

People & Culture Committee

12th May 2026

9am

Via MS Teams

Public Agenda

09:00	1	Standing Items	
5 mins	1.1	Welcome, Introductions & Apologies	Clive Curtis
	1.2	Declarations of Interest	Clive Curtis
	1.3	Minutes from the previous meeting – 17 th February 2026	Clive Curtis
	1.4	Action Log following the previous meeting – 17 th February 2026	Clive Curtis
	1.5	Committee Chair's Actions	Clive Curtis
09:05	2	Items for Review & Assurance - (09:05 –11:00)	
10 mins	2.1	Staff Story – Prison Service (Wellbeing & Culture)	Rachel Gidman
10 Mins	2.2	Board Assurance Framework - Workforce	Lianne Morse
15 Mins	2.3	Key Performance Indicators	Lianne Morse
10 Mins	2.4	Staff Survey	Claire Whiles
10 Mins	2.5	Speaking Up Safely Update	Matt Phillips
15 Mins	2.6	Developing a Cultural Early Warning System	Rachel Gidman / Claire Whiles
30 Mins	2.7	Clinical Board Spotlight – Children & Women	Andy Jones
10:50	3	Items for Approval - (11:00-11:05)	
5 Mins	3.1	Policies: <ul style="list-style-type: none"> • Disciplinary Policy • All Wales Improving Performance at Work Policy 	Katrina Griffiths
5 Mins	3.2	Committee Annual Report	Matt Phillips / Clive Curtis
10:55	4	Items for <u>Information & Noting</u>	
0 Mins	4.1	Digital Communications & Analytics	Jo Brandon
10:55	5	Any Other Business	
5 Mins	5.1	Standards Enforcement Investigation (CS1401) (verbal update)	Mitchell Jones
11:00	6	Private Agenda Items:	
	6.1	<ul style="list-style-type: none"> • <i>People & Culture Updates</i> • <i>Employee Relation Cases</i> 	
11:00	7	Review & Final Closure (to include any actions from the meeting)	
	7.1	Items to be deferred to Board	Clive Curtis
	7.2	To note the date & time of the next meeting: Tuesday 21st July 2026 at 9am via MS Teams	Clive Curtis

“To consider a resolution that representatives of the press and other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest [Section 1(2) Public Bodies (Admission to Meetings) Act 1960”

Draft Minutes of the Public People and Culture Committee
Held On 17th February 2026
Via MS Teams

Recording (YouTube link) – [Click here](#)

Chair:		
Clive Curtis	CC	Independent Member for Local Community / Committee Chair
Present:		
Judi Rhys	JR	Independent Member – Third Sector
Kirsty Williams	KW	CAV UHB Chair
In Attendance:		
Lianne Morse	LM	Deputy Director of People & Culture
Claire Whiles	CW	Assistant Director of OD, Culture & Wellbeing
Rachel Gidman	RG	Executive Director of People & Culture
Robert Warren	RW	Assistant Director of Health & Safety
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Phillips	MP	Director of Corporate Governance
Claire Beynon	CB	Executive Director of Public Health
Jason Roberts	JR	Executive Director of Nursing
Ceri Dixon	CD	Senior Business Partner – People Services
Paul Bostock	PB	Chief Operating Officer
Jo Brandon	JB	Director of Communications
Jonathan Pritchard	JP	Assistant Director of People Resourcing
Jessica Castle	JC	Director of Operations – Specialist Services
Catherine Twamley	CT	Interim Director of Nursing – Specialist Services
Maisy Provan	MP	Armed Forces Lead
Shajneen Abedean	SA	Equity & Inclusion Manager
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Susan Lloyd-Selby	SLS	Independent Member for Local Council
Mitchell Jones	MJ	Head of Equality & Inclusion
Rhian Thomas	RT	Independent Member for Capital & Estates
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Suzanne Rankin	SR	Chief Executive
Mark Dunford	MD	Head of Occupational Health

Item no	Agenda Item	Action
P&C 17/02/1.1	<p>Welcome, Apologies & Introductions (click to view)</p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p>	
P&C 17/02/1.2	<p>Declarations of Interest (click to view)</p> <p>No declarations of interest were noted.</p>	
P&C 17/02/1.3	<p>Minutes from meeting on 25th November 2025 (click to view)</p> <p>The minutes were agreed to be a true reflection of the meeting on 25th November 2025.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 25th November 2025 were agreed to be a true and accurate record of the meeting.</p>	
P&C 17/02/1.4	<p>Action Log following 25th November 2025 Meeting (click to view)</p> <p>All actions were accepted.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
P&C 17/02/1.5	<p>Chair's Actions (click to view)</p> <p>There were no chairs actions.</p> <p>The committee resolved that:</p> <p>a) There were no chairs actions.</p>	
Items for Review & Assurance		
P&C 17/02/2.1	<p>Staff Story</p> <p>The Executive Director of People & Culture – Rachel Gidman (RG) introduced the staff story, mentioning the importance of patient-centred care and therapeutic activity, and introduced Katie Turner, deputy ward manager in Alder Ward, Hafan-y-Coed (HYC), noting the Christmas theme and its relevance to patient and team wellbeing</p> <p>Th Executive Nurse Director - Jason Roberts (JR) walked around HYC on Christmas Eve as a judge for the best decorated ward, where he saw and heard the Christmas video for the first time, met the patient, and expressed thanks to the nursing staff and leadership. He noted the uplifting atmosphere, with staff and patients singing together, and highlighted the sense of joy experienced, especially given the challenging environment.</p> <p>The independent Member – Third Sector - Judi Rhys (JRH) commented that the music and approach would benefit other patient groups, especially those with dementia, and asked if the story would be shared more widely in CAV UHB, as it was a positive example of engagement across wards.</p>	

	<p>The CAV UHB Chair - Kirsty Williams (KW) referenced an Arts Council for Wales report showing the cost-effectiveness of arts as preventative engagement, noted that CAV UHB previously had a strong reputation in this area but the programme ended due to financial issues, and asked about the scope for working with the third sector to promote opportunities for patients to be prescribed art and the arts as part of their treatment and support.</p> <p>The Director of Communications & Engagement - Joanne Brandon (JB) explained that although the Arts in Health programme no longer existed, related work continued across CAV UHB, including partnerships with Rubicon Dance and Music in Hospitals, and involvement with the Parkinson's Disease Choir and Royal Welsh College of Music and Drama. Herself and Emma Cooke worked on these initiatives and recently won funding from the Bearings Foundation for youth therapy projects. She highlighted a strong evidence base supporting arts in health, which helped with funding bids, and stated that these activities were widely promoted across all channels, with positive patient feedback. She offered to send examples of this promotion and feedback.</p> <p>RG mentioned that a great story was shared at the last meeting and that a bank of stories was created for use in different forums, including the website, with plans for broader awareness and training aspects.</p> <p>The Committee Chair - Clive Curtis (CC) requested for thanks to be passed on to the team for the inspiring staff story, emphasising its value as a learning experience for everyone and its importance for the wider public to understand the impactful work happening across CAV UHB, benefiting both staff and patients.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 17/02/2.2</p>	<p>Board Assurance Framework – Workforce</p> <p>The Assistant Director of People Resourcing - Jonathan Pritchard (JP) presented the Board Assurance Framework on Culture and highlighted the following points:</p> <ul style="list-style-type: none"> • CAV UHB spends over £1b annually on workforce; there was a reduction of 304 staff in the past 12 months, attributed to measures like vacancy freeze, recruitment scrutiny panels, and voluntary release schemes. • Variable pay (bank, agency, overtime) represented about 5.7% of workforce spend; efforts focused on reducing temporary spend, specifically agency and overtime. • Agency spend reduced significantly from £12.6m to £3.8m in the first nine months of the year (excluding medical and dental staff). • Overtime spends reduced from £8.2m to £800k, mainly due to stopping overtime and replacing it with bank shifts; one clinical board still relied on overtime, but further reductions were expected. • Bank spend increased by £4.9m, as expected, due to the shift from agency and overtime, but WG expected further reductions. • Implementation of health roster enabled detailed staffing information, safer ward staffing, and better performance management, contributing to reduced temporary pay. • Combined reduction in bank, overtime, and agency spend totalled £11.3m over two years (nine-month period comparison). 	

- CAV UHB used less than a quarter of the agency nurse shifts used by Cwm Taf UHB, which reflected strong performance in managing temporary staffing.

RG explained that overtime was part of the T&C's and was still paid when staff overrun their shift or for emergencies, but it was previously over-utilized. Restrictions were put in place, and there was confidence it was being used appropriately. She added that if new workforce cannot be brought into the model, the team were working on creating a unified workforce story, which would be brought back to the committee for collective ownership.

KW thanked the team for their work and acknowledged the significant effort and results achieved. She highlighted that this was also a patient quality and experience issue, not just a financial one, noting that staff in permanent roles provide the safest care. She questioned what more can be done, as considerable money was spent on variable pay, and asked if temporary pay was used to account for patient acuity, cover annual leave, sickness, or facilitate CPD/training. She asked about the realistic scale of further reductions and what was driving the continued use of variable pay, even as it shifts more to bank rather than overtime or agency.

RG explained that the nursing overhead included a percentage for annual leave (AL), continuing professional development (CPD), and other factors, but currently some areas were exceeding this percentage. She highlighted that sickness was a major issue, with about 1k staff off sick per day, and emphasised the need to address this further. She stated they were working with clinical boards to delve deeper into the causes and management of sickness, combining process improvements and behavioural interventions.

The Deputy Director of People & Culture - Lianne Morse (LM) said extensive work was done in preparation for the annual plan for 2026/27. She noted JP's report did not include medical and dental staff, but agency spend for these groups was about £1.7m, which had significantly reduced over the last three years. She explained that bank staff usage covered sickness, vacancies, and varied by staff group; CAV UHB was committed to reducing bank costs (currently close to £42m) by 10% next year. She stated agency spend was around £6–6.5m, with a target to reduce by 30%, and aimed to reduce waiting list initiatives for medical and dental workforce (currently £2.8m). She described these as ambitious targets, balancing cost reduction with safety and risk.

JR explained that the staffing act allowed for a headroom of 26.9%, which was established about 12 years ago and was considered outdated. He stated that annual leave (AL) is within CAV UHB's control and was managed well, with improvements in flattening leave across the year to avoid spikes that require bank or agency cover. He highlighted that nurses required more professional development than any other health professional, averaging 52 hours per year. The headroom calculation allowed for about 1.5% for professional development, which was insufficient for current needs. He noted that maternity leave was outside CAV UHB's control and, due to nursing being a female-dominated profession, the rate was higher than anticipated when the headroom was originally set.

The Executive Medical Director – David Fluck (DF) stated that there wasn't an overhead built into much of the medical workforce, which was a historical issue that needed review, especially with the rise of less than full-time working. He acknowledged there would always be gaps and emphasised that bank or temporary staff cannot be completely removed because flexibility was essential

	<p>in workforce planning. He explained that bank staff were preferred due to thorough checks and familiarity with CAV UHB, making them safer and more cost-effective than agency staff. He stressed the need to determine the appropriate level of temporary staff and modernise workforce planning to account for holidays, maternity, and other life events. He mentioned a push to roster resident doctors using an allocated system like nurses, which was seen as a significant step forward in modernising the medical workforce.</p> <p>KW agreed with DF that CAV UHB would always require a level of temporary staffing and cannot operate without it. She noted that CAV UHB has more nurses than ever before, and the staffing act provides for headroom, yet variable pay remained high. She questioned what the benchmark should be for variable pay, why the figures were as they are despite increased staffing, and whether CAV UHB has a clear understanding of the reasons behind these numbers. She suggested that the committee should monitor progress on the expected reductions in variable pay throughout the year.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper was discussed, noted and accepted as assurance</p>	
<p>P&C 17/02/2.3</p>	<p>Key Performance Indicators The Deputy Director of People & Culture - Lianne Morse (LM) highlighted the following points:</p> <ul style="list-style-type: none"> • Turnover: Turnover continued to fall each month, now just above 8% in January, which was seen as a positive trend. • Job Planning: Compliance with job planning had improved, now close to 83%, with a target of 90%. • Value-Based Appraisals (VBAs): Slight improvement to 73% compliance, but more focus and work were needed in this area. • Healthcare Support Worker Compliance: Increased to 83% last month, attributed to validation of skill set meetings in clinical boards. • Sickness Absence: Reducing sickness absence remained a challenge; ongoing support for managers to proactively manage absence, with a focus on policy, guidance, and proactive management of return to work and staff wellbeing. • Priority for 26-27: Continued focus on proactive management of sickness absence and staff wellbeing as a key priority for the next year. <p>KW thanked LM for the clarity and helpfulness of the KPI update, noting it was clear where CAV UHB stood. She observed that several KPIs were not being met, though some were trending positively. She highlighted the strong reliance on CB's for delivering on these KPIs. She referenced a recent audit at Audit Committee, which identified limitations in capacity, capability, and skills within CBs, and noted this was not unique to one board. She asked executive colleagues if there was a programme in place to support clinical boards in fulfilling their responsibilities, specifically in managing sickness and ensuring value-based appraisals (VBAs) were completed, and what plans exist to better equip CBs for these tasks.</p> <p>RG stated she asked the leadership and management team to review the entire offering for managers, including decision-making and the financial side of work. She noted that there was currently no triumvirate programme, and the plan was to work with senior leaders to identify what support was needed for individuals, then cascade this support throughout CAV UHB. She mentioned sickness was recently reviewed and staff availability data, which highlighted</p>	

gaps in managerial actions, such as basic return-to-work documentation. She emphasised there was more work to do in upskilling staff on the basics of managerial activity. She described VBAs as an important opportunity to check in with staff and discussed the need to streamline the process and make objectives clearer, including stronger documentation around availability and sickness. She confirmed that this review work had started and would be cascaded once completed, with updates to be brought back to the committee

The Chief Operating Officer - Paul Bostock (PB) referenced a recent conversation about the tricordent redesign and the need to determine what support would be required for implementation. He stated there were current deficits in capability, which was down to not enough people with the necessary skills for required roles. He questioned what support would be needed at the top level and how to equip everyone in leadership positions, estimating that approx. 2k-3k people in such roles. He suggested a training needs analysis and emphasised the need for board support to agree on how to deliver this, as it cannot be achieved with limited resources. He stressed the importance of a proper programme of equipping managers and ensuring consistency across the CBs, noting current struggles with consistent application of policies and procedures.

KW highlighted that CAV UHB was placing significant emphasis on the new operating model, which involved devolving decision-making to lower levels. She expressed concerns about the capability to manage the current model and stressed the need for confidence in the future system's ability to deliver, especially as decision-making is devolved.

CC agreed that the board needs to be made aware of the issue, stating it is crucial to good governance of the board.

The Deputy Director of Health & Safety – Robert Warren (RW) highlighted:

- The main KPIs for health and safety were related to RIDDOR incidents, which must be reported to the HSE.
- Most incidents were due to the seven-day absence configuration, not necessarily serious injuries.
- Only six staff incidents were specified injuries; the rest were reported because of the seven-day injured reporting figure, indicating a cultural issue regarding recovery time.
- The high percentage (approx. 90%) of RIDDOR reports due to seven-day absence was a concern, compared to the UK average of 70%.
- There was ongoing work with People Services and trade unions to address the length of recovery and to reduce the number.
- Health and safety training compliance had improved since the COVID pandemic, with CBs now more engaged in ensuring staff were trained and compliant with statutory requirements.

RG stated that health and safety was equivalent to quality and safety, emphasising it was the safety of staff. She highlighted that fire risk training was a statutory requirement, current compliance was just over 70%, and this needed to increase; training can be virtual, not just face-to-face. She mentioned violence and aggression incidents had increased, and the ESR information was not accurate, so a cleansing process was underway to correct staff modules. She reiterated the importance of understanding and reporting RIDDORs, noting educational work was done and stressed the need for everyone to take health and safety as seriously as patient safety moving forward.

	<p>KW thanked RG and RW for the clarity about the risks in the health and safety report. She asked RG what was practically needed for the committee to take health and safety seriously, expressing concern that the conversation might repeat without concrete action. She specifically questioned what action should arise from the information received today.</p> <p>RG said health and safety was taken to executive reviews, but the desired conversations and trajectory were not happening. She asked PB how to engage and ensure accountability, so everyone takes health and safety seriously, including both CBs and corporate areas.</p> <p>PB said they need to ramp up health and safety at the executive reviews and give it the same focus as VBAs, making it a bigger priority for everyone to get behind. He admitted he hadn't appreciated that health and safety had reached this level of concern.</p> <p>DF supported RG's points about mandatory training and health and safety, noting that non-compliance exposes staff, the organisation, and patients to risk. He discussed the need to consider consequences for non-compliance, questioning whether there comes a point when it is unsafe for individuals to carry out their work if they are not compliant. He stressed the importance of communicating these risks to staff, highlighting the need to make staff aware of the risks to themselves, CAV UHB, and patients.</p> <p>RG stated the team would put together communication and gather names of those in CBs and corporate areas who were not compliant, then cascade this information to the relevant areas and follow up at executive reviews.</p> <p>Action – RG to pull communication together, obtain names of non-compliant staff in clinical boards and corporate areas, cascade to relevant teams, and review actions at executive reviews.</p> <p>The Committee resolved to:</p> <p>a) The committee noted & discussed the content of the report.</p>	
<p>P&C 17/02/2.4</p>	<p>Equity & Inclusion including staff networks review</p> <p>The Assistant Director of OD, Culture & Wellbeing - Claire Whiles (CW) introduced the Equity & Inclusion Manager - Shajneen Abedean (SA) to the committee and highlighted the following points:</p> <ul style="list-style-type: none"> • The paper focuses on improving governance and structures around staff networks at Cardiff and Vale UHB. • Claire explained the need for a staff networks reset due to inconsistencies in governance, sustainability, and clarity of purpose, with some networks active and others struggling. • Proposed actions include standardised terms of reference for all networks, clarifying scope, governance, and reporting arrangements, and defining advocacy as systemic (not individual cases). • Establishment of the Adborth Advisory Group is planned to provide structured advisory input to senior discussions, without decision-making authority or duplicating formal consultation. • A formal relaunch of all staff networks is planned for April 2026, prioritising sustainability and governance before speed. <p>JRH expressed interest in the paper and questioned who decided on the staff networks. She also asked whether the number of networks was typical, seeking to understand the wider landscape across health boards.</p>	

	<p>CW stated they make an active choice not to force staff networks, preferring them to emerge organically. She mentioned networks also emerge in different CBs. She emphasised the importance of supporting networks with the right governance to keep staff safe and enable organisational listening. She noted that networks had experienced peaks and troughs in activity.</p> <p>SA noted that currently network activity happens "as and when," serving as a platform for addressing the sense of belonging, but without strategic direction. She said that developing terms of reference and direction would benefit both the staff network and CAV UHB.</p> <p>KW welcomed the work, saying intentionality and purposefulness, along with governance, were valuable and a step forward for CAV UHB. She added that these networks could provide information to the committee and board about what it feels like to work in CAV UHB.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) Note the challenges currently faced by Staff Networks were noted. b) The proposed governance review and standardised Terms of Reference were supported. c) The formal relaunch of all staff networks in April 2026 was endorsed. d) The establishment of the Adborth Advisory Group as a mechanism for senior-level insight, accountability, and staff voice was supported. e) Promote staff participation by encouraging line managers to enable release time for network engagement. 	
<p>P&C 17/02/2.5</p>	<p>Occupational Health / Wellbeing Services KPI</p> <p>CW highlighted the following points on the occupational health / wellbeing services KPI:</p> <ul style="list-style-type: none"> • Occupational Health (OH) service was performing strongly and consistently against key measures, with high timeliness for case management, pre-employment clearances, and physiotherapy referrals, reflecting sustained improvement. • The service was stable, clinically safe, and managed demand well, including work under service level agreements, without compromising core responsibilities. • Data demonstrated that absence duration was more influenced by early management action and quality of referrals than by OH capacity. • OH was responding well and timely; variation in absence duration was often linked to early conversations and manager confidence in handling attendance issues. • Strengthening early management action was likely to have more impact than simply increasing clinical capacity; a pilot was being explored to support managers with earlier advice before formal referral. • Employee Wellbeing Service remained clinically safe, delivering counselling and trauma-informed support; accreditation, governance, and digital improvements were progressing. • There was pressure in trauma pathways, with waiting times around six months, and longer waits for counselling, still within KPIs but not considered acceptable for staff. • Increased demand and complexity were driving these waits; a wider Wellbeing model review was underway, focusing on keeping the service stable and understanding demand before changes. • Key areas for committee support: improving how managers handle attendance/absence, monitoring access and waiting times, and receiving updates as the Wellbeing Review develops. 	

	<ul style="list-style-type: none"> • Clarified abbreviations: CQOS (Safe, Effective, Quality Occupational Health Service Industry Standards), EMDR (eye movement desensitization and reprocessing), and others used in the papers. <p>JRH thanked the team for the paper. She asked about the longer waits for counselling, noting it was counterproductive, and questioned how long the waits were and whether they were due to increased demand or staff numbers.</p> <p>CW explained the current wait for counselling was approx. 20 weeks and the Employee Wellbeing Service operates as a self-referral service. Staff receive a resource appointment within 7 days to assess the best means of support. The service signposts staff to Canopi if their waiting lists are shorter. She noted increasing demand and complexity in cases, with some programmes required more sessions than standard counselling. She stated the team was not content with current waiting lists, which was why they were reviewing the whole employee health and wellbeing model.</p> <p>PB asked how CAV UHB can help people get ready for the world of work, noting that some reasons for referrals seem unjust but acknowledging that work was tough and employers pay people to work hard. He stressed the need to ensure the right people were in the right place.</p> <p>CW noted the need to look at accountability, induction processes, and whether staff were being appropriately prepared for their roles. She mentioned reviewing job descriptions to ensure expectations were clear. She described this as a large area to address, emphasising the importance of focusing on prevention and wellbeing to better prepare and support people.</p> <p>Action – CW to lead a review of the employee wellbeing model, focusing on prevention, access, and timeliness, and bring updates to the committee.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> The continued delivery and development of the Occupational Health collaborative model (CAV–CTM) was noted. Assurance was received on strong and improving performance across case management, preplacement, and physiotherapy pathways. The emerging themes relating to manager capability and referral quality and the steps being taken to address these was noted. The positive impact of OPAS and sickness panels in improving referral quality and management consistency was noted. Ongoing work with People Services and OD to strengthen manager capability in attendance management was supported. The development and piloting of a rapid access, prereferral sickness management support offer for managers (capacity dependent) was supported. The risks relating to service capacity, SEQOHS, health surveillance and vaccination expansion, and the mitigations in place was noted. Request a future update on: <ul style="list-style-type: none"> o performance o SEQOHS progress o health surveillance rollout o vaccination collaboration o pilot outcomes and impact 	
<p>P&C 17/02/2.6</p>	<p>RADON Update</p> <p>RW highlighted the following points on RADON:</p>	

	<ul style="list-style-type: none"> • Elevated levels of radon were detected in CAV UHB during recent monitoring; previous checks in 2015 showed no concerns. • Two areas of concern were found: the basement of Denbigh House and the basement tunnel area of Pembroke House, which were not working areas but transit routes. • These areas were closed off due to health and safety risks, with relevant signage, locked access, and a signing procedure for inspection purposes. • The risk to staff was extremely low, as exposure would require working in those areas for extended periods, which does not occur. • Trade union partners were consulted and raised no concerns about the approach. • Further monitoring was ongoing and would not wait another 10 years; baseline readings would be checked again in three months. • Access to these areas was now strictly controlled and prohibited except by approved procedures. <p>DF questioned whether affirmative action on radon was taken quickly enough, asking if earlier action should have been taken since it was first detected.</p> <p>RW clarified that 10 years ago, no areas of concern or elevated radon levels were detected; the current issues have occurred since then.</p> <p>KW thanked RW for the report and asked about the tunnels in UHW, noting that although doors were supposed to be restricted, they were often open and people are seen wandering through, raising concerns about actual access control.</p> <p>RW explained that significant investment has been made in TDSi card access for tunnel infrastructure, and for the specific area in question, the doors are physically locked with a key and have a thumb wheel on the inside for exit, ensuring controlled access.</p> <p>PB noted that many tunnels are a thoroughfare, and there is a need to move patients through what is essentially a service area, which is why tunnels near A&E have been refurbished. He highlighted the challenge of dual purposes for the tunnels and confirmed the existence of a tunnel safety group that meets regularly.</p> <p>RW confirmed that there is a Tunnel Safety Group, which he chairs. He mentioned ongoing challenges such as illicit dumping of waste, including by clinical staff, and emphasized the need for education about the dangers and risks the tunnels present to the UHB, particularly from a fire safety perspective.</p> <p>The Committee Resolved that:</p> <p>a) The course of action detailed was agreed.</p>	
<p>P&C 17/02/2.7</p>	<p>Clinical Board Spotlight – Specialist Services</p> <p>The Director of Operations for Specialist Services - Jessica Castle (JC) presented and highlighted the following points:</p> <ul style="list-style-type: none"> • Specialist Services Clinical Board has 7 directorates, provides a wide range of services across South Wales, and spends about £290 million annually with over 2000 whole time equivalent staff. • Workforce profile is heavily frontline, mainly nursing/midwifery and additional clinical services; small changes in workforce (e.g., sickness, turnover) have significant operational impact. • National changes like the band 2 to 3 healthcare support worker review have material cost and planning impact due to the board's staff profile. 	

- Age profile shows a stable but maturing workforce, with most staff aged 31-55; succession planning is needed to address future retirement risk, especially in specialist/hard-to-recruit roles.
- Workforce is predominantly female and has many part-time staff; high maternity leave and less-than-full-time staff in resident doctor workforce have led to improved rota design and reduced locum use.
- Ethnicity data shows mostly white British staff, but targeted inclusion work is underway; efforts to improve ESR data completeness for better workforce understanding.
- Disability reporting is low, with high unspecified rates, suggesting possible underreporting and hidden needs; proactive wellbeing support and early intervention are priorities.
- Welsh language skills are being recorded and targeted for improvement in ESR.
- Sickness rate is 6.8%, with targeted sickness panels in hotspot areas; turnover is low overall but higher in lower banded staff in Artificial Limb and Appliance Service, prompting career framework development.
- Statutory/mandatory training compliance is close to target (81%), but fire training is low and being targeted; medical staff compliance is being linked to annual job plan review.
- Value-based appraisal (VBA) compliance is just over 72%, with nursing/midwifery leading; admin/clerical and healthcare scientists are focus areas for improvement.
- Inclusion work, partnership forums, and local ownership of KPIs are emphasized.

The Interim Director of Nursing for Specialist Services - Catherine Twamley (CT) presented and highlighted the following points:

- The Clinical Board actively promotes staff achievements through platforms like Viva Engagement, Colleague Shout Out, and features in Ask Suzanne; positive reinforcement of values and behaviours is a proactive focus.
- Cultural initiatives such as “Civility Saves Lives” are being rolled out across all areas as a back-to-basics approach, not due to specific issues but to reinforce positive culture.
- Annual Clinical Board celebration events are held to recognize staff, with increasing participation and engagement in events like the Nursing and Midwifery Conference.
- Strong partnership working exists with trade unions and people services; the board has managed complex HR situations and organisational change processes (OCP) effectively, including service realignments.
- Rotational posts are encouraged, especially in critical care and cardiac services, to aid recruitment, retention, and provide diverse opportunities; similar models are being explored in other directorates.
- Cardiac surgery workforce models are being reviewed to expand the role of surgical care practitioners for consistent, high-quality care.
- Band 4 system practice practitioner roles were successfully implemented in spinal rehab, addressing high vacancy rates and supporting new ways of working; many have since progressed to qualified staff.
- Staff engagement is supported through newsletters and magazines, with ambassadors for learning, inclusion, and learning difficulties; specialist funding streams have enabled innovative roles.
- Wellbeing is prioritized, with bespoke psychological support provided after bereavements and high-profile cases; critical care has a dedicated clinical psychologist.

- Recruitment and retention are strong in some areas (e.g., critical care has no nursing vacancies and a waiting list); the board aims to replicate this success elsewhere.
- Digital readiness is high, with safe care, health roster, and EPMA (electronic prescribing) fully embedded; early adoption allowed feedback and smoother rollout.
- Bespoke induction and strong PDN (Practice Development Nurse) teams support new starters with specialized skills; cross-directorate training and a clinical skills suite are being developed.
- Leadership development has included targeted cultural and service reviews, leading to specific improvement actions.
- Vacancy scrutiny panels and skill mix reviews are routine; targeted interventions have reduced sickness rates significantly in areas like Haematology.
- Recruitment, retention, and workforce redesign are ongoing, with new roles and funding streams supporting service needs; QSE (Quality, Safety, Experience) roles have been expanded to address gaps.
- Innovative solutions, such as newer pharmacist roles and a legal advice service, have addressed workforce and service delivery challenges; new posts have been secured in response to national inquiries and compensation schemes.
- The board celebrates achievements through awards and recognition, highlighting national successes and internal spotlights.

CC thanked the team for their comprehensive and interesting presentation, stating he was encouraged to hear about a stable and mature workforce, which is an asset to the Clinical Board. He noted the challenge of losing expertise when retirements occur and asked whether retirements were staggered and managed properly or if there was a risk of losing many skilled staff in a short timeframe.

JC explained that within the Artificial Limb and Appliance Service (ALAS), there had been a noticeable instance where several scientific and professional staff retired at the same time. To address this, the team now focuses on developing people from the apprentice level, mapping out career frameworks so individuals can see their progression within the service, which helps with succession planning and readiness to step into roles when needed.

RG thanked the team for their presentation and asked, after hearing the discussion about health and safety and fire compliance, if there was anything further they could do to take action at the exec reviews, since progress on fire compliance has stalled.

CT stated that the Fire Manager attends their Clinical Board monthly meetings and planned to offer different training platforms, including options beyond face-to-face sessions, to improve fire training compliance among staff.

PB noted it was good to hear Jessica talk about the career framework, mentioning that with no definitive retirement age and various flexible retirement options, succession planning is tricky. He added that some staff may get offended if asked about their retirement plans and suggested managers could use help navigating these conversations.

KW thanked the team for their comprehensive presentation and asked about lessons learned from the two specialist services that had undergone cultural reviews, specifically whether those lessons have been implemented or are shaping the work of the Clinical Board and other service areas.

JC stated that the main lesson from the reviews is the need for early interventions and being more proactive, taking early actions with individuals

	<p>when issues arise. She mentioned that in the Artificial Limb and Appliance Service (ALAS), things have improved but they are still on the journey. She described it as a long journey and noted that in Cardiology, issues should have been tackled earlier. Jessica emphasized that when noise first appears in the system, it is important to deep dive and intervene quickly.</p> <p>PB noted that there are two reviews within this Clinical Board and two in other clinical boards. He explained that the process of conducting reviews and sharing recommendations is becoming more consistent. He clarified that they are not just finding their way but have been trying to be consistent in how reviews are done and how learning is shared across the organisation.</p> <p>Action – RG to provide names of non-compliant staff on fire training to JC and CT for targeted follow-up between meetings.</p> <p>The Committee Resolved that:</p> <p>a) The Clinical Board Spotlight on Specialist Services was noted.</p>	
<p>P&C 17/02/3.1</p>	<p>Health & Safety Policies</p> <p>There were no policies to review.</p> <p>The Committee Resolved that:</p> <p>a) There were no H&S policies.</p>	
<p>P&C 17/02/3.2</p>	<p>Annual Equality Report</p> <p>CW highlighted the following points on the annual equality report:</p> <ul style="list-style-type: none"> • The annual equality report for 2024-25 is a statutory requirement under the public sector equality duty. • The full report was included in the committee pack for review; after approval, it will be translated and finalized for accessibility and visual engagement before publication. • Examples in the report mainly reference two clinical boards, reflecting responses received during the Welsh Government assessment; not all areas submitted information on time. • Actions are being taken to support clinical boards in contributing to future reports and to minimize duplication in data requests. • The reporting lag is recognized and will be addressed in the next cycle, with the 25-26 report coming to committee in June 2026. • WG is amending the reporting framework; once confirmed, clinical boards will be asked for required information, aligning data collection with other workforce reporting to reduce duplication. • Committee approval of the report as presented is requested. <p>The Committee resolved to:</p> <p>a) The Annual Equality Report was approved.</p>	
<p>P&C 17/02/3.3</p>	<p>Putting People First Portfolio</p> <p>RG explained this is about strategic direction, with a portfolio governance structure implemented. There are two key objectives: people feeling valued, developed, supported, and engaged (measured through engagement score), and becoming an inclusive culture representing the local population. The programme content was outlined in the paper. The request is to note the terms of reference and approve.</p> <p>The Committee Resolved that:</p> <p>a) The Terms of Reference for the Shaping Our Future People and Culture Portfolio Board was approved.</p>	

<p>P&C 17/02/3.4</p>	<p>All Wales Reserve Forces Mobilisation Policy</p> <p>The Armed Forces Lead - Maisy Provan (MP) highlighted the following points on the All Wales Reserve Forces Mobilisation Policy:</p> <ul style="list-style-type: none"> • The policy was last updated in 2020 and needed review due to shorter, more frequent military deployments, especially for medical reservists. • Recognition of shorter and more frequent deployments is now included; deployments can be less than three months. • Emphasis on early discussion and capacity planning with line managers before reservists are mobilised, to allow services to plan for absences. • Pension arrangements are now highlighted earlier in the policy for clarity, following issues in Aneurin Bevan. • The policy ensures compliance with the Armed Forces Covenant, fair and consistent treatment of reservists across Wales, and improved assurance for managers. • There is a small number of reservists currently, but numbers may increase due to strategic review targets. <p>The Committee Resolved that:</p> <ol style="list-style-type: none"> a) The all-Wales Reserve force mobilisation policy was approved and b) Noted some of the offerings available by the MoD 	
<p>P&C 17/02/5.1</p>	<p>Any Other Business</p>	
<p>P&C 17/02/5.1</p>	<p><u>Private Agenda</u></p>	
<p>P&C 17/02/6.1</p>	<p><u>Review & Final Closure</u></p>	

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update	Comments
PEOPLE & CULTURE	Work in Confidence	P&C 14/10/2.1	To bring a future report on Speaking up Safely, including themes raised via connectors for the committee to review.	Matt Phillips	Frankie Ogden	14/10/2025	12/05/2026	ON FORWARD PLAN	This has been added to the forward plan for 12th May 2026	Added to the agenda for 12th May 2026 P&C and will be taken to SLT on the 7 May.
PEOPLE & CULTURE	Board Assurance Framework - Culture	P&C 14/10/2.2	To develop a cultural picture dashboard, with support from local universities and postgraduate students, aiming for including global majority, LGBTQ+, and disability required in KPIs	Rachel Gidman	Claire Whiles	14/10/2025	21/07/2026	ON FORWARD PLAN	This has been added to the forward plan for 21st July 2026	This has been added to the forward plan for 21st July 2026
PEOPLE & CULTURE	Key Performance Indicators	P&C 14/10/2.3	For the results and analysis of the gender pay gap deep dive to come back to the committee next year once the information is available	Rachel Gidman	Lianne Morse	14/10/2025	12/05/2026	ON FORWARD PLAN	This has been added to the forward plan for 12th May 2026	This has been added to the forward plan for 12th May 2026
PEOPLE & CULTURE	Strategic Equality Plan	P&C 14/10/2.4	Engagement with staff in the New Year to determine whether to refresh or create a new People and Culture Plan,	Rachel Gidman	Mitchell Jones	14/10/2025	21/07/2026	ON FORWARD PLAN	This has been added to the forward plan for 21st July 2026	This has been added to the forward plan for 21st July 2026
PEOPLE & CULTURE	People & Culture Plan Refresh	P&C 25/11/2.3	Rachel Gidman to pull communication together, obtain names of non-compliant staff in clinical boards and corporate areas, cascade to relevant teams, and review	Rachel Gidman	Rachel Gidman	25/11/2025	21/07/2026	ON FORWARD PLAN	This has been added to the forward plan for 21st July 2026	This has been added to the forward plan for 21st July 2026
PEOPLE & CULTURE	Key Performance Indicators	P&C 17/02/2.3	Claire Whiles to lead a review of the employee wellbeing model, focusing on prevention, access, and timeliness, and bring updates to the committee.	Rachel Gidman	Rachel Gidman	17/02/2026	12/05/2026	ON FORWARD PLAN	This has been added to the forward plan for 12th May 2026	This has been added to the forward plan for 12th May 2026
PEOPLE & CULTURE	Occupational Health / Wellbeing Services KPI	P&C 17/02/2.5	Rachel Gidman to provide names of non-compliant staff on fire training to JC and CT for targeted follow-up between meetings.	Rachel Gidman	Claire Whiles	17/02/2026	12/05/2026	ON FORWARD PLAN	This has been added to the forward plan for 12th May 2026	This has been added to the forward plan for 12th May 2026
PEOPLE & CULTURE	Clinical Board Spotlight - Specialist Services	P&C 17/02/2.7		Rachel Gidman	Rachel Gidman	17/02/2026	21/07/2026	ON FORWARD PLAN	This has been added to the forward plan for 21st July 2026.	This has been added to the forward plan for 21st July 2026.

