

People & Culture Committee

08th September 2026

9am

Via MS Teams

Public Agenda

09:00	1	Standing Items	
5 mins	1.1	Welcome, Introductions & Apologies	Susan Lloyd-Selby
	1.2	Declarations of Interest	Susan Lloyd-Selby
	1.3	Minutes from the previous meeting – 21 st July 2026	Susan Lloyd-Selby
	1.4	Action Log following the previous meeting – 21 st July 2026	Susan Lloyd-Selby
	1.5	Committee Chair's Actions	Susan Lloyd-Selby
09:05	2	Items for Review & Assurance - (09:05-10:45)	
10 mins	2.1	Staff Story	Rachel Gidman
10 mins	2.2	Board Assurance Framework – Workforce Equality Standards	Mitchell Jones
15 mins	2.3	Key Performance Indicators	Lianne Morse
10 mins	2.4	Sickness & Availability of Staff	Katrina Griffiths
15 mins	2.5	People & Culture Strategic Plan Refresh	Rachel Gidman
15 mins	2.6	Welsh Resident Doctor Contract and Medical e-Rostering	Mike Stephens / Martyn Capell
5 mins	2.7	Welsh Language Skills - Update	Mitchell Jones
20 mins	2.8	Clinical Board Spotlight – Surgical	Abraham Theon Jesse Ayertey Clare Wade
10:45	3	Items for Approval - (10:45-11:00)	
10 mins	3.1	Equity & Inclusion Reports	Mitchell Jones
5 mins	3.2	Social Partnership Duty Report	Rachel Pressley
0 mins	3.3	Policies:	Rachel Pressley
11:00	4	Items for <u>Information & Noting</u>	
0 mins	4.1	Digital Communications & Analytics	Jo Brandon
11:00	5	Any Other Business	
11:00	6	Private Agenda Items:	
	6.1	• <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	Susan Lloyd-Selby
	7.2	To note the date & time of the next meeting: Tuesday 10th November 2026 at 9am via MS Teams	Susan Lloyd-Selby

Declaration prior to private session:

“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 21st July 2026
Via MS Teams

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

Chair:		
Susan Lloyd-Selby	SLS	Independent Member – Local Authority / Committee Chair
Present:		
Lorna McCourt	LMC	Independent Member – Trade Union
Clive Curtis	CC	Independent Member for Local Community
Kirsty Williams	KW	CAV UHB Chair
Rhian Thomas	RT	Independent Member – Capital & Estates
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
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Phillips	MP	Director of Corporate Governance
Claire Beynon	CB	Executive Director of Public Health
Martyn Capel	MC	Associate Director of Medical Workforce
Paul Bostock	PB	Chief Operating Officer
Mitchell Jones	MJ	Head of Equity & Inclusion
Sarah Lloyd	SL	Director of Operations – Clinical Diagnostics & Therapies
Helen Luton	HL	Interim Director of Nursing – Clinical Diagnostics & Therapeutics
Ally Doherty	AD	Head of People & Culture
Alicia Christopher	AC	Interim Deputy Director of Operations – Clinical Diagnostics & Therapeutics
David Fluck	DF	Executive Medical Director
Rachel Pressley	RP	Head of People Assurance & Experience
Jason Roberts	JR	Executive Director of Nursing
Katrina Griffiths	KG	Associate Director of People & Culture
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		

Item no	Agenda Item	Action
P&C 21/07/1.1	Welcome, Apologies & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 21/07/1.2	Declarations of Interest (click to view) No declarations of interest were noted.	
P&C 21/07/1.3	Minutes from meeting on 12th May 2026 (click to view) The minutes were agreed to be a true reflection of the meeting on 12 th May 2026. The Committee resolved that: a) The draft minutes of the meeting held on 12th May 2026 were agreed to be a true and accurate record of the meeting.	
P&C 21/07/1.4	Action Log following 12th May 2026 Meeting (click to view) All actions have been addressed on the agenda today or added to a future meeting on the forward plan. The Committee resolved that: a) The Action Log was discussed and noted.	
P&C 21/07/1.5	Chair's Actions (click to view) There were no chairs actions. The committee resolved that: a) There were no chairs actions.	
Items for Review & Assurance		
P&C 21/07/2.1	Staff Story Rachel Gidman – Executive Director of People & Culture (EDPC) introduced the staff story about speech and language therapy, highlighting Sarah Clement's role as equity and inclusion lead, emphasising the importance of turning policy into practice and volunteering as a champion and ally. The CC asked what support was offered to E&I champions across CAVUHB to enable them in their role. Mitchell Jones – Head of Equity & Inclusion (HEI) noted that Sarah was doing amazing work in equity and inclusion, highlighted capacity challenges, mentioned that inclusion ambassadors were previously considered but did not work as hoped and need to be reviewed, and emphasised the need to drive this work forward with more people like Sarah. The committee thanked Sarah for her work. Action – The EDPC & HEI to review and update support for E&I champions and inclusion ambassadors, with progress to be reported in future meetings.	

	The Committee resolved that: a) The Staff Story was received.	
P&C 21/07/2.2	Board Assurance Framework - Welsh Resident Doctor Contract and Medical e-rostering Martyn Capel – The Associate Director of Medical Workforce (ADMW) presented and highlighted the following: • The Welsh Resident Doctor contract was discussed, covering its implementation timeline, transition plan, terms and conditions changes, pay structure, e-rostering system procurement, financial assessment, workforce gaps, and the introduction of the Guardian of Safe and Flexible Working. • The phased transition from the 2002 contract to the 2026 contract, automatic transition for certain groups, and the project board established to guide implementation. • The new pay model, exception reporting process, job planning requirements, fatigue and safe working compliance, and increased study leave budget were detailed. • The uplift in pay scales were noted along with cost pressures, and the ongoing financial assessment and additionality requirements was discussed. • The procurement and rollout of the new e-rostering system was described, its benefits for workforce management, and the transition from multiple platforms to a centralised solution. • Workforce gaps were highlighted, business cases for additional posts, and the financial impact of filling these gaps. • The Guardian of Safe and Flexible Working role was explained, exception reporting, and associated fines for breaches, as well as the importance of timely job schedule submissions. • Next steps were summarised: reviewing remaining rotas, completing financial assessment, progressing e-rostering rollout, validating additionality, defining the guardian role, and preparing communications. Kirsty Williams – The CAVUHB Chair asked if the cost pressures from the new contract were currently factored into CAVUHB's budget for the year or if they were already included on a ballpark figure. The ADMW confirmed that a ballpark figure was estimated and included in the financial accrual for the contract, though the exact numbers were not yet finalised due to late system access. Rhian Thomas – the Independent Member Capital & Estates (IMCE) asked when the magnitude of the increase in costs would be known and requested a more definitive timeline for receiving the final numbers. The ADMW noted that the project board meets every Friday, and he expects to have more information in two to three weeks, after which he can share the numbers comparing the old and new costs. The EDPC stated she would ensure the information comes through to Board, aiming to bring it to the next Board meeting if available, and will make sure the loop is closed on this piece of work. The IMCE suggested that the information could be taken to Finance and Performance (F&P) as a paper for noting or further clarification, to expedite things between Board meetings.	

	Lianne Morse – Deputy Director of People & Culture (DDPC) clarified that some of the 18 workforce gaps existed before the new resident doctor contract, such as in urology and ENT, and wanted members to understand that not all costs are being driven by the new contract. The ADMW confirmed this, stating the gaps were consolidated but predate the contract. The CC asked about the implications of continued non-compliance with rotas and how the board can receive assurance that compliance will be achieved within required timescales. The ADMW responded that the rotas were compliant in essence, but the challenge is filling workforce gaps; compliance depends on meeting the new contract parameters, with the main issue being workforce fulfilment. Claire Beynon – Executive Director of Public Health (EDPH) referenced the risk register, noting the new contract was listed as a risk of level 20 due to potential unsafe staffing unless additional posts are funded. She asked if, now that documentation was available, the risk would decrease or if additional posts were still needed. David Fluck - Executive Medical Director (EMD) stated that additional posts were needed to make the rotas compliant and that, while the financial impact needs to be worked out, he believed the risk was reducing due to the team's work. The CAVUHB Chair wondered why the additional needs for posts and what the process was for reviewing the risks. How do we systematically review the risk scores in areas of work to ensure there is a proper process and how that is triangulated with other information. The EMD acknowledged there was conflict due to the direction of travel but emphasised this was a new contract and running rotas safely and in compliance would require some additional posts. He noted there were benefits, such as savings from the banding scheme and better deployment of resident doctors, and he does not think the financial shift would be significant, though more work was needed to determine the actual risk to CAVUHB. The DDPC confirmed that the people BAF was recently revised, with a commitment to review and update it each month to ensure risk levels remain appropriate and were revised as needed. Action – The ADMW to provide definitive figures on the financial impact of the new contract within 2-3 weeks, with EDPC ensuring this is reported to the Board and Finance & Performance Committee. The Committee resolved that: a) The Welsh Resident Doctor Contract 2026 was discussed and noted.	
P&C 21/07/2.3	<u>Key Performance Indicators</u> Lianne Morse – Deputy Director of People & Culture (DDPC) highlighted the following points: • The focus was on several key performance indicators, highlighting areas where targets are not being met, including reliance on bank and agency staff, sickness absence levels, appraisals, and statutory and mandatory training compliance. • Bank and agency spend was higher than last year, prompting discussions about tighter controls and interventions with clinical boards and corporate areas.	

	• Ongoing efforts to reduce sickness absence, mentioning small reductions and the focus on robust management, manager capability, and prevention. • The appraisals had risen to 76% but were still off target, and statutory and mandatory training compliance has increased to 80% in June, just below the target. These areas will be discussed with clinical boards for improvement trajectories. The CC noted that the pace and reliance on agency and bank workers was clearly affecting the trajectory of financial spend. She referenced previous committee advice that work was being done with clinical boards to identify hotspots and expressed concern that CAVUHB was off plan. She specifically asked where CAVUHB stood in terms of the work being done with clinical boards and questioned how the current position was reached despite that work. The DDPC confirmed the work with clinical boards to identify hotspots was done and stated the main drivers for agency and bank spend were vacancy, sickness, and additional capacity. She noted that despite this work, CAUHB showed higher spend on bank and agency compared to last year. The CAV Chair acknowledged there was an understanding of what was driving the spend and asked if, in conversations with SLT and clinical boards, there were specific guidance, actions, or expectations for each driving factor, or if the approach is generic. She questioned whether there are specific asks and expectations, emphasising that a generic approach ("we all need to do better") would not be effective. The COO stated that the number of substantive posts reduced because posts were held, but were being backfilled with temporary pay. He emphasised that this issue was being addressed through the turnaround meetings, mentioning that they were on their third round of these meetings and needed to understand whether posts were being permanently removed or just held and backfilled with temporary staff. The CC acknowledged that the committee has had this conversation for a considerable period, stating that holding posts and simply backfilling with temporary staff is not a sustainable solution going forward. The IMCE asked for more granular data to make conclusions, questioning whether the improvement in sickness levels was specific to a category of illness or seasonal, and whether trends were monitored to see if interventions led to better outcomes. The DDPC stated that their data shows year-on-year seasonal trends, with sickness increasing during the summer months. She noted that the current sickness trend is following the same pattern as previous years but was slightly less than it was in the last two years. The IMCE asked how, at the Clinical Board level and corporately, they will know that the sickness prevention interventions implemented were working to bring and keep sickness rates down, rather than just temporarily reducing them. The DDPC noted that Clinical Boards and corporate teams were monitoring their hotspots monthly, and sickness was reviewed through executive performance reviews to track whether rates are going up or down. The EDPH stated that they look at sickness levels through executive performance reviews and noted last year that Clinical Boards with higher vaccination rates had lower sickness rates. She observed a big variation in both vaccination and sickness	
--	--	--

	rates by Clinical Board and emphasised the importance of increasing vaccination rates, mentioning that work on next year's winter plan had started to address this. Action – to bring a more detailed report on sickness and absenteeism, including granular data and intervention tracking, to the next committee meeting. The Committee resolved to: a) The committee noted & discussed the content of the report.	
P&C 21/07/2.4	Workforce Race Equality Standard and new Workforce Equality Standard The HEI highlighted the following points: • WRES Findings and Progress: • Diverse workforce representation increased from 14.5% to 16%; representation above band 5 increased from 9% to 9.8%. Staff survey rates improved, and no racial inequality was found in access to non-mandatory training and CPD. • Persistent challenges include a bottleneck between band 5 and band 6 progression, a reduction in representation between band 6 and band 7, and ethnic minority applicants being about half as likely to be appointed after shortlisting. • Ethnicity declaration rates improved slightly, with undeclared ethnicity dropping from 11.7% to 10.7%. • The organisation is attracting a diverse workforce, but diversity is not translating into equitable progression to senior leadership roles. Recruitment disparities remain a barrier. • Actions Taken: • Conducted a detailed workforce data deep dive into representation, progression, and recruitment, identifying loss of ethnically diverse representation between bands 5 and 7, and highlighting allied healthcare professionals as a group with greater disparity. • Launched a "Your Career Your Voice" survey with over 550 responses to gather qualitative insight into staff perceptions of fairness and progression. • Developed inclusive recruitment videos covering unconscious bias, inclusive adverts, job descriptions, equality objectives, Welsh language, and reasonable adjustments to improve recruitment manager confidence and consistency. • Reviewed leadership and management development through an equality lens, strengthened values-based appraisals, and engaged with the Somali community in Cardiff. • Transition to WES: • WES is an evolution of RES, broadening workforce equality monitoring beyond race to include multiple protected characteristics and experiences such as menopause, paid carers, and socioeconomic backgrounds. • WES focuses on intersectionality, increased leadership ownership, stronger links between findings and strategic quality plan delivery, and moves from reporting activity to measuring organisational impact. • Next steps include maintaining focus on RES-identified issues, developing a focused action plan around WES, and strengthening workforce data and analytical capability. • WES aims to provide a stronger evidence base, targeting areas where change is most needed, strengthening accountability, leadership ownership, and measurable impact. Progression, recruitment, and senior representation will likely remain long-term structural challenges. The IMC expressed concern about the bottleneck affecting minority staff progression between bands 5 and 7, asking what was understood about its causes and what targeted actions are planned to address it.	

	The HEI explained the bottleneck was primarily at the shortlisting stage, where ethnically diverse applicants were less likely to progress. Targeted actions included developing inclusive recruitment videos to strengthen recruiting managers' awareness, guard against unconscious bias, improve job adverts and descriptions, and enhance the interview process. CAVUHB was waiting for WES findings before implementing further actions to ensure alignment with new priorities. The IMC asked what changes the committee can expect in assurance and risk identification as the transition occurs. The HEI responded that WES will be embedded more broadly across CAVUHB, including in the IMTP, and WG was focused on ensuring boards have the knowledge to scrutinise this work. The structure and reporting will be clearer once the WES report is received, but the direction is toward better governance and integration, not just reporting through people and culture or EDI teams. The Committee resolved to: - The key findings of the 2025 WRES report was noted, including the need for continued focus on progression beyond Band 5, senior representation, recruitment fairness and ethnicity data quality. - The transition from WRES to WES was noted, which broadens workforce equality monitoring across protected characteristics and places greater emphasis on intersectionality, measurable impact, leadership accountability and strategic assurance. - The proposed shift from activity-based reporting to evidence-led assurance was supported, using workforce data, staff voice and community insight to target interventions, demonstrate impact and strengthen accountability across the Health Board.	
P&C 21/07/2.5	Welsh Language Skills and Commissioner The HEI highlighted the following points under the Welsh Language Skills and Commissioner item: • Previous Issue and Requirement: • A previous standards enforcement investigation was opened by the Welsh Language Commissioner's Office due to failure to comply with Standard 96, which requires assessment of Welsh language skills in the workforce. • Failure to meet the action set led to another investigation earlier this year, again focused on compliance with Welsh language skills assessment. • Progress and Current Position: • Since June 2025, progress has been made, with Welsh language skills registration increasing to 78%, but still 7% below the 85% target set by the Commissioner. • Four areas have met the target: All Wales Genomics Service, CDT, Capital Estates and Facilities, and Corporate Executives. • Registration growth has slowed, and remaining staff are concentrated in areas where engagement is historically difficult. • Actions Taken: • Welsh language skills registration became mandatory in February this year. • A simplified Microsoft form and paper versions were introduced to facilitate registration, not just through ESR. • Monitoring, reporting, and accountability were strengthened through Clinical Boards, with regular updates and breakdowns sent to departments. • Linked in with other NHS Wales colleagues to learn from their approaches and implemented all suggested steps. • Challenges and Focus:	

	• The challenge is now less about process and more about leadership, engagement, and delivery of compliance. • Medicine, Surgical Services, and Mental Health are below target and remain a focus for CAVUHB. • Next steps include targeted focus on these areas, seeking action plans and timelines, and continuing evidence provision to the Commissioner. • The goal is to use the data to build a more bilingual culture and improve services for Welsh-speaking patients. The EDPH highlighted the significant improvement in Capital Estates and Facilities (CEF), which saw an increase of more than 30% in Welsh language skills reporting between September and October 2025, moving from the lowest uptake to reaching the target in record time. She suggested that the work done in CEF should be replicated in other clinical boards with lower rates. The IMCE echoed the praise for CEF, noting their ability to deliver on missions and recognised their achievement. She applauded the improvement in the relationship with the Welsh Language Commissioner, describing it as a significant achievement compared to previous years. She pointed out that Welsh language standards apply to other Welsh public sector organisations, such as universities, and suggested reflecting on how these organisations progress this work, not just within NHS Wales. The IMC acknowledged the huge amount of work undertaken to improve Welsh language skills recording compared to previous years. He asked, once compliance was reached, how will Welsh language skills recording become part of business as usual within the Health Board, rather than a one-off push. The HEI explained that once Welsh language skills are recorded, they do not need to be recorded again, so once compliance is reached, it will remain. The ADODWC briefly noted that moving away from just measuring compliance (for Welsh language, VBAs, statutory and mandatory training) is key; these should become routine workforce practice and part of leadership, accountability, and team focus. She emphasised people need to understand the difference this can make and why it matters for patient outcomes. Action - to focus targeted action plans for areas below compliance and refer risk to Board if 85% target is not met by deadline. The Committee resolved that: a) The Welsh Language Commissioner's decision notice in relation to CS1436 and the finding of non-compliance with Standard 96 and the previous CS1063 enforcement action was noted. b) The Health Board's current Welsh language skills registration position of 77.14% as of the latest internal update was noted, against the Commissioner's required 85% target by 31 July 2026. c) The significant progress made over the past year was recognised, including the increase from 55.47% in June 2025 to 77.13% in June 2026, and the achievement of the 85% threshold by All Wales Genomics Service, Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics, and Corporate Executives.	
P&C 21/07/2.6	People & Reputational Risks	

	Matt Phillips - Director of Corporate Governance (DCG) highlighted the following points on People & Reputational Risks: • The AAA reporting format was being used and will be rolled out to other committees, noting this was an initial demonstration and more work was needed on content and approach. • He described the transition from siloed spreadsheets to a single risk system, now offered visibility to all CAVUHB risks, with approx.1400 risks transferred. • The report was advisory, not assurance, as more work was needed on risk scoring maturity and categorisation for committee alignment. • He outlined ongoing moderation and review processes with clinical boards to ensure consistency, including a new organisational risk management group for standardising practices. • The database's usefulness for data-driven insights was highlighted, such as capital prioritisation, and its role in informing planning and people & culture strategies. • He stressed the need for executive and CBD overview to identify themes and create a more useful corporate risk register for board reporting. • Individual risks may not be helpful alone, but the focus should be on fragile services due to workforce gaps, training, and financial decisions, using the data for organisational improvement. The IMC noted that aligning high scoring organisational risks to committee structures is a helpful step forward. He observed that, of the eight people and reputational risks visible to the committee, three relate to premises and equipment (primarily health and safety), and questioned whether they are correctly aligned to this committee or should sit with the quality committee. The Committee Resolved that: a) The approach being implemented to align high-scoring (20+) organisational risks to Committee structures, improving visibility and governance oversight across all remits was noted. b) The development of a consistent, organisation-wide approach to risk reporting and discussion within Committees was supported, including integration into forward plans and routine agenda items.	
P&C 21/07/2.7	<u>Clinical Board Spotlight – CD&T</u> Sarah Lloyd – Director of Operations CD&T (DOCD&T) introduced the Clinical Board spotlight and outlined the presentation focus: unique workforce challenges, staff engagement, actions to strengthen workforce sustainability and culture, and priorities for the year: • The importance of workforce sustainability was emphasised, staff experience, new workforce models, and continuous improvement, framing these as key themes for the committee to take away. • She provided context on CDT's professional diversity and complexity in workforce planning, highlighting national shortages, limited education pipelines, and the need for succession planning and skills development. • She summarised how the board has built on its previous position, moving from individual initiatives to a more integrated people and culture approach, aligning local priorities with wider organisational themes. Ally Doherty - Head of People & Culture (HPC) presented the current workforce position for CDT, highlighting workforce sustainability as a major challenge and emphasised the importance of having the right skills and people in place now and for the future. She highlighted the following points: • The workforce profile: largest group is allied health professionals (AHP), followed by additional clinical services, admin/clerical, and healthcare scientists, noting the board's professional diversity and the need for career development and succession planning.	

	- The age profile, turnover, statutory/mandatory training compliance, value-based appraisals, and sickness absence was discussed, stressing that headline metrics must be interpreted carefully, especially for small specialist teams. - It was explained that the board's focus on understanding underlying causes behind metrics, targeting interventions, and viewing workforce sustainability as a quality issue as much as a workforce issue. - It was outlined how workforce metrics are used for decision-making, describing four stages: workforce signalling, service effect, people response, and assurance, and detailed practical interventions for sickness, training, and appraisals. - CDT's workforce priorities align with the wider People and Culture Plan, emphasising a coherent strategy rather than isolated initiatives. - Staff survey feedback was used to inform actions, the engagement campaign, and the phased approach to implementing improvements at board, directorate, and team levels. Helen Luton noted: - The CD&T Talks podcast initiative, designed to improve engagement and communication across the diverse clinical board, providing staff with direct access to leaders, stories, and examples of innovation and good practice. - The podcast's role in complementing formal engagement routes was emphasised, aiming to create a stronger sense of connection and visibility for staff voice. - The challenges in sustaining progress was highlighted, prioritising effort, and evidencing improvements in staff experience, noting the need to spread inclusion work and support for menopause through trained champions. - The menopause support initiative led by Suzanne Rees was noted, focusing on creating an inclusive workplace, supporting managers, and helping colleagues access information, with 13 menopause champions trained and potential for wider adoption. The Committee Resolved that: a) The Clinical Board Spotlight on CD&T was noted.	
P&C 21/07/3.1	<u>Policies:</u> No Policies The Committee resolved to: a)	
P&C 21/07/5.1	<u>Any Other Business</u> No further business was noted.	
P&C 21/07/5.1	<u>Private Agenda</u>	
P&C 21/07/6.1	<u>Review & Final Closure</u> The next meeting is scheduled on 08th September 2026 via MS Teams.	

MEETING	Title	Minute Reference	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Action Status	Action Update
PEOPLE & CULTURE	Strategic Equality Plan	P&C 14/10/2.4	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 and has been analysed	Rachel Gidman	Mitchell Jones	14/10/2025	08/09/2026	ON FORWARD PLAN	added to the forward plan for 08th September 2026.
PEOPLE & CULTURE	People & Culture Plan Refresh	P&C 25/11/2.3	Engagement with staff in the New Year to determine whether to refresh or create a new People and Culture Plan, with a focus on digital, AI, and regional working.	Rachel Gidman	Rachel Gidman	25/11/2025	08/09/2026	ON FORWARD PLAN	added to the forward plan for 08th September 2026
PEOPLE & CULTURE	Staff Story	P&C 21/07/2.1	To review and update support for E&I champions and inclusion ambassadors, with progress to be reported in future meetings.	Rachel Gidman	Mitchell Jones	21/07/2026	10/11/2026	ON FORWARD PLAN	Added to the forward plan for 10th November 2026.
PEOPLE & CULTURE	Board Assurance Framework - Welsh Resident Doctor Contract and Medical e-rostering	P&C 21/07/2.2	To provide definitive figures on the financial impact of the new contract within 2-3 weeks, with EDPC ensuring this is reported to the Board and Finance & Performance Committee.	Rachel Gidman	Martyn Capel	21/07/2026	08/09/2026	IN PROGRESS	This was agreed to be actioned outside of the committee.
PEOPLE & CULTURE	Key Performance Indicators	P&C 21/07/2.3	To bring a more detailed report on sickness and absenteeism, including granular data and intervention tracking, to the next committee meeting.	Rachel Gidman	Lianne Morse	21/07/2026	08/09/2026	ON FORWARD PLAN	Added to the forward plan for 08th September 2026.

Report Title:	Workforce Equality Standard (WES) Organisation Report 2026			Agenda Item No:	2.2	
Meeting:	People and Culture Committee	Public	x	Meeting Date:	08/09/26	
		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 OD, Wellbeing and Culture					
Main Report						
Background and Current Situation:						
Situation The purpose of this report is to provide the Committee with an overview of the findings arising from the 2026 Workforce Equality Standard (WES) Organisation Report and seek assurance regarding the Health Board's approach to responding to the identified findings and risks. The WES report forms part of the NHS Wales planning and assurance cycle and provides an organisation-level assessment of workforce equality outcomes across protected characteristics. The report identifies areas of good practice, areas of inequity and priority opportunities for improvement. The Workforce Equality Standard (WES) replaces the previous Workforce Race Equality Standard (WRES) and represents a broadened approach to workforce equality within NHS Wales. Whilst WRES focused specifically on race equality and the experiences of ethnic minority staff, WES considers workforce experience and outcomes across the full range of protected characteristics. The methodology brings together workforce data and staff experience measures to provide a more comprehensive assessment of workforce equity, enabling organisations to identify both areas of strength and areas where disproportionate outcomes or experiences exist for specific staff groups. The WES forms part of the wider Strategic Equality Plan (SEP) assurance framework and supports organisational planning, improvement and accountability. A meeting with Welsh Government has been scheduled immediately prior to the Committee meeting. Any additional feedback arising from that discussion will be reported verbally. Background The Workforce Equality Standard (WES) is a national framework designed to support NHS organisations in understanding and improving workforce equality outcomes and experience. The WES report analyses organisational performance across six workforce experience domains: • Leadership and Progression • Professional Development • Disciplinary and Capability • Workplace Behaviours • Wellbeing and Safety • Workplace Conditions.						

The report considers workforce experience across a range of protected characteristics and identifies areas where inequity is evident, alongside areas of strength that should be maintained.

Assessment

Key Findings

The report concludes that Cardiff and Vale UHB has a relatively diverse workforce and demonstrates strong performance in several areas, particularly:

- Professional Development, where appraisal processes are consistently equitable and well embedded.
- Disciplinary and capability processes, which are low volume and show no evidence of systemic inequity.
- Flexible working and workplace support arrangements.

However, the report identifies two domains as areas of **severe inequity** requiring executive oversight:

Leadership and Progression

The report concludes that workforce diversity is not translating into senior representation and identifies a structural gap in progression to senior leadership levels. The report highlights the absence of ethnic minority representation at Executive Senior Pay level and identifies persistent disadvantage at key progression and appointment gateways.

Wellbeing and Safety

The report identifies higher exposure to harm, violence and negative workplace experiences for some staff groups, combined with lower confidence in speaking up and variable perceptions of psychological safety. The report concludes that risk and organisational protection are not experienced equally across the workforce.

Additional Areas Requiring Attention

The report also identified:

- Moderate inequity in workplace behaviours, including harassment, bullying and discrimination.
- Moderate inequity in workplace conditions, particularly burnout, presenteeism and workload sustainability for some staff groups.

Alignment to Existing Strategic Risks

The findings align closely with the existing People strategic risk within the Board Assurance Framework, particularly:

- Leadership and management capability.
- Psychological safety and speaking up.
- Workforce experience and culture.
- Wellbeing and workforce sustainability.
- Inequity in workforce experience and outcomes across staff groups.

The report should be viewed as an important source of assurance information for the People strategic risk within the Board Assurance Framework, particularly in relation to leadership capability, workforce experience, psychological safety, speaking up, culture and inequalities in workforce outcomes.

