers and that confirmation of capital resources has been received;
- d) Shall ensure that the three year Capital Plan, and detailed annual

Capital Programme, is approved by the Board, as part of the IMTP, prior to the commencement of the financial year;

- e) Shall ensure the availability of resources to finance all revenue consequences of the investment, including capital charges; and
- f) Shall ensure that any 3rd party use of NHS estate is properly controlled, reimbursed and reported. This will include ensuring that appropriate security, insurance and indemnity arrangements are in place and that there is a written agreement as to each party's responsibilities and liabilities.

15.4.2 For every capital expenditure proposal the Chief Executive shall ensure:

- a) That a business case is produced in line with Welsh Ministers' guidance and where appropriate the 5-case Model;
- b) That the Executive Director of Finance has certified professionally to the costs and revenue consequences detailed in the business case and involved appropriate LHB personnel and external agencies in the process.

15.4.3 For capital schemes where the contracts stipulate stage payments, the Chief Executive will issue procedures for their management in accordance with the Welsh Ministers' guidance.

15.4.4 The approval of a capital programme by the Health Board shall not constitute approval for the initiation of expenditure on any scheme.

15.4.5 The Chief Executive shall issue to the manager responsible for any scheme:

- a) Specific authority to commit expenditure;
- b) Authority to proceed to tender; and
- c) Approval to accept a successful tender.

15.4.6 The Chief Executive will issue a scheme of delegation for capital investment management in accordance with the Welsh Ministers' guidance and the LHB's SOs.

15.4.7 The Director of Planning and Executive Director of Finance shall issue detailed procedures governing the project, financial and contractual management, including variations to contract, of capital investment projects and valuation for accounting purposes. These procedures shall

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fully take into account the requirements and delegated limits for capital schemes set out in Welsh Ministers' guidance and approval letters. The procedures will also cover post project benefits realisation to ensure benefits set out in the business case supporting the investment are delivered. The Executive Director of Finance shall issue procedures for the regular reporting of expenditure and commitment against authorised expenditure.

15.4.8 The Executive Director of Finance shall ensure, for each capital project over £2m, that the Welsh Government Project Bank Accounts policy is applied unless there are compelling reasons not to do so. The Executive Director of Finance should apply to Welsh Government officials for exemption from use of Project Bank Accounts, setting out the compelling reasons.

15.5 Capital Financing with the Private Sector

15.5.1 The LHB must not enter into any new capital financing arrangements with the private sector, including Private Financing Initiatives, Mutual Investment Model and 3rd Party Developments, without the consent of the Welsh Ministers.

15.6 Asset Registers

15.6.1 The Chief Executive is responsible for the maintenance of registers of assets, taking account of the advice of the Director of Planning and Executive Director of Finance, concerning the form of any register and the method of updating, and arranging for a physical check of assets against the asset register to be conducted periodically.

15.6.2 The LHB shall maintain an asset register recording fixed assets. The minimum data set to be held within these registers shall be in accordance with the Welsh Ministers' guidance and to satisfy the financial disclosure requirements for the Annual Accounts.

15.6.3 Additions to the fixed asset register must be clearly identified to the operational or departmental manager or delegated budget holder and be validated by reference to appropriate documentation to provide evidence of the financial value recorded, including:

- a) Properly authorised and approved agreements, architect's certificates, supplier's invoices and other documentary evidence in respect of purchases from third parties;
- b) Stores, requisitions and wages records for own materials and labour including appropriate overheads; and
- c) Lease agreements in respect of assets held under a finance lease

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and included on the LHB's balance sheet.

15.6.4 Where capital assets are sold, scrapped, lost or otherwise disposed of, their value must be removed from the accounting records and each disposal must be validated by reference to authorisation documents and invoices (where appropriate). Disposal receipts are to be treated in accordance with the Welsh Ministers' guidance and clearly set out in the over-arching business case.

15.6.5 The Executive Director of Finance shall apply accounting policies for fixed assets in line with Welsh Government guidance and accounting standards and values recorded in the asset register, including depreciation and revaluations. The Executive Director of Finance shall approve procedures for reconciling balances on fixed assets accounts in general ledgers against balances on fixed asset registers.

15.6.6 The value of each asset, and depreciation, shall be considered annually in accordance with valuation guidance and methods specified by the Welsh Ministers. Assets should be considered for early revaluation where there is the likelihood of impairment as a result in a change of valuation or asset life.

15.7 Security of Assets

15.7.1 The overall control of fixed assets is the responsibility of the Chief Executive.

15.7.2 Asset control procedures (including fixed assets, cash, cheques and negotiable instruments, and also including donated assets) must be approved by the Executive Director of Finance. This procedure shall make provision for:

- a) Recording managerial responsibility for each asset;
- b) Identification of additions and disposals;
- c) Identification of all repairs and maintenance expenses;
- d) Physical security of assets;
- e) Regular verification of the existence of, condition of, and title to, assets recorded;
- f) Identification and reporting of all costs associated with the retention of an asset; and
- g) Reporting, recording and safekeeping of cash, cheques, and

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negotiable instruments.

15.7.3 All discrepancies revealed by verification of physical assets to fixed asset register shall be notified to the Director of Planning and Executive Director of Finance.

15.7.4 Whilst individual officers have a responsibility for the security of property of the LHB, it is the responsibility of Board members and senior LHB officers in all disciplines to apply such appropriate routine security practices in relation to NHS property as may be determined by the Board. Any breach of agreed security practices must be reported in accordance with agreed procedures.

15.7.5 Any damage to the LHB's premises, vehicles and equipment, or any loss of equipment, stores or supplies must be reported by Board members and LHB officers in accordance with the procedure for reporting losses.

15.7.6 Where practical, assets should be marked as LHB property.

16. STORES AND RECEIPT OF GOODS

16.1 General position

16.1.1 Stores, defined in terms of controlled stores and departmental stores (for immediate use) should be:

- a) Kept to a minimum;
- b) Subjected to annual stock take; and
- c) Valued at the lower of cost and net realisable value.

16.2 Control of Stores, Stocktaking, condemnations and disposal

16.2.1 Subject to the responsibility of the Executive Director of Finance for the systems of financial control, overall responsibility for the control of stores shall be delegated to a senior officer by the Chief Executive. The day-to-day responsibility may be delegated by them to departmental officers/managers and stores managers/keepers, subject to such delegation being entered in a record available to the Executive Director of Finance. The control of any Pharmaceutical stocks shall be the responsibility of a designated Pharmaceutical Manager; the control of any fuel oil and coal of a designated estates manager.

16.2.2 The responsibility for security arrangements and the custody of keys for any stores and locations shall be clearly defined in writing by the designated manager/Pharmaceutical Manager. Wherever practicable, stocks should be marked as health service property.

16.2.3 The Executive Director of Finance is responsible for developing financial control systems and procedures for the regulation and operation of the stores, to include the accounting arrangements for receipt, issues, and returns of goods to stores, and losses.

16.2.4 Stocktaking arrangements shall be agreed with the Executive Director of Finance and there shall be a physical check covering all items in store at least once a year.

16.2.5 Where a complete system of controlled stores is not justified, alternative stores arrangements shall require the approval of the Executive Director of Finance.

16.2.6 The designated officer/manager shall be responsible for a system approved by the Executive Director of Finance for a review of slow moving and obsolete items and for condemnation, disposal, and replacement of all unserviceable articles. The designated officer/manager shall report to the Executive Director of Finance any evidence of significant overstocking and of any negligence or malpractice (see also overlap with SFI 17, Disposals)

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and Condemnations, Losses and Special Payments). Procedures for the disposal of obsolete stock shall follow the procedures set out for disposal of all surplus and obsolete goods.

16.3 Goods supplied by an NHS supplies agency

16.3.1 For goods supplied via NHS Wales Shared Services Partnership – Procurement Services (NWSSP-PS) or any other NHS purchasing and supplies agency central warehouses, the Chief Executive shall identify those authorised to requisition and accept goods from the store. The authorised person shall check receipt against the delivery note before forwarding this to the Executive Director of Finance or authorised officer who shall satisfy themselves that the goods have been received before accepting the recharge.

17. DISPOSALS AND CONDEMNATIONS, LOSSES AND SPECIAL PAYMENTS

17.1 Disposals and Condemnations

17.1.1 The Executive Director of Finance must prepare detailed procedures for the disposal of assets and goods, including condemnations, and ensure that these are notified to managers.

17.1.2 When it is decided to dispose of a LHB asset and goods, the head of department or authorised deputy will determine and advise the Executive Director of Finance of the estimated market value of the item, taking account of professional advice where appropriate.

17.1.3 All unserviceable assets and goods shall be:

- a) Condemned or otherwise disposed of by an officer, the Condemning Officer, authorised for that purpose by the Executive Director of Finance;
- b) Recorded by the Condemning Officer in a form approved by the Executive Director of Finance which will indicate whether the assets and goods are to be converted, destroyed or otherwise disposed of. All entries shall be confirmed by the countersignature of a second officer authorised for the purpose by the Executive Director of Finance.

17.1.4 The Condemning Officer shall satisfy themselves as to whether or not there is evidence of negligence in use and shall report any such evidence to the Executive Director of Finance who will take the appropriate action.

17.2 Losses and Special Payments

17.2.1 Losses and special payments are items that the Welsh Government would not have contemplated when it agreed funds for NHS Wales or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments, and special notation in the accounts to draw them to the attention of the Welsh Government.

17.2.2 The Executive Director of Finance is responsible for ensuring procedural instructions on the recording of and accounting for losses and special payments are in place; and that all losses or special payments cases are properly managed in accordance with the guidance set out in the Welsh Government's Manual for Accounts.

- 17.2.3 Any officer discovering or suspecting a loss of any kind must either immediately inform their head of department, who must immediately inform the Chief Executive and/or the Executive Director of Finance or inform an officer charged with responsibility for responding to concerns involving loss. This officer will then appropriately inform the Executive Director of Finance and/or the Chief Executive.
- 17.2.4 Where a criminal offence is suspected, the Executive Director of Finance must immediately inform the police if theft or arson is involved. In cases of fraud and corruption or of anomalies which may indicate fraud or corruption, the Executive Director of Finance must inform the Local Counter Fraud Specialist (LCFS) and the CFS Wales Team in accordance with Directions issued by the Welsh Ministers on fraud and corruption.
- 17.2.5 The Executive Director of Finance or the LCFS must notify the Audit Committee, the Auditor General's representative and the fraud liaison officer within the Welsh Government's Health and Social Services Group Finance Directorate of all frauds.
- 17.2.6 For losses apparently caused by theft, arson, neglect of duty or gross carelessness, except if trivial, the Executive Director of Finance must notify:
- a) The Audit Committee on behalf of the Board, and
 - b) An Auditor General's representative.
- 17.2.7 The Executive Director of Finance shall be authorised to take any necessary steps to safeguard the LHB's interests in bankruptcies and company liquidations.
- 17.2.8 The Executive Director of Finance shall ensure all financial aspects of losses and special payments cases are properly registered and maintained on the centralised Losses and Special Payments Register and that 'case write-off' action is recorded on the system (i.e. case closure date, case status, etc.).
- 17.2.9 The Audit Committee shall approve the writing-off of losses or the making of special payments within delegated limits determined by the Welsh Ministers and as set out by Welsh Government in its Losses and Special Payments guidance as detailed in Schedule 3 of the SOs.
- 17.2.10 For any loss or special payments, the Executive Director of Finance should consider whether any insurance claim could be made from the Welsh Risk Pool or from other commercial insurance arrangements.

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- 17.2.11 No losses or special payments exceeding delegated limits shall be authorised or made without the prior approval of the Health and Social Services Group Director of Finance.
- 17.2.12 All novel, contentious and repercussive cases must be referred to the Welsh Government's Health and Social Services Group Finance Directorate, irrespective of the delegated limit.
- 17.2.13 The Executive Director of Finance shall ensure all losses and special payments are reported to the Audit Committee at every meeting.
- 17.2.14 The LHB must obtain the Health and Social Services Group Director General's approval for special severance payments.

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18. DIGITAL, DATA and TECHNOLOGY

18.1 Digital Data and Technology Strategy

18.1.1 The Board shall approve a Digital Data and Technology Strategy which sets out the development needs of the LHB for the medium term based on an appropriate assessment of risk. The Integrated Medium Term Plan shall include costed implementation plans of the strategy. The Board shall also ensure that a Director has responsibility for Digital Data and Technology.

18.1.2 The LHB shall publish and maintain a Freedom of Information (FOI) Publication Scheme, or adopt a model Publication Scheme approved by the Information Commissioner. A Publication Scheme is a complete guide to the information routinely published by a public authority. It describes the classes or types of information about the LHB that are made publicly available.

18.2 Responsibilities and duties of the responsible Director

18.2.1 The responsible Director for Digital Data and Technology has responsibility for the accuracy, availability and security of the LHB digital systems and data and shall:

- a) Devise and implement any necessary procedures to ensure adequate (reasonable) protection and availability of the LHB's digital systems and data, for which they are responsible from accidental or intentional disclosure to unauthorised persons, deletion or modification, theft or damage, having due regard for the Network and Information Systems Regulations 2018, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018;
- b) Ensure that, following risk assessment of threats, adequate (reasonable) controls exist over access to systems, data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness, and timeliness of the data, as well as the efficient and effective operation of the system;
- c) Ensure that an adequate management (audit) trail is maintained of access to digital systems and data and that such audit reviews as the Director may consider necessary to meet the organisational requirements under the Network and Information System Regulations 2018 are being carried out;

- d) Shall ensure that policies, procedures and training arrangements are in place to ensure compliance with information governance law and the Network and Information System Regulations 2018; and
- e) Shall ensure comprehensive incident reporting.

18.3 Responsibilities and duties of the Executive Director of Finance

18.3.1 The Executive Director of Finance shall need to ensure that new financial data and systems, and amendments to current financial data and systems, are developed in a controlled manner and thoroughly tested prior to implementation and business as usual phases. Where this is undertaken by another organisation, assurances of adequacy must be obtained from them prior to implementation and business as usual phases.

18.4 Contracts for data and digital services with other health bodies or outside agencies

18.4.1 The responsible Director for Digital Data and Technology shall ensure that contracts for data and digital services for clinical, management and financial applications with another health organisation or any other agency shall clearly define the responsibility of all parties for

- the security, privacy, accuracy, completeness, and timeliness of data during processing, transmission and storage, and
- the availability of the service including the resilience required to maintain continuity of the service.

The contract should also ensure rights of access for audit purposes.

18.4.2 Where another health organisation or any other agency provides a data or digital service for clinical, management and financial applications, the responsible Director for Digital Data and Technology shall, to maintain the confidentiality, integrity and availability of the service provided, periodically seek assurances that adequate controls, based on risk assessment, are in operation.

18.5 Risk assurance

18.5.1 The responsible Director for Digital Data and Technology shall ensure that the risks to the LHB arising from the use of data, information and digital are effectively identified and considered and that appropriate action is taken to mitigate or control risk. This shall include the preparation and testing of appropriate resilience plans, including both a business continuity and disaster recovery plan.

19. PATIENTS' PROPERTY

19.1 LHB Responsibility

19.1.1 The LHB has a responsibility to provide safe custody for money and other personal property (hereafter referred to as "property") handed in by patients, in the possession of patients that lack capacity, or found in the possession of patients dead on arrival.

19.1.2 Where the Welsh Ministers' instructions require the opening of separate accounts for patient monies, these shall be opened and operated under arrangements agreed by the Executive Director of Finance.

19.1.3 In all cases where property, including cash and valuables, of a deceased patient is of a total value in excess of £5,000 (or such other amount as may be prescribed by any amendment to the Administration of Estates (Small Payments) Act 1965 (c. 32)), the production of Probate or Letters of Administration shall be required before any of the property is released. Where the total value of property is £5,000 or less, forms of indemnity shall be obtained.

19.1.4 Staff should be informed, on appointment, by the appropriate departmental or senior manager of their responsibilities and duties for the administration of the property of patients.

19.1.5 Where patient property or income is received for specific purposes and held for safekeeping the property or income shall be used only for that purpose, unless any variation is approved by the donor or patient in writing.

19.2 Responsibilities of the Chief Executive

19.2.1 The Chief Executive is responsible for ensuring that patients or their guardians, as appropriate, are informed before or at admission, that the Health Board will not accept responsibility or liability for patient property brought onto health service premises, unless it is handed in for safe custody and a copy of an official patient property record is retained as a receipt, by:

- a) Notices and information booklets;
- b) Hospital admission documentation and property records; and
- c) The oral advice of administrative and nursing staff responsible for admissions.

19.3 Responsibilities of the Executive Director of Finance

19.3.1 The Executive Director of Finance must provide detailed written instructions on the collection, custody, investment, recording, safekeeping, and disposal of patient property (including instructions on the disposal of the property of deceased patients and of patients transferred to other premises) for all staff whose duty is to administer, in any way, the property of patients. Due care should be exercised in the management of a patient's money in order to maximise the benefits to the patient.

20. FUNDS HELD ON TRUST (CHARITABLE FUNDS)

20.1 Corporate Trustee

- 20.1.1 Paragraph (x) of Section A to the SOs refers to the LHB having specified powers to act as corporate trustee for the management of funds it holds on trust (charitable funds). SFI 20.2 defines the need for compliance with Charities Commission latest guidance and best practice.
- 20.1.2 The discharge of the LHB's corporate trustee responsibilities for funds held on trust are distinct from its responsibilities for exchequer funds and may not necessarily be discharged in the same manner, but there must still be adherence to the overriding general principles of financial regularity, prudence and propriety. Trustee responsibilities cover both charitable and non-charitable purposes.
- 20.1.3 The LHB shall establish a Charitable Funds Committee as set out in Standing Order 3.4 to ensure that each fund held on trust which the LHB is responsible for managing is managed appropriately with regard to its purpose and to its requirements.

20.2 Accountability to Charity Commission and the Welsh Ministers

- 20.2.1 The trustee responsibilities must be discharged separately and full recognition given to the LHB's dual accountabilities to the Charity Commission for charitable funds and to the Welsh Ministers for exchequer funds.
- 20.2.2 The Schedule of Matters Reserved to the Board and the Scheme of Delegation make clear where decisions regarding the exercise of discretion regarding the disposal and use of the funds are to be taken and by whom. All Board members and LHB officers must take account of that guidance before taking action.
- 20.2.3 The LHB shall make appropriate arrangements for the Annual Accounts and audit of Funds held on Trust in accordance with Charity Commission requirements.

20.3 Applicability of Standing Financial Instructions to funds held on Trust

- 20.3.1 In so far as it is possible to do so, most of the sections of these SFIs will apply to the management of funds held on trust.
- 20.3.2 The over-riding principle is that the integrity of each Trust must be maintained and statutory and Trust obligations met. Materiality must be assessed separately from Exchequer activities and funds.

21. RETENTION OF RECORDS

21.1 Responsibilities of the Chief Executive

21.1.1 The Chief Executive shall be responsible for maintaining archives for all records required to be retained in accordance with the Welsh Ministers' guidance, the UK General Data Protection Legislation and any relevant domestic law considerations via the Data Protection Act 2018, and the Freedom of Information Act 2000 (c. 36).

21.1.2 The records held in archives shall be capable of retrieval by authorised persons.

21.1.3 Records held shall only be destroyed in accordance with the applicable data protection laws and at the express instigation of the Chief Executive. Details shall be maintained of records so destroyed.

Schedule 1

GENERAL CONSENT TO ENTER INDIVIDUAL CONTRACTS

This schedule included as “General Consent to enter individual contracts” replaces all previous versions of Schedule 1 and should be read in conjunction with the revised Model Standing Financial Instructions (SFI’s) issued in relation to Chapter 11 for Local Health Boards and NHS Trusts and Chapter 12 for Health Education and Improvement Wales (HEIW) and Digital Health and Care Wales (DHCW).

PROCESSES FOR NHS WALES CONTRACTS, AND INTERESTS IN PROPERTY

Paragraph 13 of Schedule 2 to the National Health Service (Wales) Act 2006 states as follows:

“(1) Subject to sub-paragraph (3), a Local Health Board may do anything which appears to it to be necessary or expedient for the purposes of or in connection with its functions.

(2) In particular it may—

(a) acquire and dispose of property,

(b) enter into contracts,

(c) accept gifts of property (including property to be held on trust, either for the general or any specific purposes of the Local Health Board or for any purposes relating to the health service).

(3) A Local Health Board may not do anything mentioned in sub-paragraph (2) without the consent of the Welsh Ministers (which may be given in general terms covering one or more descriptions of case).”

Section 10.1 of the NHS Wales Infrastructure Investment Guidance issued on 22 October 2018 (“**the Investment Guidance**”) includes the following in relation to Local Health Boards:

“Contract approvals over £1m for individual schemes will be sought as part of the normal business case submission process where funding from the NHS Capital Programme is required. For schemes funded via discretionary allocations, a request for approval will need to be submitted to Chief Executive NHS Wales, copying in the Deputy Director of Capital, Estates & Facilities Division.

Detailed arrangements in respect of approval process linked to the acquisition and disposal of leases, where consent does not form part of the business case process are included in Welsh Health Circular WHC(2015)031. Organisations should ensure that the monitoring arrangements and the requisite forms and returns are included as part of their own assurance arrangements.”

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This is also to be regarded as being applicable to HEIW and DHCW, which were both established after the two WHC's mentioned above were issued.

Section 10.2 of the Investment Guidance includes the following in relation to Trusts:

“Whilst formal Cabinet Secretary consent is not required for Trusts as detailed above, general consent arrangements are still applicable in terms of relevant transactions. Detailed requirements in terms of appropriate notifications were sent in the Welsh Health Circular referenced above.”

Section 11 of the Investment Guidance also includes provision as to disposals and property protocols.

Welsh Health Circular WHC (2015) 031 issued 22 June 2015 includes arrangements for consent to acquire or dispose of a lease in property (where not covered by any business case approval process).

That WHC is also to be regarded as being applicable to HEIW and DHCW in the same way as it applies to LHBs.

Entering into contracts

This schedule confirms to all NHS Wales bodies that the authorisation and consideration of notified contracts and applications for the acquisition or disposal of a lease or any interest in property are delegated to the Director General, Health Social Care and Early Years.

The Director General may, as with any other matter relating to the operation of the NHS in Wales, brief the Cabinet Secretary for Health and Social Care on any arrangement of particular policy note, or with a novel, contentious or innovative nature.

Accordingly, any issues relevant to the exercise of the Cabinet Secretary for Health, and Social Care's consent will, as a matter of course, be drawn to his attention.

The process which NHS Wales bodies entering into contracts must follow is:

- All NHS contracts (unless exempt) >£1m in total to be notified to the Director General HSCEY prior to tendering for the contract;
- All eligible LHB and HEIW and DHCW contracts >£1m in total to be submitted to the Director General HSCEY for consent prior to award;
- All eligible NHS Trust contracts >£1m in total to be submitted to the Director General HSCEY for notification prior to award; and
- All eligible NHS contracts >£0.5m in total to be submitted to the Director General HSCEY for notification prior to award.

The requirement for consent does not apply to any contracts entered into pursuant to a specific statutory power, and therefore does not apply to:

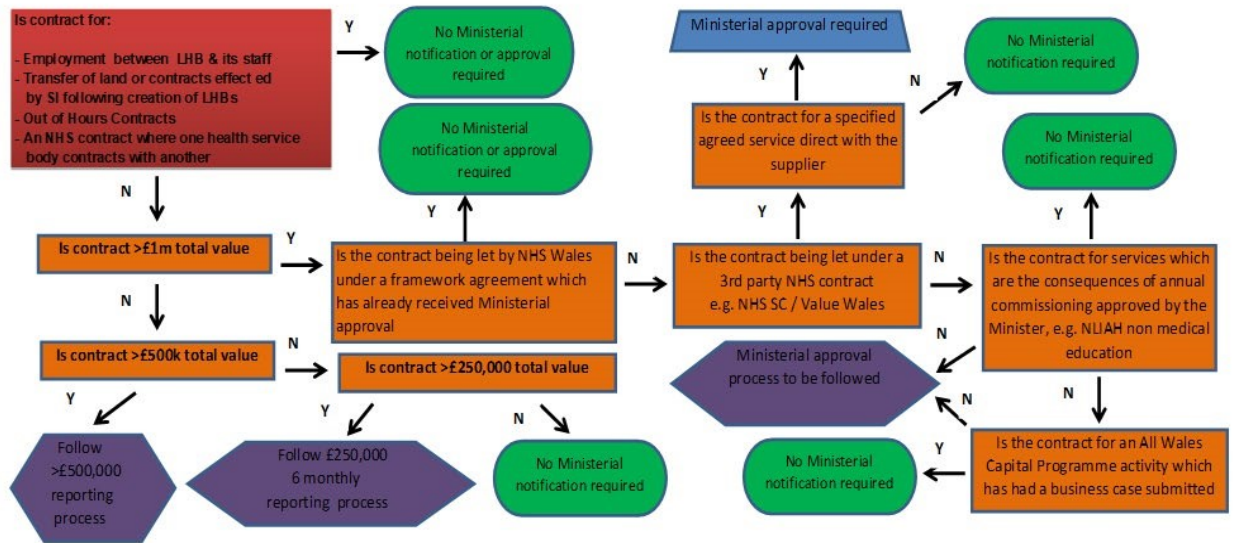
- i. Contracts of employment between LHBs, HEIW, or DHCW and their staff;

Schedule 2.1: Standing Financial Instructions

- ii. Transfers of land or contracts effected by Statutory Instrument following the creation of LHBs, HEIW, or DHCW
- iii. Out of hours contracts;
- iv. All NHS contracts; that is where one health services body contracts with another health service body;
- v. Contracts entered into by HEIW for services which are the consequences of annual commissioning approved by the Cabinet Secretary e.g., annual education and training commissioning also do not require further Ministerial notification or consent; and
- vi. Contracts between £500k - £1 million (for noting) and £1 million + (for approval).
 - a) Wales Public Sector Framework Agreements e.g., Frameworks established by the Welsh Government's Commercial Delivery team or NWSSP (not exhaustive) – no written approval required to award contracts under these Frameworks through a direct award or mini competition.
 - b) Third-Party Public-Sector Framework Agreements e.g., Frameworks established by Crown Commercial Services, NHS Supply Chain (not exhaustive) – no further approval required to award contracts under these Frameworks through a direct award. Approval will however be required for award of contracts under these Framework Agreements through mini-competition or where the specification of the product/service required is modified from that stated within the Framework Agreement.

For non-capital contracts requiring DG approval, the request for approval or notification should be sent to Rob Eveleigh in the Financial Control and Governance team:
Robert.Eveleigh@gov.wales

Schedule 2.1: Standing Financial Instructions



Schedule 2.1: Standing Financial Instructions



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| <p>Teitl adroddiad:</p> <p>Report title:</p> | <p>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:-</p> <ol style="list-style-type: none"> 1. Approved Clinicians (All Wales) 2. Section 12(2) Doctors (All Wales). <p>Reporting Period: 4th July 2025 – 2nd September 2025.</p> | | | |
| <p>Adrodd i:</p> <p>Report to:</p> | <p>Betsi Cadwaladr University Health Board</p> | | | |
| <p>Dyddiad y Cyfarfod:</p> <p>Date of Meeting:</p> | <p>25th September 2025</p> | | | |
| <p>Crynodeb Gweithredol:</p> <p>Executive Summary:</p> | <p>This report provides assurance of compliance with Mental Health Act legislation, policy, and process. The Board is asked to note the report's contents and formally ratify approvals granted through weekly action letters submitted by the Approval Team to the Executive Medical Director and their nominated deputy.</p> <p>The details presented are a summary of approvals for Approved Clinicians and Section 12(2) Doctor approvals across Wales. The report ensures governance records comply with the Mental Health Act 1983 (as amended 2007) and the Welsh Government Guidance Document. Approval is sought via Action Letters submitted to the Executive Medical Director, with final ratification by the Board. A bi-monthly approval process ensures transparency, as detailed in Appendices 1 and 2.</p> <p>The Board is asked to:</p> <p>Note the report's contents. Ratify approvals in line with Welsh Government Guidance and NHS Wales Mental Health Act Directions.</p> | | | |
| <p>Argymhellion:</p> <p>Recommendations:</p> | <p>The Board is recommended to:</p> <p>Formally ratify approvals delegated to the Executive Medical Director, in accordance with the All Wales Approval Panel recommendations</p> | | | |
| <p>Arweinydd Gweithredol:</p> <p>Executive Lead:</p> | <p>Dr. Sreeman Andole – Interim Executive Medical Director, Office of the Medical Director.</p> | | | |
| <p>Awdur yr Adroddiad:</p> <p>Report Author:</p> | <p>Meryl Roberts, All Wales Approvals Manager for Approved Clinicians and Section 12(2) Doctors.</p> | | | |
| <p>Pwrpas yr adroddiad:</p> <p>Purpose of report:</p> | <p>I'w Nodi <i>For Noting</i></p> <p><input type="checkbox"/></p> | <p>I Benderfynu arno <i>For Decision</i></p> <p><input type="checkbox"/></p> | <p>Am sicrwydd <i>For Assurance</i></p> <p><input checked="" type="checkbox"/></p> | |
| <p>Lefel sicrwydd:</p> <p>Assurance level:</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 <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 <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 <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 <i>No confidence / evidence in delivery</i></p> |

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| <p>Cyfiawnhad dros y gyfradd sicrwydd uchod. Lle bo sicrwydd 'Rhannol' neu 'Dim Sicrwydd' wedi'i nodi uchod, nodwch gamau i gyflawni sicrwydd 'Derbyniol' uchod, a'r terfyn amser ar gyfer cyflawni hyn:</p> <p><i>Justification for the above assurance rating. Where 'Partial' or 'No' assurance has been indicated above, please indicate steps to achieve 'Acceptable' assurance or above, and the timeframe for achieving this:</i></p> | |
| <p>Cyswllt ag Amcan/Amcanion Strategol:</p> <p><i>Link to Strategic Objective(s):</i></p> | <p>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.</p> <p>The Approving Board and Process of Approval continue to fully meet all objectives.</p> |
| <p>Goblygiadau rheoleiddio a lleol:</p> <p><i>Regulatory and legal implications:</i></p> | <p>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.</p> <p>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.</p> |
| <p>Yn unol â WP7 (sydd bellach yn cynnwys WP68), a oedd EqlA yn angenrheidiol ac a gafodd ei gynnal?</p> <p><i>In accordance with WP7 (which now incorporates WP68) has an EqlA been identified as necessary and undertaken ?</i></p> | <p>The approval process does not impact patient demographics or service provision.</p> <p>No disparities have been identified in the approval rates of different clinician groups. If future assessments indicate an impact, an EqlA will be undertaken.</p> |
| <p>Manylion am risgiau sy'n gysylltiedig â phwnc a chwmpas y papur hwn, gan gynnwys risgiau newydd (croesgyfeirio at y BAF a'r CRR)</p> <p><i>Details of risks associated with the subject and scope of this paper, including new risks (cross reference to the BAF and CRR)</i></p> | <p>There is currently a lack of Section 12(2) Wales Directions – which is recorded on Datix Risk Register (ID: 4134). The Approval Team and the All Wales Chair of the Approval Panel worked with Welsh Government to draft Section 12(2) Directions for Wales. Welsh Government advised the draft legislation would then be subject to legal review. We await the Directions to be legally reviewed and have not yet been provided with a timeline for this. The Approval Team and Panel Chair continue to seek engagement with Welsh Government for the draft Instructions to be enacted.</p> <p>Workforce risks are actively managed. Delays in approvals could impact clinician availability, but proactive steps (automated</p> |

| | |
|---|---|
| | reminders and engagement strategies) are in place. Clinicians receive one reminder to attend a one day MHA refresher training course and three reminders to apply for re-approval. There is in place an automated reminder system for expiring approvals and proactive engagement with at-risk clinicians The Approval Team also communicate at-risk clinicians to their Clinical Directors. |
| Goblygiadau ariannol o ganlyniad i roi'r argymhellion ar waith Financial implications as a result of implementing the recommendations | There are no budgetary implications. Resources for compliance oversight are managed by the Office of the Medical Director. Workforce risks are actively managed. Delays in approvals could impact clinician availability, but proactive steps (automated reminders and engagement strategies) are in place. |
| Goblygiadau gweithlu o ganlyniad i roi'r argymhellion ar waith Workforce implications as a result of implementing the recommendations | 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: Appendix 1: Update of Register of Approved Clinicians - Wales. Mental Health Act 1983 as amended by the Mental Health Act 2007, Approved Clinician (Wales) Directions 2018. Appendix 2: 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

| <u>Update of Register of Approved Clinicians in Wales</u> | |
|---|---|
| Reporting Period: 4th July 2025 – 2nd September 2025 | |
| | Approved Clinicians |
| Approvals and Re-approvals | 13 |
| Approvals suspended | 2 |
| Approvals re-instated or returned to work in Wales | 2 |
| Left Wales and Removed from Register) | 0 |
| Retired | 0 |
| No longer Registered | 1 |
| Transferred from AC register (to S12 Register) | 0 |
| Removed from S12 – Became AC approved | 0 |
| Approval Ended | 2 |
| Death in Service | 0 |
| Performance Metrics - Reporting period: 4th July 2025 – 2nd September 2025 | |
| Total number of AC applications received | 19 |
| Number awaiting completion of application by the applicant | 9 |
| Pending Approvals | 4 |
| Average processing time per completed application. | Initial AC approval: 5 days (includes fast track applications). AC reapproval: 14 days |
| Number of lapsed approvals due to missed deadlines by the applicant | 1 |

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: 4th July 2025-2nd September 2025**

Approvals and Re-approvals: 13

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|---|------------------------------|
| Fitch | Sarah | Cardiff and Vale University Health Board, Cardiff Royal Infirmary, Glossop Road, Cardiff, CF23 0SZ. | 3 rd July 2030 |
| Collings | Ian | Powys Teaching Health Board, Ystradgynlais Community Hospital, Glanrhyd Road, Ystradgynlais, SA9 1AU. | 2 nd July 2030 |
| Lloyd | Keith Robert | Swansea Bay University Health Board, Ty Einon Centre, Princess Street, Gorseinon, Swansea, SA4 4US. | 14 th July 2030 |
| Habeeb | Bassem | Betsi Cadwaladr University Health Board, Aston House, Deeside Hospital, Plough Lane, Shotton, Flintshire, CH5 1XS. | 20 th July 2030 |
| Barrattshaw | Stephen | Cwm Taf Morgannwg University Health Board, The Early Intervention in Psychosis Team, c/o The Royal Glamorgan Hospital, Mental Health Unit, Ynysmaerdy, Pontyclun, CF72 8XR. | 20 th July 2030 |
| McKeown | Christopher | Betsi Cadwaladr University Health Board, Older Person's Mental Health, Plas Gororau, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YY. | 21 st July 2030 |
| Simiyon | Manjula | Cygnnet Healthcare, Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ. | 3 rd August 2030 |

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|---------------------------|---|-------------------------------|
| Choudhury | Partha | Cygnnet Healthcare, Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ. | 24 th October 2026 |
| Devasabai | Dushitharan Gnanasabai | Swansea Bay University Health Board, CAMHS, Block D, Neath Port Talbot Hospital, Baglan Way, Port Talbot, SA12 7BX. | 14 th August 2030 |
| Rangappagowda | Priyadarshini | Cwm Taf Morgannwg University Health Board, Older Person's Mental Health Team, Ysbyty Cwm Cynon, New Road, Mountain Ash, CF45 4BZ. | 25 th August 2030 |
| Ahmed | Raja | Cygnnet Healthcare, Cygnnet St Teilo House, Goshen Close, Rhymney, Tredegar, NP22 5NF. | 26 th August 2030 |
| Palombini | Erika | Cardiff and Vale University Health Board, North West CMHT, Gabalfa Clinic, 213 North Road, Cardiff, CF14 3AG. | 26 th October 2028 |
| Khalid | Ali | Hywel Dda University Health Board, CTLD, Llanion House, Llanion Park, Pembroke Dock, SA72 6DY. | 31 st August 2030 |

Approvals Suspended: 2 *(Awaiting CCT HST)

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|---|------------------------------|
| Thorn | Laura* | Cwm Taf Morgannwg University Health Board, Maritime Resource Centre, Woodland Terrace, Maesycoed, Pontypridd, CF37 1DZ. | 10 th May 2030 |
| Zaidi | Zehra* | Swansea Bay University Health Board, Ty Garngoch, Hospital Road, Gorseinon, Swansea, SA4 4LH. | 24 th April 2030 |

Approvals Reinstated or Returned to Work in Wales: 2

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|------------|---|-------------------------------|
| Soundara Rajan | Sathyan | Betsi Cadwaladr University Health Board, Older Persons Community Mental Health Service, Plas Gororau, Ellice Way, Wrexham Technology Park, Wrexham, LL13 7YY. | 7 th November 2029 |
| Zaidi | Zehra | Swansea Bay University Health Board, Ty Garngoch, Hospital Road, Gorseinon, Swansea, SA4 4LH. | 24 th April 2030 |

Left Wales and Removed from Register: 0

| Surname | First Name | Workplace | Date Approval Expires |
|---------|------------|-----------|-----------------------|
| | | | |

Retired: 0

| Surname | First Name | Workplace | Date Approval Expired |
|---------|------------|-----------|-----------------------|
| | | | |

No longer Registered: 1

| Surname | First Name | Workplace | Date Approval Ended |
|---------|------------------|---|------------------------------|
| Fasehun | Adedamola Adeola | Betsi Cadwaladr University Health Board, Cefni Hospital, Llangefni, Anglesey, LL77 7PP. | 19 th August 2025 |

Transferred from AC Register to S12 Register: 0

| Surname | First Name | Workplace | Date Approval Expires |
|---------|------------|-----------|-----------------------|
| | | | |

Approval Expired or Ended: 2

| Surname | First Name | Workplace | Date Approval Expired |
|----------------|-------------------|--|------------------------------|
| Farquhar | Fiona | Betsi Cadwaladr University Health Board, Bryn Enfys, Bryn y Neuadd Hospital, Aber Road, Llanfairfechan, Conwy, LL33 0HH. | 2 nd August 2025 |
| Wilson | Carl Andrew | Elysium Healthcare, Ty Grosvenor, 16 Grosvenor Road, Wrexham, LL11 1BU. | 11 th August 2025 |

Death in Service: 0

| Surname | First Name | Workplace | Date Approval Expired |
|----------------|-------------------|------------------|------------------------------|
| | | | |

APPENDIX 2

| <u>Update of Register of Section 12(2) Approved Doctors - Wales</u> | |
|--|--|
| Reporting Period:- 4th July 2025-2nd September 2025 | |
| | Section 12(2) Approved Doctors |
| Approvals and Re-approvals | 5 |
| Approvals suspended | 0 |
| Approvals re-instated/ returned to work in Wales | 1 |
| Removed (Left Wales) | 4 |
| 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 or Expired | 3 |
| Death in Service | 0 |
| Performance Metrics - Reporting period: 4th July 2025 – 2nd September 2025: | |
| Total number of Section 12(2) doctor applications received | 12 |
| Pending approvals | 0 |
| Number awaiting completion of application by the applicant | 7 |
| Average processing time per application | Section 12(2) initial approval: 14.65 days Section 12(2) reapproval: 3.5 days |
| Number of lapsed approvals due to missed deadlines by the applicant. | 1 |

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: 4th July 2025-2nd September 2025

S12 Approvals and Re-approvals: 5

| Surname | First Name | Workplace | Date Approval Expires |
|----------------|-------------------|--|------------------------------|
| Elsout | Mohamed | Cwm Taf Morgannwg University Health Board, Navigation Park, Unit 3 Ynysmeurig House, Abercynon, Mountain Ash, CF45 4SN. | 14 th July 2030 |
| Sunkenapally | Karthik | Cardiff and Vale University Health Board, Hafan Y Coed, University Hospital Llandough, Penlan Road, Penarth, CF64 2XX. | 15 th July 2030 |
| Curatola | Antonino | Aneurin Bevan University Health Board, St Cadoc's Hospital, Lodge Road, Caerleon, Newport, NP18 3XQ. | 22 nd July 2030 |
| Gibbs-Samfat | Anna | Aneurin Bevan University Health Board, 6 Goldtops, Newport, NP20 4PG. | 28 th July 2030 |
| Sharma | Simmi | Cardiff and Vale University Health Board, Pendine Community Mental Health Team, 124-126 Cowbridge Road West, Cardiff, CF5 5BT. | 26 th August 2030 |

S12 suspended: 0

| Surname | First Name | Workplace | Date Approval Expires |
|---------|------------|-----------|-----------------------|
| | | | |

S12 Approval Reinstated/Transferred/Returned to Wales: 1

| Surname | First Name | Workplace | Date Approval Expires |
|---------|------------|--|------------------------------|
| Khalid | Ali | Hywel Dda University Health Board, CTLD, Llanion House, Pembroke Dock, SA72 6DY. | 25 th August 2030 |

Removed (Left Wales): 4

| Surname | First Name | Workplace | Date Approval Expires |
|---------|-----------------------------------|---|--------------------------------|
| Don | Nadeera Sanjeevani Willarachchige | Cwm Taf Morgannwg University Health Board, Ty Llidiard, Princess of Wales Hospital, Coity Road, Bridgend. CF31 1RQ. | 4 th September 2025 |
| Berman | Nikita | Hywel Dda University Health Board, Cwm Seren, Hafan Derwen, Parc Dewi Sant, Carmarthen, SA31 3BB. | 5 th April 2026 |
| Ahmed | Nermeen | Swansea University Health Board, Morriston Hospital, Swansea, SA6 6NL. | 11 th May 2030 |
| Saleem | Saima | Hywel Dda University Health Board, Bryn Golau Ward, Prince Philip Hospital, Llanelli, SA14 8QF. | 6 th March 2030 |

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 Ended |
|---------|------------|---|-----------------------------|
| Simiyon | Manjula | Cygnnet Healthcare, Delfryn Lodge, Argoed Hall Lane, Mold, Flintshire, CH7 6FQ. | 7 th August 2025 |

S12 Approval Ended or Expired: 3

| Surname | First Name | Workplace | Date Approval Expired |
|---------|----------------|--|------------------------------|
| Martin | Thomas Wyndham | Aneurin Bevan University Health Board, Talygarn Unit, County Hospital, Griffithstown, Pontypool NP4 5YA. | 20 th July 2025 |
| Ali | Aysha | Cwm Taf Morgannwg University Health Board, Ysbyty George Thomas, Treorchy, CF42 6YG. | 11 th August 2025 |
| Sharma | Simmi | Cardiff and Vale University Health Board, Pendine Community Mental Health Team, 124-126 Cowbridge Road West, Cardiff, CF5 5BT. | 20 th August 2025 |

Death in Service: 0

| Surname | First Name | Workplace | Date Approval Ended |
|---------|------------|-----------|---------------------|
| | | | |

AUDIT COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Audit Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Karen Balmer
Chair of the Audit Committee

AUDIT COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed on 12 September 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 Advise and assure the Board and the Accountable Officer on whether effective arrangements are in place, through the design and operation of the Health Board's system of assurance, to support them in their decision taking and in discharging their accountabilities for securing the achievement of the Health Board's objectives, in accordance with the standards of good governance determined for the NHS in Wales.
 - 2.1.2 Independently monitor, review and report to the Board on the processes of governance, and where appropriate, facilitate and support, through its independence, the attainment of effective processes.
 - 2.1.3 Where appropriate, advise the Board and the Accountable Officer on where, and how, its system of assurance may be strengthened and developed further.
 - 2.1.4 Review the establishment and maintenance of an effective system of good governance, risk management and internal control across the whole of the organisation's activities, both clinical and non-clinical.
 - 2.1.5 Seek assurance that the systems for financial reporting to Board, including those of budgetary control, are effective, and that financial systems processes and controls are operating.
 - 2.1.6 Work with all Committees of the Board to ensure that governance and risks are part of an embedded assurance framework that is 'fit for purpose'.
 - 2.1.7 Receive assurance on delivery against relevant Planning Objectives aligned to the Committee in accordance with Board approved timescales, as set out in BCUHB's Annual Plan.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Laura Jones.