Report Title:	Board Assurance Framework	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	12.05.26
Status <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Deputy Director of People & Culture		

Main Report

Background and current situation:

The People & Culture element of the Board Assurance Framework (BAF) has been reviewed following ongoing feedback and reflection on its effectiveness in supporting the Committee and Board.

Historically, the BAF has evolved into a detailed, narrative-heavy document, with separate sections covering workforce, culture and wellbeing. While this provided visibility of activity, it has resulted in:

- duplication across sections.
- extensive narrative updates, which are often repetitive.
- a tendency to focus on activity and operational detail, rather than strategic risk and assurance
- limited clarity on risk movement, control effectiveness and where gaps remain

As a result, the BAF has not consistently supported the Committee to focus on its primary role of providing assurance on strategic workforce risk.

ASSESSMENT

A revised People & Culture BAF has been developed to strengthen its role as a strategic assurance tool, aligned to the Health Board's Shaping Our Future Wellbeing strategy and the "Putting People First" priority.

The revised format introduces:

1. A single, clear People risk

Bringing together workforce sustainability, culture and wellbeing into one integrated risk, reflecting their interdependence.

2. Two aligned domains

- Workforce Sustainability
- Culture, Leadership and Wellbeing

This removes duplication and provides clearer ownership and structure.

3. Clearer definition of causes, controls and assurance

- Causes focus on underlying drivers of risk (not symptoms)
- Controls identify what actively mitigates the risk
- Assurances provide evidence of whether controls are effective

This strengthens the distinction between what we do and how we know it is working.

4. More explicit gaps in control and assurance

The revised BAF more clearly identifies:

- where controls are not yet in place or consistently applied
- where assurance is limited or underdeveloped

This supports more meaningful Committee discussion and prioritisation.

5. A focused set of strategic actions

Actions have been streamlined to a small number of high-impact priorities, directly aligned to the most significant gaps, including:

- workforce planning and sustainability
- leadership and management capability
- wellbeing and sickness prevention
- workforce pipeline and succession
- cultural insight and workforce intelligence

This replaces longer lists of activity with clear, deliverable interventions.

6. A more proportionate approach to reporting

The revised format is designed to:

- reduce narrative burden in bi-monthly updates
- focus on key changes, trends and risk movement
- support more consistent and meaningful reporting over time

The revised BAF also supports a more proactive approach to managing workforce risk, enabling earlier identification of emerging issues and more targeted organisational intervention. By strengthening workforce insight, cultural monitoring and leadership expectations, it provides improved “grip and control” at organisational level, rather than reliance on reactive or service-level responses.

Overall, the revised BAF provides a clearer line of sight from risk → cause → control → assurance → action, and is intended to support more strategic, insight-driven discussion at Committee.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The revised People BAF represents a significant improvement in how workforce-related risk is articulated and assured. The revision supports a shift towards stronger organisational ownership of workforce, culture and wellbeing risks. It enables a more consistent and proactive approach across Clinical Boards, with clearer expectations, improved insight and more targeted intervention where risks are identified.

It provides:

- clearer alignment to organisational strategy
- improved visibility of key workforce risks and dependencies
- stronger focus on leadership, culture, wellbeing and workforce sustainability as critical enablers of service delivery

Importantly, it supports a shift from describing activity to providing assurance, enabling more effective oversight by the Committee and Board.

The Committee is invited to note:

- The revised BAF is intended to support more strategic discussion, and reduce the need for detailed operational reporting within this forum
- Some areas of assurance (e.g. cultural insight, workforce triangulation) will continue to develop over time and may initially be less mature
- The streamlined actions reflect a prioritised approach, focusing on the most significant risks rather than a comprehensive list of activity
- The revised approach is intended to strengthen organisational “grip and control” of workforce risk, enabling earlier identification of issues and more targeted intervention at both organisational and service level.
- Ownership of workforce, culture and wellbeing risk sits across the organisation, with Clinical Boards and leaders playing a key role in delivery, supported by People and Culture functions.
- The Committee’s support is sought to embed this approach, recognising that it represents a shift in both format and emphasis.





Recommendation:

People and Culture Committee as asked to:

- Support and endorse the revised People BAF format, recognising the improvements made to clarity, structure and strategic focus
- Agree to adopt the revised approach to reporting, with a greater emphasis on risk, assurance and impact rather than detailed activity
- Note that the revised format will continue to evolve, particularly as new approaches to workforce insight and cultural monitoring are implemented

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1.	 Putting People First	x	2.	 Providing Outstanding Quality	x
3.	 Delivering in the Right Places	x	4.	 Acting for the Future	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention	x	Long term	x	Integration		Collaboration	x	Involvement	x
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: yes – inability to identify areas of ‘poor’ culture / behaviours / practices that may impact on patient experience

Safety: yes – as above

Financial: yes – impact of poor culture on retention, recruitment and patient experience

Workforce: yes - impact of poor culture on retention, recruitment and patient experience

Legal: yes – Strategic Equality Objectives; Welsh Language Standards

Reputational: yes - impact of poor culture on retention, recruitment and patient experience

Socio Economic: yes – impact on local community; Strategic Equality Objectives

Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience

Decarbonisation: Yes – opportunity to gather ideas on how to improve at a local level

Approval/Scrutiny Route:

Committee/Group/Exec | Date:

Strategic Risk	Strategic Portfolio	Exec Lead	Committee	Date Added
People	Shaping our People and Culture	Rachel Gidman	People and Culture	Revised 01/05/26
Risk				
If we do not secure and sustain a capable, sustainable and engaged workforce with the right skills, capacity and working environment, we will be unable to maintain services and deliver the required transformation for the population we serve.				
Cause			Impact	
<p style="text-align: center;">Workforce Sustainability</p> <p>a) Workforce supply and capacity (recruitment, retention, skills)</p> <ul style="list-style-type: none"> • Workforce planning not aligned to demand and capacity (activity planning). • Inconsistent workforce planning capability, confidence and capacity among managers; variable use of tools, scenarios and establishment data to inform decisions. • Workforce plans are not consistently aligned to future service models, productivity assumptions and population need, increasing reliance on short-term mitigations. • Limited capability, capacity to redesign our workforce as we continue to follow traditional workforce models instead of pathway and skills-based approach. • Limited triangulation of workforce, quality, demand and finance data to identify emerging capacity hotspots and future sustainability risks early. 			<ul style="list-style-type: none"> • Quality, safety and continuity of care may be compromised, including increased risk of clinical errors, reduced team effectiveness, impaired decision-making, reduced patient experience and reduced ability to maintain safe services under sustained pressure. • Strategic priorities, improvement and future service models may be delayed or not delivered due to insufficient capacity, capability and engagement to support transformation. • Workforce sustainability, morale and engagement may deteriorate leading to increased sickness absence, fatigue and burnout, reduced productivity and increased risk to staff wellbeing and patient safety, with disproportionate impact on some staff groups and services • Financial sustainability and operational performance may be adversely affected through increased temporary staffing costs, inefficient deployment. 	

- Long term gaps in hard-to-recruit, critical and specialist roles, creating fragility in services and limiting flexibility.
- Governance/compliance pressures (ESR/data quality, establishment control, safer staffing, mandatory training, professional registration, legal compliance) divert capacity and can expose gaps if not consistently managed.
- Limited alignment between education, training, talent development and future workforce requirements, reducing the strength of the workforce pipeline, succession planning and future capability.

b) Workforce productivity and deployment (rostering, job planning, bank/agency optimisation)

- No unified E-Rostering system for all staff groups reduces productivity and limits the ability to redeploy staff safely and in a timely way.
- Variation in roster compliance impacting delivery of agreed KPIs.
- Job planning not aligned to capacity and demand planning.
- Temporary staffing is not always optimised (bank fill, booking controls, rules), increasing cost and operational risk.

c) Workforce affordability (pay bill, agency, variable pay)

- Over reliance on agency and variable pay to maintain appropriate staffing levels.
- Pay bill controls and affordability constraints limit recruitment and capacity to grow priority services/future workforce.

d) Sickness absence and wellbeing-related capacity loss

- Organisational reputation, workforce equality and credibility as an employer may decline, including widening inequalities in staff experience, opportunity and outcomes (e.g. disciplinary processes, progression and pay), impacting trust, engagement and the ability to attract and retain staff in critical roles.

- High and/or persistent sickness absence reduces available capacity and resilience, increasing pressure on remaining staff and creating demands for cover at short notice.
- Reliance on temporary staffing and additional hours to mitigate short-term gaps can worsen affordability and reduce continuity of care.

Culture, leadership, wellbeing & workforce experience

- Limited integration and triangulation of workforce, culture, wellbeing and EDI data reduce the organisation's ability to identify emerging risks early and take targeted action.
- Absence of clear, organisation-wide leadership and management expectations and standards, resulting in inconsistent behaviours, decision-making and accountability across services.
- Variability in management capability and confidence to lead teams effectively under sustained pressure, impacting staff experience, performance and retention.
- Psychological safety, dignity and respect concerns affecting staff wellbeing, willingness to speak up and organisational learning.
- Cultural signals (staff feedback, engagement data, incidents and ER themes) are not consistently triangulated and used to proactively identify and respond to emerging risk.
- Wellbeing model is predominantly reactive, with limited organisational-level preventative interventions embedded within service delivery and management practice.
- Sustained pressure impacting staff wellbeing, morale and engagement, increasing the risk of burnout, absence and disengagement.

<ul style="list-style-type: none"> Inequity in workforce experience and outcomes, including disproportionate disciplinary processes, variation in access to development and progression, and differential experience across staff groups. 		
Uncontrolled Risk		
Impact: 5	Likelihood: 4	Gross Risk: 20
		Target Risk: 12

Controls	Assurances
<p>Overarching:</p> <ul style="list-style-type: none"> People & Culture Plan embedded in the UHB. Workforce Planning Training commenced. Annual Plan with key deliverables, supported by Clinical Board delivery plans. Speak up Safely system, SUS. Clinical Board/CEF – bank and agency reduction plans Strategic plans aligned to EDI priorities. Medical & Dental workplan. Temporary pay controls. Managing attendance at work policy and training. 	<p>Overarching:</p> <p>People and Culture Committee provides assurance to the Board through regular review of workforce, culture and wellbeing risks, including scrutiny of performance, delivery and emerging issues.</p> <p>Monitoring of People and Culture Plan KPIs, providing oversight of progress, risk trends and delivery against strategic priorities.</p> <p>IMTP and Annual Plan reporting, providing assurance that workforce risks, mitigations and delivery are aligned to organisational priorities and are escalated appropriately.</p>

External assurance, including Welsh Government oversight and performance reviews, providing independent challenge on workforce and organisational performance.

Domain 1 Controls: Workforce Sustainability

- Nursing staff in post forecasting and safer staffing processes to identify capacity risk, support escalation and inform plans.
- Recruitment, onboarding and retention approaches, including values-based recruitment and use of workforce data to inform interventions.
- Workforce planning and workforce-related risks reviewed through the IMTP and Annual Plan processes, with alignment to service priorities and escalation of material risks through executive and committee governance.
- Improved education commissioning process.
- Bank and agency governance/controls to manage use, authorisation and cost, supporting affordability.
- Sickness absence case management, OH/EHWS support and return-to-work processes to protect capacity and wellbeing.
- Education, training and talent development pathways, supporting workforce pipeline, succession planning and future capability.

Domain 1 Assurances: Workforce Sustainability

- Workforce data and reporting (including Nursing Staff in Post forecasting) providing assurance on vacancy levels, capacity, supply risks and emerging workforce pressures.
- Recruitment, retention and workforce experience data, including exit questionnaires and new starter surveys, providing assurance on workforce pipeline, early attrition and retention risks.
- Workforce planning and IMTP processes, providing assurance that workforce risks are identified, modelled and incorporated into service and financial planning.
- Financial and workforce performance data, providing assurance on temporary staffing usage, affordability and workforce deployment efficiency.

Domain 2 Controls: Culture, leadership, wellbeing & workforce experience

Leadership & Culture

- Leadership development and OD interventions, supporting capability to lead teams effectively under pressure.
- Raising Concerns / Speaking Up Safely framework, enabling staff voice and organisational response to risk.

Wellbeing

- Integrated colleague health and wellbeing model, including preventative, early intervention and specialist support.
- Occupational Health and Employee Wellbeing Services, providing structured pathways for support and escalation.

Equality, Inclusion & Workforce Experience

- Strategic Equality Plan, Anti-Racist Action Plan and WRES, supporting identification and action on inequities in workforce experience and outcomes.
- Welsh Language Standards, supporting equitable access and inclusive workforce and patient experience.

Domain 2 Assurances: Culture, leadership, wellbeing & workforce experience

Leadership & Culture Assurance

- Staff Survey and staff engagement data, providing assurance on leadership, psychological safety, dignity and respect, with trend analysis over time.
- Employee relations data and themes, providing assurance on behavioural issues, team functioning and emerging cultural risks.
- Speak Up / Work in Confidence data, providing assurance on staff voice, responsiveness and organisational learning.

Wellbeing

- Occupational Health and Employee Wellbeing Service data, including demand, waiting times, high-risk cases and outcomes, providing assurance on workforce wellbeing pressures and access to support.
- Sickness absence data (including stress-related absence), providing assurance on workforce wellbeing, capacity and organisational risk.

<p>Engagement & Insight</p> <ul style="list-style-type: none"> • Staff survey and engagement mechanisms, informing organisational understanding of staff experience and culture. • Use of workforce, wellbeing, ER and engagement data, supporting identification of cultural and wellbeing risks and targeted intervention. 	<p>Equality & Workforce Experience Assurance</p> <ul style="list-style-type: none"> • WRES, Strategic Equality Plan and Anti-Racist Action Plan reporting, providing assurance on inequities in workforce experience, opportunity and outcomes. • Analysis of differential workforce experience, including disciplinary processes, progression and access to opportunity across staff groups. <p>Triangulated Insight</p> <ul style="list-style-type: none"> • Increasing use of triangulated workforce, culture, wellbeing and EDI data, providing assurance on early identification of risk, hotspots and targeted organisational response.
<p>Gaps in Controls</p>	<p>Gaps in Assurances</p>
<p>Workforce Sustainability</p> <ul style="list-style-type: none"> • No consistently applied, organisation-wide workforce planning standard (expectations, tools, scenarios, roles and governance) across all staff groups. • Variable capability and time to plan means workforce decisions can remain reactive, with inconsistent use of workforce insight to inform sustainable options. 	<p>Workforce Sustainability</p> <ul style="list-style-type: none"> • Limited assurance on the quality, consistency and use of workforce plans (service/divisional/organisational) to inform decision-making and mitigation. • Assurance is weighted to current-state metrics; limited forward-looking assurance on medium/long-term sustainability, assumptions and scenario impact.

- Controls are stronger for nursing than for medical, AHP, support and corporate workforces (e.g., forecasting, establishment control, safer staffing equivalents).
- Inconsistent controls to reduce reliance on short-term mitigations (agency, overtime, goodwill) through sustainable supply, retention and productivity interventions.
- Sickness absence controls are more focused on case management than on prevention and system-level interventions to reduce underlying causes.
- Digital, automation and role redesign opportunities are not yet embedded consistently into workforce planning and productivity assumptions.
- National workforce shortages and external labour market conditions constrain the effectiveness of local controls, increasing residual risk in critical roles.
- Sustained operational pressure increases demand for cover, stressing existing controls.
- Talent management and succession planning for critical roles is not consistently defined, limiting ability to manage future capability risk.

- Assurance is stronger for nursing than for other staff groups; limited consistent assurance suite for medical, AHP, support and corporate workforces.
- Limited assurance that sickness absence controls are reducing organisational risk over time (outcome-focused measures and evaluation).
- Limited assurance on effectiveness of actions to reduce reliance on temporary staffing beyond activity/cost monitoring.
- Limited assurance on the extent to which digital capability and automation are being used to support workforce sustainability, productivity and role redesign.

Domain 2: Culture, leadership, wellbeing & workforce experience

Leadership & Culture

- No agreed organisational leadership and management principles, resulting in variable expectations, behaviours and accountability across the organisation.
- Limited controls to ensure consistent management capability, particularly in leading teams under sustained pressure and supporting staff wellbeing as part of day-to-day management practice.
- Absence of an organisational cultural dashboard, limiting the ability to monitor cultural risk, psychological safety and leadership behaviours in a structured and timely way.

Wellbeing

- Wellbeing model is predominantly reactive, with limited organisational-level preventative interventions embedded within service delivery and management practice.

Domain 2: Culture, leadership, wellbeing & workforce experience

Leadership & Culture

- Limited assurance on leadership and management capability at scale, beyond staff perception measures, including confidence that managers are consistently equipped to lead teams effectively under sustained pressure.
- Limited assurance that cultural risks are identified early, due to the absence of a structured organisational cultural dashboard or equivalent mechanism.

Insight and Early Warning

- Limited triangulation of workforce, culture, wellbeing and EDI data, reducing confidence that emerging risks and hotspots are identified and addressed proactively.

Wellbeing

- Limited assurance on the effectiveness of wellbeing controls, with assurance currently focused on service activity and demand rather than preventative impact or outcomes.
- Equality & Workforce Experience

- Increasing demand and complexity within Occupational Health and Employee Wellbeing Services, indicating pressure on existing controls and risk of reactive service provision.
- Limited organisational controls to address sickness absence at a structural level, with greater emphasis on case management rather than prevention.
- Lack of an agreed organisational Colleague Health and Wellbeing Framework, reducing clarity and consistency in how wellbeing is prioritised and embedded.

- Limited assurance on differential experience and outcomes across staff groups, including the ability to identify and respond to inequality-related risks in a timely and systemic way.

Workforce Experience, Access & Inclusion

- Inconsistent communication and access to information and support, particularly for non-digital staff groups, increasing risk of exclusion and disengagement.
- Variable awareness of, and access to, wellbeing and support services, limiting effectiveness of existing interventions.
- Inconsistent clarity of support pathways, increasing the risk that staff and managers do not access appropriate support at the right time.
- Inequity in workforce experience and outcomes not fully addressed, including variation in access to development, progression and experience across staff groups.

Risk Post-Controls and Mitigation

Impact: 4	Likelihood: 4	Net Risk: 16	
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Actions

What	Lead	By	Update
Agree and publish an organisation-wide Workforce Planning Framework (scope, required inputs/outputs, templates, scenario rules, governance/approvals, annual cycle and escalation), plus additional targeted short training/implementation plan for managers.	Donna Davies	Sept-26	
Medical & Dental workforce deployment, including implementation of a unified E-Rostering system, robust job planning, implementation of the Welsh Resident Doctor Contract (WRDC), etc	Martyn Capel	Aug-26 (phase 1)	
Continue to reduce the reliance on temporary workforce through agency and bank reduction & improve monitoring through development of a dashboard.	Lianne Morse	Mar-27	
Strengthen leadership accountability and early intervention through a consistent, data-led attendance management and wellbeing approach to sustainably reduce sickness absence.	Katrina Griffiths	Mar-27	
Develop and implement organisational leadership and management standards, including defining how capability	Claire Whiles	Mar-27	

will be assessed and assured at organisational level in collaboration with HEIW national work.			
Develop a proportionate organisational cultural dashboard, drawing on existing data sources, to support early identification and monitoring of cultural risk.	Claire Whiles	Aug-26 (phase 1)	
Redesign and implement an organisational wellbeing model to ensure appropriate balance between preventative, early intervention and specialist support.	Claire Whiles	Sept- 26	
Transition from WTD% payments to AfC Average payments, aligned to national programme of work to ensure the UHB are legally compliant.	Lianne Morse	Mar-27	
Organisational readiness for the new Future Workforce Solution (replacement for ESR), prior to implementation	Lianne Morse	Dec-26	

Report Title:	Key Workforce Performance Indicators	Agenda Item no.		2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date: 12/05/26
		Private		
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	People Assurance and Experience Manager			

Main Report

Background and current situation:

Overview

This report, provides the People and Culture Committee with an update on key workforce performance indicators and progress against People and Culture's three main priorities for 2025/26:

- Improving Wellbeing and Attendance
- Management and Leadership Development
- Building Workforce Planning Expertise

The paper also gives assurance on workforce risks, provides updates on wider people and culture activity, and highlights specific areas of focus from across the organisation. The report is structured into six sections to make it easier for the Committee to navigate and focus on areas of interest.

The next report to the Committee will show progress against 2026/2027 priorities.

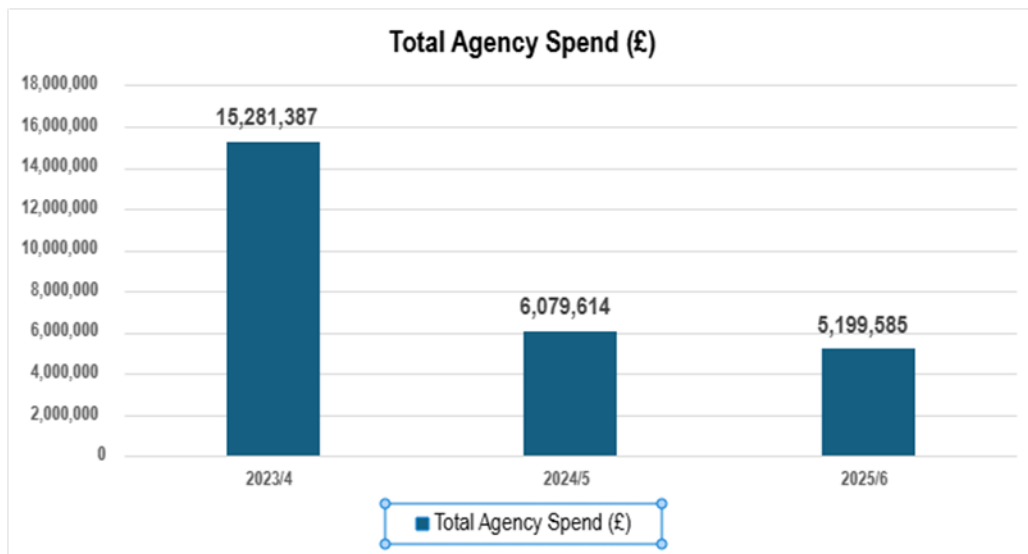
At a Glance – Report Structure

- **Section 1 - KPI Highlights** - Including Welsh Government enabling actions and workforce productivity recommendations with the Ministerial Advisory Group (MAG) Report.
- **Section 2 - People & Culture Priorities** - Update on progress and delivery of the actions.
- **Section 3 – Employee Suspensions** - Overview of current suspension/exclusion cases, duration, reasons, and review processes.
- **Section 4 - Spotlight:** *(Each month we will focus on a different performance related deliverable).* **Equity and Inclusion Update**
- **Section 5 - Clinical Board Update** - High-level KPIs and workforce insights from **Children and Women's Clinical Board**

Section 1 - KPI Highlights

The People and Culture section of the Integrated Performance Report (IPR) provides the UHB position against the key performance indicators (KPIs) as at 31st March 2026. Highlights to bring to the Committee's attention include:

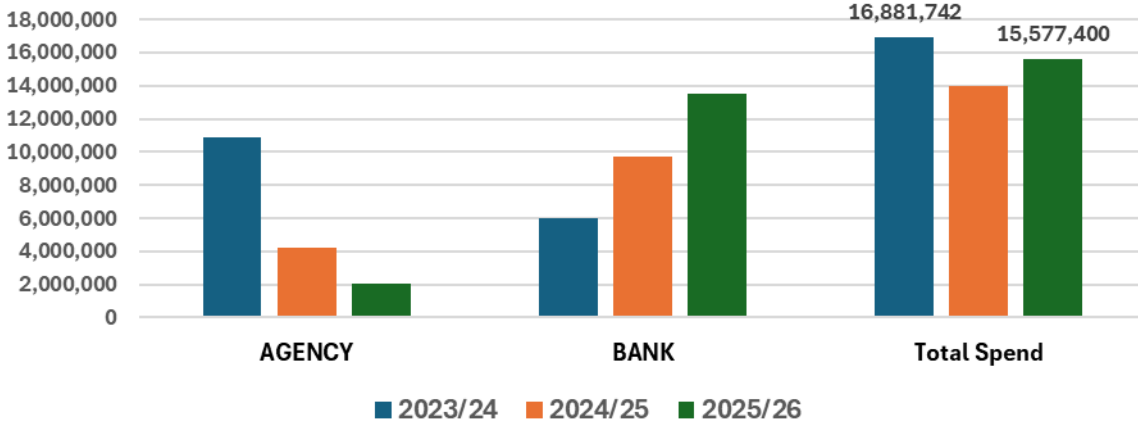
Agency Reduction continues to be a key focus, aligned to the WG Enabling action for 2026/27. The graphs below show an overall agency reduction for all staff groups. The reduction last year compared to 2023/4 saw a reduction of over £10m and a further £880k in the last financial year. The WG enabling actions identify a further 30% reduction in agency spend in 2026/27 against the target and will be monitored monthly by People & Culture and will be discussed at the Executive Performance Reviews (EPR).



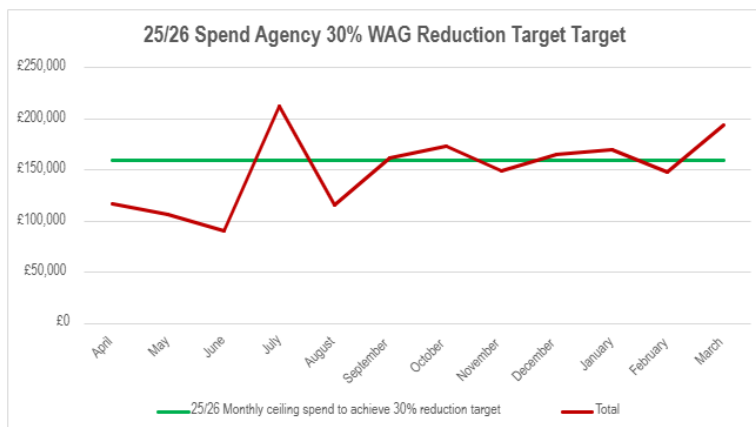
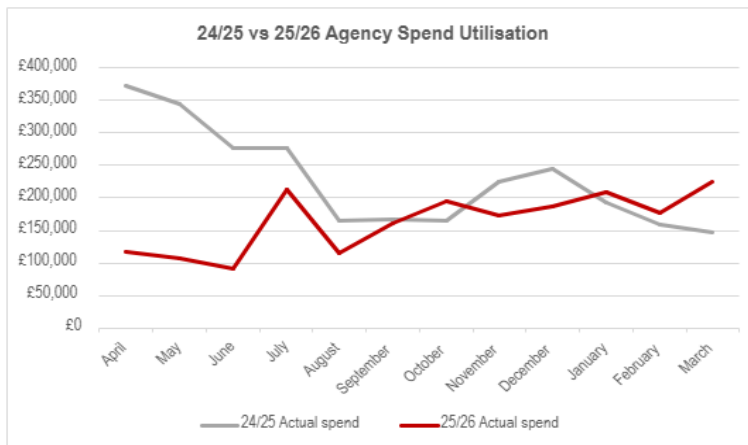
Nursing & Midwifery: The following graph provides a comparison of the bank and agency spend on nursing and midwifery staff over 3 financial years from 2023/4 to 2025/6.

There has been a considerable reduction in the use of agency by almost £8m per year, however, bank spend increased over the same period by around £7m. The total spend of both bank and agency has reduced by £1.3m per annum between 2023/4 to 2025/6.

Nursing and Midwifery Spend 2023/24 to 2025/26

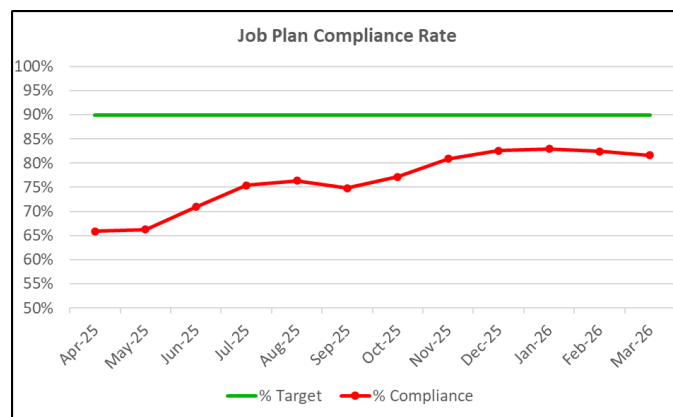


Medical & Dental - Agency reduction continues to be a key focus of the Medical Workforce Advisory Group (MWAG) aligned to the WG Enabling action for 2025/26. Year on year (YOY) we have delivered a reduction of 44% on annual agency expenditure in 25/26 compared to the same period within 2024/25 and have met the target to reduce agency expenditure by 30%, delivering over target at a reduction of 35.68%.

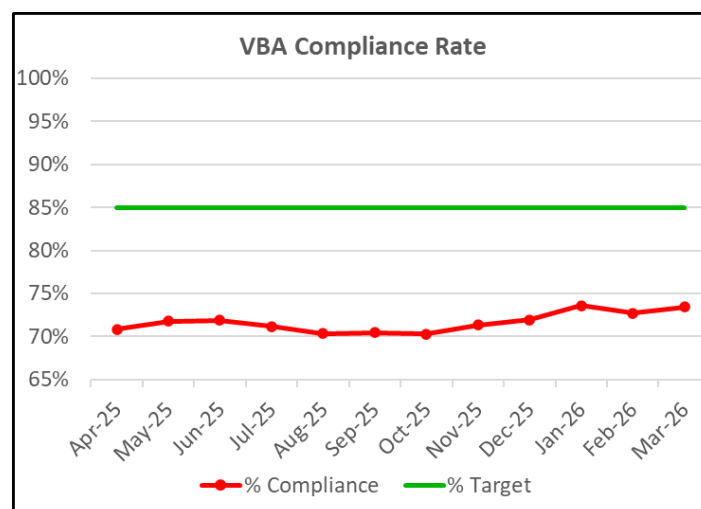


The organisation is currently utilising eight medical agency workers, 4 of whom are subject to an agreed and effective exit strategy over the next four months. The increase in expenditure between February and March totals £46,343, which includes £20,041 of accrued expenditure.

- Job Planning** – Management teams continue to prioritise job planning, with targeted attention on areas showing lower levels of compliance. Following recent communication from the Medical Director, compliance is steadily progressing towards the Welsh Government’s 90% target, with the current rate at 82%. A further increase of 8% is required to reach 90% compliance – this equates to approx. 90 clinicians. The quality of job plan content has also noticeably strengthened. Our focus now is to maintain this positive momentum, achieving the 90% target while sustaining the high standard of job plan content.



- The **Values-Based Appraisal** compliance rate remains below the 85% target. On March 26 the compliance rate was 73.46%, which has increased since February 2026, and is higher when compared to March 2025 (70.35%). VBA compliance continues to be a focus of Clinical Board Reviews, and more work is needed on identifying deliverable improvement trajectories. To support this, Business Partners are monitoring on a weekly basis, with lists of non-compliant staff being shared with CBs. A review of the VBA template is underway to ensure improvements in compliance, quality, and measurable outcomes.



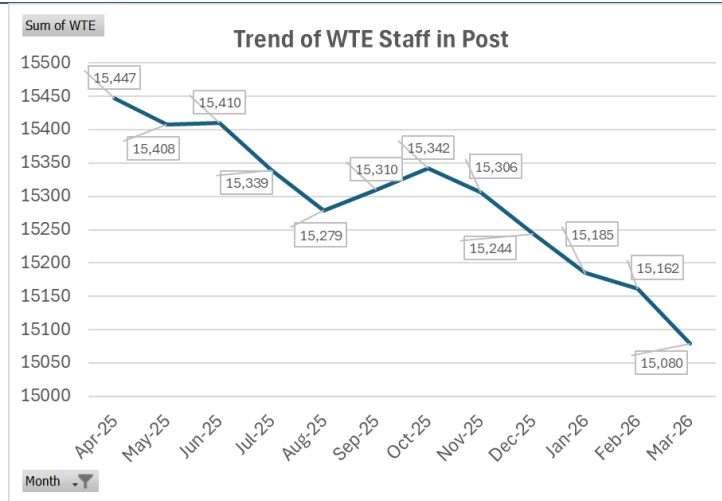
- The overall **Statutory & Mandatory** compliance rate is slightly below the 85% target. As of March 2026, the compliance rate was 82.80%. Compliance with **Fire Learning** is lower; 76.92% in March 2026. Fire learning compliance is being monitored weekly, with non-

compliant staff being identified for the Clinical Boards. Face to face fire training is now being offered via Teams, which will make it easier for individuals to attend. The increase in compliance between February 2026 and March 2026 of 2.66% is shown in the graph below. Forthcoming changes will allow the Health & Safety team to put on fire safety training weeks as in previous years where back-to-back sessions will be provided.

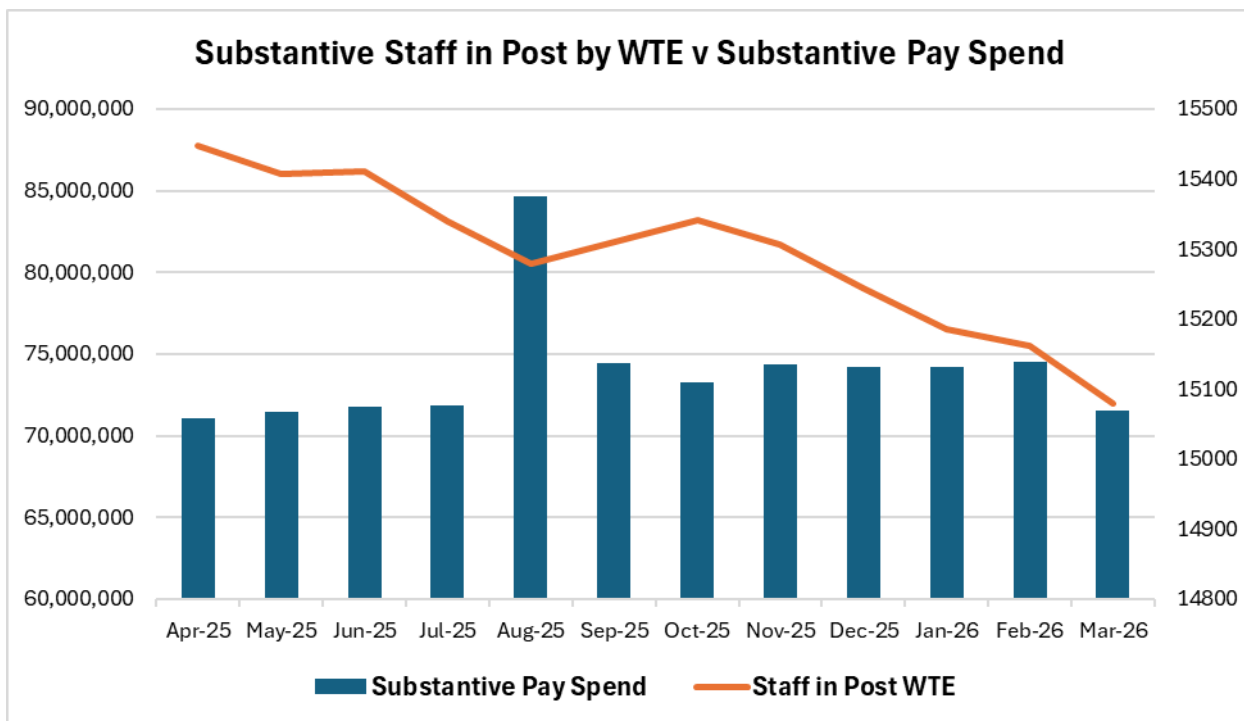


- The **WTE Staff in Post** has fallen from 15,447 WTE in April 2025 to 15,080 WTE at March 2026. The increases during September and October 2025 reflects the commitment to take new graduate nurses and therapists – which was forecast and approved. Despite this increase however, the staff in post reduced from November onwards and has reduced each month since in line with the UHB’s plan to stop workforce growth.