The findings also align with recent Welsh Government Strategic Equality Plan (SEP) assurance feedback, which identified the need for stronger evidence of impact,

improved leadership capability, greater consistency of delivery, stronger co-production, and improved outcome measurement. Taken together, the WES report and SEP feedback provide a consistent picture of the areas requiring ongoing organisational focus.

Next Steps

Following discussion with Welsh Government, a small number of priority improvement areas will be identified and aligned with existing delivery arrangements, including:

- Strategic Equality Plan delivery.
- Anti-Racist Wales Action Plan.
- Leadership and Management Capability Programme.
- Cultural Early Warning System (CEWS).
- People and Culture Strategic Plan Refresh.
- Workforce experience and wellbeing improvement activity.

A detailed response and proposed priority actions will be developed through existing governance arrangements and reported back through the appropriate committee route.

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

The WES report provides valuable external analysis of workforce equality outcomes and broadly reinforces themes already recognised within the Board Assurance Framework and wider organisational improvement programmes.

Whilst the report identifies several significant areas of inequity, particularly leadership progression and psychological safety, it also highlights a number of organisational strengths that should be maintained.

The findings do not suggest widespread organisational failure. Rather, they indicate specific structural and cultural challenges requiring sustained focus through existing leadership, culture, inclusion and workforce experience programmes.

The Committee is asked to receive assurance regarding the findings and note the proposed approach to prioritisation and response following discussion with Welsh Government.

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

Appendix 1: Workforce Equality Standard (WES) Organisation Report 2026

Recommendations:

The Committee is asked to:

- **Note** the findings of the Workforce Equality Standard Organisation Report 2026.
- **Receive assurance** regarding the Health Board's approach to responding to the identified areas of inequity.
- **Recognise** the alignment between the report findings and existing People strategic risks contained within the Board Assurance Framework.
- **Support** the development of a prioritised organisational response following discussion with Welsh Government.
- **Receive** a further update on agreed priorities, actions and progress through future committee reporting arrangements.

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.	x	2.	x
----	---	----	---

 Putting People First		 Providing Outstanding Quality	
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	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)

The WES report identifies areas of workforce inequity relating to leadership progression, psychological safety, workplace behaviours and workforce experience. These findings provide additional evidence in relation to existing People strategic risks and support prioritisation of mitigating actions through existing governance arrangements

Safety: Yes

The report identifies disparities in exposure to workplace harm, violence, harassment and confidence in speaking up. The findings are relevant to both physical and psychological safety and support ongoing work to strengthen organisational culture, behavioural standards and speaking-up arrangements.

Financial: No

This report presents findings from the Workforce Equality Standard and does not request any financial decision or resource commitment at this stage. Any financial implications arising from future improvement actions will be considered through normal planning and governance arrangements.

Workforce: Yes

The report relates directly to workforce equality, leadership progression, staff experience, psychological safety, wellbeing and organisational culture. Findings provide important workforce intelligence to inform improvement activity and assurance arrangements.

Legal: Yes

The report relates to the Health Board's responsibilities under equality legislation and associated Welsh Government equality frameworks. No legal decisions are requested, however the findings are relevant to the organisation's ongoing equality and inclusion obligations.

Reputational: Yes

Workforce equality, inclusion and staff experience are matters of significant public, staff and stakeholder interest. Failure to respond appropriately to identified areas of inequity could impact organisational confidence and reputation.

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 report identifies differences in workforce experience and outcomes across groups and supports wider organisational efforts to reduce inequalities and promote fair access to opportunities, development and progression.

Equality & Health: Yes

The purpose of the report is to identify inequities in workforce experience and outcomes across protected characteristics and support improvement activity designed to reduce those inequalities.

Decarbonisation: No

This report presents findings from the Workforce Equality Standard and does not contain proposals or decisions with direct implications for decarbonisation objectives. Any future improvement actions arising from the report would be considered through normal governance arrangements and are not expected to have a material impact on decarbonisation.

Welsh Language: No

The report presents workforce equality findings and does not contain proposals with direct Welsh Language implications.

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

Name of Committee/Group/Exec	Date:

Adroddiad lefel sefydliad

Organisation-level Report

Safon Cydraddoldeb y Gweithlu (SCG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Equality Standard (WES)

An inclusive workforce provides the best care

1. CAVUHB : Organisational-level data snapshot

Priority Indicator	Data identified issue / Area requiring improvement	What Improvement Looks Like
Leadership and Representation	Workforce diversity is not translating into senior representation, with no ethnic minority presence at senior levels and persistent disadvantage at key progression gateways	Visible increase in ethnic minority representation at senior and ESP levels; reduction in disparity between workforce and leadership profile; improved appointment likelihood toward parity
Professional development	Consistently high and equitable appraisal engagement across all groups	Sustained high completion rates with no emerging gaps across characteristics
Disciplinary and capability	Low volume but some unevenness in outcomes	Continued low case volumes with reduced variation and no emerging disproportionality
Workplace behaviours	Consistently higher exposure across multiple groups, particularly for disabled and PNS staff	Reduction in reported harassment and discrimination, especially for higher-risk groups; narrowing of differences between groups
Wellbeing, safety and voice	Sustained elevated exposure to harm combined with consistently lower confidence in speaking up across multiple groups	Reduced exposure to violence for higher-risk groups and improved, more consistent confidence in speaking up across all characteristics
Workplace conditions sustainability	Strong flexibility but uneven workload pressure and burnout for some groups	Reduction in burnout and presenteeism; more consistent experience of workload sustainability across all groups

2. Purpose and Scope

This report presents an equity-focused analysis of the Workforce Equality Standard data for CAVUHB. It highlights where staff experience differs by protected characteristic, where intersections deepen disadvantage, and where CAVUHB has the strongest opportunities to act.

The scope covers all protected characteristics captured in WES. It uses the same national indicators and methodology to ensure comparability and the focus is on actionable findings, not exhaustive description.

To better describe organisational culture, the WES Indicators were grouped into six domains, aligned to contributors influencing workplace experience.

- Leadership and Progression
- Professional Development
- Disciplinary and Capability
- Workplace Behaviours
- Wellbeing and Safety
- Workplace Conditions

A thematic analysis allows more strategic insight, moving from a long list of indicators to a coherent organisational story for CAVUHB. Grouping indicators that conceptually belong together allows patterns to

emerge and thus help identify systemic challenges rather than seeing indicator silos. It also allows anchoring the intersectional narrative in lived experience domains.

3. Executive Summary

This analysis shows that CAVUHB combines strong operational delivery with targeted areas of significant inequity. Professional development systems are functioning well and equitably, and disciplinary processes remain controlled and low-risk.

Inequity is most pronounced in Leadership and Progression and Wellbeing and Safety. Leadership inequity is severe and structural, with a diverse workforce not translating into senior representation and no ethnic minority staff at Executive Senior Pay level. This is reinforced by persistent disadvantage in appointment and progression pathways and widening gaps between workforce and Board representation. Wellbeing and Safety also shows severe and sustained inequity, with higher exposure to harm across multiple groups combined with uneven confidence in speaking up, indicating ongoing risks in psychological safety and organisational trust.

Overall, CAVUHB does not face universal inequity, but rather a pattern of uneven outcomes where strong systems coexist with structural and cultural barriers, requiring focused action on leadership conversion, safety, and workload sustainability while preserving areas of clear strength

Executive Assurance Questions

Are our leadership systems converting a diverse workforce into equitable senior representation?

Are we maintaining and protecting the consistently equitable appraisal system?

Are formal employment processes being applied consistently and proportionately across all groups?

Are behavioural standards and responses improving consistently across all teams?

Can staff experiencing harm access consistent protection and feel equally safe to speak up?

Are our supportive policies translating into sustainable working conditions for everyone?

4. Domain Profiles

CAVUHB's workforce composition is broadly aligned with, and in some areas more diverse than, the NHS Wales profile.

Ethnic minority representation is notably higher than the national average (15.3% compared with 11.3%), with increased representation across Asian, Black, and Mixed/Other groups, indicating a relatively strong and diverse workforce.

The gender profile closely mirrors national patterns, remaining predominantly female, while disability and LGBTQIA+ representation are also slightly higher than the NHS Wales baseline, supporting strong interpretability of experience for these groups.

Age distribution is broadly consistent with the national profile, with a slightly younger workforce overall, and religious affiliation reflects a similar pattern to NHS Wales. Rates of Prefer Not to Say are slightly lower than national, although 'Unknown' responses are somewhat higher across several characteristics, suggesting that data completeness and disclosure confidence should still be considered in interpretation.

Overall, CAVUHB has a representative and comparatively diverse workforce, and its composition does not constrain meaningful equity analysis across domains.

4.1 Equity scoring

Equity RAG ratings were derived through a triangulated assessment of each domain, combining the scale of inequality (difference from benchmark), the consistency of patterns across protected characteristics, and the robustness of the data. Particular weight was given to signals that were repeated across multiple groups and indicators, while findings based on small numbers or inconsistent patterns were treated cautiously to avoid over-interpretation. The Equity Scorecard and ratings are designed to support data interpretation at a glance and to highlight specific areas of disparity. Priority actions have also been identified.

Rating	Meaning	Response
 Minimal or no inequity	Broad parity; no consistent disadvantage pattern	Maintain what works
 Mild inequity	Small or inconsistent differences	Monitor for deterioration
 Moderate inequity	Consistent disadvantage across multiple indicators	Focused domain improvement action needed
 Severe inequity	Persistent, intersectionally reinforced disadvantage	Executive oversight needed

4.2 Organisational Workforce Equity Scorecard

Domain	Overall equity signal	Characteristics most affected	Key intersectional risk signals	Comparison to national pattern	Primary equity signal	Action priority
Leadership and Representation	● Severe	Ethnic minority staff; PNS / Unknown	Ethnicity intersects with seniority and non-disclosure, leading to exclusion from senior roles despite strong workforce representation	More severe than national in conversion to senior levels (ESP and pipeline)	Structural failure to convert diverse workforce into equitable senior leadership representation	Urgent (structural reform of leadership pathways and senior appointment processes)
Professional Development	● Minimal	None identified	No consistent or reinforcing intersectional disadvantage	Aligned with or stronger than national across most groups	Consistent and inclusive delivery of appraisal processes	Maintain and protect
Disciplinary & Capability	● Mild-Moderate	None consistently identified	No stable intersectional pattern; variation across isolated characteristics	Slightly elevated overall LR but low volume	Low-volume processes with some inconsistency in application	Maintain consistency and oversight
Workplace Behaviours	● Moderate	Disabled staff; PNS / Unknown; carers (moderate)	Disability and non-disclosure intersect to increase exposure to harassment and discrimination	Higher than national across most groups	Consistently uneven behavioural standards and experience across groups, particularly affecting less visible and non-disclosing staff	Targeted (behavioural consistency and response)
Wellbeing & Safety	● Severe	Ethnic minority staff; Disabled staff; LGBTQIA+ staff; PNS / Unknown	Higher exposure to harm intersects with consistently lower speaking-up confidence across ethnic minority, disabled, LGBTQIA+ and non-disclosing staff	Exposure and reporting broadly aligned; confidence lower than national for some groups	Sustained exposure to harm combined with uneven psychological safety and reduced confidence to speak up	Priority (psychological safety, protection, and organisational response consistency)

Domain	Overall equity signal	Characteristics most affected	Key intersectional risk signals	Comparison to national pattern	Primary equity signal	Action priority
Workplace Conditions	● Moderate	PNS / Unknown; Ethnic minority staff (moderate)	Non-disclosure intersects with higher burnout and presenteeism	Strong on flexibility; mixed on pressure indicators	Supportive systems with uneven sustainability of workload	Targeted (workload and recovery consistency)

4.3 Leadership and Progression Domain

Equity rating	Headline finding
 Severe	Directionally consistent disadvantage in appointment likelihood ratios, low senior representation relative to workforce composition, repeated disadvantage for PNS/Unknown groups across indicators, absence of countervailing evidence showing parity at senior gateways.

Overview

The Leadership and Progression domain shows severe and clearly structural inequity. While CAVUHB has a comparatively diverse workforce, this diversity is not translating into senior representation. Ethnic minority representation at Executive Senior Pay (ESP) level is now absent (0%), and Board underrepresentation has widened relative to the workforce. Progression through the pipeline shows persistent compression at key transition points, particularly between middle and senior bands, while appointment from shortlisting continues to disadvantage ethnic minority staff. These patterns, combined with lower confidence in fair progression among several groups and ongoing nondisclosure signals, indicate that inequity is embedded within leadership pathways and not improving at the rate required to achieve representation at senior levels.

Intersectional signals

Intersectional signals are strong and reinforcing, particularly where ethnicity intersects with seniority and non-disclosure. Ethnic minority staff are well represented in the workforce but do not progress proportionately, and are absent from senior roles, indicating structural exclusion rather than pipeline scarcity.

This pattern is compounded for PNS and Unknown groups, who show lower confidence in fair progression and are under-represented at senior levels, suggesting that visibility, trust, and selection processes interact to reinforce disadvantage. While other characteristics show more mixed patterns, they do not offset the clear concentration of risk around ethnicity and senior progression.

Organisational interpretation

Leadership inequity in CAVUHB is now more clearly structural and systemic, reflecting a failure to convert workforce diversity into senior leadership representation. Persistent disadvantage in appointment outcomes and the absence of ethnic minority staff at ESP level indicate that progression pathways are not equitable in practice. This is further reinforced by widening gaps between workforce and Board representation and continued patterns of nondisclosure, suggesting reduced confidence in leadership systems. Together, these signals point to structural barriers combined with limited transparency and trust, requiring sustained focus on progression fairness, accountability, and pipeline conversion.

4.4 Professional Development Domain

Equity rating	Headline finding
 Minimal	Likelihood ratios at or above parity, strong and consistent completion rates across all characteristics, lack of persistent or reinforcing gaps - this domain represents a clear strength for CAVUHB.

Overview

The Professional Development domain shows minimal inequity, with appraisal completion rates consistently high across all protected characteristics and broadly aligned with or slightly above national benchmarks. The overall likelihood ratio is at or above parity (LR $\approx$ 1.07), indicating that minoritised groups are at least as likely as majority groups to have a recorded appraisal.

Ethnic minority staff show strong engagement (80.3%), exceeding both national levels and White staff locally (75.1%), and similar patterns of broadly equitable access are evident across disability, sexual orientation, and age groups. There is no evidence of systemic under-engagement or exclusion from development processes.

Intersectional signals

There is no evidence of reinforcing intersectional disadvantage in this domain. Groups that experience inequity elsewhere do not show reduced access to appraisal, and in several cases demonstrate comparable or higher engagement rates.

Variation between categories is minor and inconsistent, including for PNS and Unknown groups, suggesting that differences are not systematic and do not accumulate across characteristics.

Organisational interpretation

Professional development processes in CAVUHB appear well established and consistently applied, with appraisal functioning as a reliable and inclusive system across the workforce. The data suggests strong line-manager follow-through and clear organisational expectation around appraisal completion.

Unlike Leadership and Progression, this domain does not show evidence of structural or cultural barriers and instead reflects a stable and equitable operational process.

4.5 Disciplinary and Capability Domain

Equity rating	Headline finding
 Mild-Moderate	Low overall case volumes, slightly elevated overall likelihood ratio, mixed, non-repeating patterns across characteristics - overall some variability but not systemic inequity

Overview

The Disciplinary and Capability domain shows low overall activity with some uneven patterns, but no evidence of severe or escalating inequity. Entry into disciplinary processes remains low across all groups, and differences between ethnic minority and White staff are relatively small in absolute terms (0.59% vs 0.47%). However, overall likelihood ratios are slightly elevated ($LR \approx 1.26$), indicating some disproportionality. Patterns are mixed across characteristics, with some groups above parity and others below, suggesting variation rather than consistent disadvantage.

Capability processes are used very infrequently, and results are highly variable across characteristics, indicating that findings are sensitive to small numbers rather than stable patterns.

Intersectional signals

Intersectional signals are limited and inconsistent. Some variation appears where ethnicity intersects with religion or disclosure, but these patterns are not repeated across both disciplinary and capability indicators.

There is no evidence of reinforced or cumulative intersectional disadvantage, and differences tend to reflect isolated variation rather than systemic inequity.

Organisational interpretation

Formal disciplinary and capability processes appear to be generally controlled and low-volume, with some unevenness in outcomes likely driven by small numbers and local variation. The data does not indicate systemic bias but suggests the importance of maintaining consistent thresholds and oversight in decision-making.

4.6 Workplace Behaviours Domain

Equity rating	Headline finding
 Moderate	Consistent elevation across all three indicators, repeated patterns for disability and PNS groups, broadly higher prevalence than national benchmarks – however, differences are moderate rather than extreme and no single characteristic dominates across all measures

Overview

The Workplace Behaviours domain shows moderate and consistent inequity across all three indicators, with higher levels of harassment, bullying, and discrimination reported for several groups compared to national benchmarks.

Harassment from patients and the public is elevated across most groups, including both ethnic minority (31.1%) and White staff (27.9%), indicating a broader exposure risk rather than an isolated group effect. However, some groups—including disabled staff, carers, and PNS groups—report persistently higher exposure, suggesting uneven impact.

Staff-to-staff harassment and discrimination follow a similar pattern, with moderate increases across most characteristics and particularly higher levels among disabled staff and PNS groups. While differences are not extreme, they are consistent across indicators, indicating a sustained pattern rather than isolated variation.

Intersectional signals

Intersectional inequity in this domain is moderate but increasingly consistent. Disabled, LGBTQIA+, and non-disclosing staff experience elevated levels of harassment, bullying, and discrimination across all behaviour indicators, with patterns reinforced across both patient/public and staff-to-staff interactions. While ethnic minority staff also experience higher exposure, differences are less pronounced than for other groups, indicating that inequity is not driven by a single characteristic. The consistent elevation for non-disclosing and less visible groups suggests that psychological safety and visibility play a key role in how behaviours are experienced across the organisation.

Organisational interpretation

Workplace behaviours in CAVUHB reflect uneven cultural and behavioural norms, with consistent but moderate disparities across multiple groups. The persistence of elevated risk across indicators suggests that expectations for behaviour and the consistency of response are not applied uniformly. While not indicative of pervasive organisational failure, these patterns require targeted action to reinforce behavioural standards, improve consistency of response, and ensure that all staff experience a respectful and safe working environment.

4.7 Workplace Safety Domain

Equity rating	Headline finding
 Severe	Consistent and elevated exposure to violence across multiple groups, combined with persistently lower confidence in speaking up and reinforced intersectional patterns across characteristics. The alignment of sustained harm exposure with uneven psychological safety indicates embedded inequity, with risk and protection not experienced equally across the workforce.

Overview

The Wellbeing and Safety domain shows severe and consistently reinforced inequity, characterised by higher exposure to physical violence alongside uneven confidence in speaking up. Exposure remains elevated across multiple groups, including ethnic minority, disabled, LGBTQIA+, and non-disclosing staff, indicating that risk is not isolated to a single characteristic. At the same time, confidence in raising concerns remains lower and more variable across these groups, suggesting that organisational systems are not experienced as equally safe or supportive. The combination of sustained harm exposure and uneven psychological safety confirms this domain as a significant organisational risk.

Intersectional signals

Intersectional signals are strong and reinforcing, particularly where exposure to harm intersects with reduced confidence to speak up. Ethnic minority, disabled, and LGBTQIA+ staff all show higher levels of violence exposure combined with lower or weaker speaking-up confidence, creating a compounded risk.

PNS and Unknown groups again show lower confidence in speaking up, reinforcing the pattern seen across other domains that non-disclosure is associated with reduced psychological safety. Unlike moderate-risk domains, these patterns are consistent across multiple indicators, indicating embedded rather than incidental inequity.

Organisational interpretation

Wellbeing and safety in CAVUHB appear structurally uneven, with some groups experiencing greater exposure to harm without corresponding levels of protection or confidence. While reporting systems are in place and used, the variation in speaking-up confidence suggests that staff do not experience those systems as equally safe or effective.

The combination of higher exposure and lower voice indicates a system where risk and reassurance are not evenly distributed, and where psychological safety is not yet consistently established across the workforce.

4.8 Workplace Conditions Domain

Equity rating	Headline finding
 Moderate	Strong and consistent positive signals for flexibility, repeated but moderate pressure signals (burnout and presenteeism), pattern of variation concentrated in PNS and non-disclosure groups

Overview

The Workplace Conditions domain shows moderate inequity, with broadly accessible support systems but uneven experiences of pressure, presenteeism, and burnout.

Access to workplace adjustments is generally consistent across characteristics, including for disabled staff, indicating that support structures are in place and used. Satisfaction with flexible working is high across groups and often stronger than national benchmarks, suggesting positive experiences of flexibility.

However, this is offset by persistent pressure signals, particularly in relation to presenteeism and burnout. While overall levels are comparable to or slightly better than national figures, some groups (including ethnic minority, PNS, and Unknown categories) report higher pressure and burnout, indicating that support does not translate evenly into sustainable working conditions.

Intersectional signals

Intersectional signals are moderate and focused on pressure and recovery, particularly where non-disclosure and minority status intersect. PNS and Unknown groups consistently show higher levels of presenteeism and burnout, suggesting that staff who are less confident in disclosure also experience reduced recovery and greater pressure.

Ethnic minority staff show slightly elevated burnout and presenteeism, although not markedly higher than other groups. Overall, intersectional effects are present but not strongly compounded, indicating uneven experience rather than systemic exclusion.

Organisational interpretation

Workplace conditions in CAVUHB appear structurally sound but uneven in lived experience. While policies on flexibility and adjustments are clearly in place and effective in principle, the persistence of pressure and burnout for some groups suggests that these supports are not consistently translating into manageable workloads in practice.

This points to a system where support exists but is not equally experienced, particularly for staff who are less visible or less confident in raising concerns.

5. Preserving What Works

The data highlights several clear areas of organisational strength:

- Professional Development (Domain 2) is consistently strong, with equitable and high engagement across all groups.
- Disciplinary and Capability (Domain 3) processes remain low-volume and controlled, with no clear systemic inequity.
- Flexible working and structural support mechanisms are widely available and positively experienced across most staff groups.
- CAVUHB benefits from a relatively diverse workforce, providing a strong foundation for equitable outcomes if structural barriers in progression and leadership conversion are addressed.

These strengths demonstrate that equitable systems can operate effectively within CAVUHB and should be actively sustained.

6. Data-Informed Opportunities for Action

CAVUHB shows a mixed risk profile, with strong performance in operational systems (Domain 2) but clear systemic challenges in Leadership and Safety.

- Prioritise structural reform of leadership pathways and progression fairness
- Address structural barriers at appointment and senior progression levels, including conversion into executive and ESP roles
- Strengthen safety systems and psychological protection alongside behavioural consistency
- Focus on reducing exposure to harm and ensuring consistent protection and confidence in speaking up across all groups
- Improve sustainability of working conditions: Address burnout and presenteeism, ensuring that flexibility and support translate into real capacity for recovery.
- Maintain consistency in functioning systems: Protect strong performance in professional development and ensure these systems remain consistent and inclusive.
- Monitor trust and disclosure signals: Continue to use PNS and Unknown responses as indicators of psychological safety and confidence, particularly in higher-risk domains.

7. What Success Would Look Like

Success for CAVUHB would be demonstrated through sustained, evidence-based improvement in key inequity domains, while maintaining the strong performance already seen in others. Progress should be assessed over time and in direction of travel, rather than through immediate parity.

Success for CAVUHB would be demonstrated through clear and sustained improvements in a small number of critical areas, particularly where inequity is most concentrated, alongside the continued stability of domains that are already functioning well.

- In relation to leadership and progression, success would mean that CAVUHB begins to address the structural gap between workforce diversity and senior leadership representation, with clear progress toward inclusion at executive and ESP levels. This would not require immediate parity, but rather a visible and continuous increase in representation at senior and ESP levels, alongside a gradual closing of the gap in appointment outcomes. Crucially, this would be accompanied by increasing confidence among staff that progression processes are fair and transparent, particularly for ethnic minority and non-disclosing groups, signalling that both outcomes and experiences are improving together. This would include moving from absence of representation to sustained and visible presence at senior levels over time.
- Across workplace behaviours and safety, success would be reflected in a reduction in the unequal exposure to harm currently experienced by certain groups, particularly ethnic minority, disabled, and LGBTQIA+ staff. This would include a steady decline in reported harassment, bullying, and violence for those most affected, coupled with a strengthening sense that inappropriate behaviour is consistently challenged. At the same time, confidence in speaking up would increase across all staff groups, with narrowing gaps between those who disclose personal characteristics and those who do not, indicating a more consistent and trusted organisational culture.
- In relation to workplace conditions, success would mean that the existing strengths in flexibility and organisational support are matched by improvements in workload sustainability. This would be evidenced by reduced levels of presenteeism and burnout, particularly among groups that currently experience higher pressure, and a more consistent experience of recovery and work-life balance across the organisation. The aim would not be to eliminate pressure entirely, but to ensure that it is not disproportionately borne by specific groups.

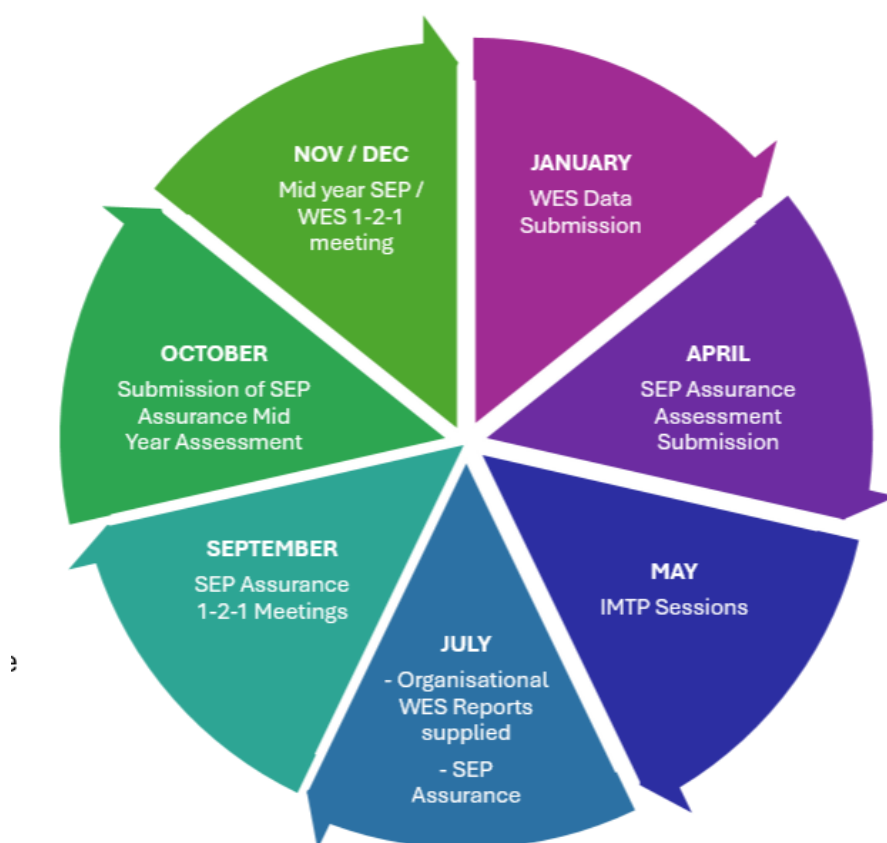
Alongside these improvements, success would also be characterised by the continued stability of systems that are already working well, particularly professional development processes. High and equitable appraisal completion should be maintained over time, ensuring that this remains a reliable and inclusive component of the organisation's workforce experience.

Finally, an important overarching indicator of success would be increasing trust within the organisation, reflected in more stable or improving patterns of disclosure. A gradual reduction in *Prefer Not to Say* and *Unknown* responses would suggest that staff feel more confident, visible, and safe, providing an important signal that cultural change is taking hold alongside structural improvement.

Taken together, success would not be defined by perfect parity across all measures, but by consistent direction of travel: narrowing gaps, improving confidence, and a stronger alignment between how systems are designed and how they are experienced in practice.