3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Audit Committee.

4.2 The new Committee Cycle of Business for the Audit Committee is being presented for approval on 19 August 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on eight occasions with member attendance as follows:

| Name | (XX) Committee (out of xx possible meetings) |
|--------------------------------|---|
| Karen Balmer (Committee Chair) | Eight out of eight meetings |
| Urtha Felda | Six out of eight meetings |
| Rhian Watcyn Jones | Eight out of eight meetings |
| Dyfed Jones | Seven out of eight meetings |

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;

- a) Financial Annual Accounts 2023/24
- b) Annual Report 2023/24
- c) Head of Internal Audit Opinion and Annual Report 2023/24
- d) ISA 260 Audit of Financial Statements
- e) Local Counter Fraud Annual Report and Counter Fraud Functional Standard Return 2023/24
- f) Progress against Outstanding Audit Recommendations
- g) Update on Internal and External Audit Recommendations
- h) Health Board Policies and Written Control Documents
- i) Welsh Health Circulars and Ministerial Directions
- j) Declarations of Interest and Gifts and Hospitality
- k) Corporate Risks and Board Assurance Framework associated with the Committee
- l) Scheme of Delegation
- m) Standing Orders Reservations and Delegation of Powers
- n) Conformance Report
- o) External Audit Progress Report
- p) Internal Audit Progress Report
- q) Structured Assessment
- r) Local Counter Fraud Progress Report

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the Audit Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- Successful establishment and operation of the Committee with full engagement from members and supporting officers.
- Enhanced reporting and assurance processes, particularly around:
 - Internal and external audit recommendations.
 - Policy management and compliance monitoring.
- Focused sessions on:
 - Counter Fraud
 - Procurement
 - Welsh Risk Pool
- Conducted a self-assessment using the Audit Committee Handbook.
- Identified areas of progress and opportunities for improvement.
- Covered a wide range of governance and assurance activities including:
 - Financial accounts and audit reports.
 - Risk management and control frameworks.
 - Policy and compliance oversight.
 - Fraud prevention
- Regular 'AAA Reports' submitted to the Board.
- Transparent publication of minutes and papers on the Health Board's website.

8. Key Challenges

8.1 As indicated earlier in the report a focus for the Committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:

[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Performance, Finance and Information Governance Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Gareth Williams

Chair of the Performance, Finance and Information Governance Committee

PERFORMANCE, FINANCE AND INFORMATION GOVERNANCE COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in January 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework.

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 Advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.
 - 2.1.2 Oversee the delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.
 - 2.1.3 Oversee the delivery and monitoring of performance strategic, framework, policies, Welsh Government / local targets and performance reports.
 - 2.1.4 Monitor the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.
 - 2.1.5 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.
 - 2.1.6 Monitor the performance and oversight of Information Governance.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Philippa Peake-Jones.
- 3.4 The agenda and papers are published and sent to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Performance, Finance and Information Governance Committee.
- 4.2 The new Committee Cycle of Business for the Performance, Finance and Information Governance Committee is being presented for approval on 26 August 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.
- 5.2 During the year the Committee met on six occasions with member attendance as follows:

| Name | (XX) Committee (out of xx possible meetings) |
|-----------------------------------|---|
| Gareth Williams (Committee Chair) | Six out of six meetings |
| Chris Lothian-Field | Six out of six meetings |
| Rhian Watcyn Jones | Six out of six meetings |
| Mike Larvin | Five out of six meetings |

- 5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

- 6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised as follows;
- 6.1.1 To advise and assure the Board in discharging its responsibilities with regard to its current and forecast financial position and performance.
- 6.1.2 To oversee the delivery and monitoring of financial strategy, planning, policies and performance including capital and external contracting.
- 6.1.3 To oversee the delivery and monitoring of performance strategies, framework, policies, WG / local targets and performance reports.
- 6.1.4 To monitor the performance of external contracts including shared services and primary care. The Committee will provide advice on the adoption of a set of key indicators of quality of care against which the Health Board performance will be regularly assessed and reported on.
- 6.1.5 To seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.
- 6.1.6 To monitor the performance and oversight of Information Governance

7. Key Achievements/Benefits:

- 7.1 As a reader you will see from this report what a successful and varied year the Performance, Finance and Information Governance Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:
- 7.1.1 The successful establishment and operation of the Committee with full engagement from members and supporting officers.

- 7.1.2 The consistent reporting on Finance, Performance and Information Governance
- 7.1.3 Conducting a self-assessment.
- 7.1.4 Identifying areas of progress and opportunities for improvement.
- 7.1.5 Covering a wide range of governance and assurance activities including:
- 7.1.6 Financial accounts and audit reports.
- 7.1.7 Risk management and control frameworks.
- 7.1.8 Policy and compliance oversight.
- 7.1.9 Fraud prevention
- 7.1.10 Regular 'AAA Reports' submitted to the Board.
- 7.1.11 Transparent publication of minutes and papers on the Health Board's website.

8. Key Challenges

- 8.1 As indicated earlier in the report a focus for the Committee in 2025 to 2026, will be the work which is underway to give assurance at a strategic level.
- 8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

- 9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.
- 9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Quality Safety and Experience Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Dr Caroline Turner
Chair of the Quality, Safety and Experience Committee

QUALITY, SAFETY AND EXPERIENCE COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in 11 April 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 - 25
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework.

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 scrutinise, assess and seek assurance in relation to the patient experience, safety, impact, quality and health outcomes of the services provided by the Health Board.
 - 2.1.2 provide evidence-based and timely advice to the Board to assist it in discharging its functions and meeting its responsibilities with regard to the quality and safety of health care provided and secured by the Health Board.
 - 2.1.3 provide assurance that the Health Board has an effective strategy and delivery plan(s) for improving the quality and safety of care patients receive, commissioning quality and safety impact assessments where considered appropriate. This includes consideration of the Annual Plan/Integrated Medium Term Plan (IMTP).
 - 2.1.4 provide assurance that the organisation, at all levels, has the right governance arrangements and strategy in place to ensure that the care planned or provided is of a high standard.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Fiona Lewis.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Quality, Safety and Experience Committee.

4.2 The new Committee Cycle of Business for Quality, Safety and Experience Committee was presented for approval on 3 July 2025, however the agenda for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on six occasions with member attendance as follows:

| Name | 6 Committee Meetings |
|---------------------------|--------------------------|
| Dr. Caroline Turner | Six out of six meetings |
| Christopher Lothian-Field | Four out of six meetings |
| Urtha Felda | Six out of six meetings |
| Prof. Michael Larvin | Five out of six meetings |

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;

- a) Patient Story
- b) Clinical Services Plan
- c) Currently Challenged Services –
 - Urology
 - Vascular
 - Dermatology
 - Plastics
 - Oncology
 - Ophthalmology
- d) Complaints
- e) East Integrated Health Community
- f) Children’s Services
- g) Urgent and Emergency Care
- h) Colonoscopy Performance
- i) Commissioned Services
- j) Women’s, Maternity and Gynaecology Services
- k) Learning and Disabilities
- l) Response to the Royal College of Psychiatrists Invited Assessment
- m) Nurse Staffing Levels
- n) Quality Management System
- o) Annual Reports for
 - Quality,
 - Llais
 - Putting Things Right
 - Safeguarding and Public Protection
 - Designated Educational Clinical Lead Officer
- p) Corporate Risks and BAF Risks associated with the Committee

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the Quality, Safety and Experience Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- Hearing from patients as part of a “Patient’s Story”
- Further strengthening of the Committee
- Deep Dives into most Challenged Services
- Oversight of the development of the new Quality Management System
- Oversight of Integrated Health Community

8. Key Challenges

8.1 As indicated earlier in the report a focus for the committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level, including a continued focus on Challenged Services.

8.2 Finally, although these challenges remain the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee’s Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a ‘AAA Report’ to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board’s website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board’s websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

PEOPLE AND CULTURE COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB People and Culture Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Dyfed Jones
Chair of the People and Culture Committee

PEOPLE AND CULTURE COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed in 11 April 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 - 25
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

2.1 The primary purpose of the Committee is to act on behalf of the Board to:

2.1.1 provide assurance to the Board on compliance with legislation, guidance and best practice to do with the People and Organisational Development (OD) agenda including:

- Foundations for the Future Programme
- Organisational Culture
- Leadership Development
- Engagement
- Workforce Planning
- Recruitment and Retention
- Wellbeing
- Welsh Language
- Employee Relations;

2.1.2 provide assurance to the Board on the delivery of the strategic priorities in relation to people and culture as outlined in the Integrated Medium-Term Plan (IMTP) and the all-Wales Health & Social Care Workforce Strategy, ensuring these are consistent with the Board's overall strategic direction and with any requirements and standards set for NHS bodies in Wales;

2.1.3 provide assurance to the Board on the organisation's ability to create and manage a strong, high performance organisational culture for all its people (including workforce, volunteers and stakeholders); and

2.1.4 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

2.1.5 approve the appointment of Consultants in accordance with the National Health Service (Appointment of Consultants) (Wales) Regulations 1996.

2.1.6 seek assurance on the Health Board plans to ensure the implementation of the Social Partnership and Public Procurement (Wales) Act 2023.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Laura Jones.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the People and Culture Committee.
- 4.2 The new Committee Cycle of Business for People and Culture Committee is being presented for approval on 12 June 2025, however the agenda for each meeting is sufficiently flexible to allow the committee to consider any emerging issues.

5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.
- 5.2 During the year the Committee met on six occasions with member attendance as follows:

| Name | (XX) Committee (out of xx possible meetings) |
|---|--|
| Cllr Dyfed Jones LA (Committee Chair) | Six out of six meetings |
| William Nichols Trade Union Representative | Four out of six meetings |
| Clare Budden | Five out of six meetings |
| Karen Balmer | Four out of six meetings |

- 5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

- 6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;
 - a) Staff Story
 - b) Welsh Language
 - c) Health and Safety Updates
 - d) People Operations Report
 - e) Staff Survey
 - f) Foundations for the Future Programme
 - g) Corporate Risks and BAF Risks associated with the Committee

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the People and Culture Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- Hearing from the staff as part of a “Staff Story”
- The formation of the Committee
- The Monitoring of the People and Operational part of the organisation
- The work on the Organisational Values
- The Foundations for the Future Programme of work

8. Key Challenges

8.1 As indicated earlier in the report a focus for the committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee’s Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a ‘AAA Report’ to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board’s website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board’s websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Planning, Population Health and Partnerships Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Clare Budden

Chair of the Planning, Population Health and Partnerships Committee

PLANNING, POPULATION HEALTH AND PARTNERSHIPS COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed on 13 April 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 provide advice and assurance to the Board with regard to the development and oversight of the Health Board's long term planning, Integrated Medium Term Plan and Annual Operating Plan ensuring that enabling strategies are aligned to these plans.
 - 2.1.2 ensure effective partnership arrangements are in place to improve Population Health (i.e., primary care, public health and the social determinants of health) and reduce health inequalities.
 - 2.1.3 provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need's Assessment.
 - 2.1.4 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Laura Jones.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Planning, Population Health and Partnerships Committee.

4.2 The new Committee Cycle of Business for the Planning, Population Health and Partnerships Committee is being presented for approval on 3 July 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on six occasions with member attendance as follows:

| Name | (XX) Committee (out of xx possible meetings) |
|--|--|
| Clare Budden (Committee Chair) | Six out of six meetings |
| Gareth Williams | Four out of six meetings |
| Caroline Turner | Five out of six meetings |
| William Nichols (Trade Union Representative) | Four out of six meetings |

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent ‘external’ members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;

- a) Integrated Medium Term Plan / Three Year Plan
- b) Major Change / Key Programmes
- c) Developing our Partnerships
- d) Engagement and Communication
- e) Digital, Data and Technology
- f) Population Health Delivery
- g) Review of the Outline Prevention Plan 2025-28
- h) Review of the Well-Being Objectives
- i) Civil Contingencies / Emergency Preparedness, Resilience and Response
- j) Corporate Risks and BAF Risks associated with the Committee

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the Planning, Population Health and Partnerships Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- The formation of the Committee
- The Monitoring of the Planning, Population Health and Partnerships part of the organisation
- Hearing from our partners as part of “Developing our Partnerships”
- The work on the Integrated Medium Term Plan / Three Year Plan and Key Programmes work
- The progress being made within the areas of Digital, Data and Technology
- The aim of the work in relation to prevention, intervention and deprivation

8. Key Challenges

8.1 As indicated earlier in the report a focus for the Committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.

9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.

9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.

10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.

10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

MENTAL HEALTH LEGISLATION COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Mental Health Legislation Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Gareth Williams
Chair of the Mental Health Legislation Committee

MENTAL HEALTH LEGISLATION COMMITTEE

Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed on 7th November 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 Provide assurance that those functions of the Mental Health Act 1983, as amended and Mental Capacity Act, 2005, as amended which have been delegated to officers and staff are being carried out correctly:
 - The wider operation of the two Acts in relation to the Health Board's area is appropriate and effective;
 - The Health Board's responsibilities as Hospital Managers are being discharged effectively and lawfully; and.
 - The Health Board is compliant with Codes of Practice for the two Acts.
 - 2.1.2 Identify any areas of concern in relation to compliance with mental health legislation and agree issues to be escalated to the Board with recommendations for action.
 - 2.1.3 Seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Philippa Peake-Jones.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only very minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Mental Health Legislation Committee.
- 4.2 The new Committee Cycle of Business for the Mental Health Legislation Committee is being presented for approval on 7th August 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

- 5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.
- 5.2 During the year the Committee met on four occasions with member attendance as follows:

| Name | Mental Health Legislation Committee (out of four possible meetings) |
|-----------------------------------|--|
| Gareth Williams (Committee Chair) | Four out of four meetings |
| Dyfed Jones | Four out of four meetings |
| Rhian Watcyn Jones | Four out of four meetings |

- 5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

- 6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;
- a) Mental Health Act Assurance Report
 - b) Mental Capacity Assurance Report
 - c) Healthcare Inspector Wales
 - d) Associate Hospital Managers Update Report
 - e) Report for the Power of Discharge Group

7. Key Achievements/Benefits:

- 7.1 As a reader you will see from this report what a successful and varied year the Mental Health Legislation Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:
- Fulfilled statutory duty to seek assurance on the Mental Health Act and the Mental Capacity Act

8. Key Challenges

- 8.1 As indicated earlier in the report a focus for the Committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.
- 8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

- 9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.
- 9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
[Committees and Advisory Groups - Betsi Cadwaladr University Health Board](#)

CHARITABLE FUNDS COMMITTEE

Annual Report 2024-25

FOREWORD

I am pleased to present the 2024-25 Annual Report of the BCUHB Charitable Funds Committee which outlines the activity for the period 1 April 2024 – 31 March 2025.

Dyfed Jones
Chair of the Charitable Funds Committee

CHARITABLE COMMITTEE Annual Report 2024 - 2025

1. Introduction

- 1.1 This report summarises the key areas of business activity undertaken by the Committee between 1 April 2024 and 31 March 2025 and highlights some of the key issues which the Committee intend to give further consideration to over the next 12 months.
- 1.2 The Committee's Annual 'Business Cycle' was reviewed on 12 November 2024 and was a key component in ensuring that the Committee effectively carried out its role during 2024 – 25.
- 1.3 This report reflects the Committee's key role in the development and monitoring of the Governance and Assurance framework with respect to the (activity/function).

2. Role and Responsibilities

- 2.1 The primary purpose of the Committee is to act on behalf of the Board to:
 - 2.1.1 provide advice and assurance to the Board with regard to the development and oversight of the Health Board's long term planning, Integrated Medium Term Plan and Annual Operating Plan ensuring that enabling strategies are aligned to these plans.
 - 2.1.2 ensure effective partnership arrangements are in place to improve Population Health (i.e., primary care, public health and the social determinants of health) and reduce health inequalities.
 - 2.1.3 provide oversight, delivery and monitoring (by exception) of Population Health improvement and health inequalities strategies, policies and performance informed through Population Need's Assessment.
 - 2.1.4 seek assurance on the management of principal risks within the Board Assurance Framework (BAF) and Corporate Risk Register (CRR) allocated to the Committee and provide assurance to the Board that risks are being managed effectively and report any areas of significant concern.

3. Agenda Planning Process

- 3.1 The Chair of the Committee, in conjunction with the Executive Lead and Meeting Secretary develops the final agenda for the Committee meetings.
- 3.2 The venue, location and other administrative arrangements are organised a year in advance where possible.
- 3.3 The secretariat for the meeting is provided by Natalie Morrice-Evans.
- 3.4 The agenda and papers are disseminated to Committee members prior to the date of the meeting. Where appropriate all papers are accompanied by a cover sheet which provides an executive summary and guidance to the Committee on the action required.

4. Operating Arrangements

- 4.1 Only minor amendments were considered necessary in respect of the Terms of Reference and Operating arrangements for the Charitable Funds Committee.

4.2 The new Committee Cycle of Business for the Charitable Funds Committee is being presented for approval on 2 September 2025, however the agenda for each meeting is sufficiently flexible to allow the Committee to consider any emerging issues.

5. Membership, Frequency and Attendance

5.1 The Terms of reference of the Committee state that the Committee should consist of a minimum of three members of the Board.

5.2 During the year the Committee met on five occasions with member attendance as follows:

| Name | (XX) Committee (out of xx possible meetings) |
|-------------------------------|---|
| Dyfed Jones (Committee Chair) | Five out of five meetings |
| Christopher Lothian-Field | Four out of five meetings |
| Karen Balmer | Four out of five meetings |

5.3 The Committee requires the attendance of other Health Board Officers for advice, support and information routinely at meetings. It may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise.

6. Committee Activity

6.1 The Committee fulfilled its work plan for 2024-2025 covering a wide range of activity. This work can be summarised under the following headings;

- a) Funding Impact on Patient Care
- b) Finance Report
- c) Investment Management Report
- d) Charitable Support Team Update
- e) Feedback from Charitable Funds Grants Decision Meeting
- f) Audit Wales Plan

7. Key Achievements/Benefits:

7.1 As a reader you will see from this report what a successful and varied year the Charitable Funds Committee has had during 2024-25. Although detailed more fully above and within the Committee papers, some of the key highlights were:

- Successful establishment and operation of the Committee with full engagement from members and supporting officers.
- Clear review and monitoring of investments made from Charitable Funds.
- Enhanced reporting and assurance processes.
- Hearing from our staff on where donations have been utilised to enhance patient care.
- The work completed by the Charitable Support Team and engagement events that have taken place.

8. Key Challenges

8.1 As indicated earlier in the report a focus for the Committee in 2025 forward into 2026, will be the work which is underway to give assurance at a strategic level.

8.2 Finally, although these challenges remain, the Committee will continue to monitor activity and develop innovative ways to support new developments and opportunities.

9. Committee Effectiveness & Performance

- 9.1 The Committee regularly reviews its own performance by completing this report on an annual basis, reviewing the cycle of business which provides the Committee with the basis on which it will monitor its progress during the year and also provide clarity for all of those who contribute to the agenda as to the expectations of them.
- 9.2 A Committee effectiveness questionnaire will be issued again circa February 2026, the outcome of which will be reported to the Committee in respect of recommendations and subsequent actions in response to areas identified for improvement.

9. Reporting the Committee's Work

- 9.1 The Committee Chair reports the key issues discussed at each of its meetings by way of a 'AAA Report' to the Board.
- 9.2 These reports are supported by the relevant and more detailed Committee minutes. Committee papers, including minutes are routinely published on the Health Board's website.

10. Conclusion and way forward

- 10.1 The Committee is very grateful to all those involved in the work of the Committee for their support over the past 12 months, and for the constructive and positive way in which they have contributed to the activity.
- 10.2 The Committee will continue to ensure that it conducts its business in accordance with legislation and best practice.
- 10.3 It will provide the assurance that the Committee has in place the appropriate governance arrangements and resources to ensure success in achieving its objectives.

11. Further Information

Please visit the Health Board's websites for further information as outlined below:
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GIG
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NHS
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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Health, Safety and Security Annual Performance Report

Report Presented to:

People and Culture Committee

Date of Meeting: 14th August 2025

Period Report Covers: 01/04/2024 – 31/03/2025

Report of:

Stuart Keen, Director of Environment and Estates

Report Prepared and Presented by:

Lynne Bushell, Head of Health, Safety and Security
With contributions from the Health, Safety and Security Team

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|--|--|---|--------------------------|--|-------------------------------------|--|--------------------------|
| Cyfarfod a dyddiad: Meeting and date: | People and Culture Committee | | | | | | |
| Cyhoeddus neu Breifat: Public or Private: | Private | | | | | | |
| Teitl yr Adroddiad Report Title: | Summary Annual Health and Safety Report 2024-2025 | | | | | | |
| Cyfarwyddwr Cyfrifol: Responsible Director: | Stuart Keen, Director of Environment and Estates | | | | | | |
| Awdur yr Adroddiad Report Author: | Lynne Bushell, Head of Health, Safety and Security With contributions from the Health, Safety and Security Team | | | | | | |
| Craffu blaenorol: Prior Scrutiny: | None | | | | | | |
| Atodiadau Appendices: | None | | | | | | |
| Argymhelliad / Recommendation: | | | | | | | |
| Ticiwch fel bo'n briodol / Please tick as appropriate | | | | | | | |
| Ar gyfer penderfyniad /cymeradwyaeth For Decision/ Approval | <input type="checkbox"/> | Ar gyfer Trafodaeth For Discussion | <input type="checkbox"/> | Ar gyfer sicrwydd For Assurance | <input checked="" type="checkbox"/> | Er gwybodaeth For Information | <input type="checkbox"/> |
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Executive Summary

The purpose of the report is to provide the Health Board with a summary of principal activity and outcomes relating to the management of health and safety at work within Betsi Cadwaladr University Health Board during the financial year 2024-2025. The report also highlights current key priorities for the Strategic Occupational Safety and Health Group (SOSHG) and its sub-groups that are planned or underway for 2025-2026.

The report summarises the prevailing legislative framework within which health and safety is managed and addressed, and outlines the local governance arrangements that underpin health and safety management within the Health Board.

Summary of Performance for 2024-2025:

During the financial year there have been 8374 incidents that have been reported and relate to health and safety. This represents a 3.5% decrease when compared to the year 2023-2024, in which 8681 incidents were reported.

The top 3 reported incidents have remained consistent when compared to the previous financial year, and these are:

Accident/Injury:

1. Contact with needles or medical sharps
2. Slips, Trips and Falls
3. Struck against or by an object.

Behaviour including V&A:

1. Aggressive/threatening behaviour
2. Physical Assault (physical contact)
3. Inappropriate behaviour attitude

In total, there were 57 RIDDORs reported in 2024-2025 compared to 90 reported in the previous financial year. A reduction of 37%. This shift is attributed to a more robust process for the identification and investigation of this type of incident.

The breakdown of RIDDORs was: 45 relating to staff/contractors of which 'over 7-day absence was the most significant outcome, 12 incidents relating to non-employees (patients, public and visitors) of which one was a fatality following a patient fall. In the non-employee category, slips, trips and falls was the most significant cause overall.

In the financial year 2024-2025, there were 35 out of 57 occasions where submissions were beyond the statutory timeframe set, which is 61.40% of returns made.

With the support of the Datix Team a RIDDOR Dashboard has been created and a team procedure developed to enable quicker follow-up and closer monitoring of potential and confirmed RIDDOR reportable incidents as they progress through investigation. The dashboard and process were launched on 1st April 2025 and it is hoped an overall improvement will be seen in the number of late submissions.

Areas of concern that require continued focus and potential resource/investment include:

- Health and Safety Risk Management Process and the lack of a technology solution. This is captured in the Corporate Health and Safety Risk (ID5040 CRR 24-15), which has a current risk score of 20. A potential solution is on the horizon and the Health and Safety Team are working with the Corporate Risk Management Team regarding this.
- There is no formal Health and Safety Training Needs Analysis that sets out which courses are required, by whom and at what frequency. This is an objective for the new financial year 2025-2026.

- Health and Safety Incident Reporting and Investigation Process has been impacted by the implementation of the Patient Safety Incident Review Framework (PSIRF). A policy and training course is in development.

Areas of success:

- A review of the SOSHG was undertaken under the steer of the CEO. This Group will continue to develop under the new Chair, Director of Environment and Estates.
- The findings within the Health and Safety Internal Audit have progressed well and the majority of actions are now closed.
- Compliance with Moving and Handling Level 2 Training has increased but remains stubbornly below the target of 85%. A review of this training and work with Speciality Leads continues to ensure the right people are attending the right course.

Objectives for 2025-2026

Health and Safety

- Begin to develop a Health and Safety Risk Assessment and Risk Management Framework.
- Begin to develop a Health and Safety Incident Reporting and Investigation Framework, including RIDDOR Procedure.
- Develop a Health and Safety Incident Reporting and Investigation Training Programme to support the effective delivery of the Policy.
- Start to create a Health and Safety Training Needs Analysis for training courses facilitated across, health and safety, manual handling, personal safety, and mask fit testing.

Manual Handling

- Review the BCUHB business model aligned to the All-Wales NHS Manual Handling Passport Scheme 2020 to determine most appropriate way of delivering compliance against the passport.
- Identify, with Health Board support, training venues that are permanent and fit for purpose.
- In line with some other Welsh Health Boards, explore introducing a charge for 'DNAs' on some training programmes.
- Work with the Electronic Staff Record (ESR) Team to:
 - Ensure the 'assignment' of training required by job role is accurate.
 - Establish whether the expiry date can be linked to a course to prevent incorrect course bookings.
 - Ensure the recorded training data is accurate and fit for reporting purposes.
- A governance framework for manual handling training records is required.

Violence and Aggression

- Carry out a Violence and Aggression Survey.
- Begin to utilise the Violence Prevention and Reduction Standards alongside the Anti-Violence Collaborative and start to implement the Obligatory Response to Violence into the workplace, and, where possible, link these with the North Wales Serious Violence Response Strategy 2024.
- Strengthen existing networks to facilitate collaborative working, including internally, EPPR and Safe Guarding and externally, Police and Counter Terrorism etc.
- Board level reports on violence and aggression compliance to SOSHG.

Mask Fit Testing

- Explore opportunities to income generate to support equipment maintenance and its ultimate replacement and/or develop a business case for replacement.

General

- Undertake a review of the structure of the Health, Safety and Security Services to determine whether the current establishment is sufficient to deliver the strategy and plan.

1. INTRODUCTION

This summary Health and Safety Annual Report covers the period 1st April 2024 – 31st March 2025.

The report outlines key developments and the work that has been undertaken during this reporting period and is an opportunity to consider work planning and the objectives for the year ahead.

The Health and Safety at Work etc. Act 1974, and associated regulations, provide a legislative framework to promote, stimulate and encourage excellent health and safety at work standards. The purpose is to ensure the health, safety and welfare of employees and anyone who may be affected by the Health Board's work activities.

In particular, the act requires organisations to provide and maintain:

- A Health and Safety Policy.
- A system to manage and control risks in connection with the use, handling, storage and transport of articles and substances.
- A safe and secure working environment, including provision and maintenance of access to and egress from premises.
- Safe and suitable plant, work equipment and systems of work that are without risks.
- Information, instruction, training and supervision, as necessary.
- Adequate welfare facilities.

At Betsi Cadwaladr University Health Board (here in referred to as 'the Health Board') overall responsibility for health and safety sits with the Chief Executive Officer; however, nominated responsibility is assigned to the Director of Environment and Estates.

2. SERVICE STRATEGY

The Management of Health and Safety at Work Regulations requires the Health Board to appoint one or more competent persons to assist in achieving compliance with the relevant health and safety statutory requirements. The Health Board fulfils its responsibility for health and safety by:

- Maintaining a team of professionals to provide advice and support in relation to health and safety matters.
- Offering and facilitating a range of health and safety training courses in addition to the mandatory eLearning modules.
- Measuring compliance with health and safety policies through Health and Safety Reviews and other monitoring mechanisms such as monthly and quarterly performance reports.
- Consulting, in various ways, with the workforce in relation to health, safety and welfare, including via the Strategic Occupational Safety and Health Group (SOSHG).

The Health and Safety Team comprises of the following services:

- Health and Safety
- Manual Handling
- Mask Fit Testing
- Security including Violence and Aggression

Collectively, the team have built on and continue to further embedded proactive systems designed to raise awareness, and as far as is reasonably practicable, prevent or reduce the risk of harm occurring. These included introducing or reviewing several policies and procedures, including:

- HS01 Occupational Health and Safety Policy
- HS02 Protecting Employees from Violence and Aggression
- HS03 General Risk Assessment Procedure
- HS03a Appendices 1-6 Risk Assessment Forms
- HS04 Procedure Guidance - Workplace Health, Safety & Welfare
- HS10 Protocol for the Safe Management of Vibration
- HS19 Staff Health Surveillance Screening Procedure
- HS27 Security Policy

3. OCCUPATIONAL SAFETY AND HEALTH MANAGEMENT SYSTEM (OSHMS)

The Health and Safety Policy and Statement of Intent was reviewed and ratified in January 2025.

3.1. Health and Safety Risk Assessment and Risk Management

The completion of risk assessments is a statutory requirement under the Management of Health and Safety at Work Regulations 1999. To support this compliance, the Health and Safety Team continued provide advice and guidance in the development of health and safety risk assessments.

There is one risk on the Corporate Risk Register linked to health and safety, which is risk ID 5040 (CRR 24-15). This risk has a score of 20, and is progressing.

Other associated risks on the Risk Register are:

- Risk ID: 3893 - Manual Handling Training Compliance. This has a risk score of 16.
- Risk ID: 5041 - Security Services. This has a risk score of 12.
- Risk ID: 5240 - Restrictive Physical Intervention Training. This has a risk score of 12.

The management and oversight of operational health and safety risks is a key area for improvement and was identified as a workstream for the financial year 2025-2026 in the Strategic Plan and Gap Analysis undertaken in September 2024. This work will require organisational support, investment in a technology solution, and collaboration with the Corporate Risk Management team.

4. COMMUNICATION AND CONSULTATION

4.1. Strategic Occupational Safety and Health Group (SOSHG)

The Strategic Occupational Safety and Health Group (SOSHG) is the Health Boards Health and Safety Committee as required by The Safety Representatives and Safety Committees Regulations 1977 (as amended).

A review of the SOSHG was undertaken under the steer of the CEO. This Group will continue to develop under the new Chair, Director of Environment and Estates. This group meets bi-monthly and is accountable to the People and Culture Committee, with escalation to the Health Board.

The SOSHG is tasked with monitoring the development, implementation, audit and delivery of health and safety organisational management throughout the Health Board. The Group has several formal sub-groups which report into this group as listed below:

- Health and Safety Leads Sub-group
- Health and Wellbeing Safety Sub-group
- Asbestos Management Safety Sub-group
- Security Management Safety Sub-group
- Fire Safety Sub-group
- Water Safety Sub-group
- Electrical Safety Sub-group

A Health and Safety Meetings' Governance Framework has been drafted and is awaiting consultation and a Chairs report is routinely prepared for People and Culture Committee.

The SOSHG receives reports from its sub-committees and approves policies consulted upon and approved at sub-committee level. Terms of Reference are due to be reviewed.

Further reports are required from the following areas:

- Cancer Services Health Safety, Security and Risk Group
- Diagnostics and Clinical services Health Safety and Security Risk Group
- Occupational Health Service
- IHC West Health Safety Security and Risk Group

- IHC Central Health Safety Security and Risk Group
- IHC East Health Safety Security and Risk Group
- MHL D services Health, Safety and Security Risk Group
- Women and Childrens Services Health Safety and Security Risk Group
- Environment and Estates

4.2. Health and Safety Intranet Pages on BetsiNet

Work to update the Health and Safety Intranet Pages is ongoing to ensure that it is a functional and informative resource available for use by all employees across the Health Board.

5. TRAINING AND COMPETENCE

The Health and Safety at Work etc. Act 1974, places responsibilities on employers and employees with respect to health and safety at work. For managers and supervisors, this includes the responsibility to ensure staff are suitably monitored and supervised with respect of health and safety.

In addition to this, under the Act, the Health Board is required to provide staff with appropriate information, instruction and training, so far as is reasonably practicable, to ensure the health and safety at work of all employees, including young people, work experience, volunteers, contractors/self-employed and Union representatives.

The level of education is based upon a training needs analysis, type of role, location and service need. The learning outcomes are supplemented by specific job and site training as necessary to ensure competence in safe working practices and compliance with legal requirements.

The programme of Health and Safety Training and the development of a Training Needs Analysis is planned for the Financial Year 2025-2026.

5.1. Health and Safety Training

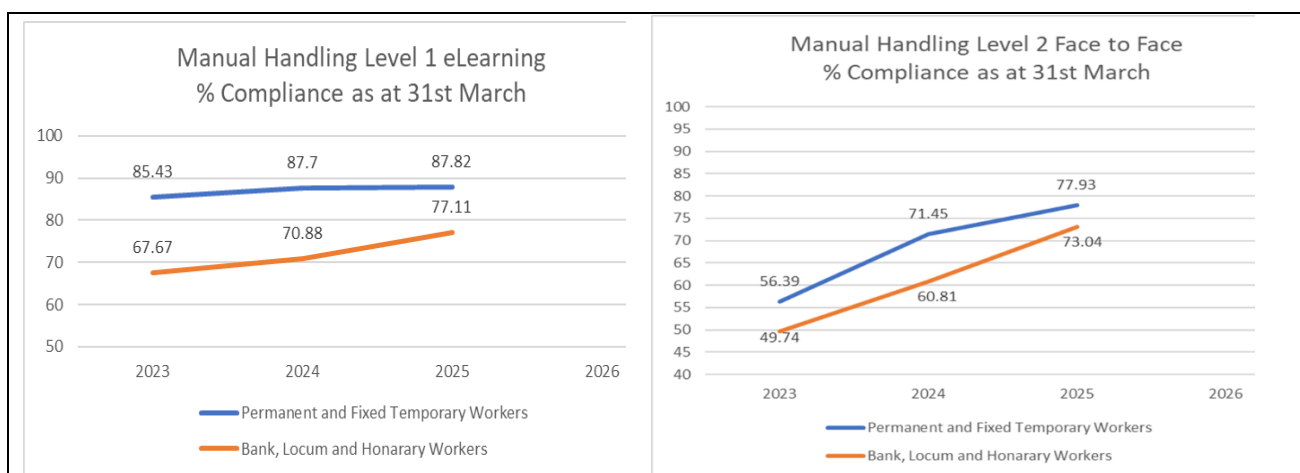
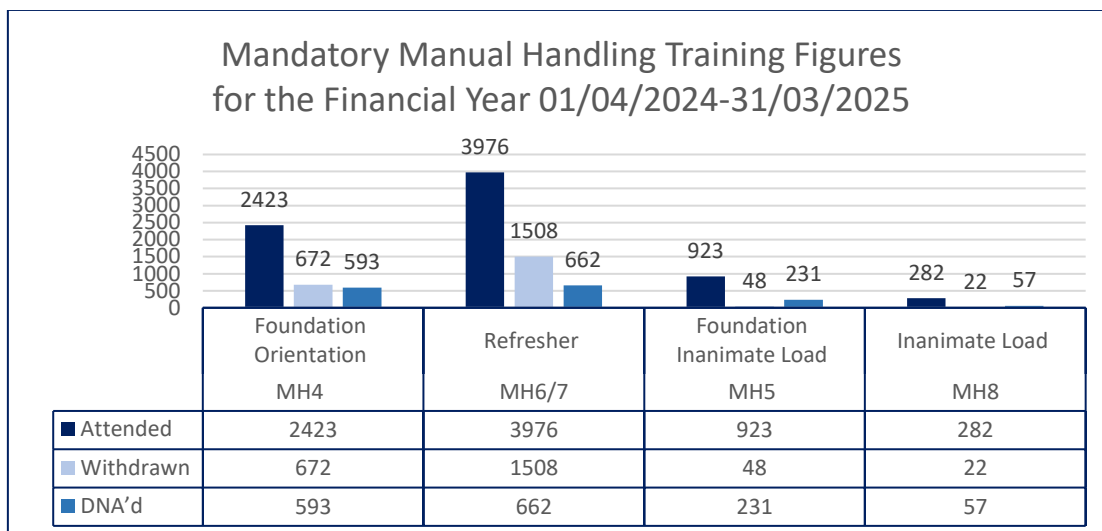
The table below shows compliance with statutory and mandatory Health and Safety Level 1 eLearning training broken down by region/service sector as at 31/03/2025.

| eLearning Mandatory Training | DIVISION / DIRECTORATE | | | | | | |
|------------------------------|------------------------|------------------------|----------------|----------------|----------------|----------------|----------------------|
| | Cancer Services | Diagnostics & Clinical | IHC Central | IHC East | IHC West | MHL D | Womens and Midwifery |
| Health Safety and Welfare | 357 83.41% | 1001 83.70% | 4867 89.47% | 5158 92.84% | 4070 91.34% | 2076 92.47% | 780 91.66% |

The table below shows health and safety courses run and attendance across the service 2024/2025.

| Non- Mandatory Health and Safety Training Courses undertaken 2024-2025 | |
|--|---------------------|
| Course | Attended/Completed |
| COSHH Awareness (online) | 137 |
| RIDDOR Awareness (online) | 79 |
| Risk Assessment Made Easy (online) | 131 |
| NEBOSH Health and Safety at Work Award (classroom) | 146 |
| NEBOSH Health and Safety General Certificate (classroom) | 6 (results pending) |

5.2. Manual Handling Training



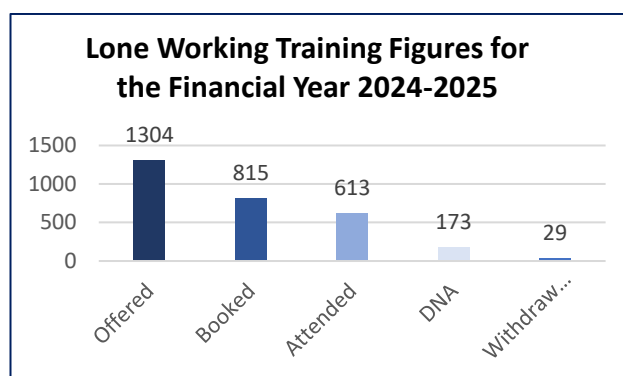
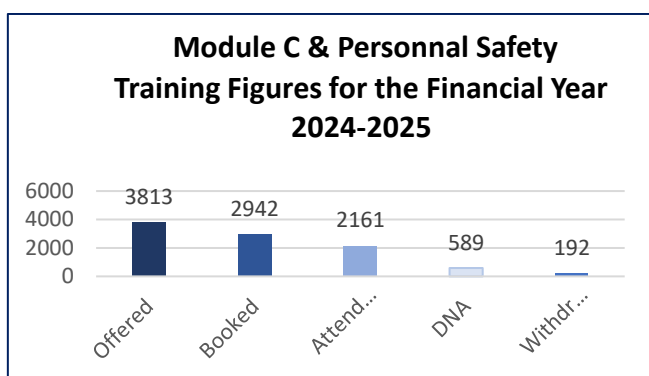
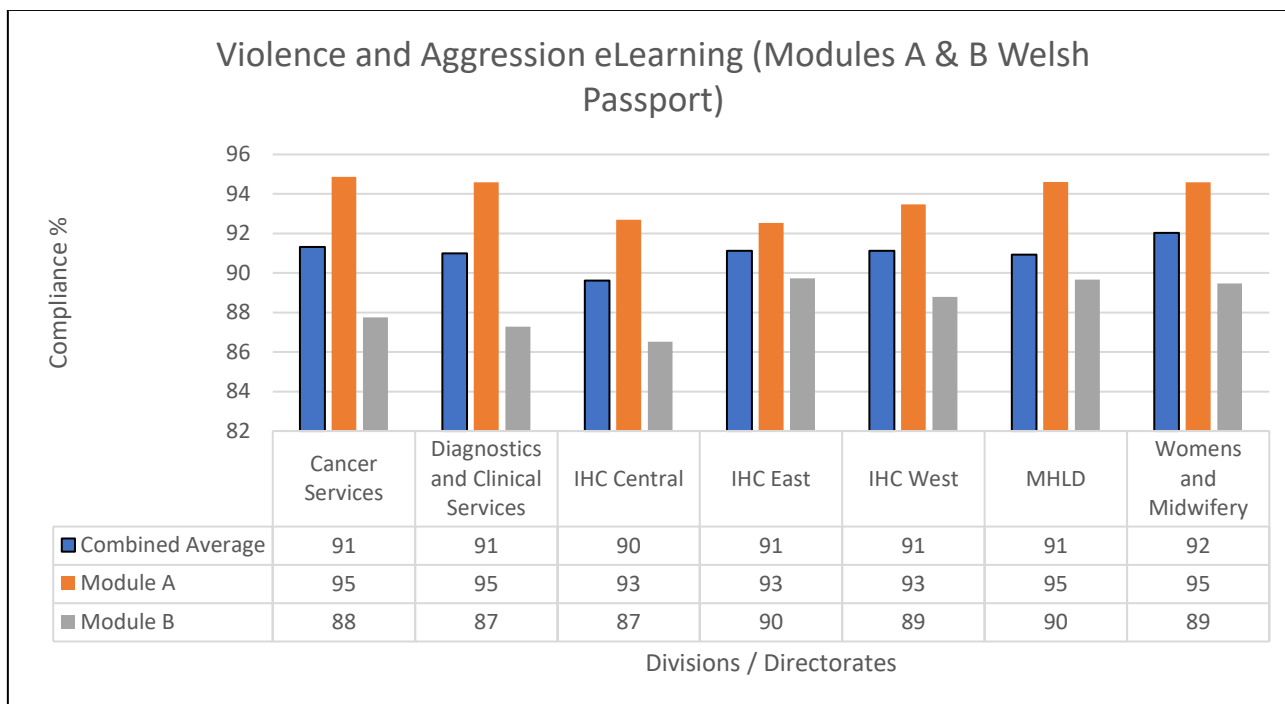
Source: Workforce BI Dashboard. All data correct as at 20/05/2025.