Staff Group	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	12-Month Change
Add Prof Scientific and Technic	602	598	598	600	601	597	605	605	604	602	603	603	0
Additional Clinical Services	3010	3007	3007	2990	2969	2943	2918	2898	2875	2859	2842	2819	-192
Administrative and Clerical	2649	2639	2640	2663	2644	2643	2595	2582	2573	2581	2580	2557	-92
Allied Health Professionals	1270	1266	1267	1258	1268	1283	1301	1307	1302	1293	1292	1287	17
Estates and Ancillary	1213	1202	1203	1193	1184	1185	1215	1210	1198	1181	1181	1179	-34
Healthcare Scientists	566	565	565	562	554	562	568	571	572	574	576	574	8
Medical and Dental	1158	1159	1160	1150	1139	1152	1150	1150	1151	1150	1159	1157	-1
Nursing and Midwifery Registered	4950	4945	4944	4901	4897	4929	4965	4959	4945	4927	4911	4886	-64
Students	28	26	26	24	23	17	25	25	25	20	20	19	-10
Grand Total	15447	15408	15410	15339	15279	15310	15342	15306	15244	15185	15162	15080	-367



The reduction of 367 WTE in the last year has been achieved following a number of measures implemented, including the executive level scrutiny of vacancy requests, a recruitment freeze and a review of the skill mix within some Clinical Boards.

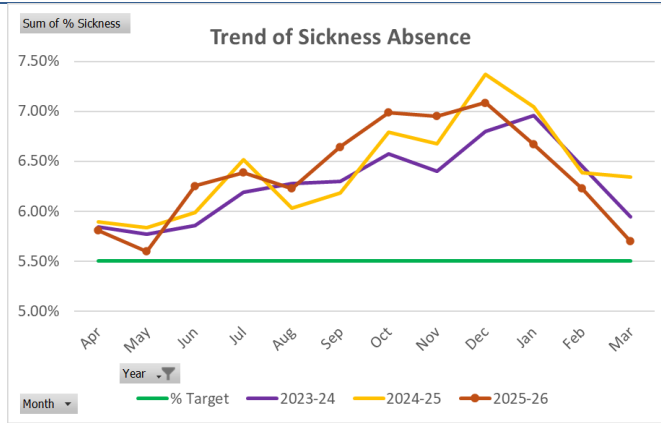


The WTE substantive staff in post peaked at 15,447 in April 2025 and was at its lowest level in March 2026 with 367 WTE less in post. The total pay spend for substantive staff reduced to its lowest level since May 2025 despite the annual pay award in August 2025. The substantive pay spend in March 2026 was almost £3m less than the previous month.

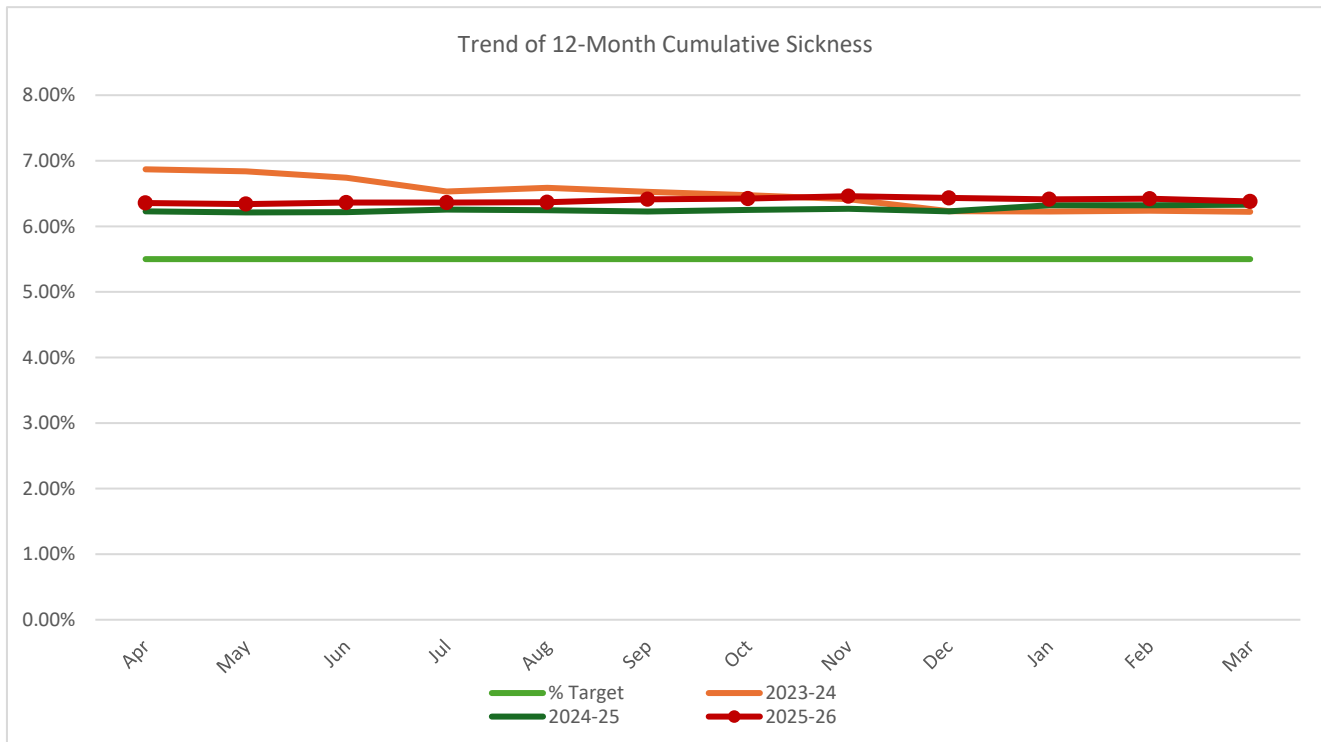
Section 2 – People & Culture Priorities

Improving Wellbeing and Attendance

- The Health Board's target for **Sickness** is <5.50%. The monthly sickness rate at March 2026 was 5.70%. The in-month sickness rates in 2026 were broadly lower than those for the previous 2 years, as can be seen in the chart below.



The graph below shows the 12-month cumulative sickness rates over the past three years. The target for 2025/26 is <5.5% The 12-month cumulative rate for March 2026 has reduced slightly since December 2025 but remains the same in comparison to March 2025. It is anticipated that the lower monthly sickness absence rates for January to March 26 will result in the reduction of the 12-month cumulative sickness rate.



The primary reason for absence continues to be Anxiety, Stress and Depression with a cumulative rate of 35.7% – targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.

The second highest reason for sickness is Cold, Cough, Flu – Influenza with a cumulative rate of 9.59%. To support the reduction of flu-related sickness absence, the Occupational Health (OH) team continues to play an active role in the staff flu vaccination programme run by the Public Health Team. This includes delivery of accessible drop-in clinics at Woodland House and on-site vaccination visits to partner organisations (e.g. Ty Hafan), with no appointment required to maximise uptake.

Vaccinations are recorded on the Welsh Immunisation System (WIS) and staff OH records (OPAS), ensuring accurate tracking and reporting.

The OH team also promotes vaccination opportunistically through routine clinics and face-to-face contact using a MECC approach. Planning for the 2026/27 flu campaign is underway, with OH contributing to early preparation.

Musculoskeletal Problems equate to 8.53% of absence but combined with Bank Problem at 4.31%, this totals 12.84%.

A bespoke piece of work relating to population health is currently being undertaken, and further information will be provided shortly. Approximately 70% of our workforce live within Cardiff and the Vale:

The Population Health project has analysed the health pressures linked to rising sickness absence, an ageing workforce, and widening health inequalities across the region. We are currently in Tranche 1 of the project, analysing staff profiles, geography and areas of deprivation. We have a predominantly reactive sickness/absence management approach and the aim is to move to a proactive “population health” approach that tackles wider determinants of health and positions the UHB as a model employer.

Key risks include limited manager capability (only 34% trained in absence management in the last three years), financial strain, loss of capacity from older staff (notably those 61+), health inequalities affecting staff in deprived areas, and low uptake of existing support services (e.g., only 20% of staff off with stress/anxiety accessed Occupational Health). There are opportunities to prevent ill health earlier (especially among younger staff in deprived areas), increase utilisation of current services through better access and communications, and scale low-cost prevention through mandatory MECC training for managers. The proposed direction of travel to progress the findings and next steps are to deliver Tranches 2–5 (deep-dives, co-designed interventions, equitable access, and strategic alignment), and agree equity of access as a non-negotiable principle.

Culture – Position and Next Steps (Q1 2026/27)

Position (current quarter activity)

- Culture assurance approach progressing – Development of a non-punitive, insight-led approach aligned to quality, safety, wellbeing and performance, triangulating data and staff experience to identify and respond to emerging risk.
 - Cultural Early Warning System (CEWS) – Scoping and design underway for an integrated system bringing together workforce, operational and quality indicators (e.g. survey, ESR, wellbeing, employee relations) to proactively identify risks and enable earlier intervention.
 - Values-based team approach – Introduction of a consistent, values-led team development model to strengthen leadership behaviours, team functioning and psychological safety, improving staff experience and service delivery.
- Staff survey – new approach – Transition to a more targeted, action-focused model, using survey, workforce and operational data to identify priority areas and support locally led improvement, reducing reliance on large-scale engagement activity.
- Wellbeing model review – Scoping underway to refresh the Staff Health and Wellbeing Model, aligned to organisational priorities, trauma-informed principles and financial sustainability.
- Staff voice central – Increased focus on visible local action as a response to NHS Wales staff survey results, and to support local team improvement as part of the ‘values based teams’ programme, with partnership involvement and reduced reliance on managerial self-assessment. This will include team-based focus groups; pulse surveys; co-production of actions and solutions to improve ways of working.

- Analysis of the findings of the NHS Wales Staff Survey 2025 is underway, and will focus on key priority areas, including: Staff availability and wellbeing; leadership, management and culture.

Next Steps (Q1/Q2 2026/27)

- Finalise and communicate values-based team approach and supporting infrastructure.
- Develop and test an integrated culture dashboard, incorporating CEWS insights and key indicators.
- Identify pilot Values based Teams/CEWS in identified high-risk/pressure areas.
- Complete Wellbeing Model review and align to the People and Culture Framework.
- Deliver locally led 'Improving Together' workshops to drive action from staff survey insights.

Leadership and Management

- The Leadership and Management Development Audit has been completed; the final report is expected in May.
 - Informal feedback to date has indicated a positive outcome and a constructive experience with the auditor.
 - Upon receipt of the report, we will:
 - Identify key actions arising
 - Note areas of substantial assurance
- The Leadership and Management team is developing a Training Needs Analysis (TNA) to systematically map strengths and gaps across the UHB.
- We continue collaboration with HEIW to ensure internal development offerings are aligned with the All-Wales Leadership and Management Competency Framework and emerging priority work (e.g. Leadership in Ops).
- The TNA will guide targeted support and development strategies for managers, enhancing readiness and confidence to deliver significant and required organisational change.

Building Workforce Planning Expertise –

Workforce Planning

- In addition to a Strategic Workforce Planning training session delivered as part of the General Manager Optimising Operations Leadership programme, a further session was delivered as part of the first cohort of the ELEV8 Clinical Management Programme in April 2026. This will be repeated for each cohort of this programme going forward.
- A workforce planning briefing session was provided to the Health Board Local Partnership Forum (LPF) in March 2026.
- 43 Managers have completed the HEIW Introduction to Strategic Workforce Planning Online training module. Completion of this training is a pre-requisite for various leadership and management programmes and is actively promoted across the Health Board at every opportunity. It is a people priority as part of the 2026/27 annual plan, and compliance will be monitored every quarter.
- CAV UHB Education Commissioning numbers for programmes commencing in 2027/28, and workforce planning narrative were submitted to HEIW by 31 March 2026. This was achieved following a series of Education Commissioning Workshops delivered in October 2025 and engagement with clinical, service and professional leaders across the Health Board. The Health Board aims to improve its submission again in 2026/27 with improved engagement and submission.

- Developing workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability has been identified as a priority action as part of the Annual Plan for 2026/27.
- Further work and modelling is on-going to identify additional opportunities for roles to the Nursing and Midwifery Graduates as part of the All-Wales Nurse and Midwifery Graduate streamlining scheme for 2026/27

Voluntary Early Release Update

Prior to the centralised scheme, 5 applications were received and approved. The centralised scheme ran from June 2025 to December 2025. During this time, 151 applications were received. Of these applications: -

- 12 were supported by the Clinical Boards and Executive Panel.
- 131 applications were not supported by the Clinical Boards and therefore did not progress.
- 2 applications were withdrawn (by the individuals)

Since the centralised scheme closed, 6 further applications have been received and approved (with 3 individuals having left the UHB, and a further 3 individuals due to leave in April / May)

2 further applications are currently being processed, with their outcomes as follows:

Category	Amount (£)
Total compensatory Payment costs (to individual)	£39,876
Total Compensatory Payment including 15% on costs	£40,218
(Benefit)/Pressure in 25/26	£40,218
Recurrent Saving from 26/27 onwards	-£88,289

Total number of applications approved 2025/6: **23**

Estimated Annual Cost to UHB	Compensatory Payment as per VERS Paper	Compensatory Payment including 15% on costs	(Benefit)/Pressure in 25/26	Recurrent Saving from 26/27 onwards
£1,059,980	£728,337	£784,716	£436,805	-£1,059,980

(excludes PILON/PENP)

Next steps

Assurance - Measures have been put in place to ensure the posts related to VERS are removed from ESR and therefore show a reduction in head count.

Section 3 – Suspensions

Disciplinary cases that continue beyond four months should be reported to the Board of the UHB, together with information on the expected completion of the investigation. Regular summary reports should be made to Board meetings or an appropriate Board committee detailing the number of current suspensions and their duration. Information identifying individual employees should not, however, be presented in open Board meetings.

The UHB currently has seven staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct. Of these:

- Three individuals have been suspended/excluded for ten months. For all three, the internal process was initially placed on hold due to external proceedings; however, internal processes have since commenced. Of the three cases, one individual has been formally investigated in accordance with the All-Wales Disciplinary Policy and Procedure; the investigation has concluded and the case is now progressing to a formal disciplinary hearing. The remaining two are being formally investigated in accordance with the Upholding Professional Standards in Wales (UPSW) Procedure: for one, the investigation has concluded and the case is progressing to an extended UPSW panel, while the other investigation remains ongoing.
- Three individuals have been suspended/excluded for four months. Two of these are currently subject to ongoing formal investigation: one is being investigated in accordance with the All-Wales Disciplinary Policy and Procedure, and the other in accordance with the UPSW Procedure. The remaining case is currently on hold, and we are unable to progress with internal processes due to an ongoing external criminal investigation.
- One individual has been suspended for two months; the internal process is currently on hold as the case is subject to an external criminal investigation.

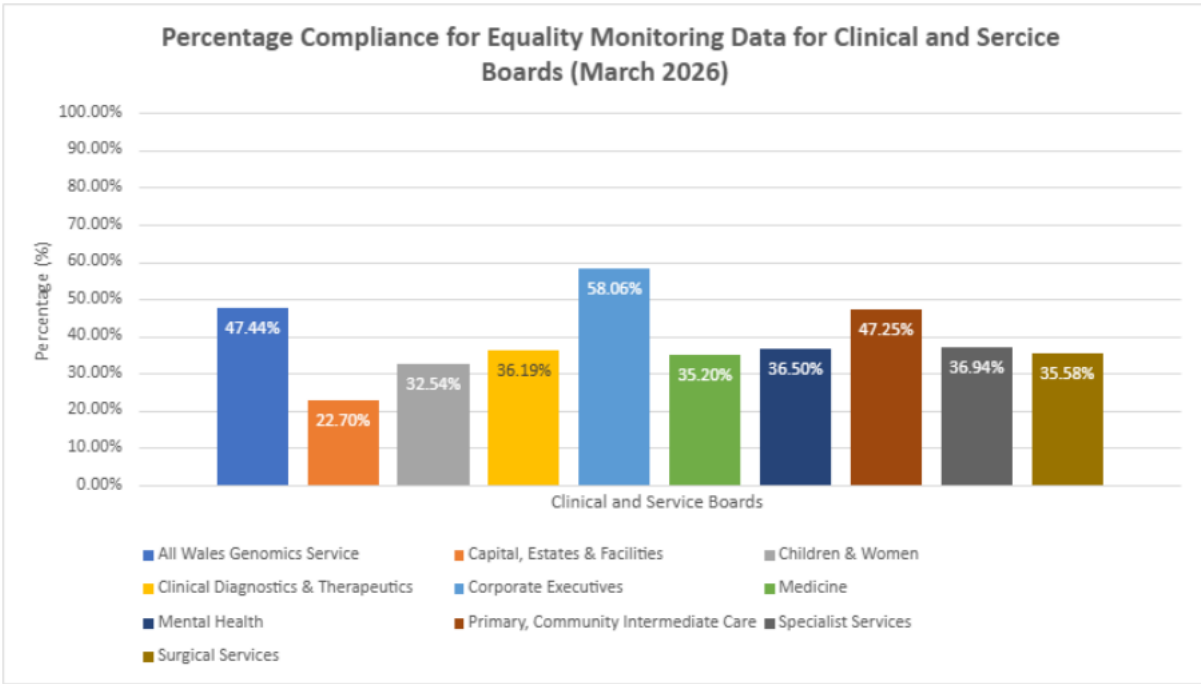
All cases are reviewed monthly to ensure suspension or exclusion remains appropriate.

Section 4 – Spotlight – Equity and Inclusion

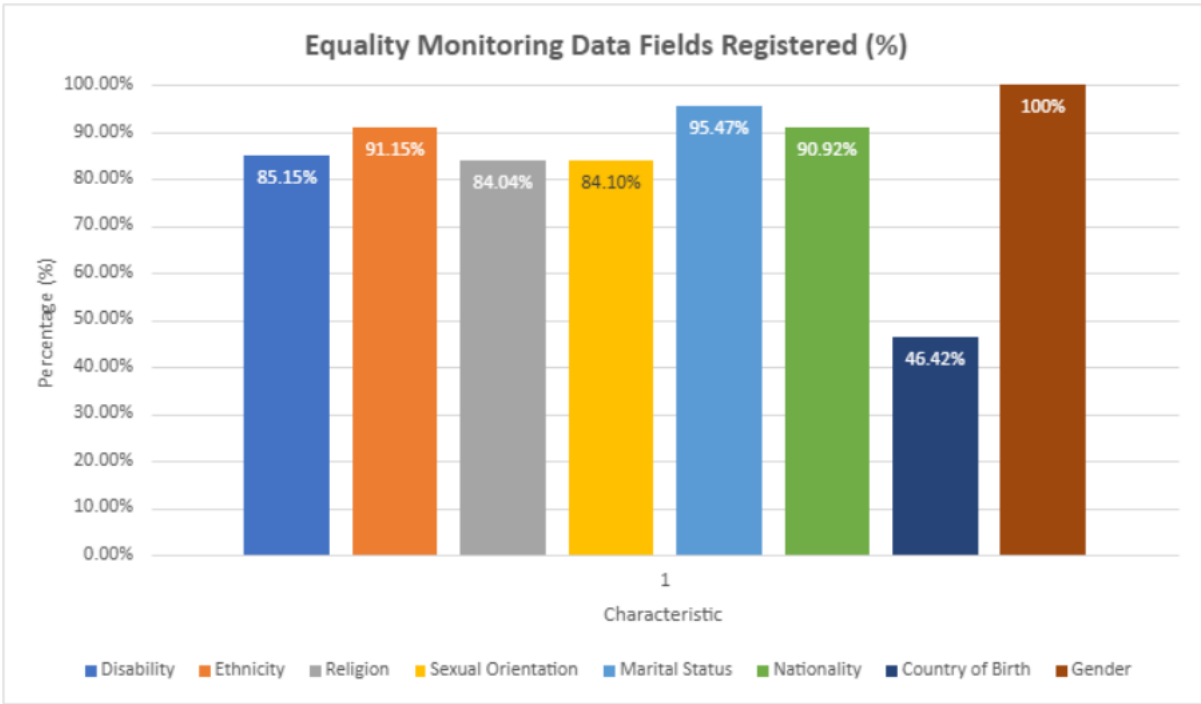
Equity and Inclusion activity across the Health Board continues to focus on strengthening statutory compliance, improving the quality and usability of workforce data, and embedding inclusive practice as part of everyday business.

Key priorities include delivery of the Strategic Equality Plan, the Workforce Race Equality Standard (WRES), Welsh Language Standards and the Public Sector Equality Duty. Equality data completeness has improved over the past year, increasing from approximately 34% to 37%, with several characteristics now recorded at consistently high levels — including Gender (100% compliant), Marital Status (c.95%), Nationality (c.92%), Ethnicity (c.91%) and Disability (c.84%), and Sexual Orientation and Religion in the low-to-mid-80% range.

It remains a constraint that ESR does not currently enable the routine capture of data for trans and non-binary staff, limiting the Health Board's ability to fully understand the experience of these groups.



- Data collection focus:** Current focus with Clinical and Service Boards has been on Welsh language skills registration, reflecting legal requirements under the Welsh Language Standards and findings from Welsh Language Commissioner enforcement investigations. As the organisation reaches the 85% compliance target, focus will shift more fully to other equality monitoring fields.
- Visibility and leadership ownership:** Clinical and Service Boards can access their equality monitoring data via the People Analytics SharePoint site, including trend analysis. The importance of equality data collection is reinforced through leadership and management training and discussed directly with senior leaders within Boards to support shared ownership and improvement.



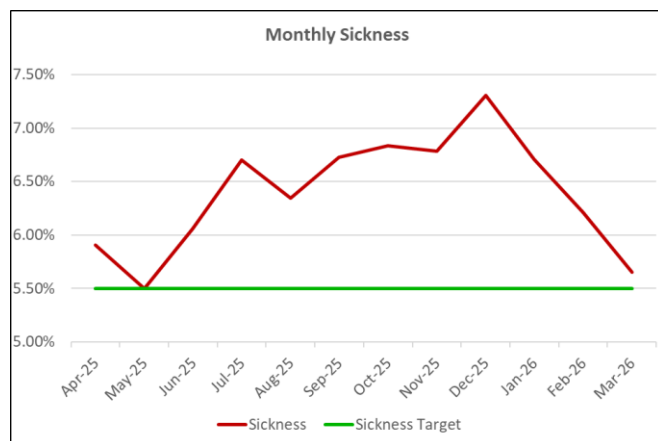
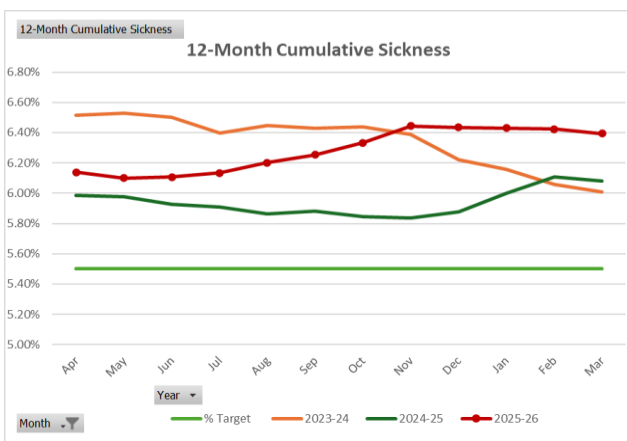
Overall compliance is most significantly affected by Country of Birth, which remains recorded for only around 45% of staff. As overall compliance is calculated based on all mandatory fields being completed, lower capture in this single characteristic continues to have a disproportionate impact on the Health Board's aggregate position, even where progress has been made elsewhere.

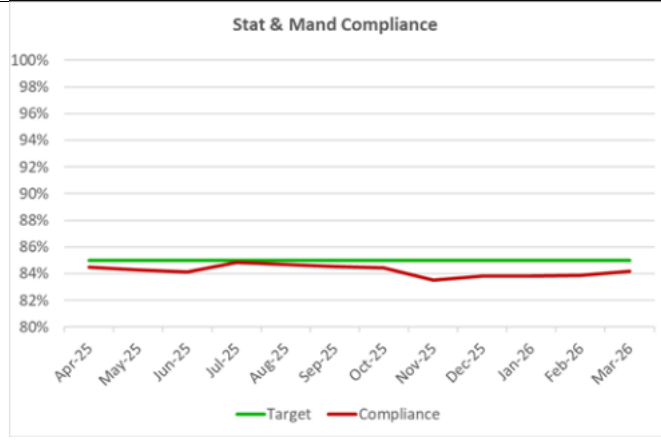
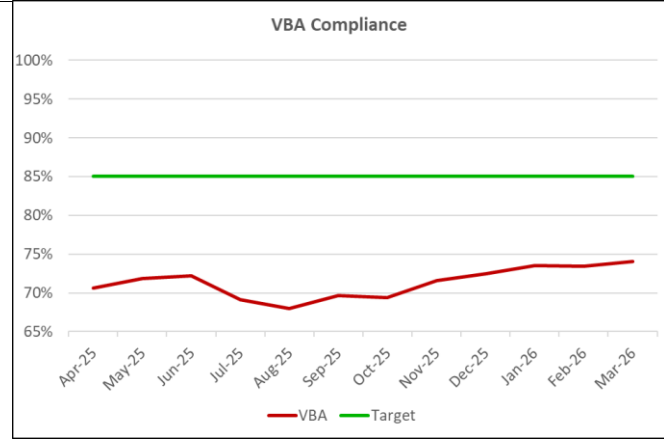
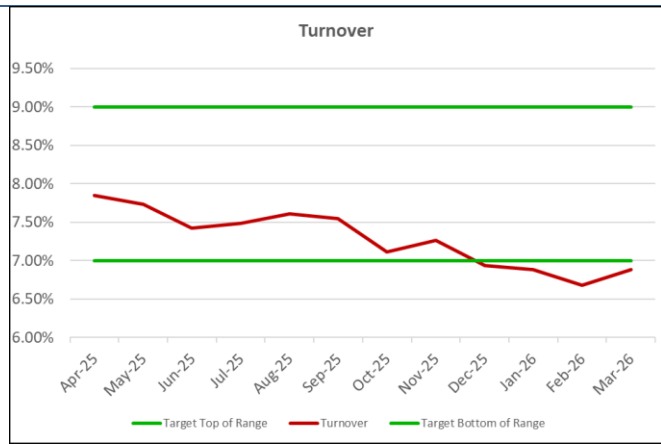
Alongside this data-led work, the Equity and Inclusion function operates across a broad and growing portfolio, balancing strategic development with high volumes of advisory and assurance activity. Ongoing priorities include embedding ownership of equity and inclusion within leadership and management practice; strengthening the clarity, governance and impact of staff networks as a key mechanism for staff voice and organisational learning; and supporting earlier identification and resolution of cultural issues.

Over the coming period, focus will be on bringing equity and inclusion activity into a clearer set of priority workstreams; significantly strengthening data intelligence through the development of Power BI dashboards, delivered with support from the wider People & Culture Team, to improve our understanding of workforce trends, variation and gaps; and using this enhanced insight to take a far more targeted, evidence-led approach with Clinical and Service Boards. As data maturity improves, we will work more closely with Senior Business Partners to strengthen local reporting and ownership, using a similar model to that applied successfully to Welsh language skills registration. Data, as a core Strategic Equality Objective, will continue to be reinforced through presentations to Clinical Boards (including at Local Partnership Forums), equity and inclusion training sessions, leadership and management development, and corporate induction. Subject to achieving the Welsh language skills 85% compliance target, a dedicated organisation-wide data improvement campaign will be undertaken to drive completion of remaining equality monitoring fields and further strengthen assurance.

Section 5 – Clinical Board Update – Children & Women’s Clinical Board.

The Clinical Board Spotlight for this month is being presented by the **Children & Women’s Clinical Board**. Below are the high level KPIs to support the discussion.





Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

This report provides the People and Culture Committee with assurance on key workforce performance measures and progress against the organisation’s People and Culture priorities. Regular reporting in this format strengthens governance by enabling the Committee to monitor workforce risks, scrutinise performance trends, and ensure accountability for delivery against agreed objectives. At the same time, it highlights the direct impact of our workforce agenda on the wellbeing, development and engagement of our staff, recognising that a supported and skilled workforce is fundamental to delivering safe, high-quality care for patients. The revised structure is designed to give greater clarity and consistency, while ensuring the Committee can focus on areas of assurance and areas requiring further attention

Recommendation:

The People & Culture Committee is requested to:

- **Note and discuss** the contents of the report

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an “X” in the below boxes as relevant.



Putting People First

1.

Click the objective above to view more detail.



Providing Outstanding Quality

2.

Click the objective above to view more detail.



Delivering in the Right Places

3.

Click the objective above to view more detail.



Acting for the Future

4.

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Long term

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Collaboration

Involvement

Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes –
(please provide completed QIA document)

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The majority of categories carry some workforce-related risks or implications, and these are addressed within the body of this report through updates on KPIs, key priorities, suspensions, and specific programme areas. Where marked "No" (Socio-Economic and Decarbonisation), the paper itself does not introduce new risks, though broader workforce activity may have indirect benefits. References to relevant sections are included below.

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Impact Assessment:

*Please state **yes** or **no** for each category. If yes please provide further details.*

Risk: Yes/No

Workforce risks around turnover, appraisal compliance, training compliance, and recruitment timelines.

Safety: Yes/No

Indirect safety implications from low Fire safety training compliance and staffing gaps.

Financial: Yes/No

Recruitment delays and workforce pressures could increase agency/locum spend; mitigations in progress.

Workforce: Yes/No

Direct implications through wellbeing, leadership development, workforce planning, and OD.

Legal: Yes/No

Suspensions and disciplinary processes managed under All-Wales policies and employment law.

Reputational: Yes/No

Risks if priorities (wellbeing, training compliance, Welsh language milestones) are not achieved.

Socio Economic: Yes/No - *Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)*

Equality and Health: Yes/~~No~~ - *Useful guidance on the completion of an EHIA can be found at the following link: [EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](#)*

Decarbonisation: Yes/No

No direct impact identified in this paper; workforce planning remains aligned to sustainability commitments.

Welsh Language: Yes/~~No~~

Progress improving, but risks remain if 2025/26 milestones are not achieved.

Approval/Scrutiny Route (*please note anywhere else this paper has been before*):

Committee/ Group/Exec	Date:

Report Title:	Staff Survey 2025			Agenda Item No:	2.4
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12.05.26
		Private			
Status (please only tick one)	Assurance	x	Approval	Information/Noting	
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Assistant Director of People and Culture / Head of OD and Culture				

Main Report

Background and Current Situation:

Situation

The 2025 NHS Wales Staff Survey results for Cardiff and Vale University Health Board have been published, with over 6,100 colleagues responding (34.8% response rate, above the NHS Wales average of 30.0%). This represents a significant increase in participation and provides a robust and credible insight into staff experience across the organisation.

The results highlight a consistent pattern of strong team-based culture alongside increasing pressure on staff experience, particularly in relation to morale, workload and confidence in care, with potential implications for the quality and sustainability of care provided to patients and communities.

This paper sets out the emerging organisational response, including a shift towards a more action-focused, locally owned approach, aligned with wider organisational priorities relating to leadership, culture, workforce and service performance.

Background

The NHS Wales Staff Survey provides a key source of workforce insight across nationally defined themes, including morale, inclusion, leadership, patient safety, learning and wellbeing.

For Cardiff and Vale UHB:

- The survey was conducted between 6 October and 1 December 2025
- Response levels increased by over 1,400 colleagues compared to the previous year
- Participation exceeded the NHS Wales average

The level of participation indicates that staff remain willing to share their experience and engage with organisational improvement, alongside an expectation that feedback will lead to visible change.

The findings are broadly consistent with the wider NHS Wales context, reflecting sustained operational, workforce and financial pressures.

Assessment

1. Key themes from the 2025 Staff Survey

The survey results present a clear and consistent picture:

Strengths

- Strong teamworking and peer support
- Positive relationships with immediate line managers

- A compassionate team culture

These remain important protective factors supporting staff and service delivery.

Areas of concern and risk

- Declining morale and signs of fatigue (morale now 50.1% positive down from 52.5% in 2024)
- Ongoing workload and staffing pressures (only 27.6% of staff feel there are enough staff to do the job properly)
- Reduced confidence in care standards (Friends and Relatives indicator reduced to 56.5%, a decrease of 4.7 percentage points (pp))

Taken together, these findings indicate increasing system pressure impacting staff experience, rather than isolated cultural concerns. These changes represent a consistent year-on-year decline across key domains, including engagement (−4.2pp), morale (−2.4pp) and working environment (−1.9pp). This is significant as staff experience is closely linked to patient outcomes, safety and the quality of care delivered.

2. Interpretation and organisational insight

The survey highlights a persistent perception among staff that there are insufficient staff to do the job properly. This is occurring alongside an overall increase in workforce numbers in recent years.

This suggests that the challenge is not solely one of workforce volume, but also reflects:

- how work is organised and prioritised
- alignment between demand and capacity
- skill mix and deployment of staff
- and the increasing complexity of care

This is further reflected in only 45.3% of staff reporting that they are able to meet conflicting demands in their role, down from 47.8% in 2024.

This reinforces the importance of understanding how work is experienced in practice at team level, rather than relying solely on organisational-level data.

3. Organisational risk

The results represent:

- a sustained trend over time, rather than a single-year fluctuation - this is not a crisis position, but represents a clear trajectory warning
- a potential credibility risk, where staff continue to engage but may not see sufficient change
- an early indicator of pressure impacting team sustainability, performance and confidence

Without a visible and effective response, there is a risk of further erosion in staff experience, engagement and organisational confidence.

4. Shift in organisational approach

In response, the organisation will adopt a more action-focused, locally owned approach, moving beyond a predominantly engagement-led model.

This reflects learning from previous cycles, where:

- engagement activity has provided valuable insight
- but has not consistently translated into visible change at local level

The revised approach will:

- identify a small number of priority pressure points at Clinical Board level
- support targeted team-level conversations to understand drivers of pressure
- enable Clinical Boards to take ownership of practical, locally deliverable actions
- prioritise visible and timely improvements for staff

This represents a shift from:

- broad engagement → targeted action
- central coordination → local ownership with central support

The primary measure of success will be whether staff can see and feel improvements in their day-to-day experience of work.

5. Alignment with wider organisational priorities

This work directly supports delivery of the Health Board's "Putting People First" strategic objective, ensuring that staff feel valued, supported and engaged through visible, locally driven improvement.

It also aligns with emerging People and Culture priorities for 2026/27, including strengthening leadership and management capability, improving workforce planning and use of workforce insight, supporting workforce health and wellbeing, and enabling the workforce elements of organisational redesign.

By focusing on how work is experienced and improved at team level, it contributes to the organisation's wider aim of reducing operational pressure and escalation, through earlier identification of risk, improved team functioning, and more sustainable ways of working.

This is further supported through alignment with key organisational programmes, including:

- Values Based Teams (VBT) – supporting teams to work through local challenges and strengthen behaviours and team functioning
- Cultural Early Warning System (CEWS) – enabling earlier identification of workforce and cultural risks through integrated insight
- Organisational redesign and leadership development – reinforcing consistent leadership practice and clarity of roles and responsibilities

Taken together, this ensures that the staff survey is not treated as a standalone exercise, but as a core component of a wider, integrated culture and performance system.

6. Monitoring and measuring impact

Progress will be monitored through a combination of leading indicators and outcome measures, ensuring impact is visible prior to the next staff survey cycle.