8. What Next

The WES organisational report sits at the midpoint of the NHS Wales planning and assurance cycle. This report should be used as a structured equity diagnosis, to inform IMTP planning and refinement of organisational strategic equality priorities. These priorities will translate into delivery plans and tested through SEP assurance meetings and mid-year assessment (October). Findings will be reported through the governance process to Boards and Welsh Government, enabling scrutiny of both progress and impact. As the cycle repeats annually, this creates a continuous feedback loop—linking data, planning, delivery, and assurance—ensuring sustained governmental oversight, accountability, and progressive improvement in workforce equity outcomes.

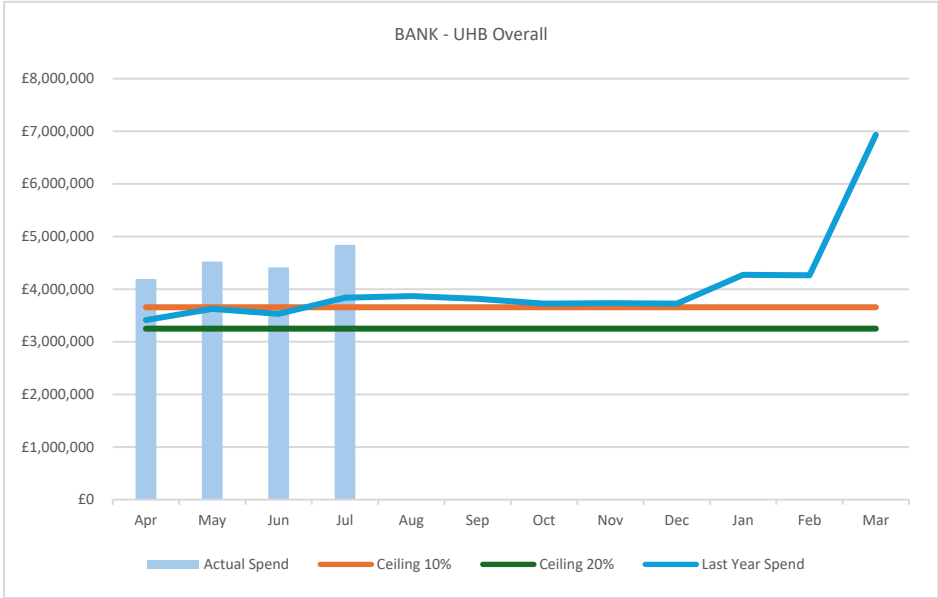


Report Title:	Key Workforce Performance Indicators			Agenda Item No:	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	
		Private			
Status (please only tick one)	Assurance	X	Approval		Information/Noting
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Deputy Director of People and Culture				
Main Report					
Background and Current Situation:					
Overview This report provides the People and Culture Committee with assurance on the Health Board's key workforce performance indicators, progress against the 2026/27 Annual Plan People and Culture priorities, and the effectiveness of actions being taken to manage workforce risks. It highlights performance trends, areas of improvement, areas where delivery remains off trajectory, and matters requiring continued oversight. The report is structured around the three priority actions for 2026/27 outlined in the Annual Plan: • Improve workforce health, wellbeing and availability. • Strengthen system leadership and management capability to create consistent, compassionate and accountable cultures • Develop workforce planning capability and capacity whilst using workforce data and insights to drive informed decision-making and future workforce sustainability. Report Structure • Section 1 - KPI Escalations - Including Welsh Government enabling actions and workforce productivity recommendations with the Ministerial Advisory Group (MAG) Report. • Section 2 - People & Culture Annual Plan 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 - Clinical Board Update - High-level KPIs and workforce insights from Surgical Clinical Board. Section 1 - KPI Escalations The following KPIs are included in the report on the basis that they are either not improving against the performance target set or the improvement is not enough to meet the target. Reducing Reliance on temporary workforce Reducing the reliance on bank and agency continues to be a key focus, aligned to the WG Enabling actions for 2026/27. The Health Board have set the following performance targets: • Reduction in bank by >10% • Reduction in agency by 30% (WG target) Performance against the >10% reduction in bank Bank expenditure remains materially above the trajectory required to deliver the UHB's >10% reduction target. By Month 4, actual bank spend was £17.971m against a profiled ceiling of £14.624m, representing an adverse variance of					

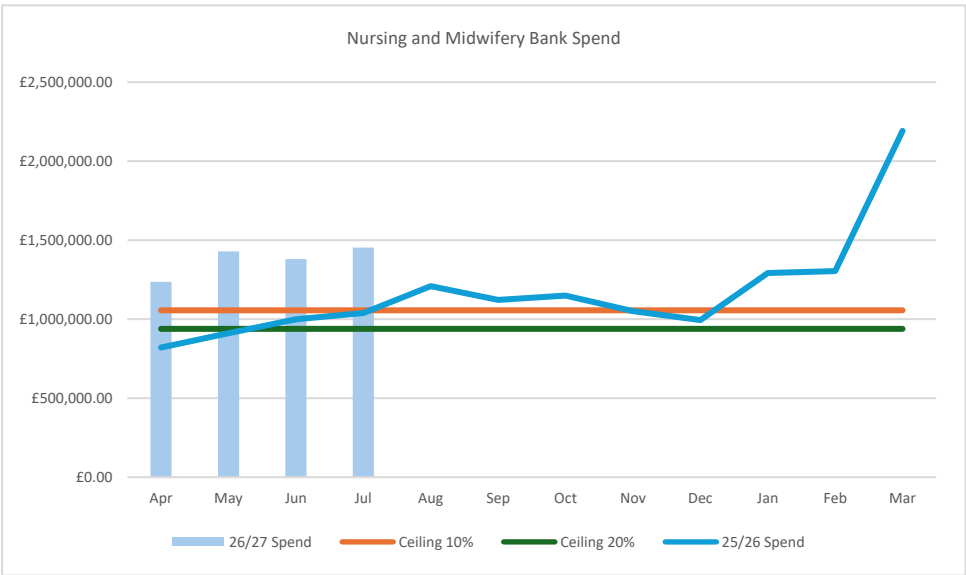
£3.348m. Spend has exceeded the monthly ceiling in each reported month, with July increasing to £4.841m, the highest month to date. This indicates that current operational reliance on bank remains significant and that, without further corrective action, delivery of the annual bank reduction target is at risk. Continued scrutiny through EPR, internal turnaround meetings and Clinical Board-level grip on roster, specialing, sickness, vacancies and additional capacity will be required to return spend to trajectory.

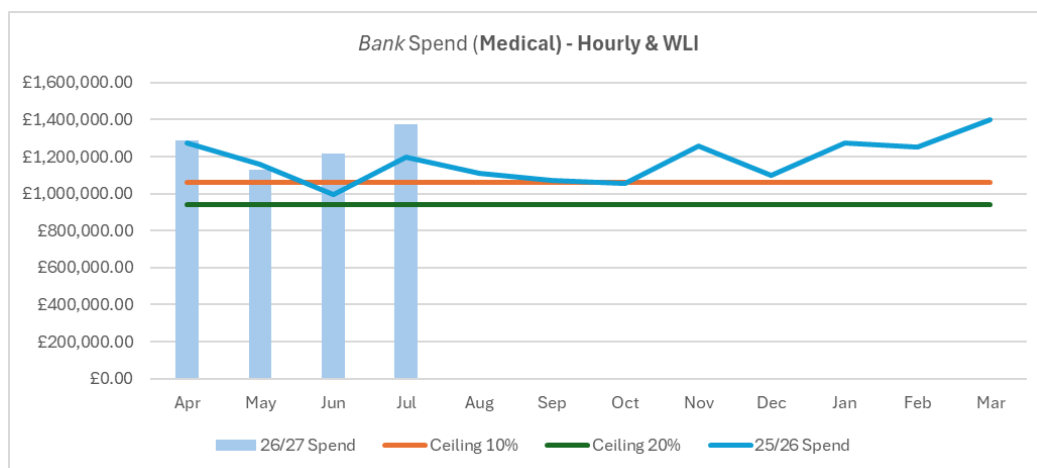
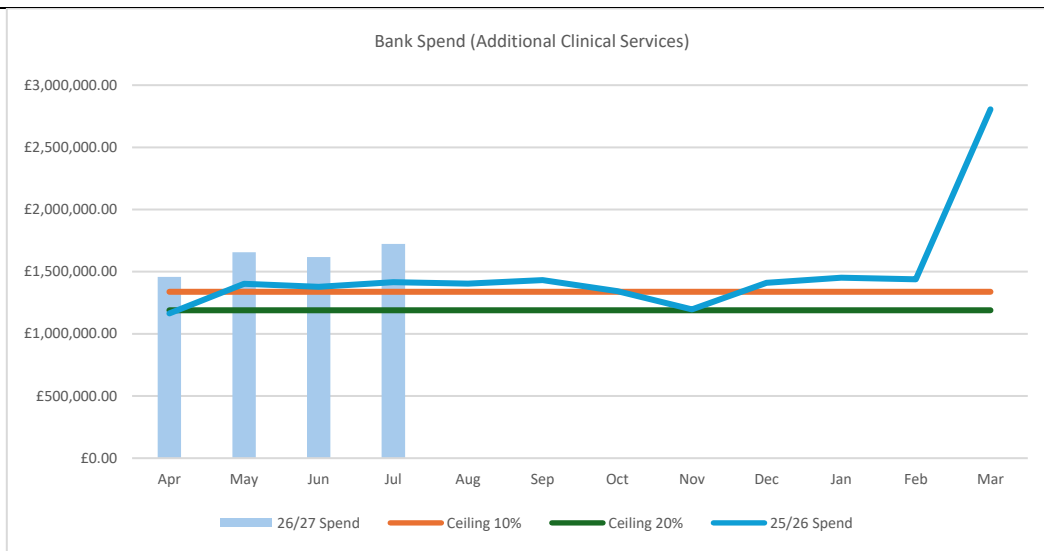
The Nursing Hub was re-introduced on 10th August 2026 to bring additional scrutiny to bank and agency requests and to manage the staffing risks across the UHB as opposed to within individual Clinical Boards.

The UHB has already used **40.96% of the annual 10% reduction ceiling by the end of July**, leaving around **£25.900m** for the remaining eight months if the annual ceiling is to be achieved. That implies an average monthly spend of about **£3.238m** for August to March, which is significantly below the July run-rate of **£4.841m**.



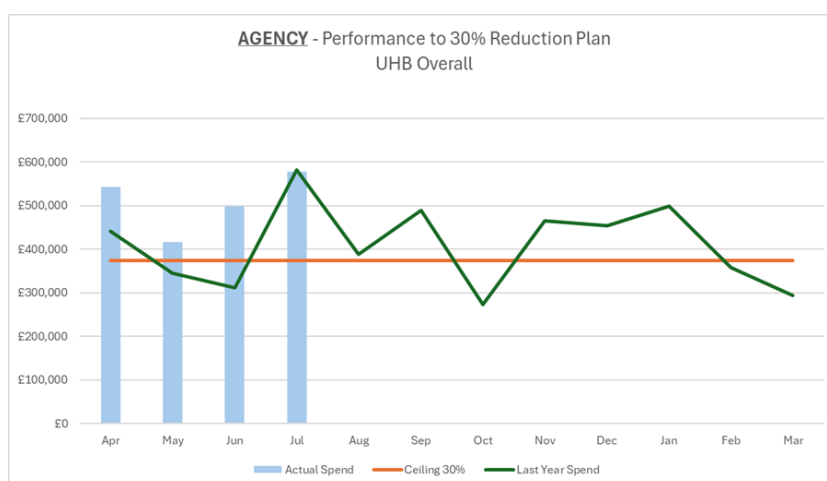
The graphs below show the performance in the staff groups with the highest bank expenditure, which are Nursing & Midwifery, Health Care Support Workers/Additional Clinical Services and Medical & Dental.



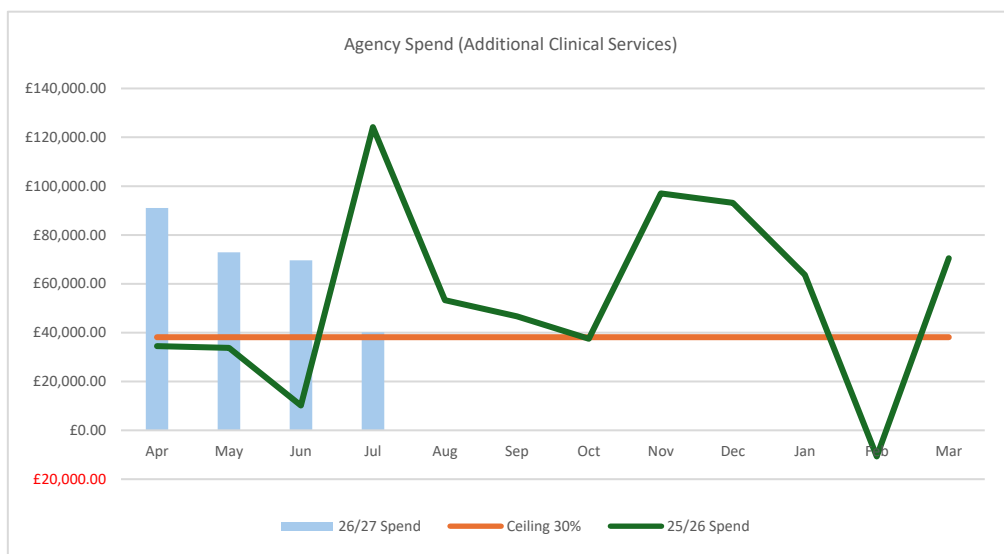
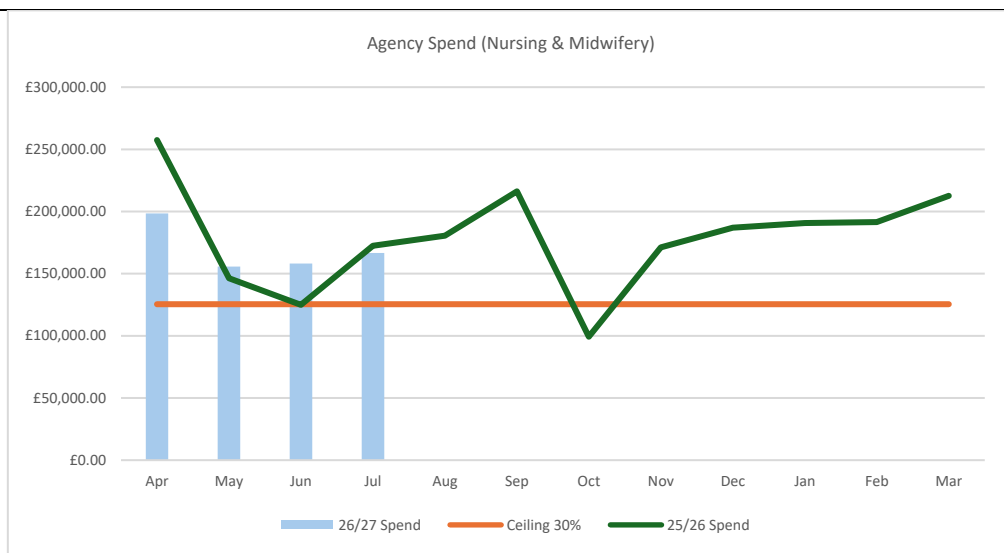


Performance against the 30% reduction in agency

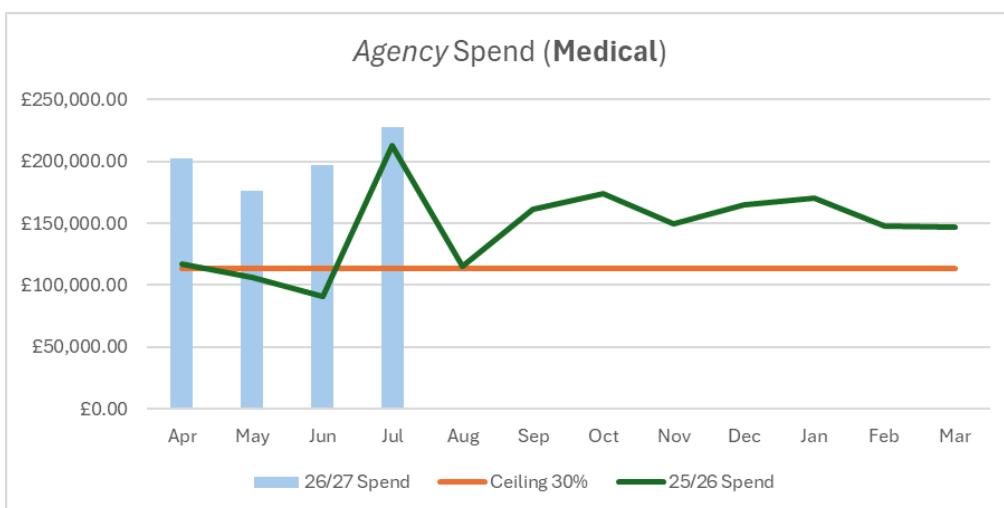
Agency expenditure remains above the trajectory required to achieve the Welsh Government target of a 30% reduction. At Month 4, cumulative expenditure was £2.03m against a profiled ceiling of £1.50m, representing an adverse variance of £538k. July expenditure was £577k—£203k above the monthly ceiling and broadly consistent with July 2025. Continued executive scrutiny and conversion of agency workers to bank or substantive employment will be required if the Health Board is to recover the year-to-date variance and achieve the full 30% reduction target.



The graphs below show the performance in the staff groups with the highest agency expenditure, which are Nursing & Midwifery, Health Care Support Workers/Additional Clinical Services and Medical & Dental.



Medical & Dental



Medical & Dental - The Health Board is currently utilising nine medical agency workers. Robust exit strategies have been identified for three individuals, with ongoing engagement in place for the remainder. A step-change approach is being adopted to facilitate conversion to bank or, where feasible, substantive employment. In parallel, strengthened controls are being applied at the point of engagement. This includes proactive negotiation with agencies to ensure that agency workers are remunerated in line with

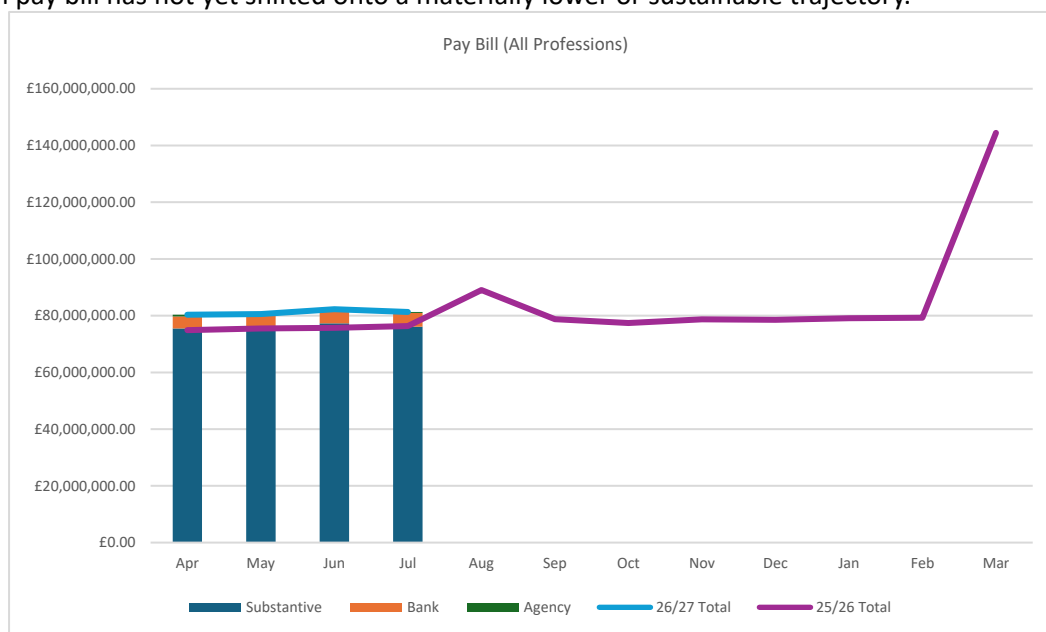
PAYE and Working Time Regulations rates equivalent to bank workers. As a result, agency utilisation is limited to the agency commission as the only additional on-cost.

Overall Pay Bill - all staff groups

The pay bill graph demonstrates that total workforce expenditure remains significantly above the equivalent period in 2025/26, with year-on-year variances ranging from approximately £4.95m to £6.55m per month. Although July shows a reduction from the June peak, total pay costs remain materially above last year's level, indicating that workforce expenditure continues to present a significant financial sustainability risk. The position is driven primarily by substantive pay and continued reliance on bank staffing, with agency reductions not yet sufficient to offset the overall cost base. Continued scrutiny is required to ensure that workforce growth controls, vacancy scrutiny, roster grip and temporary staffing reduction actions translate into a sustained reduction in the pay run-rate.

	<i>Apr</i>	<i>May</i>	<i>Jun</i>	<i>Jul</i>
Substantive	£75,518,983.44	£75,515,282.94	£77,308,144.00	£76,136,302.15
Bank	£4,193,019.05	£4,526,108.75	£4,411,239.45	£4,840,868.06
Agency	£623,319.51	£512,633.75	£567,331.17	£330,371
26/27 Total	£80,335,322.00	£80,554,025.44	£82,286,714.62	£81,307,541.30
25/26 Total	£74,902,202.86	£75,473,763.65	£75,738,926.22	£76,358,251.72
Variance YOY	£5,433,119.14	£5,080,261.79	£6,547,788.40	£4,949,289.58

- The graph below shows a rising pay bill from April to June, followed by a reduction in July, but July remains almost £5m higher than the same month last year.
- The largest component remains substantive pay, which is broadly stable but still significantly above the previous year's total pay position. Substantive pay reduced slightly in July to £76.136m, but not enough to offset wider expenditure pressures.
- Bank spend increased in July to £4.841m, the highest month shown, indicating continued reliance on temporary staffing and contributing to total pay bill pressure.
- Agency spend reduced in July to £330k, which is positive, but this reduction does not materially offset the overall pay bill increase because agency is now a much smaller proportion of total workforce expenditure compared with substantive and bank pay.
- The position suggests that while controls on workforce growth and agency use are beginning to have some effect, the overall pay bill has not yet shifted onto a materially lower or sustainable trajectory.



Job Planning

Job Plan compliance remains below the Welsh Government target of 90%. While the Health Board has demonstrated substantial improvement from a low of 75.4% in July 2025 to a peak of 83.0% in January 2026, performance has subsequently declined to 79.6% in July 2026. Positive progress has been seen within Clinical Diagnostics & Therapeutics, Medicine, Mental Health and PCIC, with several areas approaching or achieving the target. However, Children & Women, Specialist Services and Surgical Services have experienced a deterioration in compliance during recent months, reducing the Health Board's overall position.

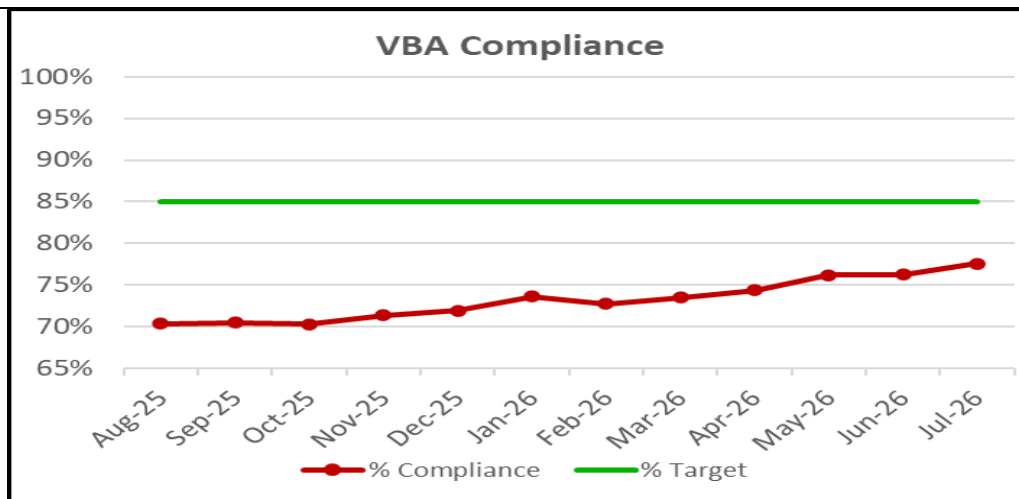
The key challenge for the UHB is now not only improving compliance but sustaining gains already achieved to ensure delivery of the 90% Welsh Government requirement.



Values-Based Appraisal

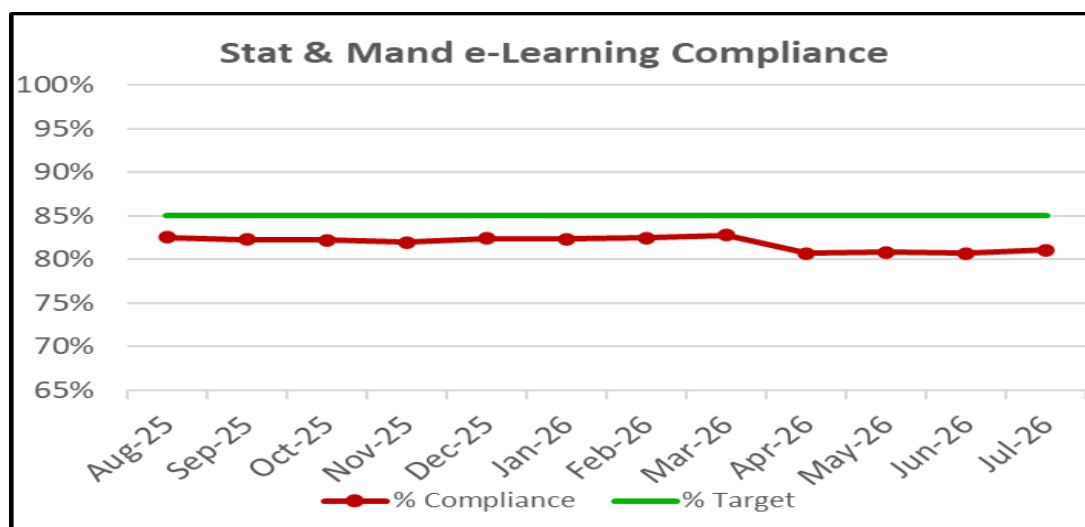
Appraisal compliance remains below the Health Board target of 85%, although performance continues to improve. Compliance has increased from 71.2% in July 2025 to 77.5% in July 2026, representing a year-on-year improvement of 6.4%. Significant progress has been seen within Children & Women, Mental Health, PCIC, Specialist Services and Surgical Services. Capital, Estates & Facilities continues to exceed the target and remains the strongest performing area. Despite these improvements, organisational compliance remains 7.5% below target, with Corporate Executives, Clinical Diagnostics & Therapeutics and All Wales Genomics Service continuing to require focused improvement activity. The key challenge for the organisation is accelerating the current rate of improvement to achieve the 85% target while reducing variation between Clinical Boards.

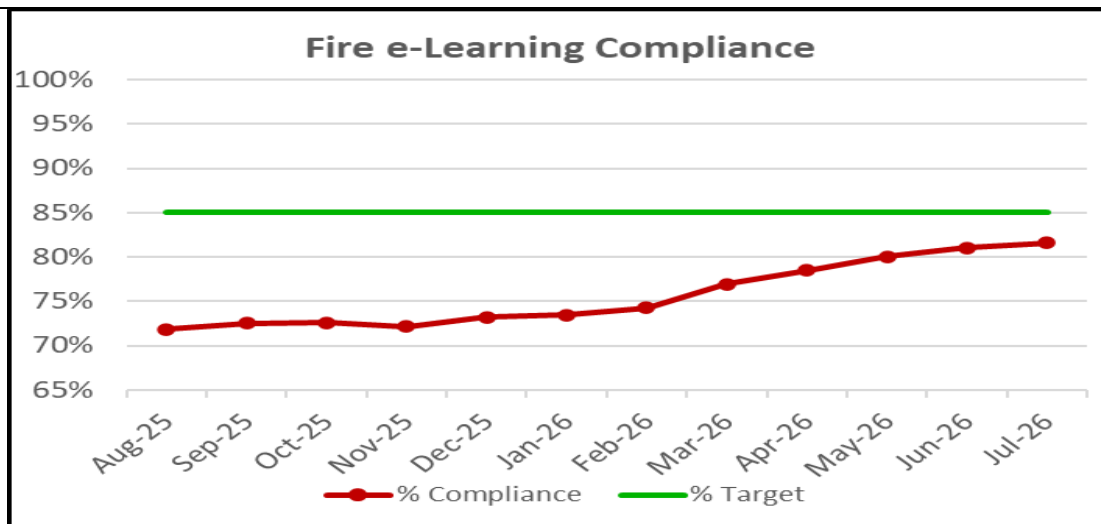
Weekly monitoring by Senior People & Culture Business Partners and Executive Performance Reviews are in place to support further improvement. A review of the VBA template is underway to ensure improvements in compliance, quality, and measurable outcomes.