Manual handling training compliance has seen a significant increase in compliance over the last 2-years.

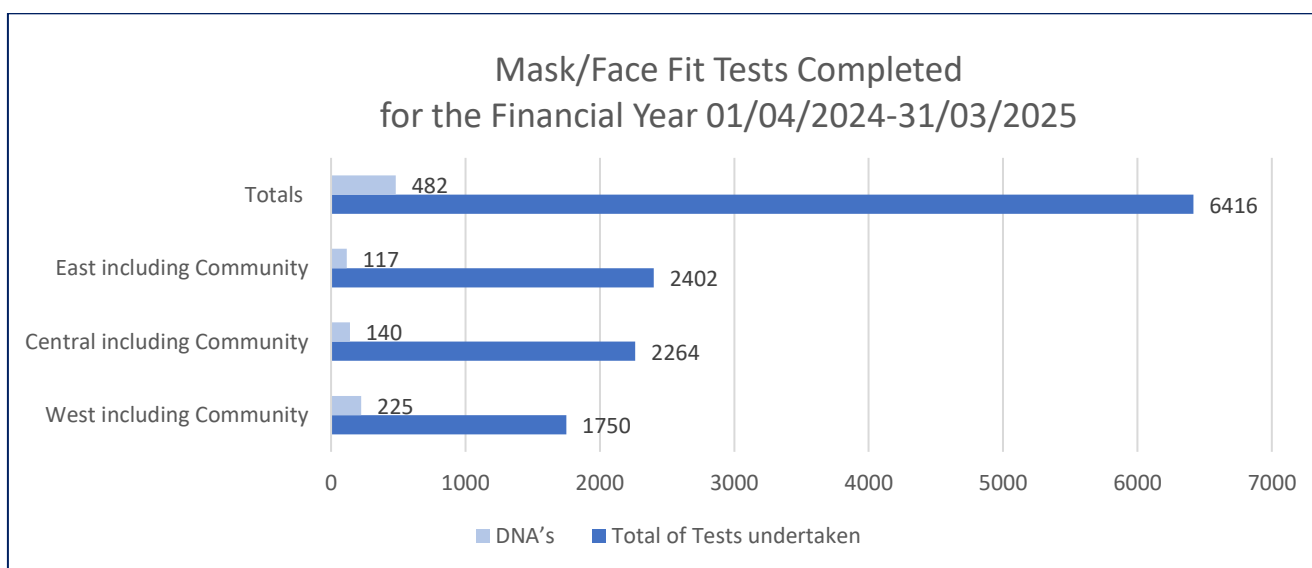
The above table for 'Permanent and Fixed Term Temporary Workers' shows that the Manual Handling Level 1 eLearning Course has remained fairly stable; however, the Manual Handling Level 2 Face to Face Course has seen an overall increase of 21.54%.

In addition to this increase, the number of staff requiring face to face training over the past 2-years has steadily risen by 1,014 people, and does not include the training delivered to university students taking up placements with BCUHB, which has steadily increased and accounts for around an additional 800 training places.

5.3. Violence and Aggression and Personal Safety Training



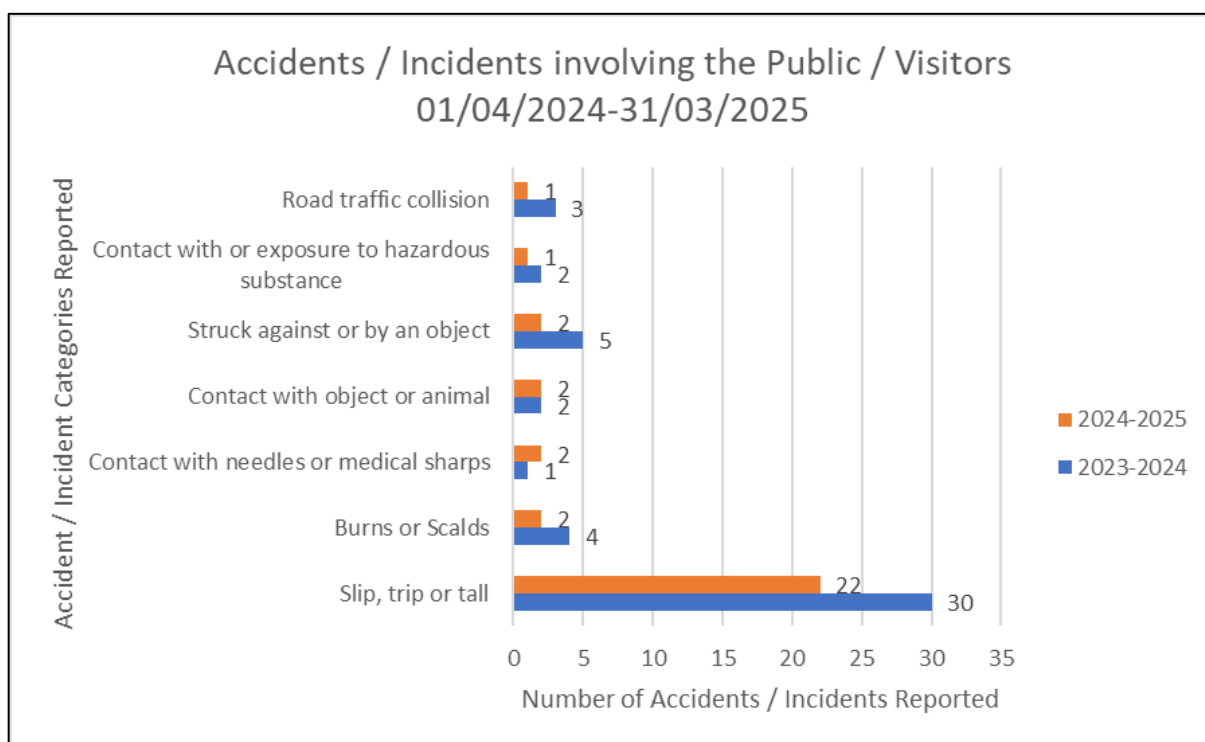
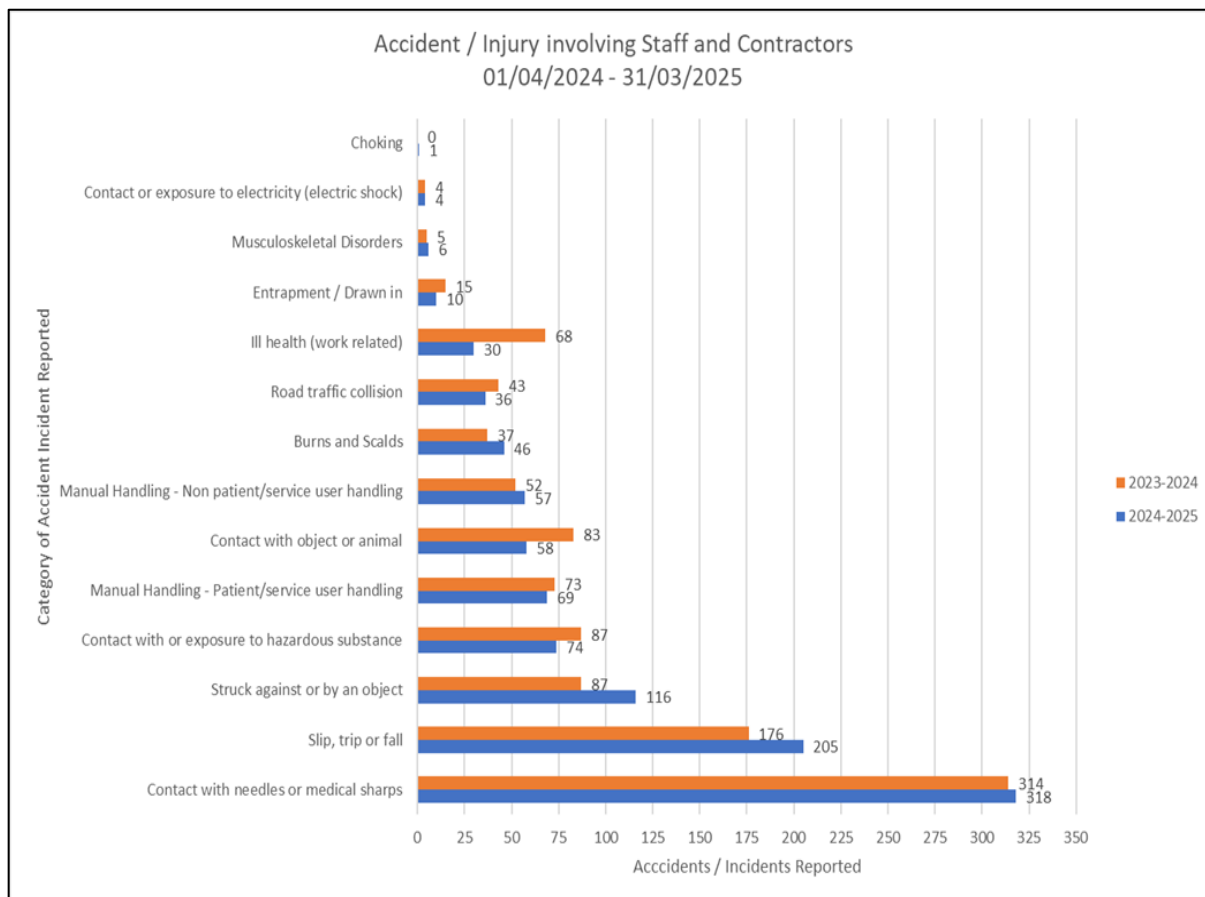
5.4. Mask/Face Fit Tests



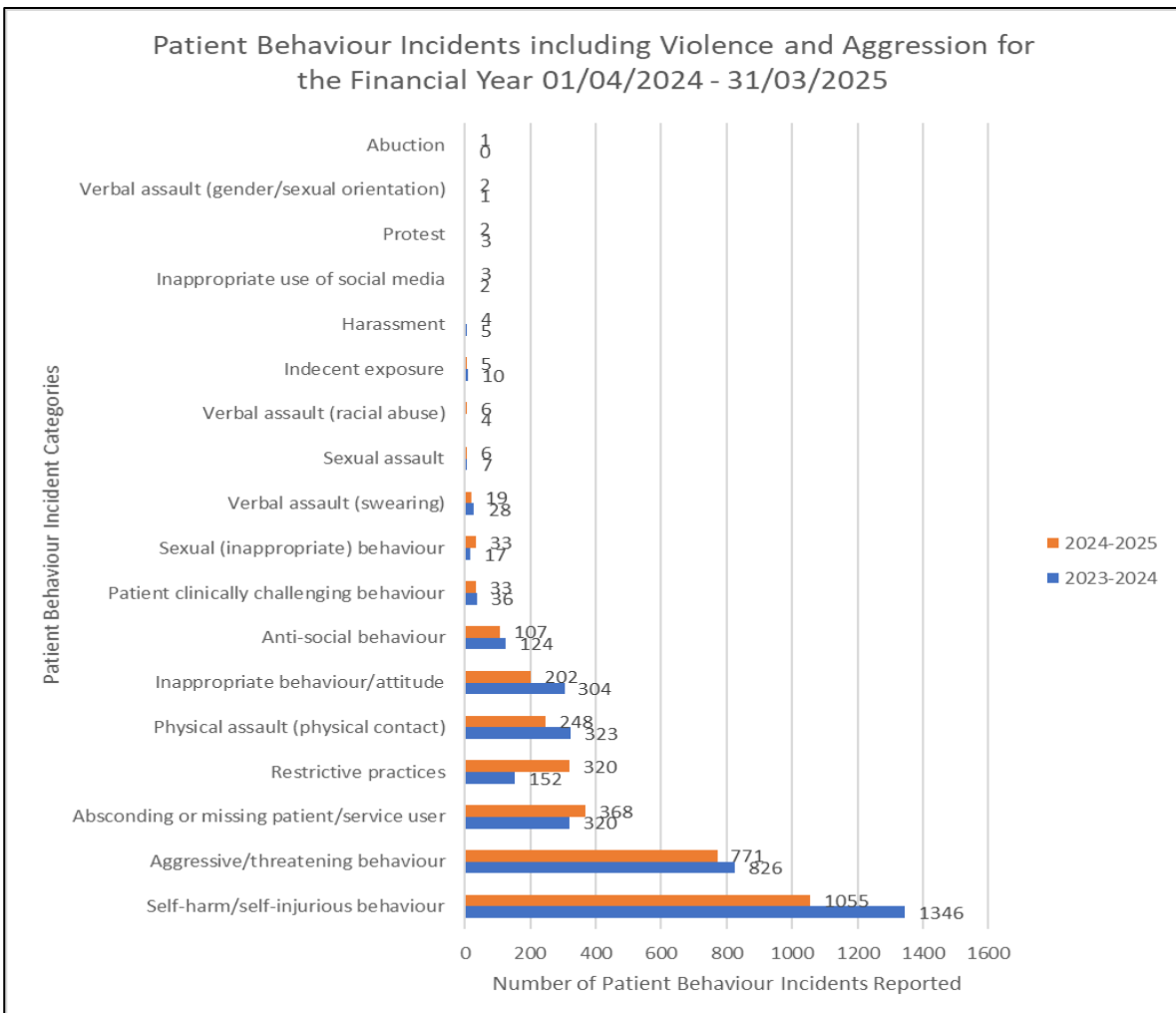
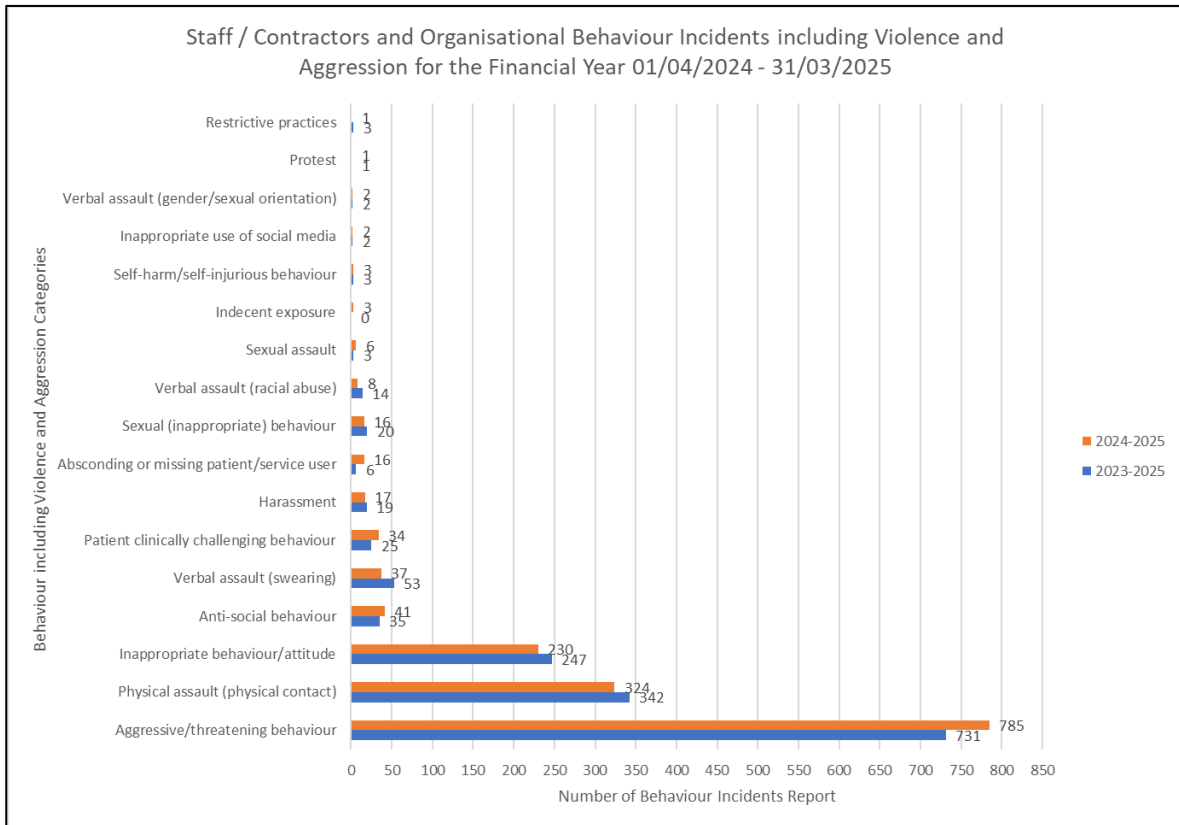
6. INCIDENT REPORTING

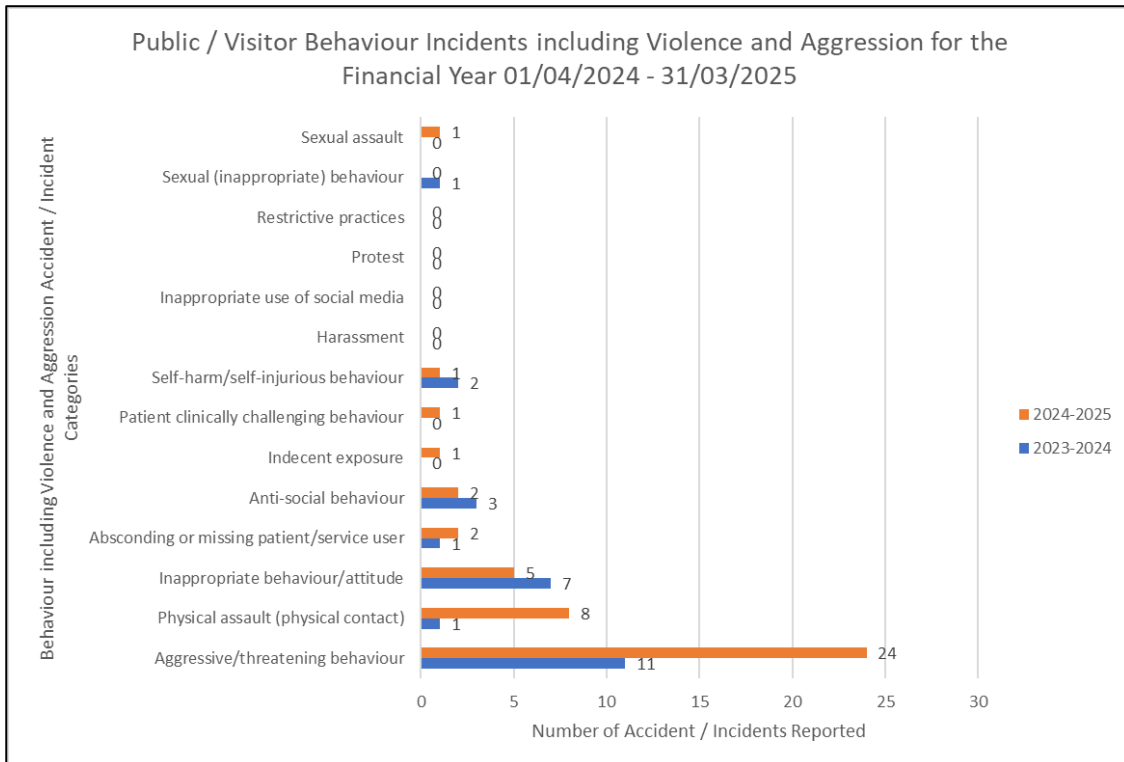
6.1. Accident / Injury Incidents Reported

The tables below show the number of reported incidents for 2024/2025 and 2023/2024 for comparison by 'Category'.



6.2. Behaviour including Violence and Aggression





Note: The above data is produced from incident data available to the Health, Safety and Security Team and may be subject to change pending permission changes within Datix.

6.3. Incident Analysis

6.3.1. Accident / Injury Incidents involving Staff and Contractors

Comparisons have been provided to show the increase/decrease of incidents for the financial years 2023-2024 and 2024-2025.

As can be seen from the above graphs, increases have been seen in the 'accident/injury involving staff and contractors' top 3 reported incidents in the financial year being reported.

- Struck Against or by an Object
- Slip, Trip or Fall
- Contact with Needles or Medical Sharps

An audit has been commissioned in relation to 'slips, trips and falls', and 'contact with needles or medical sharps' as part of the Health and Safety Self-Assessment returns from Cohort 1¹ in April 2025. This is to better understand the position. The findings will be feedback via the Strategic Occupational Safety and Health Group and the respective Health and Safety Divisional Meetings.

6.3.2. Accident / Injury Incidents involving Public and Visitors

In all instances except one, 'contact with object or animal', the number of incidents involving Public and Visitors has reduced.

6.3.3. Behaviour including Violence and Aggression

Overall, there has been a slight increase in the number of 'behaviour' related incidents reported in the financial year 2024-2025 (1526) in comparison to the previous financial year 2023-2024 (1506).

¹ Cohort 1: April 2025 - East IHC, Central IHC, West IHC (DGs only), Environment and Estates, Radiology, and MHL. Cohort 2: October 2025 – Cancer Services, Womens and Maternity Services, Community Services, Pan Services, Corporate Services, and Primary Care.

The highest increases have been seen in 'aggressive/threatening behaviour' towards staff and from visitors/public, which includes patient friends and relatives.

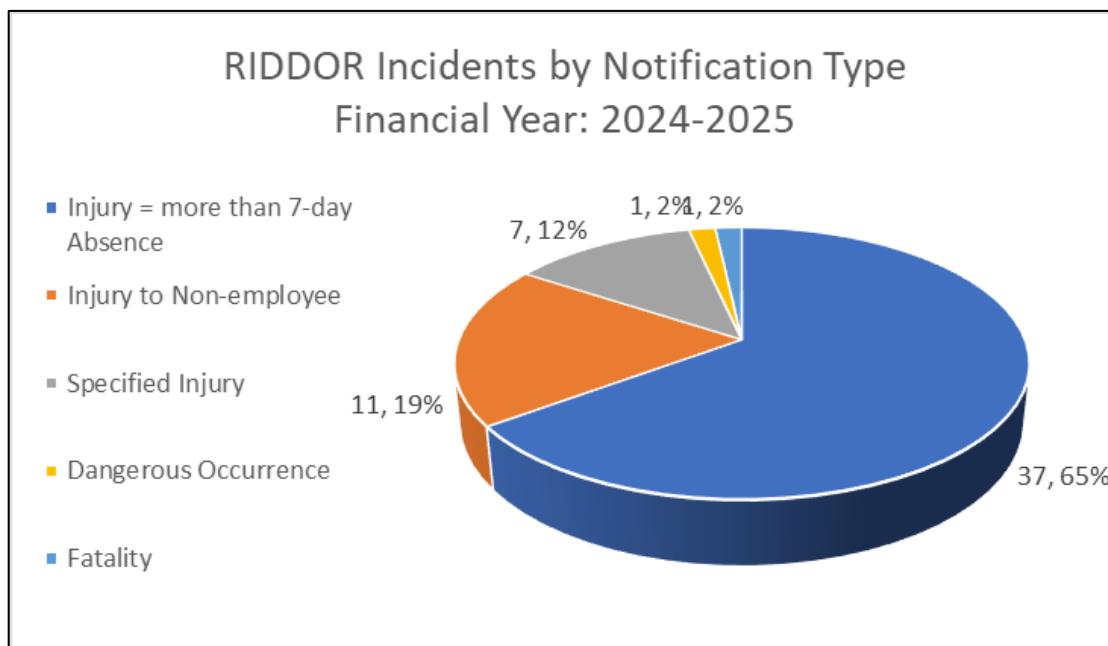
The Team have been without a Violence and Aggression Case Manager since the post holder retired in January 2025. This has resulted in some delays in following up incidents of a violent or aggressive nature. The role has been reviewed and due to be advertised imminently as the Violence Prevention and Reduction Advisor.

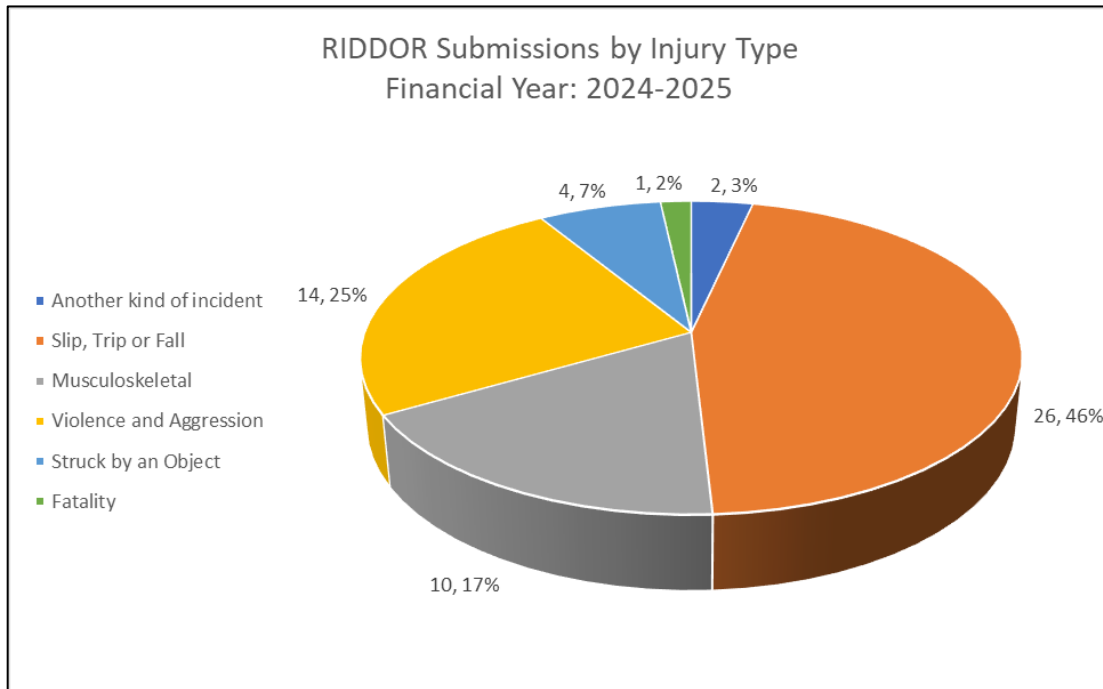
BCUHB continue to engage with the All-Wales Anti-Violence Collaborative, and a trial of body worn camera's has been undertaken in Central and West. Initial indications suggest this trial has had a positive impact in helping to reduce the number of incidents occurring.

6.4. RIDDOR (Reporting of Injuries, Diseases, and Dangerous Occurrences)

There have been 57 RIDDOR reportable incidents in the financial year 2024-2025, broken down as per the table and graphs below.

| RIDDOR INCIDENTS REPORTED FY 2024-2025 | | | | | | | | | |
|---|-----------------|--------------------|-----------------------|-----------------------|-------------|----------|----------|------|--------------------|
| | Cancer Services | Corporate Services | Diagnostic & Clinical | Environment & Estates | IHC Central | IHC East | IHC West | MHLD | Womens & Maternity |
| RIDDOR INCIDENTS REPORTED THIS QTR (Staff and Public) | 1 | 0 | 0 | 1 | 21 | 4 | 7 | 10 | 1 |
| No. of Patient RIDDOR Reports incl. Suicide | 0 | 0 | 0 | 0 | 6 | 3 | 1 | 2 | 0 |
| NUMBER REPORTED OUTSIDE TIMESCALES (Staff and Public) | 1 | 0 | 0 | 0 | 21 | 3 | 4 | 5 | 1 |





Depending on the type of event, there are statutory timeframes set within the regulations as set out in the following 3 categories:

- Without delay – fatalities
- Within 10 days – specified injuries
- Within 15 days – over 7-day absence

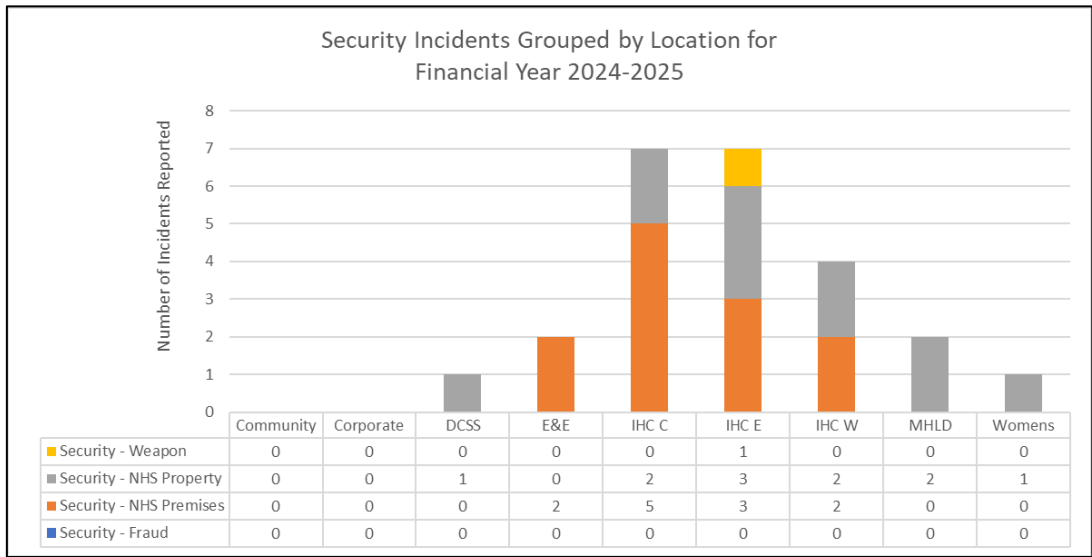
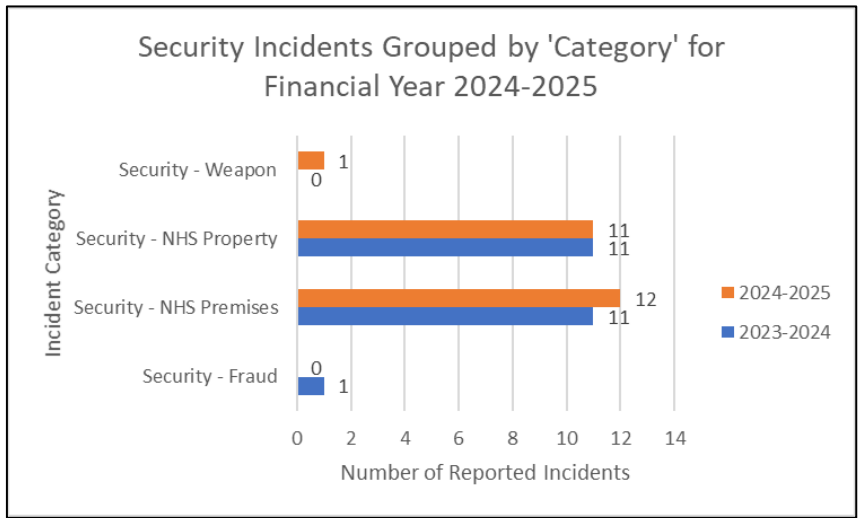
In the financial year 2024-2025, there were 35 out of 57 occasions where submissions were beyond the statutory timeframe set, which is 61.40% of returns made.

With the support of the Datix Team a RIDDOR Dashboard has been created and a team procedure developed to enable quicker follow-up and closer monitoring of potential and confirmed RIDDOR reportable incidents as they progress through investigation. The dashboard and process were launched on 1st April 2025 and it is hoped an overall improvement will be seen in the number of late submissions.

The Health and Safety Team deliver RIDDOR Awareness Training. Where incidents are notified as being RIDDOR reportable outside of the statutory timeframe set, managers will be requested to attend the training.

6.5. Security Incidents

The category NHS Property generally relates to the loss or theft of a Health Board item e.g. ID Badge whereas NHS Premises generally relates to security of premises such as intruders, lost off keys, vandalism etc.

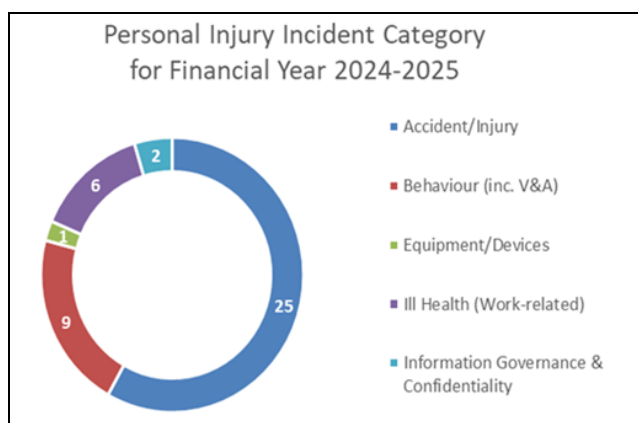
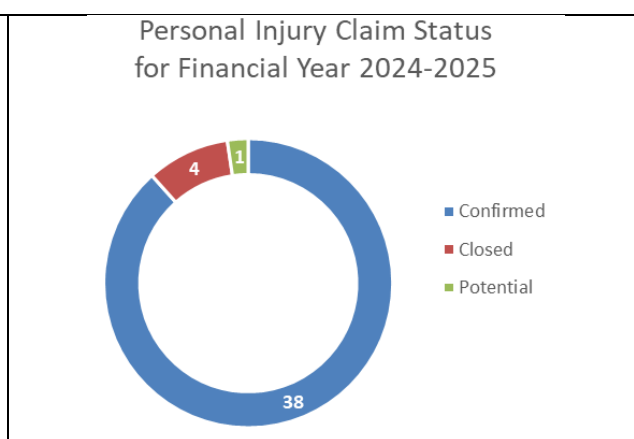
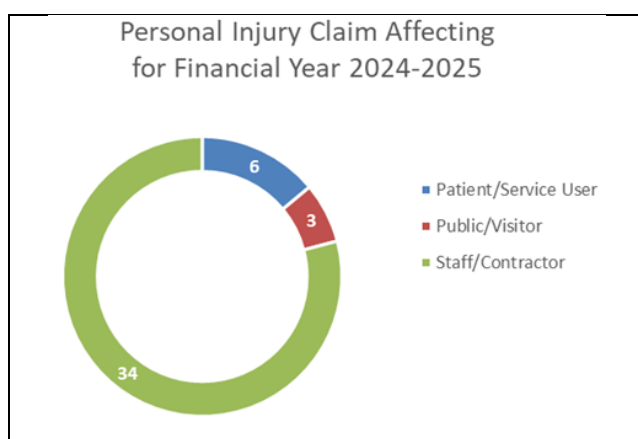
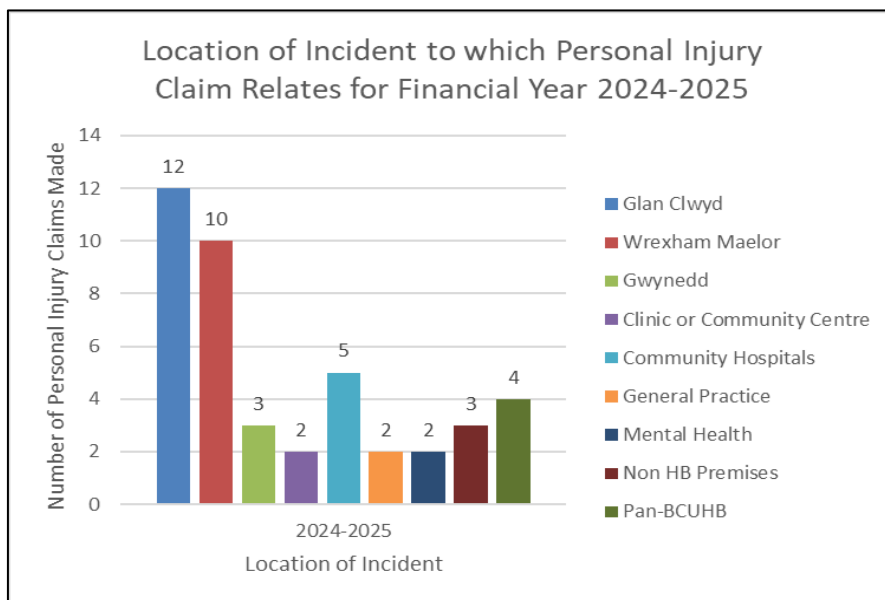


Of the incidents reported in this financial year, the highest recorded subcategory was the loss of ID Badges.

There was one incident relating to a weapon. This was reported by the Community Resources Team (CRT) following an assessment of a patient in their own home during which 2 rifles observed underneath a curtain in the lounge and the bedroom, and a hand gun in a drawer.

6.6. Personal Injury Claims

There were 43 Personal Injury Claims made during the reporting year. Broken down as follows:



Accident/Injury accounts for the highest number of Personal Injury Claims in the reporting period. These are broken down as: Slips, trips or falls (16)

- Patient/service user handling (2)
- Non patient/service user handling (2)
- Contact with or exposure to hazardous substance (2)
- Contact or exposure to electricity (electric shock) (1)
- Struck against or by an object (1)
- Contact with needles or medical sharps (1)

7. MEASURING PERFORMANCE

7.1. Health, Safety and Security Reviews / Assessments

| Reviews/Assessments undertaken for the Financial Year 2024-2025 | | | | |
|---|------|---------|------|--------------|
| | East | Central | West | Primary Care |
| Health and Safety | 84 | 79 | 136 | 12 |
| Security | 44 | 13 | 43 | 0 |

*No Primary Care Advisor in post for most of Q1 and all of Q2.

*No Health and Safety Adviser for Central in post in Q4.

*Health and Safety Adviser appointed for West in February 2025.

*No Security Advisor for Central in post in Q4 or Q3. Appointed in March 2025.

7.2. Health, Safety and Security Performance Reports

The Health, Safety and Security Service produced monthly reports for discussion and action as required at the Local Health, Safety and Risk Meetings. These reports look at general health, safety and security performance from a local IHC perspective.