This will include:

Local delivery and visibility

- Clinical Boards identifying and progressing priority actions
- Evidence of targeted team conversations
- Demonstrable visible changes at team and service level

Staff experience and feedback

- Local qualitative feedback and emerging themes
- Early indications of improved confidence in speaking up and engagement

Workforce and organisational indicators

- Trends in key workforce metrics (e.g. absence, turnover, employee relations)
- Triangulation of data through the Cultural Early Warning System (CEWS)

This approach enables real-time assurance of improvement, rather than relying solely on future survey results.

Executive Director Opinion & Key Issues to bring to the attention of the **Board/Committee/SLT** (delete as appropriate)

The 2025 Staff Survey results provide a clear and credible indication of increasing pressure within the organisation, reflected in declining morale (50.1% positive), workforce pressure (only 27.6% of staff feel there are enough staff to do their job properly), and reduced confidence in care (Q17c – friends and family, at 56.5%).

Importantly, this is occurring alongside continued strength in team relationships and line management. This indicates that the primary issue is not one of staff commitment, but the sustainability and experience of work within the current operating environment.

A key issue for the Committee is the observed tension between staff experience of insufficient capacity and overall workforce growth in recent years. This suggests that the challenge is not solely about workforce numbers, but about how work is organised, prioritised and experienced in practice.

Previous organisational responses have placed significant emphasis on engagement activity and action planning. While valuable, these have not consistently translated into visible change for staff, creating a potential credibility gap.

The proposed shift to a more action-focused, locally owned approach is therefore necessary and proportionate. It is intended to:

- ensure staff feedback leads to practical, visible improvements
- strengthen Clinical Board accountability for delivery
- support earlier identification and response to emerging risks through CEWS
- align culture, leadership and workforce priorities with service delivery and performance

This represents a shift from:

understanding the problem → demonstrating change

The Committee should note that success will not be defined solely by future survey results, but by evidence that staff can see and experience improvement in their day-to-day working environment, supporting safer, more consistent care for patients and communities.

Appendices (please list any appendices that will accompany this report. Do **not** embed)

Recommendations:

It is recommended that the People & Culture Committee:





1. **Note** the headline findings of the 2025 NHS Wales Staff Survey.
2. **Endorse** the proposed action-focused, locally owned response model, which:
 - prioritises a small number of high-impact local improvements
 - strengthens Clinical Board accountability for delivery
 - reduces reliance on large-scale engagement activity in favour of targeted, team-level action
 - ensures staff feedback leads to visible and timely change
3. **Support alignment** of this approach with wider organisational priorities, including:

- leadership and management capability
 - Values Based Teams
 - Cultural Early Warning System (CEWS)
4. **Request ongoing assurance** through established governance routes that:
- local priorities and actions are being delivered
 - impact is monitored through **leading indicators and CEWS insight**
 - learning and effective practice are **shared across the organisation**

Further updates will be brought to Committee outlining progress, emerging themes and evidence of impact at team and service level.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “x” in the below boxes where relevant – *Click each item for further information.*

1.	<input checked="" type="checkbox"/>	 Putting People First	<input checked="" type="checkbox"/>	2.	<input checked="" type="checkbox"/>	 Providing Outstanding Quality	<input checked="" type="checkbox"/>
3.	<input checked="" type="checkbox"/>	 Delivering in the Right Places	<input checked="" type="checkbox"/>	4.	<input checked="" type="checkbox"/>	 Acting for the Future	<input checked="" type="checkbox"/>

Five Waves of Working (Sustainable Development Principles) considered:

Please place an “x” in the below boxes where relevant

Prevention	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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Quality Impact Assessment Completed?

Please place an “x” in the below boxes where relevant

Yes (please include the complete QIA document)	<input type="checkbox"/>	No (please provide reasoning e.g. not required)	<input checked="" type="checkbox"/>
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Impact Assessment

Please place an “x” in the below boxes where relevant

Risk: Yes/No (delete as appropriate)

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: Yes/No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Financial: Yes/No

Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: Yes/No

<p><i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i></p>
<p>Legal: Yes/No</p>
<p><i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i></p>
<p>Reputational: Yes/No</p>
<p><i>Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i></p>
<p>Socio Economic: Yes/No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: https://www.gov.wales/socio-economic-duty-guidance</i></p>
<p><i>The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.</i></p>
<p>Equality & Health: Yes/No</p>
<p><i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i></p>
<p>Decarbonisation: Yes/No</p>
<p><i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.</i></p> <p><i>These include:</i></p> <ul style="list-style-type: none"> • <i>A focus upon preventing ill health in our population</i> • <i>Saving energy or increasing throughput.</i> • <i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i> • <i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i> • <i>Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i> • <i>Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i> <p><i>Does the subject matter of your paper risk any of the above not being achieved?</i></p>
<p>Welsh Language: Yes/No</p>
<p><i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i></p> <ul style="list-style-type: none"> • More than just words: <i>Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i>

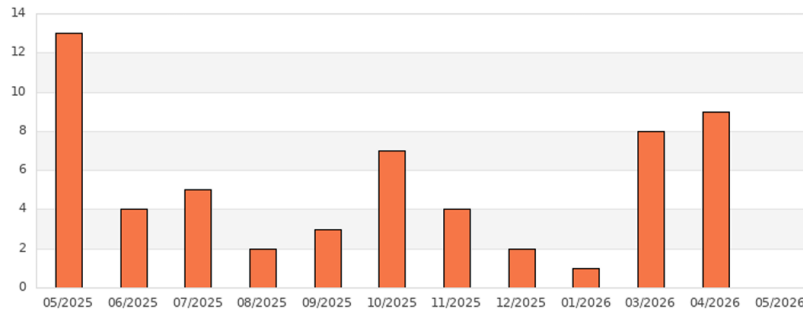
- **Accessibility and compliance:** Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.
 - **Patient understanding and safety:** Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?
 - **Staffing and resources:** Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?
- Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

Report Title:	Speaking Up Safely			Agenda Item No:	2.5
Meeting:	People & Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	12.05.2026
		Private	<input type="checkbox"/>		
Status (please only tick one)	Assurance	<input checked="" type="checkbox"/>	Approval	<input type="checkbox"/>	Information/Noting
Lead Executive Title:	Director of Corporate Governance				
Report Author Title:	Corporate Governance Officer				
Main Report					
Background and Current Situation:					
<p>Speaking up Safely (SUS) is the all-Wales framework to enable NHS staff to raise concerns. It replaced the Freedom to Speak Up initiative within Cardiff and Vale University Health Board (CAVUHB) and was launched on the 9th December 2024.</p> <p>A report on SUS was last presented to the Committee in June 2025.</p> <p>The Committee will recall that the fundamental requirement of a system was one based on trust, and so <u>Work in Confidence (WIC) was procured and installed</u> to provide a third party, completely anonymised system.</p> <p>The system is administered by 'connectors' - volunteers from among our colleagues who, with no additional pay or time, have offered to be involved and assist their colleagues.</p> <p>These people are there to provide an initial, impartial point of contact. They are neither involved to provide a 'management take' nor campaign on behalf of the person raising an issue. Where possible, they will 'connect' the individual raising a concern with the best place to get it resolved. This is why these system operators are called our 'connectors' – they operate as a one stop shop in essence, for example issues with the estate are referred to Capital & Estates and fraud concerns are connected to the Counter-Fraud team.</p> <p>Between December 2024 – 29 April 2026, 76 conversations have been started via speaking up safely.</p>					

Conversations raised by month in the last 12 months



Most Popular Day to Start a Conversation

Tuesday

Most Popular Hour to Start a Conversation

2 PM

Speaking Up Safely continues to be promoted across CAVUHB through a range of digital and targeted channels to ensure visibility and accessibility for all staff groups. This includes the Loop (for bank and temporary staff), ESR, email banners and signatures, and organisation-wide digital posters and screensavers.

Executive Director Opinion & Key Issues to bring to the attention of the Committee

There are currently 17 staff volunteers (known as Connectors) who operate the system in addition to their substantive roles, with no additional pay or protected time. Of these Connectors, 82% are female and 18% are male, of which 76% represent a clinical background and 24% represent a non-clinical background. There is still a need to grow the number of non-clinical connectors, engagement has been done with Capital, Estates & Facilities via their leadership meeting to identify potential connectors and conversations continue.

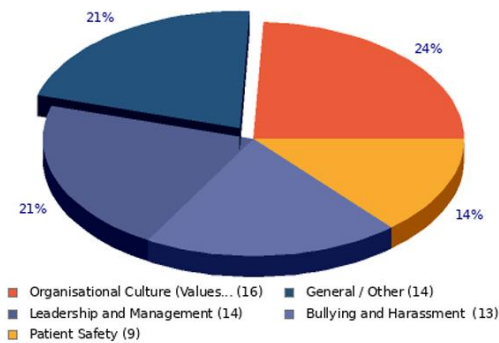
Connectors provide an initial, impartial point of contact: they do not offer a 'management' perspective, nor do they advocate on behalf of the individual. Where possible, they support the individual to identify the most appropriate route to resolution, effectively 'connecting' the concern to the right service or team as

As we learn from Speaking up Safely, a key focus has been supporting the Connector pool to reflect, share learning and maintain consistency of approach. Quarterly Connector check-ins have been held during 24-25 to provide ongoing support which have been positively received. Training for Connectors continues, with a refresher connector training session scheduled for May 2026. There is a continuous drive to recruit new Connectors across CAVUHB via training & promotional sessions to ensure that there is a sufficient pool available to support as growth increases.

We know from other organisations that it takes time for knowledge of the system to grow and so we have started doing bespoke sessions to grow awareness and promote speaking up safely. Targeted promotion has been undertaken across CAVUHB. In March 2026, focused face-to-face engagement in the Maternity Unit increased awareness and understanding of SUS and the WIC system and was followed by a clear rise in concerns reported during March and April, indicating increased staff confidence to speak up and positive feedback following the session.

Due to the anonymous nature of the WIC system, the information available from the data held is limited. This is because we prioritise anonymity at the expense of the quality of data. Monitoring therefore focuses on the category of concerns raised, with the most frequently selected category being Organisational Culture & Values, as set out below.

Your Top 5 Categories



A feedback questionnaire has been embedded within the Work in Confidence system to capture staff feedback on their experience of using the service and to ensure this feedback informs continuous improvement. This is automatically sent on closure of a case via the work in confidence system. Once five or more responses have been received (awaited), the results will feed directly into the system dashboard, supporting ongoing monitoring, learning and service development.

While the system is designed to protect anonymity and confidentiality, we are now able to draw a richer level of management information than was previously available. However, the insight that can be derived remains limited by design, and data must be interpreted cautiously.

Work is ongoing to ensure learning from Speaking Up Safelyis connected into wider organisational arrangements, including the Quality Management System (QMS), HR processes and the Shaping our Future Quality Excellence Strategic Programme. In due course, this will support more intelligent identification of any overlap between themes and enable earlier, preventative intervention where appropriate.

Appendices (please list any appendices that will accompany this report. Do **not** embed)

Work in Confidence Standard Report

Recommendation:

The Committee is asked to:

Note the work that has been undertaken to date to launch and embed SUS.

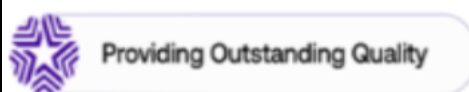
Link to Strategic Objectives of Shaping our Future Wellbeing:

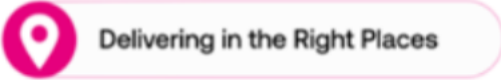
Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.



2.



3. 	4. 
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Five Waves of Working (Sustainable Development Principles) considered:
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Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Impact Assessment
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Decarbonisation: Yes/No

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These include:

- *A focus upon preventing ill health in our population*
- *Saving energy or increasing throughput.*

- *Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- *Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- *Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- *Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: Yes/No

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- **More than just words:** *Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
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Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:



**WORKINCONFIDENCE
CONVERSATION REPORT 2026
FOR CARDIFF & VALE HEALTH
BOARD**

For the period 09/12/2024 to 09/12/2025

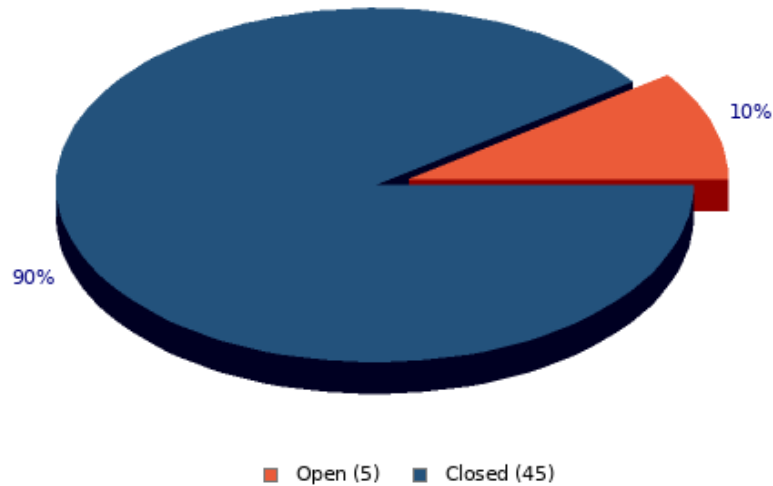
Overview

<p>User accounts registered since launch</p> <p>231</p>	<p>New user accounts registered during selected period</p> <p>148</p>	<p>User accounts activated during selected period</p> <p>143</p>	<p>Raised conversations during selected period</p> <p>50</p>
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<p>Open Conversations</p> <p>5</p>	<p>Closed Conversations</p> <p>45 ((90%))</p>	<p>Average time to first response</p> <p>2 days</p>	<p>Average time to close</p> <p>83 days</p>
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Conversations

Between 09/12/2024 to 09/12/2025 you had 50 conversations started. This is the current status of those.



Average time to first response

2 days

Average time to close

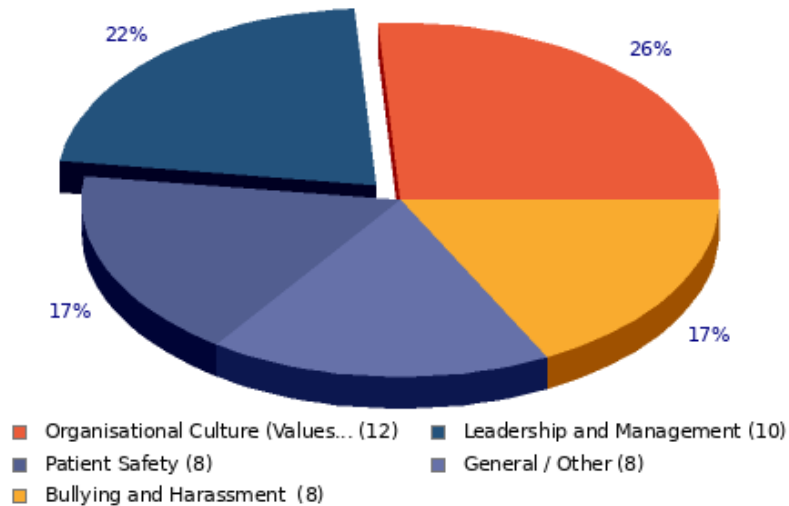
83 days

More information

Need some inspiration? Download our ["The Concise Guide to Engaging and Retaining Employees" ebook](#)

Categories

Your Top 5 Categories



Conversations Started by Category

Category	Number Received
Organisational Culture (Values...)	12
Leadership and Management	10
Patient Safety	8
General / Other	8
Bullying and Harassment	8
Health and Wellbeing	2
Health and Safety	1
Equality Diversity and Inclusi...	1
Total	50

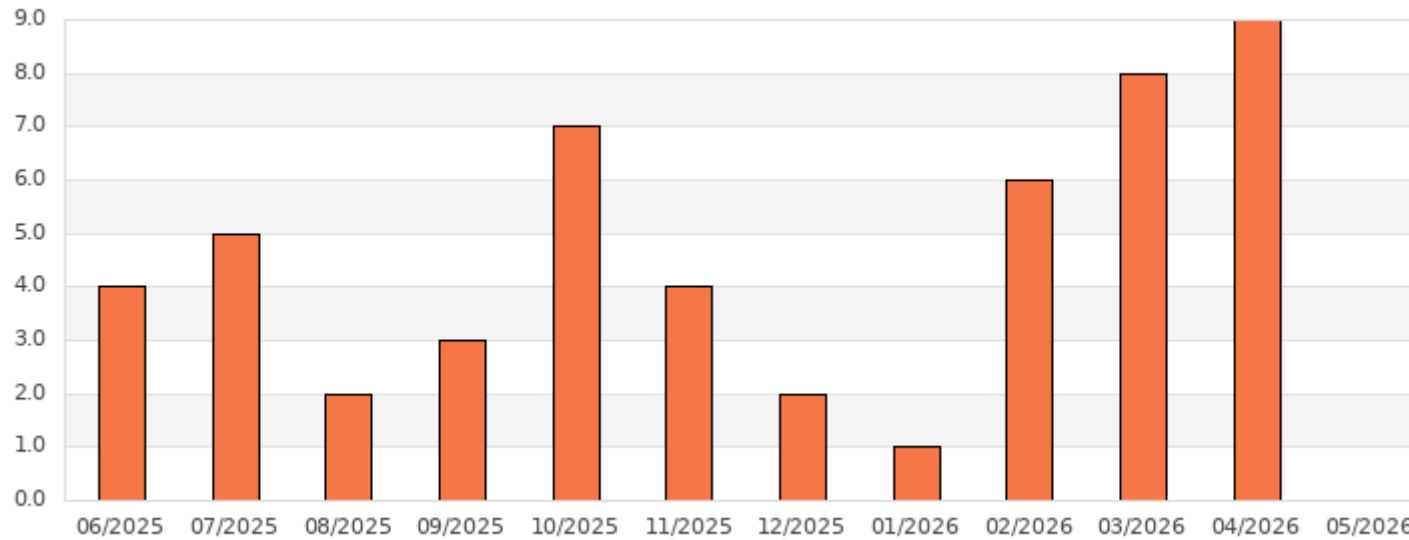
Note: Any categories marked as "Inactive" means that they have been removed from the system.

More information

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Interesting Statistics

Conversations raised by month in the last 12 months



Most Popular Day to Start a Conversation

Friday

Most Popular Hour to Start a Conversation

2 PM



support@workinconfidence.com

0114 304 9648



**WORKINCONFIDENCE
CONVERSATION REPORT 2026
FOR CARDIFF & VALE HEALTH
BOARD**

For the period 10/12/2025 to 30/04/2026

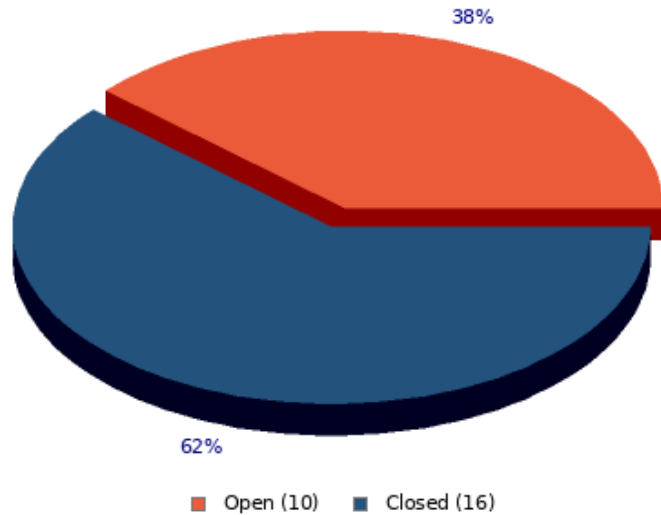
Overview

<p>User accounts registered since launch</p> <p>231</p>	<p>New user accounts registered during selected period</p> <p>55</p>	<p>User accounts activated during selected period</p> <p>50</p>	<p>Raised conversations during selected period</p> <p>26</p>
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<p>Open Conversations</p> <p>10</p>	<p>Closed Conversations</p> <p>16 ((61.54%))</p>	<p>Average time to first response</p> <p>1 days</p>	<p>Average time to close</p> <p>22 days</p>
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Conversations

Between 10/12/2025 to 30/04/2026 you had 26 conversations started. This is the current status of those.



Average time to first response

1 days

Average time to close

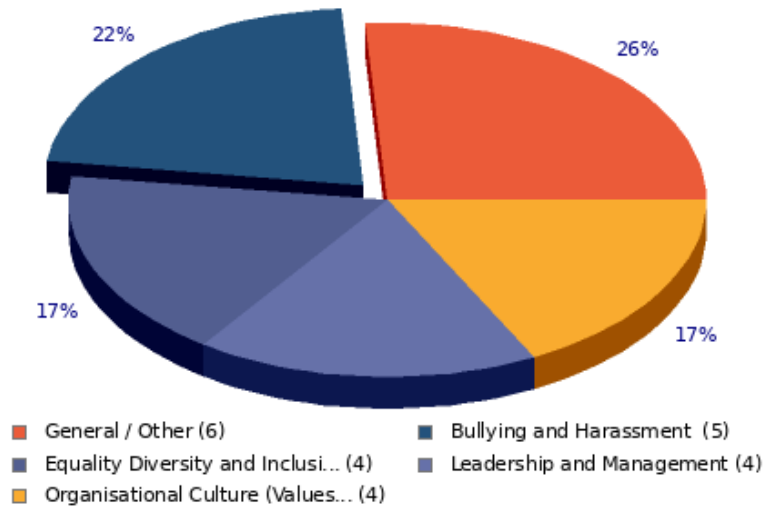
22 days

More information

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Categories

Your Top 5 Categories



Conversations Started by Category

Category	Number Received
General / Other	6
Bullying and Harassment	5
Equality Diversity and Inclusi...	4
Leadership and Management	4
Organisational Culture (Values...	4
Health and Safety	2
Patient Safety	1
Total	26

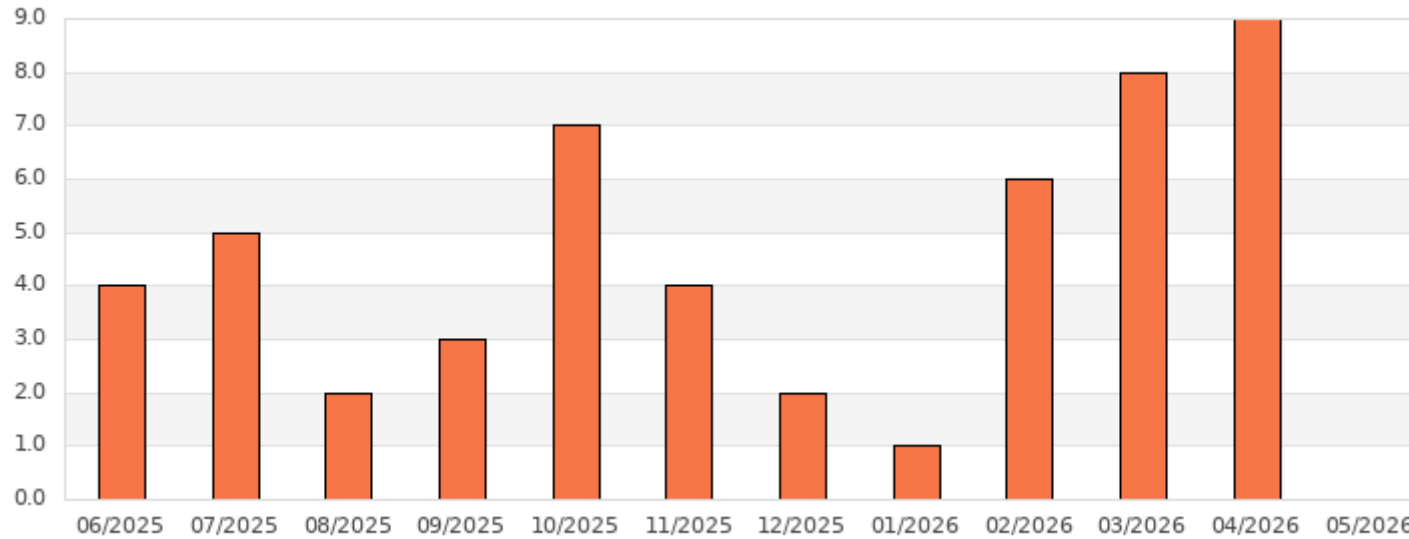
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Interesting Statistics

Conversations raised by month in the last 12 months



Most Popular Day to Start a Conversation

Tuesday

Most Popular Hour to Start a Conversation

2 PM



support@workinconfidence.com

0114 304 9648

Report Title:	Developing a Cultural Early Warning System		Agenda Item No:	2.6	
Meeting:	People and Culture Committee	Public	x	Meeting Date:	12.05.26
		Private			
Status (please only tick one)	Assurance	Approval		Information/Noting	x
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Assistant Director of People and Culture				

Main Report

Background and Current Situation:

Situation

The Committee is asked to note the direction of travel for developing a Cultural Early Warning System (CEWS) as part of a wider Values-Based Teams, Leadership and Organisational Insight Programme.

The purpose of this work is to strengthen organisational visibility of team functioning, staff experience and emerging cultural risk, enabling earlier identification of pressure and more coordinated support.

This work supports delivery of the Health Board's *Putting People First* priority and People and Culture Plan by strengthening workforce experience, leadership and team functioning, recognising that these are critical enablers of safe, high-quality patient care and outcomes.

This work also supports a wider organisational reset, reinforcing consistent expectations for values, behaviours and leadership practice across the Health Board.

The approach will be developed internally, drawing on learning from Welsh Ambulance Services NHS Trust (WAST), alignment with Health Education and Improvement Wales (HEIW) and emerging All-Wales work, and will be tested initially within Mental Health Clinical Board where work has already commenced.

Figure 1: What is CEWS (source: Welsh Ambulance Services Trust)

What is CEWS

- **Cultural Early Warning Score (CEWS)** is a practical tool that gives teams a snapshot of cultural health across three dimensions:
 - **Culture** – relationships, behaviours, inclusion.
 - **Capacity** – workload, wellbeing, resource pressures.
 - **Capability** – skills, compliance, turnover.
- It's not about blame or performance management - it's about **early detection** and **proactive improvement**.



Background

The Health Board currently holds multiple sources of intelligence relating to culture, staff experience and team functioning, including staff survey data, workforce indicators, Occupational Health and Employee Wellbeing Service data, speaking up intelligence, employee relations data, quality and safety indicators, incident reporting and performance information.

However, these sources are often considered separately, which can make it difficult to identify emerging pressures within teams early enough to provide timely support and intervention.

The 2025 NHS Wales Staff Survey, presented earlier on the agenda, provides a robust and credible insight into staff experience, highlighting strong team-based culture alongside increasing pressure on morale, workload and confidence in care. While the survey remains a key source of organisational insight, it provides a periodic snapshot rather than a continuous view. This reinforces the need for more timely, integrated insight to support earlier identification of pressure and more responsive action.

These findings have direct implications for patient safety, quality and experience, reinforcing the need for a more proactive and integrated organisational response.

Earlier scoping considered external digital options. Following this work, the preferred approach is to develop an internal CEWS and dashboard model, supported by existing workforce, digital and analytical capability. This approach allows the organisation to build a proportionate and locally relevant solution aligned to existing governance and assurance arrangements.

Development of the approach has been informed by engagement with external partners. The Health Board has worked with WAST to understand how they have developed and begun implementing a CEWS, with learning, tools and approaches being shared to inform local development. In addition, HEIW has been commissioned to scope a national culture and staff experience dashboard for Wales. The Health Board is maintaining close alignment with this work and contributing insight where appropriate, while progressing its own internal approach in response to organisational need.

Early engagement has also taken place with Trade Union partners, including participation in national learning through the Spread and Scale Academy. This has supported initial co-development of the approach and alignment with partnership working principles.

The CEWS approach is being aligned with a Values-Based Teams – Values Driven Performance model and the developing staff survey approach, ensuring that insight leads to local action, team conversations and leadership support rather than measurement alone.

Assessment

The proposed approach is to develop a Cultural Early Warning System that combines organisational insight with local team-based action.

The initial phase will focus on developing a minimum viable workforce insight view, supported through Power BI, bringing together workforce, wellbeing and staff experience data. Over time, this will be expanded to include quality and safety signals, incident reporting, operational performance and other relevant indicators, enabling a more integrated view of organisational pressure and risk. This strengthens the

organisation's ability to identify and respond to risks that may impact patient safety, quality of care and service performance.

This insight will not operate in isolation. It will be used alongside Values-Based Team interventions and structured team conversations to ensure that data informs action at team, Directorate, Clinical Board and organisational level.

Mental Health Clinical Board is proposed as the initial test site. Work is already underway through the Cultural Compass approach, which brings together indicators across quality and safety, workforce, performance and finance to support structured ward and team-level conversations. These conversations focus on understanding what is happening within teams, what action is being taken, what assurance can be provided, what support is required and where escalation is needed.

The initial pilot will focus on a small number of priority wards and teams, allowing the organisation to:

- test the practical application of team-level insight and conversations
- identify data quality and consistency issues
- understand how insight supports escalation and support
- refine the approach before wider rollout

Learning from Mental Health Clinical Board will directly inform the development of the CEWS model, dashboard design and wider organisational implementation.

The staff survey findings further reinforce the need for a more continuous and locally actionable approach to workforce insight. CEWS is intended to complement the survey by providing more regular, triangulated intelligence, enabling earlier identification of pressure and supporting targeted intervention.

Proposed Delivery Timeline

The development of CEWS and the associated Values-Based Teams approach will follow a phased delivery model:

- **By August 2026** – Workforce insight dashboard (Phase 1) and cultural heatmap in place, with initial use in pilot areas (including Mental Health Clinical Board)
- **By November 2026** – Expanded integration of workforce, staff experience and initial quality data, with approach refined and extended to additional priority services
- **By May 2027** – Integrated organisational insight model in use, with embedded governance, reporting and organisational assurance

This phased approach reflects the use of a minimum viable model initially, with progressive integration and scaling over time.

Executive Director Opinion & Key Issues to bring to the attention of the **Board/Committee/SLT** (delete as appropriate)

The Executive Director of People and Culture supports the development of an internally led Cultural Early Warning System as a proportionate and pragmatic approach to strengthening organisational insight, leadership response and workforce sustainability.

This is not a standalone dashboard development, but a deliberate organisational reset, reinforcing consistent expectations for values-based behaviours, leadership practice and accountability across all teams.

This approach forms part of a wider organisational model to strengthen team functioning, leadership consistency and organisational performance, underpinned by values-based team working. It directly supports delivery of the Putting People First priority and wider People and Culture Plan, ensuring that improvements in workforce experience translate into safer, more consistent care for patients and communities.

Key issues for the Committee to note are:

- The need to move from periodic, retrospective insight to more continuous and actionable intelligence
- The importance of aligning data with local team-based conversations and leadership action, rather than measurement alone
- The decision to progress with an internally developed approach, informed by WAST and aligned with emerging national work through HEIW
- The use of Mental Health Clinical Board as an initial test site, enabling practical learning before wider rollout
- The requirement for collaboration across Clinical Boards, People and Culture, Quality and Safety, Digital and operational teams, with ongoing engagement with Trade Union partners to support co-development and implementation.
- The need to ensure the approach is clearly positioned as supportive and improvement-focused, avoiding perceptions of surveillance or punitive monitoring
- The importance of maintaining a realistic, phased approach given organisational capacity constraints

Delivery milestones are aligned to organisational escalation requirements, with Phase 1 workforce insight and cultural heatmap capability expected by August 2026.

Appendices (please list any appendices that will accompany this report. Do not embed)





Recommendations:

The People and Culture Committee is asked to:

1. **Note** the direction of travel for developing an internally led Cultural Early Warning System as part of the wider Values-Based Teams, Leadership and Organisational Insight Programme
2. **Note** the alignment with learning from WAST and emerging national work through HEIW
3. **Support** the use of Mental Health Clinical Board as the initial test site for the CEWS and Cultural Compass approach
4. **Note** that learning from the test site will inform wider organisational rollout, dashboard development and governance arrangements
5. **Receive** a further update on progress, including early learning, refined indicators and implications for wider implementation

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.  Putting People First	x	2.  Providing Outstanding Quality	x
3.  Delivering in the Right Places		4.  Acting for the Future	x

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	x	Long Term	x	Integration		Collaboration	x	Involvement	x
------------	---	-----------	---	-------------	--	---------------	---	-------------	---

Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	x	
--	--	---	---	--

Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: Yes (delete as appropriate)

Risks associated with delivery, capacity and engagement are outlined in the main body of the report. These include potential capacity constraints, perception risks and the need for effective engagement across Clinical Boards. A phased, pilot-led approach and Executive sponsorship are in place to mitigate these.

Safety: No

There are no direct patient safety risks arising from this paper. The proposed approach is intended to strengthen early identification of workforce and cultural pressures, which supports safer care delivery.

Financial: No

There are no direct financial implications associated with this paper at this stage. The approach is based on utilising existing organisational capacity, with any future resource requirements to be considered as the programme develops.

Workforce: Yes

The proposals have workforce implications, including expectations on Clinical Boards and teams to engage in structured conversations and local action. These are being mitigated through a phased, prioritised approach aligned to existing work and organisational priorities.

Legal: No

There are no direct legal implications arising from this paper. The approach aligns with existing governance, employment and regulatory frameworks.

Reputational: Yes

There is a reputational risk if workforce insight does not translate into visible improvement. This is mitigated through a clear focus on action, local ownership and alignment with the staff survey response and wider organisational priorities.

Socio Economic: Yes - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <https://www.gov.wales/socio-economic-duty-guidance>

The proposals do not constitute a strategic service change at this stage. However, the approach supports improved understanding of workforce and service pressures, which may contribute to more equitable outcomes over time.

Equality & Health: No

An Equality Health Impact Assessment is not required at this stage. Equality considerations will be incorporated as the approach develops, particularly in relation to workforce experience and access to support.

Decarbonisation: No

There are no direct implications for decarbonisation arising from this paper. The approach focuses on organisational insight and team functioning.

Welsh Language: No

There are no direct Welsh language implications arising from this paper. The approach will align with Welsh Language Standards as it develops, including consideration of bilingual communication and accessibility where required.