Statutory & Mandatory Training

Statutory & Mandatory Training compliance remains below the Health Board target of 85%, with compliance at 81.1% in July 2026. Following a significant reduction in February 2026 associated with the introduction of Welsh language recording requirements, compliance has improved steadily but has not yet returned to previous levels. Strong performance continues within All Wales Genomics Service and Capital, Estates & Facilities, both of which remain above target. Positive recovery is evident across Children & Women, Mental Health, Specialist Services and Surgical Services. However, Medicine, Corporate Executives and several other Clinical Boards remain below the required standard. Fire Safety training compliance has shown encouraging improvement, increasing from 74.3% in February 2026 to 81.6% in July 2026, although it remains below the 85% target. Weekly monitoring, targeted follow-up of non-compliant staff and expanded access to training are supporting continued improvement, but sustained focus will be required to achieve and maintain the required compliance levels.





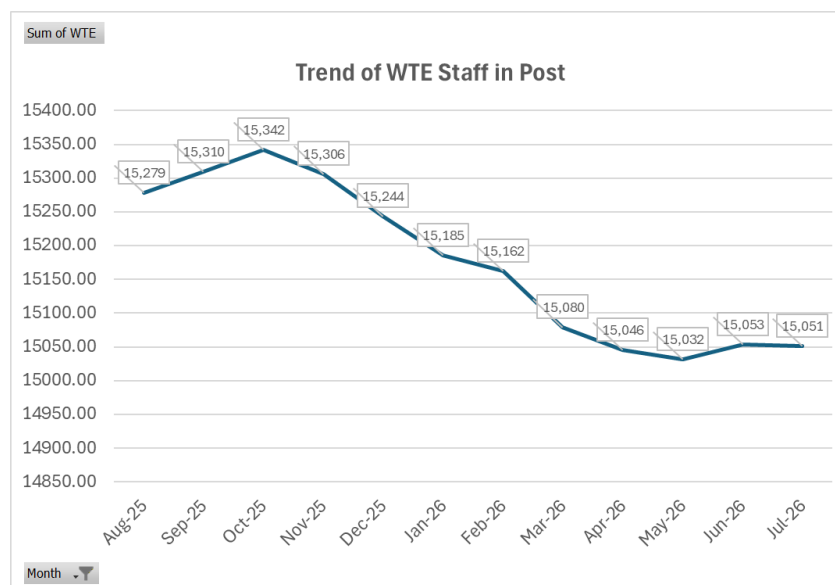
Reduction in Workforce Growth

- WTE Staff in Post is moving in the right direction against the 2026/27 annual plan planning parameter of no workforce growth. The trend shows that substantive WTE reduced from 15,279 in August 2025 to 15,051 in July 2026. Although there was planned growth in September and October 2025, reflecting the agreed intake of graduate nurses and therapists, WTE has reduced from November onwards, supported by executive-level scrutiny of vacancies, recruitment controls and skill-mix review within some Clinical Boards.
- This provides positive assurance that the Health Board has been able to reduce workforce growth and maintain WTE below the 2025 baseline. The largest reductions are evident in Medicine, Children & Women, Surgical Services and Capital, Estates & Facilities, with staff group reductions particularly in Additional Clinical Services, Administrative and Clerical, and Nursing and Midwifery Registered. However, the position remains fragile. Growth is still evident in Primary, Community Intermediate Care, Specialist Services, Clinical Diagnostics & Therapeutics and All Wales Genomics Service, and weekly monitoring shows that a significant vacancy-hold requirement remains. Continued grip through vacancy scrutiny, recruitment controls and alignment to workforce, service and financial plans will be required to ensure the no-growth planning parameter is sustained through 2026/27.
- Following SLT discussion on 23 July 2026, a strengthened package of workforce control measures has been implemented to support delivery of the 2026/27 no workforce growth planning parameter and the Health Board's wider financial recovery requirements. These include a requirement for Clinical Boards, CEF and Corporate areas to **hold/dis-establish 50% of vacancies from 1 August 2026 to 31 March 2027**; a specific **hold on all Band 7 and above managerial vacancies**, with any exceptions requiring weekly CEO approval; and the introduction of a Corporate Department Vacancy Scrutiny Panel for all Corporate vacancies. Vacancy requests must now be supported by clear evidence of service, operational or safety risk, consideration of alternative options, financial impact, workforce redesign opportunities and alignment with WTE reduction targets. Progress will be monitored weekly through turnaround arrangements, alongside joiners, leavers and staff in post. These actions provide strengthened governance and assurance that workforce growth is being actively controlled, while ensuring that exceptions are considered where there is a clear and evidenced service requirement.

The tables below show the changes in WTE by Clinical Board, Staff Group and Pay Band.

Clinical Board	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	12-Month Change
All Wales Genomics Service	329	332	335	343	341	345	347	330	339	338	344	343	13
Capital, Estates & Facilities	1232	1236	1229	1224	1213	1214	1213	1206	1218	1214	1210	1210	-21
Children & Women	2016	2003	1951	1901	1889	1875	1872	1859	1865	1866	1860	1851	-165
Clinical Diagnostics & Therapeutics	2395	2397	2477	2513	2501	2481	2479	2468	2444	2436	2451	2464	69
Corporate Executives	964	971	973	953	948	954	956	952	954	957	963	958	-6
Medicine	1860	1848	1834	1818	1817	1806	1801	1793	1576	1582	1587	1573	-288
Mental Health	1375	1379	1384	1380	1370	1371	1370	1367	1358	1358	1361	1372	-3
Primary, Community Intermediate Care	903	913	910	927	922	916	912	903	1008	1002	1008	1013	110
Specialist Services	2017	2031	2033	2035	2031	2027	2025	2019	2108	2104	2104	2111	93
Surgical Services	2187	2201	2216	2211	2212	2194	2187	2183	2176	2175	2166	2158	-29
Grand Total	15279	15310	15342	15306	15244	15185	15162	15080	15046	15032	15053	15051	-227

Staff Group	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26	12-Month Change
Add Prof Scientific and Technic	601	597	605	605	604	602	603	603	598	597	597	600	-1
Additional Clinical Services	2969	2943	2918	2898	2875	2859	2842	2819	2809	2813	2843	2854	-115
Administrative and Clerical	2644	2643	2595	2582	2573	2581	2580	2557	2554	2555	2564	2553	-91
Allied Health Professionals	1268	1283	1301	1307	1302	1293	1292	1287	1281	1271	1260	1265	-3
Estates and Ancillary	1184	1185	1215	1210	1198	1181	1181	1179	1190	1188	1181	1182	-2
Healthcare Scientists	554	562	568	571	572	574	576	574	574	575	581	579	25
Medical and Dental	1139	1152	1150	1150	1151	1150	1159	1157	1160	1159	1155	1159	20
Nursing and Midwifery Registered	4897	4929	4965	4959	4945	4927	4911	4886	4859	4856	4858	4843	-54
Students	23	17	25	25	25	20	20	19	20	17	15	15	-8
Grand Total	15279	15310	15342	15306	15244	15185	15162	15080	15046	15032	15053	15051	-227

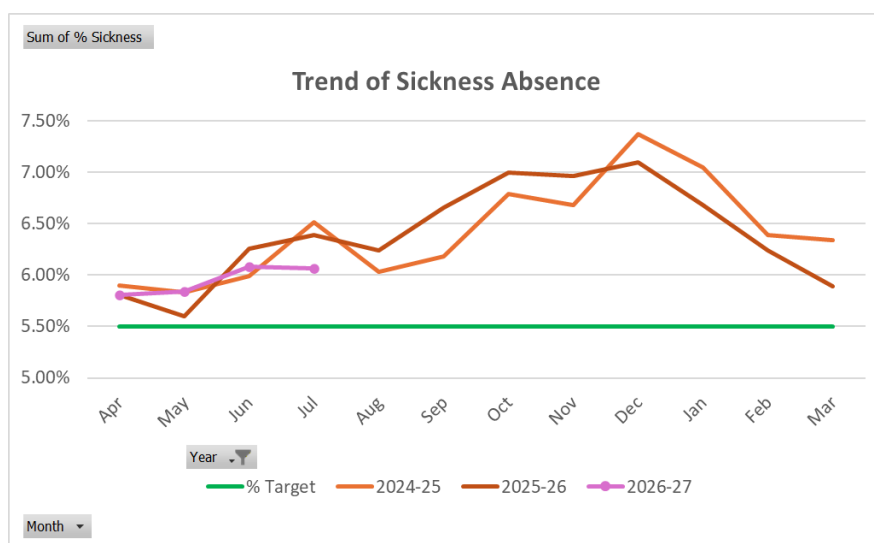


	Column Labels ▼													
	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Apr-26	May-26	Jun-26	Jul-26		
Row Labels ▼	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	12-Month Change	
#N/A												0	0	
Band 1	29	29	28	28	28	27	27	28	28	28	28	28	-1	
Band 2	2770	2734	2701	2681	2666	2652	1527	1519	1527	1519	1516	1513	-1256	
Band 3	1451	1452	1439	1427	1413	1408	2504	2482	2475	2498	2519	2536	1085	
Band 4	1184	1173	1178	1172	1167	1164	1174	1169	1176	1161	1154	1152	-32	
Band 5	3029	3062	3102	3110	3084	3062	3055	3035	3008	2978	2979	2949	-81	
Band 6	2890	2914	2950	2949	2954	2942	2935	2925	2918	2929	2927	2941	50	
Band 7	1736	1741	1741	1742	1742	1745	1750	1731	1725	1730	1734	1730	-6	
Band 8a	579	582	584	580	574	574	571	571	573	573	574	578	-1	
Band 8b	223	224	222	222	222	221	222	225	224	224	226	225	1	
Band 8c	131	131	132	134	133	128	129	130	125	127	126	127	-4	
Band 8d	43	41	43	43	42	43	43	42	39	39	38	37	-6	
Band 9	36	37	35	35	36	36	35	35	37	36	39	38	2	
Consultant	804	811	810	810	810	813	814	814	814	816	815	821	17	
Junior Medical	205	209	207	210	215	211	216	215	219	214	213	209	5	
Local Payscales	16	17	17	14	13	12	12	12	11	11	11	9	-7	
Other Medical Grades	37	38	38	38	38	37	37	37	35	37	35	36	-1	
SAS	93	94	95	92	88	90	92	92	92	92	93	93	-1	
VSM	19	18	17	17	17	17	17	17	18	18	19	20	1	
Whitley Payscales	3	3	3	3	2	2	2	2	2	2	9	9	6	
Grand Total	15279	15310	15342	15306	15244	15185	15162	15080	15046	15032	15053	15051	-227	

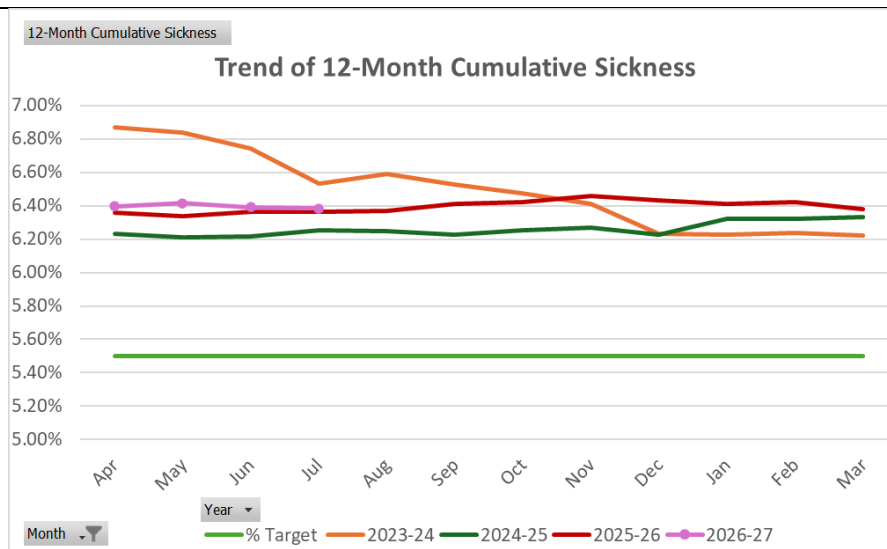
Section 2 – People & Culture Priorities

Improving Wellbeing and Attendance

In-month sickness absence remains above the Health Board target of 5.5%, with July 2026 reported at 6.06%. This is not yet on target and continues to represent a workforce availability and wellbeing risk. However, there are signs of improvement when compared with the same period last year, with June and July 2026 both lower than the equivalent months in 2025/26. The position suggests that actions to strengthen attendance management and wellbeing support may be beginning to have an impact, but sustained focus is required to reduce absence further and move performance closer to the 5.5% target



The 12-month cumulative sickness absence rate remains above the Health Board target of 5.5%, with the latest position at 6.38% in July 2026. This remains adverse to target and is slightly higher than the equivalent position in 2025/26, when the cumulative rate was 6.36%. However, the gap compared with last year has narrowed, and there has been a small improvement within 2026/27, with the cumulative rate reducing from 6.41% in May to 6.38% in July. This suggests that recent reductions in in-month sickness may be starting to feed through into the cumulative position, although the rate remains materially above target and will require sustained focus on attendance management, early intervention and wellbeing support to deliver further improvement.



Culture – Quarter 2, Progress to Date

To support oversight and provide a concise assessment of progress, the table below summarises the current position across organisational insight, team culture, staff experience, wellbeing and leadership capability.

During Q2, the emphasis has moved from initial design towards implementation, prioritisation and engagement. This includes early application of the Cultural Early Warning System, development of a more targeted Values-Based Teams approach, completion of the Leadership and Management Capability Assessment, progression of the Employee Wellbeing Service review and commencement of engagement on the refreshed People and Culture Plan. While delivery is progressing, most workstreams remain at an early implementation stage and measurable impact is not yet established.

KPI Area	RAG	Narrative
Culture & Organisational Insight (CEWS)	🟡	Initial capability established, with delivery risk emerging. A minimum viable CEWS dashboard and cultural heatmap have been developed and tested, providing the first integrated view of workforce, wellbeing and staff experience indicators. However, continued development has been impacted by the completion of the student placement that provided specialist analytical support. While a foundation is now in place, the current product remains focused primarily at Clinical Board level and does not yet provide the functionality, ownership model or local team-level insight originally envisaged. This highlights a capacity and capability risk which will need to be addressed to enable further development, sustainability and wider implementation.
Values-Based Teams (Team Functioning & Culture)	🟡	Implementation approach being refined and targeted. Values-Based Teams is being positioned as the local improvement response to CEWS and staff experience insight, supporting psychologically safe conversations, staff involvement and team-led improvement. Current work is focused on developing the approach and identifying priority areas for implementation. Further work is required to build delivery capacity, establish measures of success and ensure a consistent organisational approach.

Staff Experience & Engagement	□	Moving towards continuous insight, local action and wider engagement. Staff Survey findings continue to inform the development of CEWS and Values-Based Teams, with the intended shift from periodic organisation-wide measurement towards more continuous, locally actionable insight. Engagement on the refreshed People and Culture Plan 2026–2030 has commenced across leadership teams and stakeholder groups, providing an additional route to test whether the emerging priorities reflect workforce experience. Evidence of sustained improvement in staff experience is not yet available and will require clearer measures, local ownership and reporting of action and impact.
Wellbeing & Workforce Sustainability	□	Future model under development. Review of the Employee Wellbeing Service has progressed and options appraisal work is nearing completion. A proposed future model is currently being refined, with discussion scheduled through Senior Leadership Team governance arrangements during September. Until decisions are made regarding the preferred model and implementation approach, delivery remains in the design and planning phase. The focus remains on improving accessibility, timeliness and sustainability of support whilst maintaining appropriate specialist provision.
Leadership & Management Capability	□	Evidence base completed and implementation planning underway. The Leadership and Management Capability Assessment has been completed and provides a more systematic understanding of organisational capability requirements and priority gaps. Work is progressing to translate the findings into a prioritised implementation programme, including targeted manager development, a coordinated management training offer, clearer assurance and consideration of a management passport and rolling programme of leadership activity. The immediate focus is on strengthening core management capability and ensuring support is targeted according to organisational need and risk. Impact will need to be demonstrated through participation, application of learning and workforce and organisational outcomes, rather than attendance alone.

During Q2 there has been tangible progress in establishing the foundations required to support improvements in culture, leadership, wellbeing and staff experience. This includes completion of the Leadership and Management Capability Assessment, development of an initial CEWS dashboard and cultural heatmap, progression of Values-Based Teams, continued work on the Employee Wellbeing Service review and engagement on the refresh of the People and Culture Plan.

Whilst progress is evident, several workstreams remain at an early stage of implementation and there are recognised dependencies relating to organisational capacity, capability and resource. In particular, without additional analytical and

technical capacity, there is a risk that development of CEWS will stall before the intended local team-level functionality and benefits are realised.

The Amber rating therefore reflects positive progress against key milestones alongside recognised delivery risks and dependencies that must be addressed before measurable impact on workforce experience, leadership effectiveness, wellbeing and culture can be demonstrated.

Building Workforce Planning Expertise

The Independent Assessment Report identified workforce planning as a key priority for the Health Board and highlighted the need to strengthen workforce planning capability, demand and capacity modelling, workforce redesign and succession planning. The report recognised that delivery of an integrated approach to workforce, service and financial planning, alongside investment in workforce planning capability, is recognised as a critical enabler in supporting the Clinical Services Plan, organisational sustainability and future service transformation.

- **Building workforce planning capability** – There has been an increase in Managers/Leaders having completed the HEIW Introduction to Strategic Workforce Planning Online training module. This training continues to be promoted as a foundation level learning of the strategic workforce planning framework across Wales. Completion of this training is a pre-requisite for leadership and management programmes. It is a people priority as part of the 2026/27 annual plan, and compliance is monitored every quarter as part of the Integrated Performance Report. Facilitation training was provided in June for all Senior People & Culture Business Partners, who will be instrumental in delivering management improvement in workforce planning capability and understanding.
- **26/27 Workforce Plan** - A further detailed review and refresh is being undertaken to reflect actions agreed as part of the turnaround measures, impact of a vacancy hold from 1st August 2026 to 31st March 2027, forecast impact of planned service changes and developments, for example bed reduction and winter plans and increased student nurse graduate numbers following the Welsh Government Graduate Summit in June 2026. This is to provide assurance that the workforce is not growing outside the areas that have been agreed.
- **Registered Nurse Supply and Demand Modelling** tool and dashboard is being developed by HEIW, the UHB are fully engaged in this work. This modelling will be invaluable in planning our future nursing workforce supply and demand and education commissioning requirements for the future.
- **South-East Wales Regional Orthopaedic (Arthroplasty) plan** has been approved by the three Health Board and which include workforce plans based on demand and capacity modelling. These plans are being submitted to Welsh Government, with anticipated decision in September 2026 and are aligned with the submission of the Llantrisant Health Park Plans.
- **Demand and Capacity modelling** - Planning our workforce will be key in delivering the Demand and Capacity Programme which commenced in August 2026. There is a clear aim of this programme to deliver integrated service, workforce and financial plans, which will feed into the 2027/2028 Annual Planning process and beyond.
- **Data Accuracy** - The People Analytics and Finance team are reviewing, where staff budgets have been agreed, to ensure that the budget values recorded in positions in ESR match those in the Finance General Ledger (FGL). An app solution is being created by the Digital team to replace the existing establishment amendment request form to provide a more streamlined and accurate process for updating and maintaining the ESR establishment once aligned with the FGL. This work will be essential for baseline workforce planning data and also to prepare for the implementation of the NHS Wales People Portal, which will replace the current ESR system.

- An **Annual Planning Development Group** (APDG) has been established led by the Executive Strategy of Planning & Strategy to provide structure and governance around our annual/IMTP planning approach.

Voluntary Early Release Update

Financial implications for 3 applications approved in 2026/27:

Category	Amount (£)
Total compensatory Payment costs (to individual)	£108,151
Total Compensatory Payment including 15% on costs	£124,606
(Benefit)/Pressure in 26/27	£32,392
Recurrent Saving from 26/27 onwards	-£151,080

Financial implications for all the applications approved in 2025/26 and 2026/27 (26 in total):

Category	Amount (£)
Total compensatory Payment costs (to individual)	£859,147
Total Compensatory Payment including 15% on costs	£927,050
Recurrent Saving from 26/27 onwards	-£1,211,060

Section 3 –Suspensions/Exclusions

The UHB currently has **13** staff suspended (All Wales Disciplinary Policy) or excluded from work (Upholding Professional Standards in Wales (UPSW) Procedure) as a result of allegations that may amount to gross misconduct. The table below provides a breakdown of the current cases, including the duration of each suspension or exclusion and the status of the associated internal process.

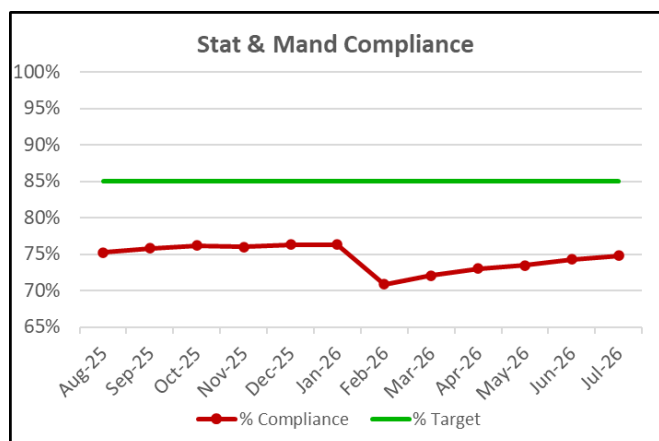
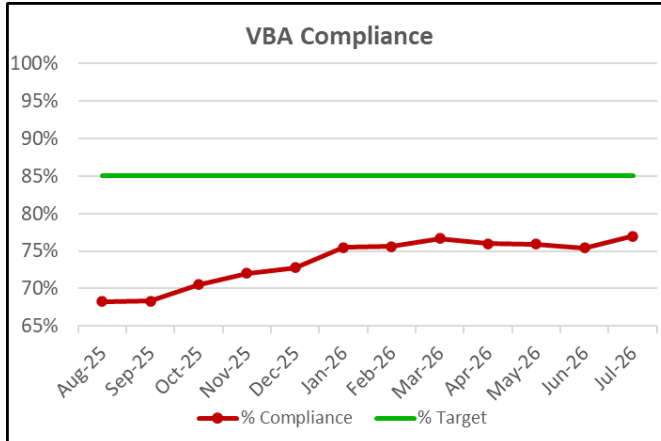
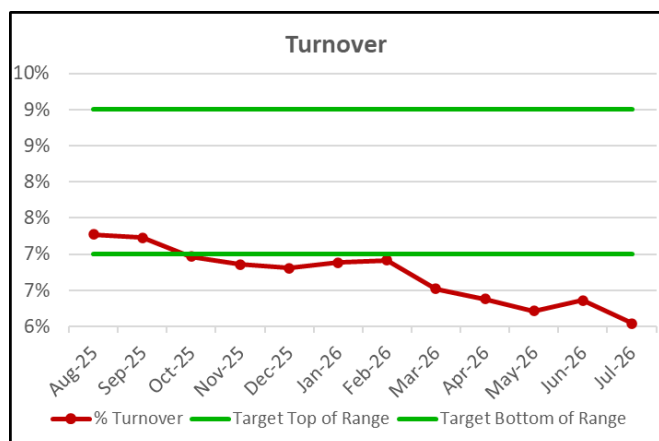
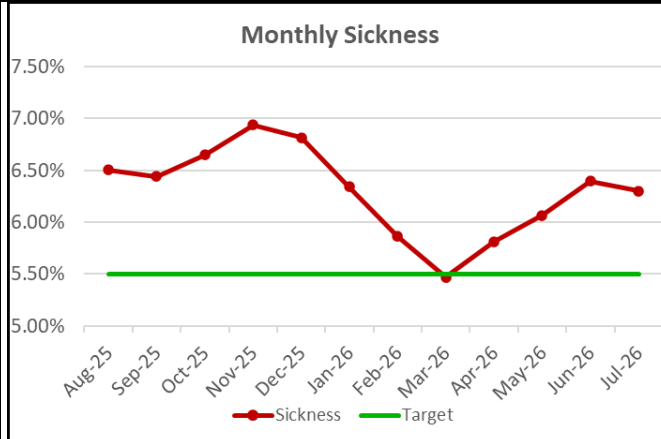
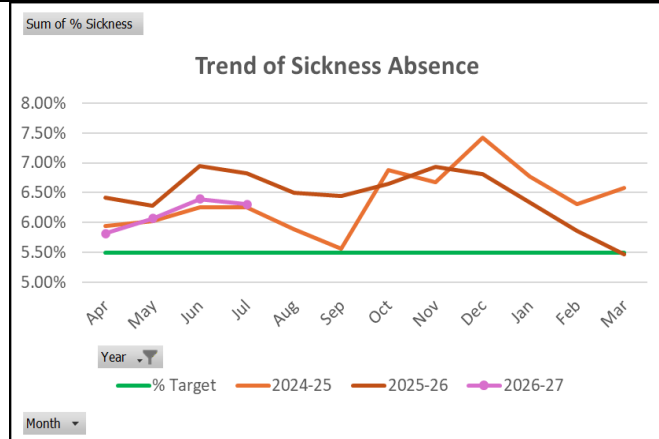
Duration of Suspension/Exclusion	No. of Staff	Current Position / Progress
< 4 Months	3	Of the three cases: • One individual is being formally investigated in accordance with the UPSW Procedure, which remains ongoing. • In the other two cases, internal processes are currently on hold due to ongoing criminal investigations.
> 4 months	4	Of the four cases: • Three cases remain on hold due to ongoing criminal investigations. • In the fourth case, although the internal process was initially placed on hold due to a criminal investigation, it has now progressed, and the individual is being formally investigated in

		accordance with the All-Wales Disciplinary, which is nearing completion.
>6 Months	4	Of the four cases: • Three cases were initially placed on hold due to ongoing criminal investigations; however, the internal processes have since commenced. One individual is being formally investigated in accordance with the UPSW Procedure, which remains ongoing. Of the other two cases, one is being investigated under the All-Wales Disciplinary Policy and remains ongoing, while the other investigation has concluded and is progressing to a formal disciplinary hearing in accordance with the All-Wales Disciplinary Policy. • The remaining case has been formally investigated in accordance with the UPSW Procedure. The investigation has concluded and is progressing to an Inquiry Panel under the UPSW Procedure.
>12 Months	2	Of the two cases: • One case was initially placed on hold due to an ongoing criminal investigation; however, the internal process has since commenced, and the individual is now being formally investigated in accordance with the UPSW Procedure, which remains ongoing. • The second case remains on hold due to an ongoing criminal investigation.

Of the 13 cases, six are subject to external criminal investigations and, consequently, the internal processes have been placed on hold. In these circumstances, the UHB is unable to determine definitive timescales for completion, as progress is dependent on external agencies. Of the remaining seven cases progressing through internal processes, three have concluded, and four remain ongoing. Appropriate oversight is in place for all ongoing cases, with regular reviews to ensure progress is maintained, and unnecessary delays are avoided. All cases continue to be reviewed regularly to ensure that suspension or exclusion remains appropriate, proportionate, and in line with the circumstances of the case.

Section 4 – Clinical Board Update

The Clinical Board Spotlight for this month is being presented by **Surgery Clinical Board**. Below are the high level KPIs to support the discussion.