With effect from 01/04/2025, these reports will be produced quarterly and will be made available for all services and not just the IHCs as has been the case in the past.

7.3. Audit, Monitoring and Review

In May 2024, Audit and Assurance Services undertook a Health and Safety Internal Audit. The overall objective was to review compliance with HS01 Occupational Health and Safety Policy, assessing the adequacy of management arrangements for Health & Safety to provide assurance to the Health Board. This audit returned 'limited assurance' and a number of key matters were recorded.

The Health Board responded and an action plan was developed to address the weaknesses identified and good progress has been made. The action plan is being monitored via the Strategic Occupational Safety and Health Group.

8. HSE CONTACT, ENFORCEMENT, LEGISLATION

8.1. HSE Contact

Following the HSE's investigation into the 3 patient falls the Health Board were notified of their intention to pursue prosecution. The Health Board appeared in court on the 1st April 2025.

In response to a RIDDOR reportable incident the HSE undertook an inspection of Tegid Ward in the Ablett Unit. This resulted in 2x Improvement Notices in relation to ligatures and mental health procedures.

8.2. Legislation

Staying ahead of legislation and adapting to new regulations is essential if the Health Board seeks to achieve compliance and avoid penalties. Proactively tracking legislative updates demonstrates the Health Board's commitment to safety, building trust with employees and workers.

Machinery Compliance: UKCA Mark Requirement from January 2025

From 1st January 2025, all new machinery placed on the market in Great Britain must carry the UKCA (UK Conformity Assessed) mark. Machinery with only a CE mark will no longer be accepted.

This requirement applies to:

- All new machinery sold, imported, or manufactured in Great Britain
- Equipment that previously only had CE marking

What this means for BCUHB as part of the procurement process:

- Ensure all new machinery meets UK safety standards and is correctly marked before purchase.
- Check for UKCA certification when importing or buying machinery to avoid compliance issues.
- Manufacturers may use both CE and UKCA marks if selling in both the UK and EU, but UKCA is mandatory for Great Britain.

Anti-Violence Collaborative (AVC)

On the 14th May 2025, the Health Board received a letter from the Chief Nursing Officer and Director of Workforce and Organisational Development for NHS Wales summarising the actions assigned to the Anti-Violence Collaborative Wales. This letter recognises that incidences of violence and aggression towards staff and patients who use healthcare services are unacceptable, and sets out the workstreams aimed to reduce these incidences that is being co-ordinated by the AVC. Further instruction is awaited from the Chair of the AVC, Jonathan Webb.

The Protect Bill known as Martyn's Law

The Terrorism (Protection of Premises) Bill, also known as Martyn's Law, was included in The King's Speech on 17 July as part of the programme of legislation the Government intends to pursue in this Parliamentary session. The Bill was introduced to Parliament on 12 September 2024 and received Royal Assent on Thursday 3rd April 2025.

This Bill delivered on the Government's manifesto commitment to 'bring Martyn's Law to fruition, so as to enhance the security of public events and venues.

8.3. Enforcement

The table below shows enforcement activity in Healthcare by the Health and Safety Executive for the Financial Year 2024-2025.

| Notice Number | Recipient's Name | Notice Type | Issue Date | HSE Investigating Directorate | Act or Regulation Breached | Summary |
|------------------------|--|--------------------|------------|---|--|---|
| 314221881 | Pennine Care NHS Foundation Trust | Improvement Notice | 01/05/2024 | Specialist Division | Management of Health & Safety at Work Regulations 1999 / 5 / 1 | Failed to have the appropriate arrangements for the effective planning and organisation of preventive and protective measures for violence and aggression risks on Hollingworth Male Ward |
| 314342831 | Central Scotland Healthcare (St Andrews) Ltd | Improvement Notice | 24/06/2024 | Investigation Division | Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5 / 1 | Failed to ensure that residents of the care home were not exposed to risks to their health or safety by failing to implement suitable arrangements for the effective training, monitoring and audit of staff in relation to risks of choking. |
| 314424669 | Devon Partnership NHS Trust | Improvement Notice | 31/07/2024 | Inspection Division | Health and Safety at Work Act 1974 / 2 / 1 Management of Health & Safety at Work Regulations 1999 / 3 / 1 Health and Safety at Work Act 1974 / 3 / 1 | Failed to make a suitable and sufficient assessment of the risks to employees and others in relation to violence and aggression to which they are exposed on Salus Ward and did not identify the measures needed to control those risks. |
| 314492272 | NHS Highland | Improvement Notice | 15/08/2024 | Investigation Division | Health and Safety at Work Act 1974 / 3 / 1 | Failed to ensure that persons not in its employment, specifically patients who report suicidal ideations, who may be affected thereby, are not exposed to risks to their safety in that arrangements have not been made to reduce as far as is reasonably practical the risks posed to patients by ligature anchor points. |
| 314633348 | Dartford and Gravesham NHS Trust | Improvement Notice | 25/10/2024 | Chemical Explosion & Microbiological Hazards Division | Health and Safety at Work Act 1974 / 2 / 1 Management of Health & Safety at Work Regulations 1999 / 5 / 1 | Failed to ensure suitable arrangements for the control, monitoring and review of the measures necessary to minimise the risk of exposure to employees to hazardous biological agents in the CL3 laboratory. Failed to provide a system that is suitable and effective to ensure an appropriate level of senior management oversight of the work and the application of relevant biosafety standards. |
| 314634968 314634920 | Worcester Acute Hospital NHS Trust | Improvement Notice | 28/10/2024 | Specialist Division | Health and Safety at Work Act 1974 / 2 / Health and Safety at Work Act 1974 / 3 / Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 / 7 / Management of Health & Safety at Work Regulations 1999 / 5 / 1 | Failed to implement appropriate arrangements for the effective planning, organisation, control, monitoring and review of your preventative and protective measures, required when using medical sharp devices, to reduce as far as is reasonably practicable, the risk of serious personal injury to workers from Blood Borne Viruses. Failed to ensure that line managers carry out a suitable investigation encompassing the circumstances of an injury caused by a medical sharp device. |
| 314657023 | Ty Mawr Ltd | Improvement Notice | 04/11/2024 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Work at Height Regulations 2005 / 6 / 3 | Failed to take suitable and sufficient measures to prevent, so far as reasonably practicable, persons from falling a distance liable to cause personal injury. Fall prevention measures such as robust fencing was needed to prevent falls. |

| Notice Number | Recipient's Name | Notice Type | Issue Date | HSE Investigating Directorate | Act or Regulation Breached | Summary |
|---------------|---------------------------|--------------------|------------|-------------------------------|---|--|
| 314656943 | Ty Mawr Ltd | Improvement Notice | 08/11/2024 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Substances Hazardous to Health Regs 2002 / 6 / 1 Management of Health & Safety at Work Regulations 1999 / 3 | No suitable and sufficient risk assessment had been carried out to identify and assess the risk of exposure to legionella bacteria from work activities and water systems on the premises and any precautionary measures needed. |
| 314656924 | Ty Mawr Ltd | Improvement Notice | 08/11/2024 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Control of Asbestos Regulations 2012 / 4 / 3 Control of Asbestos Regulations 2012 / 4 / 8 | No suitable and sufficient assessment has been carried out as to whether asbestos is or is likely to be present in the premises. |
| 314656659 | Ty Mawr Ltd | Improvement Notice | 08/11/2024 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 7 / | Failed to appointed one or more competent persons to assist in undertaking the measures needed to comply with the requirements and prohibitions imposed by or under the relevant statutory provisions, such as the Health and Safety at Work etc Act 1974 and Regulations made under it. |
| 314733433 | Forth Valley Health Board | Improvement Notice | 12/12/2024 | Investigation Division | Health and Safety at Work Act 1974 / 3 / 1 | The organisation failed to ensure that patients who may be exposed to risks to their safety that arrangements had not been made to reduce the risks posed by ligature points in particular by windows and doors assessed as very high risk. |
| 314812185 | Ty Mawr Ltd | Prohibition Notice | 23/01/2025 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3 / 1 Electricity at Work / 4 / 1 | The organisation failed to ensure that the electrical equipment located within cupboard above the sink is of such construction to prevent danger arising from exposure to live electrical conductors. |
| 314831776 | Ty Mawr Ltd | Improvement Notice | 31/01/2025 | Investigation Division | Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5 | The organisation failed to take suitable and sufficient measures to prevent the risk to vulnerable residents from accessing staff only areas or wandering from the building. |

| Notice Number | Recipient's Name | Notice Type | Issue Date | HSE Investigating Directorate | Act or Regulation Breached | Summary |
|---------------|------------------|--------------------|------------|-------------------------------|--|--|
| 314831810 | Ty Mawr Ltd | Improvement Notice | 31/01/2025 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3 / 1 Electricity at Work / 4 / 1 Electricity at Work / 4 / 2 Management of Health & Safety at Work Regulations 1999 / 5 | The organisation has no effective management arrangements to ensure that the electrical systems are maintained to prevent danger. |
| 314831841 | Ty Mawr Ltd | Improvement Notice | 31/01/2025 | Investigation Division | Health and Safety at Work Act 1974 / 3 / 1 Management of Health & Safety at Work Regulations 1999 / 5 | The organisation does not have effective arrangements to prevent danger to vulnerable residents from scalding by water at temperature of more than 44 Celsius where whole body immersion is possible in baths. |
| 314831858 | Ty Mawr Ltd | Improvement Notice | 31/01/2025 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Work at Height Regulations 2005 / 6 / 3 Workplace (Health, Safety and Welfare) Regulations / 4 / 1 Workplace (Health, Safety and Welfare) Regulations / 14 / 1 | The organisation has no effective arrangements to prevent danger to employees or vulnerable residents from falling from window openings which are not restricted to 100mm or less, or from falling through glazing at or below waist level. |
| 314888406 | Ty Mawr Ltd | Prohibition Notice | 27/02/2025 | Investigation Division | Health and Safety at Work Act 1974 / 2 / 1 Health and Safety at Work Act 1974 / 3 / 1 Electricity at Work / 3 | The organisation has failed to ensure that the electrical equipment distribution board located in the boiler room, which has missing blanks and an electrical fixing located on the side of a puffer container that has come away from its housing and therefore exposing cable which is wrapped in electrical tape, is of such construction as to prevent danger arising from exposure to live electrical conductors. |

| Case/Breach | Defendant's Name | Hearing Date | Result | Total Fine £ | Costs awarded to HSE £ | Act or Regulation | Summary |
|-------------|-----------------------------------|--------------|-------------|--------------|------------------------|--|---|
| 47215240/01 | NHS Ayrshire & Arran Health Board | 28/05/2024 | Guilty-Fine | £66,000.00 | None specified | HSWA Section 3 | Failed to have a system in place to manage the risk of choking for residents who were known to have dysphagia, including a patient, who as a result of this failure was given a meal which was unsuitable for their modified diet and which caused them to fatally choke. |
| 46159820/01 | Grampian Health Board | 08/08/2024 | Guilty-Fine | £60,000.00 | None specified | Health and Safety at Work Act 1974, Section 3, Sub Section 1 | Failed to ensure that patients with suicidal tendencies were not exposed to risk by having access to ligature points including a sink tap in the shower/toilet room, where the patients were able to self-isolate. The access to the ligature point resulted in the death of a patient |
| 46937250/01 | Grampian Health Board | 08/08/2024 | Guilty-Fine | £60,000.00 | None specified | Health and Safety at Work Act 1974, Section 3 | Failed to ensure that a patient identified as a high risk for suicide was not exposed to risk by having access to hazards such as plastic bags in an area of the ward where patients are able to self-isolate, this resulted in the death of the patient who was able to access a clinical waste bag and tape within the individual's room, self-isolate in the en-suite bathroom of this room and use these materials to suffocate. The organisation failed to conduct a suitable and sufficient assessment of the risks posed by environmental hazards for suicide and self-harm on the ward and, as a consequence, failed to ensure that patients identified as a high risk for suicide were not exposed to risk by having access to hazards such as plastic bags on the ward. |



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Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Welsh Language Services

Annual Monitoring Report
2024-2025



Author: Eleri Hughes-Jones

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Executive Summary

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

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

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

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

Vision for the Health Board

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

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

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

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

What has been achieved

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

Some of these key accomplishments include:

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

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

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

Setting the ambition for 2025-2026

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

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

Background and Current Position

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

The Health Board's Welsh Language Team has been structured to ensure its workstreams provide the necessary support mechanisms required to mainstream language requirements into service planning. It also provides a network of support on an operational level to ensure all written correspondence is provided bilingually, and that there is a structure in place to develop the workforce to improve their language skills.

It consists of four services that support the organisation to both deliver legislative requirements and to address patients' needs.

1. Legislative Compliance
Ensuring that the organisation is supported to deliver its obligations under the Welsh Language (Wales) Measure 2011.
2. Promotion and Engagement

In line with the operational elements of delivering the 'More than just words' Five-year plan, services are actively supported and projects and schemes initiated to increase understanding and awareness of culture, and the impact on patient care.

3. Training Provision

The Welsh Language Training Programme is tailored to address the requirements of various services, along with additional support provided by the 'National Centre for Learning Welsh' with the Welsh Government-funded 'Work Welsh' Agreement.

4. Translation Services

The Translation Team ensures that the organisation is able to provide information to patients in their preferred language, and are also providing simultaneous translation to facilitate language preference in clinical and corporate settings.

Self-Regulation and Governance

Structural accountability is provided through the Welsh Language Strategic Forum (the Strategic Forum), chaired at Executive Director level, with the Health Board's Chairman appointed as Board-level Welsh Language Champion. The Strategic Forum establishes internal governance arrangements. The Terms of Reference steers the strategic approach, with membership consisting of senior and active leaders who are able to drive requirements forward. There is a scrutiny route for escalating any issues of significance to the People and Culture Committee, as well as annually reporting to the Board on compliance and achievements.

Welsh Language Services Risk Register

It is essential that the Health Board recognises potential areas of risk in relation to the Welsh language and a dedicated Risk Register is in operation. Current risks include meeting the demands of the Welsh Language (Wales) Measure 2011, implementing the "Active Offer" principle in line with 'More than just words', and delivering the 'Bilingual Skills Policy and Procedure'.

All risks have been reviewed during 2024-2025, with all three risk ratings currently at moderate or minor. In assessing current position, no risks required escalation.

The Welsh Language Services Risk Register is monitored quarterly, and reported upon bi-annually to the Welsh Language Strategic Forum.

Internal Performance Assurance

This report presents a combined analysis of the Bilingual Services Mystery Shopper exercise conducted across Health Board settings over the reporting year, including acute sites, community hospitals, specialist services and managed practices. The assessments focus on front-line services and creating a bilingual environment through the monitoring of:

- Reception Services
- Telephone Services
- Signage

It is pleasing to note that the findings reflect the Health Board’s commitment to providing inclusive, bilingual services to patients and visitors.

The percentage of reception areas providing full Welsh-medium responses demonstrates a steady improvement, reflecting an increase in awareness and capacity amongst front-line staff to deliver services in Welsh. There is consistent effort in greeting patients and visitors, with many sites offering neutral or bilingual greetings.

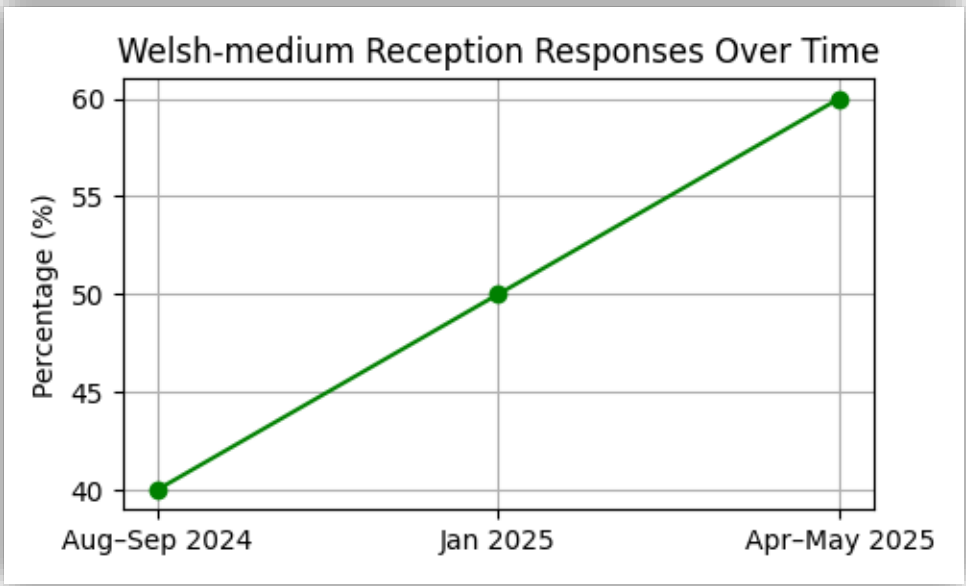


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

There has been a marked increase in telephone services, demonstrating improved compliance and staff training.

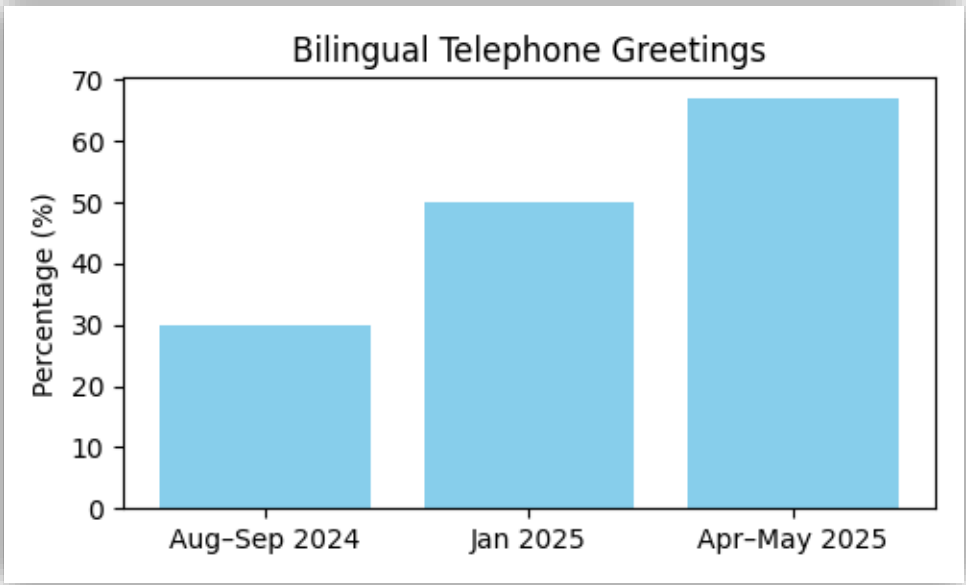


Figure 2: Proportion of telephone calls greeted bilingually.

The ability to deal with calls fully through the medium of Welsh has improved, with more staff either responding directly or transferring to Welsh-speaking colleagues. Bilingual answerphone messages were also apparent, maintaining standards across the organisation.

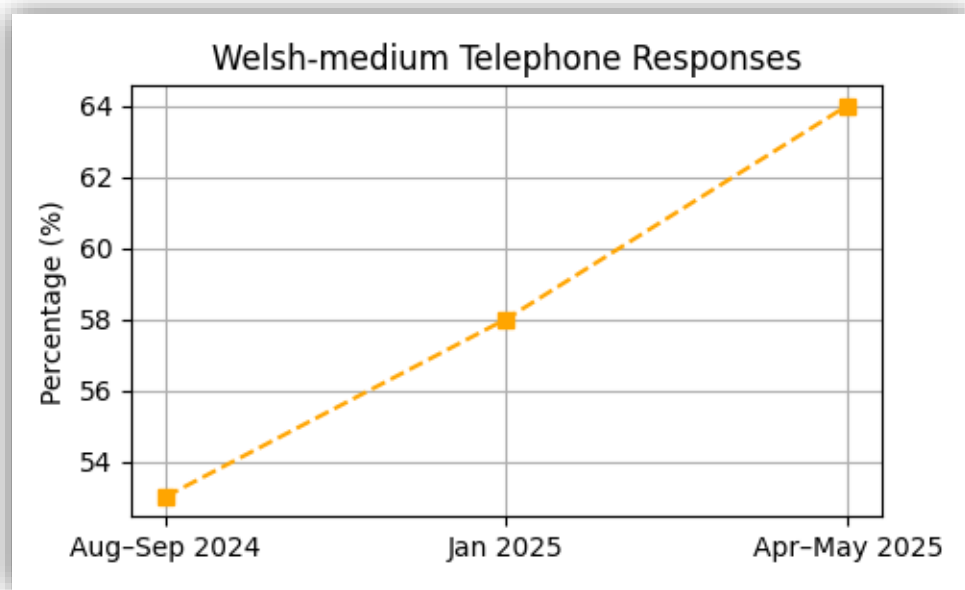


Figure 3: Percentage of telephone enquiries handled in Welsh.

Temporary signage compliance with the Welsh Language Standards has shown positive progress, with several sites achieving full compliance. Permanent signage across nearly all sites were fully bilingual and displayed equal prominence.

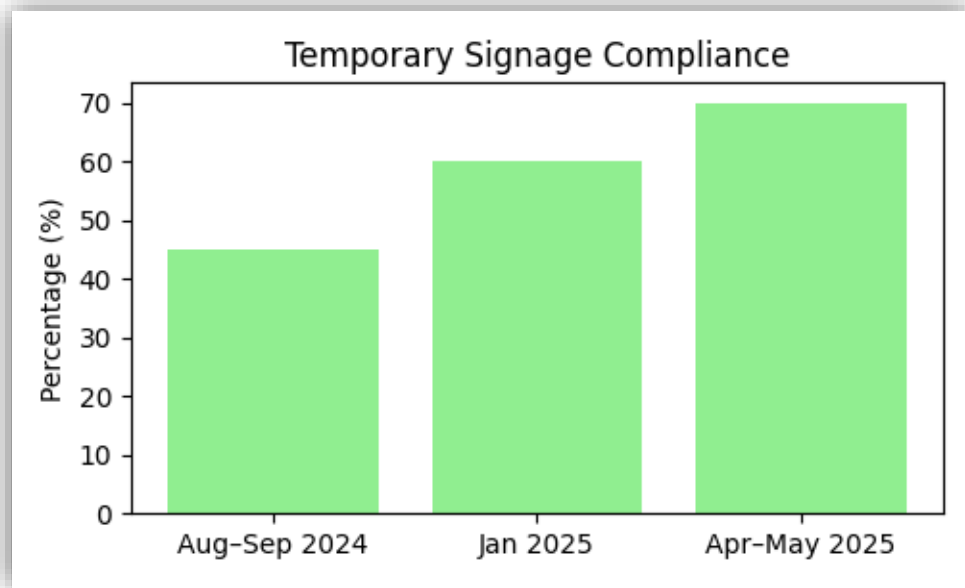


Figure 4: Compliance of temporary signage with Welsh Language Standards.

In conclusion, the combined results from all reporting periods indicate a positive trajectory in the Health Board's bilingual service provision to comply with Welsh Language Standards. Whilst there are still areas for development, the overall picture is one of dedication, demonstrating a growing commitment to embed the Welsh language into everyday healthcare interactions. This ensures that the Health Board aligns with statutory obligations, fostering a more inclusive and culturally respectful environment.

Continued efforts and targeted actions will further enhance the delivery of bilingual services across all sites.

Welsh Language Standards

The Welsh Language Standards (the Standards) have been in operation since the imposition date of 30 May 2019. Significant progress has been made in progressing the implementation of the Standards, monitoring compliance and providing organisation-wide directive.

Intensive Support and Data Analysis

During the last year, work has focused primarily on working with the three Integrated Health Communities (IHCs) across north Wales (East, West and Central) on implementing action plans following a self-assessment of compliance.

To ensure full compliance with the Welsh Language Standards, an extensive evaluation exercise on compliance has been undertaken with all three IHCs across north Wales. The evaluation allows a broader understanding of services' own compliance against each Standard to establish current compliance, providing evidence to support their reviews. Areas of potential non-compliance were addressed through action plans targeting specific areas where additional support was required.

The main focus was compliance against the Service Delivery Standards, i.e., public facing services. This is the areas where the Health Board has seen the most complaints over the last three reporting years, namely:

- Correspondence (Standards 1-7)
- Answering the Phone (8, 9, 10)
- Documents and forms (Standards 36-38)
- Signage (Standards 47-49)
- Reception services (Standards 50 – 53)

The main findings portrayed an overall positive rating, with 'Correspondence' and 'Documents and Forms' seeing the highest level of compliance.

The areas with the highest level of mixed compliance were 'Telephony Services' and 'Reception Services'. In order to address these gaps in services, these have been given priority as they are often the first point of contact for many patients and their families. Actions taken to mitigate these concerns have been outlined within the 'Bilingual Skills Policy and Procedure'. This Policy identifies front line posts where the ability to speak Welsh is an essential criteria when advertising a post. If services have not been successful in appointing Welsh speakers, following a robust approval process, posts can be advertised with Welsh language skills as a desirable criteria, with the proviso that the successful candidate learns Welsh within a specific timeframe. A dedicated

training course for Reception Staff has been developed and is currently being rolled-out in priority areas.

| Standard | % of compliance | | |
|---------------------|-----------------|-------------|----------|
| | IHC West | IHC Central | IHC East |
| Correspondence | 30% | 83.1% | 71.4% |
| Telephony Services | 70% | 61.1% | 50% |
| Documents and Forms | 20% | 83.3% | 50% |
| Signage | 70% | 83.3% | 64.3% |
| Reception Services | 40% | 50% | 28% |

This work is currently being rolled-out with pan-North Wales Services and this approach will be adopted on a continuous cycle of improvement basis.

Mainstreaming Language Requirements

Work has progressed in mainstreaming Welsh language requirements into the Health Board’s core business. This included ensuring Welsh language needs were addressed from the outset in the following areas:

- The development of the Royal Alexandra Hospital, Y Rhyl where scope and benefits were mapped against the well-being goals of the Future Generations Act, ensuring ‘A Wales of vibrant culture and thriving Welsh language’;
- The potential procurement of an all-Wales e-rostering system where technical specifications for a fully bilingual system were scrutinised to ensure language preference of patients are recorded;
- The development of an ‘All ages Mental Health System’ whereby Welsh language requirements were secured in the tender specifications, scrutinising deliverability of potential suppliers;
- The development of a service advice and support system within Learning Disability Services where the requirement of Welsh language consultations were highlighted in the health Board’s Integrated Assessment Screening Tool (IAST), addressing preferred languages with care being delivered closer to home.

These examples demonstrate how the Health Board has progressed the normalisation of Welsh language within service developments, and digital infrastructures.

Standard Operating Procedures

Standard Operating Procedures (SOPs) have been produced on specific Standards, providing detailed guidance for staff to ensure accurate understanding and compliance. SOP development prioritised areas of concern that were highlighted either by external concerns or through the self-assessment tool. SOPs have been created for:

- Meetings not open to the public (Standards 21, 22, 22a and 22ch)
- Reception Services Standards (50, 52 and 53)
- Corresponding with the public (Standard 7)

- Answering the telephone (standards 8, 9 and 10)

All SOPs have been published on the Health Board's intranet site, 'BetsiNet'. Work will continue during the next reporting year to create further SOPs to include all Standards.

Increasing the Health Board's capacity to deliver services in Welsh in line with Standard 110

A plan for the next five-year period for Standard 110, which requires the Health Board to increase its ability to offer to carry out clinical consultations in Welsh, was approved by Welsh Language Strategic Forum. The plan focuses on developing bilingual services through recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. As the plan is scrutinised internally, a pilot has taken place with one vulnerable group identified within 'More than just words', namely dementia services. As part of 'Dementia Action Week' the service focused on the "Active Offer" principle of providing services to patients in Welsh, without them having to ask for it. This has been implemented through the implementation of the 'language Choice scheme' where orange 'Welsh' magnets are placed above a patients' bed.



This work is now expanding to Stroke Services which has also been identified as a priority group within 'More than just words'

Workforce Development Programme

The Health Board's Welsh Language Training Team has successfully delivered a wide range of Welsh language courses tailored to the needs of the organisation, with a 29 per cent increase in the number of staff learning Welsh over the reporting year.

The Team have taken a direct approach in strategically aligning training provision with legislative requirements, and systematically identifying learning gaps across the organisation. Courses have been tailored for front-line services, and priority groups have received direct support to focus efforts on increasing capacity to deliver services in Welsh.

The Welsh Language Training Team renewed a twelve-month contract with the 'National Centre for Learning Welsh' under the Welsh Government-funded 'Work Welsh Scheme'. This followed the success and accomplishments achieved during the 2023-2024 agreement, ensuring the continuation of opportunities and collaborative working as well as employing a Support Officer.



Welsh Language Training Provision Data Analysis



Offered 22 different Welsh language training courses throughout the year.



Increased number of face-to-face sessions tailored for different departments/Teams, including Speech and Language Therapy.



In-house tutor has taught over 200 members of staff.
Mixture of 1:1 and group sessions.
Courses tailored for the health care sector.



96% of the learners were 'very happy' with the provision.
100% of the learners 'enjoyed' attending courses.
71% continued to learn Welsh after completing a course.



Renewed a 12 month contract with the National Centre of Learning Welsh.



An increase of 32% of learners accessed the online 'Work Welsh' courses, with the self-studying courses proving to be very popular.



Nine Board Members have attended 1:1 lessons via Teams.



Three board members passed the Courtesy Welsh language exam.



37 members of staff attended 5-day intense courses at Nant Gwrtheyrn.



The 'Y Gymraeg yn Betsi' Facebook group continues to showcase examples of good practice and success stories, with 483 followers at present, which is a 25% increase since April 2024.



Two members of staff passed the 'Tystysgrif Sgiliau Iaith / Welsh Language Skills Certificate' – an accredited qualification by the Coleg Cymraeg Cenedlaethol.



Dr Darren Cornish won the 'Welsh Language Award' at BCUHB Achievement Awards 2024. He has been studying and learning Welsh with the Health Board's Welsh Language Tutor.

Translation Services

The Translation Team provides support for all Health Board services in the form of written translations and interpretation services. The sustained demand for translation demonstrates the Health Board's commitment to provide a seamless and timely bilingual service to service users in line with the statutory requirements and an increased visibility of the language in the Health Board's operations.

The Team continues to ensure that quality control standards are upheld in all aspects of translation, prioritising time-sensitive information so that staff and patients are able to access information in their preferred language.

In 2024-25, the team entered into a Service Level Agreement (SLA) with Aneurin Bevan University Health Board to provide translation support for written translation requests. This collaborative arrangement has proved to be successful, with both parties aligning to continue with this arrangement for 2025-2026. The value of the SLA was undertaking the translation of 480,000 words for the duration of the agreement, receiving a total value of over £28,000.

Board meetings are also conducted bilingually, with items and papers assessed and translated, and a simultaneous translation service is also provided. As the meetings are streamed live online, separate Welsh and English videos are streamed simultaneously so that the public can follow discussions fully in Welsh or English. Urgent requests for translations have included press releases, patient correspondence, annual reports and information for social media platforms. Public and patient facing requests are prioritised with a turnaround timeframe of same-day or 1-2 working days. An out-of-hours service is also provided for urgent communications.

Overall, the number of words translated during the reporting year was 4,648,140 compared to 3,721,696 during 2023-2024. This is a significant increase and the table below demonstrate the top five services who have requested translations, with Workforce and Organisational Development being the highest service demand. These requests predominantly focus on the translation of job descriptions, ensuring full compliance with Standard 107 which requires all job descriptions to be available bilingually.

| Service | Number of Words Translated |
|--|----------------------------|
| Workforce and Organisational Development | 1,361,424 |
| Corporate Office | 289,626 |
| Mental Health and Learning Disabilities | 177,009 |
| Communications Team | 160,867 |
| Speech and Language Therapy Services | 146,887 |

The Translation Team continues to offer support in the form of simultaneous translation provided either face-to-face or on the online platforms of 'Zoom' and 'Microsoft Teams'. A total of 45 requests were received with the majority requiring interpretation for stakeholder events, meetings and conferences, and interviews for applicants who wish to have their interviews in Welsh.

Raising Awareness amongst the Current and Future Workforce

Raising Awareness across the Organisation

In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board. Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.

Comp Matrix - Default

| Division | Compliant | Non-Compliant | Compliance % |
|---|--------------|---------------|---------------|
| Health Community Centre (HCCX) | 4533 | 537 | 89.41% |
| Health Community East (HCEX) | 4807 | 377 | 92.73% |
| Health Community West (HCWX) | 3855 | 268 | 93.50% |
| Integrated Clinical Delivery - Primary Care (ICDP) | 396 | 13 | 96.82% |
| Integrated Clinical Delivery - Regional Care (ICDR) | 1368 | 145 | 90.42% |
| Mental Health & LDS (MX00) | 2096 | 103 | 95.32% |
| Midwifery and Womens Services (WXXX) | 733 | 93 | 88.74% |
| Corporate Services | 2043 | 118 | 94.54% |
| Total | 19831 | 1654 | 92.30% |

'Use your Welsh' Campaign

A campaign was held in March with the aim of highlighting the importance of offering services to patients in Welsh, and encouraging them to use whatever level of Welsh they have. A number of events were held during the campaign which included:



Stalls at the three main hospitals where staff came to receive advice and guidance about various topics relating to bilingual service provision; collect resources and find further details about the range of Welsh language training courses that are available.



Positive patient experience story highlighting the excellent service provided in Welsh at Ysbyty an Clwyd's Children's Ward.



1:1 confidence building 'Turbo Charge Your Welsh' course launched for staff.



A special 'take-over' program on Radio Ysbyty Gwynedd to hear about the experiences and journeys of some of the Health Board's Welsh language learners.



Launch of a new 'Welcome Course' for complete beginners.

The distribution of supporting resources, including a vocabulary handout to give staff the confidence to use their Welsh during meetings, as well as sharing YouTube clips to help with the pronunciation of the vocabulary and phrases.



Other key achievements that successfully raised awareness of Welsh language services offered to patients included:

- St David-s Day celebrations, with a focus on the importance of Welsh language when providing services to children. Events were held at the Children's wards in all three main sites, with special visits from popular Welsh cartoon characters 'Dewin' and 'Doti'. In collaboration with 'Cymraeg i Blant / Cymraeg for Kids', story sessions were held for children and they also sang along to nursery rhymes on the wards.
- The Welsh Language Commissioner visited ysbyty Glan Clwyd to learn more about the Health Board's Welsh language achievements across services including actively offering services in Welsh in the Pharmacy Department, Chaplancy Services and the Children's Wards. It was a valuable opportunity to demonstrate how Welsh is increasingly embedded in daily work across the Health Board.
- The Welsh Language Team was shortlisted at the NHS Wales Awards 'in the 'Equitable Care' category for implementing the 'Language Choice Scheme'.



Influencing the Future Workforce

The Health Board has maximised its partnership working with universities, schools and partners to raise awareness of Welsh language being a skill in the workplace. Awareness sessions and workshops have been delivered to:

- Medical students at the North Wales Medical School as part of the new Medicine Programme.
- Health care students across numerous specialities at Wrexham University.
- Secondary school pupils in a number of schools across North Wales.
- Students and pupils as part of 'Careers Wales' events.

Feedback has been extremely positive across all disciplines, with students, partners and providers praising the Health Board for the delivery of sessions, and for its pro-active approach in reaching out to the future workforce.

Sharing Positive Patient Outcomes

A positive patient story was shared widely within the Health Board to share learning as part of the 'Use your Welsh' campaign. Delyth Roberts shared her experience of being able to access Welsh-medium care when her seriously ill six-year old daughter was admitted to the Children's Ward at Ysbyty Glan Clwyd.

Reflecting on this story, it establishes what services strive to achieve:

- An environment where patients and the public are assured that their language choice are taken into consideration.
- A care setting where language choice is actively offered.
- An improved package of care that takes into account the wider context and needs of patients.

What arrangements had the Children's Ward at Ysbyty Glan Clwyd put in place to deliver this:

- Recording language of choice, and acting upon this.
- Placing orange 'Welsh' magnets above the patient's bed to ensure the wider clinical workforce were aware of their language choice when approaching the patient.
- Welsh-speaking staff identified with the orange 'Welsh' logo on their uniforms.
- Creating a bilingual environment with Welsh books, activities and toys.
- Non-fluent members of staff using whatever Welsh they had.

As a result, the outcomes achieved were positive, as was the overall experience:

- Mother and child felt more comfortable in an extremely distressing situation.
- The mother felt their needs were listened to, and implemented.
- Better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene.
- Took the pressure off them of having to ask for any aspect of the care in Welsh.

By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey.

[Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'](#)



Key Performance Indicators

The data included below are in accordance with Standard 120 of the Welsh Language Standards under the Welsh Language (Wales) Measure 2011.

Workforce Planning

- **Number and percentage of the organisation's employees whose Welsh language skills have been assessed across the organization.**

| Count of Employee Number | 2022/23 | | 2023/24 | | 2024/25 | |
|------------------------------|---------------|------------|---------------|--------------|---------------|---------------|
| Individual Proficiency Level | Total | % | Total | % | Total | % |
| 0 - No Skills / Dim Sgiliau | 9101 | 46.9% | 9645 | 46.25% | 10217 | 48.33% |
| 1 - Entry/ Mynediad | 2914 | 15% | 2781 | 13.34% | 2739 | 12.96% |
| 2 - Foundation / Sylfaen | 1410 | 7.3% | 1371 | 6.57% | 1394 | 6.59% |
| 3 - Intermediate / Canolradd | 1456 | 7.5% | 1438 | 6.9% | 1472 | 6.96% |
| 4 - Higher / Uwch | 1700 | 8.7% | 1588 | 7.62% | 1600 | 7.57% |
| 5 - Proficiency / Hyfedredd | 2829 | 14.6% | 2743 | 13.15% | 2778 | 13.14% |
| Total | 19,410 | 91% | 19,566 | 93.8% | 20,200 | 95.54% |
| Total number of staff | 21,326 | | 20,852 | | 21,142 | |

2024 / 2025 Data:

95.54 per cent of the entire workforce had recorded their Welsh language skills on ESR

2023 / 2024 Data:

93.8 per cent of the entire workforce had recorded their Welsh language skills on ESR

Training to Improve Welsh Language Skills

- **Number and percentage of the organisation's workforce that received training to improve their Welsh skills to a specific qualification level.**

2024 / 2025 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 995

This total equates to 4.7 per cent of the Health Board's current workforce

2023 / 2024 Data:

Number of the organisation's workforce that have accessed training to improve their Welsh skills to a specific qualification: 771*

This total equates to 3.6 per cent of the Health Board's current workforce.

Recruitment

- **Number and percentage of new and vacant posts advertised with the requirement that:**

2024 / 2025 Data:

| | |
|--|------------------------|
| - Welsh language skills are essential | - 301 (6.5 per cent) |
| - Welsh language skills are desirable | - 4238 (92.2 per cent) |
| - Welsh language skills to be learnt | - 49 (1.1 per cent) |
| - Welsh not a required skill | - 8 (0.17 per cent) |
| - Total number of vacancies advertised | - 4596 |

2023 / 2024 Data:

| | |
|--|----------------------|
| - Welsh language skills are essential | - 298 (5.5 per cent) |
| - Welsh language skills are desirable | - 5048 (93 per cent) |
| - Welsh language skills to be learnt | - 66 (1.2 per cent) |
| - Welsh not a required skill | - 14 (0.2 per cent) |
| - Total number of vacancies advertised | - 5426 |

Complaints

- ***Number of complaints received about the implementation of the Welsh Language Standards***

The Health Board received six new complaints in relation to compliance with the Welsh Language Standards during the reporting year.

The complaints included:

- Lack of Welsh language reception services.
- Temporary signage.
- Language choice not considered as part of conducting a patient assessment within neurodevelopmental services.

All complaints were fully addressed under the Welsh Language Measure complaints timeframe or under the Putting Things Right Regulations.

None of the complaints were escalated to investigation status by the Welsh Language Commissioner, and all complaints were resolved following the initial communication. Two complaints resulted in receiving Advice Under Section 4 of the Welsh Language (Wales) Measure 2011, whereby the Health Board was requested to provide further clarification to evidence internal findings.

Reflection and Forward Vision

This report has demonstrated that progress has been implemented in:

- Improving the quality of care provided through the language of choice.
- Increasing compliance with legal and statutory requirements.
- Identifying initiatives that have been implemented and rolled out to respond to language need as an integral element of care.
- Improving organisational development in terms of how the workforce is supported to deliver services through the medium of Welsh.

However, the Health Board is looking forward to the initiatives and opportunities in development for the next reporting year. Further site-based programmes are included within the Welsh Language Services' Annual Delivery Plan, in addition to extending support to primary care colleagues. The main objectives align with a vision to fully embrace the culture of the organisation, and increasing capacity to deliver services bilingually.