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:

C&W Clinical Board People and Culture Plan

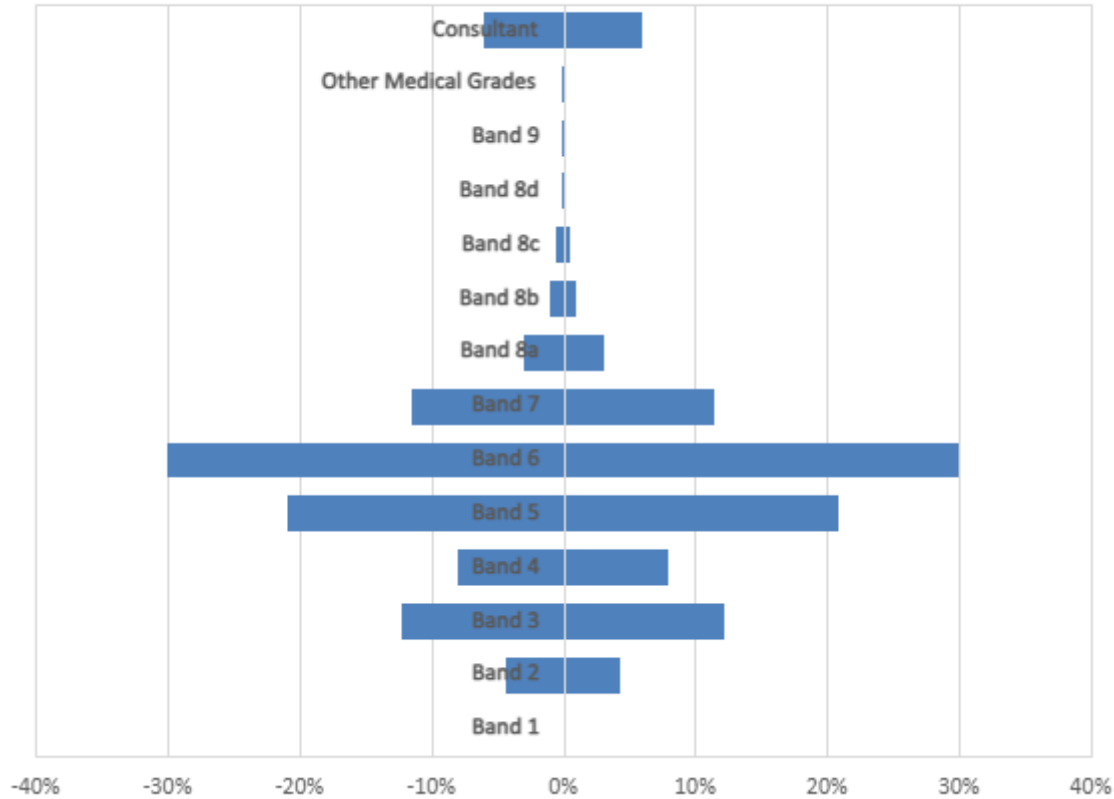
People & Culture Committee

March 2026

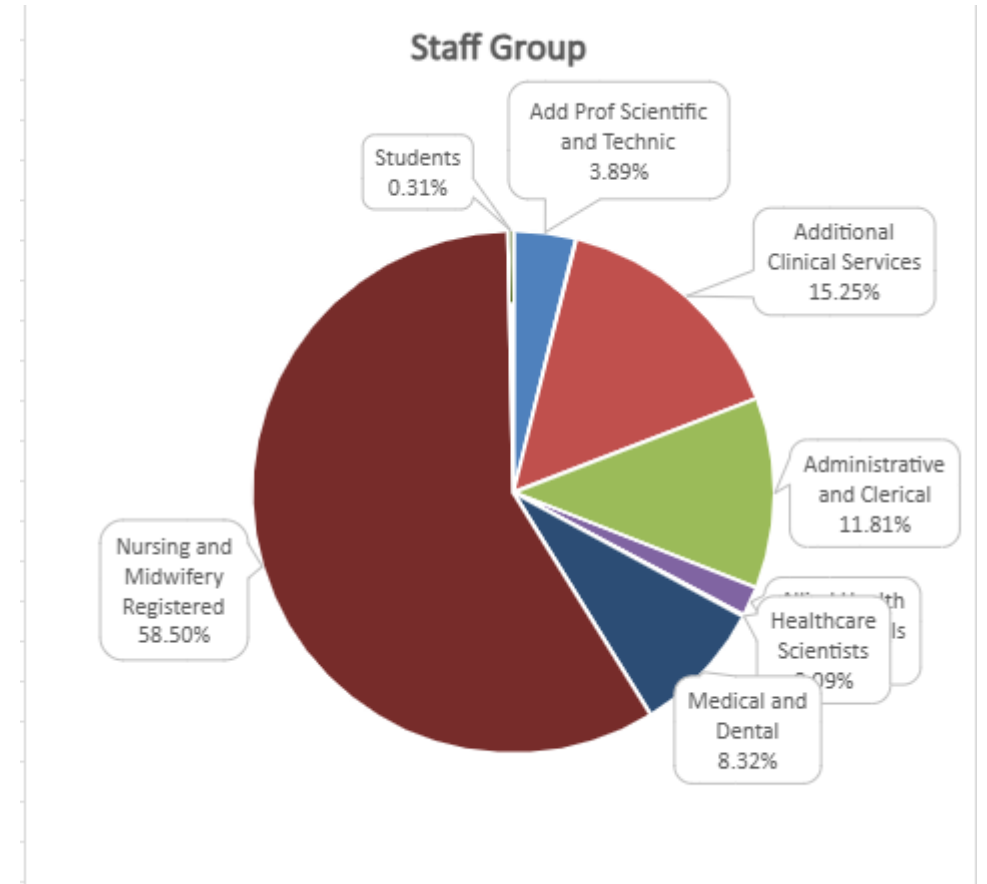


Workforce Profile as at March 2026

Christmas Tree by Pay Band

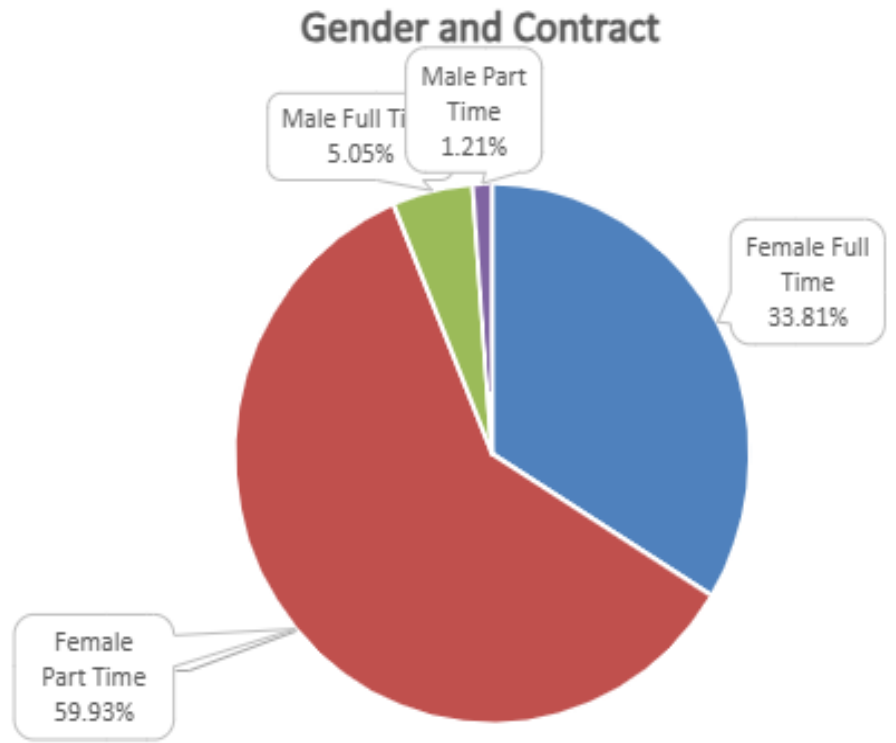
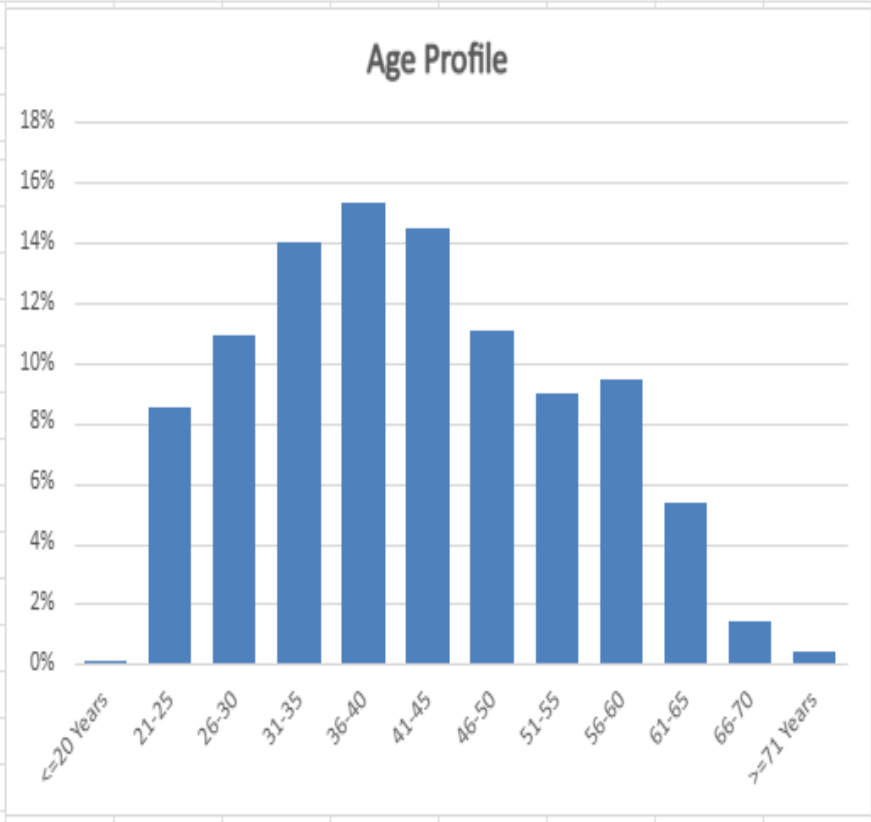


Staff Group

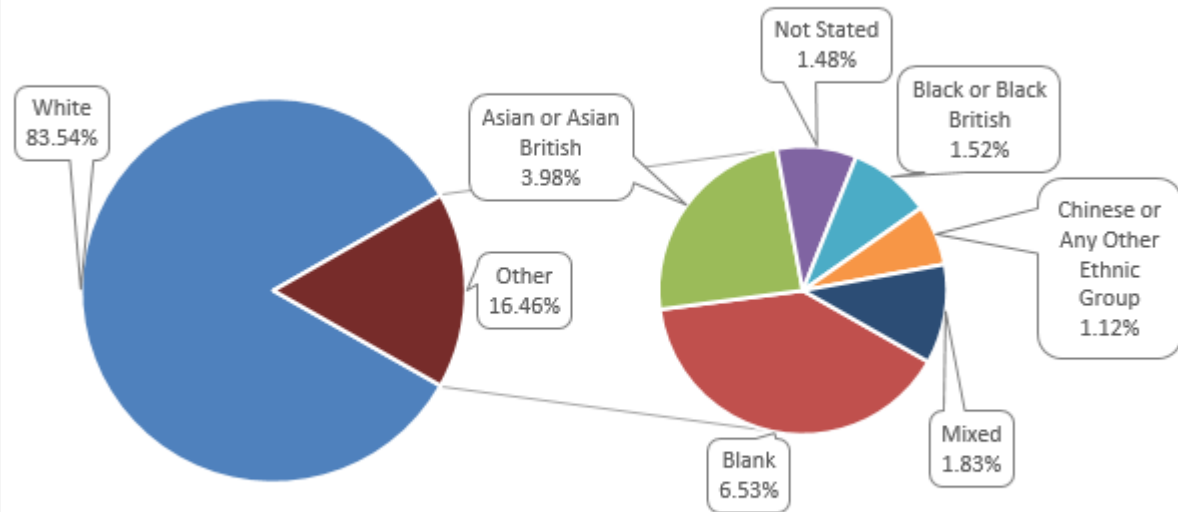


Clinical Board	Children & Women	↕
Directorate	(All)	▼
Department	(All)	▼
Staff Group	(All)	▼
Payband	(All)	▼

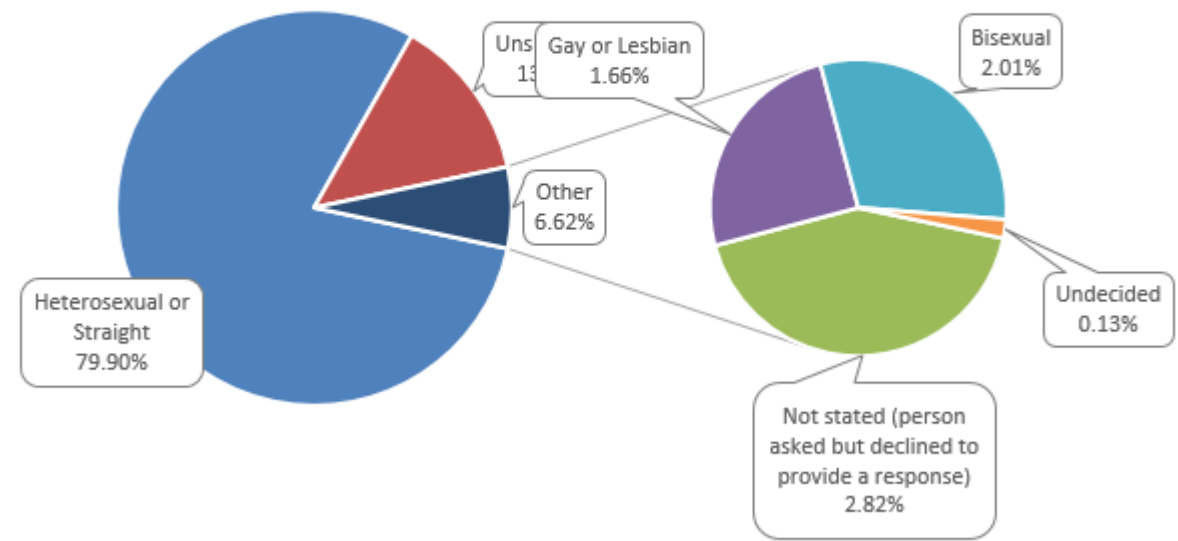
Age Band	Headcount
<=20 Years	3
21-25	190
26-30	244
31-35	313
36-40	343
41-45	323
46-50	247
51-55	201
56-60	212
61-65	119
66-70	31
>=71 Years	10
Grand Total	2236



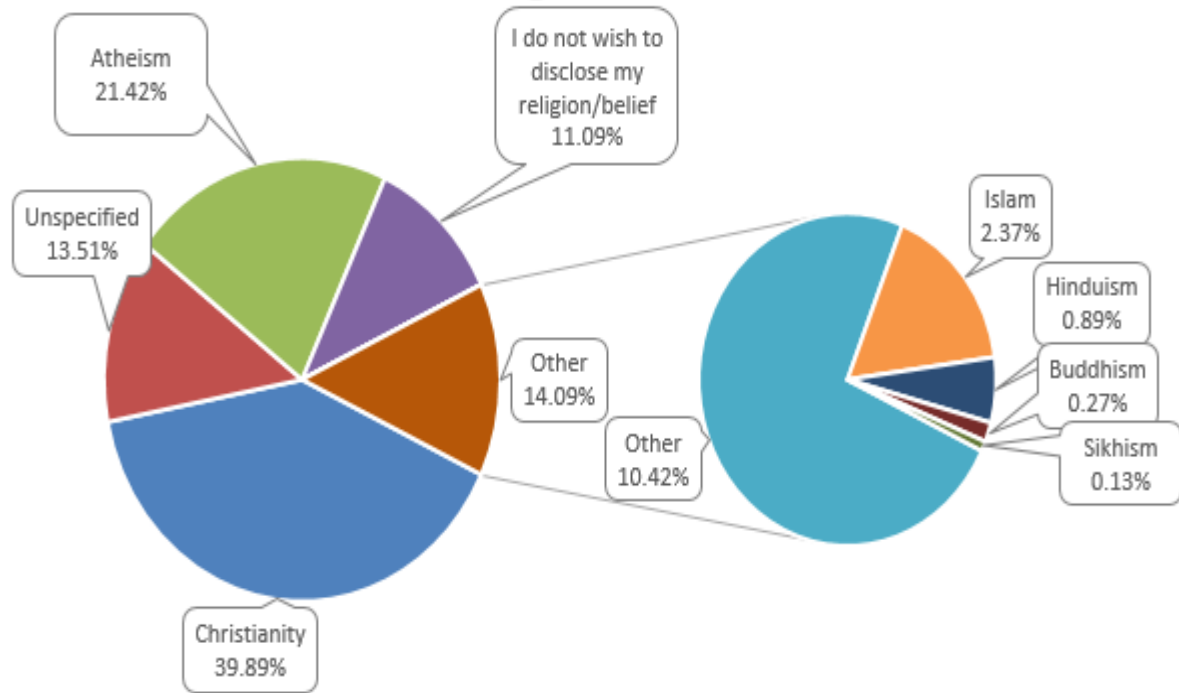
Ethnic Group



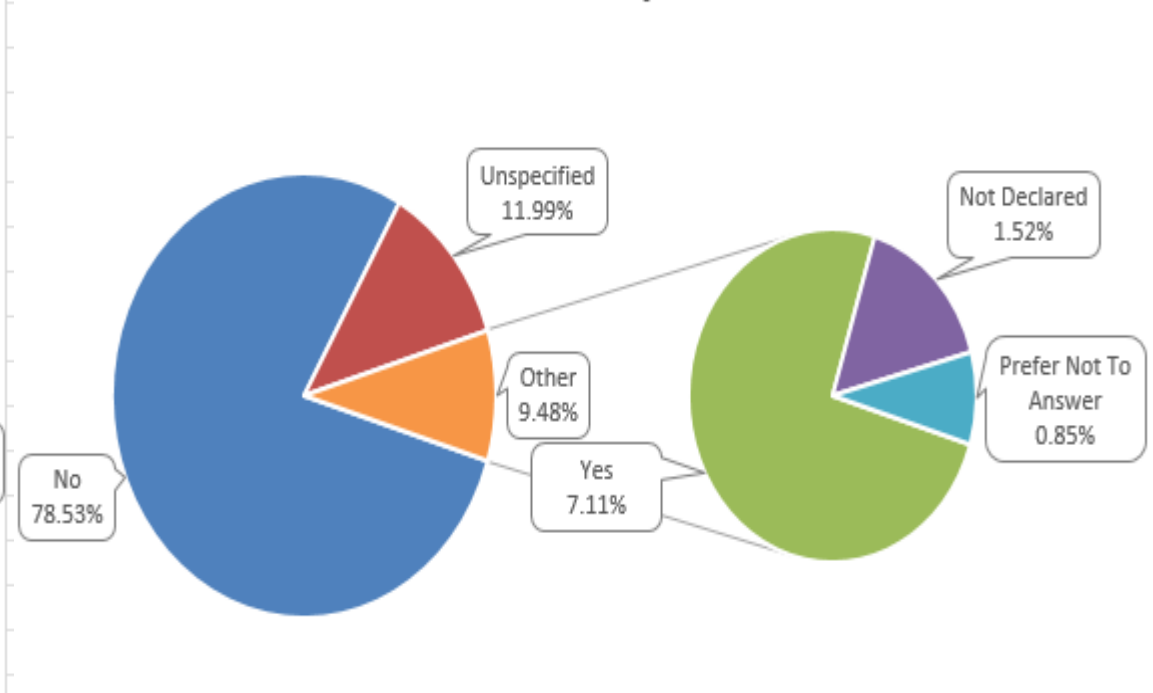
Sexual Orientation



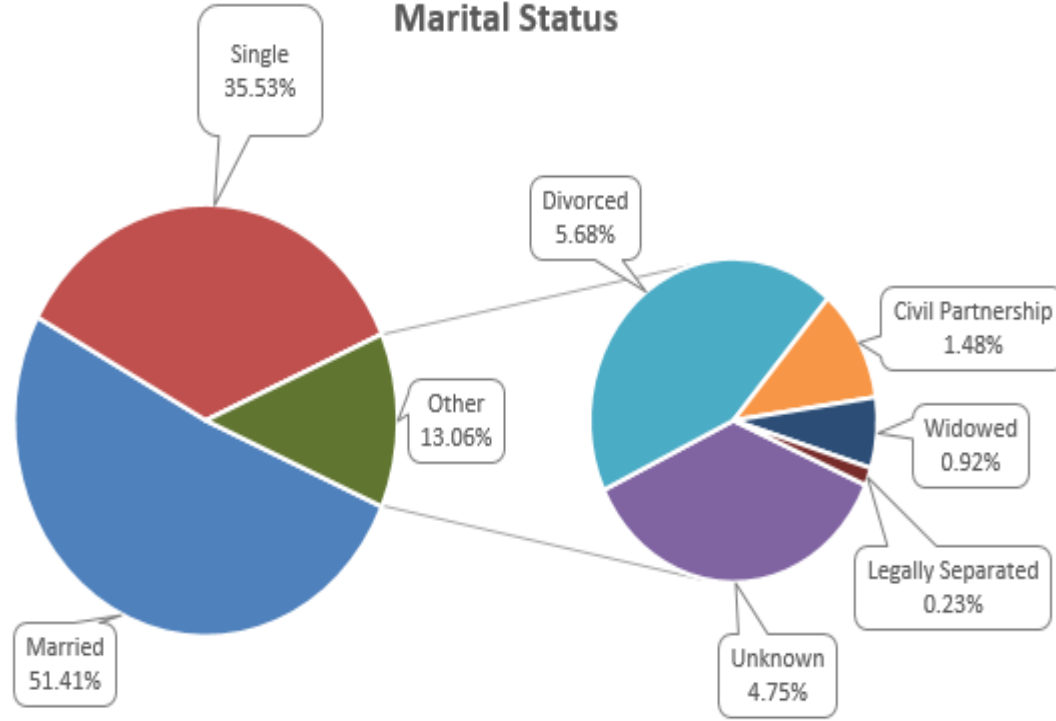
Religious Belief



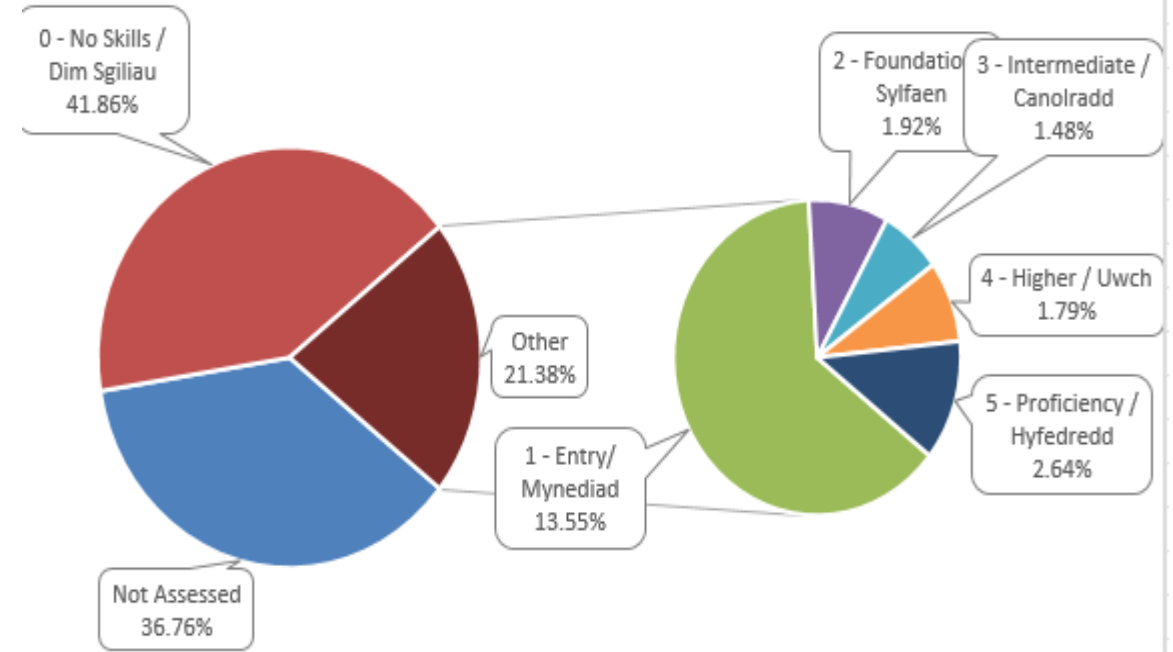
Disability



Marital Status



Listening/Speaking Welsh



C&W CB Workforce KPI's March 2025

Key headlines:

Sickness

- CB Cumulative sickness is at 6.40% across the last 12 months. (UHB target of 6%)

Turnover

- The turnover rate is high for the CB but has followed the UHB reduction trend over the last 12 months. This is on a steady downward trend and has seen a fall from 11.26% in March 2024 and 8.33% in March 2025 to 6.68% in March 2026.

Stat & Mand training

- The CB remains fractionally short of the 85% target for Statutory and Mandatory training compliance is at 84.45%, we aim to achieve compliance by the end of April 2026.

VBA

- The CB has not yet met the UHB VBA target, however the CB continues to strive to achieve the target of 85%, with a credible trajectory in place to do so by the end of April 2026. Performance has improved from 70% at the start of the year to 74.06% to date. Performance is monitored weekly, and via Directorate Performance Reviews.

NHS Staff Survey

- 725 staff employed within C&W CB at Cardiff and Vale University Health Board completed the survey in 2025 (out of an eligible 2,324). This equates to a response rate of 31.2%. This is compared with the 30.0% overall NHS Wales response rate for 2025.



Clinical Board Approach to People & Culture

Whilst the linkages between Quality, Safety and Experience, and the four quadrants below are often assumed, we have worked hard this year to change the culture within the Board, to make these links explicit.



Staff are our greatest asset, great teamwork creates great care

Key CB P&C Plan Achievements – Year 2



Seamless Workforce Models & Workforce Supply and Shape:

Skill mixing in HV and School nursing teams

Childrens Community Nursing Service and respite co -provision

Implementation of Maudesly Model for Eating Disorders

Midwifery Practitioner Roles in development

Band 4 Midwifery support workers being trained

Introduction of Assistant Practitioners into CHFW and CYPFS



Engaged, Healthy and Motivated Workforce:

Staff Newsletters/VLOG/SWAY

Establish Managers daily intentional check in rounds

Staff Refreshments

Inclusion Ambassadors for all 10 protected characteristics

Workforce and Staffside walkarounds

Established Internationally Educated Nurses forum

Introduced Sustaining Resilience at Work Practitioners

RCM Caring for You Charter Signed



Attract, Recruit and Retain:

Attract, Recruit

Attended National Recruitment Events

Hosted C&W Board specific recruitment events

Active presence on social media

Internationally educated nurses recruited x15

Retain

Staff Voices QR Code

Thank you QR code

Hug in a Mug

Greatix

Key CB P&C Plan Achievements – Year 2



Digital Ready Workforce:

First Maternity Unit in Wales to implement Safe Care

An initiative automate administrative processes in maternity. This was achieved by maximizing the functionality of existing digital systems and building new digital solutions within Microsoft 365. This has resulted in **15-34 hours of clinical time saved per day** that can be redirected back to patient care.

The digital process that was developed in Cardiff for women to digitally self refer into maternity services has been adopted in CTMUHB and Swansea Bay.

Introduced Maternity dashboard and working towards a Peri-natal dashboard.

Introduced Tendable Summer 2022

Health Roster and Safecare adopted across all areas Summer 2023

Cardiff Maternity Safecare System adopted by WG to be rolled out across all Health Boards in Wales

AMAT and Q-pulse systems used to log audits and action plans following inspections and NRI's

School In-Reach - move to digital referrals

- digitised referral process from schools
- School Nursing - entirely digitised paper consent process for school immunisations
- Use of Attend Anywhere across all services to support the delivery of a blended offer children, young people and families. Supports work/life balance for staff allowing for off site / homeworking as appropriate



Education and Learning:

Hosting Diverse Cymru

Cultural Competency

Course in Maternity

Baby Lifeline Human factors

PBS training

Teach or Treat

HDU training for Midwives



Leadership:

Lunchtime Leadership Sessions – covering Civility Saves Lives, Inclusive Leadership, Psychological Safety, Compassionate Leadership and Leadership for Improvement

Meet the Manager Days for new starters

Substantive appointment of Director of Midwifery

Clinical Lead for Neuro Developmental programme

Establish Weekly Listen and Learn Visits

Roath Park Walk and Listen Sessions

Senior Clinical Leadership attendance at every handover

Led and Implemented Organisational Change Process and embedding strengthening Senior Manager On Call arrangements across the UHB

Reshaping our Workforce Plans



Workforce Sustainability:

Enhanced CB vacancy scrutiny
Review of fixed term contracts and retire & return applications
Opportunities for skill mix reviews e.g.,
Further roll out of Health Roster e.g.,
Community Paediatrics and Midwifery
Plans to undertake deep dives with individual directorates to examine workforce baselines, financial position, review governance arrangements for high-cost variable pay, reduction of pay bill, digital and other opportunities.
Sickness scrutiny panels established and OH involvement.



Recruitment and Retention plans:

Workforce redesign plans– including opportunities for apprentice roles, further opportunity to create Band 4 Posts, 8B ANNP roles
Continue with active recruitment to reduce variable pay
Skill mix review – considered wherever possible – with particular reference to Health Visiting and School Nursing
Agreed uplift to Maternity and Neonatal establishments to offset high level of Maternity



Introduction of new roles:

Director of Midwifery
Family Involvement Care roles in NICU
Specialist Lactation Nurse NICU
Community Connecters
Data Manager CHFV
Assistant Practitioners – acute and community
Physicians Associates
Transformation Manager
Rotational HCSW roles between CHFV and Children Young People and Families
Stoma Specialist Nurse
Continence Specialist Nurse
NICU Governance Lead



Digital Transformation Plans:

Continued use of virtual consultation resources to deliver efficient services across all areas
App development underway staff can see all the overtime shifts available 2 months in advance and book them via their phone. This is aimed to increase Maternity staffing numbers.
Digital National Care Record being developed for Paeds
Use of Civica data to support cultural improvement



CB Hotspots



Neonatal Intensive Care



Obstetrics and Gynaecology



Childrens Community Nursing
Service

Lessons learnt / areas of good practice



INCLUSION AMBASSADORS

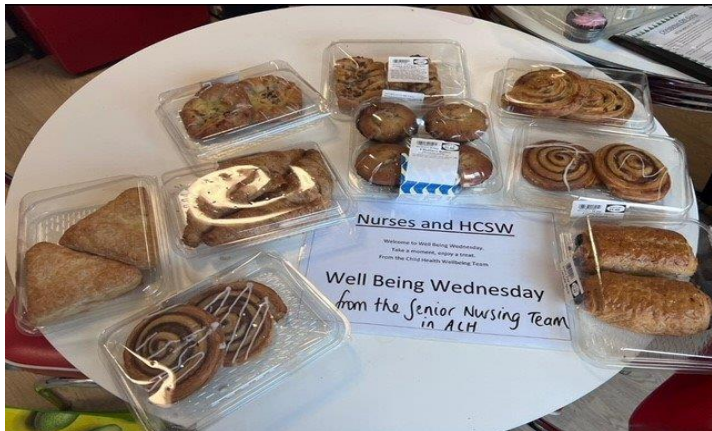


STAFF RECOGNITION,
LISTENING AND LEARNING



WELLBEING

International Day of Midwife / International Day of Nurse



O&G civility saves lives



NHS survey

B,C,YP strategic plan



CH4W and Figureof8 Christmas lights

Report Title:	People Policies Report		Agenda Item no.	3.1		
Meeting:	People and Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date: 17.05.26		
		Private	<input type="checkbox"/>			
Status (please tick one only):	Assurance	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture					
Report Author (Title):	Head of People Assurance and Experience					

Main Report

Background and current situation:

The purpose of this paper is to inform the Committee of the development of two new All-Wales policies: the All-Wales Disciplinary Policy and Process and the All-Wales Improving Performance at Work Policy, and to seek endorsement for their adoption by Cardiff and Vale University Health Board.

These policies have been developed on a partnership basis through the Welsh Partnership Forum and are intended to replace the current Disciplinary Policy and Capability Policy.

Background

NHS Wales has undertaken a programme of work to develop a consistent, modernised suite of All-Wales workforce policies, aligned to the NHS Wales Core Principles and underpinned by a shared commitment to fairness, consistency, and staff wellbeing.

The new All-Wales Disciplinary Policy and Process and Improving Performance at Work Policy have been developed collaboratively with trade union partners through the Welsh Partnership Forum and reflect learning from across NHS Wales, emerging evidence, and best practice. All Health Boards and NHS Trusts in Wales are required to adopt these policies in full to ensure a consistent approach to managing conduct and performance issues across NHS Wales.

Key Features

The new All-Wales policies introduce a more consistent, values-led approach to managing conduct and performance across NHS Wales. Both policies place a strong emphasis on early intervention, supportive management, and ensuring that concerns are addressed in a fair, timely and proportionate way. They reinforce the importance of compassionate leadership, psychological safety, and creating an environment in which staff feel supported to raise concerns and improve.

The policies also strengthen expectations in relation to equality, inclusion and cultural awareness, recognising the need to address potential bias and ensure fair and equitable outcomes for all staff.

In addition, both policies introduce clearer governance arrangements, defined roles and responsibilities, and improved consistency in how cases are managed across organisations.

Differences from Previous Policies

Disciplinary Policy

The All-Wales Disciplinary Policy introduces a more values-based and restorative approach to managing conduct concerns, with a stronger emphasis on early resolution and learning before formal action is taken.

A key change is the introduction of a structured fact-finding assessment, which must be undertaken before any formal disciplinary process is initiated. This supports more informed decision-making and helps ensure that formal processes are used only where appropriate.

The policy also strengthens the focus on fairness and inclusion, with greater emphasis on addressing unconscious bias, cultural awareness, and ensuring equitable outcomes. It introduces clearer roles within the process and reinforces the importance of staff wellbeing throughout.

Formal processes have been simplified, including changes to the framework of disciplinary outcomes, while maintaining robust arrangements for managing serious misconduct.

A copy of the All-Wales Disciplinary Policy and Process and EHIA are attached as Appendices 1 and 2.

Improving Performance at Work Policy

The new Improving Performance at Work Policy represents a shift from a formal, staged capability process to a more supportive and improvement-focused approach and replaces the previous NHS Wales Capability Policy.

The policy places greater emphasis on early identification of concerns, structured conversations, and the use of performance improvement plans to support employees to achieve the required standards. It reduces reliance on formal warnings in the earlier stages and instead focuses on coaching, support, training and clear expectations, with formal action reserved for cases where improvement is not achieved.

The policy also strengthens the consideration of individual circumstances, equality, cultural factors and potential bias in decision-making.

Overall, the approach is more streamlined, with simplified stages and clearer expectations for managers, while retaining appropriate safeguards where performance does not improve.

A copy of the All-Wales Improving Performance at Work Policy and EHIA are attached as Appendices 3 and 4.

Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

The Health Board is required to formally adopt both the All-Wales Disciplinary Policy and Process and the All-Wales Improving Performance at Work Policy.

To support implementation, work will be undertaken to implement local guidance and supporting materials for managers, People and Culture colleagues and staff. This will include practical toolkits, templates and guidance to support consistent application of the policies.

A programme of communication, training and awareness sessions will also be delivered to ensure that managers are equipped to apply the new approaches effectively, and that staff understand how concerns relating to conduct and performance will be managed under the new framework.




Recommendation:

The People and Culture Committee is requested to:

- Note the development and approval of the All-Wales Disciplinary Policy and the All-Wales Improving Performance at Work Policy
- Formally adopt both policies on behalf of the Health Board

- Endorse the proposed next steps to support implementation, including the development of supporting guidance and delivery of training and awareness sessions

Link to Strategic Objectives of Shaping our Future Wellbeing:
Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.	x	2.  Providing Outstanding Quality Click the objective above to view more detail.	
3.  Delivering in the Right Places Click the objective above to view more detail.		4.  Acting for the Future Click the objective above to view more detail.	

Five Ways of Working (Sustainable Development Principles) considered
Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

Please state yes or no for each category. If yes please provide further details.

Risk: Yes

Adoption of the updated All-Wales policies reduces organisational risk by ensuring consistency in approach across NHS Wales and strengthening governance in the management of conduct and performance issues.

Safety: Yes

The policies promote safer working environments by supporting early intervention, fair processes and appropriate management of behaviour and performance concerns.

Financial: No

No direct financial impact, though resource will be required for training and toolkit development within existing budgets.

Workforce: Yes

The policies have a positive workforce impact by promoting a supportive, values-based approach to managing conduct and performance, improving staff experience, wellbeing and confidence in processes.

Legal: Yes

Adoption ensures alignment with the ACAS Code of Practice on Disciplinary and Grievance Procedures and wider employment and equality legislation.

Reputational: Yes

Adopting the policies demonstrates the Health Board's commitment to fair, consistent and compassionate people management, supporting organisational reputation.

Socio Economic: No

No direct socio-economic impact is anticipated.

Equality and Health: Yes/No

The policies have a positive impact by strengthening consideration of equality, inclusion, cultural awareness and potential bias, promoting fair and equitable outcomes for all staff. Both policies have been subject to Equality Impact Assessment at a national level.

Decarbonisation: No

No – there is no impact on carbon reduction.

Welsh Language: Yes

The policies will be made available in Welsh and English, supporting compliance with the Welsh Language Standards.