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

This report provides the People and Culture Committee with a balanced level of assurance on the Health Board's workforce performance, delivery against the 2026/27 People and Culture priorities, and the actions being taken to manage workforce risks. There is evidence that key workforce issues are visible through established governance routes and that strengthened controls are being applied in areas such as vacancy scrutiny, temporary staffing, workforce growth, attendance management, job planning, appraisal and statutory and mandatory training compliance.

The Committee can take positive assurance from the reduction in WTE staff in post against the no-growth planning parameter, the implementation of enhanced workforce control measures, the improvement seen in job planning compared with the 2025 baseline, year-on-year improvement in Values-Based Appraisal compliance, recovery in statutory and mandatory training following the February reduction, improving Fire Safety compliance, the development of early cultural insight through CEWS, progress in strengthening workforce planning capability, and active oversight of suspension and exclusion cases.

However, the overall assurance position remains limited in a number of important areas. Bank expenditure is materially above the trajectory required to deliver the >10% reduction target, agency expenditure remains above the cumulative profile despite an improved July position, and total pay bill costs remain significantly higher than the equivalent period in 2025/26. Sickness absence remains above the Health Board target on both an in-month and cumulative basis, and job planning, appraisal and statutory and mandatory training compliance all remain below their respective targets.

The report also highlights a number of delivery risks and dependencies which require continued Committee oversight. These include the need to sustain grip on roster management, sickness, vacancies and additional capacity drivers; the capacity and analytical dependency associated with further development of CEWS; the need to translate culture, leadership and wellbeing workstreams into measurable impact; the requirement to maintain pace on workforce planning, demand and capacity modelling and ESR/FGL establishment alignment; and the impact of external criminal investigations on the timely conclusion of some suspension and exclusion cases.

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

Recommendations:

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 where relevant – *Click each item for further information.*

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

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	☐	Involvement
------------	--------------------------	-----------	---	-------------	---	---------------	--------------------------	-------------

Quality Impact Assessment Completed?

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

Yes		No		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.
Impact Assessment				
Please place an "x" in the below boxes where relevant				
Risk: Yes/ No (delete as appropriate)				
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				
<i>Direct implications through wellbeing, leadership development, workforce planning and OD.</i>				
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 - <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>				
Equality & Health: Yes/ No <i>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)</i>				
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 list all other Committees/Groups this report has been to)				
Name of Committee/Group/Exec			Date:	

Report Title:	Improving Attendance and Wellbeing		Agenda Item no.	2.4
Meeting:		Public	Meeting Date:	
		Private		
Status (please tick one only):	Assurance		Approval	
			Information	
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	Assistant Director of People & Culture			

Main Report

Background and current situation:

Sickness absence remains one of the most significant workforce risks facing the UHB. The UHB has set a sickness absence target of <5.5% for 2026-27, with measures being put in place to support the achievement of this goal. The 12-month cumulative sickness absence rate remains above the UHB target and in July 2026 was reported as 6.38%. Some in-month rates have shown improvement, particularly in specific Clinical Boards and hotspot areas (outlined in this paper below). However, this has not yet translated into sustained improvement in the 12 month cumulative position.

The UHB has taken a multi-disciplinary approach to improving wellbeing and attendance, bringing together People Services, Occupational Health, Wellbeing, Organisational Development and Culture, operational leaders and Clinical Board teams. The People and Culture Team have implemented an intensive programme of attendance management support across all Clinical Boards. Monthly action log meetings involving relevant Senior Business Partners, alongside case management assurance meetings, have been established to ensure that improvement activity is aligned to both operational priorities and the wider People and Culture strategic agenda.

Hotspot areas are identified using available absence data and intelligence from the Clinical Board Teams with the People and Culture Senior Business Partners. These areas are then prioritised for targeted support and intervention. The strongest evidence of positive impact has been seen in reductions in overall sickness absence, short-term sickness absence and stress and anxiety-related absence where interventions such as sickness workshops, hotspot reviews, attendance audits, Top 10 short-term sickness reviews, management coaching, targeted Managing Attendance at Work training and enhanced case management oversight have been implemented.

Sickness absence rates across Cardiff and Vale UHB since April 2026:

Sum of % Sickness								
Clinical Board	2026 / 01	2026 / 02	2026 / 03	2026 / 04	2026 / 05	2026 / 06	2026 / 07	Grand Total
All Wales Genomics Service	4.63%	5.21%	5.17%	5.48%	5.65%	5.45%	6.11%	5.08%
Capital, Estates & Facilities	8.93%	7.89%	6.93%	6.64%	6.97%	7.43%	7.58%	8.27%
Children & Women	6.71%	6.20%	5.72%	5.88%	6.09%	5.56%	5.57%	6.31%
Clinical Diagnostics & Therapeutics	5.05%	4.21%	3.95%	3.70%	3.71%	3.91%	3.85%	4.60%
Corporate Executives	4.20%	4.20%	3.81%	3.34%	3.75%	4.17%	4.03%	4.18%
Medicine	6.84%	6.38%	6.66%	6.65%	6.55%	6.56%	6.59%	6.58%
Mental Health	7.19%	7.16%	7.76%	7.32%	6.99%	7.32%	7.23%	7.39%
Primary, Community Intermediate Care	8.56%	8.98%	7.50%	7.53%	6.81%	8.00%	7.52%	8.04%
Specialist Services	7.70%	7.14%	6.65%	6.40%	6.42%	6.83%	7.01%	7.11%
Surgical Services	6.34%	5.86%	5.47%	5.82%	6.07%	6.40%	6.30%	6.30%
Grand Total	6.68%	6.24%	5.89%	5.80%	5.84%	6.08%	6.06%	6.38%

Nationally, sickness absence across NHS Wales remains high. Official Welsh Government statistics for the quarter ending 31 March 2026 report an average NHS Wales sickness absence rate of 6.5%, with Anxiety, Stress, Depression and Other Psychiatric Illnesses identified as the leading cause of sickness absence across all NHS Wales organisations. The Cardiff and Vale UHB position therefore reflects wider NHS Wales workforce pressures, but local improvement remains essential to support

workforce availability, service resilience, staff wellbeing, quality, productivity and financial sustainability.

Within Cardiff and Vale UHB, Anxiety, Stress, Depression and Other Psychiatric Illnesses continues to account for around one third of all sickness absence. This is seen across both front-line and corporate areas. The second highest reason for absence is Cold, Cough and Influenza. Back problems and other musculoskeletal problems are also identified as key absence reasons.

Long-term absence (absence of more than 28 days) accounts for approximately two thirds of the overall absence. This means that improvements depend on proactive case management, timely Occupational Health input, effective reasonable adjustments, phased return planning, redeployment consideration where appropriate and clear decision-making in line with the Managing Attendance at Work policy.

Short-term absence accounts for approximately one third of all absence. Short term absence creates immediate service disruption and can increase pressure on colleagues. Consistent completion of return-to-work conversations, application of triggers, supportive conversations and early identification of repeat patterns are therefore critical.

Data quality remains a key enabler of effective absence management. Work continues to ensure that absence is accurately recorded on ESR and HealthRoster, including specific work to improve the recording of absence for medical staff. Accurate and timely recording is essential to enable meaningful hotspot identification, appropriate Clinical Board challenge and reliable monitoring of intervention impact.

A review of attendance management activity across Clinical Boards identified recurring themes during attendance audits, sickness workshops, hotspot reviews and management discussions have informed the focus of People and Culture interventions.

- **Delayed intervention:** Attendance concerns were not always addressed at the earliest opportunity. In several areas, attendance triggers had been met but informal discussions, attendance reviews or management interventions had not been undertaken promptly.
- **Inconsistent application of management discretion:** Audits and case reviews identified variation in how discretion was being used and recorded, particularly where underlying health conditions or complex personal circumstances existed.
- **Documentation and record keeping:** Common issues included incomplete Return to Work forms, missing self-certification documentation, absence records not aligning with supporting paperwork, missing signatures and limited recording of management decisions.
- **Return to Work compliance:** Opportunities to explore attendance patterns, provide support and identify underlying issues were not always being fully utilised through the Return to Work process.
- **Confidence in managing complex cases:** Managers are committed to supporting staff but there may be less confident when managing attendance concerns involving disabilities, long-term health conditions, mental health concerns, cancer diagnoses or complex Occupational Health advice.
- **Variable management capability and policy compliance:** Services with the strongest attendance outcomes typically demonstrated consistent application of the Managing Attendance at Work Policy.

Internal analysis and leadership discussions indicate that sickness absence is not simply an attendance management issue. It reflects a broader workforce health and wellbeing challenge shaped by operational pressures, workload intensity, staff shortages, organisational change, psychological safety, leadership behaviours and the extent to which staff experience autonomy, belonging and contribution at work.

Improving wellbeing and attendance sits alongside management and leadership development and building manager capability and accountability. This reinforces that sustainable improvement in sickness absence requires confident managers, consistent policy application, preventative wellbeing support and workforce planning capability, rather than reliance on case management alone.

Within Cardiff and Vale UHB, Long term sickness absence attributes to approximately 69% of all absence and 31% is attributed to short term sickness. The top reason for absence in Anxiety, Stress, Depression and Other Psychiatric Illnesses. Contributing factors may include increased workloads, operational pressures, staffing shortages, and the ongoing impact of organisational change. Recent engagement surveys and focus groups indicate that many staff members feel overwhelmed due to workload intensity, insufficient breaks, and a lack of perceived support. High rates of stress-related absence have contributed to increased pressure on remaining staff, potentially creating a cycle of further stress and burnout.

The table below shows the monthly sickness rates attributed to S10 Anxiety, Stress, Depression and Other Psychiatric Illnesses by Clinical Board.

Sum of % Sickness								
Clinical Board	2026 / 01	2026 / 02	2026 / 03	2026 / 04	2026 / 05	2026 / 06	2026 / 07	Grand Total
All Wales Genomics Service	2.02%	2.84%	2.69%	2.35%	3.11%	2.90%	3.04%	2.26%
Capital, Estates & Facilities	2.67%	2.48%	2.73%	2.87%	2.30%	2.09%	2.03%	2.67%
Children & Women	2.76%	2.68%	2.44%	2.59%	2.65%	2.27%	2.28%	2.61%
Clinical Diagnostics & Therapeutics	1.52%	1.30%	1.27%	1.00%	1.18%	1.39%	1.24%	1.47%
Corporate Executives	1.60%	1.39%	1.37%	1.25%	1.31%	1.02%	1.19%	1.53%
Medicine	2.16%	2.07%	2.18%	2.43%	2.29%	2.35%	1.88%	2.19%
Mental Health	3.20%	3.51%	3.38%	3.37%	3.06%	3.32%	3.42%	3.40%
Primary, Community Intermediate Care	3.48%	3.74%	2.99%	3.27%	3.11%	3.23%	3.41%	3.29%
Specialist Services	2.48%	2.46%	2.44%	2.27%	2.31%	2.41%	2.50%	2.58%
Surgical Services	1.85%	1.99%	1.74%	2.25%	2.32%	2.39%	2.06%	2.06%
Grand Total	2.32%	2.31%	2.21%	2.27%	2.25%	2.25%	2.18%	2.34%

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

Actions Being Taken by the UHB to Improve Attendance and Wellbeing

The UHB has adopted a coordinated and multi-disciplinary response to improving attendance and wellbeing. This brings together People Services, Occupational Health, Wellbeing, Organisational Development and Culture, Clinical Board leadership teams, operational managers and staff-side partners. The approach recognises that improvement requires both system-wide action and targeted local interventions.

- **Sickness panels** are taking place within the Clinical Boards where appropriate. Panels focus on hotspot areas, complex cases, repeat absence, long-term absence and high-impact absence reasons. Terms of Reference and a standardised agenda have been developed to support consistency, and panels are chaired by senior Clinical Board members to strengthen ownership and accountability. Clinical Boards are expected to identify local hotspots, understand the drivers and agree tailored actions with People Services support.
- **Managing Attendance at Work training** - Refreshed training has been revised and relaunched, with two sessions available per month available (200 attendees per month). In hotspot areas, line managers have received additional training to recognise the signs of stress and to support staff appropriately, including guidance on reasonable adjustments and confidential conversations.
- **Enhanced Occupational Health input:** Emphasis has been placed on timely referrals, quality referrals, occupational health advice, phased return planning and adjustments. The UHB has expanded access to occupational health services, including fast-track referrals for staff experiencing stress and anxiety, and access to counselling and mental health support.
- **Wellbeing interventions:** Mindfulness, resilience support, self-care resources, stress management interventions and local wellbeing initiatives are being promoted alongside formal absence management.

- **Flu vaccination and respiratory illness prevention:** Planning continues for staff vaccination delivery with an ambition to reach 75% of staff vaccinated.
- **Improved data and dashboards:** Work is underway to strengthen the ability to interrogate absence by Clinical Board, Directorate, department, role, staff group and absence reason.
- **Executive Review oversight:** Sickness absence is reviewed through monthly Executive Reviews using a standardised data set, ensuring Clinical Board performance, action plans and intervention impact are subject to regular executive scrutiny.
- **Flexible Working:** Flexible working arrangements have been promoted and, where possible, implemented to help staff manage work-life balance and reduce stressors.
- **People Services Team identifying cases of stress and anxiety** across the UHB and working closely with line managers to ensure appropriate support is offered. This initiative ensures staff are aware of and can easily access the support they need at an early stage.

Evidence of What Is Working

Targeted, manager-led and People Services-supported interventions are more effective. Areas showing improvement have generally had a combination of clear local ownership, prompt review of absence data, active case progression, supportive early contact with staff, Occupational Health input and practical manager support. The most promising examples are where teams have moved away from waiting for absence to become prolonged and have instead held early, supportive conversations to explore adjustments, return-to-work options and underlying workplace issues.

Mental Health Clinical Board – Meadow Ward

Meadow Ward was identified as a hotspot area due to high sickness levels and became part of the Mental Health attendance improvement programme. Monthly sickness workshops were introduced to review all attendance cases, strengthen case management and provide management coaching on the application of the Managing Attendance at Work Policy. Structured and regular management engagement through workshops enabled earlier intervention, more effective case review, increased compliance with attendance management processes and better management of existing absence cases. The sickness absence rates have improved significantly as demonstrated below:

Month	Absence rate
April 2026	15.55%
May 2026	8.47%
June 2026	5.18%
July 2026	3.91%

Capital, Estates and Facilities – Stress and Anxiety Reduction

Stress and anxiety was identified as a significant driver of sickness absence within Capital, Estates and Facilities and became a priority area for intervention. Monthly reviews were introduced to understand whether absences were work-related or personal and to identify opportunities for earlier support. Stress and anxiety absence within Capital, Estates and Facilities reduced from 2.87% in April 2026 to 1.99% in July 2026. A review of absence identified nine long term sickness cases: four recorded as personal stress, two as solely work-related stress and three as involving both personal and work-related factors. Work-related cases commonly referenced disciplinary or investigation processes, perceived unfair treatment and operational challenges. Interventions included monthly stress reviews, monitoring of Stress Risk Assessment completion, Occupational Health signposting and targeted management support.

Capital, Estates and Facilities – UHW Housekeeping

Housekeeping was identified as one of the highest absence areas within Capital, Estates and Facilities and received extensive People Services support through attendance panels and targeted intervention activity. These interventions have resulted in a reduction of over 10% from peak levels. The sustained reduction demonstrates the positive impact of combining monthly attendance reviews, structured management discussions, Sickness Panels, audit activity, bespoke management training and ongoing attendance coaching within an operational service experiencing persistent attendance challenges.

Month	Absence rate
December 2025	16.84%
April 2026	10.30%
July 2026	6.11%

Mental Health Clinical Board – Reduction in Short-Term Sickness

Although long-term sickness remains a significant challenge within Mental Health, there is evidence of sustained improvement in short-term sickness management following the introduction of attendance improvement initiatives. People Services interventions included monthly Top 10 short-term sickness reviews, monitoring of progression through policy stages, advice and support to managers, hotspot workshops, detailed review of attendance cases, management coaching and targeted MAAW training. The reduction suggests improved management confidence, earlier intervention, better application of the MAAW Policy and improved monitoring of attendance triggers.

Period	Short-term sickness rate
2024/25	2.15%
2025/26	1.99%
2026/27 YTD	1.85%

Clinical Diagnostics and Therapeutics provide a useful example of an intelligence-led approach. Although the Clinical Board has historically maintained lower absence rates overall, it has still used sickness panels to focus on specific hotspot services. Early learning indicates improved visibility of complex cases, better manager preparedness, greater shared accountability and positive cultural signs where teams have proactively requested panel support. They have also developed additional support documentation for managers to support with difficult conversations. This is being shared with other Clinical Boards.

Some in-month improvements are encouraging, but the cumulative rate remains above target and may rise again without continued grip. The largest absence category maybe linked to wider organisational pressures and will not be resolved through policy application alone.

Outcomes remain highly dependent on manager confidence, training, timely conversations and consistent application of the Managing Attendance at Work policy.

Future Focus and Next Steps

1. Upscale successful hotspot interventions: Learning from areas and sharing widely across Clinical Boards.
2. Increase Managing Attendance at Work training compliance: Priority should be given to managers in hotspot services and areas with high long-term or repeat short-term absence.

3. Improve long-term absence case progression: People Services, Occupational Health and managers should focus on timely reviews, adjustments, phased returns, redeployment and formal decision-making where appropriate.
4. Prepare winter resilience actions: Flu vaccination, respiratory illness prevention, infection prevention messages and support for staff access should remain a core seasonal priority.
5. Continue development of workforce population health insight: The UHB should use workforce profile, geographical and deprivation analysis to support prevention and equitable access to wellbeing support.
6. Improving medical staff absence recording, cross referencing with other data such as requests for Bank and Agency.

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.

1.	 Putting People First Click the objective above to view more detail.	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	
------------	--	-----------	--	-------------	--	---------------	--	-------------	--

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)		No – (Please provide reasoning, e.g. not required)		Comment here
---	--	--	--	--------------

Impact Assessment:

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

Risk: 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)

Safety: Yes/No

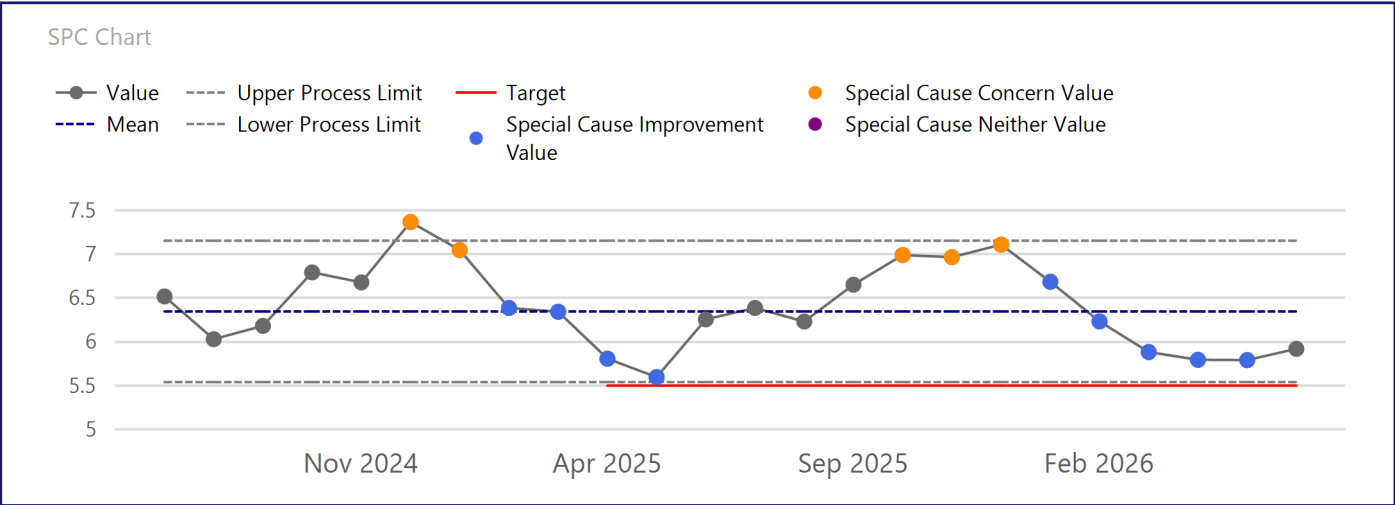
Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)

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	
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: Yes/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: Yes/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: 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	
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.	
(If this has been addressed in the main body of the report, please confirm)	
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)	
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: Yes/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: Yes/No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	6.5181				Executive Director of People and Culture



Narrative

The 12-month cumulative rate for June 2026 (6.39%) has decreased slightly since May 2026 but remains broadly the same over the last 12 months.

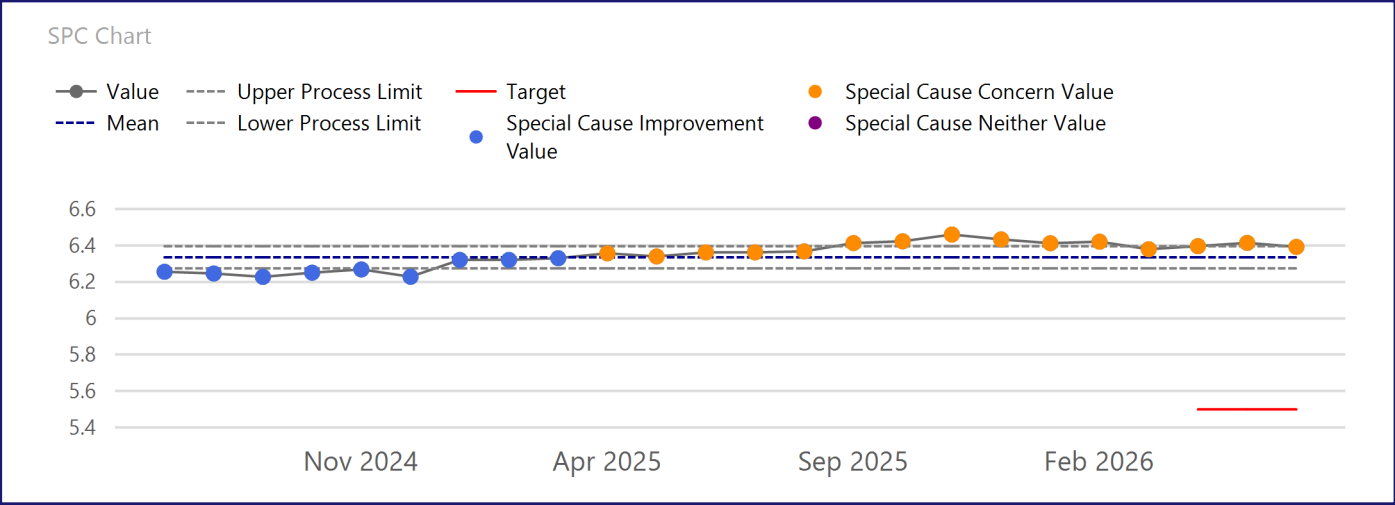
Actions and Owners

- Targeted, data-driven interventions at Clinical Board level
- Strengthening attendance management processes and enhancing management capability
- Promoting staff wellbeing and sustainable attendance

Concerns

Over the past 18 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a rate of 36.67% (June 2026).

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	6.2554				Executive Director of People and Culture



Narrative

The 12-month cumulative rate for June 2026 (6.39%) has decreased slightly since May 2026 but remains broadly the same over the last 12 months.

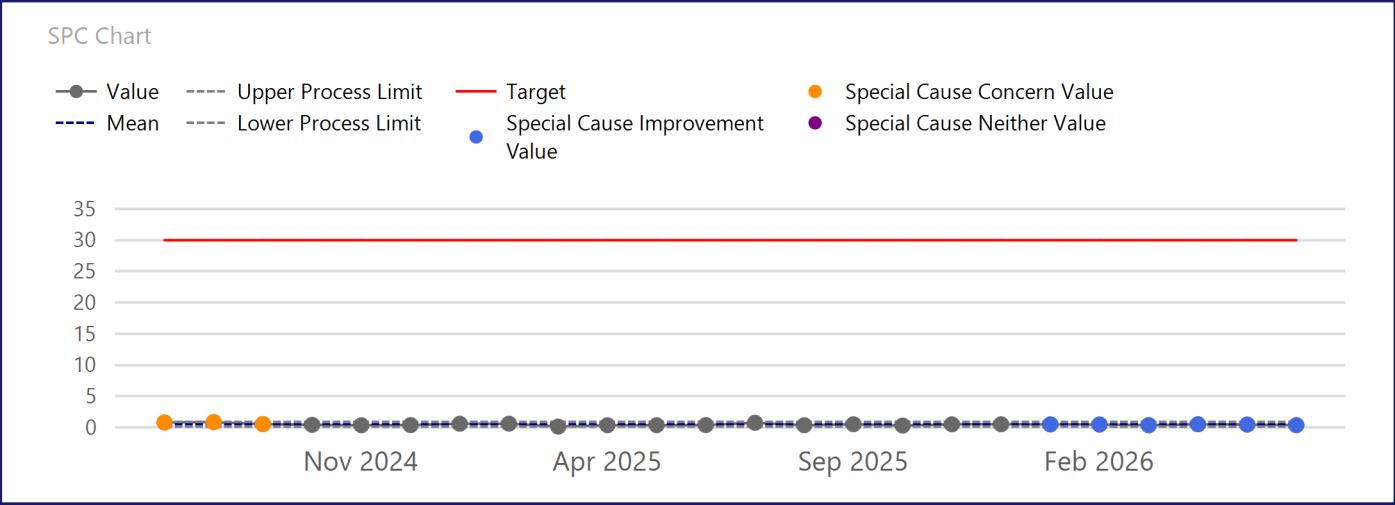
Actions and Owners

- Targeted, data-driven interventions at Clinical Board level
- Strengthening attendance management processes and enhancing management capability
- Promoting staff wellbeing and sustainable attendance

Concerns

Over the past 18 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a rate of 36.67% (June 2026).

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0.821	30			Executive Director of People and Culture



Narrative

The SPC chart shows agency spend as a percentage of the total pay bill over time. The latest reported position for June 2026 is 0.0, indicating a favourable position and demonstrating improvement, with the chart identifying the variation as “Improvement – Low”. This suggests that agency expenditure has reduced to a level that is currently having a minimal impact on the overall pay bill.

Agency expenditure is monitored monthly by the People & Culture team, WG has set a target of a 30% reduction based on 25/26 outturn which equates to £1.7m. Over the last 3 months agency expenditure has reduced for the non-medical workforce.

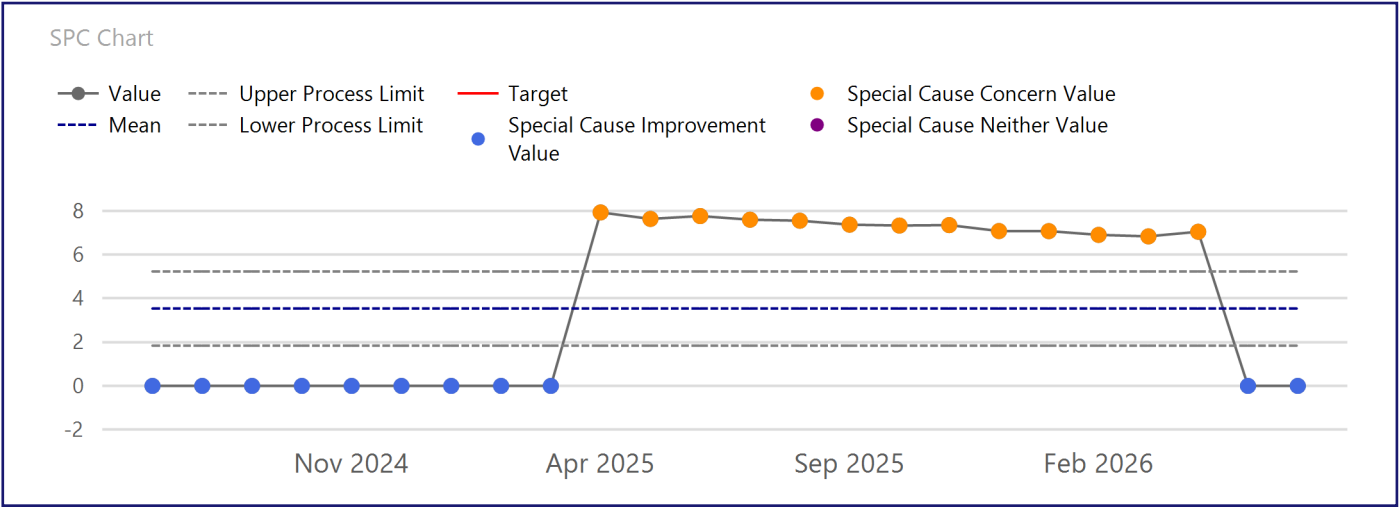
Actions and Owners

Clinical Boards should continue to reduce agency expenditure in line with the Welsh Government target, with focused action on areas where spend remains above the expected trajectory. Executive Performance Reviews and turnaround meetings should maintain oversight of high-spend areas, ensuring clear recovery plans are in place. Further validation of the June 2026 data should be completed to confirm the reported improvement, including review of coding, accruals and any delayed agency invoices. Once validated, target assurance should be updated to provide a clear view of whether performance is reliably achieving the required standard.