Delivering the actions in the More than just words Plan 2022-27: For the period April 2024 – March 2025

| | |
|---------------------|--|
| Organisation | Betsi Cadwaladr University Health Board |
|---------------------|--|

| | | |
|----------------------|--|----------------------|
| Completed by: | Eleri Hughes-Jones, Head of Welsh Language Services | Date: 31.7.25 |
|----------------------|--|----------------------|

PLEASE NOTE: All statistics / data documented within this report will cover the period of 1 April 2024 to 31 March 2025.

| KEY DATA: | When citing any statistics / data, please provide a corresponding reporting date / time period. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--------------------------|---------------|--------------|---------------|---------------|---------|--|------------------------------|-------|---|-------|---|-------|---|-----------------------------|------|-------|------|--------|-------|--------|---------------------|------|-----|------|--------|------|--------|--------------------------|------|------|------|-------|------|-------|------------------------------|------|------|------|------|------|-------|-------------------|------|------|------|-------|------|-------|-----------------------------|------|-------|------|--------|------|--------|--------------|---------------|------------|---------------|--------------|---------------|---------------|------------------------------|---------------|--|---------------|--|---------------|--|
| Welsh Language Skills of staff | <table border="1"> <thead> <tr> <th>Count of Employee Number</th> <th colspan="2">2022/23</th> <th colspan="2">2023/24</th> <th colspan="2">2024/25</th> </tr> <tr> <th>Individual Proficiency Level</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>9101</td> <td>46.9%</td> <td>9645</td> <td>46.25%</td> <td>10217</td> <td>48.33%</td> </tr> <tr> <td>1 - Entry/ Mynediad</td> <td>2914</td> <td>15%</td> <td>2781</td> <td>13.34%</td> <td>2739</td> <td>12.96%</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td>1410</td> <td>7.3%</td> <td>1371</td> <td>6.57%</td> <td>1394</td> <td>6.59%</td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>1456</td> <td>7.5%</td> <td>1438</td> <td>6.9%</td> <td>1472</td> <td>6.96%</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td>1700</td> <td>8.7%</td> <td>1588</td> <td>7.62%</td> <td>1600</td> <td>7.57%</td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>2829</td> <td>14.6%</td> <td>2743</td> <td>13.15%</td> <td>2778</td> <td>13.14%</td> </tr> <tr> <td>Total</td> <td>19,410</td> <td>91%</td> <td>19,566</td> <td>93.8%</td> <td>20,200</td> <td>95.54%</td> </tr> <tr> <td>Total number of staff</td> <td>21,326</td> <td></td> <td>20,852</td> <td></td> <td>21,142</td> <td></td> </tr> </tbody> </table> | Count of Employee Number | 2022/23 | | 2023/24 | | 2024/25 | | Individual Proficiency Level | Total | % | Total | % | Total | % | 0 - No Skills / Dim Sgiliau | 9101 | 46.9% | 9645 | 46.25% | 10217 | 48.33% | 1 - Entry/ Mynediad | 2914 | 15% | 2781 | 13.34% | 2739 | 12.96% | 2 - Foundation / Sylfaen | 1410 | 7.3% | 1371 | 6.57% | 1394 | 6.59% | 3 - Intermediate / Canolradd | 1456 | 7.5% | 1438 | 6.9% | 1472 | 6.96% | 4 - Higher / Uwch | 1700 | 8.7% | 1588 | 7.62% | 1600 | 7.57% | 5 - Proficiency / Hyfedredd | 2829 | 14.6% | 2743 | 13.15% | 2778 | 13.14% | Total | 19,410 | 91% | 19,566 | 93.8% | 20,200 | 95.54% | Total number of staff | 21,326 | | 20,852 | | 21,142 | |
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| Individual Proficiency Level | Total | % | Total | % | Total | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1 - Entry/ Mynediad | 2914 | 15% | 2781 | 13.34% | 2739 | 12.96% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 - Foundation / Sylfaen | 1410 | 7.3% | 1371 | 6.57% | 1394 | 6.59% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 - Intermediate / Canolradd | 1456 | 7.5% | 1438 | 6.9% | 1472 | 6.96% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 - Higher / Uwch | 1700 | 8.7% | 1588 | 7.62% | 1600 | 7.57% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 - Proficiency / Hyfedredd | 2829 | 14.6% | 2743 | 13.15% | 2778 | 13.14% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total | 19,410 | 91% | 19,566 | 93.8% | 20,200 | 95.54% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total number of staff | 21,326 | | 20,852 | | 21,142 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Number of staff completing training | <p>Courtesy Course: 125 since 1 April 2025</p> <p>Confidence Building Course: 18 (course limited to Speech and Language Therapy Services. Demand across the Health Board would have significantly superseded this).</p> <p>Welsh Language Awareness Course: 19,831 (92.3%)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Patient / Service User Surveys e.g. | <p>Mystery Shopper Monitoring Survey</p> <p>The Health Board undertakes quarterly mystery shopper exercises to determine compliance with front-line Services. Please see detailed report below.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

secret shopper surveys

This report presents a combined analysis of the Bilingual Services Mystery Shopper exercise conducted across Health Board settings over the reporting year, including acute sites, community hospitals, specialist services and managed practices. The assessments focus on front-line services and creating a bilingual environment through the monitoring of:

- Reception Services
- Telephone Services
- Signage

It is pleasing to note that the findings reflect the Health Board's commitment to providing inclusive, bilingual services to patients and visitors.

The percentage of reception areas providing full Welsh-medium responses demonstrates a steady improvement, reflecting an increase in awareness and capacity amongst front-line staff to deliver services in Welsh. There is consistent effort in greeting patients and visitors, with many sites offering neutral or bilingual greetings.

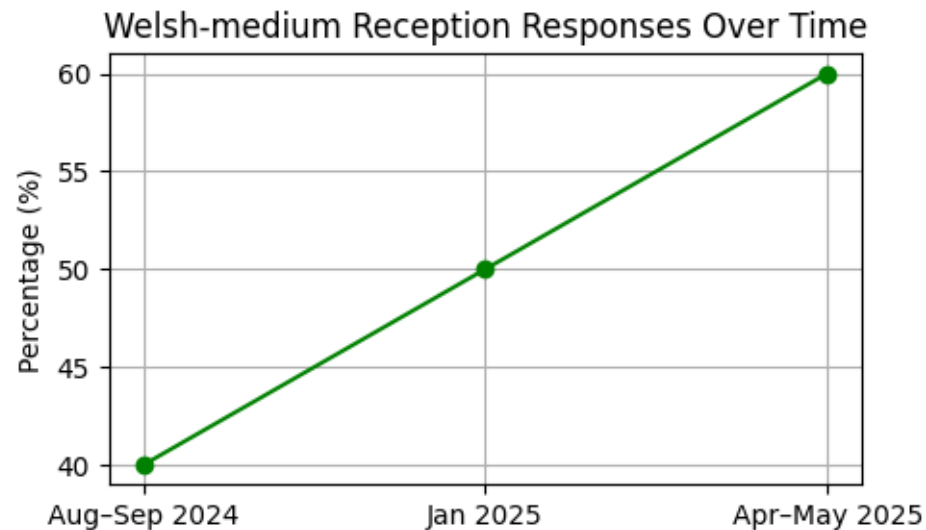


Figure 1: Percentage of reception areas providing full Welsh-medium responses.

There has been a marked increase telephone services, demonstrating improved compliance and staff training.

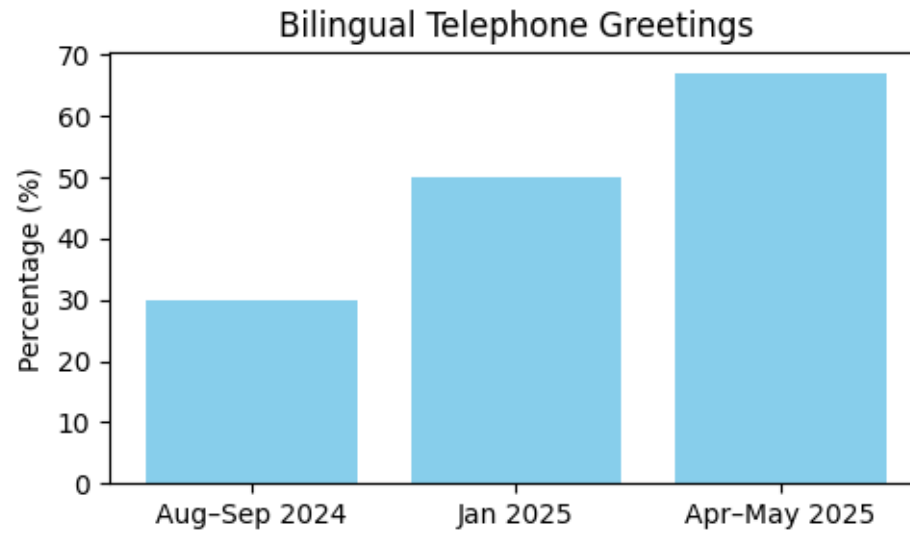


Figure 2: Proportion of telephone calls greeted bilingually.

The ability to deal with calls fully through the medium of Welsh has improved, with more staff either responding directly or transferring to Welsh-speaking colleagues. Bilingual answerphone messages were also apparent, maintaining standards across the organisation.

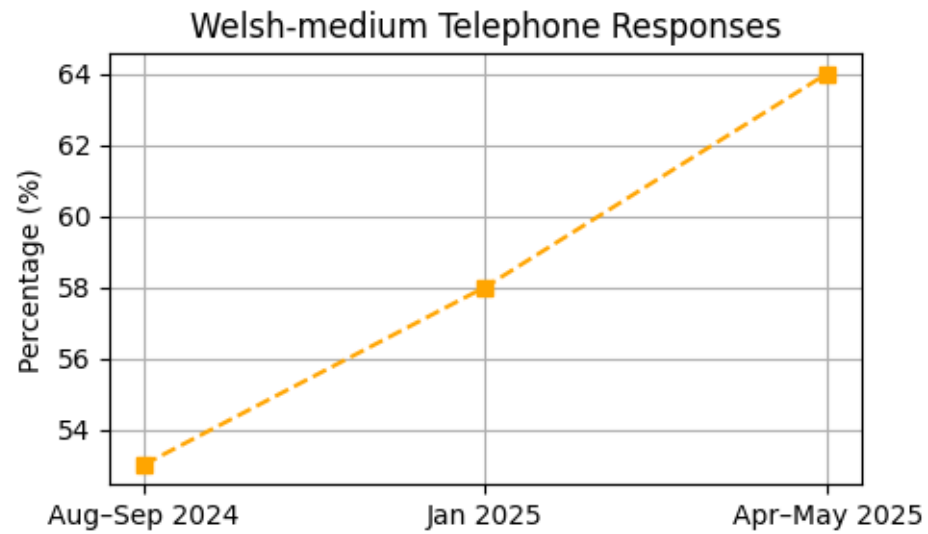


Figure 3: Percentage of telephone enquiries handled in Welsh.

Temporary signage compliance with the Welsh Language Standards has shown positive progress, with several sites achieving full compliance. Permanent signage across nearly all sites were fully bilingual and displayed equal prominence.

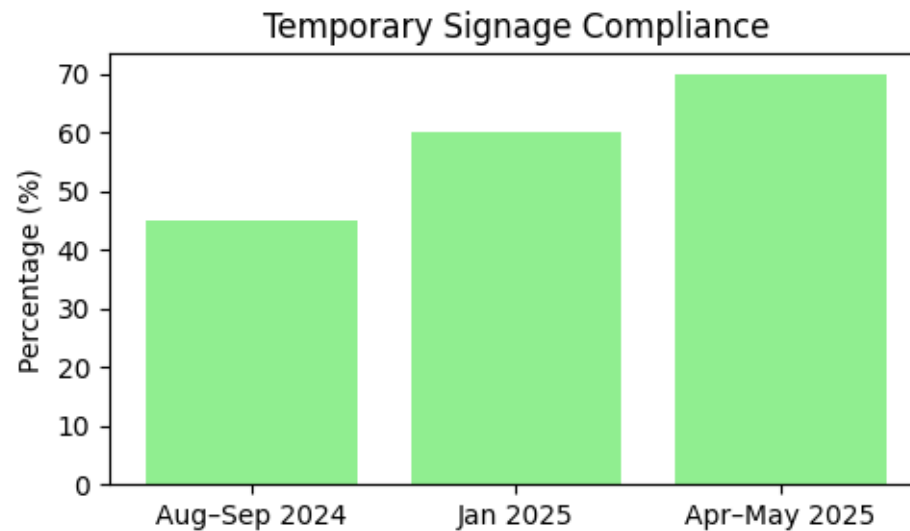


Figure 4: Compliance of temporary signage with Welsh Language Standards.

In conclusion, the combined results from all reporting periods indicate a positive trajectory in the Health Board’s bilingual service provision to comply with Welsh Language Standards. Whilst there are still areas for development, the overall picture is one of dedication, demonstrating a growing commitment to embed the Welsh language into everyday healthcare interactions. This ensures that the Health Board aligns with statutory obligations, fostering a more inclusive and culturally respectful environment.

Patient Feedback

The Health Board has been capturing patient feedback, and has reported on a positive Experience at one of its main acute sites.

A positive patient story was shared widely within the Health Board to share learning as part of the ‘Use your Welsh’ campaign. Delyth Roberts shared her experience of being able to access Welsh-medium care when her seriously ill six-year old daughter was admitted to the Children’s Ward at Ysbyty Glan Clwyd.

Reflecting on this story, it establishes what services strive to achieve:

- an environment where patients and the public are assured that their language choice are taken into consideration
- a care setting where language choice is actively offered
- an improved package of care that takes into account the wider context and needs of patients

What arrangements had the Children's Ward at Ysbyty Glan Clwyd put in place to deliver this:

- recording language of choice, and acting upon this
- placing orange 'Welsh' magnets above the patient's bed to ensure the wider clinical workforce were aware of their language choice when approaching the patient
- Welsh-speaking staff identified with the orange 'Welsh' logo on their uniforms
- creating a bilingual environment with Welsh books, activities and toys
- non-fluent members of staff using whatever Welsh they had

As a result, the outcomes achieved were positive, as was the overall experience:

- mother and child felt more comfortable in an extremely distressing situation
- the mother felt their needs were listened to, and implemented
- better communication with the staff, with the child able to describe her own symptoms without the mother having to intervene
- took the pressure off them of having to ask for any aspect of the care in Welsh

By sharing positive experiences, it is possible to demonstrate how these steps can be reflected across other areas of the Health Board. Delyth wanted to share her experience to demonstrate her appreciation for the service she and her daughter received. A video has been created detailing Delyth's journey: [Stori Claf / Patient Story 'Defnyddiwch eich Cymraeg'](#)

| Ref | Description of Short Term and Medium Term Action | Guidance for completing the response | Lead Accountability | Progress Report for 2024/25 (reporting period 1/4/24 – 31/3/25): What new and additional activities were delivered during 2024/25? | Examples of good practice / work done in partnership. |
|-------------------------------|---|--|-------------------------------|---|---|
| Culture and Leadership | | | | | |
| 1 | We'll set personal performance objectives to ensure the delivery of More than just words so that the Active Offer is embedded in annual objectives of sector leaders, cascaded throughout organisations and considered in relevant individual appraisals at all levels. This will include Chairs of NHS boards and the Directors of Social Services report (Annual Council Reporting Framework). <i>(Short term)</i> | <p>This was a short term action. There are now requirements in place for the Chairs of NHS Boards and the Directors of Social Services to have specific objectives in relation to supporting the implementation of Mwy na geiriau and the Active Offer.</p> <p>Health bodies / social services do not need to provide an update for the 2024/25 report (unless there are specific developments they wish to share as good practice) as Welsh Government will</p> | Welsh Government for 2024/25. | | |

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| | | review progress against objectives at the end of the year. | | | |
| 2. | Over time, we expect all health and social care staff to gain an appreciation of the positive difference that learning and using Welsh can make to the care experience. In the meantime we'll bolster language awareness courses with a behavioural-science communications approach so that everything we say about Cymraeg as leaders, and as organisations and partnerships contributes to this strategy. This approach will build on the training and on the positive narrative outlined in the plan. <i>(Short to medium term)</i> | HEIW and SCW to provide a response – on the work they are taking forward to support this agenda. We request that health bodies and social services also provide information on how they are supporting this action, and good practice they want to share regarding the promotion of the Welsh language across all settings. | Welsh Government / HEIW / SCW | | |
| 3 | We'll expect those in leadership roles to take part in our Leading in a Bilingual Country programme. This programme works towards embedding the spirit of Cymraeg 2050 in organisational culture and policymaking. All too often, Welsh is viewed as just an issue of translation or as a 'tick box' in policy development. This values-based programme goes beyond understanding the possible impact of language on all | Welsh Government will shortly commission a new provider for the Leading in a Bilingual Country Programme. No further response needed at this stage – unless there are specific examples of how outputs from the Leading in a Bilingual Country Programme are continuing to make | Chairs and Chief Executives of health and social care bodies | | |

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| | <p>aspects of our work to using what levers we have to increase its use. <i>(Medium term)</i></p> | <p>a difference to leadership roles in the organisation; and / or there have been leadership programmes / training that have been delivered by health and social care bodies focusing specifically on leadership in a bilingual context.</p> | | | |
| Theme 1: Welsh language planning and policies including data | | | | | |
| 5 | <p>Identify and develop research and data that will strengthen our understanding and knowledge based on the experiences of Welsh language speakers accessing and receiving services, to support evidence-based policy and Welsh language planning in health and social care. This to include ability to provide bilingual services and to evidence how More than just words supports improved outcomes for individuals. (This action aligns with the work set out in section 4 on mapping the data and creation of the dashboard) <i>(Medium term)</i></p> | <p>Welsh Government will shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify data gaps in relation to monitoring outcomes, impact and progress.</p> <p>Health and social care bodies are asked to provide results of surveys of patient experiences of accessing and receiving services such as Mystery Shopper etc.</p> | <p>Welsh Government / Universities, Citizen Voice Body for health and social care and think tanks</p> | <p>Please see section above on patient and service user experience.</p> | |

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| | | Llais / universities / health and social care think tank organisations to highlight developments that look to strengthen our understanding and knowledge of the experiences of Welsh language speakers accessing and receiving services. | | | |
| 6 | Develop tools to support mainstreaming Welsh Language considerations into planning and policies especially in the priority areas and high levels of interactions with services. This to include establishing Welsh language care pathways for vulnerable individuals in identified priority groups such as older people, children, mental health, speech therapy, learning difficulties, and stroke services. <i>(Long term)</i> | <p>Welsh Government has been working collaboratively with the Office of the Welsh Language Commissioner to establish a new strategic Health Forum with the health sector aimed at improving clinical care services through the medium of Welsh.</p> <p>Welsh Government Welsh Language Impact Assessment (WLIA) Masterclasses to be held with all teams in Health, Social Care and Early years Group to help embed the</p> | Welsh Government / Health and social care bodies | Specific work has been undertaken in strengthening policy documents to ensure that there are positive effects, or increased positive effects on opportunities for persons to use the Welsh language, and for treating the Welsh language no less favourably than the English language. The Equality Impact Assessment (EQIA) and the wider Integrated Assessment Screening Tool have been updated to ensure a more robust process of considering | Work has also continued to provide advice and support to the organisation with various aspects of complying with the Welsh Language Standards, while continuing to mainstream Welsh Language requirements into every day business of the Health Board. Advice was provided recently to the Programme Manager for the development of the Royal Alexandra Hospital (RAH), Rhyl. A group |

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| | | <p>Welsh language into policies. Welsh Government is also amending WLIA guidance to include a greater focus on MTJW.</p> <p>Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups particularly, or any new mainstreaming tools.</p> | | <p>the requirements of the Welsh Language Standards. A guidance document has been developed, providing detailed advice on completing the Welsh language section of the EqIA. This will facilitate policy developers to fully consider the Welsh language when forming a new policy, large-scale transformation projects or newly-established services.</p> | <p>was convened to identify social value for elements of the project to underpin the Economic section of the business case which was to be presented to Welsh Government. Discussions were had around mapping benefits/scope against the wellbeing goals for Wales which includes - 'A Wales of vibrant culture and thriving Welsh language'. During the reporting year, a member of the Welsh Language Team was invited to sit on an All-Wales E-Rostering Project Board, to look at Welsh Language specifications for the potential procurement of a new e-rostering</p> |
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| | | | | | <p>system. This required looking at technical specifications for a fully bilingual system which also identified language preference of users.</p> <p>A similar process is underway for a new 'All ages Mental Health system' – with Welsh Language requirements being included in the tender specifications. The Welsh Language Standards Compliance Officer scored the Welsh Language elements following a demonstration by potential suppliers. This is a joint project with Cwm Taf Health Board.</p> <p>As Digital services progresses, it is essential that the Welsh Language is considered fully in the development</p> |
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| | | | | | <p>stages. Discussions are underway regarding a new E-triage system for Emergency Departments. A bilingual system is currently unavailable, and discussion have been held with the Digital Team and the Welsh Language Commissioner's office on the best way forward. Advice and support have also been provided recently for the Learning Disability Services, who are currently overseeing a service transformation project. An integrated assessment screening tool (IAST) was completed which identified that a Welsh language consultation was required. The ECRS transformation will</p> |
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| | | | | | <p>reduce out of area placement of individuals with learning disabilities by providing an intermediate care service in North Wales. At present, many patients who require rapid, crisis response care are sent out of area in the UK. By establishing this provision in North Wales, patients are more able to receive care through the medium of Welsh if required.</p> <p>Transforming the service to provide intermediate care within North Wales will increase opportunities to identify the preferred language of patients/service users in line with the Welsh Language Standards. A</p> |
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| | | | | | meeting was subsequently arranged to discuss the next steps. |
| 7 | Ensure national planning and guidance for health and social care is clear on Welsh language planning requirements, implementation and measuring delivery of outputs. This to include Integrated Medium Term Plans (IMTPs) and regional population needs assessments. <i>(Short term)</i> | Welsh Government will provide the update for this action. Welsh Language is included in the National Planning Guidance for Health Boards. Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on More than just words priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings. | Welsh Government | The Health Board has adopted the national guidelines in mainstreaming Welsh language requirements into the health Board's IMTP 2025-2028. Please see column to the right which outlines the objectives for 2025-2026. | <p>2025-2026:</p> <ul style="list-style-type: none"> • 3D.1 - Build on the planning completed within 2024/25 and transition from planning to operational delivery of the Standards and 'More than just words', focusing initially on acute settings. • 3D.2 - Adopt the Language Choice Scheme to a specific vulnerable |

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| | | | | | <p>patient group.</p> <ul style="list-style-type: none"> • 3D.3 - Explore the potential of adopting a 'Welsh Language Champions Programme' in order to encourage and celebrate language development success within the workforce. • 3D.4 - In collaboration with the National Centre for Learning Welsh, deliver a tailored training programme in Speech and Language Therapy Services, |
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| | | | | | <p>which have been identified as a priority workforce group.</p> <ul style="list-style-type: none"> • 3D.5 – Promote the use of Welsh language within the organisation. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|---|--|---|--|--|--------|---------|--|---------|--|-------|-------|---|-------|---|----------|------|-------|------|--------|-----------|------|-----|------|--------|----------|------|------|------|-------|--------------|------|------|------|------|----------|------|------|------|-------|--------------|------|-------|------|--------|--|--------|-----|--------|-------|--|--------|--|--------|--|
| 8 | An agreed national framework for the collection and collation of data on the language skills of all staff working in health and social care in Wales will be developed and implemented. This should be mandatory wherever possible and would need to align with systems and approaches currently in place for the collection, collation of data across the health and social care sectors including services that are provided in Welsh <i>(Medium term)</i> | Health and social care bodies should provide an overview of how they are currently collecting and collating data on the language skills of all staff (as well as key data for the reporting period). | HEIW / SCW / DHCW / health and social care bodies including independent primary care contractors. | Recording language skills is mandatory on ESR. Details of current position with a 95.54% compliance level. | <table border="1"> <thead> <tr> <th>Number</th> <th colspan="2">2022/23</th> <th colspan="2">2023/24</th> </tr> <tr> <th>Level</th> <th>Total</th> <th>%</th> <th>Total</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>Ynys Iau</td> <td>9101</td> <td>46.9%</td> <td>9645</td> <td>46.25%</td> </tr> <tr> <td>Ynys Fawr</td> <td>2914</td> <td>15%</td> <td>2781</td> <td>13.34%</td> </tr> <tr> <td>Ynys Wen</td> <td>1410</td> <td>7.3%</td> <td>1371</td> <td>6.57%</td> </tr> <tr> <td>Ynys Gwynedd</td> <td>1456</td> <td>7.5%</td> <td>1438</td> <td>6.9%</td> </tr> <tr> <td>Ynys Ddu</td> <td>1700</td> <td>8.7%</td> <td>1588</td> <td>7.62%</td> </tr> <tr> <td>Ynys Gwynedd</td> <td>2829</td> <td>14.6%</td> <td>2743</td> <td>13.15%</td> </tr> <tr> <td></td> <td>19,410</td> <td>91%</td> <td>19,566</td> <td>93.8%</td> </tr> <tr> <td></td> <td>21,326</td> <td></td> <td>20,852</td> <td></td> </tr> </tbody> </table> | Number | 2022/23 | | 2023/24 | | Level | Total | % | Total | % | Ynys Iau | 9101 | 46.9% | 9645 | 46.25% | Ynys Fawr | 2914 | 15% | 2781 | 13.34% | Ynys Wen | 1410 | 7.3% | 1371 | 6.57% | Ynys Gwynedd | 1456 | 7.5% | 1438 | 6.9% | Ynys Ddu | 1700 | 8.7% | 1588 | 7.62% | Ynys Gwynedd | 2829 | 14.6% | 2743 | 13.15% | | 19,410 | 91% | 19,566 | 93.8% | | 21,326 | | 20,852 | |
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| Level | Total | % | Total | % | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ynys Iau | 9101 | 46.9% | 9645 | 46.25% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 19,410 | 91% | 19,566 | 93.8% | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 21,326 | | 20,852 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | An annual report will be prepared by an appropriate body to bring together the data | Welsh Government will work with HEIW and | HEIW/SCW, health and social care bodies | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| | <p>relating to the health and social care workforce. This report could be prepared and published by Statistics for Wales. The published report should be publicly available with a further level of granular detail available as appropriate to those bodies responsible for the workforce in different contexts e.g. HEIW, SCW, Health Boards. <i>(Short/medium term)</i></p> | <p>SCW to provide the update for this action.</p> <p>Welsh Government has commissioned OB3 to draft the MTJW Annual Report 2024-25.</p> <p>As noted above: Welsh Government will also shortly commission a contractor to identify key data on Welsh Language in health and social care which will help to identify key data gaps in relation to monitoring outcomes, impact and progress.</p> <p>Health bodies / social services do not need to provide an update on this action for the 2024/25 report.</p> | | | |
| 10 | <p>That action 30 of the 'Health and Social Care Workforce Strategy' – to develop workforce planning guidance for Welsh language skills identification and development in the health and social care workforce – is progressed at the earliest opportunity. This guidance</p> | <p>The HEIW Workforce Planning for the Welsh Language Guidance has been published. Health and social care bodies should provide examples of how this guidance has been</p> | HEIW / Social Care Wales | | |

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| | <p>should consider the required number of staff with Welsh language skills and the nature of those skills in different health and social care contexts and within the priority areas of need identified. The guidance is used as part of annual workforce planning by Health Boards, Local Authorities, HEIW, Social Care Wales and other employers as appropriate. Furthermore, that the guidance inform the work of the relevant regulators and inspectorate as appropriate <i>(Short term)</i></p> | <p>used across different settings / policies.</p> | | | |
| 11 | <p>The importance of the Active Offer in planning and delivering quality services to be included in the guidance and reporting requirements for the Duty of Quality and refreshed health and care standards. The Health and Social Care (Quality and Engagement) (Wales) Act ('the Act') became law on 1 June 2020 with its full implementation to be completed by spring 2023. This includes reframing and broadening the existing duty of quality on NHS bodies. <i>(Short term)</i></p> | <p>Welsh Government will update on this action. The Duty of Quality has been introduced and the importance of the Active Offer was included in the statutory guidance published in April 2023.</p> | <p>Welsh Government</p> | | |
| 12 | <p>The importance of the Welsh language in planning and</p> | <p>Welsh Government will update on this action.</p> | <p>Welsh Government</p> | | |

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| | <p>delivery to be included as a cross cutting theme within the revised National Outcomes Framework and progress reports to be incorporated into the development of the More than just words accountability arrangements including the dashboard. <i>(Medium term)</i></p> | <p>Work on the outcomes framework has been paused.</p> <p>As noted above: Integrated Medium Term Plans (IMTPs) have been reviewed by Welsh Government and officials will continue to focus on Mwy na geiriau priorities as part of Integrated Quality, Planning and Delivery (IQPD) meetings.</p> | | | |
| Theme 2: Supporting and developing the Welsh language skills of the current and future workforce | | | | | |
| 13 | <p>Health and social care organisations to identify workforce skills gaps in key areas and develop plans to address them. This will be embedded in workforce and skills plans developed and delivered within individual organisations and involve close working with HEIW and SCW. <i>(Medium term)</i></p> | <p>Health and social care bodies should provide examples of how they have identified workforce skills, where the gaps exist, and whether they have plans in place to address them.</p> | <p>Health and social care bodies, HEIW and SCW</p> | <p>Gaps identified on a service level. e.g gaps identified in SALT services, and training has been targeted at various levels to address needs.</p> <p>‘Bilingual Skills Policy and Procedure’ outlines recruitment and retention activities, including the advertisement of posts deemed as Welsh Essential. Four categories of front-line posts have been identified as ‘Welsh Essential (ward clerks, receptionists, switchboard staff and patient appointment booking centre staff). If Welsh speakers are not recruited, there is a proviso that the successful candidate will need to learn Welsh.</p> | |

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| | | | | <p>Please note, Learning Pathways have been developed to address this.</p> <p>Swyddi Cymraeg Hanfodol / Welsh Essential Posts</p> <p>(Please note: If details are not accessible, Word copies can be provided).</p> |
| 14 | <p>We'll expect all NHS and social care colleagues to follow a language 'awareness' course which will explain how important Cymraeg is in service delivery and as a patient need. Following the introduction of Welsh language awareness training for all health and social care professional, we'll expect that this training is provided across all disciplines for trainees and introduced as part of the induction process for new employees in the health and social care workforce who have not already undertaken the training.</p> <p><i>(Medium term)</i></p> | <p>Health and social care bodies should provide key data on take up of Welsh Language Awareness Courses. This includes data on providing the course as part of the induction process.</p> | <p>Health and social care bodies</p> | <p>In January 2023, a new Welsh Language Awareness e-learning package was launched on the Electronic Staff Record system. This is part of the Mandatory Training Programme to be completed by all staff, and repeated every three years. The figures below demonstrate that 92.3 per cent of the workforce have completed this training, which is an increase of 5.16 per cent from last year. This is above the 85 per cent target for Mandatory Training within the Health Board.</p> <p>Three Mandatory Training Days has also been held this year to provide this training face-to-face for those with a low compliance rate, or those who have access issues.</p> |



| | | | | <p>Comp Matrix - Default</p> <table border="1"> <thead> <tr> <th colspan="2">Division</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td>Health Community Centre (HCCX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Health Community East (HCEX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Health Community West (HCWX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Integrated Clinical Delivery - Primary Care (ICDP)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Integrated Clinical Delivery - Regional Care (ICDR)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Mental Health & LDS (MX00)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Midwifery and Womens Services (WXXX)</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Corporate Services</td> </tr> <tr> <td colspan="2">Total</td> </tr> </tbody> </table> | Division | | <input type="checkbox"/> | Health Community Centre (HCCX) | <input type="checkbox"/> | Health Community East (HCEX) | <input type="checkbox"/> | Health Community West (HCWX) | <input type="checkbox"/> | Integrated Clinical Delivery - Primary Care (ICDP) | <input type="checkbox"/> | Integrated Clinical Delivery - Regional Care (ICDR) | <input type="checkbox"/> | Mental Health & LDS (MX00) | <input type="checkbox"/> | Midwifery and Womens Services (WXXX) | <input type="checkbox"/> | Corporate Services | Total | |
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| Total | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | <p>The National Centre for Learning Welsh develop further their plans to offer Welsh language training to the health and social care sectors and provide an enabling environment on the use of Welsh in workplaces. This should complement informal language learning through on-line tools and apps to be made available across the sector. It could be modelled on recently announced developments for the education workforce. This should include tailored</p> | <p>National Centre for Learning Welsh to provide an update on key actions, take up of specific courses, and outcomes.</p> <p>Health and social care bodies are asked to describe how they've worked strategically with National Centre for Learning Welsh to meet their own priorities.</p> | <p>Welsh Government / National Centre for Learning Welsh</p> | <p>The Health Board has entered into its sixth 'work Welsh' agreement with the National Centre for Learning Welsh.</p> <p>Priority groups have been targeted (SALT), and a dedicated programme has been developed for 25-26.</p> <p>The National Centre for Learning Welsh funds a Support Officer post which has been strategically aligned to address current gaps in provision within the organisation. A copy of the agreement, targets and management areas can be provided.</p> | | | | | | | | | | | | | | | | | | | | |



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| | <p>provision to support practice in health and social care and identify opportunities (along with relevant employers) to support staff confidence to make more use of their Welsh language skills (at whatever level) in the workplace. We further recommend that Welsh Government explore what resources are required to deliver adequate support for such a scheme including supporting employers to release key staff to undertake substantive Welsh language learning. <i>(Medium term)</i></p> | | | |
| 16 | <p>Organisations to define the level of Welsh language skills required in all job adverts as per best practice in some health boards and local authorities <i>(Medium term – guidance to be developed and shared in the short term)</i></p> | <p>All health and social care bodies to provide an update on work being taken forwards to define Welsh language skills required in all job adverts, as well as key data on whether posts are being advertised as Welsh desirable and Welsh essential.</p> | <p>Health and social care bodies</p> | <p>Already in place. Please see Policy below.</p> <div data-bbox="1464 887 1514 943" data-label="Image"> </div> <p>WP51 - Bilingual Skills Policy .pdf</p> <p>Please see details below with regard to the number of posts being advertised as Welsh Essential / Welsh Desirable / Welsh to be learned:</p> <p>2024 / 2025 Data:</p> <ul style="list-style-type: none"> - Welsh language skills are essential - 301 (6.5 per cent) |

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| | | | | <ul style="list-style-type: none"> - Welsh language skills are desirable - 4238 (92.2 per cent) - Welsh language skills to be learnt - 49 (1.1 per cent) - Welsh not a required skill - 8 (0.17 per cent) <p>Total number of vacancies advertised - 4596</p> |
| 17 | <p>Gradual introduction of a minimum “courtesy” level of Welsh language skills making staff more aware of positive impact that learning and using Welsh can have on individuals accessing and receiving health and social care services. By the end of the life of this plan, all staff working in health and social care should have courtesy level Welsh. <i>(Short term- introduction)</i></p> | <p>National Centre for Learning Welsh to provide data on the new courtesy course (as part of the health and social care scheme) and take up across the organisations.</p> <p>Health and social care bodies to also provide information on other courtesy courses being developed (not by the National Centre for Learning Welsh) and delivered locally, and key data on take up.</p> | <p>National Centre for Learning Welsh</p> <p>Health and social care bodies</p> | <p>Fframwaith sgiliau iaith / Welsh language skills framework -</p> <p>It’s also encouraging to see an increasing number of Board members are now engaging in Welsh language learning with the support of the internal tutor, reflecting a strengthened commitment to promoting bilingualism at all levels of the Health Board.</p> <p><i>“I have really enjoyed my lessons with Beth. Welsh is such a beautiful language but I was daunted by how different some of the sounds are and how long some of the place names are! Beth has helped me build up from words to phrases, and to gain confidence in trying out what I have learned in meetings and with colleagues. Last week I even opened a meeting in Welsh, which felt amazing!”</i> Tehmeena Ajmal, BCU Chief Operating Officer</p> <p>Currently teaching 9 Board Members. 4 have successful passed the courtesy Welsh language exam. The others are preparing to sit the exam.</p> |

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| | | | | <p>Gwersi wythnosol Gofal Gorau 1 / Gofal Gorau 1 Weekly Welsh lessons</p> <p>This course is launched three times a year (January, May and September) and runs for a total of 12 weeks, one hour per week. Learners learn basic and courtesy level Welsh language during these sessions and have the option to continue their studies and attend the Gofal Gorau 2 course.</p> <p>22 members of staff are currently completing the Gofal Gorau 1 course (started in May 2025)</p> <p>Welsh to be learnt posts</p> <p>New BCU starters with 'Welsh to be learnt' as part of their contract are mentored by BCU Welsh language training team to ensure they progress with their Welsh language skills. A learning plan is created and staff members attend a one to one session focusing on courtesy language, how to answer the phone bilingually, how to greet patients bilingually face to face and how to give directions.</p> <p>Currently 5 members of staff are completing the programme. Learners who complete the initial programme are encouraged to continue to learn Welsh by attending in-house weekly lessons or the self-studying on-line courses.</p> |
| 18 | Organisations to develop and implement a targeted Welsh language training and workforce strategy – with initial focus on addressing gaps in More than just words key priority areas and | Health boards to provide an update on work to support the delivery of Standard 110, and how they are increasing the use of | Health and social care bodies | <p>Standard 110</p> <p>A plan for the next five-year period for Standard 110, which requires us to increase our ability to offer to carry out clinical consultations in Welsh, has been approved by the Welsh Language Strategic</p> |

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| | <p>those who lack confidence (need to consider the potential for working with team leaders / managers /employers to also create the conditions for individuals to use their Welsh) <i>(Medium term)</i></p> | <p>Welsh across clinical settings.</p> | | <p>Forum recently. The new plan will continue to develop bilingual services for our patients, focussing on recruitment, orientation and training, planning, identifying patients' first language, and engagement and culture. Work has continued with one of our vulnerable groups, dementia services. The Welsh Language Team recently supported the Dementia Team during Dementia Action Week, with one element of the week-long activities promoting the 'Active Offer' for providing Welsh language services to patients, which is a core element of the Welsh Government's Strategic Framework 'More than Just Words'. The ability to offer services through the medium of Welsh, particularly for this group of vulnerable patients, is extremely important as part of their core care.</p> <p>A copy of the plan can be provided.</p> |
| 19 | <p>Instigate a national awareness and promotion campaign to make staff more aware of the positive difference that learning and using Welsh can make to the services they provide. This to include recruitment campaigns articulating the importance of the Welsh language. The campaigns to involve role models and case studies on the difference use of</p> | <p>Welsh Government has commissioned a suite of films (based in different health and social care settings) and an overarching animation to promote the aims of Mwy na geiriau and the active offer. These will be launched at the</p> | <p>Welsh Government/ SCW and HEIW</p> | <div data-bbox="1384 1011 1805 1182" data-label="Image"> </div> <p>'Use Your Welsh' Campaign</p> <p>During March, the Welsh Language Services Team held a campaign with the aim to highlight the importance of offering services through the</p> |

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| | <p>Welsh has in improving outcomes for individuals. (<i>Medium term</i>)</p> | <p>National Eisteddfod, Wreccsam.</p> <p>Health and social care bodies to provide information on promotion campaigns they are also delivering to raise awareness of the difference learning Welsh can make. This should include case studies and awards which feature the Welsh language.</p> | | <p>Welsh language to our patients. Report on the campaign attached.</p> <p> Use Your Welsh Campaign - BCUHB.doc</p> <p>Case studies of learners – can share numerous case studies. Four case studies were developed as part of the ‘Use your Welsh’ campaign. All individual case studies can be shared.</p> <p>Shortlisted for NHS Wales Award ‘Equitable care’ for Language Choice Scheme at 2024 awards.</p> |
| 20 | <p>Careers Wales / HEIW and SCW to promote the importance and opportunities Welsh language skills can provide within careers in health and social care utilising the Tregyrfa portal resources and through roadshows and engagement sessions with young people. (<i>Short/medium term</i>)</p> | <p>HEIW to provide information on Tregyrfa, including data on numbers accessing the site. HEIW to also provide information on roadshows and engagement events held with educational institutions.</p> <p>Careers Wales to provide information on initiatives promoting the importance of Welsh language skills</p> | <p>Careers Wales / HEIW and SCW / health and care bodies</p> | <p>Report attached on activities undertaken with Careers Wales in schools across North Wales to promote the importance and advantages Welsh as a skill at work.</p> <p>Report attached.</p> <p> Gweithdai Gyrfa Cymru.docx</p> <p>In addition, numerous sessions and workshops have been held with the North Wales Medical School as part of the new Medical course. Sessions have also been</p> |

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| | | <p>in health and social care careers, including data on attendee numbers for any events / roadshows / engagement sessions.</p> <p>Health and care bodies to provide information on roadshows and engagement with young people, including data on attendee numbers.</p> | | <p>delivered with a focus on linguistic skills with health care students at Wrexham University.</p> <p>The Health Board has developed a booklet entitled 'working Bilingually in the Health Sector' which has been shared with secondary schools and higher education providers across North Wales. Attaching English and Welsh electronic versions.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  BCUHB - A5 Booklet - ENGLISH.pdf </div> <div style="text-align: center;">  BCUHB - A5 Booklet - CYMRAEG.pdf </div> </div> | |
| 21 | <p>HEIW, MEDR and SCW to monitor the numbers of bilingual students being trained as health and social care professionals each year in line with the agreed framework for measuring Welsh language skills, and publish the data annually. This could reflect or develop upon requirements that are already in place in relation to HEIW contracts, SCW monitoring and/ or HESA data. In relation to publishing the data we recommend that a specific table is included in the annual Statistics Bulletin – Welsh in Higher Education Institutions to report on this data. This data to also be incorporated in the</p> | <p>HEIW / MEDR / SCW to provide data on the numbers of bilingual students being trained as health and social care professionals.</p> | <p>HEIW / MEDR / SCW</p> | | |