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

P&C Cmte	17.05.26



NHS Wales Disciplinary Policy and Process (2026)

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Approved
Welsh Partnership Forum, November 2025

NHS Wales Disciplinary Policy and Process (2026)

Table of contents

Section	Content	Page
1.	Introduction	1
2.	What is the policy for?	1
3.	Principles	2
4.	Who this policy is for	3
5.	Our commitment to a fair and equal approach	3
6.	Links with external bodies and agencies	4
7.	The fact-finding assessment process	6
8.	Roles and responsibilities	8
9.	Fast-track process	11
10.	Formal investigation	11
11.	Suspending or moving employees to other departments	12
12.	Disciplinary hearing	13
13.	Right to appeal	15
14.	Right to be accompanied	16
15.	Closing a disciplinary process and moving forward	16
Appendix 1 - Misconduct and gross misconduct definitions		18



1. Introduction

- 1.1 We are committed to building a culture that is led by our values and based on respect, fairness and accountability. In healthcare environments, safety, compassion and teamwork are important. Employee conduct (behaviour) and the day-to-day running of the workforce are not only a reflection of an organisation's values, but are also vital to providing high-quality care. Working in line with NHS standards is essential to maintaining public trust, protecting patient safety and making sure teams work together successfully. This policy sets out clear expectations for behaviour, to make sure all staff understand what is required of them and how, if they do not meet these expectations, this will be managed in a fair, balanced and transparent way.
- 1.2 Managers should address concerns with staff early, have constructive conversations and aim to settle any problems through learning and reflection whenever possible, while also upholding the standards we expect of all employees, including those who are accountable to professional regulatory bodies.
- 1.3 By promoting shared expectations, respectful communication and a commitment to improvement, this policy supports effective teamwork, positive working relationships and a safe, inclusive environment where staff feel valued, supported and responsible for their contribution to the organisation. It also sets out the expected standards of behaviour for all employees, providing clarity and consistency in line with our values.

2. What is this policy for?

- 2.1 This policy must be used to constructively address behaviours and misconduct (see the appendix at the end of this policy for an explanation of what may be considered misconduct) in a way that does the following.
 - Makes sure only situations that need formal action are dealt with through the disciplinary process. Early intervention, approaches which aim to improve behaviour and alternative policy frameworks should be considered whenever appropriate. We will take a restorative approach. This is a framework for building community and managing conflict that focuses on repairing harm and strengthening relationships.
 - Puts the principles of openness, honesty and psychological safety at the heart of the organisation, using a structured fact-finding assessment to support decision-making. Psychological safety is when employees feel able to challenge others, including authority figures, without fear of negative consequences.
 - Promotes handling disciplinary matters fairly, consistently and as soon as possible to reduce avoidable harm and distress to those involved.
 - Makes sure the roles and responsibilities of everyone involved in disciplinary matters are clear so everyone can take part respectfully and with full understanding.
 - Sets out clear expectations for behaviour in line with our values, and makes sure that everyone involved understands the disciplinary process.
- 2.2 This policy is underpinned by our commitment to equality, inclusion and the ability to interact positively with people from different cultures. It recognises the importance of understanding and respecting diversity across all protected characteristics (age,

disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation). It acknowledges evidence of unequal disciplinary outcomes and poor experiences for people from minority groups, and aims to actively remove bias and encourage equal treatment.

- 2.3 Each case will be considered individually. Managers (and everyone else involved) should take individual circumstances into account. The fact-finding assessment is the first step in all cases and helps managers decide the most appropriate course of action and the most relevant policy framework (see section 7) to use.
- 2.4 This policy has been developed in partnership with trade unions and is underpinned by the ACAS Code of Practice on Disciplinary and Grievance Procedures. It also reflects learning from emerging research and discussions with staff, stakeholders and professional bodies.
- 2.5 To make sure this policy is followed consistently across organisations, we also provide a collection of 'How-to' procedures that include timescales and templates for discussions. If an employee needs adjustments or support at any stage due to a disability or other protected characteristic, they are encouraged to speak to their line manager, the Workforce and Organisational Development Team or their trade union representative as early as possible.
- 2.6 You may need to read this policy together with other workforce policies, including our Respect and Resolution Policy and our Anti-sexual Harassment Policy.
- 2.7 The roles and responsibilities for those involved in the disciplinary process are set out in section 8.

3. Principles

- 3.1 This policy is based on the following principles, which reflect our commitment to an inclusive, accountable and fair culture that is led by our values.
 - **Person-centred approach:** The employee is at the centre of the process – their individual needs, values and circumstances must be respected and appropriately addressed.
 - **Fairness and cultural understanding:** Unconscious bias, limited cultural awareness and different cultural norms can influence how behaviour is perceived and managed. Steps must be taken to make sure that all decisions are informed by cultural understanding and are free from bias. (Unconscious bias is when we make decisions or judgments on the basis of assumptions, prior experience or personal thought patterns that get in the way of impartial judgement.)
 - **Psychological safety and well-being:** The disciplinary process can cause anxiety and stress. Staff involved in the process must be understanding, clear and consistent to reduce the negative effect on mental well-being.

- **Timeliness and communication:** Disciplinary investigations should be carried out efficiently and only when necessary to reduce harm and cost to everyone involved. Everyone involved should regularly communicate to make sure the process and timelines are clear and understood.
- **Reasonable and early action:** Managers and disciplining officers should consider and use alternative ways of settling disputes and problems before taking formal disciplinary action (see section 12). This can include mediation, addressing issues early or applying another policy.
- **Using evidence to make decisions:** Decisions must be based on objective, complete and reliable information gathered during both the fact-finding and formal investigation stages.
- **Awareness of wider circumstances:** There is usually a reason why a person behaves in a certain way. Wider organisational and personal factors must be considered before starting or continuing with a disciplinary process.

4. Who this policy is for

- 4.1 This policy applies to all employees covered by the Agenda for Change Terms and Conditions. Although the principles of this policy may guide wider organisational practice, the policy does not apply to bank workers, agency workers, self-employed contractors or volunteers.
- 4.2 If disciplinary action is being considered against a trade union representative, the relevant full-time officer or senior member-elected representative (for example, a branch secretary) must be told by the commissioning manager before any action is taken.

5. Our commitment to a fair and equal approach

- 5.2 We are committed to making sure all employees can fully take part in standard disciplinary processes within their organisation. We will make every effort to remove potential barriers, including by providing additional language support, making reasonable adjustments and using a range of appropriate methods to gather information efficiently. No employee should be disadvantaged in any part of the process.
- 5.3 All our organisations must set and maintain standards of behaviour that challenge inequality and promote a culture where staff feel confident and supported to speak out about unfair treatment. We expect organisations to identify early warning signs of discrimination and to take action whenever evidence suggests that there is a problem. Managers involved in running processes, including investigators and decision-makers, may need to be trained in unconscious bias and cultural awareness, to better support fair decision-making.

- 5.4 Sexual harassment is illegal and must not be tolerated. We are committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.
- 5.5 Information from documents should only be removed in the following circumstances.
- To remove personal information.
 - To protect patient or staff confidentiality.
 - When concerns have been raised under the Speaking Up Safely process and it has been decided that documents should be anonymous.

If necessary, investigators may need to ask your organisation's data protection officers for advice. Documents must not be edited during investigations as a way of withholding information or only sharing information that the organisation considers relevant to the case.

6. Links with external bodies and agencies

- 6.1 Working with other organisations to manage behaviour concerns.
Concerns relating to safeguarding (including the welfare and protection of children and adults at risk) must be managed in line with the Wales Safeguarding Procedures and the formal framework set out in the Social Services and Well-being (Wales) Act 2014. These procedures support consistent responses across organisations and make sure we meet our legal and ethical responsibilities in protecting vulnerable individuals.
- 6.2 When there is enough evidence to suggest that an employee has been involved in a criminal offence (including fraud, corruption, bribery, assault, harassment or theft), the organisation must consider whether it is appropriate to refer the incident to the police or other relevant authorities. This decision should be guided by appropriate people within the organisation (for example, the local counter fraud specialist (LCFS), the Workforce and Organisational and Development Team or safeguarding teams) and the outcome of the fact-finding assessment.
- 6.3 In cases involving suspected fraud, corruption or bribery, discussions must take place with the organisation's LCFS to decide how the matter will be managed, including who will be responsible for reviewing and making the referral. Referrals to the LCFS or our counter fraud service (CFS Wales) must be made only by the responsible person within the Workforce and Organisational Development Team, and only after a fact-finding assessment has been carried out.
- 6.4 Not all disciplinary investigations will need to involve the LCFS, CFS Wales or the police. If outside agencies are involved (particularly when criminal investigations are ongoing) the disciplinary process may be delayed. Everyone involved in the investigation must make every effort to keep the employee updated and provide support to reduce the risk of avoidable harm to any employees who may be affected by a period of uncertainty or a delay in the disciplinary process.
- 6.5 An important principle of this policy is that behaviour and misconduct concerns are managed quickly, honestly and fairly. If delays are necessary because of external

processes (such as needing to involve the police), organisations must take steps to protect staff's well-being, make sure everyone involved understands each stage of the procedure and the organisation's actions continue as soon as reasonably possible.

- 6.6 Professional accountability and referring matters to regulatory bodies.
Our organisations have a legal and professional duty to refer concerns to the appropriate regulatory body if a registered employee is no longer fit to practise. These referrals are essential to maintain public trust and protect patient safety.
- 6.7 Managers must only make referrals that are based on clear evidence following a structured assessment process. This includes carrying out a fact-finding assessment and, when it is necessary, using decision-making to support consistency, openness and fairness.
- 6.8 Before any referral is made, managers must discuss the matter with the organisation's responsible officer or designated senior officer. This is to make sure the decision is based on clinical, professional and organisational circumstances, and that the threshold for referral is appropriately and fairly considered.
- 6.9 A referral to a professional regulatory body can cause significant stress and anxiety for the employee involved. Organisations must take steps to make sure that the process is handled sensitively, with clear communication and access to support provided to the employee. The potential emotional and professional effects for the employee involved should be recognised. Employees must be referred to appropriate well-being resources and trade union support, and given the opportunity to take part meaningfully in the disciplinary process.
- 6.10 The head of profession or designated senior officer (working with the Workforce and Organisational Development Team and the responsible officer) is responsible for making referrals. They must keep a record of all referrals and justify each one in line with regulatory guidance and the organisation's own policies.
- 6.11 Issues relating to disclosure and barring.
Our organisations have a legal duty to refer relevant information to the Disclosure and Barring Service (DBS) if there is a concern that someone may pose a risk of harm to children or vulnerable adults. This duty is a critical part of safeguarding and helps protect vulnerable people across health and care settings.
- 6.12 Disciplinary referrals must be made in line with DBS guidance and the organisation's own safeguarding policy, and only after a thorough assessment that is based on evidence. This includes carrying out a fact-finding assessment and working with safeguarding officers or designated professionals to decide whether the threshold for referral is met.
- 6.13 A referral to the DBS can be deeply distressing for the employee involved, particularly if their future employment or professional reputation may be affected. Organisations must make sure that the process is handled sensitively, openly and fairly. The reason for the referral should be clearly explained to the employee, and they should be supported to understand the process and referred to appropriate well-being and support resources.

- 6.14 Safeguarding responsibilities must remain the focus, but the emotional and psychological effect on staff must also be considered. Good communication, access to support and handling cases compassionately is essential to reducing avoidable harm and maintaining trust in the process.
- 6.15 The designated safeguarding officer or senior officer within the organisation (working with the Workforce and Organisational Development Team) is responsible for making referrals to the DBS. They must keep a record of all referrals and justify each one in line with legal guidance and the organisation's own policies.

7. The fact-finding assessment process

- 7.1 When there are issues in the workplace, including repeated behaviours, managers need to consider what appropriate action to take.
- 7.2 The disciplinary process cannot start without first carrying out a fact-finding assessment. The purpose of this assessment is to gather the initial relevant facts that are needed to make an informed decision. There is more information in the **How-to procedure: Fact-finding assessment**.
- 7.3 The fact-finding assessment has the following aims.
- It helps managers and the Workforce and Organisational Development Team decide the most appropriate action to take and how to put policies in place, based on the facts of the case.
 - It helps to settle problems early and avoid unnecessary action under formal disciplinary processes.
 - When problems within the organisation itself rather than individual fault have contributed to the issue, the assessment encourages reflection and learning.
 - It reinforces the importance of taking responsibility for our own actions by making sure that all staff keep to behaviour standards, and that concerns are dealt with reasonably.
 - It promotes fairness and reduces the risk of avoidable harm and distress for the employee involved, as well as the risk of their reputation being negatively affected.
- 7.4 Once the manager has gathered the relevant information, they can review it and decide which of the following options is the most appropriate.
- No further action is needed: when the concern is not based on enough evidence or can be solved through a simple explanation.
 - Informal action is needed: such as coaching, mentoring, feedback or a conversation.
 - Formal action is needed: through the disciplinary process set out in this document or by following a different workplace policy (for example, the Respect and Resolution Policy or Improving Performance at Work Policy). The fact-finding assessment will then form part of the initial assessment of the relevant policy if necessary.

7.5 This policy promotes a compassionate and supportive approach to making sure behaviour standards are met, and also reinforces the importance of individuals taking responsibility for meeting these standards. When standards are not met, and when behaviour poses a risk to safety, well-being or teams working together, formal action may be necessary and must be taken fairly and as soon as possible.

7.6 **No further action**

If no further action is needed, the manager should keep a copy of the fact-finding assessment as evidence of the discussion and outcome. There may be some learning to be shared within the organisation despite no further action being taken.

7.7 **Informal action**

Although there may be no need for formal action, informal outcomes may be put in place to avoid future issues and to provide personal support. Options for informal action include the following.

- **Reinforcing standard management practices:** The expected standards are raised and addressed through supervision sessions, personal appraisal and development reviews (PADRs) and team learning sessions.
- **A conversation based around improvement:** Informal, structured conversations can deal with misconduct, behaviour or relationship concerns early in a supportive way, creating a safe space to look into any factors which have contributed to the problem. If an employee needs to improve their behaviour, the manager must provide a clear statement outlining the areas which need to be improved and an explanation of the standard expected. (Managers should refer to the employee's job description, PADR objectives and any specific examples of issues of concern.) Whenever there is cause for concern, these discussions should be held in private as soon as possible. If it is appropriate, managers may put a note of the informal discussion on the employee's file. The note will be ignored and will not affect any future disciplinary hearings.
- **Targeted support:** If the fact-finding assessment identifies a health, training or organisational learning need, targeted support will be put in place. This may include offering extra training, guidance or mentoring to help the employee meet the expected standards.

7.8 A copy of the fact-finding assessment may be placed on an employee's file for up to one year and a copy should be given to the employee for their records as confirmation of the discussion and outcome.

7.9 **Formal action through the disciplinary process**

The decision to take action under the formal disciplinary process should be made in line with the organisation's policies.

The manager may need to carry out immediate action to support both the employee and the team's day-to-day duties. This could include the following.

- Providing well-being support to the employee through the organisation's well-being services.

- Supporting the wider team or department, for example, by improving communication.
- Providing support to any employee or team whose day-to-day role, or ability to carry out their role, has been affected by the disciplinary process, for example, by providing any necessary resources.
- Removing the employee from their usual work environment while an investigation is being carried out (the organisation's Workforce and Organisational Development Team should be involved in deciding to do this).

7.10 The formal outcome of a fact-finding assessment in line with this disciplinary policy may be one of the following.

- Carrying out a fast-track disciplinary (see section 9) because the employee has admitted to misconduct, or when the misconduct is not serious enough to be considered gross misconduct, which would lead to dismissal. Managers should refer to Appendix 1: Definitions at the end of this policy to support them in deciding whether an issue is 'misconduct' or 'gross misconduct'. The employee must agree to the fast-track process before it starts.
- Carrying out a formal investigation and considering whether it is necessary to temporarily suspend the employee or move them to a different department (redeployment).

7.11 The aim is to deal with disciplinary matters sensitively while respecting the privacy of everyone involved. Employees must keep all information about an investigation or disciplinary matter confidential. However, if the employee is a member of a trade union, they can share information with their trade union representative as soon as possible.

7.12 Employees are not allowed to record any meetings or hearings held under this policy. The organisation is responsible for recording details of meetings and hearings to produce official reports and statements.

7.13 Managers should usually tell the employee the names of any witnesses whose evidence is relevant to disciplinary proceedings against them, unless the investigating officer believes that a witness's identity should be kept confidential.

8. Roles and responsibilities

8.1 The following roles are involved the disciplinary policy.

8.2 **Employee (the person being investigated):** The employee must follow the requirements set out in this disciplinary policy, which include co-operating with the investigation process and giving their description of events. They have the right to take a companion (either a union representative or workplace colleague) to investigation meetings and any hearings.

8.3 **Manager:** The manager is responsible for dealing with issues informally when appropriate. However, if they feel that a more formal approach is necessary, they will fill in a fact-finding assessment form. This records important information related to a

particular issue, or series of issues. If the manager decides that a formal investigation is the appropriate next step, the commissioning officer (CO) will need to approve this. The manager is responsible for supporting the employee's well-being throughout the investigation process, but is not involved in any part of the process once they have submitted the fact-finding assessment to the commissioning manager.

- 8.4 **Companion:** If the employee is not a member of a trade union, the companion will usually be a workplace colleague. The companion provides support to the employee and attends meetings and hearings with them. The companion can make representations (give statements) and ask questions but cannot answer on behalf of the employee.
- 8.5 **Workforce and organisational development representative:** A workforce and organisational development representative advises managers, commissioning officers, investigating officers, deciding officers and Appeals Officer to make sure the disciplinary procedure is fair and follows this policy and the ACAS Code of Practice on Disciplinary and Grievance Procedures. They help to produce and gather necessary documents (such as letters and reports) and attend hearings as an advisor. They cannot make decisions about whether disciplinary action is needed.
- 8.6 **Commissioning officer:** This role is only needed in formal investigations. The commissioning officer receives the fact-finding assessment form once it has been submitted and is responsible for reviewing whether a formal investigation is needed. This role is more senior than the manager's. If the commissioning officer decides to go ahead with an investigation, an investigating officer and a workforce and organisational development representative are appointed. The commissioning officer should be brought in from a different department than the employee who is being investigated.
- 8.7 **Investigating officer:** The investigating officer is responsible for carrying out a fair and unbiased investigation. It is their responsibility to collect and review evidence, which may include interviewing witnesses. They must maintain confidentiality throughout the process and present their findings in an investigation report. The investigating officer does not make decisions within the process or make recommendations or judgements. They should look at the facts of each allegation and produce a factual report for the commissioning officer (with support from the Workforce and Organisational Development Team if necessary).
- 8.8 **Deciding officer:** The deciding officer should have had no previous involvement in or knowledge of the issues that are being investigated. They are responsible for chairing the disciplinary hearing, which reviews the evidence provided in the investigation report. The deciding officer's role is to make sure the disciplinary process is fair by putting in place this policy appropriately and allowing employee representation (advising employees of their right to be accompanied to the disciplinary hearing). They decide on the appropriate action to take (for example, no action, a warning or dismissal) with support from a workforce and organisational development representative. They may need to ask for more information or carry out interviews with witnesses before they make their decision.
- 8.9 **Panel member:** The panel member will act as an impartial member in the disciplinary hearing to keep the hearing fair, balanced and objective. They must have had no

previous involvement in the case and have no conflict of interest (for example, being a member of staff previously involved in raising a complaint against the individual). Their role is to review the evidence, contribute to discussions and support the panel in reaching a fair and reasoned outcome.

- 8.10 **Trade union representative:** Trade union representatives give support and advice to employees who are members of the union. They attend meetings and hearings with the employee and are included in any meetings to discuss suspending the employee or moving them to a different role within the organisation. They can make notes for the employee, question witnesses and present information on behalf of the employee. They can provide support if employees find the formal process distressing. Trade union representatives are also responsible for keeping the process fair and making sure policies and standard procedures are followed.
- 8.11 **Witnesses:** Witnesses can be individuals from within or outside the organisation who can provide an account of the facts in a formal interview if asked. After the interview the notes will be written up and included in the investigation report. Witnesses must co-operate with the investigating officer and help with the investigation.
- 8.12 **Appeal manager:** If a disciplinary decision is appealed, the appeal manager will organise an appeal hearing. This will consider whether the process was fair and reasonable. An appeal must be unbiased, and the panel at the appeal hearing will be more senior than the panel at the original disciplinary hearing. The appeal panel can decide whether to uphold, cancel or amend the original outcome. In most cases, the appeal manager will be more senior than the deciding officer and will not have been involved in or have any knowledge of the case.
- 8.12 Witness identity and support.
As part of a fair and transparent disciplinary process, employees will normally be told the names of any witnesses whose evidence is relevant to the case.
- 8.13 However, in some circumstances, if there is a genuine concern for the safety or well-being of a witness, the commissioning manager or investigating officer may decide that their identity should be kept confidential. This decision must be made carefully, recorded clearly and guided by the principles set out in the Speaking Up Safely framework for Wales.
- 8.14 While, in rare cases, it may be necessary to keep a witness's identity confidential, it is generally better to avoid this. Open testimony (where witness evidence is presented, questioned and discussed directly during the meeting, rather than relying on pre-written statements) supports trust, transparency and honesty. Witnesses should be encouraged and supported to speak up safely, with reassurance that their concerns will be handled respectfully and without any retaliation.
- 8.15 Being part of a disciplinary process can be emotionally challenging. Witnesses may experience stress, anxiety or fear of retaliation. Organisations must take practical steps to support everybody involved, for example, by doing the following.
- Providing access to well-being resources and staff support services.

- Offering representation from trade union representatives or colleagues where appropriate.
- Protecting employees' well-being and keeping details of cases confidential.
- Communicating clearly and kindly throughout the process.

8.16 Creating a culture where people feel safe to speak up and are supported when they do so is essential to learning, accountability and improvement.

9. Fast-track process

9.1 The fast-track process is designed to settle minor misconduct concerns that do not need a formal disciplinary investigation, for example, when the facts are clear and the employee accepts responsibility.

9.2 Following the fast-track process does not automatically mean that action will be taken against the employee. The process is intended to support learning and accountability so issues can be settled early. The process must still be fair and follow all standard procedures.

9.3 The fast-track process must not be used when there is any possibility of gross misconduct. In these cases, a full fact-finding assessment and formal disciplinary process must be followed.

9.4 The manager must discuss the case with the Workforce and Organisational Development Team before starting the fast-track process, to confirm that it is suitable and that the employee fully understands the process and is supported throughout it. The decision to use the fast-track service must be recorded clearly, and the employee must have the opportunity to be involved meaningfully in the decision and raise any concerns they have about using the fast-track process.

9.5 The fast-track process, including timelines, is set out in the **How-to procedure: Fast track**.

10. Formal investigation

10.1 There may be situations when the formal investigation procedure is needed. This might apply, for example, if informal action has not led to the necessary improvement, if expected behaviour standards are repeatedly not met or if the allegation is serious.

10.2 The purpose of an investigation is for the organisation to gather a fair and balanced view of the facts relating to any disciplinary allegations against the employee, before deciding whether to go ahead with a disciplinary hearing. The level of investigation that is needed will depend on the type of allegations and will vary from case to case. For example, the investigation may involve interviewing and taking statements from the employee and any witnesses, reviewing relevant documents and emails, or reviewing any CCTV or other footage.

10.3 No decision on disciplinary action will be made until after a disciplinary hearing is held.

- 10.4 Employees must co-operate fully in any investigation. This includes telling the organisation the names of witnesses when asked, sharing any relevant documents and attending interviews if necessary. If any employee deliberately tries to interfere with the investigation or influence the outcome (for example, by intimidating, harassing or bullying anyone involved), they may face further disciplinary proceedings, including disciplinary action against them. There is more information on the investigation process in the **How-to procedure: Formal investigation**.
- 10.5 If the employee is on sick leave, this does not stop the investigating officer from continuing with the investigation. However, they may need to get advice from the Occupational Health Team if there are concerns about whether the employee can continue to take part in the process.
- 10.6 To make sure that the formal investigation is carried out properly, there are specific responsibilities for those involved (see section 8).

11. Suspending or moving employees to other departments

- 11.1 Investigations into misconduct and concerns about an employee's behaviour can be complicated and emotionally challenging. It is essential that the situation is managed carefully and compassionately for the employee involved, as well as for colleagues, patients and the wider team. It may sometimes be necessary for the organisation to take steps such as temporarily removing the employee from their usual work environment while the investigation is ongoing.
- 11.2 The deciding officer should only consider suspending the employee when there is no safe or practical alternative. Suspension can have a deep emotional, psychological and professional effect on the employee, and may lead to avoidable harm if not handled with care. Whenever possible, organisations must consider other arrangements, such as moving the employee to a different department, allowing them to work from home or changing their duties, before suspending them. Suspension may sometimes be necessary due to the seriousness of the allegations and the possible risks involved. If the employee is suspended, there should be regular and compassionate contact with them from a senior manager to look after their well-being and make sure the procedure is fair.
- 11.3 When the deciding officer is considering whether to suspend the employee or take other action, they must follow the **How-to procedure for suspension and redeployment** and carry out a formal risk assessment. This is to make sure that decisions are proportionate to the allegations that have been made, based on evidence and in line with the organisation's principles of fairness, safety and well-being.
- 11.4 If more information becomes available during the investigation and this changes the level of risk, the deciding officer must reconsider whether the employee should be suspended. Suspension should never be treated as the standard action to take without considering alternatives, or as the best action to take to punish the employee. The

suspension must be reviewed regularly by an appropriate senior manager to make sure it is still necessary and appropriate.

- 11.5 The details of each case should be kept confidential whenever possible and the employee must be supported with clear communication, access to well-being resources and reassurance about their rights and the process.

12. Disciplinary hearing

- 12.1 Following an investigation, if the organisation considers that disciplinary action is necessary, the employee will need to attend a disciplinary hearing. The employee will be told in writing about the allegations against them, the reason the allegations have been made and what the likely consequences will be if the organisation decides that the allegations are justified. The organisation will also give the employee the following documents if appropriate.

- A summary of relevant information gathered during the investigation (an investigation report).
- A copy of all relevant documents or other evidence which will be used at the disciplinary hearing (including a copy of the fact-finding assessment).
- A copy of all relevant witness statements, except when a witness's identity is being kept confidential. In these cases, the organisation will give the employee as much information as possible without revealing who the witness is.

- 12.2 The organisation will tell the employee the date, time and place of the disciplinary hearing in writing. The hearing will be held as soon as possible, but the employee will be given a reasonable amount of time to prepare their case based on the information provided.

- 12.3 If there are reasons for carrying out any hearing remotely (for example, online), the organisation will explain this to the employee and give them details of all relevant arrangements and instructions for joining the hearing. In some cases, it may not be appropriate for the hearing to be held remotely (for example, if the employee has a hearing condition or does not have access to the necessary equipment or software). In these cases, the hearing will take place in person when possible.

- 12.4 The disciplinary hearing is an opportunity for the panel to examine the evidence and for the employee to comment on the evidence and share their views. The process is set out clearly so that every hearing is managed in the same way. The process is set out in the **How-to procedures: Managing the disciplinary hearing**.

- 12.5 If the employee being investigated is a registered professional, the panel must include a relevant head of profession or senior professional officer. This is to make sure that the panel has the necessary experience to assess matters relating to professional standards, codes of conduct and fitness to practise. It also supports informed, fair and reasonable decision-making, and reinforces the organisation's commitment to maintaining public trust and professional accountability.

12.6 Possible hearing outcomes.

The range of available outcomes for misconduct are set out below. There must be a hearing before any of the actions are taken. We aim to treat all employees fairly and consistently. Any disciplinary action taken in relation to another employee for similar misconduct will usually be considered, but this should not be treated as standard. Each case will be assessed separately.

12.7 The deciding officer will not usually decide to dismiss an employee for their first act of misconduct, unless the organisation decides it is gross misconduct. The possible hearing outcomes are listed below.

a) No disciplinary action

When the evidence presented did not support the allegations. If this is the case, the organisation is expected to carry out a review to identify opportunities for improving fact-finding and disciplinary processes.

b) First written warning

A first written warning may be given in the following circumstances.

- In cases that are too serious for informal action, but not serious enough to need formal action.
- In cases where the employee repeats minor acts of misconduct and a fact-finding assessment has been carried out.

A first written warning will be active for one year.

c) Final written warning

A final written warning may be given in the following circumstances.

- Misconduct where there is already an active written warning on the employee's record.
- When the misconduct is considered serious enough to mean a final written warning is needed, even if there are no other active warnings on the employee's record.

A final written warning will be active for two years. Written warnings will set out the type of misconduct, the change of behaviour that is needed, the amount of time the warning will remain active and what will happen if there is any further misconduct while it is active.

d) Dismissal

Dismissal will usually be appropriate in the following circumstances.

- When there is a final written warning on the employee's record and there is further misconduct.
- In gross misconduct cases, regardless of whether there are any active warnings on the employee's record.

If the employee is dismissed for gross misconduct, they will not be given a notice period or payment instead of notice.

e) Alternatives to dismissal

In some cases, the organisation may consider alternatives to dismissal. These can be authorised by a senior manager and will usually be accompanied by a final written warning. Examples of alternatives to dismissal include the following.

- The employee may be demoted to a less senior role.
- The employee may be transferred to another department, location or role.
- The employee's job banding (job grade and role) may be reduced.
- The employee may no longer be eligible for future pay increases through the pay progression policy.
- The employee may lose their right to do overtime.

The employee can consider any alternative to dismissal that they are offered and must respond, in writing, within seven days if they want to accept the offer. If the employee accepts alternative employment, they still have the right to appeal against the original decision to dismiss them.

- 12.9 If, after a disciplinary hearing, gross misconduct is proven but the employee has not previously been referred to the relevant professional regulatory body, the deciding officer must consider whether a referral is now necessary. This decision should be based on the type of misconduct, its effects on patient safety, public trust and professional standards, and the threshold for referral set by the regulatory body for concerns about an employee's fitness to practise. The deciding officer should discuss the case with the responsible officer or designated professional officer, and they should use referral decision tools and frameworks to make sure decisions are consistent and transparent. Being referred to a regulatory body can have significant emotional and professional consequences for the employee, so the process must be handled sensitively, with clear communication and access to appropriate support provided to the employee. The deciding officer must record the reason for referring the case, or the decision not to refer the case. For professional accountability and referral to regulatory bodies, see section 6.6. If the employee has already been referred to the appropriate regulatory body, the outcome of the disciplinary hearing should be shared by the responsible officer or designated senior professional lead with that regulatory body.

13. Right to appeal

- 13.1 All employees have the right to appeal against a decision within 14 calendar days of being told in writing that disciplinary action has been taken. There is a clear appeals' process to make sure appeals are dealt with consistently. The **How-to procedure: Appeals Procedure** has more information.
- 13.2 Following the appeal hearing, the organisation may:
- confirm the original decision;
 - withdraw the original decision; or
 - decide on a different action.

- 13.3 The employee will be told the organisation's final decision, in writing, as soon as possible. If possible, the organisation should also explain this to the employee in person.
- 13.4 Employees cannot make more than one appeal.

14. Right to be accompanied

- 14.1 Employees have the right to bring a companion with them to formal investigation meetings and formal hearings. This person can be a trade union representative or a colleague.
- 14.2 The companion is allowed reasonable time off from their duties without losing pay. Colleagues do not have to act as a companion if they do not want to. A union representative will act for a union member as far as their duties allow.
- 14.3 If the colleague or trade union representative the employee would like to have as their companion is not available, the employee should ask if another suitable person can take their place as soon as possible.
- 14.4 If the companion is not available at the time a hearing is scheduled and will not be available for more than five working days afterwards, the organisation may ask the employee to choose someone else.
- 14.5 The organisation may allow an employee to bring a companion who is not a colleague or trade union representative (for example, a member of their family) if this will help to overcome any disability-related disadvantage, or if the employee has difficulty understanding English.
- 14.6 There are clear rules about what a companion can and cannot do in the **How-to Procedure: Roles and responsibilities**.

15. Closing a disciplinary process and moving forward

- 15.1 We are committed to a culture that is led by our values and prioritises fairness, compassion and improvement. Once the disciplinary process has ended, it is essential that appropriate support is provided to the employee and any witnesses involved, and that we reflect meaningfully on the experience to identify opportunities for learning and growth.
- 15.2 Reintegrating an employee who has been through a disciplinary process is not simply about returning to work. It is about rebuilding trust and well-being, and making sure that employees feel valued and supported. Managers should work with staff and the Workforce and Organisational Development Team to support employees returning to work, deal with any lasting concerns and support teams who work well together.
- 15.3 A formal debrief exercise should be carried out by the deciding officer and workforce and organisational development representative to review the process, assess whether

it had the effect the organisation was aiming for and identify any factors within the organisation that may have contributed to the issue. This includes examining systems, culture, communication and leadership practices across the organisation. If the employee was not at fault, but conditions within the organisation played a significant role in the issue, this must be recorded and acted on to prevent or reduce the chance of the same problem happening again.

- 15.4 Learning within the organisation should be shared across teams and departments, with a focus on improving practice, strengthening the type of culture we are committed to and encouraging individuals to be responsible for their behaviour. This builds a fair working environment that balances learning with taking responsibility, and prioritises the well-being of employees and the wider workforce. Staff should always be mindful of confidentiality when sharing information.

Appendix 1: Misconduct and gross misconduct definitions

<p>Misconduct</p>	<p>The following are examples of what may be considered as misconduct.</p> <ol style="list-style-type: none"> 1. Failing to keep to working hours. 2. Taking time off that has not been agreed in advance. 3. Refusing or failing to follow a reasonable instruction. 4. Being involved in any criminal activities (other than those classed as gross misconduct). 5. Not following safety practices, procedures and rules. 6. Entering [INSERT ORGANISATION] property without permission. 7. Using certain equipment without permission. 8. Destroying, changing, adding to or deleting official documents without permission. 9. Being abusive to another employee, patient or member of the public. 10. Deliberately not meeting work schedules. 11. Deliberately misusing the organisation's IT equipment, facilities or procedures. 12. Failing to follow the organisation's procedures and policies. 13. Other actions which are, in the opinion of management, not good conduct and which are likely to damage the organisation's reputation.
<p>Gross misconduct</p>	<p>The following are examples of what may be considered as gross misconduct.</p> <ol style="list-style-type: none"> 1. Repeatedly failing to respond to previous informal action. 2. Sexual harassment – any unwanted behaviour of a sexual nature that has the purpose or effect of taking away a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment. 3. Racism – any behaviour, action or comment that humiliates, excludes, or discriminates against a person based on their race, skin colour, nationality or ethnic or national background. 4. Other forms of discrimination, including sexism, homophobia, ableism or any discriminatory behaviour based on other protected characteristics. You can read more about protected characteristics at

<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>.