Concerns

While the latest position appears positive, continued scrutiny is required to ensure this improvement is sustained and not the result of timing, reporting, coding, or data-quality issues. Clinical Boards with agency expenditure above the required reduction trajectory remain a concern and should continue to be monitored through Executive Performance Reviews and internal turnaround arrangements

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0				Executive Director of People and Culture



Narrative

The SPC chart indicates that the turnover rate for nursing, midwifery, medical and dental registered staff leaving NHS Wales remains below the 7–9% target range, with the latest reported value for June 2026 at 0.0. The chart is showing improvement/low variation, suggesting that the metric is not currently demonstrating adverse movement; however, the very low reported position may need to be interpreted with caution due to known data quality limitations in recording future employment destination on termination forms.

Actions and Owners

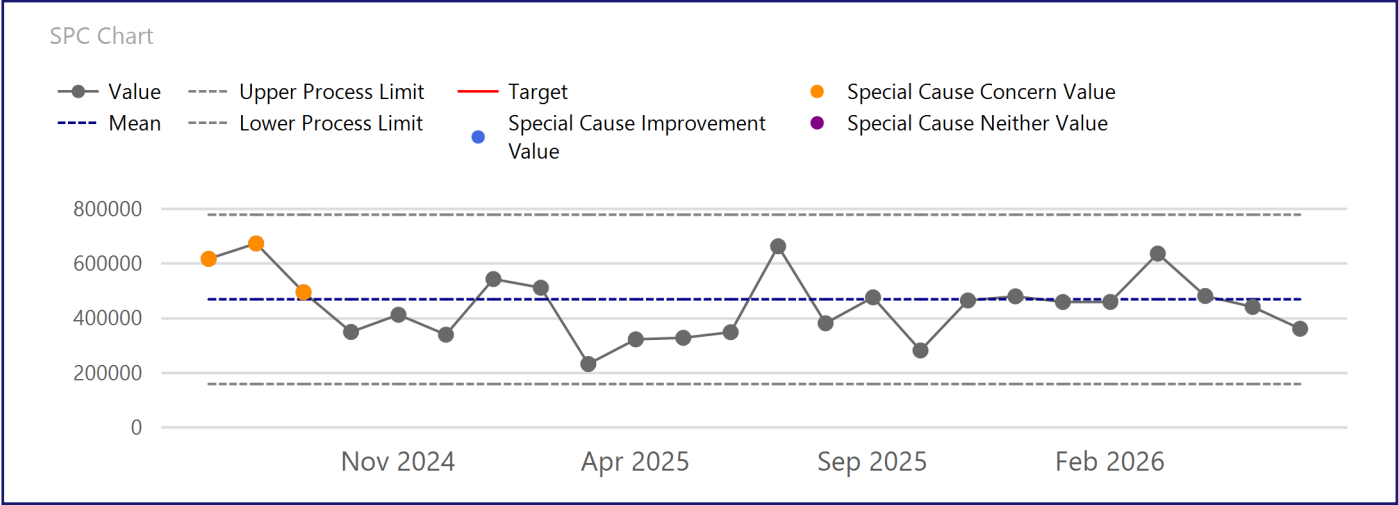
- Reinforce to managers the importance of accurately completing termination forms/SMA, particularly the future employment destination field.
- Strengthen communication with managers and People & Culture Business Partners to improve compliance and consistency of recording.
- Review data completeness on a monthly basis to identify areas where termination forms are incomplete or inconsistently recorded.
- Use improved leaver destination data to support retention analysis and identify any emerging workforce risks or themes.

Owner: Workforce Information Team/People Analytics Team

Concerns

- The turnover rate is currently below the expected 7–9% target range, although this may not fully reflect the true position due to incomplete capture of staff destination data.
- There is a data quality concern: the organisation does not have an accurate picture of leavers’ future employment because this relies on managers completing the relevant section of the termination form/SMA.
- This limits the ability to understand whether staff are leaving for other NHS Wales organisations, non-NHS employment, retirement, career progression, or other reasons.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	617685.5				Executive Director of People and Culture



Narrative

Agency expenditure is monitored monthly by the People & Culture team, WG has set a target of a 30% reduction based on 25/26 outturn which equates to £1.7m. Over the last 3 months agency expenditure has reduced for the non-medical workforce.

Medical Agency
Agency spend across medical and dental services totals £2,236,354 over the 12-month period (not including in the graph). The agency-only process is currently showing common-cause variation with no monthly point breaching the calculated 3-sigma control limits. The latest month (Jun-26) should therefore be interpreted as part of a stable but high-cost agency process rather than a single exceptional outlier.

The key issue is the continued use of agency as a premium-cost staffing route. The largest agency drivers are Vacant Post, Sickness - Long Term, Extra Capacity. These categories should be treated as the primary opportunities for grip and substitution away from agency where clinically safe.

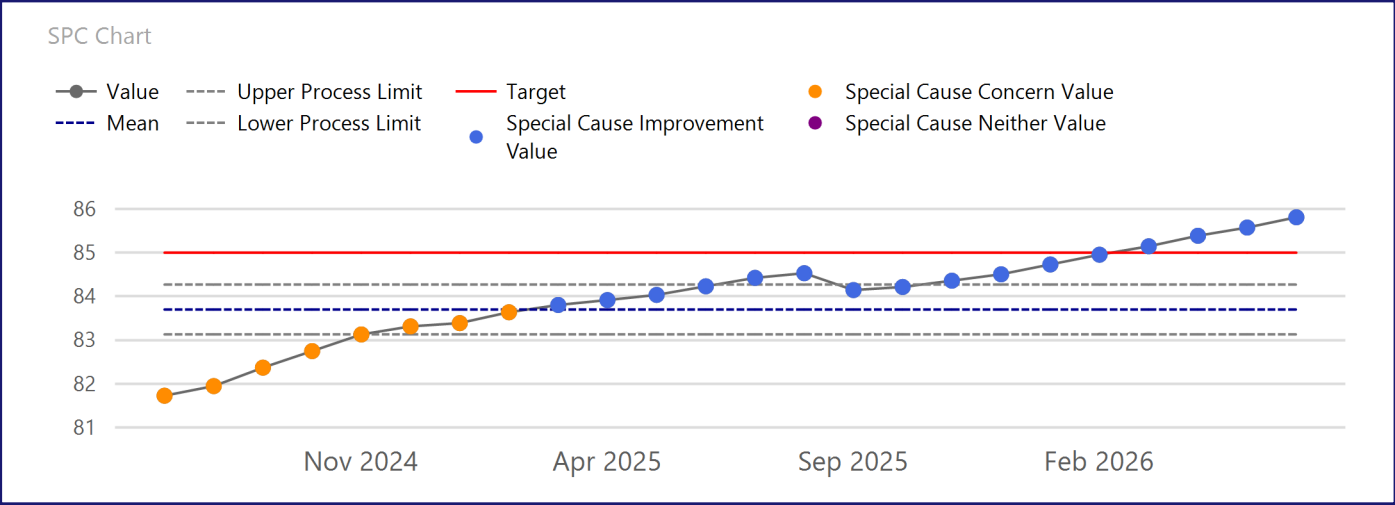
Actions and Owners

Clinical Boards need to continue to reduce agency expenditure in accordance with the WG target set.

Concerns

Clinical Boards whose agency expenditure is above the 30% reduction target set are monitored through Executive Performance Reviews and internal turnaround meetings.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.7303	85			Executive Director of People and Culture



Narrative

Disability data completeness continues to show sustained improvement, increasing from 84.4% to 85.8% over the reporting period and exceeding the organisational target of 85%. The SPC chart demonstrates a consistent upward trend, suggesting that interventions such as ESR prompts, onboarding processes and staff engagement are having a positive impact. Improved data completeness provides greater confidence in workforce equality reporting and workforce planning.

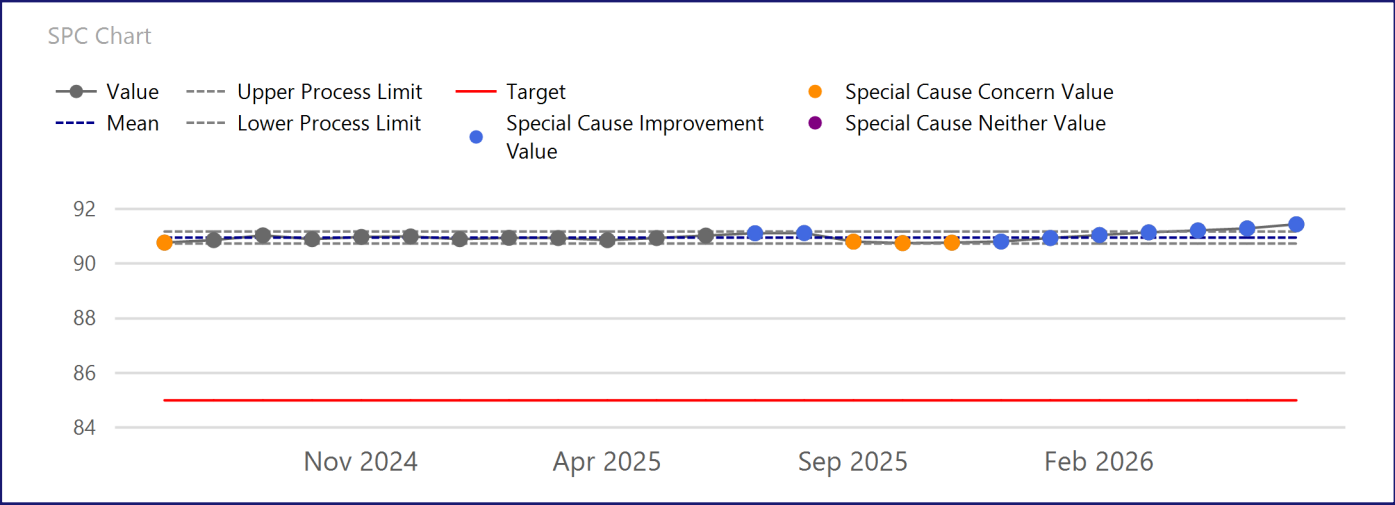
Actions and Owners

- Embed equality monitoring discussions into routine staff conversations, appraisals and onboarding processes.
Owner: Clinical & Service Board Leads / Line Managers
- Monitor compliance at service level and target support to low-performing areas.
Owner: Equality & Inclusion Team
- Continue communications to improve understanding of how disability data is used to support staff and reasonable adjustments.
Owner: Equality & Inclusion Team

Concerns

Whilst performance is above target, approximately 14% of staff have not disclosed disability status. As disability remains a sensitive disclosure area, there is a risk that improvement may plateau without further targeted engagement. Incomplete data may also limit the accuracy of Workforce Equality Standard reporting and understanding of staff experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	90.7696	85			Executive Director of People and Culture



Narrative

Ethnicity data completeness remains strong, increasing slightly from 91.1% to 91.4% (+0.3 percentage points) and continuing to exceed the organisational target of 85%. The SPC chart demonstrates a stable and consistently high level of performance, indicating that ethnicity data collection is well embedded within ESR processes and understood by staff. High levels of data completeness provide a strong foundation for workforce planning and Workforce Race Equality Standard (WRES) reporting.

However, whilst data completeness is strong, the WRES 2025 report highlights that inequalities remain evident in some workforce outcomes, particularly at senior management levels. As the Welsh language skills target is achieved, focus will shift towards further improving the completeness of equality monitoring data across all protected characteristics to strengthen the reliability of workforce equality reporting.

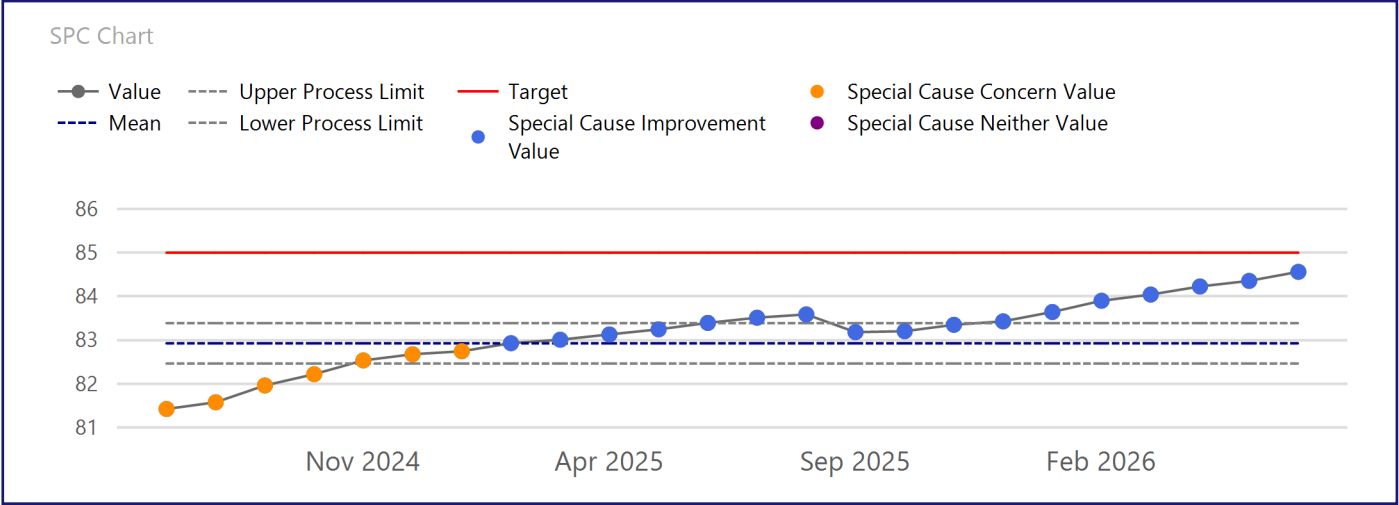
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue targeted communications to reinforce the purpose and value of ethnicity data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Performance has plateaued, with approximately 9% of staff not declaring ethnicity. This may indicate that existing approaches have reached the limits of their effectiveness, and pockets of lower completion may be masked within organisational-level reporting. Incomplete data may reduce the accuracy of future WRES reporting and limit understanding of workforce representation and experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.4267	85			Executive Director of People and Culture



Narrative

Religion data completeness has improved from 83.5% to 84.6% (+1.0 percentage point), demonstrating a sustained upward trend over the reporting period and nearing the organisational target of 85%. The SPC chart indicates consistent improvement, suggesting that existing interventions and staff engagement activities are having a positive impact on data completeness. Improved data quality strengthens the reliability of workforce equality reporting and supports a better understanding of workforce demographics. As the Welsh language skills target is achieved, focus will shift towards further improving equality monitoring data across all protected characteristics to enhance the quality of Workforce Equality Standard reporting and workforce planning.

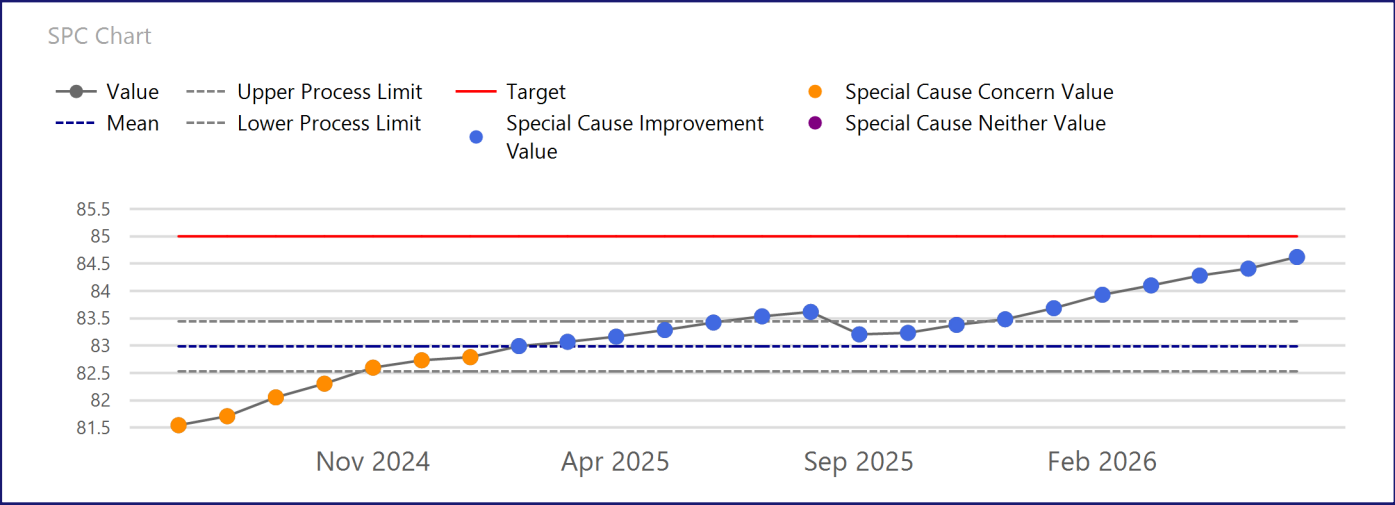
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue communications to reinforce the purpose, confidentiality and value of religion and belief data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their religion or belief status. Religion remains a sensitive disclosure area, and concerns relating to relevance, confidentiality or personal choice may continue to limit completion rates. Without further targeted interventions, improvement is likely to remain gradual, potentially affecting the completeness and reliability of workforce equality reporting.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.5448	85			Executive Director of People and Culture



Narrative

Sexual Orientation data completeness has improved from 83.5% to 84.6% (+1.1 percentage points), demonstrating a sustained upward trend over the reporting period and approaching the organisational target of 85%. The SPC chart indicates consistent improvement, suggesting that existing interventions and staff engagement activities are supporting increased disclosure and data completeness. Improved data quality strengthens the reliability of workforce equality reporting and enhances understanding of workforce diversity. As the Welsh language skills target is achieved, focus will shift towards further improving equality monitoring data across all protected characteristics to support robust Workforce Equality Standard reporting and workforce planning.

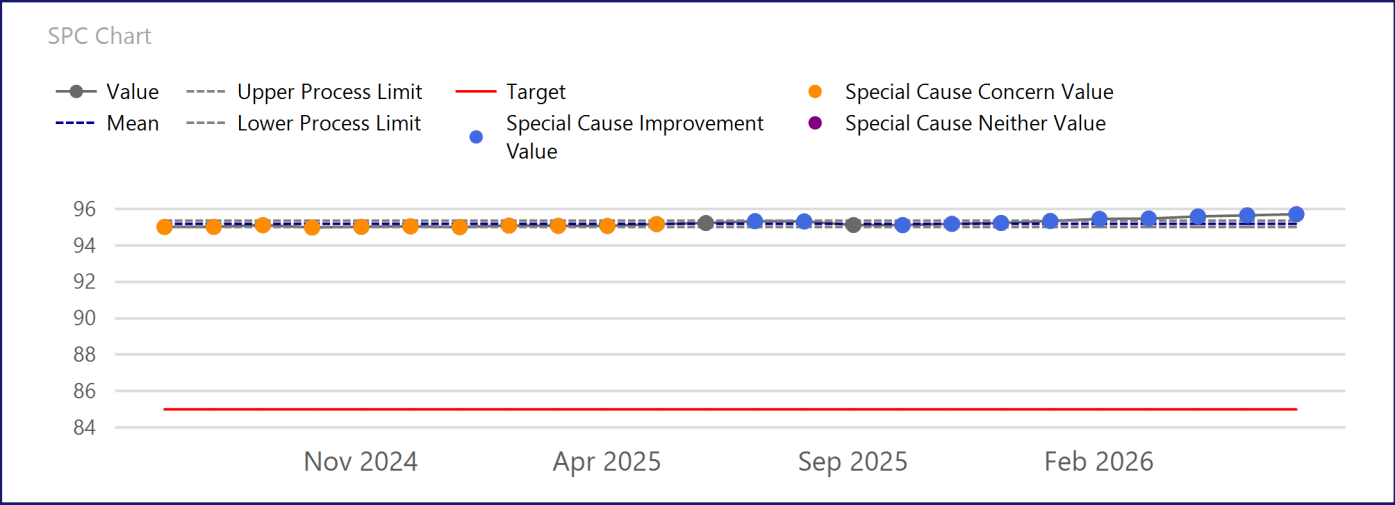
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance.
- Continue targeted communications to reinforce the purpose, confidentiality and value of sexual orientation data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

Whilst performance continues to improve, approximately 15% of staff have not declared their sexual orientation. As this remains a sensitive disclosure area, progress may plateau without further targeted engagement to build confidence in the purpose, use and confidentiality of the data. Incomplete data may also limit the reliability of workforce equality reporting and understanding of staff experience.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	95.0138	85			Executive Director of People and Culture



Narrative

Marital Status data remains the highest-performing equality monitoring dataset, increasing from 95.3% to 95.7% (+0.4 percentage points) and continuing to perform well above the organisational target of 85%. The SPC chart demonstrates a stable and highly reliable process, with consistently high levels of completion throughout the reporting period. This provides strong assurance regarding the quality of the dataset and supports reliable workforce reporting and analysis.

As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data completeness across other protected characteristics to further strengthen Workforce Equality Standard reporting and workforce planning.

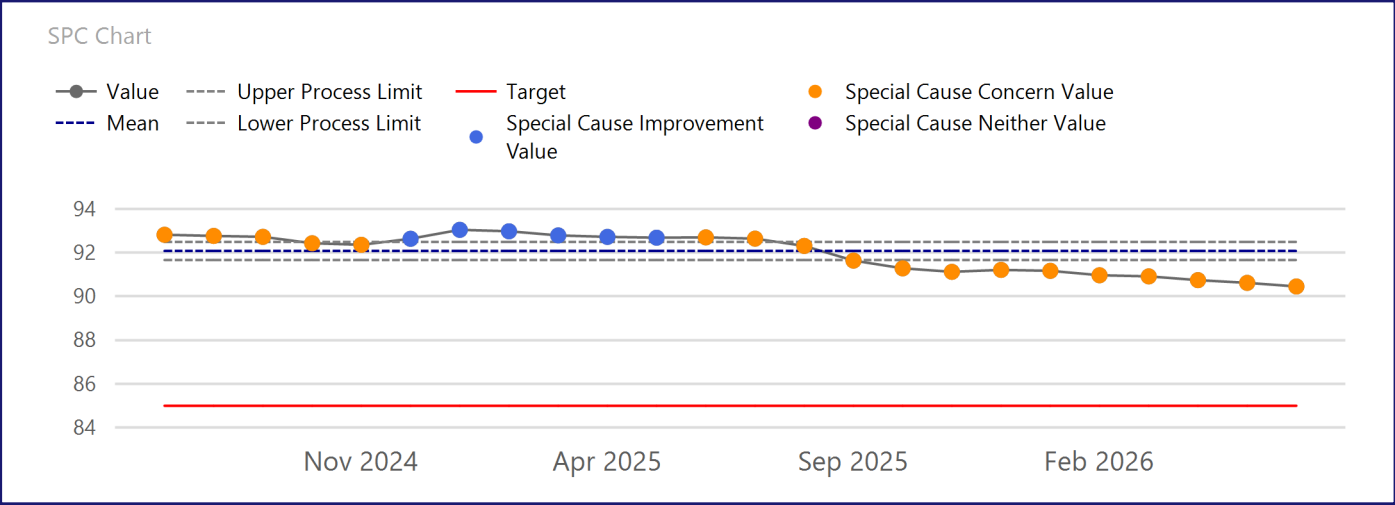
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas of lower performance where required.
- Maintain existing processes and communications that support high levels of data completeness.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

There are minimal concerns associated with this measure. Whilst a small proportion of staff remain non-declared, the high level of completeness means this is unlikely to have a significant impact on reporting, analysis or decision-making. Continued monitoring is required to ensure performance is maintained and that any pockets of lower compliance are identified promptly.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	92.8214	85			Executive Director of People and Culture



Narrative

Nationality data completeness has declined from 92.6% to 90.5% (-2.2 percentage points), making it the only equality monitoring dataset demonstrating a sustained downward trend over the reporting period. Whilst performance remains above the organisational target of 85%, the SPC chart indicates a consistent reduction in disclosure rates, suggesting a change in the underlying process rather than random variation. This trend warrants continued monitoring, as accurate nationality data supports workforce planning, equality reporting and understanding of workforce demographics.

As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data completeness across all protected characteristics to strengthen the reliability of Workforce Equality Standard reporting and workforce planning.

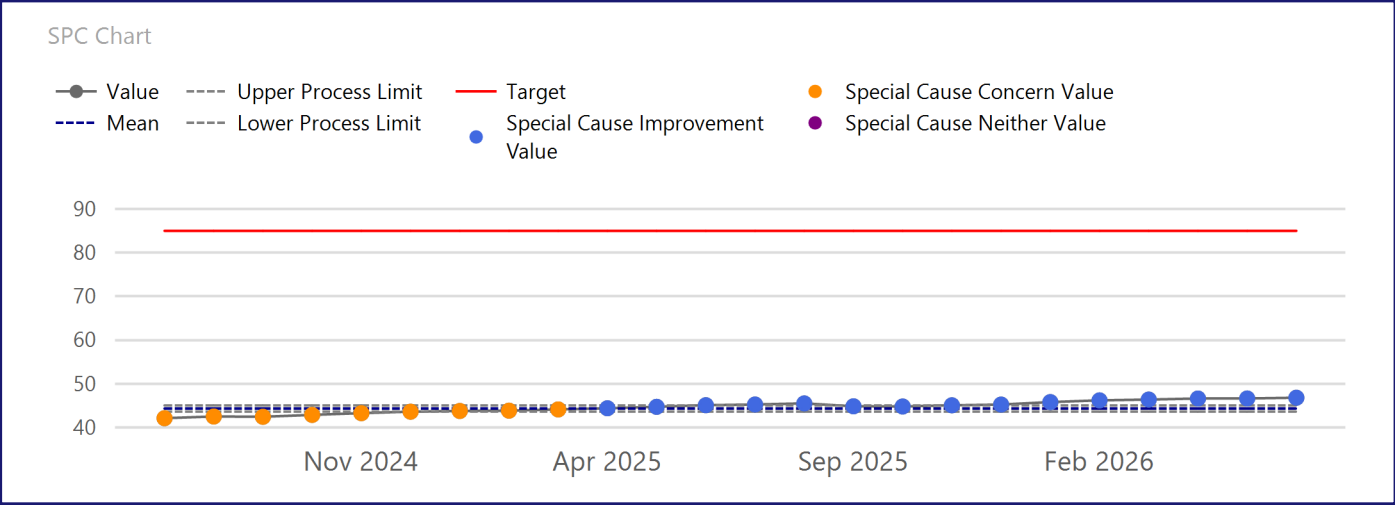
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, identifying and escalating areas showing declining completion rates.
- Continue targeted communications to reinforce the purpose, confidentiality and value of nationality data collection.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

The sustained downward trend is a concern, with approximately 10% of staff now not declaring nationality. This may indicate reduced confidence or willingness to disclose information, potentially influenced by wider external factors or a lack of understanding regarding how the data is used and protected. If the trend continues, it may reduce the reliability of workforce equality reporting and limit the organisation's understanding of workforce demographics.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	42.1609	85			Executive Director of People and Culture



Narrative

Country of Birth data completeness remains the lowest-performing equality monitoring dataset, increasing slightly from 45.3% to 46.9% (+1.6 percentage points). Whilst the SPC chart shows a modest upward trend, performance remains significantly below the organisational target of 85% and all other equality monitoring characteristics. The limited improvement suggests that current processes are not yet sufficiently embedded to deliver sustained gains in data completeness.