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| | dashboard development set out under Section 4 <i>(Short term)</i> | | | | |
| 22 | Welsh Government monitor the number of bilingual learners and apprentices undertaking Health and Social Care courses and/or apprenticeships each year in line with the agreed framework for measuring Welsh language skills and publish the data annually. This data to also be incorporated into the dashboard development set out under Section 4. <i>(Short term)</i> | Welsh Government will include the latest data in the MNG Annual Reports for 2023-24 and 2024-25. | Welsh Government | | |
| 23 | Welsh Government / MEDR have established a benchmark for bilingual provision i.e. that one third of a course (at least) is available in Welsh. Such a benchmark allows students who are confident in Welsh to undertake part of their course through the medium of Welsh and to develop a level of confidence to work bilingually. This also reflects international best practice e.g. University of Helsinki Medical School. HEIW / SCW to work with universities in Wales and the Coleg Cymraeg Cenedlaethol to identify any courses where students cannot at present study | Coleg Cymraeg Cenedlaethol to update on the number of undergraduate courses in the areas of health and care. This to include information on health and social care courses where students cannot study one third of the course in Welsh. | HEIW / SCW / Coleg Cymraeg Cenedlaethol | | |

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| | <p>one third of their health and social care courses bilingually and take appropriate action to ensure that bilingual provision is offered on every health and social care course in Wales. Appropriate consideration is also given to placements and support provided for students to undertake bilingual placements as part of their training.</p> <p><i>(Short term)</i></p> | | | | |
| 24 | <p>Welsh Government consider what incentives (financial or otherwise) may be offered to students undertaking an element of their course through the medium of Welsh. Incentives are already offered in relation to the Education workforce.</p> <p><i>(Short term)</i></p> | <p>Welsh Government is collating information on incentives currently available to students including bursaries.</p> | Welsh Government | | |
| 25 | <p>Consideration is given to expanding the highly successful Doctoriaid Yfory scheme which supports prospective students to apply successfully to medical school, to encompass all health and social care professions where the application process for University study is competitive. More broadly Welsh Government to consider whether such a scheme may assist pupils from deprived backgrounds to apply</p> | <p>The Doctoriaid Yfory Scheme has now been extended to more general health and social care career including dentistry.</p> <p>Welsh Government will consider opportunities for further promoting the scheme.</p> <p>Coleg Cymraeg Cenedlaethol to</p> | Welsh Government / Coleg Cymraeg Cenedlaethol | | |

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| | successfully to study medicine and other subjects. <i>(Short term)</i> | provide latest data on take up. | | | |
| 26 | Every provider of health and social care training in Wales prepares a medium-term plan on developing Welsh language awareness and bilingual skills of their students and submits the plan within 12 months to the relevant commissioning / accrediting / regulatory body. These should include details of the teaching capacity required to deliver bilingual programmes as required. Welsh Government to consider the role Coleg Cymraeg Cenedlaethol could have to review and provide feedback and advice to the relevant bodies on the medium term plans. <i>(Short term)</i> | HEIW and Coleg Cymraeg Cenedlaethol to provide an update on work being taken forwards to progress this action. | Welsh Government / Coleg Cymraeg Cenedlaethol / HEIW | | |
| 27 | Welsh Government to review the plans developed under Action 30 of the Health and Social Care Workforce Strategy and take appropriate action to support the development of bilingual teaching capacity and where appropriate, provide suitable resources to support these developments. <i>(Short term)</i> | Welsh Government will provide the update for this action in collaboration with HEIW and SCW. | Welsh Government / SCW / HEIW | | |
| 28 | Coleg Cymraeg Cenedlaethol is tasked with undertaking a review | Coleg Cymraeg to provide information on | Coleg Cymraeg Cenedlaethol | | |

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| | of bilingual provision in health and social care across the FE and apprenticeship sector and making recommendations as appropriate as to further steps required to develop bilingual skills amongst level 2 and 3 learners <i>(Medium term)</i> | progress with the review. | | | |
| Theme 3: Sharing best practice and an enabling approach | | | | | |
| 29 | We'll collate and share examples of innovative good practice which is accessible across the sector utilising existing portals and hubs including the Research and Innovation Hubs. <i>(Short term)</i> | Health and social care bodies should provide examples of where and how they have shared good practice, including internally as well as with other organisations. Health and social care bodies to also provide information on whether they have used Hwb laith to share good practice. They should also provide evidence of utilising the Research and Innovation Hubs and explain why if they haven't. | Welsh Government / Welsh language officers | Information shared for Good Practice Hub. Additional information shared as part of the first 'More than just words' newsletter. It was encouraging to see so many of our articles had been included. | |
| 30 | We'll use our Bilingual Technology Toolkit to ensure that when we procure and/or develop new digital services, they will include a bilingual user | Health and social care bodies should provide specific examples of where and how the principles of the | DHCW / health and social care bodies | | |

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| | interface wherever possible. For information and advice websites we'll bring translators closer to content creation, drafting in Welsh and English together, so that we communicate clearly in both languages. <i>(Short term)</i> | Bilingual Toolkit has been used. | | | |
| 32 | We'll ensure that Welsh language Executive Leads and Welsh Language Officers and champions meet nationally to share best practice to ensure a consistent approach on key issues and develop initiatives to celebrate success including promoting More than just words within existing awards and accolade schemes. <i>(Short term)</i> | Health and social care bodies to provide information on examples of good practice shared as part of existing networks, awards and events. | Welsh Government, Health and social care bodies | See 29 above. | |
| 33 | We'll undertake a survey with primary care providers to understand the impact the Welsh language duties have had in delivering the Active Offer. This will identify best practice and provide advice for Executive Directors of Primary Care to further progress and enhance services in Welsh, working closely with the clusters <i>(Medium term)</i> | Welsh Government will provide the update on this action. The first stage of the survey was completed in December 2024 and results are being analysed. Further qualitative research is being undertaken by an external contractor. This work will report in Autumn 2025. | Health Boards and Primary Care Clusters | | |

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| | | Health boards Health bodies / primary care clusters do not need to provide an update on this action for the 2024/25 report. | | | |
| 34 | Enable the development of standard Welsh language diagnostic assessments and resources to support Welsh speakers in identified priority areas such as mental health, learning disabilities, and the visually impaired, building on work already underway to develop a nationally available set of standard assessments for Welsh speakers with dementia. <i>(Long term)</i> | <p>Welsh Government will provide the update on this action.</p> <p>However – as noted for Action 6: Health and social care bodies are asked to provide evidence of Welsh language care pathways for the priority groups.</p> <p>Welsh Government to collate diagnostic assessments and resources that should be available in Welsh. The next step for the longer term would be to prioritise which assessments need to be available in Welsh.</p> | Welsh Government | | |
| 35 | Visual markers not only enable service users to identify Welsh speaking staff but also to convey a message that Welsh is a 'normal' everyday part of service delivery and builds on ethos of | Health and social care bodies to update on work being taken forwards to support and promote the identification of Welsh | Welsh Government / DHCW / health and social care bodies | Staff are provided with the option to have the 'Cymraeg' logo on their uniforms (Nursing and HCSWs). | |

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| | <p>belonging. We'll extend the laith Gwaith project across Wales to allow workers who can offer or partially offer services in Welsh to readily identify themselves by wearing laith Gwaith badges or lanyards.</p> <p>We'll also in our ICT systems capture, display and share information that let us know as individuals and staff who can speak Welsh and what services they will be offering in Welsh — so we can use our Welsh with them. (Consideration would need to be given to additional funding / resources to enable this to be delivered.) (<i>Short term</i>)</p> | <p>speaking staff – including any work in relation to digital systems locally.</p> <p>DHCW to update on work happening at a national level to support this agenda.</p> | | | <p>This information is also monitored and captured as part of the Health Board Mystery Shopper scheme where face-to-face reception services' visits cover whether Welsh speaking staff were identified as such with the 'cymraeg' logo / badges / lanyards. This is reported upon quarterly to the Health Board's Welsh Language Strategic Forum.</p> |
| 36 | <p>We'll continue to improve Welsh language capabilities of national health and social care digital systems and ensure apps being developed such as the NHS Wales App support the vision and actions in this plan. This will include the sharing, recording and tracking of Information between systems including language preference. We'll also work with service users on all technical and content processes to make sure they're easy to use</p> | <p>DHCW to update on actions being taken forward to deliver this commitment.</p> <p>DHCW also to provide data on the numbers accessing / using the Welsh language options in the App, if this is possible.</p> | Welsh Government/ DHCW | | |

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| | and understand in Welsh and English. <i>(Medium term)</i> | | | | |
| 37 | We'll further develop dictionary resources, high standard terminological corpus, language memory systems and practical tools to support staff to use their Welsh skills, for example Gair i Glaf. This to include in the short-term Welsh language officers and translators working together on collation of terms and translation capacity and capability. <i>(Short term- joint working on developing standard terms)</i> | Health and social care bodies and NWSSP to update on work being taken forwards to develop and support the implementation of these resources. | Welsh Government / health and social care bodies / NWSSP | In progress. | Additional resources have been developed during the year to support staff to use their Welsh. A vocabulary card on using Welsh in meetings has been developed, with a QR code linking to a video on the Health Board's YouTube channel to aid pronunciation. Previously developed resources (keyring vocabulary) were reproduced in readiness for the 'Use your Welsh' campaign as uptake and demand for these resources has increased over the year as a result of internal engagement events and activities. |

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| 38 | <p>We'll work with those who inspect and drive quality improvement to ensure the active offer is part of their brief. We will direct underperforming organisations to support and advice. <i>(Medium term)</i></p> | <p>CIW and HIW to provide information on guidance and training for inspectors to support reporting on Welsh language and culture, and the Active Offer. CIW and HIW to also provide relevant inspection data on compliance/non-compliance with Welsh language requirements.</p> | Regulation and Inspection Bodies | | |
| 39 | <p>Further develop the mapping of available data provided in Annex A of the framework and identify data gaps that would help measure progress. <i>(Short term)</i></p> | <p>Welsh Government will provide the update on this action.</p> <p>This commitment links directly to Action 5 and Welsh Government plans to shortly commission a contractor to identify key data on Welsh Language in health and social care.</p> | Welsh Government | | |
| 40 | <p>Using available data where possible, develop indicators that measure progress towards the Active Offer and delivery of bilingual services and identify data gaps that would further help measure progress.</p> | <p>Welsh Government will provide the update for this action.</p> <p>This will become possible once the data mapping and review exercise has been</p> | Welsh Government | | |

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| | <i>(Develop initial indicators – Short term Identify data gaps – Short term Fill data gaps where possible – Medium term)</i> | completed (see Action 5). | | | |
| 41 | Establish a working group to develop a dashboard that brings together performance data to demonstrate progress on the Active Offer and delivery of bilingual services. This to include data from the local authority performance framework; CIW; HIW; WL Commissioner office; NHS IMTP/ performance reporting. <i>(Establish working group Short term First dashboard publication Medium Term Summit to share dashboard with data owners Medium term)</i> | This will become possible once the data mapping and review exercise has been completed (see Action 5). | Welsh Government | | |
| 42 | All health bodies and local authorities to appoint a person to be responsible for ensuring delivery on the actions and targets set in the plan. | All health bodies and local authorities to list the person responsible for ensuring delivery of the actions. | All health bodies and local authorities | Completed. | |
| 43 | More than just words progress monitoring: Provide a written update on progress with actions on a 12 month basis <i>(First Annual Report – Summer 2023)</i> | Welsh Government will provide the update on this action. | All accountable organisations listed in this plan | Completed. | |

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| 44 | <p>Establish an advisory board to monitor and scrutinise progress against the action plan. The advisory Board will make recommendations to the Minister where further progress could be made and any emerging concerns where ambition is not being met. A report will be prepared for Ministerial consideration and shared with health and social care leaders. The advisory board will also consider and advise on audit and evaluation requirements to provide independent assessments on progress. <i>(Annual advisory report 2023 Advisory report to include reflection on dashboard data from 2025)</i></p> | <p>Welsh Government will provide the update on this action.</p> <p>The Advisory Board for Mwy na geiriau has been in place since August 2023.</p> | Welsh Government | | |
| 45 | <p>Minister to hold annual progress meetings with leaders of organisations listed to deliver actions within the plan, including NHS and Local Authorities, to recognise achievements and where further progress is required. Statement on progress to be shared with Senedd Members annually. <i>(First Annual Progress Meeting – Autumn 2023 First Statement to Senedd Members – Autumn 2023)</i></p> | <p>Welsh Government will provide the update on this action. Plans are in place to organise a stakeholder event for 9 October 2025.</p> | Welsh Government | | |

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| | <i>From 2025 the progress report to include the performance data dashboard)</i> | | | | |
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Completed form to be returned by no later than: 1 September 2025



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Equality Annual Report 2024-25

Author: Ceri Harris



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Accessibility Statement

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

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Georgina Roberts

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Foreword

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

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

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

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

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

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

The Health Board is confident that this report demonstrates our ongoing commitment to equality, diversity, and inclusion, and the tangible progress made throughout 2024–2025.

Executive Summary

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

During 2024/25, the Health Board has centred equality and inclusion activities that relate to the five Equality Objectives and aligned to the BCUHB Three-Year Plan as summarised below.

Building an effective organisation:

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

During 2024/25, all key transformation plans followed the processes and procedures to evidence due regard in decision making.

Developing strategy and long-lasting change:

During 2024/25, a strong focus has remained on implementing Welsh Government Plans, including the Anti Racist Action Plan and LGBTQ+ Action Plan. In December 2024, the NHS Wales Women's Health Plan 2025-2035 was published which has generated much work to start implementing the plan to address women's health inequalities.

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

Creating compassionate culture, leadership and engagement:

During 2024/25, there was good visibility of cultural celebrations and inclusion related awareness campaigns, of which were shared across the Health Board and are supported by Staff Equality Networks. A range of co-production work had been undertaken during the year across clinical teams and involving external Equality Stakeholders.

During 2024/25, the Health Board carried out work to review the Organisational Values and Behaviours which directly relates to the Three-Year Plan and the BCUHB Strategic Equality Objectives.

Improving quality, outcomes and experience:

Compliance with equality and human rights legislation has a direct impact on patient and carer experiences, as well as those of staff and the wider population of north Wales. Work has been undertaken during 2024/25 to promote understanding of the issues of dignity, respect and aligned to a Human Rights Approach.

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

Establishing an effective environment for Learning:

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

Progress Made

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

Barriers and Risks

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

Conclusion

The focus for 2024/25 was to build visibility of Equality, Diversity, and Inclusion into all aspects of the Health Board's workforce and service delivery. Staff have worked extremely hard to improve services and embed equality to meet the legal requirements under the Equality Act 2010, building on the positive work that has previously taken place. The Health Board plans to move forward into year 2 of the four-year Equality Plan using good practice and innovative ideas.

Key Priorities for 2025/26 include:

1. Review inclusive recruitment, progression and retention.
2. Focus on improvement of baseline equalities data and its analysis.
3. Analysis of Equality based pay gap data.
4. Focused Engagement with underrepresented groups.

Section 1: Introduction

Structure of this report

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

This evidence includes:

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

Special Measures

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

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

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

- Outcome 1: Be a well-functioning Board.
- Outcome 2: Have a clear, deliverable plan.
- Outcome 3: Have stronger leadership and engagement.
- Outcome 4: Have improved access, outcomes, and experience for citizens.
- Outcome 5: Be a learning, self-improving organisation.

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

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

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

#TheBetsiWay

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

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

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

Population

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

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

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

Section 2: Background / Context

Anchor Institution

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

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

Our Strategic Equality Plan

For the reporting period of this annual report, we will be providing progress on the Strategic Equality Plan (SEP) for the period 2024-2028.

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

Our Equality Objectives and related year 4 action plan was informed by gathering and analysing information and evidence from national and local sources and from impact assessments undertaken as well as from ongoing engagement with staff and service users. The planned work during the year of 2024/25 was developed using principles of co-design with our Equality Stakeholders and Staff Networks.

Our Equality Objectives 2024-2028

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



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

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

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

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

Objective C: Achieving equity through Governance and Accountability.

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

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

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

Objective E: Achieving equity by innovation.

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

Governance arrangements

During 2024/25, work has been ongoing to ensure that the equality duty is integrated into governance arrangements within the Health Board. This also includes citing equality considerations within terms of reference for all governance meetings, reference to Equality and Socio-economic Impact Assessments on front committee sheets and where appropriate having a representative from the Equality team.

During the year 2024/25, work has continued to advance equality through the delivery of the first year of the BCUHB Strategic Equality Plan. Progress on this annual plan has been reported and monitored through the Equality and Human Rights Strategic Forum. This reports to People and Culture Committee and reports directly to the Board.

Statutory reporting

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

Strategic Equality Plan

The Equality Objectives set out to deliver in our 4 - year Strategic Equality Plan sets the

foundation for advancing equality across the Health Board. Our Strategic Equality Plan (SEP) for the period 2024/25 was agreed and published in March 2024. The four-year plan is aligned to Regulations 14 and 15 within the Public Sector Equality Duty.

Equality Annual Reports

All BCUHB Equality Annual reports are published on the BCUHB website in line with regulation 16 of public sector equality duty: Wales.

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

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

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

Section 3: Review of the Year 2024/25

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

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

3.1 Focus on National Plans - linked to objectives

3.1.1 Welsh Government Anti-racism action plan and progress

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



Within the year 2024/25 progress includes:

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

3.1.2 Welsh Government – LGBTQ+ Action Plan

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



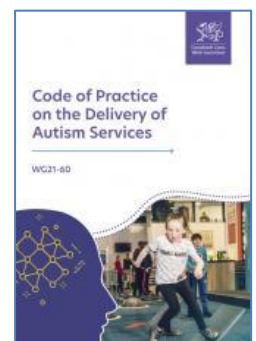
Within the year 2024/25 progress includes:

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

3.1.3 Code of Practice on the Delivery of Autism Services

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

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



3.1.4 All Wales Standards for Accessible Communication

A Sensory Loss and Accessible Health Care information hub was established for staff, which contains sensory loss toolkit guides for Primary Care, Community Services and Secondary Care. The Health Board is represented on the Welsh Government steering group undertaking the review of the standards and expanding their scope to include community language needs and wider areas of accessible communication. See Appendix B for information on the All-Wales Standard for Accessible Communication.

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

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



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

3.1.6 Three Year Plan: Strategic Objectives

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

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

1: Building an effective organisation

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



2: Developing strategy and long-lasting change

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



3: Creating compassionate culture, leadership, and engagement

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



4: Improving quality, outcomes and experience

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



5: Establishing an effective environment for Learning

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



Building an effective organisation



Improving equality monitoring

During 2024/25, work has been underway across BCUHB to improve digital systems to inform intelligence-led planning. A Populational Health Management project has been in place across Public Health and Digital, Data and Technology (DDaT) team.

Outcome

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

Achieving Equity in Decision Making toolkit

During 2024/25, a new toolkit to support decision makers was produced. This toolkit is called 'Achieving Equity in Decision Making: A practice toolkit for decision makers and project teams.

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



Outcome

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

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

Socio-economic Duty Progress Report and Audit

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

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

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

Outcome

Since 2022, BCUHB have completed the annual progress tracker alongside an internal audit of assessments which demonstrates due regard to the duty. This is reported annually to the Equality and Human Rights Strategic Forum. A summary of the self-assessment findings for 2024/25 is as follows:

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

Self-assessment finding: Firm progress (3):

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

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

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

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

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

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

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

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

Accessible Communication Standards Review

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

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

During 2024/25 the Health Board was part of the all-Wales working group focused on developing the new standards.

Outcomes

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

Developing a strategy and long-lasting change



Vaccine Programme

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

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

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

Significant emphasis has been placed on:

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

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

Reducing Homelessness

During 2024/25, the Health Board undertook work to prepare for new legislation with a duty to 'ask and act' to identify (including referral) patients at risk or experiencing homelessness and signpost to support.

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

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

Working in partnership with homeless support organisations and BCUHB teams, the group works together with the recognition that preventing homelessness is everyone's business, not just the role of housing organisations. Homelessness and health are deeply interconnected and requires a whole-system approach to address the factors that influence homelessness.

Outcomes

The first steps of this group have been engaging and improving links with Homelessness Teams to improve patient outcomes, reduce healthcare costs, improve housing outcomes, and enhance collaboration between services. Initial work has been undertaken which have mapped the experiences of support workers within homelessness teams across each of the local authority areas.

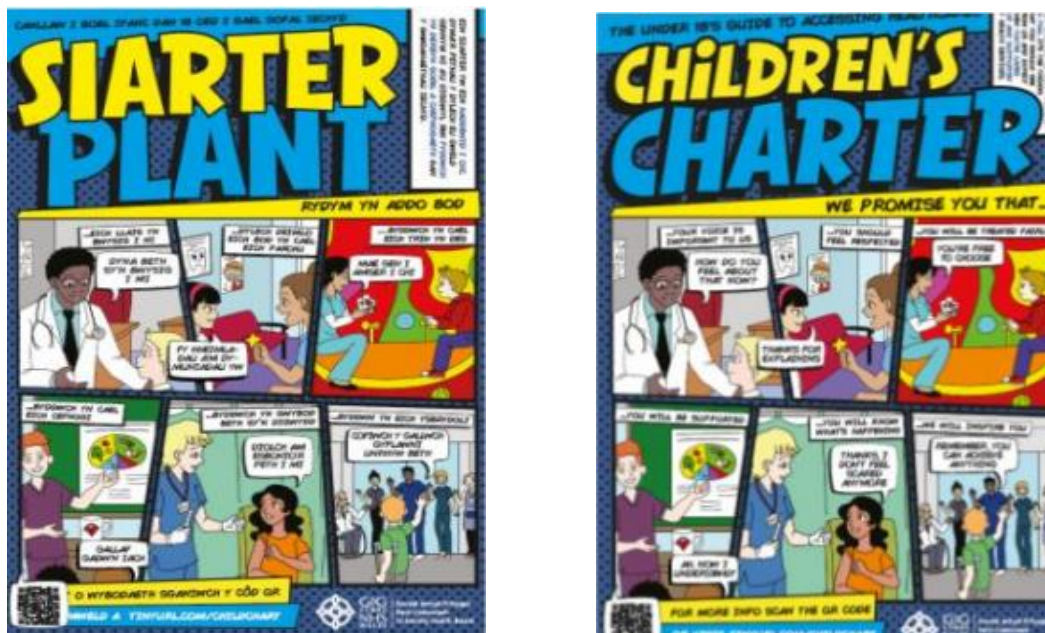
This has identified a number of priority areas which relate to safe discharge processes and improving timing of communications and identification of housing needs with partner homeless teams.

Alongside this work, engagement is taking place with people who have lived experience of homelessness. BCUHB are working with The Wallich, My Home Denbighshire, and Shelter, to carry out engagement to ensure that patient experiences of health are involved in this work on the principle of "*nothing about you, without you*". This work has received interest and support from Welsh Government, as they look to how health organisations can implement the new legislative requirements.



Childrens Rights Charter

Significant work has taken place during the year 2024/25 to ensure that Children's Rights were promoted across BCUHB. The charter was presented by a group of young people to the Board in September 2024.



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

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

Equality Roadshows

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

Outcome

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

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

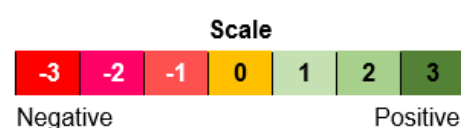
Transformation projects

Nuclear Medicine Consolidation Programme

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

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

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



North Wales Medical School

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

Human Immunodeficiency Virus (HIV) Strategy (Including Quilt project)

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

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

These actions will be underpinned by three core principles:

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

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

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

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

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

Outcome

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



Creating compassionate culture, leadership, and engagement



Widening Access

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

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

Providing sustainable employment for young people through clear apprenticeship pathways and post-apprenticeship roles, alongside access to professional education and training, is essential to building and maintaining a resilient and future-ready workforce

The Health Board is committed to improving employability for individuals who are often furthest from the labour market. Through structured work placements, skills development initiatives, and tailored support, the Board is helping economically inactive and unemployed adults—many of whom face complex barriers to employment—gain meaningful access to the workforce. This work is delivered in partnership with key stakeholders, including service managers, workforce planning leads, and education providers.

Evidence to date highlights the positive impact of the Widening Access programmes across all areas of work. Efforts will continue to strengthen and refine these pathways to ensure long-term sustainability and inclusive workforce development.

Project SEARCH/Supported Internships

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

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

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

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

BCUHB currently has three sites involved in partnership projects:

- Glan Clwyd Hospital
- Flintshire Community
- Ysbyty Gwynedd Hospital

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

Supported Shared Apprentices

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

disadvantage) partake in a mainstream apprenticeship.

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

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

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

Apprenticeships

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

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

BCUHB/Social Care Adult Volunteer Programme

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

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

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

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

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

Outcome

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

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

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

Spiritual care

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

Example of Cultural Engagement

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

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

Outcome

- The Chaplaincy have developed a daily proactive relationship with the Indian community in north Wales. This brings benefit for the Kerala community, those who choose to live and work in north Wales and enhances the quality of care that they deliver to the wider population.
- The Health Board have also attempted to integrate their culture and practices into the daily life of the Health Board, for example cultural celebrations are held across Health Board sites such as Dancers and choirs at Christmas and within community events. This includes the establishment of a Kerala dance and music group.



Armed Forces Community

During 2024/25, the Health Board has continued to promote awareness of the armed forces community and ensure compliance to the Armed Forces Act 2021 requirements to

enshrine the Armed Forces Covenant. The Health Board has established the North Wales Veteran Healthcare Collaborative (NWWHC) to improve NHS care for the Armed Forces community across North Wales. The work is coordinated by the BCUHB Veterans Lead, who is part of the Armed Forces Community. During 2024/25, this work has included raising awareness of the Armed Forces Community through:

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



Photo showing The Wrexham Wellbeing Choir

Campaigns and Awareness Days

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

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

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

This event was attended by 70 people, a mix of colleagues and their families. This was an opportunity for staff members to chat, share stories, and celebrate the arrival of spring

together with authentic Indian cuisine. It was a time to appreciate the cultural richness within the Health Board community.

This event serves as a shining example of the Board's commitment to fostering a diverse and inclusive workplace. By celebrating the spring Indian New Year, the Board acknowledges and values the cultural backgrounds of its staff. It demonstrates a belief that a workplace that embraces cultural diversity is a more positive and supportive environment for all employees.

Outcome

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

Workforce Race Equality Standards (WRES) Report

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

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

Outcome

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

Living Well, Working Well Handbook

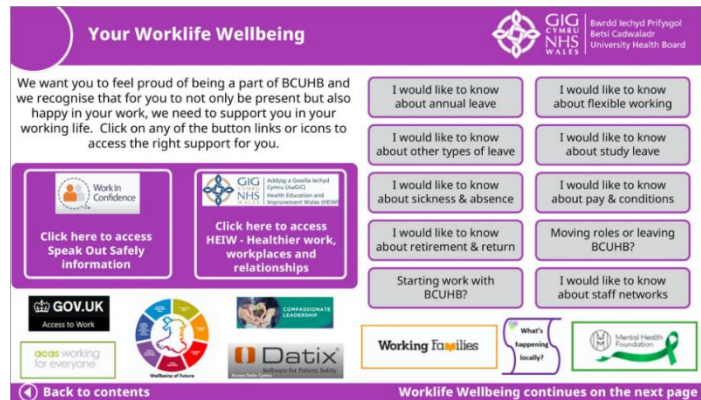
During 2023, focus groups and discussions were held with staff across BCUHB who reflected on a number of questions on themes including: commitment, motivation, behaviour, and structure.

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

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

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

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



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

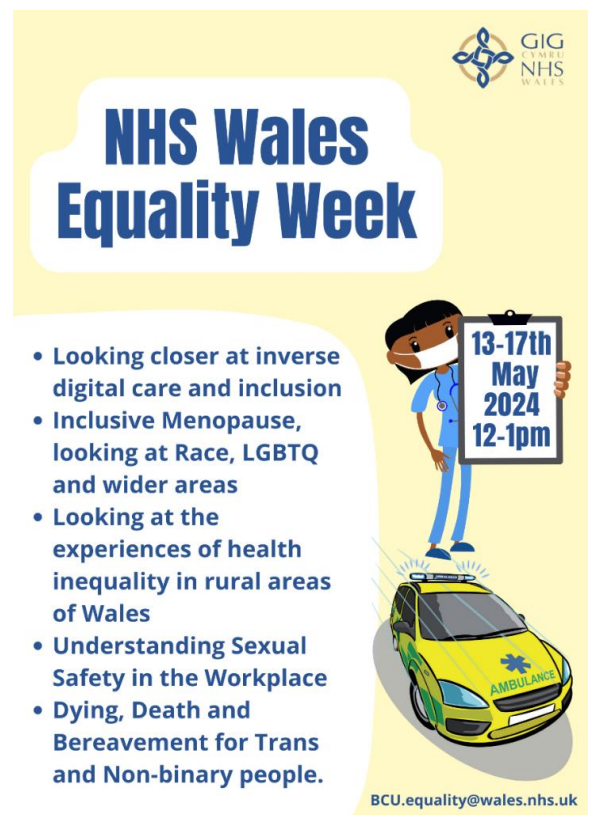
The name of the handbook was selected by the staff who participated in the testing phase.

NHS Equality Week 2024

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

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

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



Outcome

- Over 1500 NHS Wales staff attended the live sessions with the videos as learning resources

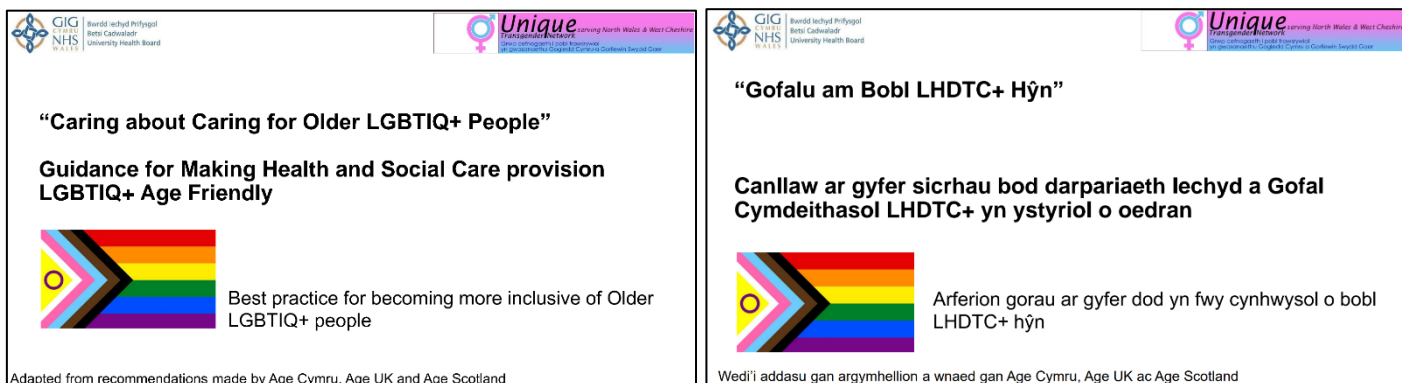
- Project established regarding the mapping of Digital Inclusion needs and resources.
- The Health Board has led on the development of the All-Wales Sexual Safety Policy.
- Trans inclusive bereavement needs were included in the bereavement workstreams conversations following the session.

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

Age Friendly

During 2024/25, a co-produced toolkit was produced between teams across the Health Board and with Unique and other LGBTQ+ organisations working across north Wales. The aims the toolkit is to provide staff with 10 tips for good practice that ensures everyone is treated with dignity and respect.

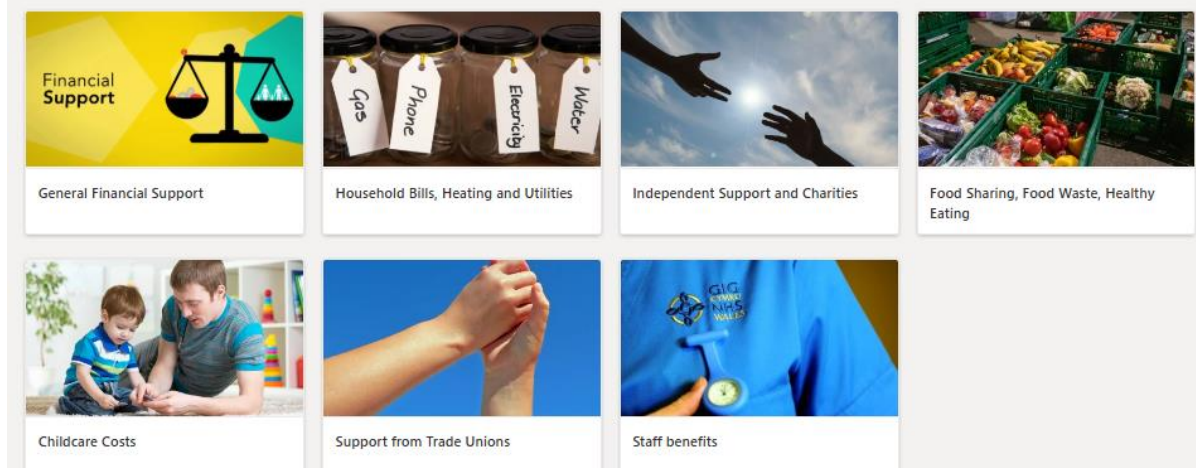
Since the publication of the toolkit, a training session has been delivered to care home staff across north Wales. Feedback on the toolkit highlights that staff can make a significant difference by their knowledge, attitudes, and behaviour towards LGBTIQ+ people. This can have a profound, beneficial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



Financial Support for Staff

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

Support and advice is organised into the following categories



LGBTQ+ Compassionate Care

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

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

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

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

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

Sexual Safety

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

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

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

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

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

The sexual safety project developed the following workstreams:

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

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

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

- Development of an All-Wales Risk Assessment:

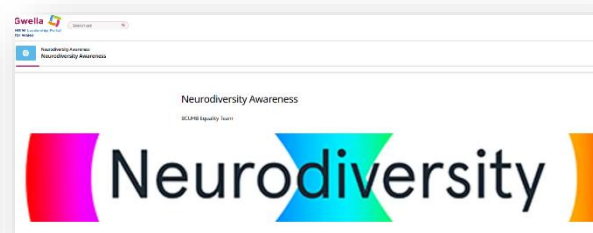
Gwella Modules

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

These modules are:

Achieving equity through good leadership practices, and Neurodiversity Awareness

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



Induction Review - Compassion Video

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

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

This resource contributes to the following project objectives:

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



Health Board's First Race Pay Audit

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

- Leadership & Progression,
- Continuous Professional Development & Training;
- Discipline & Capability;
- Bullying, Harassment and Discrimination.

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

By producing an annual race pay gap report we will have a more complete picture of our employee experience, which will inform the actions to address and improve the organisations WRES results.



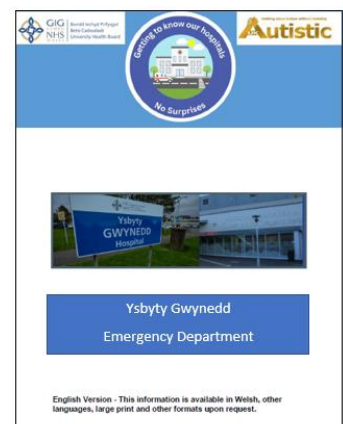
Improving quality, outcomes, and experience



Code of Practice for Autism Services

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

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



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

Staff have undertaken training via the autism acceptance scheme.



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

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

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

Young People Alcohol Support

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

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

Outcome

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

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

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

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

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

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

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

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

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

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



Outcome

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

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

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

Children's and Adolescence Mental Health Service – CAMHS engagement

The charter ensures that children and young people's views are listened to and involved in their care. During 2024/25, the CAMHS team received feedback from over 1400 children, young people, parents, carers and staff have had their say about services.

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

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

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

STORIES

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

TRAINING

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

ENGAGEMENT ACTIVITY

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

SURVEYS

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

Gypsy, Roma, and Traveller – Health inclusion work

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

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

The group objectives are to:

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

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

Outcomes: Since the group has been established the following has been achieved during 2024/25:

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



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

North Wales Access Panel

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

Palliative Care Workstream

During 2024/25, work has been underway to improve the BCUHB website information about End-of-Life Care for patients of all ages and backgrounds. Review work had initially been identified during 2023 when the Head of Palliative Care met with Equality Stakeholders to discuss the service. The proposed content is now nearing completion and further engagement with a small group of Equality Stakeholders has informed the content, which now includes:

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

Insight – Interpreter on Wheels

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

During 2024/25 there has been a target roll out of training on how to use this service, following feedback from patients and community groups that patients have had difficulties in accessing services in their community language. With the exception of BSL we have promoted a digital first approach where possible.

Outcome

- Increased staff awareness of the service.

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

Engagement

Listening to and understanding the experiences of the people of North Wales is vital to improving the way the Health Board design and deliver care and services. By gathering and analysing insights, we identify the issues that matter most to our population. During 2024/25, the Health Board carried out engagement through:

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

Key themes have been identified from Community Conversations, such as access to GP services, waiting times, and communication. Engagement during 2024/25 also provided insight from the population of north Wales about the future of GP services within rural areas, planned developments at the Royal Alexandra Hospital and diagnostic tests for Attention Deficit Hyperactivity Disorder (ADHD) and Autism.

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

Women’s Health Event

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



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

Outcome

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

Pharmacy in a Box

During 2024/25 the REMEDY Project was underway and provides a technological solution for accessing medications during out of hours and in rural areas. This was a joint project between the Health Board and Bangor University, in collaboration with the manufacturer and supplier and Oxford University and will provide insights into the potential future methods for supplying urgent medicines in rural settings.

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

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

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

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



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



Establishing an effective environment for learning

Tuberculosis Homeless Bus

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

Outcome

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

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

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

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

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

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

FIND & TREAT

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

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

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

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

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

FIND & TREAT

HM Prison and probation service (HMPPS) projects

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

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

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

Outcome

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

Learning Disability Week

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

In 2024/25, the Public Health Directorate commenced a programme of work to understand the bowel screening pathway for adults with a Learning disability. Through a multi-agency and co-production approach, the programme explores the barriers and facilitators to accessing Learning Disability Annual Health Checks from a person and primary care perspective and through data linkage work, to understand the uptake of bowel screening for adults with a Learning Disability across North Wales – the first of its kind in Wales. The Public Health Directorate has worked in partnership with Conwy Connect, Primary Care Liaison Nurses, Public Health Wales, NHS Performance and Improvement and Digital Data and Technology (DDAT) to develop the programmes aims and objectives.

Outcome

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



Deaf and Wellness Project

The Health Board has partnered with Bangor University as part of a £1m 3-year research grant from the UK Research and Innovation (UKRI) will see an interdisciplinary team working with Deaf British Sign Language-using Communities in Wales in order to tackle health inequalities.

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

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

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

Each hub has a number of workstreams.

Outcome

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

Equality Training

In 2024/25 The Corporate Equality Team delivered equality training to 718 members of staff.

The training offer and numbers are summarised below:

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

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

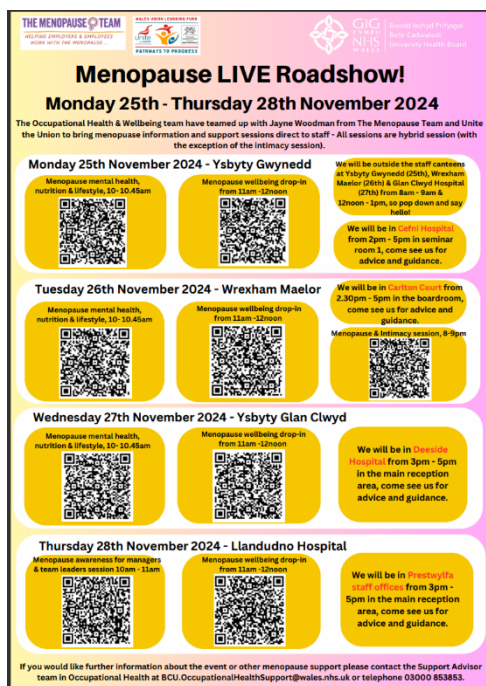
The Health Board has also developed a range of sessions and tools around menopause support.

During 2024-25 the Health Board delivered:

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

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

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



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

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

- Ysbyty Gwynedd Catering teams
- Ysbyty Glan Clwyd Renal unit

Equality Impact Assessments and Socio-economic Impact Assessments

During 2024/25 the process for Equality Impact Assessments (EQIA) and Socio-economic Impact Assessments (SEIA) were revised to be incorporated into one template for useability, with an increased focus on equality risk, alignment with the Socio-economic Duty and intersectionality. The Health Board values, and current Strategic Equality Objectives were also included, so that those completing the forms had a better understanding of where Equality and Socio-economic factors fit into the bigger picture of service delivery and decision making.

During 2024/25 the Health Board undertook approx. 267 Integrated Equality Impact Assessments and progressed towards a universal database/Library for assessments.