5. Harassment – any unwelcome behaviour (either verbal or physical) that creates an intimidating, hostile or offensive environment for an individual or group.
6. Assault – physical assault on a service user, a carer, another member of staff or a member of the public. This includes fighting, physical abuse and sexual assault.
7. Theft or stealing – taking property belonging to us, a service user, a carer or another member of staff without permission.
8. Bullying or threatening or menacing behaviour towards a service user, a carer, another member of staff or a member of the public.
9. Being reckless or careless in work – any action (or a deliberate failure to act) which threatens the health and safety of a service user, a carer, a member of the public or another member of staff.
10. Causing serious damage to property belonging to us, a service user, a carer or another member of staff.
11. Acts of fraud and corruption, including accepting gifts, money, goods and favours.
12. Breaking confidentiality – losing confidential information, accessing confidential information without permission, sharing confidential information or sharing personal information about a service user, a carer or another member of staff (except unless there is a legal duty to share information, for example, when there is a safeguarding concern).
13. Breaking the Professional Code of Conduct.
14. Hiding or destroying evidence.
15. Having an inappropriate or unprofessional relationship with any service user.
16. Deliberately accessing or downloading pornographic, discriminatory or offensive material.
17. Possessing or attempting to supply alcohol or other substances (these don't have to be illegal).
18. Being under the influence of alcohol or substances (these don't have to be illegal) either before reporting for duty or while on duty.
19. Sharing any material which breaks the organisation's equality and diversity policies.
20. Being involved in criminal offences (including fraud, corruption and bribery), issues relating to professional

	<p>regulatory bodies and issues relating to disclosure and barring.</p> <ol style="list-style-type: none"><li data-bbox="459 230 1278 300">21. Making or sending malicious or distressing allegations against the employer, managers or colleagues.<li data-bbox="459 327 1334 396">22. Unfair treatment of an employee who has raised concerns under the All Wales Raising Concerns policy.<li data-bbox="459 423 1358 672">23. Giving false or misleading information at any time, including when applying for any role within the organisation. This can include information about previous jobs or qualifications, providing a false health declaration, or not declaring a criminal offence or being involved in ongoing legal proceedings relating to a criminal offence in line with the Rehabilitation of Offenders Act 1974.
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EQIA – NHS Wales Disciplinary Policy and Process

1.	What are you equality impact assessing?	NHS Wales Disciplinary Policy and Process
2.	Policy Aims and Brief Description	<p>This policy is a framework for managing workplace behaviour and conduct in a way that is consistent, values-driven and aligned with the principles of a just culture. It directs managers to address concerns early, engage in constructive dialogue, and seek resolution through learning and reflection wherever possible, while also upholding the standards required of all employees, including those accountable to professional regulatory bodies. It recognises the potential to cause to those involved in the disciplinary process and to only use when other avenues have been exhausted.</p> <p>This policy is underpinned by a commitment to equity, inclusion, and cultural competence. It recognises the importance of understanding and respecting diversity across all protected characteristics. It acknowledges emerging evidence of disproportionate disciplinary outcomes and poor experiences among members of the global majority and seeks to actively mitigate bias and promote equitable treatment through reflective practice and inclusive decision-making.</p>
3.	Who is responsible for the Policy/work?	NHS Wales organisations and the sub-committee of the Welsh Partnership Forum Business Committee
4.	Who is Involved in undertaking this EqIA?	Welsh Partnership Forum Business Committee (Sub Group)

5.	Is the Policy related to other Policies/areas of work?	Managing Attendance at Work, Respect and Resolution Policies, Improving Performance at Work Policy. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters
6.	Stakeholders	All employees, trade unions, patients, carers
7.	What might help/hinder the success of the Policy?	<p>Factors that may hinder:</p> <ul style="list-style-type: none"> • A lack of leadership and commitment at Board level • A lack of training and development to support the implementation of the policy framework. • An insufficient understanding of the potential for psychosocial harm to individuals when applied poorly • Resource constraints. <p>Factors that may help:</p> <p>This policy review has taken place alongside an all-Wales programme of improvement that has included:</p> <ul style="list-style-type: none"> • Training 1000+ staff within the NHS, which has provided an opportunity to gain insights from those who commission and lead disciplinary processes; • Research, which has highlighted the limitations of existing processes and recommendations for improvement; • Engagement with professional bodies including Acas, CIPD and the HPMA, in order to ensure it aligns with emerging practice. <p>Alongside the insights from the training, an evidence review was undertaken, which included a screening assessment of the existing policy to improve its accessibility. There were several recommendations relating to the policy language itself and implementation factors that we considered during the policy redesign work.</p>

		<p>A set of guiding principles were developed to inform the policy redesign that had been shaped from the research and evidence review carried out.</p> <p>During the design of the policy, four engagement events were held, which were attended by 300 stakeholders including a dedicated session seeking feedback through an anti-discriminatory lens. Feedback from these sessions, as well as individual and formal collective feedback from organisations informed reshaping the policy into the current version.</p> <p>The policy includes a set of principles:</p> <p>Person-centred approach: The organisation will place the employee at the centre of the process, ensuring that their individual needs, values and circumstances are respected and appropriately addressed.</p> <p>Fairness and cultural competence: The organisation recognises that unconscious bias, limited cultural awareness and differing cultural norms can influence how behaviour is perceived and managed. Steps will be taken to ensure that all decisions are informed by cultural competence and are free from bias.</p> <p>Psychological Safety and Wellbeing: The organisation acknowledges the potential anxiety and stress experienced by individuals during disciplinary processes and will act with empathy, clarity and consistency to minimise psychological harm.</p> <p>Timeliness and communication: The organisation is committed to conducting investigations efficiently and proportionately, minimising harm and cost to all parties. Regular communication will be maintained with those involved to provide clarity regarding process and timelines.</p> <p>Proportionality and early resolution: The organisation will encourage managers and disciplining officers to consider and pursue alternative means of resolution before proceeding to formal disciplinary action.</p>
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<ul style="list-style-type: none"> • promote good relationships and positive attitudes in relation to: 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<ul style="list-style-type: none"> • encourage participation in public life in relation to: 	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
In relation to disability only, should the Policy take account of difference, even if it involves treating some individuals more favourably?		✓								
<p>The Human Rights Act contains 15 rights, all of which NHS Wales organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to Appendix A: The Legislative Framework.</p> <p>Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles</p>										
					Yes			No		
Consider, is the Policy relevant to:										
Article 2: The right to life										
Examples: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control						Yes, this policy's aim is to ensure staff and patient safety issues are addressed appropriately and proportionally.				
Article 3: The right not be tortured or treated in an inhuman or degrading way										
						Yes, this policy has fairness and respect at the centre of its design. Adjustments				

<p>Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	<p>have been highlighted and bias has been mitigated within the fact-finding process.</p>	
<p>Article 5: The right to liberty</p> <p>Examples: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>		<p>No</p>
<p>Article 6: The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	<p>Yes, the policy requires fair decision making processes and independence in decision making.</p>	
<p>Article 8: The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p> <p>Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	<p>Yes, issues of dignity and privacy, for example, impact on family life of suspension and potential loss of employment. Confidentiality issues of not wanting family members to know that an employee is going through a process.</p>	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Examples: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	<p>Yes, issues of respect for different religious beliefs and cultural values and the balance of this in dealing appropriately</p>	

	with harassment and discrimination.	
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Characteristic	Information Gathered
Race	<ul style="list-style-type: none"> • WRES Report NHS Wales 2024 - National report 2024 - NHS Wales • New RCN data shows surge in reports of racist abuse at work for ethnic minority staff - IER • UNISON wins long-running race discrimination case against Leicester City Council News, Press release News UNISON National • 2 in 5 BME workers experience racism at work – new TUC report - IER • NHS England » Sharing replicable good practice on workforce race equality and inclusion: case studies • Race inclusion report: Equality of career progression CIPD • Race in the workplace: The McGregor-Smith review • The Race at Work Charter - Business in the Community • Supporting race equality, diversity and inclusion (EDI) at work: Guidance for managers CIPD • Key Resources for Workplace Equality - Business in the Community • Disproportionality in NHS Disciplinary Proceedings British Journal of Healthcare Management
Disability	<ul style="list-style-type: none"> • People Manager Guide - Grievance, disciplinary and capability proceedings Business Disability Forum • Capability and performance - Supporting disabled people at work - Acas • Bullying, harassment and discrimination of Disabled people in the workplace TUC • Proving disability and reasonable adjustments - EHR.com • Disability discrimination – keypoints in the workplace - ACAS • Work Foundation report on Work, Health and Absence in the Public Sector • The Public Sector and Equality for Disabled People, Dept for Work and Pensions • Disability and sickness absence – PCSU • Sickness absence and disability – TUC • Guidance relating to disability for the NHS – NHS Employers

Gender	<ul style="list-style-type: none"> • Sexual harassment and harassment at work: technical guidance EHRC • The Work Foundation has also produced a number of reports on changing demographics. • Equal Opportunities Commission “Gender Equality and the Future of Work” • Legal and General’s “Value of a Mum” • Gender, culture and organisational change, Open University • Sex Discrimination in the Workplace, ACAS, March 2016 • How to improve gender equality in the workplace: actions for employers - GOV.UK • Women in the Workplace 2024 report McKinsey
Gender Reassignment	<ul style="list-style-type: none"> • The Workplace and Gender Reassignment • Tribunal Ruling: Harassment at Royal Mail: https://www.thetimes.com/uk/law/article/sophie-cole-trans-royal-mail • Gender Reassignment Policy – Cardiff University • Gender Reassignment Policy – Aston University • Absence from Work Because of Gender Reassignment – Citizens Advice • Supporting transgender and non-binary people at work: Guide for people professionals CIPD • Preventing discrimination - Gender reassignment discrimination - Acas • The Workplace and Gender Reassignment • Transgender Workplace Support Project • Transforming the Workplace – A TUC guide Activist Template • Supporting transgender workers
Sexual Orientation	<ul style="list-style-type: none"> • Preventing discrimination - Sexual orientation discrimination - Acas • Inclusion at work: Perspectives on LGBT+ working lives • Job Satisfaction and Sexual Orientation in Britain - Sait Bayrakdar, Andrew King, 2022 • TUC - Sexual harassment of LGBT people in the workplace • https://www.stonewall.org.uk/resources/lgbt-britain-work-report-2018

<p>Age</p>	<ul style="list-style-type: none"> • https://sheffield.ac.uk/news/anti-age-discrimination-policies-are-failing-workplace • https://www.hrmagazine.co.uk/content/news/ageism-most-commonly-experienced-at-work-study-finds The Work Foundation has also produced a number of reports on changing demographics, changing work patters for young workers, retention of older workers, e.g. 0-5 How small children can make a big difference, The Ageing Workforce, Work, Health and Absence in the Public Sector • https://www.cipd.org/uk/knowledge/employment-law/age-discrimination • Productivity and Age – Age UK Policy position paper – grandparents • Getting better with age? The experiences of older workers - NIESR • Fulfilling work: What do older workers value about work and why? Centre for Ageing Better • Performance life span of workers mapped in new research - HR News • The Rising Importance of Older Workers Bain & Company
<p>Maternity and Pregnancy</p>	<ul style="list-style-type: none"> • Pregnancy related absence - EHRC • Pregnancy and Maternity Rights – Xpert HR • Discrimination at Work Because of Pregnancy or Maternity Leave - CAB • Preventing discrimination - Pregnancy and maternity discrimination - Acas • Tips for Improving Performance of Pregnant Employees at Work: • Help, our pregnant employee is underperforming? - Redwing Solutions • Managing pregnant employees • Pregnancy and maternity: Pregnancy EHRC • Workplace support for employees experiencing pregnancy or baby loss CIPD
<p>Religion or Belief</p>	<ul style="list-style-type: none"> • acas-religion-or-belief-and-the-workplace.pdf • Various case studies relating to the need for flexible arrangements for staff who may not live in the same country as their relatives. • Preventing discrimination - Religion or belief discrimination - Acas • How to embrace religious diversity in the workplace • Faith-friendly policies improve workplaces, companies tell No 10 - Religion Media Centre • Managing Religion and Belief in the Workplace – People Management 66321 • Is religious diversity good for team performance? - LSE Business Review

Marriage and Civil Partnership	<ul style="list-style-type: none"> • Preventing discrimination - Marriage and civil partnership - Acas • Marriage and civil partnership discrimination: UK employment law CIPD
Welsh Language	<ul style="list-style-type: none"> • Some Work Foundation reports relating to employers and the Welsh Language. • Welsh language use in the workplace (Welsh Language Use Survey): July 2019 to March 2020 [HTML] GOV.WALES • Welsh as a way of working: 2021-22 Report
Human Rights	<p>General</p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics. Disaggregated workforce monitoring data is required to inform future policy review and assessment. It is also noted that public sector employers in Wales will have a specific duty to make arrangements to collect employee data in respect of such procedures.</p>

Assessment of Relevance and Priority

Equality	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	3	+3	9
Disability	2	+3	6
Gender	2	+3	6
Gender reassignment	2	+2	4
Sexual Orientation	2	+2	4
Age	2	+2	6
Religion or Belief	1	+2	2
Maternity and Pregnancy	2	+2	4
Marriage and Civil Partnership	1	+1	1

Welsh Language	2	+2	4
Human Rights	2	+3	6

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Outcome

You are advised to use the template below to detail the outcome and any actions that are planned following the completion of EqIA. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual negative impact, as well as any arrangements to collect data or undertake further research.

Will the policy be adopted?	Yes
If no please give reasons and any alternative action(s) agreed.	
Have any changes been made to the policy/ plan / proposal / project as a result of conducting this EqIA?	<p>Yes. To mitigate against an overuse of the policy and provide assurance that a robust and accessible assessment is carried out, the policy includes a detailed factfinding assessment document that is required to be completed to support managers in decision making. This should mitigate bias. Managers are required to consider the following:</p> <ul style="list-style-type: none"> Nature of the incident (was there wilful, reckless or malicious behaviour, was the incident intentional or a result of negligence, does the incident involve misconduct of a significant nature (e.g. safeguarding breach, patient harm, gross misconduct?))

- Impact and harm (was there harm to patients, staff or the organisation, what was the severity and scale of the harm, was there potential for harm, even if none occurred?)
- Evidence of deliberateness (is there evidence that protocols or policies were knowingly ignored? were there clear, agreed protocols in place at the time, was the action a repeated failure despite prior guidance?)
- Health, wellbeing and substance misuse factors (are there indications of mental ill health, stress or wellbeing concerns affecting performance, is there evidence of substance misuse that may have contributed, have appropriate health support processes been considered?)
- Systemic and organisational factors (were there gaps in training, induction or supervision, were resources, workload or system pressures a factor, were policies, procedures and guidance clear and accessible, is there evidence of a wider organisational or cultural issue?)
- Comparability and substitution (would others in a similar role, with similar training and experience, act the same way, were peers given equivalent support and guidance, was the individual given adequate supervision and resources?)
- Prior history and context (is there a history of similar behaviour or previous disciplinary issues, have informal approaches or improvement measures already been attempted, has the individual previously been supported to improve?)
- Mitigating circumstances (are there personal or situational factors that mitigate responsibility, did the individual act under duress, conflicting instructions, or exceptional pressure?)
- Proportionality and learning (would a disciplinary investigation be proportionate to the severity and nature of the incident, could the matter be addressed more effectively through other routes e.g. performance improvement, coaching, mediation, learning review?)

Further changes made as a result of carrying out the EQIA alongside the policy review also includes the introduction of independence in decision-making. A commissioning manager will review the fact finding assessment should the manager be recommending formal disciplinary investigation. An investigation cannot be commissioned without this step in the process.

Action Plan for All Wales Disciplinary Policy and Process		
ACTION	BY WHOM	By WHEN
<p>Measurement plan to be developed that will be able to assess the application of the new policy and procedure</p> <p>These measures will include application, disaggregated against each protected equality characteristic, workplace/directorate and staff group.</p>	Sub Committee of the Business Committee	December 2025
<p>Monitoring arrangements will be determined locally.</p> <p>Monitoring outcomes will be reported to Boards</p>	Workforce and OD Directors	Every 6 months
<p>Policy implementation training for managers to include scope and application of duty to consider reasonable adjustments for disabled employees.</p>	HEIW will deliver a series of in person train the trainer workshops alongside Workforce and OD, Wellbeing and Trade Unions representatives.	
<p>Continued roll out of appropriate training and support to ensure implementation takes into account of debiasing techniques and cultural competence.</p>	NHS Wales Organisations	



All-Wales Improving Performance at Work Policy

Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



Contents

1. Policy statement	2
2. About this policy	2
3. Principles	2
4. Informal Stage	3
5. Formal Stage 1 Meeting	4
6. Formal Stage 2 Meeting	4
7. Confirming Formal Stage Outcomes	5
8. Stage 3 Hearing	5
9. Appeal	6
10. Equality	7
11. General Data Protection Regulations	7
12. Monitoring	7
13. Approval	7
Appendix 1 – Informal Performance Improvement Plan Template	0
Appendix 2 – Formal Performance Improvement Plan Template	2

1. Policy statement

- 1.1 The Core Principles of NHS Wales are central to this policy and have been applied throughout. [NHS Wales Core Principles](#)

2. About this policy

- 2.1 This policy is applicable to all employees employed in NHS Wales organisations, except Medical and Dental staff where specific arrangements apply in cases of professional conduct or competence. It does not apply to bank workers, agency workers or self-employed contractors.
- 2.2 Before considering any action in accordance with this policy, the relevant code of conduct and professional code of practice should be considered, and advice should be sought from the relevant professional lead.
- 2.3 The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.
- 2.4 Where an employee is either jointly employed or is not employed by the NHS Organisation but provides a service for the NHS Organisation, the performance issue will be addressed under the scope of the policy of the lead employer.
- 2.5 This policy should be used where the unsatisfactory performance is due to a genuine lack of skill or ability. Where unsatisfactory performance is attributed to suspected misconduct, it should be dealt with under the Disciplinary Policy. Where the primary cause of unsatisfactory performance is considered to be health related, this should be referred, in the first instance to the All Wales Managing Attendance at Work Policy.

3. Principles

- 3.1 Line Managers are responsible for ensuring that all employees are given a clear understanding of their duties, the standards of performance expected and assessment of any development needs which they may have, including the timescales within which these need to be addressed. This is usually undertaken via the PADR process.
- 3.2 During an induction period, the expectation would be that the level of support required would be greater than once the employee has settled in.
- 3.3 During the normal course of their duties, line managers should meet regularly with their employees and bring to their attention any issues relating to their performance.
- 3.4 All employees have the right to be accompanied by a Trade Union representative or work colleague, at all formal stages of the process. If the preferred representative is unavailable, but a suitable alternative is, this should not delay the process.

- 3.5 Performance matters should be dealt with sensitively and with due respect for the privacy of the individuals involved.
- 3.6 All meetings should be conducted in a manner that is supportive to the employee to enable them to understand the concerns and meet the level of performance required at the earliest opportunity.
- 3.7 Line managers will put the employee at the centre of the process and respect and appropriately respond to each person's needs and values. They will recognise the potential for bias involving employees from an ethnic minority background, as well as those from other under-represented groups, and will be proactive to ensure bias does not form part of any decision-making.
- 3.8 Line managers will recognise the ways cultural backgrounds, values and norms may influence an employee's behaviour, communication style or perceptions. By integrating cultural competence, decision-makers can avoid misinterpreting actions or intentions that stem from cultural differences rather than misconduct.
- 3.9 Line managers will be aware of the impact that experiences of racism, microaggressions, and other forms of discrimination can have on employees is recognised. The aim is to ensure that all employees are treated with fairness, dignity, respect, and taking into account their backgrounds, circumstances, and characteristics. These include age; impairment or health condition (disabled people); gender, gender identity or gender expression; race, culture, ethnicity or nationality; religion, belief, or non-belief; sexual orientation; pregnancy and maternity; and relationship status.
- 3.10 Line managers should be aware of the role intersectionality has on an employee's experiences of the Improving Performance at Work policy.

4. Informal Stage Discussion

4.1 This should include:

- A clear statement from the manager outlining areas of performance in need of improvement, together with an explanation of the standard expected. (Reference can be made to the job description, PADR objectives and/or any specific examples of work causing concern.)
- Identification of the extent and nature of the factors and impact arising.
- Exploring how the factors identified can be overcome or minimised.
- Exploring any mitigating circumstances, e.g. underlying health conditions
- Setting clear targets for improvement and developing an action plan with timescales for any follow up and/or achievement.
- Offering and agreeing opportunities for support and training.

4.2 Following the meeting, the manager will provide a copy of summary of the meeting. This will include the areas of performance considered as unacceptable, the informal performance improvement plan (insert link) and timescales.

- 4.3 A date should be set (usually defined in weeks) for a follow-up meeting to review progress; the purpose of which will be to confirm areas where performance concerns have been addressed and/or to outline areas, if any, where performance remains unsatisfactory.
- 4.4 Where performance remains unsatisfactory after the follow up meeting, the employee will be advised that the issues remaining will progress to the formal stage of the process and a formal meeting arranged.

5. Formal Stage 1 Meeting

- 5.1 The meeting arrangements will be sent to the employee 7 calendar days in advance. The meeting should cover as a minimum the following: -
- A summary from the manager outlining the informal process to date or reasons why it was not appropriate to consider the concern(s) at the informal stage.
 - A clear statement by the manager outlining areas of performance in need of improvement, together with an explanation of the standard expected.
 - An acknowledgement, where appropriate, of any improvement, however small.
 - Consideration of any mitigating factors.
 - Establishment of a formal performance improvement plan (PIP) with timescales.
 - Agreeing additional opportunities for support and training, if appropriate.

6. Formal Stage 2 Meeting

- 6.1 The meeting arrangements will be sent to the employee 7 calendar days in advance. The meeting should cover as a minimum the following: -
- A summary from the manager covering the informal/formal process to date and outcome.
 - Acknowledgement of any improvement, however small.
 - Specific details of all aspects of the employee's work which remains unsatisfactory.
 - Consideration of any mitigating factors.
 - Review/revision of the Performance Improvement Plan (PIP) with revised timescales.
 - Clarification of next steps if performance does not reach the required standard.
 - Agreeing any further opportunities for support and (re)training if appropriate.

7. Confirming Formal Stage Outcomes

7.1 Following a formal meeting, the manager will send a letter to the employee outlining a summary of the meeting, including the areas of performance considered as unsatisfactory, the improvement plan, timescales and next steps.

7.2 A date should be included (usually defined in weeks) for a follow-up discussion to review progress; the purpose of which will be to confirm areas where performance concerns have been addressed and/or to outline areas, if any, where performance remains unsatisfactory.

N.B. Where performance improves to the required standard sooner than the timescales require, the discussion can be brought forward, and the process concluded.

7.3 Where performance remains unsatisfactory, the employee will be advised that the issues remaining will progress to the next stage of the formal process.

8. Stage 3 Hearing

8.1 The hearing will comprise of a panel of a more senior manager not previously involved and a Senior Workforce/HR Manager. Arrangements will be sent to the employee 14 calendar days in advance and include the following documents:

- Outcome email/letter for each stage undertaken
- Copy of each PIP
- Stage 3 invite letter

8.2 The Hearing will follow the following structure:

- The manager will provide a verbal statement outlining:
 - the process followed to date
 - a summary of the issues
 - support offered (taken from the PIPs)
 - progress to date
 - concerns remaining and their impact
- The employee can provide a verbal and/or written response in relation to each of the above points together with any mitigating factors they wish the panel to take account of.
- The panel may ask questions of each party in relation to the case presented.
- The views of the employee may also be sought in relation to any redeployment opportunities available at the time.
- The panel will then adjourn to consider their determination.

8.3 The outcomes available to the panel are as follows:

- a) The PIP has been achieved in full by the date of the hearing and performance is assessed as satisfactory. If similar performance issues arise again within a 12-month period, the individual will be invited to a further stage 3 Hearing.
- b) There has been partial achievement of the PIP; the timescales for improvement are extended for a further period (usually no more than one month). The Stage 3 Hearing will be adjourned and reconvened at the end of this period to formally review the position.
- c) Performance remains below the required standard; the employee will be dismissed by reason of capability. Any offer of alternative employment will be included in the outcome letter and be dealt with in accordance with the Redeployment Procedure.

8.4 The outcome letter will be sent to the employee within 7 calendar days of the hearing.

9. Appeal

9.1 The employee has a right of appeal against dismissal within 14 calendar days of the date of the Stage 3 outcome letter. The grounds of appeal should be included in the notification.

N.B. The date the dismissal takes effect will not be delayed pending the outcome of an appeal. However, if the appeal is successful the employee will be reinstated with no loss of continuity or pay.

9.2 The appeal will be heard by a panel comprising of a more senior manager not previously involved (nominated by the Deputy Director of Workforce and Organisational Development) and the Head of Workforce/HR or deputy. Arrangements will be sent to the employee 14 calendar days in advance and include the following documents:

- Grounds of appeal
- Outcome documentation for each stage undertaken
- Copy of each PIP
- Appeal invite letter

9.3 The purpose of the appeal is to establish if the decision to dismiss was reasonable in light of the grounds raised by the employee and the case presented by the senior manager of the Hearing Panel. The appeal is not a re-hearing of the original evidence.

9.4 The outcomes available to the appeal panel will be to:

- a) uphold the appeal
- b) dismiss the appeal

c) uphold the appeal in part

9.5 The employee will be advised of the outcome of their appeal in writing, usually within one week of the appeal hearing. There will be no further right of appeal.

10. Equality

10.1 This policy has been impact assessed to ensure that it promotes equality and human rights.

10.2 Employees can receive any documentation arising from this process in either Welsh or English and can use the Welsh language in any meeting attended. A simultaneous translation service will be provided at the meeting when it cannot be conducted solely in Welsh.

11. General Data Protection Regulations

11.1 All documents generated under this policy that relate to identifiable individuals are to be treated as confidential documents, in accordance with the NHS Organisation's Data Protection Policy.

12. Monitoring

12.1 Details of all performance management discussions under this policy will be recorded on the employee's file for a period of 12 months from conclusion of the process. Anonymised data may be reported to the relevant Committee as deemed appropriate by the employing organisation.

13. Approval

Signed on behalf of the Staff Side:

Signed:

Name:

.....

Title:

.....

Date:

.....

Signed on behalf of the Management Side:

Signed:

Name:

Title:

Date:

Appendix 1 – Informal Performance Improvement Plan Template

Employee Name _____

Date of Meeting _____

Employee Number _____

Job Title _____

When developing the performance improvement plan, it must be ensured that each objective is Specific, Measurable, Achievable, Relevant, Time specific (SMART). The plan in its totality should also be achievable and objectives should not be too numerous taking into consideration the time specified for achievement.

Outline what aspect of the role the concern(s) relate to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward	Training and support discussed	Details of what success will look like	Timescale for completion (usually defined in weeks)

SIGNED _____

Manager's Name _____

Date _____

SIGNED _____

Individual's Name _____

Date _____

Appendix 2 – Formal Performance Improvement Plan Template

Form PIP2 - Formal Performance Improvement Plan

Stage 1 Meeting* / Stage 2 Meeting* (*delete as appropriate)

Employee Name _____

Date of Meeting _____

Employee Number _____

Job Title _____

Dates of Previous Meetings _____

When developing the performance improvement plan, it must be ensured that each objective is Specific, Measurable, Achievable, Relevant, Time specific (SMART). The plan in its totality should also be achievable and objectives should not be too numerous taking into consideration the time specified for achievement.

Outline what aspect of the role/objective the concern(s) relates to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward previously	Action required Include details of training and support offered	Details of what success will look like	Timescale for completion (usually defined in weeks)	Progress Made including details of training and support provided.	Status update: Place 'Y' in one of the boxes below	
							Performance now satisfactory	Performance Concerns Carried Forward
(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)	(Copy from PIP1)			

--	--	--	--	--	--	--	--	--

Overall Assessment - Performance has improved to the standard required Yes* / No *

Where action(s) carried forward please update below:

Outline what aspect of the role the concern(s) relate to and the frequency of the activity	Outline the concern(s) identified (include specific examples where possible and their impact)	Mitigation put forward at meeting	Training and support discussed	Details of what success will look like	Timescale for completion (usually defined in weeks)
(Copy from above)	(Copy from above)				

Employee informed of next steps Yes* / No* Date of next meeting _____

SIGNED _____ Manager's Name _____ Date _____

SIGNED _____ Individual's Name _____ Date _____

Preparation

1.	What are you equality impact assessing?	All Wales Improving Performance at Work Policy (previously the All Wales Capability Policy)
2.	Policy Aims and Brief Description	<p>The primary aim of this policy is to provide a framework within which managers can work with employees to maintain satisfactory performance standards and to encourage improvement where necessary.</p> <p>Where an employee is either jointly employed or is not employed by the <i>NHS Organisation</i> but provides a service for the <i>NHS Organisation</i>, the performance issue will be addressed under the scope of the policy of the lead employer.</p> <p>This policy should be used where the unsatisfactory performance is due to a genuine lack of skill or ability. Where unsatisfactory performance is attributed to suspected misconduct, it should be dealt with under the Disciplinary Policy. Where the primary cause of unsatisfactory performance is considered to be health related, this should be referred, in the first instance to the All Wales Managing Attendance at Work Policy.</p>
3.	Who is responsible for the Policy/work?	NHS organisations and sub committee of the Welsh Partnership Forum Business Committee

4.	Who is Involved in undertaking this EqIA?	Welsh Partnership Forum Business Committee (Sub Group) (Andrew Davies, Heather Hinkin, Caroline Hurley)
5.	Is the Policy related to other Policies/areas of work?	Managing Attendance at Work, Disciplinary, Respect and Resolution Policies. Codes of Conduct of Professional/Regulatory Bodies, Staff Charters
6.	Stakeholders	All employees, trade unions, patients, carers
7.	What might help/hinder the success of the Policy?	<p>Factors that may hinder:</p> <p>Lack of leadership and commitment at Board level Lack of staff training and development to undertake duties to required standard. Time constraints. Organisational change.</p> <p>Factors that may help:</p> <p>The inclusion of the following principles following the audit of All Wales policies through an Anti-Racist Lens:-</p> <p>3.7 Line managers will put the employee at the centre of the process and respect and appropriately respond to each person's needs and values. They will recognise the potential for bias involving employees from an ethnic minority background, as well as those from other under-represented groups, and will be proactive to ensure bias does not form part of any decision-making.</p> <p>3.8 Line managers will recognise the ways cultural backgrounds, values and norms may influence an employee's behaviour, communication style or perceptions. By</p>

integrating cultural competence, decision-makers can avoid misinterpreting actions or intentions that stem from cultural differences rather than misconduct.

3.9 Line managers will be aware of the impact that experiences of racism, microaggressions, and other forms of discrimination can have on employees is recognised. The aim is to ensure that all employees are treated with fairness, dignity, respect, and taking into account their backgrounds, circumstances, and characteristics. These include age; impairment or health condition (disabled people); gender, gender identity or gender expression; race, culture, ethnicity or nationality; religion, belief, or non-belief; sexual orientation; pregnancy and maternity; and relationship status.

3.10 Line managers should be aware of the role intersectionality has on an employee's experiences of the Improving Performance at Work policy. When employees have more than one protected characteristic, employees can experience discrimination, unconscious bias and other elements of poor treatment because they experience it due to a number of characteristics. For example, if somebody is from the Black community and are disabled, they may experience the application of policies more acutely than somebody with only one protected characteristic because of the role power, privilege and unconscious bias may play from the two different protected characteristics and in the application of such policies.

It is important that line managers are aware of their own positions of seniority and unconscious bias and be aware of cultural competency when applying this process. This should be even more important when dealing with employees with intersecting protected characteristics.

Development of management competencies

Integration of performance management skills in management development

		Development of All Wales approach to compassionate leadership Work on employee harm

In relation to disability only, should the Policy take account of difference, even if it involves treating some individuals more favourably?

z



The Human Rights Act contains 15 rights, all of which NHS organisations have a duty to act compatibly with and to respect, protect and fulfil. The 6 rights that are particularly relevant to healthcare are listed below. For a fuller explanation of these rights and other rights in the Human Rights Act please refer to **Appendix A: The Legislative Framework**.

Depending on the Policy you are considering, you may find the examples below helpful in relation to the Articles.

	Yes	No
Consider, is the Policy relevant to:		
Article 2 : The right to life Examples: The protection and promotion of the safety and welfare of patients and staff; issues of patient restraint and control	Staff and Patient safety issues	
Article 3 : The right not be tortured or treated in an inhuman or degrading way	Issues of dignity and respect and protection/promotion	

<p>Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; Issues of patient restraint and control</p>	<p>of patient and staff safety</p>	
<p>Article 5 : The right to liberty</p> <p>Examples: Issues of patient choice, control, empowerment and independence; issues of patient restraint and control</p>		<p>✓</p>
<p>Article 6 : The right to a fair trial</p> <p>Example: issues of patient choice, control, empowerment and independence</p>	<p>Issue of fair decision making process.</p> <p>Case law relating to legal representation at disciplinary i.e. Hameed vs Central Manchester University Hospital NHS Foundation Trust and Kulkarni vs Milton Keynes Hospital NHS Trust</p>	
<p>Article 8 : The right to respect for private and family life, home and correspondence; Issues of patient restraint and control</p>	<p>Issues of dignity and privacy, for example, impact on</p>	

<p>Examples: Issues of dignity and privacy; the protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers; the right of a patient or employee to enjoy their family and/or private life</p>	<p>family life of suspension and potential loss of employment. Confidentiality issues of not wanting family members to know that going through process.</p>	
<p>Article 11 : The right to freedom of thought, conscience and religion</p> <p>Examples: The protection and promotion of the safety and welfare of patients and staff; the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travellers</p>	<p>Issues of respect for different religious beliefs and cultural values.</p>	

Equality Strand	Information Gathered
Race	<p>Fair dismissal on the grounds of capability – Napier and sons</p> <p>Race inclusion report: Equality of career progression CIPD</p> <p>Race in the workplace: The McGregor-Smith review</p> <p>The Race at Work Charter - Business in the Community</p> <p>Supporting race equality, diversity and inclusion (EDI) at work: Guidance for managers CIPD</p> <p>Key Resources for Workplace Equality - Business in the Community</p>
Disability	<p>Disability discrimination – keypoints in the workplace - ACAS</p> <p>Work Foundation report on Work, Health and Absence in the Public Sector</p> <p>The Public Sector and Equality for Disabled People, Dept for Work and Pensions</p> <p>Disability and sickness absence – PCSU</p> <p>Sickness absence and disability – TUC</p> <p>Guidance on disability related absence – Probation Association</p> <p>Guidance relating to disability for the NHS – NHS Employers</p> <p>Fair dismissal on the grounds of capability – Napier and sons</p> <p>Capability and performance - Supporting disabled people at work - Acas</p> <p>Conduct and capability procedures when managing performance - Acas</p> <p>Performance managing employees with potential disabilities</p> <p>Capability dismissal and disability face2faceHR</p> <p>Can a disabled employee argue that continuing with performance management against them is a failure to make reasonable adjustments? Practical Law</p>
Gender	<p>The Work Foundation has also produced a number of reports on changing demographics.</p> <p>Equal Opportunities Commission “Gender Equality and the Future of Work”</p> <p>Legal and General’s “Value of a Mum”</p> <p>Gender, culture and organisational change, Open University</p>

	<p>Sex Discrimination in the Workplace, ACAS, March 2016</p> <p>How to improve gender equality in the workplace: actions for employers - GOV.UK</p> <p>Women in the Workplace 2024 report McKinsey</p> <p>The gender gap in performance reviews - ScienceDirect</p> <p>Improving Women's Progression in the Workplace</p>
Gender Reassignment	<p>The Workplace and Gender Reassignment</p> <p>Gender Reassignment Policy – Cardiff University</p> <p>Gender Reassignment Policy – Aston University</p> <p>Absence from Work Because of Gender Reassignment – Citizens Advice</p> <p>Supporting transgender and non-binary people at work: Guide for people professionals CIPD</p> <p>Preventing discrimination - Gender reassignment discrimination - Acas</p> <p>The Workplace and Gender Reassignment</p> <p>Transgender Workplace Support Project</p> <p>Transforming the Workplace – A TUC guide Activist Template</p> <p>Supporting transgender workers</p>
Sexual Orientation	<p>Preventing discrimination - Sexual orientation discrimination - Acas</p> <p>Inclusion at work: Perspectives on LGBT+ working lives</p> <p>Peak performance – Gay people and productivity productivity:A4 report</p> <p>Job Satisfaction and Sexual Orientation in Britain - Sait Bayrakdar, Andrew King, 2022</p>
Age	<p>Fair dismissal on the grounds of capability – Napier and sons</p> <p>EHRC report “Working Better 2008”</p> <p>The Work Foundation has also produced a number of reports on changing demographics, changing work patterns for young workers, retention of older workers, e.g. 0-5 How small children can make a big difference, The Ageing Workforce, Work, Health and Absence in the Public Sector</p> <p>Productivity and Age – Age UK Policy position paper – grandparents</p> <p>Performance Management Systems, it's Processes and the effect on the Ageing workforce - Feedback - Community Feedback - CIPD Community</p> <p>Curvilinear Relationships Between Age and Job Performance and the Role of Job Complexity Work, Aging and Retirement Oxford Academic</p> <p>Getting better with age? The experiences of older workers - NIESR</p> <p>Fulfilling work: What do older workers value about work and why? Centre for Ageing Better</p>

	<p>Performance life span of workers mapped in new research - HR News The Rising Importance of Older Workers Bain & Company</p>
Maternity and Pregnancy	<p>Pregnancy related absence - EHRC Pregnancy and Maternity Rights – Xpert HR Discrimination at Work Because of Pregnancy or Maternity Leave - CAB Preventing discrimination - Pregnancy and maternity discrimination - Acas Tips for Improving Performance of Pregnant Employees at Work: Help, our pregnant employee is underperforming? - Redwing Solutions Managing pregnant employees Pregnancy and maternity: Pregnancy EHRC Workplace support for employees experiencing pregnancy or baby loss CIPD</p>
Religion or Belief	<p>acas-religion-or-belief-and-the-workplace.pdf Various case studies relating to the need for flexible arrangements for staff who may not live in the same country as their relatives. Preventing discrimination - Religion or belief discrimination - Acas How to embrace religious diversity in the workplace Faith-friendly policies improve workplaces, companies tell No 10 - Religion Media Centre Managing Religion and Belief in the Workplace – People Management 66321 Is religious diversity good for team performance? - LSE Business Review</p>
Marriage and Civil Partnership	<p>Preventing discrimination - Marriage and civil partnership - Acas Marriage and civil partnership discrimination: UK employment law CIPD</p>
Welsh Language	<p>Some Work Foundation reports relating to employers and the Welsh Language.</p>
Human Rights	<p>General</p> <p>There are gaps in workforce equality monitoring data across all of the protected characteristics. Disaggregated workforce monitoring data is required to inform future policy review and assessment.</p>

It is also noted that public sector employers in Wales will have a specific duty to make arrangements to collect employee data in respect of such procedures.