As the Welsh language skills target is achieved, focus will shift towards improving equality monitoring data across all protected characteristics, with particular attention to areas where data quality remains a significant challenge. Improving Country of Birth data will strengthen the reliability of workforce equality reporting and provide a more complete understanding of workforce demographics.

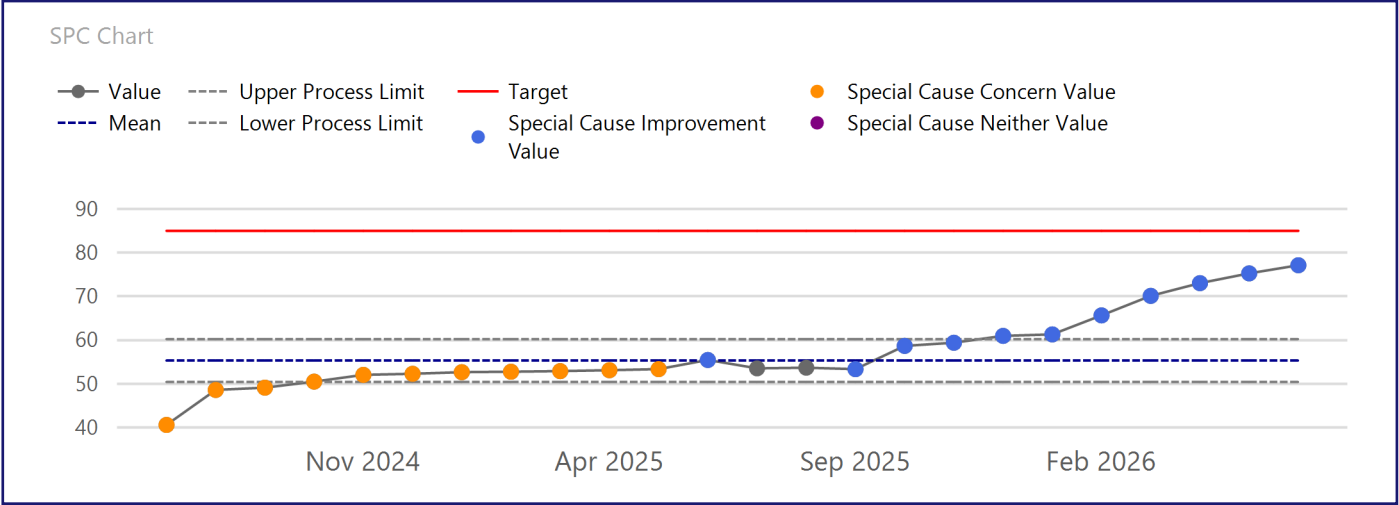
Actions and Owners

- Embed equality monitoring discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, identifying and escalating areas with particularly low completion rates.
- Increase communications to explain the purpose and value of collecting Country of Birth data and how confidentiality is maintained.
- Review current collection processes to identify opportunities to increase completion rates through ESR and other workforce data touchpoints.
- Following achievement of the Welsh language skills target, increase focus on improving completeness across all equality monitoring datasets.

Concerns

More than half of staff have not provided Country of Birth information, significantly limiting the usefulness and reliability of the dataset for reporting and analysis. The low completion rate suggests that the data field may not be routinely discussed, prioritised or understood by staff. Without targeted intervention, improvement is likely to remain slow, reducing the value of the dataset for workforce planning and equality reporting.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	40.6262	85			Executive Director of People and Culture



Narrative

Identification of Welsh Language Skills has shown substantial improvement over the reporting period, increasing from 55.5% to 77.5%. The SPC chart demonstrates a sustained upward shift in performance, with improvement accelerating during the latter part of the year following targeted interventions. This pattern indicates that improvement is unlikely to be due to random variation alone and reflects a genuine change in performance.

Welsh Language Skills registration remains a key organisational priority following the Welsh Language Commissioner's Standards Enforcement Investigation relating to Standard 96. Whilst significant progress has been made, further improvement is required to achieve the target of 85% by 31 July 2026.

*Note: Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. Welsh Skills Levels 1-5 measures the proportion of staff who report having Welsh language capability at Level 1 or above.

Actions and Owners

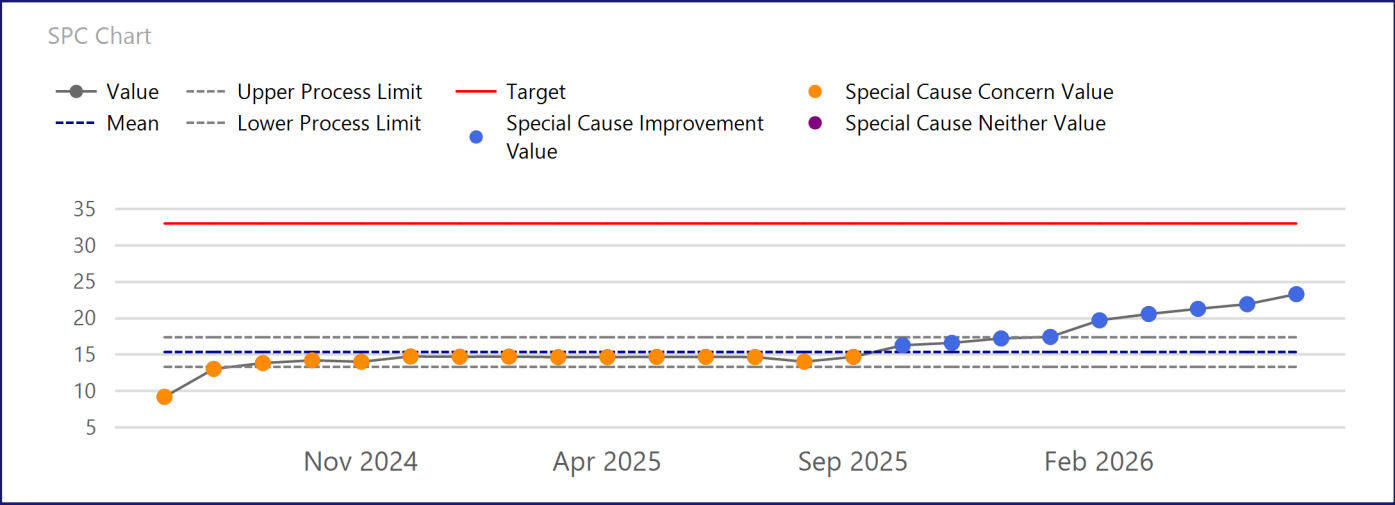
- Embed Welsh language skills discussions within onboarding, appraisal and routine manager conversations.
- Monitor compliance at service and Clinical Board level, escalating areas with lower completion rates.
- Continue targeted campaigns and engagement activity to encourage staff to record their Welsh language skills.
- Maintain executive oversight through the Welsh Language Standards governance arrangements and People & Culture Committee reporting.

Concerns

Despite the positive trajectory, approximately 23% of staff have not yet recorded their Welsh language skills. Current performance remains below the Welsh Language Commissioner's target of 85%, and there is a risk that the rate of improvement may slow as the Health Board approaches those staff who are more difficult to engage. Variation between services may also continue to impact overall performance.

The Health Board therefore remains at risk of not achieving the required target within the specified timeframe, and progress will continue to be monitored through the People & Culture Committee.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	9.2192	33			Executive Director of People and Culture



Narrative

Welsh Skills Levels 1–5 has shown sustained improvement over the reporting period, increasing from approximately 9% to 23%. The SPC chart demonstrates a clear and accelerating upward trend, indicating that actions to increase both the recording and development of Welsh language skills are having a positive impact.

This metric is an important measure of organisational capability, reflecting the Health Board's ability to provide services through the medium of Welsh and meet the needs and preferences of patients, service users and communities. Growth in recorded Welsh language skills strengthens the Health Board's capacity to deliver bilingual services and supports compliance with the Welsh Language Standards.

Whilst progress is encouraging, current performance remains below the organisational target of 33%, and continued focus will be required to develop Welsh language capability across the workforce and sustain improvement over the longer term.

*Note: Identification of Welsh Language Skills measures the proportion of staff who have recorded a Welsh language skill level. Welsh Skills Levels 1-5 measures the proportion of staff who report having Welsh language capability at Level 1 or above.

Actions and Owners

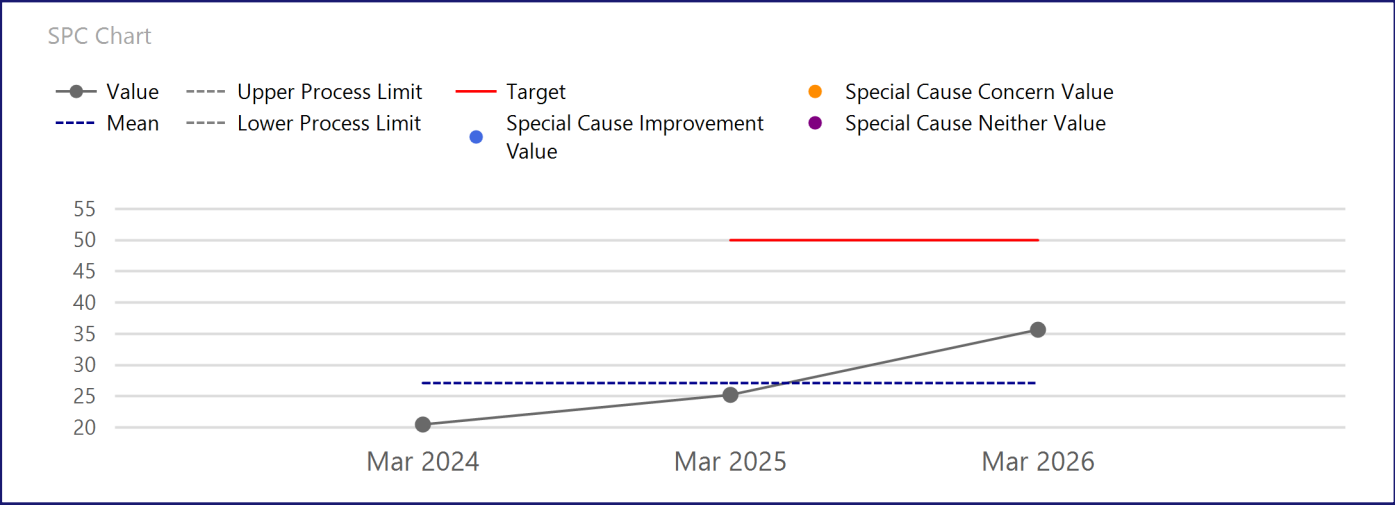
- Continue targeted campaigns to encourage staff to assess and record their Welsh language skills.
- Promote Welsh language learning and development opportunities to support progression through Levels 1–5.
- Monitor Welsh language capability at service and Clinical Board level, targeting support where improvement is required.
- Maintain executive oversight through Welsh Language Standards governance arrangements and People & Culture Committee reporting.

Concerns

Despite the positive trajectory, fewer than one quarter of staff have recorded Welsh language skills at Levels 1–5, and performance remains below the 33% target. As activity shifts from increasing registration towards increasing capability, further improvement may become more challenging and require targeted learning and development opportunities.

Variation across services may also impact the Health Board's ability to consistently provide Welsh language services and meet patient expectations.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	20.5016				Executive Director of People and Culture



Narrative

The Staff Survey Participation Rate was 36% in March 2026, against a target of 50%. As this is an annual measure reported following the staff survey in Quarter 4, SPC interpretation is limited due to the small number of data points available. The latest result demonstrates an improvement compared to the previous year, indicating increased staff participation in providing feedback. Whilst the direction of travel is positive, participation remains below the organisational target and further improvement is required to ensure staff views are fully representative of the workforce.

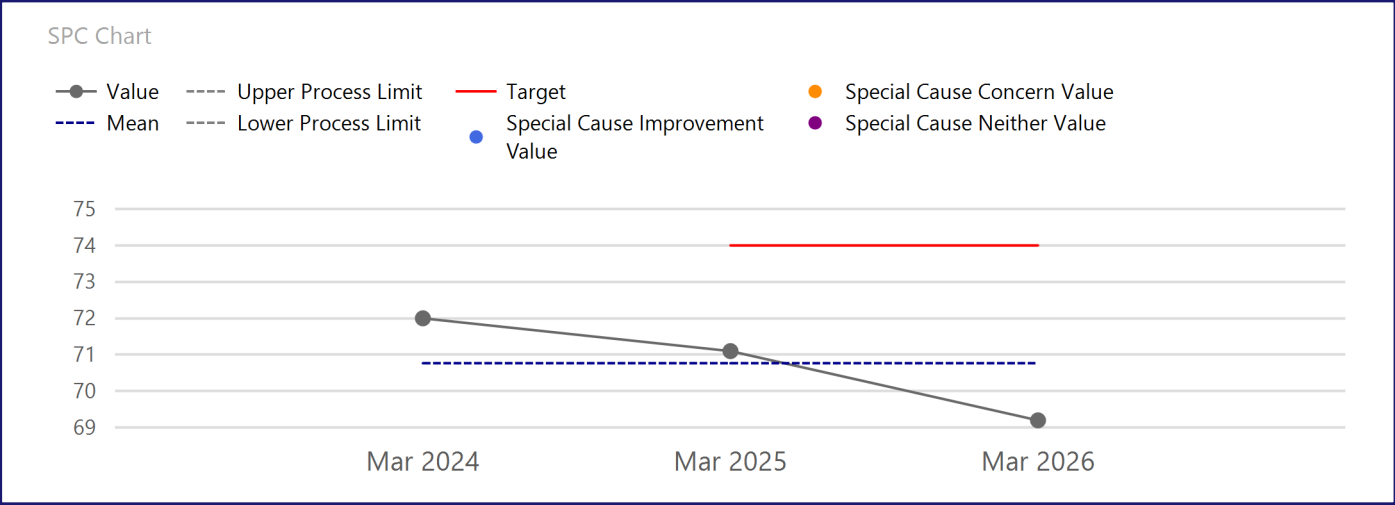
Actions and Owners

- Clinical Boards are working with staff to develop and deliver co-produced local actions that demonstrate how staff feedback is being listened to and acted upon.
- Targeted engagement activity will continue to promote participation and increase awareness of the value and impact of staff survey feedback.
- Progress against staff survey actions and improvement plans is monitored through Executive Performance Reviews at Clinical Board level, providing oversight and accountability for delivery.
- Learning from areas with higher participation rates will be used to inform future engagement and survey campaigns.

Concerns

Participation remains below the organisational target of 50%.
Lower response rates may limit confidence that survey findings fully reflect the experiences and views of the wider workforce.
Some staff groups or services may be under-represented within survey responses, reducing the breadth of insight available to inform improvement activity.
As the measure is reported annually, opportunities to evaluate the impact of interventions are limited between survey cycles.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
March 2026	72				Executive Director of People and Culture



Narrative

The Engagement Score was 69% in March 2026, compared with a target of 74%. As this metric is derived from the annual staff survey and reported in Quarter 4, there are limited data points available and SPC interpretation should therefore be applied with caution. The latest result indicates a reduction from the previous year and remains below the organisational target. Whilst the chart suggests a downward movement in engagement, the annual nature of the measure means that trends should be considered alongside supporting workforce indicators and staff feedback to fully understand the underlying drivers.

Actions and Owners

Clinical Boards are developing and delivering co-produced local action plans with staff, focusing on the key priorities identified through staff survey feedback.

Progress against staff survey actions and associated improvement plans is monitored through Executive Performance Reviews at Clinical Board level.

Ongoing focus will be placed on embedding improvements in areas such as staff experience, engagement and wellbeing, while evaluating impact through future staff survey results and supporting workforce indicators.

Concerns

The Engagement Score remains below the organisational target of 74%, with a current position of 69%.

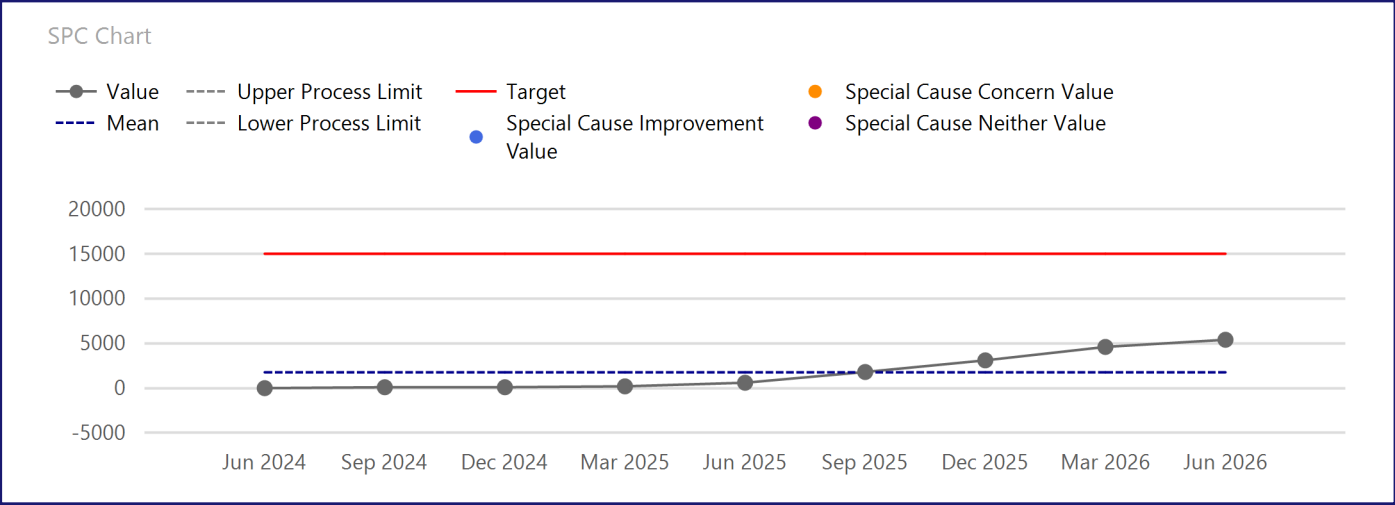
The latest survey result reflects a deterioration compared to the previous reporting period.

Lower levels of staff engagement may adversely impact staff wellbeing, retention, productivity and organisational culture.

As the metric is only reported annually, there is a delayed feedback loop which can make it difficult to assess the immediate impact of improvement initiatives.

Further analysis of staff survey themes and local intelligence gathering is underway at a local level to understand the factors influencing engagement levels.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	0	15000			Executive Director of People and Culture



Narrative

The completion of the HEIW Introduction to Strategic Workforce Planning programme continues to support the Health Board's strategic objective of strengthening workforce planning capability and moving from annual resource-based workforce planning towards operational and integrated workforce planning aligned to service and financial plans. The organisational target is for 150 managers to complete the training by 31 March 2027. By the end of Q1 2026/27, 36% of this target had been achieved, demonstrating ongoing engagement and gradual uptake since the programme was introduced in 2024.

Actions and Owners

Whilst progress is being made, only 36% of the 150-manager target had been achieved by the end of Q1 2026/27. Continued growth in completions will be required to achieve the March 2027 ambition.

The suitability of the current programme is being reviewed by the Strategic Workforce Planning Lead, Senior People & Culture Business Partners and the Head of Education. Any changes to the training offer could influence future completion patterns and should be considered when interpreting subsequent results.

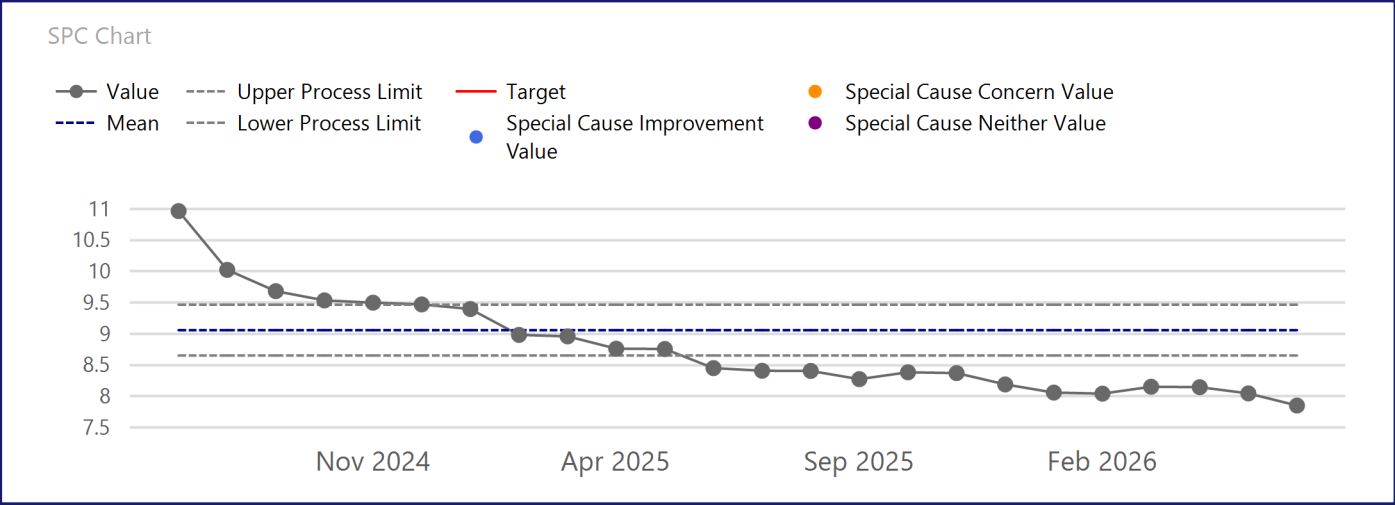
Concerns

From an SPC perspective, the current dataset should be interpreted with caution. The available information suggests continued improvement in cumulative training completions; however, there are insufficient data points to establish a reliable baseline, calculate control limits or distinguish between common cause and special cause variation. Consequently, the chart should currently be viewed as a developing measure rather than a mature SPC process.

The programme is promoted and encouraged but is not mandatory. This creates a risk that completion rates may plateau, particularly during periods of operational pressure.

Capacity and prioritisation of operational managers are a continuing challenge. Competing service demands may limit managers' ability to undertake training and could affect future completion trajectories.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	10.9672				Executive Director of People and Culture



Narrative

Turnover – All Staff remains below the organisational target and is currently demonstrating routine/common cause variation, with no clear signal of special cause variation. The latest reported position for June 2026 is around 8%, which remains within expected limits and below the 7-9% target threshold. This suggests that, at an organisational level, turnover is being maintained within acceptable parameters; however, continued monitoring is required to ensure that any emerging deterioration, particularly within high-risk staff groups, clinical areas or hard-to-recruit services, is identified early and acted upon.

Actions and Owners

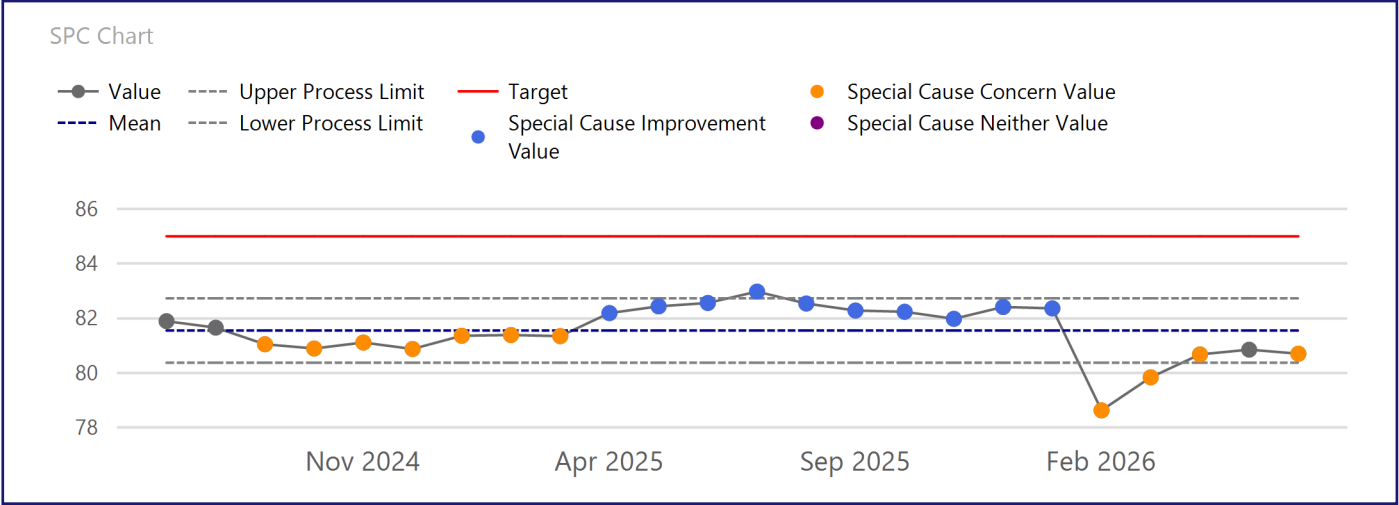
Turnover rates are monitored monthly and discussed at Executive Performance Reviews.

- Continue monthly SPC monitoring to identify any special cause variation or sustained adverse shift in turnover.
- Undertake targeted review of turnover hotspots by staff group, service area and occupational group to identify emerging workforce risks.
- Link findings to retention, staff experience, exit interview and workforce planning intelligence to understand underlying drivers.
- Ensure local People & Culture teams work with Clinical Boards/Directorates to develop targeted retention actions where turnover exceeds expected levels.

Concerns

The key concern is not current organisational performance, but the need to maintain grip on any localised areas of increased turnover which may affect workforce stability, service resilience, recruitment demand and staff experience. Areas that are above 9% are: AWMGS, CEF, CD&T and Corporate teams. Action is required to understand the reasons colleagues are leaving to see whether mitigating actions can be put in place.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	81.8961	85			Executive Director of People and Culture



Narrative

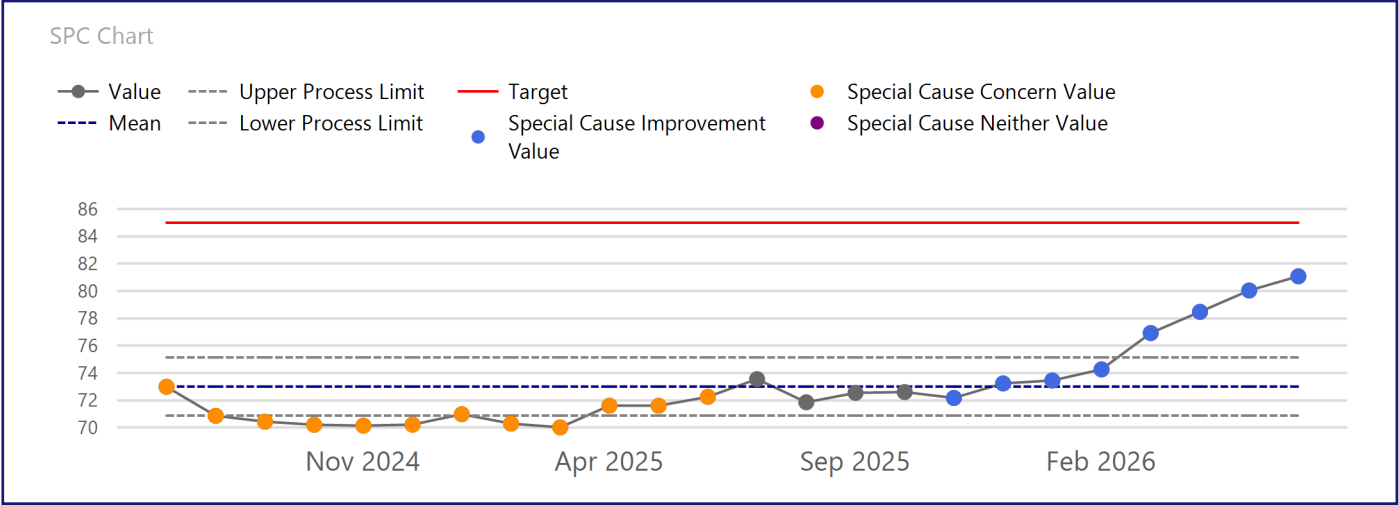
Statutory and Mandatory Training compliance was 81% in June 2026, against a target of 85%. SPC analysis demonstrates a period of stable performance throughout 2025, followed by a significant reduction in compliance during early 2026. Since this decline, performance has shown a gradual recovery, with several consecutive months of improvement. Whilst the recent trajectory is positive, compliance remains below both the organisational target and historic performance levels. The metric continues to demonstrate variation that warrants ongoing monitoring to ensure that recent gains are sustained and embedded across the organisation.