Section 4: Priorities for the Year Ahead 2025/26

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

In the first year of the Strategic Equality Action Plan, 28 actions were established. Through continued engagement and dialogue with stakeholders, an additional three actions have been added in the second year, reflecting evolving priorities and needs. At the heart of all workstreams is a commitment to co-producing solutions that address and reduce health inequalities.

Achieving this requires a dual approach: one that acknowledges the disproportionate impact of the social determinants of health, and another that actively tackles the known barriers to accessing healthcare services.



Section 5: Conclusion

This Equality Annual Report highlights key areas of work undertaken by the Health Board in partnership with others to advance equality, promote human rights, and address health inequalities. Over recent years, the Health Board has responded to a growing number of Welsh Government strategies, including the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, and the Code of Practice on the Delivery of Autism Services.

The recent review of the Accessible Communication Standards and the publication of the Disability Action Plan are expected to further expand the scope of equality, diversity, and inclusion actions and recommendations across the organisation.

Key Priorities for 2025/26 include:

1. Review inclusive recruitment, progression and retention.

In response to the findings of the Health Board's Workforce Race Equality Standard (WRES) report, a dedicated group has been established to review inclusive recruitment, progression, and retention practices. The data identified a need to examine and improve key processes to ensure they are equitable and inclusive.

Once the review is complete, targeted actions will be implemented to address any areas requiring improvement. Over the course of the Strategic Equality Plan, the Health Board aims to see increased representation throughout all stages of recruitment, enhanced progression opportunities, and improved retention rates across the workforce.

2. Focus on improvement of baseline equalities data and its analysis.

Baseline data analysis for both staff and patients has highlighted the need to improve the response rate for equality data collection. Increasing the uptake of this data is essential to enabling the Health Board to develop meaningful indicators that reflect progress, identify areas for improvement, and better represent the diversity of our workforce and patient population.

Over the lifetime of the Strategic Equality Plan, the Health Board aims to see a significant increase in the completeness and quality of baseline equality data.

3. Analysis of Equality based pay gap data

Equality pay gap data, sourced from the Electronic Staff Record (ESR), has highlighted key areas requiring attention—particularly diversity across pay bands, the impact of flexible working arrangements, and gaps in reporting due to under-submission of equality information. A targeted campaign, as outlined above, aims to improve data

collection, enabling the Health Board to develop meaningful indicators that reflect progress and better represent the diversity of its workforce.

To address these issues, the Health Board will establish a Pay Gap Action Plan focused on:

- Enhancing diversity within pay bands.
- Understanding and mitigating the impact of flexible working on equality-based pay gaps.
- Supporting underrepresented staff to access leadership development opportunities, with a particular emphasis on non-academic leadership programmes for those without university qualifications.

Over the lifetime of the Strategic Equality Plan, the Health Board expects to see:

- Improved baseline equality data.
- Greater insight into the effects of flexible working.
- Increased uptake of personal development opportunities among underrepresented staff groups.

4. Focused Engagement with underrepresented groups

As part of the Special Measures Framework, the importance of meaningful engagement, strong relationships, effective partnerships, and clear communication was highlighted in an independent review by Cath Broderick, a consultant specialising in patient and public engagement. In response, the Health Board established the BCUHB Engagement Group in co-production with Llais Wales to explore how engagement and relationships can be strengthened and made more impactful.

In 2025, the Health Board will host a series of equality-focused health fairs aimed at bringing communities together. These events are expected to foster stronger relationships with external stakeholders and support the co-production of resources designed to reduce health inequalities and increase awareness and uptake of services among underrepresented groups.

A key challenge for the Health Board is to ensure these emerging priorities are embedded within the planning framework and reflected in future Three-Year Plans. This includes actively identifying and addressing the policies, behaviours, and beliefs that perpetuate discrimination and inequality, and ensuring equitable access to services.

The Health Board's People Strategy underpins a range of actions to improve recruitment, retention, and development opportunities for staff. Significant progress has been made in improving monitoring data and aligning this work with the Equality Strategy. The Health Board is committed to being an employer of choice—free from discrimination, harassment, and victimisation—and led by compassionate leadership.

The appointment of an Executive Champion for Equality in 2025 marks a positive step toward strengthening executive-level accountability for the equality agenda, including

key areas such as the Welsh Government's Anti-Racist Wales Action Plan and LGBTQ+ Action Plan.

Co-production has been central to the progress made under the Strategic Equality Plan, with stakeholders playing a vital role in holding the Health Board to account and shaping guidance informed by lived experience.

The Health Board is deeply grateful for the time, challenge, and ongoing scrutiny provided by stakeholders. Their continued support will be critical as we move into Year Two of the Strategic Equality Plan.

Acknowledgements

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

- Autistic UK
- Age Cymru
- North Wales Independent Advocacy Service
- Unique Transgender Network
- North Wales Trans, Intersex and Non-binary Network
- Llais
- North Wales Regional Equality Network
- Wheelieability
- Arfon Access Group
- FDF Centre for Independent Living
- STAND North Wales
- Fair Treatment for Women in Wales
- Centre for Sign Sight Sound
- Victim Support
- EYST
- BAWSO
- Race Council Cymru
- Race Equality First
- North Wales Africa Society Disability Wales
- Bangor Indian Friends Association
- North Wales Ethnic Multicultural Association
- North Wales Interfaith
- Papyrus
- Epilepsy UK
- ARA – Recovery For All
- Viva
- Shelter
- Vision Support

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

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

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

Appendices

Appendix A: Population information

Appendix B: Equality legislation and Strategic Context

Appendix C: BCUHB Vision, Values and Purpose

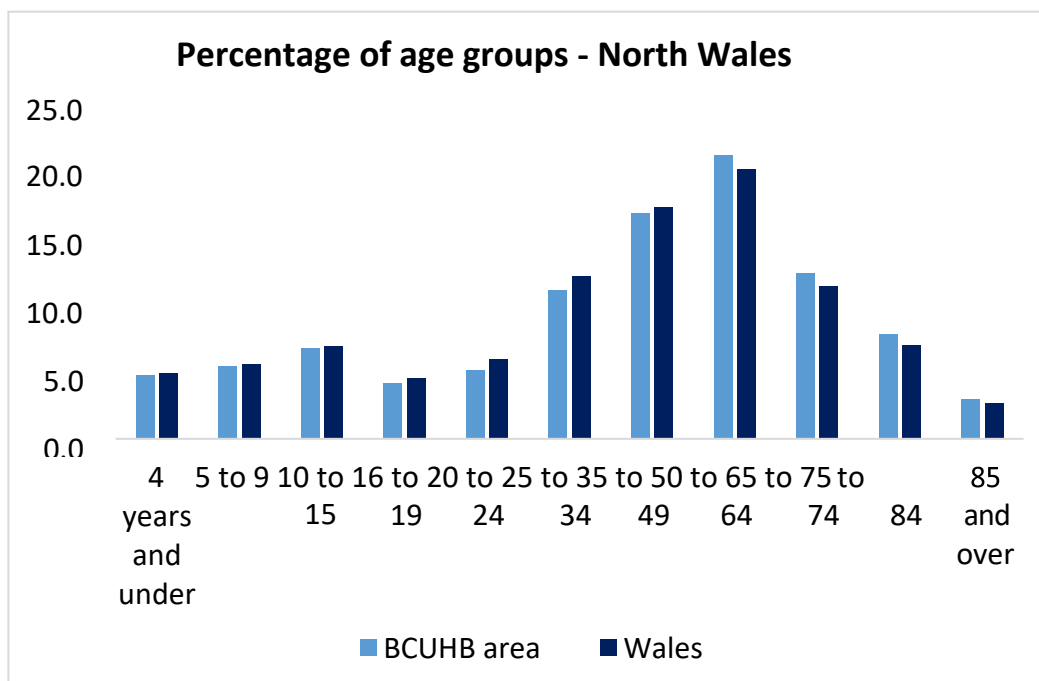
Appendix D: Equality Matrix

Appendix A: Population information

A snapshot about North Wales: Source: Nomis 2022

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

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



Welsh speakers:

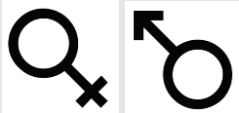
North Wales is home to more Welsh-language speakers than elsewhere in Wales. The highest percentages of people (across Wales) aged three years or older able to speak Welsh were in North-West Wales, with 64.4% in Gwynedd, and 55.8% in Anglesey.

A snapshot of our demographics

Sex / Gender

Male 48.9%

Female 50.1%



Religion

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



Sexual Orientation

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



Gender identity

Trans - 703 people

Non-Binary – 254 people

Not answered – 39,253 people



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

Ethnicity

White – 96.8% compared to Wales 93.8%

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

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

Mixed or Multiple ethnic groups – 1.1% compared to Wales

1.6% Other ethnic group – 0.4% compared to Wales 0.9%

Disability / long term conditions and impairments

72,235 people

10.5% as

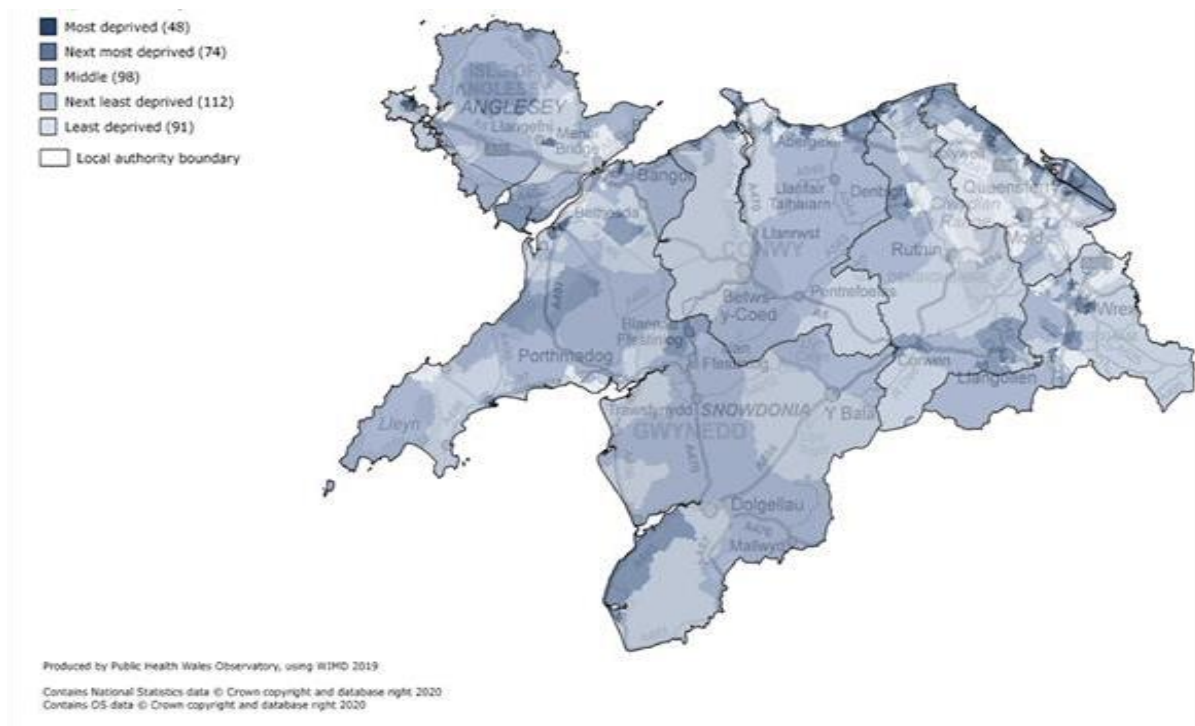
defined under the Equality Act

Carers 10.3%

>19 hours of care per week



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



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

Appendix B: Equality Legislation and Strategic Context

The Equality Act 2010

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

The Public Sector Equality Duty

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

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

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

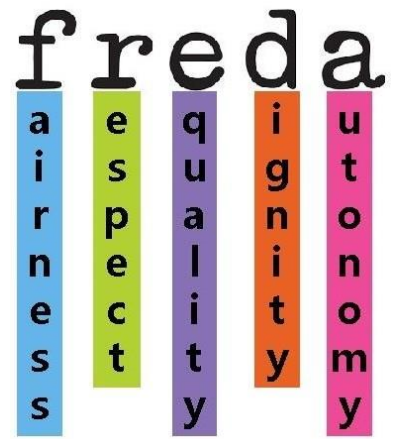
- Publish information to demonstrate compliance with the Equality Duties, at least annually.
- Set equality objectives, at least every 4 years.

The Socio-economic Duty

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

The Human Rights Act 1998

The Human Rights Act 1998 sets out universal standards to ensure that a person's basic needs are recognised and met. Public Bodies have a mandated duty to ensure they have arrangements in place to comply with the Human Rights Act 1998. It is



unlawful for a healthcare organisation to act in any way that is incompatible with the Human Rights Act 1998. In practice, this means we must treat individuals with Fairness, Respect, Equality, Dignity and Autonomy. These are known as the FREDA principles.

Infographic courtesy of CQC

All Wales Standard for Accessible Communication

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

Armed Forces Act 2021

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

Welsh Government - Anti-racist Wales Action Plan

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

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



Leadership



Workforce



Data



Access to services



Health inequalities

Welsh Government – LGBTQ+ Action Plan

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

Health is one of the component parts of the plan.

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

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

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

BCUHB Strategic Equality Plan

As a listed body in Wales under the Equality Act 2010, we are required to draw up a Strategic Equality Plan at least every 4 years.

The purpose of the Strategic Equality Plan is to document the steps that BCUHB is taking to fulfil its duty. During 2023-24 the Health Board engaged widely to develop the SEP for the next 4 years. This was published on the 28th March 2023. [BCUHB Strategic Equality Objectives and Plan 2024-28](#)

Appendix C: BCUHB Vision, Values and Purpose

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

Our Vision

We will improve the health of the population, with particular focus upon the most vulnerable in our society.
We will do this by developing an integrated health service which provides excellent care delivered in partnership with the public and other statutory and third sector organisations.
We will develop our workforce so that it has the right skills and operates in a research-rich learning culture.

Our Values

Put patients first.
Work together.
Value and respect each other.
Learn and innovate.
Communicate openly and honestly.

The Health Board's Strategic goals

Improve health and well-being for all and reduce health inequalities.
Work in partnership to design and deliver more care closer to home.
Improve the safety and outcomes of care to match the NHS's best.
Respect individuals and maintain dignity and care.
Listen to and learn from the experiences of individuals.
Support, train and develop our staff to excel.
Use resources wisely, transforming services through innovation and research.

Our Purpose

To improve health and
deliver excellent care.

Appendix D: Equality Matrix

Strategic Objectives & Strategic Equality Plan: Year 2 Priority Alignment

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

| Priority | | 1 | 2 | 3 | 4 | 5 |
|----------|---|---|---|---|---|---|
| A1 | To identify opportunities in embedding principles of co-production and co design for transformation programmes, strategy development, service planning and review and key guidance and reports. | | | ✓ | | |
| A2 | Progress actions within the 8 priority areas within The NHS Wales Women's Health Plan 2025-2035 published December 2024. | | | | ✓ | |
| A4 | Use the Well North Wales programme to work with partners to further develop system approaches to reducing health inequalities. | | | | ✓ | |
| A5 | BCUHB to continue to actively influence and support Wales NHS Equality Leadership Group. | | | ✓ | | |
| A7 | Explore partnership opportunities with transport for Wales to meet patient needs for accessible and inclusive travel for specialised services | | | ✓ | ✓ | |
| B1a | To implement BCUHB Anti racist Action Plan. | | ✓ | ✓ | ✓ | |
| B1b | To engage with and undertake actions identified by the Wales Workforce Race Equality Scheme | | ✓ | ✓ | ✓ | |
| B2 | To develop and implement BCHUB LGBTQ+ Action Plan. | | ✓ | ✓ | ✓ | |
| B3 | To implement BCUHB Code of Practice for Autism Services. | | ✓ | ✓ | ✓ | |
| B4 | To review the findings of the Welsh Government Disability Rights Task Force and implement any recommendations. | | ✓ | ✓ | ✓ | |
| B5 | Ensure the availability of accessible information to patients and carers in line with the Accessible Communication Standards, including BSL charter and Welsh Language standards | | ✓ | ✓ | ✓ | |
| B6 | Embed the 'Build it Right' Children's Rights principles across transformation programmes. | | | | ✓ | |
| B7 | Implement a My Health Passport system – All About Me, across Primary and Secondary Care | ✓ | | ✓ | | |
| B8 | To implement the north Wales Accessibility Panel project | | | ✓ | ✓ | ✓ |
| B9 | Develop an Inclusive Dementia Development Programme and Toolkit | | | | ✓ | ✓ |
| C1 | Improve BCUHB digital systems and processes to record and monitor patient and workforce equality data to inform intelligence led planning. | ✓ | | | ✓ | |
| C2 | To strengthen compliance with the Socio-economic Duty. | ✓ | | | ✓ | |

| | | | | | | |
|-----|---|---|---|---|---|---|
| C3 | Agree and implement the Equality Outcomes Framework through directorates | ✓ | | | ✓ | |
| C4 | Develop and embed an equality and human rights-based framework for inclusive decision making, for project management processes, pathway review and procurement. | ✓ | | | ✓ | |
| C5 | To deliver regular equality education sessions to the Board to embed equality and human rights duties | ✓ | | | | ✓ |
| D1a | Embed equality principles and outcomes within the BCUHB culture change programme. | | | ✓ | | |
| D1b | Respond to equality related feedback from the Staff Survey 2024/25 | | | ✓ | | |
| D2 | Improve the support for staff facing socio-economic disadvantage. | | | ✓ | | |
| D3 | Review all Recruitment and HR policies and processes from an anti-racist perspective. | | | ✓ | | |
| D4 | Publish pay gap reports for gender, race, and disability to further inform workforce planning to reduce pay gaps. | | | ✓ | | |
| D5 | Develop role of Equality and Inclusion Champions across the BCHUB workforce. | | | ✓ | | |
| D6 | Reducing suicide and self-harm inequality | | | ✓ | ✓ | |
| D7 | Influencing National Workforce Safety programme with an EDI focus and implementing findings | | | ✓ | | |
| E1 | Implement Digital Inclusion Programme | | ✓ | ✓ | ✓ | |
| E3 | To increase awareness of equality campaigns and events aligned to BCUHB strategic priorities. | | | | ✓ | ✓ |
| E4 | Reducing health inequalities in vulnerable groups | | ✓ | | ✓ | ✓ |



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Annual Duty of Candour Report 2024 - 2025

Duty of Candour

The Duty of Candour, as with the Duty of Quality, has been introduced through the Health and Social Care (Quality and Engagement) (Wales) Act 2020 and came into force in April 2023. The duty requires NHS organisations in Wales to be open and honest about the care and treatment patients receive.

What does it mean?

Even when the Health Board does its very best to prevent harm, people may experience harm. This is why the Duty of Candour is in place. If the care provided has caused moderate harm, severe harm or death to a patient, this means that the organisation's health and care professionals must tell its patients or someone acting on their behalf that harm has been caused.

By being open and honest, it will give people confidence and trust in the care and treatment they received from the Health Board.

What is meant by moderate or severe harm?

- **Moderate harm** is when the NHS treatment the patient has received has caused or contributed to causing them harm, leading to further treatment. At this stage, harm can be serious, but not permanent.



For example, a patient is given medicine that they are allergic to, even though it is written in their notes as an allergy. The patient gets a reaction because of the medicine. They need to stay in hospital for 4 or more days before they recover.

- **Severe harm** is serious harm which has caused or contributed to the patient suffering a permanent disability or loss of function.

For example, a patient is given medicine they are allergic to, even though it is written in their notes as an allergy. This may lead to brain damage or other permanent organ damage.

- **Death** is where a patient has died which was caused or contributed to, by their NHS care and treatment.

For example, a patient is given medicine they are allergic to, even though it is written in their notes as an allergy. This leads to their death

The Health Boards approach to the Duty of Candour

What has been achieved so far?

The Health Board has a dedicated Duty of Candour SharePoint page on our intranet which provides a host of training materials, which has been both locally and nationally produced, together with access to templates and help guides and videos to assist services to operationalise the Duty of Candour. Local governance teams within the Health Board provide support and review cases with IHCs and Divisions. Members of the Corporate Integrated Quality, Safety, Experience Team assist with queries. Ongoing work has been done to bring together relevant corporate services such as Health care law in order to ensure processes and procedures are followed and monitored.

What has challenged the Health Board?

Accurate grading of incidents and progression through the review process continues to be a challenge for the Health Board. However, the ratification and implementation of the Integrated Concerns Policy along with its associated operational support structure is working to improve not only the processes being followed but the data quality.

The reporting system Datix Cymru, which is the system where Duty of Candour is recorded, has undergone some upgrade work following areas for improvement being identified, a large-scale review of the Duty of Candour section on the incident module took place in 2024-2025 with the approved changes due to be implemented in Datix in the summer of 2025. The Health Board played a key role in the further development of the module and provides ongoing support to various Network meetings in connection with further development of Datix in other modules and Duty of Candour monitoring and processes as a whole.

Where Duty of Candour has been triggered during 2024 -25

During the reporting year 2024-25, the Duty of Candour (DoC) has come into effect in respect of the provision of health care by the Health Board. The Duty of Candour was triggered on 350 occasions (excluding primary care which are reported further on in this section).

Figure 1 below demonstrates number of times per month Duty of Candour was triggered. Average number of times Duty of Candour triggered per month = 29.12.

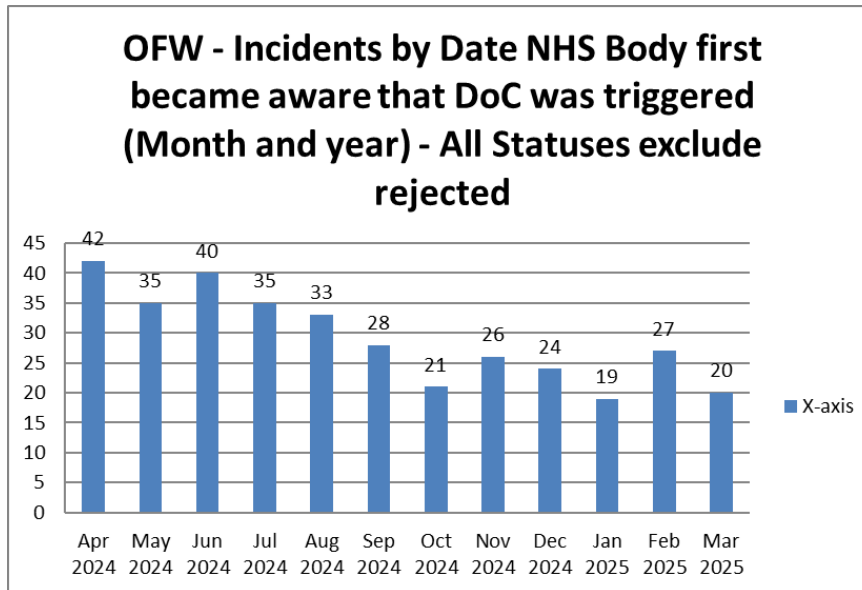


Figure 1: Duty of Candour Incidents by Month

Figure 2 below demonstrates number of times per month Duty of Candour was triggered, broken down by level of Harm.

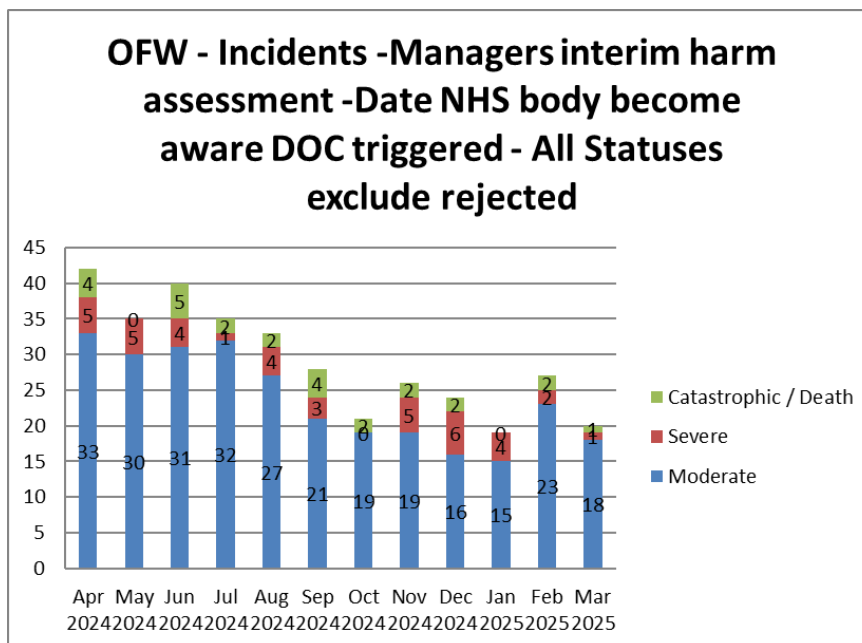


Figure 2: Monthly Duty of Candour Incidents by Level of Harm

Noticeably, the largest proportion of incidents that have triggered Duty of Candour following managers interim harm assessment, fall into the moderate category.

Historically, a severity of moderate would have been selected when the reviewer was unsure about severity, or, felt that the incident was significant enough to warrant a severity of moderate despite a patient not actually coming to any harm. This is not Health Board policy. It is a misunderstanding of the implications with regards to Duty of Candour and a clear indication of requirement for training in aligning allocating severity of harm according to national guidance on definitions.

It is therefore thought that the number of incidents that are categorised as moderate after initial review is inflated, and support is required for services to understand the importance of accurately assessing the harm according to the definition of moderate as detailed in the policy.

The Duty of Candour legislation mandates that once triggered, the Health Board must inform patient/relative that harm may have been caused via “in person” notification and followed up with a written notification. The patient/relative should also be informed of the outcome of any investigation unless they stipulate that they do not wish to be informed.

Datix Cymru concerns management system, is used by the Health Board to record when the “in-person” and written notifications are completed and when any final response of an investigation is shared with patient/relative.

Of the **350** occasions where Duty of Candour was triggered, 224 records have been closed and of the closed incident records:

- 190 “in person” notifications are recorded as completed **(85%)**
- 107 written notifications are recorded as completed **(48%)**
- 50 final responses sent **(22%)**

(It is possible that the actions required by the Duty of Candour have been completed in additional cases, but not recorded on the Datix Cymru system).

This position is recognised by the Health Board as requiring focus and a refresh across the Health Board, there is ongoing work to improve the process and provide increased training.

In addition, ongoing validation work has identified that for the 2024/25 financial year several incidents reported as moderate or above (**n=307**), have not yet undergone an initial management review. In addition, a further 807 incidents with no or low harm recorded by the reporter have yet to undergo a management review to assess the harm level. Had the management review been completed, and assessment of harm remained at moderate or above, a proportion of this number would also have triggered Duty of Candour. This matter has been escalated through the Quality and Safety Group meeting and a Task & Finish group stood up to address the backlog and also ensure the process is streamlined.

There is some evidence that users of the system had discovered ways in which to

by-pass certain sections of the investigation form within Datix Cymru and process not being followed. This is most likely due to conflicting priorities of staff having to use the system and the increasing mandatory fields that need to be completed in order to close an incident and the time taken to complete those fields.

Since updating Datix to Form 4A at the start of April 24, this workaround by staff is no longer possible and staff are unable to close incidents without the management review being completed. A recent survey of the users of the Datix Cymru system, two years after it being introduced will be shared with the OFWCMS team in due course.

The top classification of incidents where Duty of Candour was triggered are:

- **Pressure damage/moisture damage** (n=145)
- **Accident/Injury such as falls** (n=46)
- **Treatment, procedure** (n=40)
- **Assessment, Investigation, Diagnosis** (n=40)

The numbers of pressure ulcers where Duty of Candour has been triggered accounts for 41% of the total. It is worth noting that Duty of Candour is triggered where harm may have been caused and further investigation in these cases could lead to a conclusion that harm was unavoidable.

Steps the Health Board are taking to prevent similar circumstances from arising in the future.

There are various improvement initiatives taking place across the Health Board in relation to the main themes for incidents listed above with focused improvement work is in place, reporting to key strategic groups such as the Health Board's **Strategic Falls Group** and the **Strategic Health Care Acquired Pressure Ulcer (HAPU) Group** where sharing of good practice and patient safety alerts takes place to help triangulate patient safety information to inform key learning and improvements.

Learning from Duty of Candour cases is now formally incorporated into the Health Board's learning forums. This ensures that key insights and reflections are shared widely to support continuous improvement in practice. Furthermore, this learning will be included in the Health Board's central Learning Repository upon its launch later this year, providing a structured and accessible resource for ongoing organisational development."

Preparing the Primary Care Provider Duty of Candour Reports

With effect from April 2023, Primary Care providers must prepare a report in respect of the health care they provide under a contractual or any other arrangement, with the Health Board. The report will confirm whether during the reporting year, the Duty of Candour has been triggered in respect of the provision of health care by the primary care provider

This section remains under progress and will confirm the following as outlined in the duty;

If Duty of Candour has been triggered, the report must:

1. Specify how often this has happened during the reporting year,
2. Give a brief description of the circumstances in which the Duty of Candour was triggered,
3. Describe any steps taken by the provider with a view to preventing similar circumstances from arising in future.

The reports from Primary Care providers must be provided to the Health Board no later than 30th September each year and will be included in this section of the report, where a summary of the primary care reports will be provided.

From Investigation to Improvement: Learning from Ombudsman Findings

Betsi Cadwaladr University Health Board remains committed to openness, transparency, and continuous improvement in patient care. As part of this commitment, the Health Board has actively engaged with the Public Services Ombudsman for Wales, who investigates complaints from patients and the public regarding service failures. This engagement has led to strengthened governance and enhanced collaboration, ensuring that lessons learned from Ombudsman investigations are embedded into service improvements.

To support this, the Health Board's **Regulatory Assurance Group, Patient Safety Group, and Clinical Effectiveness Group** collectively review, monitor, and share learning from Ombudsman findings. This structured approach enables the Health Board to identify areas for improvement and implement necessary actions to enhance patient experience and safety.

Ombudsman Reports and Transparency

When the Ombudsman investigates a complaint and determines that something has gone wrong, a report is prepared summarising the findings. In cases where wider learning is required, the issue is significant, or it is in the public interest, a Public Interest Report (PIR) is issued under section 23 of the Public Services Ombudsman (Wales) Act 2019.

During 2024-25, the Ombudsman issued four Public Interest Reports. One Public Interest Report was issued with a specific request that the Health Board share the findings within its Duty of Candour Annual Report. This transparency is fundamental to ensuring the public is reassured that learning is taking place and that meaningful improvements are being made.

One such case, Case **202206250**, involved a complaint raised by Mrs L regarding the care and treatment of her late mother, Mrs K, who suffered from biliary sepsis. The Ombudsman found that the Health Board failed to identify and treat her condition appropriately, leading to a grave injustice for Mrs K and her family. The report highlighted missed opportunities in diagnosing and treating her pancreatitis, inadequate communication with her family, and a lack of candour in the Health Board's response to the complaint. The Ombudsman recommended that the Health Board acknowledge these failings and ensure that lessons learned are incorporated into service improvements.

The Health Board accepted the recommendations made by the Ombudsman within the report and provided a fulsome apology to Mrs L. Key learning which has been taken forward includes:

- Ensuring completion of imaging is an absolute necessity.
- Communication is key and we all have a duty to ensure this is robust and fully documented.

Further details and the Ombudsman's Final Public Interest Reports can be accessed

on the Health Board's website or the Public Services Ombudsman for Wales website by searching their '[Publications](#)' page.

One particular investigation Report **Case 202400693**, was also issued with a specific request that the Health Board share the findings within its Duty of Candour Annual Report. Under the Public Services Ombudsman (Wales) Act 2019, the Ombudsman investigates complaints where individuals believe they have suffered injustice or hardship due to the actions of a public body.

During 2024-25, The Public Services Ombudsman for Wales investigated concerns about the care Mrs A received during her hospital stay. The investigation found that:

- There were delays in providing Mrs A with a hospital bed, administering antibiotics and pain relief, and carrying out a clinical review.
- A critical failure occurred when the surgical team did not respond, and this was not escalated to a senior clinician. As a result, Mrs A did not receive timely treatment.
- If the issue had been escalated, she would likely have received earlier antibiotics and a senior surgical review, which could have improved her outcome.
- The delay in pain relief caused her unnecessary distress.

The Ombudsman found these failings were serious and unacceptable, as they compromised good clinical care. This caused significant injustice to Mrs A and her family, who must now live with the knowledge that opportunities to improve her care were missed. As a result, the complaint was upheld.

The Health Board accepted the recommendations made by the Ombudsman within the report and provided a fulsome apology to Mrs C. Key learning which has been taken forward includes:

- Improved recording of referrals to surgery via the electronic patient management system within the Emergency Department
- Established regular safety and escalation huddles for handover and escalation reporting in the Emergency Department

Strengthening Complaints Handling and Service Improvement

In response to Ombudsman findings, the Health Board has strengthened its complaints handling process to ensure concerns raised by patients are addressed promptly. Lessons learned from Ombudsman investigations have been actively integrated into service improvements, leading to the development of the Integrated Concerns process. This approach fosters a culture of accountability and continuous learning, reaffirming the Health Board's dedication to providing safe, high-quality care.

You can read more about how the Health Board is improving its complaints process and other improvement initiatives to improve the quality of care it delivers to its patients, in the Annual Quality Report 2024-25.



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Annual Report

Putting Things Right

(PTR)

2024 - 2025

Putting Things Right (Wales)

Putting Things Right (PTR) is the process in NHS Wales through which concerns and complaints are investigated, providing an easy-to-access way of raising concerns and complaints. It aims to ensure there is proper investigation when a concern or complaint is raised, and that lessons are learned after mistakes have been made. Information about the problems identified should be shared with the patient, and where possible, there should be an immediate correction of things that have gone wrong.

PTR arrangements are governed by the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011 (“the PTR regulations”).

Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by a Responsible Body in Wales.

The information below will describe how the Health Board performed on Putting Things Right during 2024-25.

Incidents

Most incidents that are recorded are classed as ‘none’ or ‘low’ in that no significant harm was caused by the event that occurred.

A total of **43325 incidents** were recorded in **2024/25**, an increase in number from the previous year of **41,690**. Of these, **36938** incidents were reported as affecting patients/service users.

Incident themes / trends

The classification of the patient/service user incidents reported along with reporters view on level of harm are shown below in table below.

Table : The total number of incidents, by classification, BCUHB.

| | None | Low | Moderate | Severe | Catastrophic | Total |
|---|------|------|----------|--------|--------------|-------|
| Access, Admission | 540 | 551 | 168 | 40 | 21 | 1320 |
| Accident, Injury | 1054 | 3624 | 660 | 54 | 6 | 5398 |
| Assessment, Investigation, Diagnosis | 329 | 660 | 362 | 102 | 24 | 1477 |
| Behaviour (including violence and aggression) | 813 | 1904 | 441 | 37 | 10 | 3205 |
| Communication | 271 | 443 | 187 | 21 | 2 | 924 |
| Consent, Mental Capacity Act (including DoLS) | 21 | 22 | 8 | 3 | 0 | 54 |

| | None | Low | Moderate | Severe | Catastrophic | Total |
|--|-------------|--------------|-------------|------------|--------------|--------------|
| Equipment, Devices | 193 | 342 | 99 | 11 | 2 | 647 |
| Infection Prevention and Control | 71 | 535 | 102 | 1 | 3 | 712 |
| Information Governance, Confidentiality | 86 | 151 | 22 | 3 | 0 | 262 |
| Information Technology | 176 | 58 | 21 | 4 | 0 | 259 |
| Infrastructure (including staffing, facilities, environment, security) | 114 | 97 | 56 | 12 | 2 | 281 |
| Maternity adverse occurrence | 500 | 728 | 94 | 7 | 8 | 1337 |
| Medication, IV Fluids | 1155 | 1640 | 481 | 58 | 3 | 3337 |
| Monitoring, Observations | 40 | 77 | 75 | 10 | 3 | 205 |
| Nutrition, Hydration | 24 | 77 | 29 | 5 | 0 | 135 |
| Patient/service user death | 23 | 11 | 25 | 2 | 284 | 345 |
| Pressure Damage, Moisture Damage | 1363 | 9485 | 2515 | 73 | 1 | 13437 |
| Records, Information | 263 | 249 | 64 | 10 | 0 | 586 |
| Safeguarding | 117 | 220 | 88 | 24 | 2 | 451 |
| Transfer, Discharge | 197 | 474 | 205 | 37 | 12 | 925 |
| Treatment, Procedure | 332 | 776 | 436 | 80 | 17 | 1641 |
| Total | 7682 | 22124 | 6138 | 594 | 400 | 36938 |

The Patient Safety Team monitor incidents to identify themes and where these need to inform organisational priorities. The most reported incidents relate to pressure damage and patient falls. It should also be noted that the significant number of patient deaths reported are of patients under mental health services that are subsequently downgraded following investigation and review of contribution and omission.

Improvement work

Core level mandatory training for pressure ulcer prevention and management has now been developed and approved. This is now with the systems team and will be launched imminently. Development has now progressed to Level 1 for Healthcare Professionals with responsibility of undertaking risk assessments and planning care for pressure ulcer prevention and management and Level 2 for Registered Healthcare Professionals holding a caseload of patients with pressure ulceration.

Following a presentation by BCUHB Tissue Viability Nurses, at the All-Wales sub group for Education, the All-Wales Tissue Viability Nurses Forum have requested to work with our Health Board Tissue Viability Nurses to lead with the development of the mandatory training on an All Wales level. To note, no other Health Board have an e-learning platform or mandatory requirement for pressure ulcer prevention and management.

Weekly reviews across each integrated health community (IHC) and Division have adopted the title Pressure Ulcer Learning Forum and follow the aSSKINg framework (aSSKINg - assess risk; skin assessment and skin care; surface; keep moving; incontinence or increased moisture; nutrition and hydration assessment / support; and give information).with an agreed terms of reference in place. Data is extracted from themes and trends to inform improvement focus across the Health Board.

The Health Board have moved away from the term non concordance and all staff are adopting a patient centred approach to Pressure Ulcer Prevention and Management incorporating the aSSKINg framework. This ensures prevention and management is individualised.

The Health Board are currently exploring the adaptation of the focused review on the Datix system to the aSSKINg framework which when reviewed promotes the identification of learning and areas for improvement in pressure ulcer prevention. This has been raised with other Health Boards across Wales who are supportive of the approach.

The Health Board's Strategic Falls Group continues to lead on the multidisciplinary implementation of reduction of inpatient falls with a focus on risk assessment, ensuring the appropriateness of the environment and use of resources to improve patient safety. This approach enables the group to identify any emerging themes and trends or hotspots and to make recommendations for improvements.

The BCUHB Falls policy has been kept under regular review and provides a clear set of standards for staff across the Health Board. A standard operating procedure has been developed and approved in December 2024 relating to increased patient cohort observations – known as “Baywatch.” This document sets out the steps and processes to minimise the risk of falls through increased observation of patients who have been assessed and deemed to be at high risk of falls.

Falls eLearning modules (1A and 1B) were developed by the Health Board in collaboration with Wrexham County Borough Council. Following development, the Health Board took the decision to make the eLearning module 1A mandatory for all staff regardless of their role. This was implemented in January 2022. The Health Board is the only board in Wales to take this approach to falls training as mandatory for all staff. The Chair of the All-Wales Inpatient Falls Network has commended the Health Board on this approach. Falls eLearning module 1B is mandatory for all staff whose role requires conducting falls risk assessments.

To ensure agency staff are competent in falls related skills, training was provided to the agencies in January 2024 and Agency workers are now required to complete the eLearning module 1A and 1B with access via an all-Wales learning platform.

The Health Board has developed a live dashboard to support our wards with their monitoring of risk assessment completion. The dashboard was launched on 10 May 2024. The Health Board was the first in Wales to develop this use of the data within the Welsh Nursing Care Record.

On a monthly basis, all ward managers and matrons complete a set of audits which include questions relating to the quality and accuracy of the falls risk assessments, and interventions following assessment. The audits are a random sample of 3 inpatient nursing records. This audit data is then used to support focused quality improvement at ward level.

The Health Board have conducted three separate analyses to determine the impact of new reviews, policies, and learning initiatives on patient falls across the Health Board. Using monthly data from April 2023 to December 2024, we performed statistical tests to compare the number of falls before and after the interventions.