Assessment of Relevance and Priority

Equality Strand	Evidence: Existing Information to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	1	+2	2
Disability	2	+3	6
Gender	2	+3	6
Gender reassignment	2	+1	2
Sexual Orientation	2	+1	2
Age	2	+3	6
Religion or Belief	2	+2	4
Maternity and Pregnancy	1	+2	2
Marriage and Civil Partnership	1	+1	1
Welsh Language	2	+2	4
Human Rights	2	+3	6 41/10 = 4.1

Scoring Chart A: Evidence Available

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

Scoring Chart B: Potential Impact

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

Scoring Chart C: Impact Decision

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

Outcome Report

Organisation:	Welsh Government/NHS Wales/Trade Unions
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Proposal Sponsored by:	Name:	
	Title:	Joint Chairs
	Department:	Welsh Partnership Forum

Policy Title:	All Wales Improving Performance at Work Policy (previously All Wales Capability Policy)
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Brief Aims and Objectives of Policy:	See section above - preparation
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	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Was the decision reached to proceed to full Equality Impact Assessment?:	Record Reasons for Decision:	
	The principles and values of the policy are grounded in the promotion of fair and equal treatment. Some issues highlighted through the process have been addressed by amending the policy and developing an action plan to ensure monitoring data is continually available at organisation level.	
If no, are there any issues to be addressed?	Yes ✓	No ☐
	Record Details:	
Lack of robust workforce monitoring data is being addressed through All Wales data monitoring and local implementation. Action will be taken to ensure data gaps are addressed through Workforce Information Systems Programme and Electronic Staff Record (ESR). Also, training for managers to ensure that the provisions of the policy are applied fairly and equally should be addressed at organisational level.		

Is the Policy Lawful?	Yes ✓	No ☐
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Will the Policy be adopted?	Yes ✓	No ☐
	If no, please record the reason and any further action required:	

Are monitoring arrangements in place?	Yes ✓	No ☐
	<p>Refer to Action Plan (Form 8)</p> <p>Monitoring arrangements will be addressed through local application of all Wales action plan. Scrutiny and review of monitoring reports should be undertaken at regular intervals by boards or sub committees.</p>	

Who is the Lead Officer?	Name:	Helen Arthur
	Title:	Director of NHS Workforce and OD
	Department:	Welsh Government
Review Date of Policy:	N/A	

Signature of all parties	Name	Title	Signature
		Andrew Davies	
	Heather Hinkin		
	Caroline Hurley		

Please Note: An Action Plan should be attached to this Outcome Report prior to signature

Action Plan for All Wales Improving Performance at Work Policy

	ACTION	WHO	HOW/ WHEN
Monitoring Arrangements			
How will the Policy be monitored?	Monitoring arrangements will be determined locally. Monitoring outcomes will be reported to Boards	Workforce and OD Directors	Every 6 months
What monitoring data will be collected?	Local application of Improving Performance at Work policy and procedure disaggregated against each protected equality characteristic, workplace/directorate and staff group.	Workforce and OD Directors	Ongoing
Other Actions			

<p>Describe any other actions highlighted through the policy screening</p>	<p>Policy training for managers to include scope and application of duty to consider reasonable adjustments for disabled employees.</p> <p>Continued roll out of appropriate training and support to ensure implementation takes into account of debiasing techniques and cultural competence.</p>	<p>OD and Training</p>	<p>To be determined</p>
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Report Title:	Draft People & Culture Committee Annual Report 2025/26			Agenda Item No:	3.2
Meeting:	People & Culture Committee	Public	x	Meeting Date:	12.05.2026
		Private			
Status:	Assurance	Approval	x	Information/Noting	
Lead Executive Title:	Director of Corporate Governance				
Report Author Title:	Corporate Governance Officer				

Main Report

Background and Current Situation:

An Annual Report from the Committee is produced to demonstrate that it has undertaken the duties set out in its Terms of Reference and to provide assurance to the Board that this is the case.

The purpose of the Annual Report is to provide Members of the People & Culture Committee with the opportunity to discuss the attached draft annual report before being submitted to the Board for approval on 28 May 2026.

Executive Director Opinion & Key Issues to bring to the attention of the Committee:

The Committee achieved an overall attendance rate of 69.7% from the period 1 April 2025 to 31 March 2026 and met on five occasions during the year.

The attached Annual Report 2025/26 of the People & Culture Committee demonstrates that the Committee has undertaken the duties as set out in its Terms of Reference.

Appendices (please list any appendices that will accompany this report. Do not embed)

- a) People & Culture Committee Annual Report

Recommendations:

- a) **NOTE** the contents of the report
- b) **ENDORSE** the report to the Board for approval

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.	 Putting People First		2.	 Providing Outstanding Quality	x
3.	 Delivering in the Right Places	x	4.	 Acting for the Future	x

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention		Long Term	x	Integration	x	Collaboration	x	Involvement	x
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes	x	No	x	N/A
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Impact Assessment
Please place an "x" in the below boxes where relevant

Risk: No

Safety: No

Financial: No

Workforce: No

Legal: Yes

As per 10.2.2 of the Health Board Standing Orders:
"Each Committee and, where appropriate, Advisory Group must also submit an annual report to the Board setting out its activities during the year and including the review of its performance and that of any sub-Committees it has established".

Reputational: No

Socio Economic: No

Equality & Health: No

Decarbonisation: No

Welsh Language: No

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:
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GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the People & Culture Committee 2025/26

1. Introduction

In accordance with best practice and good governance, the People & Culture Committee (the Committee) produces an Annual Report to the Board setting out how the Committee has met its Terms of Reference during the financial year.

2. Membership

The Committee membership comprises of the Chair (who must be an Independent Member of the Board) plus a minimum of two other Independent Members of the Board. In addition to the Membership, the meetings are also attended by the Chief Executive, Executive Director of Strategic Planning, Chief Operating Officer, Executive Director of Workforce and Development, Executive Nurse Director or nominated deputy, Executive Director of Finance or nominated deputy, Executive Director of Public Health or nominated deputy, & Director of Corporate Governance. Other Executive Directors are required to attend on an ad hoc basis. The Committee may also co-opt additional independent 'external' members from outside the organisation to provide specialist skills, knowledge and expertise

3. Meetings & Attendance

The Committee met five times during the period 1 April 2025 to 31 March 2026. This is in line with its Terms of Reference.

At least two members must be present to ensure the quorum of the Committee, one of whom should be the Committee Chair or Vice Chair.

The People & Culture Committee achieved an attendance rate of 61.05% during the period 1st April 2025 to 31st March 2026 as set out below:

Attendance	06/05/2025	08/07/2025	14/10/2025	25/11/2025	17/02/2026	Percentage	
Sara Moseley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>				100.00%	<i>Left the UHB 01st September 2025</i>
Susan Lloyd-Selby	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	60.00%	<i>Chair from September 2025</i>
Rhian Thomas	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	80.00%	
Mike Jones	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		50.00%	<i>Left the UHB 31st January 2026</i>
Clive Curtis		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100.00%	<i>Vice chair from September 2025</i>
Steve Riley	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40.00%	
Rachel Gidman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	83.33%	
Paul Bostock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50.00%	
Claire Beynon	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	66.67%	
Matt Phillips	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	66.67%	
Suzanne Rankin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.00%	
Charles Janczewski	<input type="checkbox"/>	<input type="checkbox"/>				0.00%	<i>Left the UHB 01st October 2025</i>
Kirsty Williams			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	66.67%	<i>Joined the UHB 01st October 2025</i>
To note: attendees in red are not standing members. Info for annual report							
To note: Clive Curtis first meeting was July 2025							

*Sara Moseley left the UHB on 01st September 2025.

*Susan Lloyd-Selby become the Committee Chair in September 2025.

*Mike Jones left the UHB on 31st January 2026.

1.0 Terms of Reference and Workplan

The Terms of Reference were reviewed and approved by the Board in March 2025.

2.0 Work Undertaken

During the financial year 2025/26, the Committee reviewed the key items at its meetings as set out in this Report.

In addition to the routine business of the Committee, which is set out below, the Committee also had more detailed reviews for each of the following Clinical Boards:

- PCIC
- Surgical Clinical Board
- Medicine Clinical Board
- Mental Health Clinical Board
- Specialist Clinical Board

These detailed reviews included presentations from key staff and enabled the Committee Members to gain an in depth understanding of the work undertaken in these areas.

Public People & Culture Committee Key matters which were reviewed and discussed by the Committee included the following: -

- Board Assurance Framework – wellbeing / workforce / culture
- Managing Sickness & Availability
- Key Workforce Performance Indicators
- Health & Safety Update
- Health Safety & Fire Risk Register
- Supreme Court Ruling – Definition of Sex
- Speaking Up Safely
- Psychological Safety
- Annual Health & Safety Report
- Social Partnership Duty Annual Report
- Digital Communications & Analytics
- Strategic Equality Plan / Workforce Race Equality Standard (WRES)
- Admin & Clerical Staff Workforce Growth
- People & Culture Plan Refresh
- Medical & Dental Deep Dive
- Equity & Inclusion including staff networks review
- Occupational Health / Wellbeing Services KPI
- RADON Update

Approved Documents

The following documents were approved by the committee:

- EDI Reports for Approval
- Gender Pay Gap Report
- Annual Equality Report
- Putting People First Portfolio

Staff Story

A different staff story was shared at each of the People & Culture Committee meetings which focused on areas such as:

- People Safety
- Belonging
- Speaking Up Safely
- Bright Starts Programme
- Therapeutic Activity – Hafan-y-Coed

The following policies were approved at the People & Culture committee during 2025/26:

- Employment Pension Contributions Alternative Payment Policy
- All Wales Sexual Harassment Policy
- All Wales Flexible Working Policy
- All Wales Reserve Force Mobilisation Policy

The above papers can be found on the Cardiff & Vale University Health Boards website [here](#).

The Committee is of the opinion that the draft People & Culture Committee Annual Report 2025/26 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Committee Chair

Susan Lloyd-Selby / Clive Curtis

Report Title:	Digital Communications & Analytics			Agenda Item No:	4.1	
Meeting:	People & Culture	Public	√	Meeting Date:	12 th May 2026	
		Private				
Status (please only tick one)	Assurance		Approval		Information/Noting	√
Lead Executive Title:	Rachel Gidman, Executive Director of People and Culture					
Report Author Title:	Joanne Brandon, Director of Communications and Engagement					
Main Report						
Background and Current Situation:						
<p>The CAVUHB Communications team continually monitor and evaluate internal and external approaches to content across a range of digital channels to ensure the best possible engagement.</p> <p>The Digital Communications Analytics dashboard highlights key approaches, data and statistics of projects and campaigns. The dashboard highlights key areas of success, spikes in activity, and considerations for future approaches.</p> <p>Learnings from the dashboard enables the Communications team to take an evidence-based approach to content through monitoring and evaluating approaches. Shaping Our Future Wellbeing sets out the aim to be a great place to train, work and live, where we listen to and empower people.</p> <p>One of the strategic objectives is Putting People First because people are at the centre of everything we do.</p> <p>Through campaigns, messaging and communication channels, the Communication Team is seeking to put people first and to support the wellbeing, inclusion, capability and engagement of our workforce.</p> <p>This presentation sets out projects and campaigns that directly align with this objective and People and Culture objectives.</p>						
Executive Director Opinion & Key Issues to bring to the attention of the Committee						
Appendices (please list any appendices that will accompany this report. Do not embed)						
Appendix 1 – Cardiff and Vale UHB Digital Communications Analytics (January – April 2026)						
Recommendations:						
<p>a) Hear about the approaches that are being taken and provide feedback for the Communications teams consideration.</p>						

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "x" in the below boxes where relevant – *Click each item for further information.*

1.	<input checked="" type="checkbox"/>	 Putting People First	<input checked="" type="checkbox"/>	2.	<input checked="" type="checkbox"/>	 Providing Outstanding Quality	<input checked="" type="checkbox"/>
3.	<input checked="" type="checkbox"/>	 Delivering in the Right Places	<input checked="" type="checkbox"/>	4.	<input checked="" type="checkbox"/>	 Acting for the Future	<input checked="" type="checkbox"/>

Five Waves of Working (Sustainable Development Principles) considered:

Please place an "x" in the below boxes where relevant

Prevention	<input type="checkbox"/>	Long Term	<input type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input type="checkbox"/>	Involvement	<input type="checkbox"/>
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Quality Impact Assessment Completed?

Please place an "x" in the below boxes where relevant

Yes (please include the complete QIA document)	<input checked="" type="checkbox"/>	No (please provide reasoning e.g. not required)	<input type="checkbox"/>	N/A
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Impact Assessment

Please place an "x" in the below boxes where relevant

Risk: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Safety: No

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)

Financial: No

Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Workforce: No

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Legal: No

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)

Reputational: No

Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

Socio Economic: No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <https://www.gov.wales/socio-economic-duty-guidance>

The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.

Equality & Health: No

Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)

Decarbonisation: No

There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.

These include:

- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
- Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions*
- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.*
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.*
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.*

Does the subject matter of your paper risk any of the above not being achieved?

Welsh Language: No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- **More than just words:** Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- **Accessibility and compliance:** Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- **Patient understanding and safety:** Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- **Staffing and resources:** Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

Does the subject matter of your paper risk any of the above not being achieved?

Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)

Name of Committee/Group/Exec	Date:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Cardiff and Vale UHB Digital Communications Analytics

January - April 2026



Website Engagement

Jan

Jobs - Cardiff and Vale University Health Board	36,160 (14.05%)
Home - Cardiff and Vale University Health Board	13,771 (5.35%)
University Hospital of Wales - Cardiff and Vale University Health Board	7,905 (3.07%)
Search Results - Cardiff and Vale University Health Board	6,513 (2.53%)
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	4,342 (1.69%)
Sexual Health - Cardiff and Vale University Health Board	3,575 (1.39%)
University Hospital Llandough - Cardiff and Vale University Health Board	3,313 (1.29%)
404 - Page not found - Cardiff and Vale University Health Board	2,892 (1.12%)
GP Surgeries - Cardiff and Vale University Health Board	2,888 (1.12%)
Privacy Policy - Cardiff and Vale University Health Board	2,747 (1.07%)

 Views: 257, 402

 Visitors: 82,702

 Views per visitor: 3.11

Feb

Jobs - Cardiff and Vale University Health Board	47,705 (17.86%)
Home - Cardiff and Vale University Health Board	14,468 (5.42%)
University Hospital of Wales - Cardiff and Vale University Health Board	7,730 (2.89%)
Search Results - Cardiff and Vale University Health Board	6,318 (2.37%)
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	3,914 (1.47%)
Sexual Health - Cardiff and Vale University Health Board	3,557 (1.33%)
University Hospital Llandough - Cardiff and Vale University Health Board	3,054 (1.14%)
Privacy Policy - Cardiff and Vale University Health Board	2,907 (1.09%)
Contact Us - Cardiff and Vale University Health Board	2,619 (0.98%)
404 - Page not found - Cardiff and Vale University Health Board	2,272 (0.85%)

404 is being found more frequently, which requires more investigation but could be due to old print materials, QR codes etc

 Views: 267, 037

 Visitors: 83,745

 Views per visitor: 3.19

March

Jobs - Cardiff and Vale University Health Board	49,040 (18.33%)
Home - Cardiff and Vale University Health Board	14,650 (5.48%)
University Hospital of Wales - Cardiff and Vale University Health Board	7,244 (2.71%)
Search Results - Cardiff and Vale University Health Board	6,176 (2.31%)
University Hospital of Wales Visiting Times - Cardiff and Vale University Health Board	3,721 (1.39%)
Sexual Health - Cardiff and Vale University Health Board	3,395 (1.27%)
University Hospital Llandough - Cardiff and Vale University Health Board	3,061 (1.14%)
Privacy Policy - Cardiff and Vale University Health Board	3,038 (1.14%)
Contact Us - Cardiff and Vale University Health Board	2,601 (0.97%)
404 - Page not found - Cardiff and Vale University Health Board	2,199 (0.82%)

'Jobs' remains consistently as the most viewed webpage, with over 36,000 views each month this year (around 15% of views on the site)

 267,512

 Visitors: 82,302

 Views per visitor: 3.25

The pages in the top 10 most viewed webpages are static.

Website News Engagement

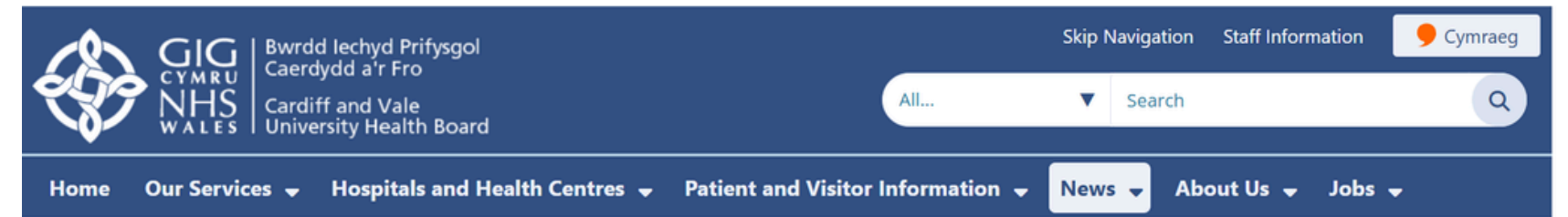
Signs and Symptoms

From regular monitoring of our website news analytics, news articles that highlight signs and symptoms of health care conditions receive a higher amount of views.

Two articles posted three years ago consistently remain in our top 10 viewed news articles.

We are using this insight to inform future prevention content around different topics in this format for increased visibility of key messages.

We are also using Search Console via Google Analytics to look up terms on our website that the public often search for, to identify opportunities and highlight any gaps to add more visible information for.

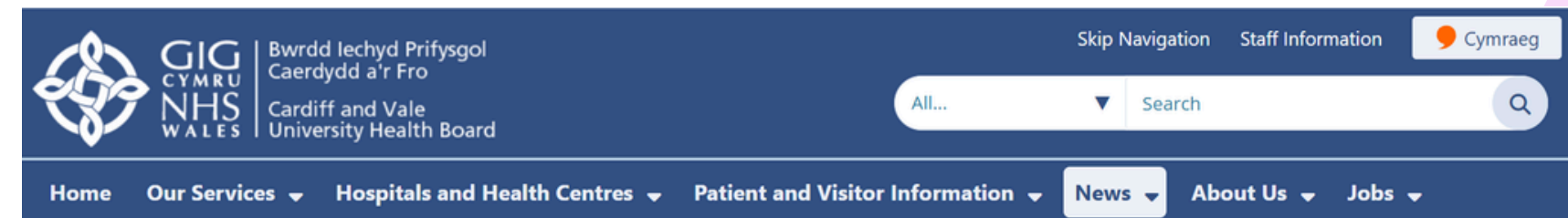


The five 'red flag' symptoms of bowel cancer

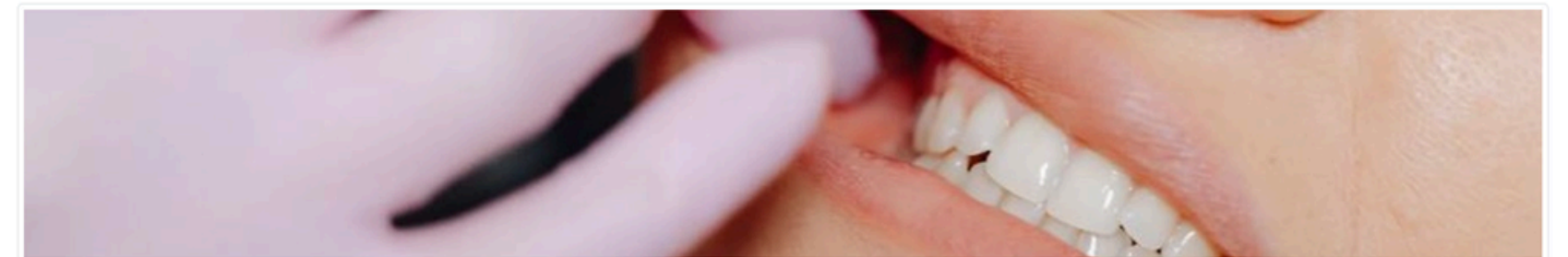


21 April 2023

Bowel cancer is one of the most common cancers in Wales with more than 2,200 new cases diagnosed every year. But at least 9 in 10 people will survive the disease if it's found and treated early enough.



Mouth Cancer: The key signs, symptoms and causes



13 November 2023

More than 300 people in Wales are diagnosed with mouth cancer each year, and unfortunately most are found to have the disease at a later stage when it's harder to treat.

SharePoint News engagement

News articles posted to SharePoint have received a total of **126,243 views** from colleagues in the last 90 days.

The most read articles were those that focused on staff updates for all: changes to monthly pay periods, M365 training and annual leave.

The most liked article was a staff story about Mothers' Day, earning 33 likes.




Story: Memory Link Worker, Kelly Brown, and her three daughters all pursued careers in healthcare in CAVUHB.

Stats over the 90 days

 Average daily visit per person: 3.2

 Number of News articles published: 216  -5

Slight reduction in volume could be aligned to increased staff use of Viva Engage to self-serve communicating internal messages

 News most viewed on Friday mornings between 10am - 11am.

126,243

6000







1/21

4/20

Viva Engage Overview

CAV Communities via Viva Engage remains a key channel in celebrating success across the Health Board with the Colleague Shout Out community group.

In the last 90 days, the channel reached 60% of its 17,259 members. Views are consistently in the thousands.

Conversations	Time posted	Seen by ↓	Reactions	Comments
 Posted by Rachel Dix (Cardiff and Vale UHB - Me...) We are delighted to share the excellent news of the Cardiff and Vale Perinatal...	Mar 5, 2026 12:58 PM	4,458	125	20
 Posted by Chloe Pearce (Cardiff and Vale UHB - ...) The occupational therapy team in mental health services for older people have been...	Jan 27, 2026 10:06 AM	3,364	54	1
 Posted by Jenny Seal (Cardiff and Vale UHB - Co...) Congratulations to David Keohane, a Housekeeper at the University Dental...	Jan 30, 2026 10:21 AM	3,110	135	21
 Posted by Natasha Goswell (Cardiff and Vale UH...) On 13 May 2026, the UHB will come together to celebrate International Nurses...	Mar 3, 2026 11:37 AM	3,078	21	2

Posted in **CAV Health Charity Champions**




 **Suzanne Rankin (Cardiff and Vale UHB - Executives)**
Wed at 10:57

Seen by 1,543 ...

So fantastic to see the CAVUHB Health Charity Hub open on the concourse at UHW and entertained so brilliantly by the Stroke of Harmony Choir thanks to all involved great team work! 🍌 🍌



 Like  Comment  Share ▾

   You and 23 others

Viva Engage remains a great contributor to the aim of more visible senior leadership. The best performing posts are human and engaging. We should avoid using the platform to broadcast news.

Social Media Engagement Overview

Account performance summary over a 12 month period when compared to last year.



Account impressions: 25m ↑ 11.8m
 Post impressions: 26m ↑ 9.1m
 Post reach: 17.1m ↑ 6.3m



Followers: 22k ↑ 5k



Account impressions: 2.4m ↑ 365k
 Post impressions: 726.4k ↑ 273.3k
 Post reach: 366k ↑ 36.4k




Post reach: 225k ↑ 218.8k

The top-performing posts celebrate colleagues at CAVUHB and share positive Health Board news.

View post

cardiffandvaleuhb f 03 Mar 2026 | 13:00

Meet the team supporting endometriosis care in Cardiff and Vale. Endometriosis affects one in ten women and those assigned female at birth in Wales, yet the disease is still largely misunderstood. Far from being 'just a bad period', it is [read more...](#)




LIKES	679	SHARES	140
COMMENTS	200	CLICKS	300
REACH	189K	IMPRESSIONS	306.4K
ENG. RATE	0.52%	REACTIONS	955

View post

cardiffandvaleuhb f 12 Apr 2026 | 16:00

Fifty years ago, in March 1976, Senior Staff Nurse Cath Hunt began her nursing training at Cardiff Royal Infirmary. "Back then it was called the South Glamorgan Area Health Authority," she recalls. "It was more like an apprenticeship: you [read more...](#)



LIKES	973	SHARES	12
COMMENTS	124	CLICKS	0
REACH	134.3K	IMPRESSIONS	196.6K
ENG. RATE	0.72%	REACTIONS	1.3K

View post

cardiffandvaleuhb f 01 Dec 2025 | 18:00

Ms Magda Popiela, Consultant Ophthalmologist and Clinical Director of Ophthalmology at Cardiff and Vale University Health Board has become the first ophthalmic surgeon in Wales to use the EndoArt Artificial Endothelial Implant, an innovativ [read more...](#)



LIKES	855	SHARES	52
COMMENTS	87	CLICKS	152
REACH	127.4K	IMPRESSIONS	187.4K
ENG. RATE	0.71%	REACTIONS	1K

Digital Campaigns



In The Spotlight and Health Hero

The Communications team publish two regular monthly features that seek to make colleagues feel valued, uphold our values and show that people are at the centre of everything we do. These posts consistently generate positive engagement from colleagues and the wider public.



Leanne Kate Harvey
Awww Amy cared for myself throughout January and February when myself similar to the above story underwent 2 spinal operations and a few complications, Amy and the team were outstanding, Amy stood and talked to me and made me feel so comfortable when I was at my lowest physically and mentally.
Really pleased her dedication has been noticed
Thank you all ❤️

Rebecca Janczewski
The most incredible human! Mr Griffiths is my hero! The first person in women's health and gynaecology to listen to me without judgement after 30 years of appointments and getting nowhere. Mr Griffiths has completely transformed my life. He is the most caring, compassionate and deeply knowledgeable and skilled clinician. Forever grateful to him 🙏

Digital Campaigns - Primary Care

Optometry

We are producing a series of at least 10 reels and 15 photo-based posts promoting NHS services that optometrists in Cardiff and Vale provide in the community, without the need to see a GP or attend the EU. The campaign also features tips around eye health.

So far we have only published two photo-based social media posts, boosted by £150 total. The Optometry page on the CAV website has already had more visits in the last 3 weeks (1,259) than in it had in the whole of the two years previous to that (1,151).



Emily
Julian Davies Opticians, Cardiff



James
Arbuthnots Opticians,
Barry and Penarth



Andy
Specsavers Penarth

City and South

- Following a research project to identify how people living in the City and South cluster access healthcare and what services were known, we undertook filming with two prominent pharmacists in Grangetown and Butetown.
- Created 10 reels and corresponding static posts addressing the issues raised in the research. These focused on the delivery of free NHS services, the confidentiality of consultation rooms and the convenience of community pharmacies.
- A 60-day campaign on Facebook and Instagram was paid for using this content. This includes posts in English, Welsh, Arabic and Urdu. It was supported by bus stop ads and web content.

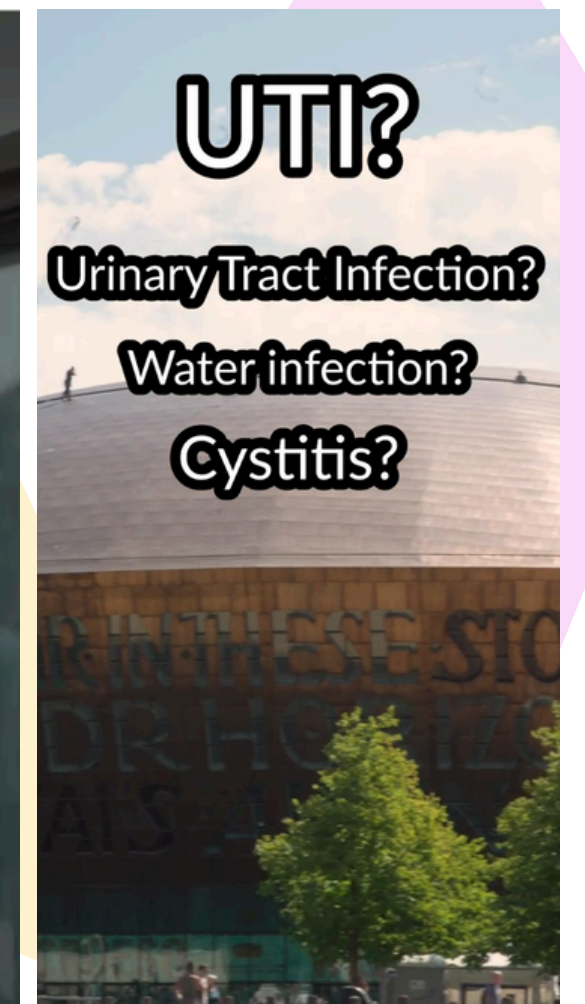
Jonathan, the pharmacist from Butetown, has fed back: "Since the last campaign... in respect to promoting services in Butetown, we have noticed that it has had a very positive impact in the community. I have already noticed a significant increase in the number of patients coming to community pharmacies in our area for services such as CAS [Common Ailments Scheme] and IP [Independent Prescribing] which has ultimately been reviewed very positively by the community."



گرینچ ٹاؤن، سوٹ ٹاؤن اور کارڈف ہے کے رہائشیوں کے حالیہ تاثرات نے اس بات پر روشنی ڈالی کہ بہت سے لوگ کمیونٹی فارمیسیوں سے ہیشاب کی نالی کے انفیکشن (UTIs) کے لیے دستیاب مفت مدد سے لاعلم ہیں۔

اگر آپ خاتون ہیں، عمر 16 سے 64 سال کے درمیان ہے، اور آپ کو لگتا ہے کہ آپ کو ہیشاب کی نالی کا انفیکشن ہے، تو آپ کی مقامی فارمیسی مدد فراہم کر سکتی ہے۔

فارماسٹ آپ کو ایک نجی کمرے میں دیکھے گا، آپ کی علامات کی تشخیص کرے گا اور ضرورت پڑنے پر ایسی بائیوٹیکس فراہم کرے گا۔



Campaigns

Public Health: Vaccinations

Winter flu/COVID-19

- Webpages for CAVUHB colleagues and parents of school children (28,000 page views combined)
- Staff campaign: Posters featuring colleagues from different departments. Contained inspirational quotes to encourage uptake among peers
- QR code on staff posters scanned 2,129 times between Sept 2025 and March 2026
- 11,283 flu vaccinations administered to CAVUHB staff in 2025/26 - a huge rise on the 6,345 given in 2024/25



HPV

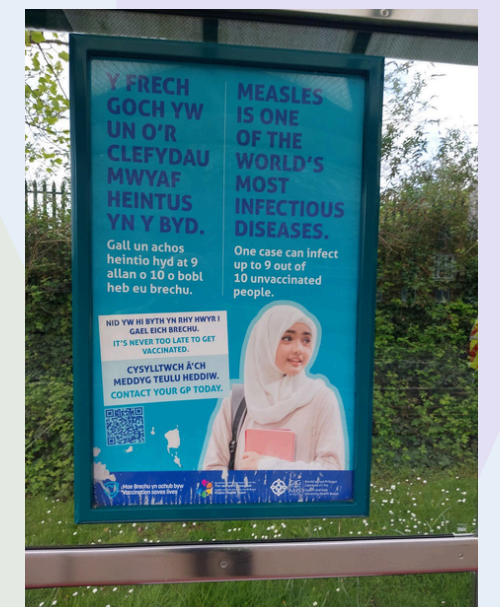
- Webpage for parents of school children (3,612 views) containing FAQs, consent form and school visit timetable
- Two strong case studies published (written and video content) which were shared widely by Welsh and national media. Facebook posts had more than 350,000 views



- HPV social video with CAVUHB Chair in Llanishen High School viewed 10,458 times on Facebook and 1,001 times on TikTok

Meales/MMRV

- Paid-for comms campaign to increase uptake and awareness
- Digital and physical posters, radio adverts, social media posts, bus stops adverts
- Partnership with Welsh-Muslim media company Now in a Minute to create targeted social videos
- MMR/V catch-up clinics promoted via social media and leaflet drops in different languages
- Dedicated webpages



Campaigns

Public Health: Stop Smoking and Healthy Weight

Stop Smoking

- Strong case study ('I suffered a stroke at 41 because of my smoking addiction') to promote Help Me Quit service - widely used by Welsh and UK media



- No Smoking Enforcement (internal comms): More than 800 CAVUHB staff, patients and visitors approached by new patrol officer between Nov 2025 and March 2026
- No Smoking Day: Social video (What happens to your body after you quit smoking?) - 7,600 views

Healthy Weight

- Nutracheck comms campaign: 1,000 people living in most disadvantaged areas of Cardiff and Vale to receive free access to nutrition and fitness app, Nutracheck. Paid-for campaign to run from April to August to raise awareness of free offer
- People in Cardiff and Vale can now borrow blood pressure monitors from community libraries and hubs. Interest from UK media (One Show)




Digital Campaigns

Operational demand

Demand data figures received from the CAVUHB Business Intelligence Team and reviewed by data analysts over a three year period identified patterns and trends for high emergency unit demand.

This has enabled us to communicate evidence-based messages for added emphasis of importance of the key messages to help reduce demand with the public.




Cardiff and Vale University Health Board
Published by Orlo · 5 January ·

We have seen a 3.6% increase in attendances to the Emergency Unit over the past 12 months, with 16 more patients attending per day during the winter months.

This limits the number of bed space available for those who attend in an emergency who require urgent life-threatening care to be seen as quickly as possible.

NHS 111 Wales is your first step if you are feeling unwell and not sure where to go for help.




Cardiff and Vale University Health Board
Published by Orlo · 7 January ·

We know that when the weather gets bad, we see more people coming to the Emergency Unit. ❄️

With an increased chance of snow and ice in Cardiff and the Vale this week, here are some ways you can protect yourself and those close to you, to avoid a trip to hospital:


- Take extra care on icy ground and wear footwear with good grip.
- If travelling, plan your route in advance, don't rush, avoid shortcuts and try to stick to main roads that have been gritted.



Cardiff and Vale University Health Board
Published by Orlo · 14 January ·

This is Dean, an Advanced Nurse Practitioner who works in the Emergency Unit at the University Hospital of Wales.


In the winter months, Dean and his team face additional pressure due to heightened demand for healthcare services. Dean is an expert in emergency medicine and the unit is not a substitute for your GP if your condition is not serious or life-threatening.



Cardiff and Vale University Health Board
Published by Orlo · 16 February ·

Meet Debbie, a Healthcare Support Worker at the Emergency Unit at the University Hospital of Wales.

You can help Debbie and the team by choosing the right healthcare service for your needs and only attending the Emergency Unit in a life or limb-threatening situation.



Cardiff and Vale University Health Board
Published by Orlo · 9 March ·

This is Ian, a consultant who works in the Emergency Unit at the University Hospital of Wales.

Ian is an expert in emergency medicine and the unit is not a substitute for your GP if your condition is not serious or life-threatening.

We are focussing on colleagues to front key operational messages.

Highlights the people behind the roles and is in line with what analytics shows us of photos of people receiving higher engagement including likes, shares, comments and positive sentiment.

Positive stories

- A priority for the Communications team over the last few months has been to share positive news about the Health Board.
- Every member of the team works to identify and develop positive stories, where we aim for a patient or staff focused angle.
- Stories are proactively shared with the media as press releases.
- Our goal is to increase positive coverage externally (media), on social media, on the Health Board website and internally via SharePoint and CAV Communities.