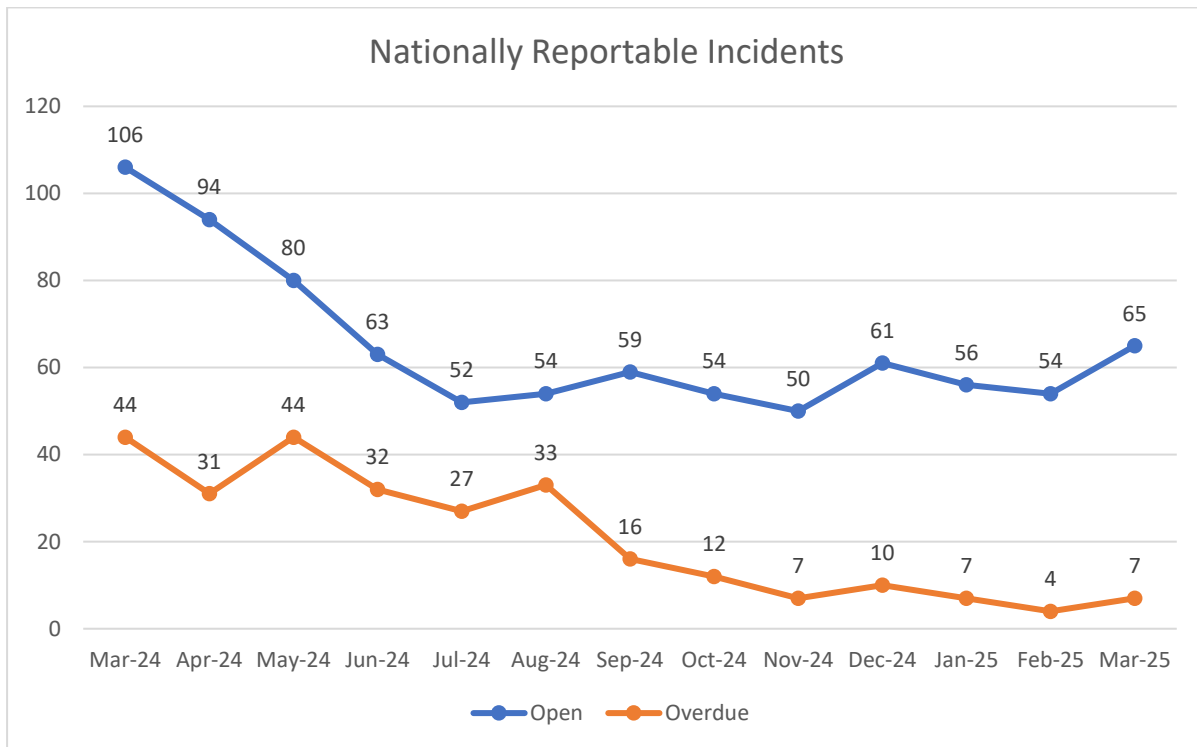
The results showed statistically significant reductions in the overall number of falls (p-value = 0.009897), falls causing moderate or more severe harm as reported (p-value = 0.0002), and falls causing moderate or more severe harm as confirmed after investigation (p-value = 0.0001). A p-value less than 0.05 (which is what was found) means that the difference in the number of harmful falls is statistically significant. This means it is very unlikely that the difference happened by chance. These findings indicate that the initiatives have had a real, positive impact on reducing patient falls and improving patient safety.

There was renewed focus during the last 12 months in relation to the administration of oxygen via a portable cylinder. As part of a continuous learning and improvement cycle to reduce the risk of incidents occurring, many interventions have been implemented including the launch of a mandatory e-Learning package for registered healthcare professionals.

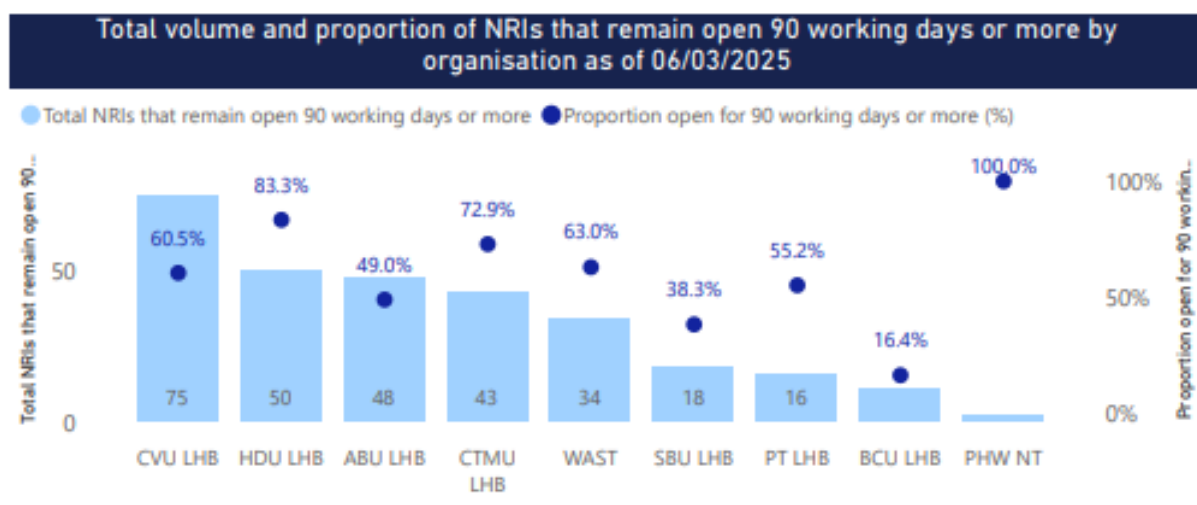
Nationally Reportable Incidents (NRI)

A subset of patient safety incidents require national reporting to NHS Wales Performance and Improvement. The reporting of patient safety incidents at a national level provides oversight and assurance relating to incidents that cause the most harm to patients and service users during healthcare, or that cause high levels of service impact, disruption or risk. A safety incident should be nationally reported if it is assessed or suspected an action or inaction in the course of a patient or service user's treatment or care, in any healthcare setting, has, or could have caused or contributed to their severe harm or death.

At the end of March 2024 there were 106 NRIs open with 44 overdue closure. As of the end of March 2025 this has reduced to 65 and 7 respectively.,

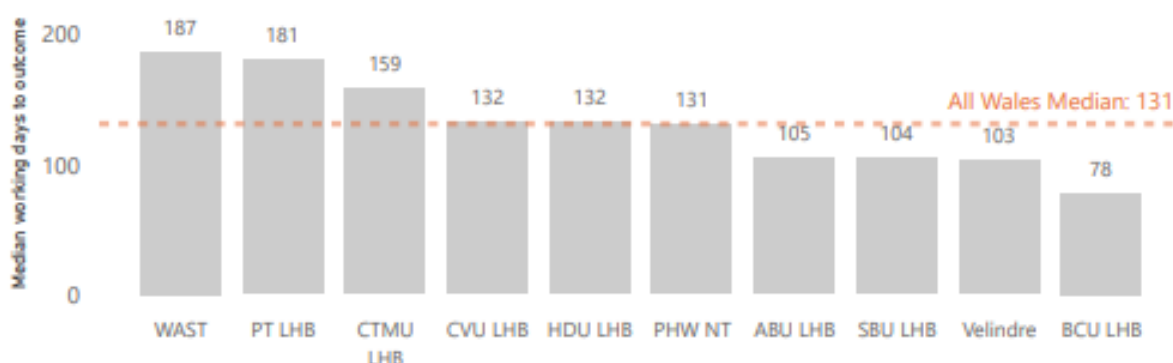


The proportion of NRIs that remain open for more than 90 days also improved and is the best across Wales, with the health board having 16.4% of cases taking longer than 90 days



The median working days taken to completion of NRI investigation is 78 for BCUHB, which is again the lowest across Wales (compared to the All-Wales Median of 131 days).

Median working days to incident category NRIs investigation completion (includes ongoing open incidents as working days since date reported to NHS Executive) for all NRIs excluding pressure ulcers to date by organisation (as of 06/03/2025)



Improvement Work

In order to maintain progress on and focus on improvement relating to NRIs and timeliness of investigations, the Deputy Executive Director of Nursing continues to lead weekly improvement meetings with the services. Trajectories of zero overdue cases are set, with the IHCs/Divisions reporting on their progress and/or barriers to completion.

Members of the Patient Safety Team (PST) have provided targeted support through teaching sessions to facilitate completion of NRI reporting and processes for closure.

There are also now well-established arrangements where PST staff members regularly attend and contribute to IHC/divisional meetings, with members of the team allocated to link in with and support their nominated service. This arrangement facilitates a two-way process for communication and feedback.

As the number of overdue incidents are reducing, effort is moving on to cases which are not yet overdue, in order to focus on pulling cases through the investigation process and outcome wherever possible, to pre-empt or prevent any delays in meeting investigation deadlines and providing timely feedback to those affected by the incident.

Never Events

In **2024/25**, 5 '**never events**' were reported.

Table : The total number of Never Events reported, by area, BCUHB

| | IHC Central | IHC East | IHC West | MHLD | Total |
|--|-------------|----------|----------|------|-------|
| Administration of medication by wrong route | 0 | 0 | 1 | 0 | 1 |
| Overdose of insulin due to abbreviations or incorrect device | 0 | 0 | 0 | 1 | 1 |

| | IHC Central | IHC East | IHC West | MHLD | Total |
|--|-------------|----------|----------|----------|----------|
| Retained foreign object post procedure | 0 | 1 | 1 | 0 | 2 |
| Wrong site surgery | 1 | 0 | 0 | 0 | 1 |
| Total | 1 | 1 | 2 | 1 | 5 |

Never Event improvements

The theme of medication administration never events has seen cross BCUHB improvement actions in relation to segregation of parenteral and enteral syringes to support the selection of the correct syringe. There has also been segregation of different preparations of controlled drugs within the designated storage area, i.e. Injectables separated from oral preparations. The Pharmacy department is also supplying oxycodone liquid with a bung inserted into the bottle which is only compatible with enteral syringes (purple) to prevent mis-selection of the drug.

The main contributory factor within the learning from these incidents relates to following the correct procedures and distraction during the task. There is a need to 'stop the line' when distractions occur as the contributor with human factors forming part of the root cause. Learning has identified the systems and processes which can assist in the clear process for completion of tasks, or if they already exist, exploration of why they were not followed.

Complaints

Betsi Cadwaladr University Health Board (BCUHB) provides complaint responses in accordance with the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 – Putting Things Right (PTR). Aligned to the PTR, process we endeavour to provide resolutions to complaints as soon as possible and where appropriate, these cases are managed as an 'early resolution,' meaning that they are resolved within two working days of receipt and to the satisfaction of the complainant. Complaints that have not been resolved within this timescale or that are more complex requiring further investigation, or reference that harm has been or may have been caused have a target response time of 30 working days.

Complaints are treated as learning opportunities by the Health Board and provide a rich tapestry of peoples' experiences across a wide variety of issues, all of which are responded to via a person-centered approach. The detail of the concerns is categorised in relation to the principal subject, in accordance with Welsh Government reporting requirements, to support the identification of emerging themes and specific areas of concern which result in focused and evidence-based improvement work across the health board.

In April, 2024 the Health Board embarked on an ambitious plan to improve the experience of people who raised a complaint or concern, led by the executive team, seeking improvements in complaints performance and the quality of complaint responses, to investigate once, investigate well and to put things right when they go wrong.

Improving patient experience is a priority for the Health Board, and we have collectively taken responsibility to improve the complaints process and performance, so that the people of North Wales prosper and have a healthcare service that works for them, to improve relationships with public, including building their trust and confidence, in a system that puts things right when they go wrong.

The goal for all Health Board services, Integrated Health Communities and other Specialist Services, has been to achieve simultaneously, a reduction in both the number of open complaints and overdue complaints. Specifically, to ensure that 75% of complaints processed under PTR were acknowledged, investigated and responded to within 30 working days and resulted in the learning necessary to improve patient experience.

Key Achievements

The Patient Experience Team have achieved between 1ST April, 2024 and 31st March, 2025

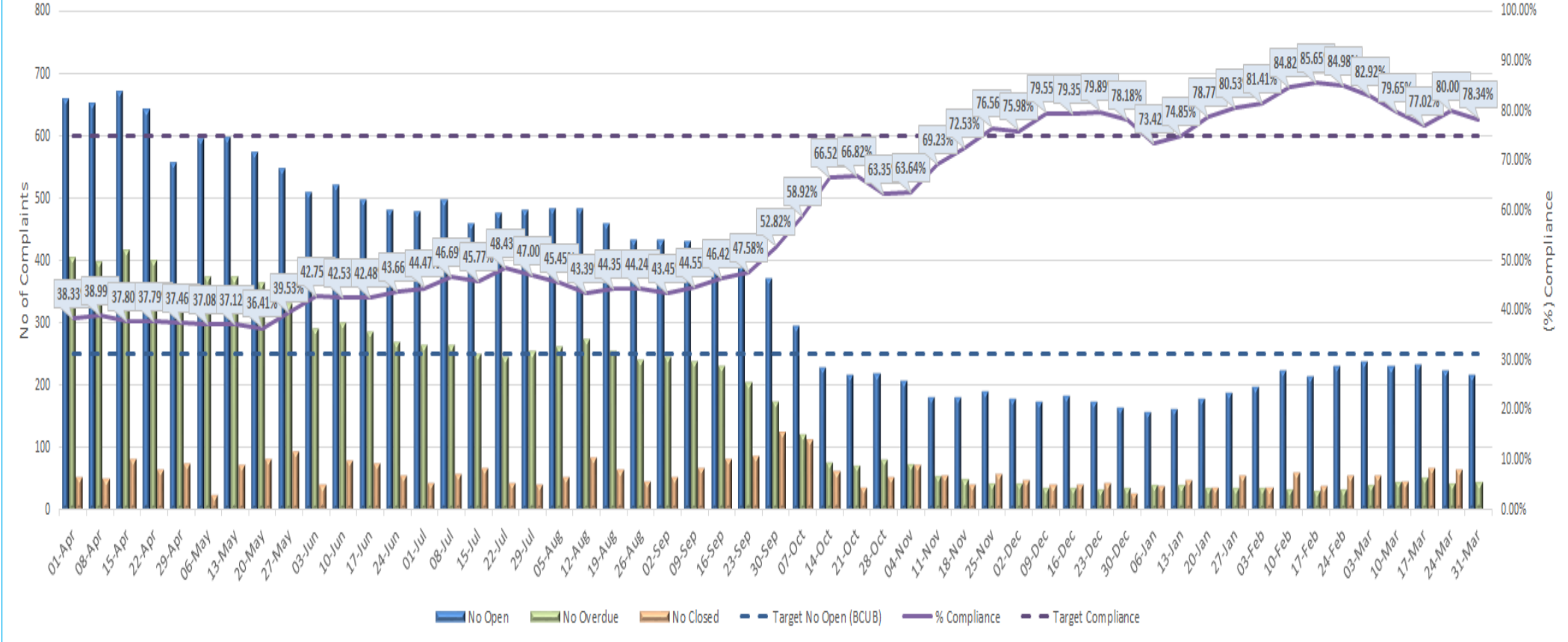
- An 67.12% decrease in the total number of open / active complaints from 660 to 217*
- An 88.45% decrease in the total overdue complaints from 407 to 47*
- An increase in the number of complaints being resolved within 30 working days from 38.33% to 78.34%*
- A 43.47% Increase the average number of complaints resolved per week from 46 to 66
- Compliance Figure 78.34%*

*Data as of 31st March 2025

Milestone Achieved - All IHC & Divisions in the Health Board are achieving compliance of 75% or higher as of 18th June 2025

| IHC/Service | <=30 Days | >30 Days | Total | (%) |
|---|-----------|----------|-------|---------|
| Cancer Services | 7 | 1 | 8 | 87.50% |
| Corporate Services | 3 | 1 | 4 | 75.00% |
| Dentistry | 1 | 0 | 1 | 100.00% |
| Diagnostics and Specialist Clinical Support Ser | 7 | 2 | 9 | 77.78% |
| IHC Central | 53 | 10 | 63 | 84.13% |
| IHC East | 46 | 9 | 55 | 83.64% |
| IHC West | 32 | 9 | 41 | 78.05% |
| Mental Health and Learning Disabilities | 21 | 1 | 22 | 95.45% |
| Midwifery and Women's Services | 17 | 5 | 22 | 77.27% |

Fig 1 - Compliance with Targets 75% of Complaints Closed <=30 Working Days AND <=250 Open Complaints



Management of Complaints

Every complaint received by the Health Board is fully acknowledged, robustly investigated and subsequently the complainant is provided with a comprehensive response that addresses the matters raised. There are a small number of complaints where a failure in care has been identified and considered to be a breach of the Health Board's Duty of Care. Any such case that has, or may have, caused harm is investigated with complete transparency to identify root causes, failures in process or potential risks so that the Health Board can eliminate or mitigate the opportunity for any similar breach of care in the future, to learn, to change and improve patient experience.

Within a context of increased activity during 2024/2025 the Health Board received 2,983 complaints, an increase from 2,588 during 2023/2024, as outlined below

Complaints Received

| Financial Year | 2023/2024 | 2024/2025 |
|-----------------------|--------------|--------------|
| Complaint Type | | |
| Managed through | | |
| PTR | 2,049 | 2,412 |
| Early Resolution | 408 | 342 |
| Reopened | 131 | 229 |
| Total | 2,588 | 2,983 |

During 2024/2025 the Health Board closed 3,498 complaints, an increase from 2,416 in 2023/2024, and this represents a positive variance of 515 of complaints of all types closed

Complaints Closed

| Financial Year | 2023/2024 | 2024/2025 |
|-----------------------|--------------|--------------|
| Complaint Type | | |
| Managed through | | |
| PTR | 1,860 | 2,900 |
| Early Resolution | 419 | 357 |
| Reopened | 137 | 241 |
| Total | 2,416 | 3,498 |

During 2024/2025 The average number of complaints of all types received per week was 56.28 an increase from 49.77 per week in 2023-24

| Sub-Type | 2023/2024 | 2024/2025 |
|-------------------|-----------|-----------|
| ALL | | |
| Complaints | 49.77 | 56.28 |
| PTR | 39.40 | 45.51 |
| Early Resolutions | 7.85 | 6.58 |
| Reopened | 2.85 | 4.49 |

Complaint themes & Trends

The majority of the complaints received during 2024/2025 relate to secondary care services with the top 5 themes being;

- clinical treatment / assessment (**1,347**),
- communication issues (**341**)
- attitude and behaviour (**207**).
- medication (**158**)
- appointments (**135**)
- patient care (**108**).

The ranking of themes (subjects) and sub-themes (sub-subjects) was the same for 2024/2025 as 2023/2024,

Top 6 Subjects for ALL Complaints Received

| Subject | 2023/2024 Rank | 2024/2025 Rank | cf |
|---|-----------------|-----------------|----|
| Clinical treatment/Assessment | 1 st | 1 st | « |
| Communication Issues (including Language) | 2 nd | 2 nd | « |
| Attitude and Behaviour | 3 rd | 3 rd | « |
| Medication | 4 th | 4 th | « |
| Appointments | 5 th | 5 th | « |
| Patient Care | 6 th | 6 th | « |

Top 6 Sub-Subjects for ALL Complaints Received

| Subject | 2023/2024 Rank | 2024/2025 Rank | cf |
|--|-----------------|-----------------|----|
| Delay/Lack of treatment or Assessment | 1 st | 1 st | « |
| Incorrect/insufficient treatment or Assessment | 2 nd | 2 nd | « |
| Attitude/Behaviour of Clinical Staff | 3 rd | 3 rd | « |
| Communication with patient/service user | 4 th | 4 th | « |
| Delay in appointment/waiting time/transport | 5 th | 5 th | « |
| Delay/Lack of diagnosis | 6 th | 6 th | « |

Further detail of the top 5 themes (subjects) and associated sub-themes (sub-subjects) for all complaint types received in 2024/2025 are detailed below.

Top 5 Complaint Subjects & Subjects for Complaints (ALL types) received in 2024/2025

| Complaint Subjects & Sub-Subjects | Total |
|--|--------------|
| Clinical treatment/Assessment | 1,347 |
| Delay/Lack of treatment or Assessment | 773 |
| Incorrect/insufficient treatment or Assessment | 347 |
| Delay/Lack of diagnosis | 93 |
| Reaction to procedure/ treatment | 75 |
| Incorrect diagnosis | 52 |
| Compliment regarding clinical treatment/assessment | 3 |
| Unintended retention of a foreign object after surgery/procedure | 3 |
| Remote clinical triage/treatment issue | 1 |
| Communication Issues (including Language) | 341 |
| Communication with patient/service user | 240 |
| Communication with family | 83 |
| Insufficient/Incorrect information | 13 |
| Communication between Services/Departments | 3 |
| Welsh language issues | 1 |
| Communication with External Agencies or Other NHS Organisations | 1 |
| Attitude and Behaviour | 207 |
| Attitude/Behaviour of Clinical Staff | 185 |
| Attitude/Behaviour of Non-Clinical Staff | 22 |
| Medication | 158 |
| Access to own medication | 28 |
| Delay/Frequency in providing medication | 26 |
| Medication not prescribed | 23 |
| Availability of medication | 23 |
| Incorrect medication given | 23 |
| Incorrect dosage given | 15 |
| Prescription incorrect | 7 |

| | |
|--|--------------|
| Poor pain control | 4 |
| Allergies not considered | 4 |
| Side effects not explained | 3 |
| Lack of/No funding of medication | 1 |
| Patients being given medication but not being observed taking it | 1 |
| Appointments | 135 |
| Delay in appointment/waiting time/transport | 89 |
| Appointment cancelled | 20 |
| Cancelled appointment/transport | 8 |
| Patient lost to follow-up | 6 |
| Location of appointment unsuitable | 4 |
| Capacity of clinics | 3 |
| Continuity of staff | 2 |
| Patient booked into wrong outpatient clinic | 2 |
| Test results not available in clinic | 1 |
| Total | 2,188 |

NB; this is not the same as the total number of complaints received or closed in 2024/2025.

Complaints By Grade

Complaints managed under PTR are graded against nationally set levels of severity and this is then reviewed as part of the investigation. Figs 8 & 9 below, provides a breakdown of severity grading for complaints, following investigation and closure.

Complaints Grading after investigation for ALL complaint types (Early Resolution, Managed Under PTR & Reopened) for 2024/2025

| Grading @ Outcome | 2024/2025 |
|-------------------|--------------|
| Grade 5 | 24 |
| Grade 4 | 40 |
| Grade 3 | 444 |
| Grade 2 | 2,005 |
| Grade 1 | 984 |
| (blank) | 1 |
| Total | 3,498 |

Complaints Grading after investigation for complaint types managed under PTR (Managed Under PTR & Reopened) for 2024/2025

| Grading @ Outcome | 2024/2025 |
|----------------------------|--------------|
| Managed through PTR | 2,900 |
| Grade 5 | 24 |
| Grade 4 | 39 |
| Grade 3 | 431 |
| Grade 2 | 1,807 |
| Grade 1 | 598 |
| (blank) | 1 |

| Reopened | 241 |
|--------------|--------------|
| Grade 4 | 1 |
| Grade 3 | 13 |
| Grade 2 | 197 |
| Grade 1 | 30 |
| Total | 3,141 |

Sustainability

Underpinning the improvement in complaint management was the development of a new integrated concerns, incidents and complaints policy and process, which is compliant with national legislation and best practice, supporting Integrated Health Communities and Divisions to understand their responsibility and accountability when investigating complaints.

A revised suite of complaint response templates and associated guidance has been developed to provide clearer responses written with compassion and care. Following a detailed investigation an action plan is documented and actions implemented to ensure positive changes are made to improve patient safety and experience, as part of a collective commitment for continuous improvement and to meet the Health Board's ambition to become a learning organisation, built on a foundation of transparency, openness and improvement.

The Patient Experience Team proactively support IHC and Divisions to reduce the overdue complaint numbers, including complaints trajectory modelling, aligned to the Quality Dashboard, providing real time performance data, designed to improve complaints management performance, ensuring more timely responses, and sustainability of improvement initiatives.

To support the achievement of the key performance indicators mandated under PTR and NHS Wales performance framework, each Integrated Health Community (IHC) / Division has adopted weekly Putting Thing Right Meetings to manage the progress of complaints received. In addition, a weekly improvement meeting chaired by the Deputy Executive Director of Nursing supports early intervention to ensure complainants receive a timely resolution.

A thematic analysis is conducted on a weekly basis to identify areas of concern and any regular recurrences are shared systematically with the Health Board Executive Team and senior management teams within those services to investigate and identify opportunities for improvement. The themes of learning are captured and reported at the Patient and Carer Experience Group (PCEG) and Organisational Learning Forum (OLF) with key initiatives discussed with a focus on sharing good practice to improve patient experience.

During the 2024/2025 period, there is clear evidence of significant progress in the complaints handling process. The service has demonstrated enhanced capability in responding to complainants more promptly and consistently meeting the key performance target of investigating and resolving non-complex complaints within 30 working days.

This marks not only a statistical improvement compared to 2023/2024, but also a tangible enhancement in the overall quality of the complaints process. The approach

has become more effective in engaging with complainants, accurately identifying issues, and conducting thorough, one-time investigations. As a result, patients are experiencing a more responsive and satisfactory resolution process.

Redress

The redress process is managed by the Redress Team within the Health Board's Legal Services Department.

The NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 require the Health Board to consider whether there is a qualifying liability in tort, whenever there has been an allegation of harm made within a complaint, or a patient safety incident has resulted in moderate harm, severe harm or a death.

A qualifying liability will be established if the Health Board has both failed in its duty of care to a patient, and the breach of duty has been causative of the harm that the person has suffered. It is only when both these tests are satisfied that redress can be considered.

Redress can include one or more of the following:

- A full explanation of what happened;
- An apology;
- An offer to provide care or treatment (where appropriate);
- A report on action which has been, or will be taken to prevent similar cases arising; and/or
- Financial compensation.

During 2024-25:

- **40** offers of financial redress were accepted totalling **£295,539**
- **7** other offers were made and are waiting to be accepted totalling **£42,300**
- **11** redress apologies (without financial redress) were issued
- **9** cases were removed from redress to continue as clinical negligence claims
- **1** case was concluded denying liability following expert report being obtained
- **15** independent clinical experts were instructed as part of the redress process

If investigations are unable to come to a conclusion internally, independent clinical experts are instructed jointly with the complainant or their representative to provide a report on the extent of the harm caused, and/or the patient's condition and prognosis as a direct result of the breach of duty. The expert reports are subsequently used to determine an appropriate offer of redress.

Each matter settled as a redress case instead of a clinical negligence claim saves the Health Board a significant amount in legal costs as well as providing patients with a quicker resolution.

The redress arrangements should not be engaged where it is considered at the investigation stage that the amount of financial compensation that would be awarded would exceed the current limit of £25,000. Examples of such cases would involve complaints or incidents about any life changing or life limiting events such as birth injuries; significant brain or spinal injury such as stroke cases; amputations; loss of vision/hearing; patients requiring multiple surgeries because of alleged negligence; death of a patient with dependents; missed cancer cases.

In these cases, the issues raised are still investigated fully but do not consider qualifying liability. A factual report coming to no conclusion as to breach of duty or causation (qualifying liability) is prepared and issued with a response directing complainants to legal firms to pursue a clinical negligence claim. 135 of these responses were issued in 2024-25, which is a 93% increase compared to 70 during the previous year. This is largely due to the Duty of Candour prompting an increasing number of cases to enter the Redress process.

The Health Board is closely following proposed changes to the NHS Concerns, Complaints and Redress Arrangements (Wales) Regulations 2011 and we will assess the impact on the redress process during the year.

The Welsh Risk Pool undertake an annual Concerns Assessment, which includes reviewing redress case management. In the most recent report, a rating was given of Reasonable Assurance.

Learning

Learning is considered throughout each investigation to identify issues to be addressed to reduce the risk of reoccurrence and to improve the quality and safety of healthcare provided by the Health Board. This is formalised within the Learning from Events Reports (LFER) which are required to be submitted to the Welsh Risk Pool within four calendar months of a qualifying liability being confirmed.

A new LFER process was introduced within the Health Board this year which has improved both the quality of LFERs and submission times, ensuring more deadlines have been met and improving the quality of learning. The Health Board has presented on its improvement work in this area at several national meetings.

During 2024-25, **51** redress Learning from Events Reports were submitted compared to 28 in the previous year.

Once the learning is approved by the Welsh Risk Pool, the cost of the case will be reimbursed to the Health Board on receipt of a Case Management Report. **45** redress Case Management Reports were submitted.

The Redress Team work closely with colleagues within the Integrated Health Communities (IHCs)/Divisions, the Complaints Team and the Patient Safety Team and provide a link to NHS Wales Shared Services Legal & Risk whenever more specialist advice is required, to ensure patients and their families receive appropriate redress as quickly as possible.

Claims

The claims process is managed by the Litigation Team within the Health Board's Legal Services Department.

In addition to the management of claims, the Legal Services Department also manage all Inquests that have been opened by HM Coroners, supports the wider clinical staff with Court of Protection and other Healthcare Law matters, and supports general legal advice queries that includes reviewing statements for police matters and family law proceedings.

In October 2024, the Legal Services Department transferred to the Corporate Governance Directorate and the service is developing and implementing a Transforming Legal Services Plan to strengthen the access to, and the quality of, all legal advice and functions. Over the next year, the department will deliver a range of transformations to improve the legal support and processes available to clinicians and managers. Creating a dedicated Litigation Team to handle all claims against the Health Board was a key action and has seen improvements in the quality of case and financial management. The Welsh Risk Pool annual Concerns Assessment for 2024 gave a rating of Limited Assurance for claims management, and the changes made are aimed to address those findings. The Health Board continues to work very closely with partners in NWSSP Legal and Risk Services and the Welsh Risk Pool.

In 2018 the Welsh Government decided to establish a discretionary state-backed scheme of indemnity provision for General Practitioners on the Welsh Medical Performers Lists, their staff and those engaged by the GP practice. The scheme is known as General Medical Practice Indemnity (GMPI). Under the scheme, in relation to incidents occurring on or after 1 April 2019, the Health Board provides an indemnity arrangement and will be the named Defendant for clinical negligence litigation rather than the General Medical Practices themselves.

During the financial year **2024-25**, **358** cases have been opened which is a very slight increase on those opened compared to last year's figure (353).

The total this year includes **313 Clinical Negligence claims** and **45 Personal Injury claims**.

The total amount paid by the Health Board during **2024/25** for Clinical Negligence claims amounted to **£22,847,718** and for Personal Injury Claims the sum was **£259,907**. This included Damages, Claimant's Costs and Defence Costs for all claims.

There is a structured approach to the management of clinical negligence and personal injury claims within the Health Board. The emphasis on timeliness, transparency and learning continues.

Claims themes / trends

Throughout **2024-25**, the Health Board has noticed **trends in claims** in the following areas:

- Claims brought in relation to alleged failed 'Treatment/Procedures' and failures in relation to 'Assessment/Investigation/Diagnosis' continues to be the highest category types received for clinical negligence claims.

- For personal injury claims, the trend continues to be slips and trips, violence/aggression manual handling matters.
- The most frequently occurring specialities seen in clinical negligence cases continues to be: Emergency Departments, Obstetrics, Gynaecology, Surgery and Trauma & Orthopaedics. The number of matters occurring in the emergency department has increased, which is likely to be associated with the pressures seen in unscheduled care settings.
- Although not the highest in number, Birth Injury claims account for the largest settlement amounts paid for Clinical Negligence Claims.
- There has not been an increase in claims which are directly related to Covid-19, although action through 'test cases' by some staff and patient groups across the UK continue to be explored.

Learning and Improvement

A key aspect of the Health Board's collaboration with the Welsh Risk Pool (WRP) is the Learning from Events Reports (LFERs). These reports are required to be submitted within four calendar months of a qualifying liability being confirmed or decision to settle a claim. The WRP reviews these submissions to ensure that lessons are identified and that learning is shared throughout the Health Board to foster a culture of continuous improvement and risk reduction.

In January 2025, the Health Board implemented a revised LFER process. This new process has resulted in significant improvements in both the quality of the reports and the timeliness of their submission. As a result, a greater number of submission deadlines have been successfully met, demonstrating enhanced compliance and operational efficiency. We recognise there is still work to be done, but it is an area of increased focus and improvement.

The Health Board is actively engaged in the national learning and improvement programmes led by the Welsh Risk Pool including:

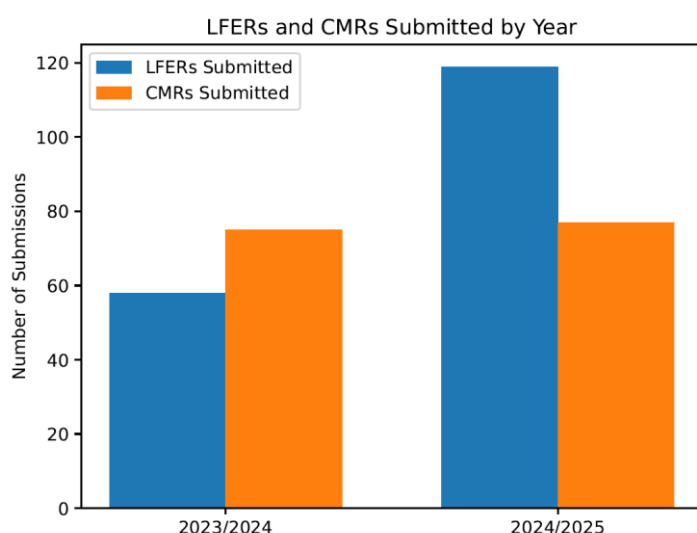
- Intrapartum Fetal Surveillance (IFS) Wales is a multiprofessional national team of clinical experts have developed an innovative full day educational programme which aligns with the revised All Wales Intrapartum Fetal Surveillance Standards (Wales Maternity and Neonatal Network, 2022), supporting Health Boards to achieve the Welsh standards related to training.
- PROMPT Wales (PRactical Obstetric Multi- Professional Training) is an evidence-based training programme which was implemented in NHS Wales maternity services in 2019. Funded by the Welsh Risk Pool, PROMPT Wales is coordinated by a National Team who support local faculty teams to organise and deliver training in their own unit to their own maternity teams.
- The Welsh Risk Pool supports organisations to comply with regulatory and best practice guidance through the Decision Making and Consent Programme - which recognises that effective dialogue between healthcare professionals and patients is crucial for safe and effective decisions making. The programme has undertaken a series of work streams with the implementation of a new e-learning package and consent webinar programme, along with the introduction of a peer review assessment - which underlines the importance of shared decision making, providing practical guidance to inform and improve clinical practice.
- WRP co-ordinate the All-Wales Radiology (unexpected findings) review and

the associated work strands that have arisen as a result. The review first commenced in 2019 due to the sustained level of legal cases where the key issue was the failure to act on the findings of a radiological examination - resulting in delayed or missed diagnosis and potential or actual harm to a patient.

- The Anti-Violence Collaborative Wales (AVC) is a collaboration of all NHS Wales organisations, the Police in Wales, the Crown Prosecution Service in Wales and trade union and staff support organisations. Its aim is to support NHS Wales and emergency services organisations to reduce and manage violence and aggression incidents. Facilitating collaboration with Criminal Justice Service partners, NHS Wales bodies, emergency services organisations and Welsh Government, the AVC promotes violence reduction strategies and communication with service users.

LFER Submissions to the Welsh Risk Pool (WRP) during 2024-25

- **119** LFERs were submitted to request approval of learning. This compared to **58** in the previous financial year, which is an increase of 105%.
- **77** CMRs (Case Management Reports) were submitted to WRP to request reimbursement of monies paid in claims.



Fixed Recoverable Costs (FRC) Legislation

The FRC regime currently targets clinical negligence claims valued between £1,501 and £25,000. It aims to reduce litigation costs and streamline case handling but there has been discussion to increase this figure to £50,000.

There have been some delays to the proposed FRC which was originally scheduled for April 2024. The Court's Civil Procedure Rules Committee is finalising the rules. A stocktake is planned for October 2025, with a full review expected in 2026.

QUOCS Costs Shifting

Qualified One-Way Costs Shifting (QOCS) is a costs protection regime that applies to clinical negligence and personal injury claims. It generally protects claimants from paying the defendant's legal costs if the claim fails, subject to specific exceptions. Following the reforms in 2023, Claimants now face real financial consequences if they

fail to beat a defendant's Part 36 offer—even if they win the case. This has led to more cautious litigation strategies and earlier settlements.

Public Service Ombudsman Wales

The Public Services Ombudsman for Wales (PSOW) has legal powers to investigate complaints about care providers in Wales. We are still awaiting the final data from the PSOW of the number of cases for **2024/2025**.

Public Interest Reports

Occasionally, the Ombudsman may produce a public interest report.

A Public Interest Report is a formal report published when the Ombudsman believes that the findings of an investigation are so significant that they should be brought to the attention of the public, the Welsh Parliament (Senedd), or other relevant authorities. These reports typically arise from serious service failures by public bodies in Wales, such as local councils, Health Boards, or housing associations that have caused injustice to individuals or raised broader concerns about public service delivery.

The authority to issue a Public Interest Report comes from **Section 23 of the Public Services Ombudsman (Wales) Act 2019**. This Act expanded the Ombudsman's powers and modernised the complaints process in Wales. Under this legislation, the Ombudsman can:

- Investigate complaints made by members of the public.
- Initiate investigations without a complaint (known as “own initiative” investigations).
- Publish reports when it is in the public interest to do so.

During this period the Health Board received **4 public interest reports**. An action plan was developed for all 4 cases. At the time of writing, the recommendations made by the Ombudsman for three of these cases were carried out and evidence of compliance has been submitted to the Ombudsman's office. The following cases were issued as Public Interest Reports during 2024/25:

Case 1: ID1962 / 202300527

The Ombudsman investigation considered:

- a) Whether there was a failure to fully support the patient, in respect of her personal care, nutrition and hydration and communication with her.
- b) Whether there was a failure to monitor and manage the patient's pain.
- c) Whether there was a failure to monitor and manage the patient's epilepsy.

The investigation also considered whether the Health Board dealt with the complaint

in line with the PTR (Concerns, Complaints and Redress Arrangements) Regulations 2011.

The Ombudsman has confirmed compliance has been met on 23 October 2024 and closed the case. The Health Boards Quality Safety and Experience (QSE) Committee and Board have been sighted on this case.

Case 2: ID5663 / 202207270

The Ombudsman investigation considered whether:

a) The urological symptoms displayed at the patients' attendance at Wrexham Maelor Hospital Emergency Department on 19 April 2022 should have led to an urgent suspected cancer referral.

b) The Health Board's management of the patient's care was clinically appropriate, and in line with the single cancer pathway (between April 2022 and February 2023 when a complaint was submitted to the Ombudsman).

c) The likely waiting time for the biopsy (August 2022) was appropriate.

d) The Health Board communicated appropriately with Mr B and Mrs B, including sharing information about the investigations undertaken, and the patient's treatment plan (between April 2022 and February 2023 when a complaint was submitted to the Ombudsman).

e) The Health Board managed Mrs B' complaint, submitted in November 2022, in line with Putting Things Right (the NHS complaints process).

The Ombudsman has confirmed compliance has been met on 1 October 2024 and closed the case. The Health Boards Quality Safety and Experience (QSE) Committee and Board has been sighted on this case.

Case 3: ID753 / 202206250

The Ombudsman investigation considered:

The care and treatment Mrs L received from the Health Board between January 21 and her death on 31 January 2022 from biliary sepsis. In particular:

a) Whether, following discharge in January 2021 (following her admission with abdominal pain), monthly blood tests were an appropriate way to monitor Mrs L's condition.

b) Whether there was a lack of follow-up care for Mrs L following a biliary stent being fitted in November 2021.

The Ombudsman has confirmed compliance has been met on 24 March 2025 and closed the case. The Health Boards committee and board has been sighted on this case.

Case 4: ID2087 / 202301141

The Ombudsman investigation considered whether the patient received:

(a) Appropriate review and treatment of her post-operative fluid collections and pelvic sepsis following her proctectomy in 2019, including adequate gynaecological input.

(b) Sufficient time and information to understand and consider the risks of the surgical removal of her post-operative fluid collections, and to give her fully informed consent before this surgery was carried out.

(c) Prompt and appropriate investigation and treatment for her pain and reduced kidney function following surgery in March 2022.

(d) Timely and appropriate information about her hysterectomy, including advice about post-operative recovery, menopause and options for hormone replacement therapy.

The Ombudsman upheld the complaints and made several recommendations which the Health Board accepted. The Health Board is on track with the action plan, reporting progress to the Health Boards Regulatory Assurance Group, Executive Delivery Group and Quality Safety and Experience (QSE) Committee.

Collaboration with the Ombudsman

The Health Board continues to meet with the Ombudsman's Complaints Standards Authority to ensure good working practices and to facilitate awareness training for staff working within the Health Board. The organisation also continues to network with other Local Health Board Trusts to identify ways in which the Health Board can improve how it captures, tracks and monitors Ombudsman recommendations and compliance.

Additionally, it has strengthened its complaints handling process, ensuring that concerns raised by patients are addressed promptly and that lessons learned from Ombudsman investigations inform service improvements. This has led to the Integrated Concerns process.

Summary

During the 12-month period of 2024/25 the Health Board has made significant and sustained improvements with regards to complaints compliance, with the national 75% compliance target achieved throughout the year. This has led to the Health Board becoming one of the best performing Health Boards in Wales and has led to an improved patient and carer experience. The Health Board has also made significant improvements in its National Reportable Incidents position regularly performing best in Wales for timeliness and total numbers as per the national Beacon dashboard. A significant focus for 24/25 has been the embedding of learning from our concerns and this will continue as a priority into 25/26.

The timely submission of Learning From Events Report forms has seen a significant improvement but will remain an area of focus for the Health Board going into 25/26 to ensure the improvement is sustained. The Transforming Legal Services Plan will

also see full reviews of the redress and claims processes to ensure they are complaint, efficient and effective.