- Actions and Owners
- Continue monitoring areas via Executive Performance Reviews.
 - Strengthen managerial accountability for monitoring and supporting training completion.
 - Promote completion of overdue statutory and mandatory training through local performance reviews and staff communications.
 - Review barriers to compliance, including workforce capacity, access to training and booking processes.
 - Monitor SPC trends monthly to determine whether the recent improvement represents a sustained recovery and to identify any emerging variation requiring intervention.
 - Share learning from areas consistently achieving high compliance to support improvement across the organisation.

Concerns

Compliance remains below the organisational target of 85%, with a current position of 81%. The significant reduction observed in early 2026 suggests potential operational challenges, workforce pressures, or reduced training completion levels that require continued oversight. Despite recent improvement, performance has not yet returned to previous levels achieved during 2025. Persistent non-compliance may increase organisational, regulatory and patient safety risks where staff are not up to date with mandatory training requirements.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	72.9896	85			Executive Director of People and Culture



Narrative

Over the last 6 months compliance has improved as a result of targeted measure including additional training capacity and focus through Executive Performance Reviews. Fire Learning compliance requires continued focus to achieve and sustain target performance.

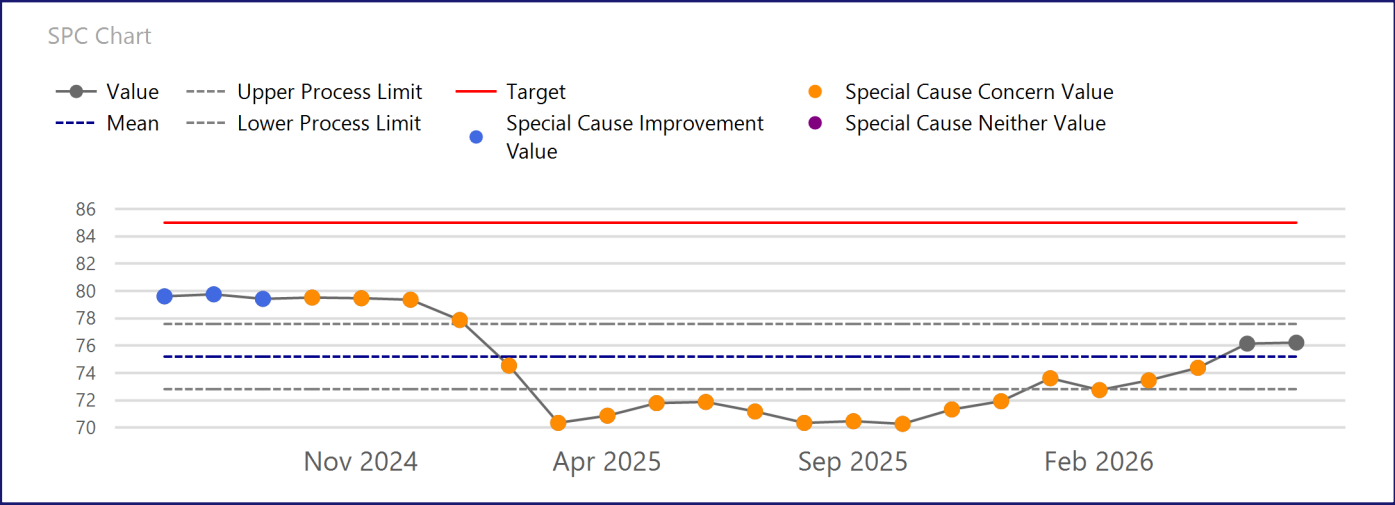
Actions and Owners

- Target overdue staff through local management action plans and compliance recovery trajectories.
- Require managers to review mandatory training compliance monthly and address outstanding training through appraisal and supervisory processes.
- Use ESR and compliance reports to identify hotspots and focus interventions on areas below target.
- Support staff access to training through protected learning time and local completion sessions.
- Monitor performance through Executive Performance Reviews and divisional governance arrangements to ensure sustained improvement.
- Escalate persistent non-compliance through directorate performance management arrangements.

Concerns

- Fire Learning compliance remains below the expected organisational target and requires continued improvement to achieve full compliance.
- Variability between staff groups, departments or Clinical Boards suggests inconsistent uptake and completion of mandatory training.
- Non-compliance may increase organisational risk in relation to fire safety preparedness, regulatory requirements and assurance reporting.
- Delayed completion of mandatory training can affect overall workforce compliance performance and reduce the Board's ability to demonstrate statutory compliance

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	79.6078	85			Executive Director of People and Culture



Narrative

Values-Based Appraisal compliance for June 2026 is 76%, an improvement from the lower levels observed throughout 2025. SPC analysis demonstrates a sustained upward trend over recent months, indicating that recovery actions are beginning to have a positive impact. Whilst performance remains below the organisational target of 85%, the direction of travel is encouraging and suggests improving reliability within the process.

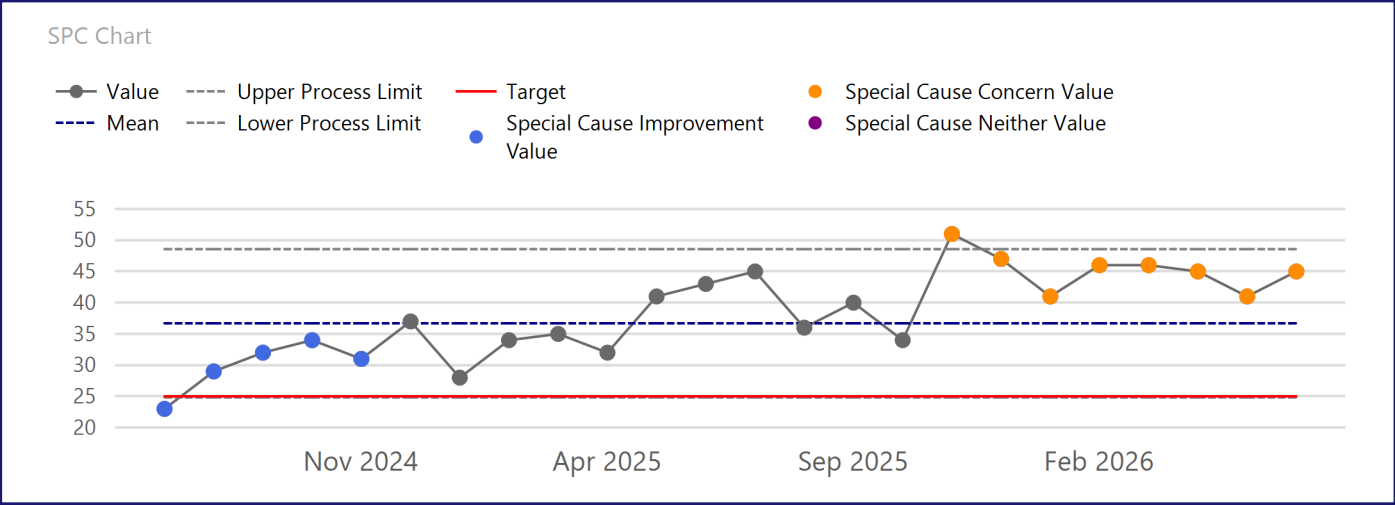
Actions and Owners

- Continue targeted support and challenge for areas with lower appraisal completion rates.
- Maintain regular monitoring through Executive Performance Reviews.
- Promote completion of overdue appraisals and reinforce managerial accountability.
- Share learning from high-performing teams to support consistency of practice.
- Provide ongoing support and training to managers to ensure high-quality values-based appraisal conversations.

Concerns

Performance remains below the 85% target, with current compliance at 76%.
Appraisal completion has not yet returned to historical levels achieved prior to the decline in 2025.
Inconsistent completion rates across services and competing operational pressures may continue to affect delivery.
Lower appraisal compliance may limit opportunities for staff development, talent management and career progression discussions.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	23	25			Executive Director of People and Culture



Narrative

As of 10 July 2026, there were 45 formal investigations. Of these, 36 are being managed in accordance with the All Wales Disciplinary Policy and Procedure, while the remaining 9 are being managed in accordance with the Upholding Professional Standards in Wales Procedure.

Actions and Owners

Actions & Owner

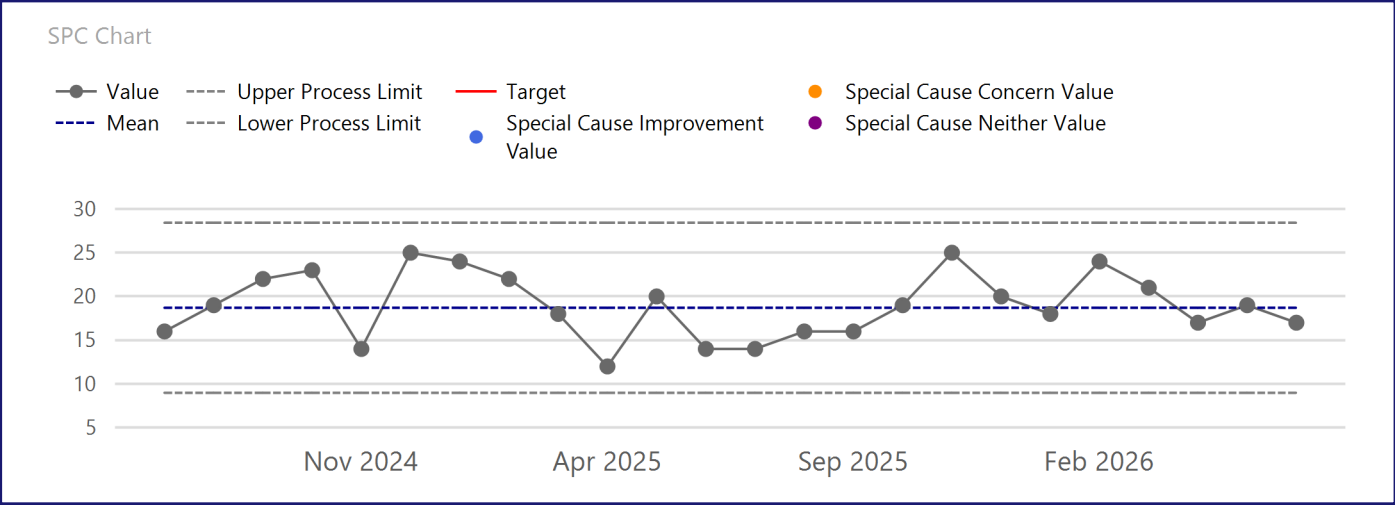
- Targeted intervention from the People Services team within the Medicine Clinical Board will be implemented to support with addressing concerns relating to patient negligence and maltreatment.
- All allegations of sexual harassment are taken seriously and managed in an appropriate and sensitive manner. Safeguarding, wellbeing and support measures are considered on a case-by-case basis and implemented where necessary to ensure the safety, wellbeing and support of all parties involved throughout the process.
- Sexual Harassment Awareness Sessions continue to be rolled out across the UHB for both staff and managers.
- Disciplinary and Improving Performance at Work Awareness sessions continue to be rolled out across the UHB for both staff and managers.

Concerns

Within Medicine, there is a high volume of formal investigations. Of the 12 formal investigations currently ongoing, nine relate to alleged negligence or maltreatment of a patient.

There are currently eight cases involving allegations of sexual harassment. Following the introduction of the Anti-Sexual Harassment Policy and the delivery of sexual harassment awareness sessions across the UHB, an increase in reporting was anticipated.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	16				Executive Director of People and Culture



Narrative

Respect and Resolution cases increased from 14 in June 2025 to a peak of 25 in November 2025. Since then, numbers have fluctuated, with 19 ongoing cases recorded in May 2026.

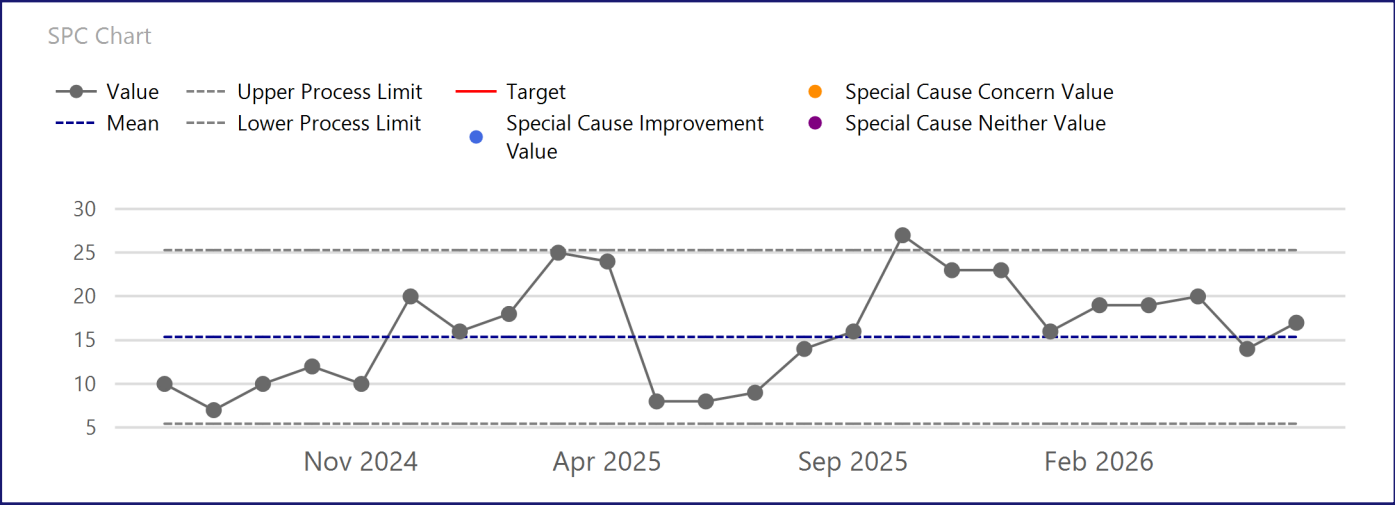
Actions and Owners

- Review Respect and Resolution themes to identify common learning points relating to behaviours, relationship breakdown, communication, perceived fairness and application of formal processes.
- Provide targeted People Services support to Clinical Boards with higher case volumes, particularly CD&T, PCIC and Specialist, to understand local drivers and agree preventative actions.
- Strengthen early intervention and informal resolution routes, including mediation, facilitated conversations and timely management support where appropriate.

Concerns

The main themes relate to dissatisfaction with the application of another process, behaviours or breakdown of relationships, discrimination or harassment, and management decisions.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	10				Executive Director of People and Culture



Narrative

There are currently 17 Appeals within the UHB. The majority of these are in relation to Disciplinary outcomes and flexible working requests.

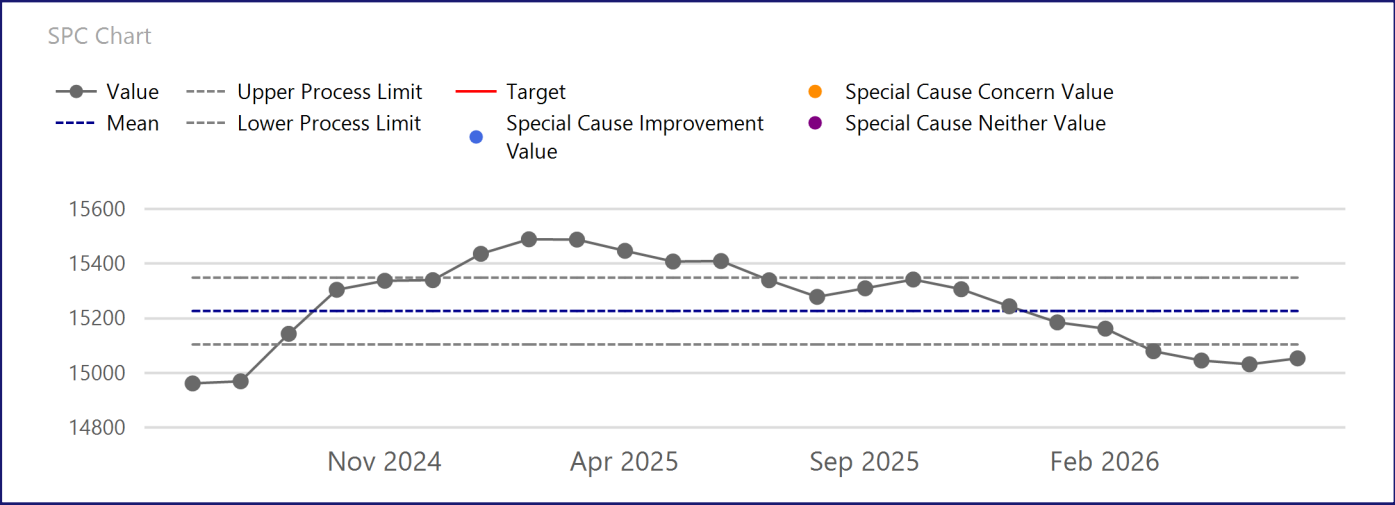
Actions and Owners

- Review appeal themes to identify common learning points relating to process application, decision-making quality, communication and documentation.
- Provide targeted support to Clinical Boards with higher appeal volumes, particularly CD&T and Mental Health, to understand local drivers and identify preventative actions.
- Continue flexible working training for managers, with emphasis on consistent decision-making, clear rationale, alternative options and timely communication.
- Use learning from disciplinary and Respect and Resolution appeals to strengthen commissioning, investigation quality, outcome letters and management of expectations throughout formal processes.
- Ensure appeal outcomes are reviewed corporately to identify any recurrent procedural issues and share learning across People Services and Clinical Boards.

Concerns

Appeals are spread across Clinical Boards, with activity recorded in Corporate, Children and Women, CE&F, CD&T, Medicine, All Wales Genomics, PCIC, Specialist, Surgery and Mental Health. CD&T and Mental Health have the highest appeal volumes, with 4 and 3 appeals respectively.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	14961.84				Executive Director of People and Culture



Narrative

Staff in post has reduced by 378wte from June 2025 to May 2026. In June 2026 we saw an increase of 21wte, this was recruitment approved by the Executive team into HCSW band 3 vacancies.

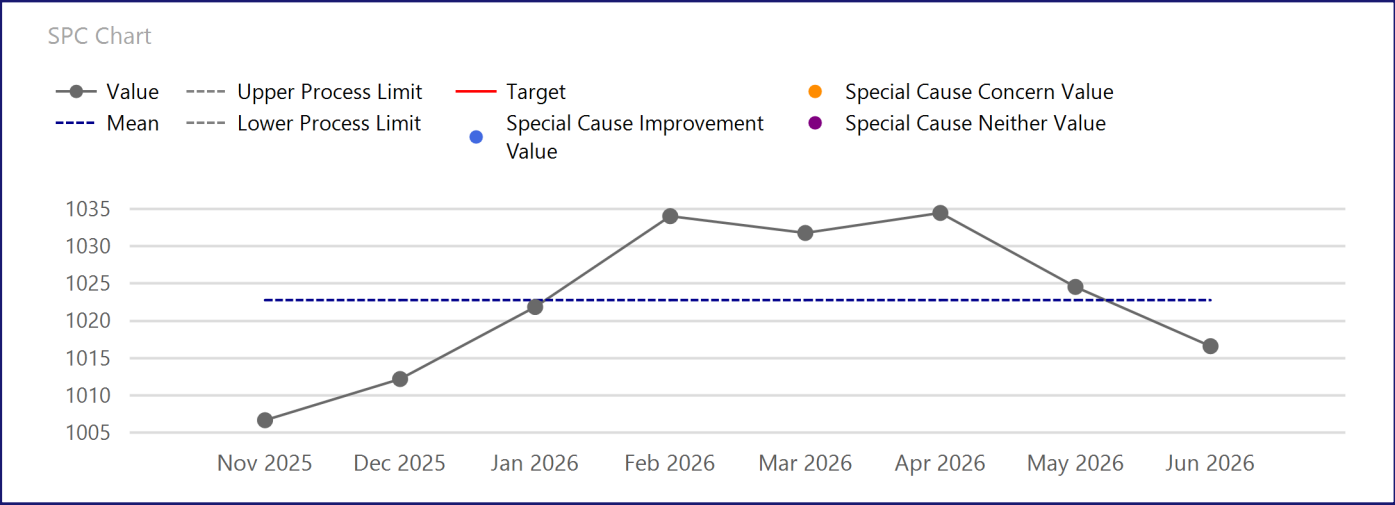
Actions and Owners

CB/CEF/Corporate to continue to scrutinise vacancy requests to ensure that only service critical roles are approved.

Concerns

We have stated to WG that the workforce will not grow, other than Graduate Nurses, HCSWs and JCC funded roles.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	1006.7				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

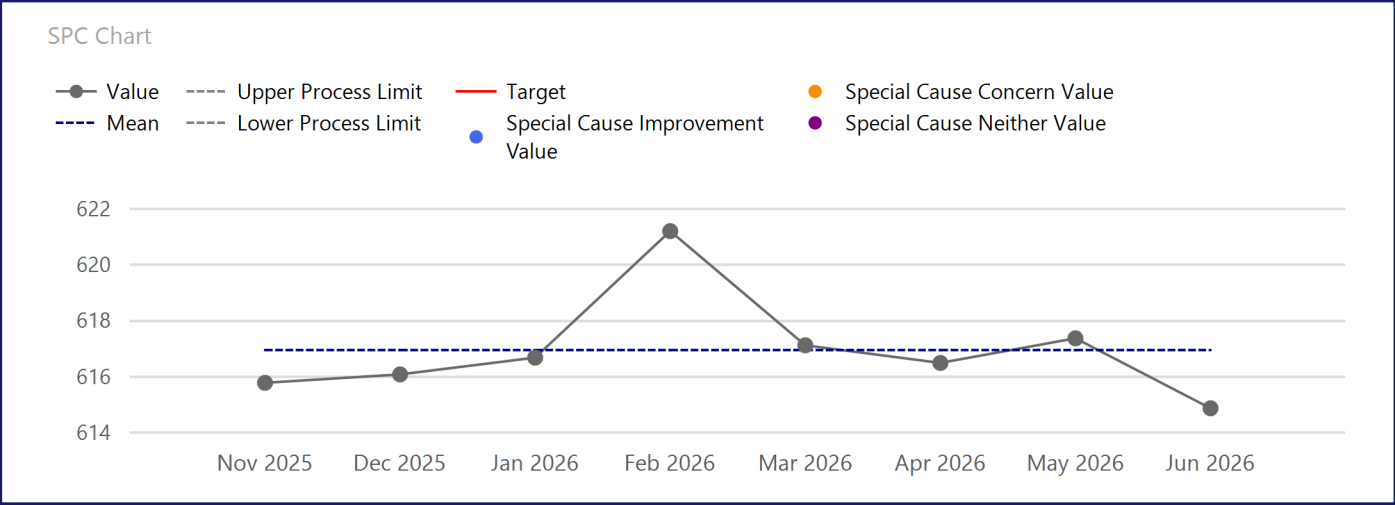
Actions and Owners

No actions - there is no target

Concerns

There are no concerns to report.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	615.79				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

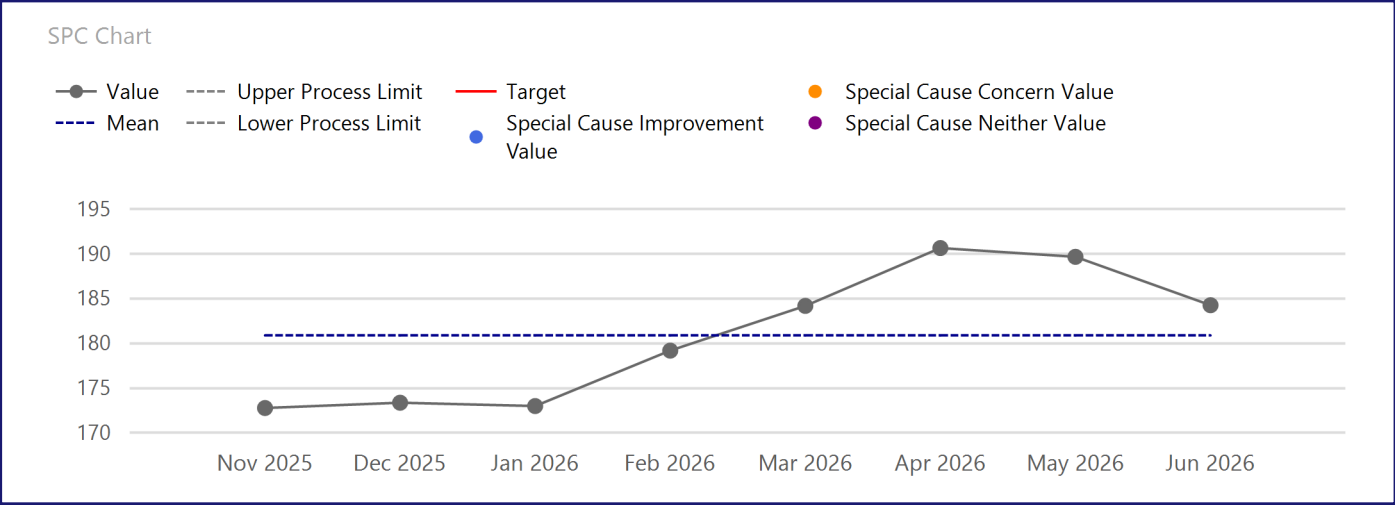
Actions and Owners

No actions - there is no target.

Concerns

There are no concerns to report.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	172.78				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

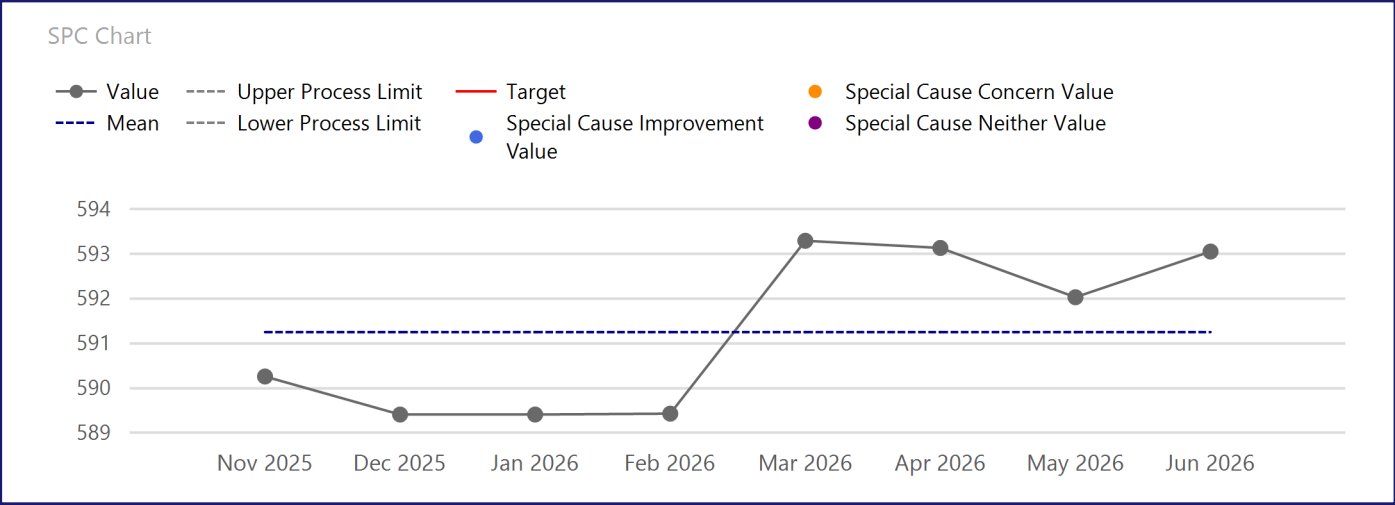
Actions and Owners

No actions - there is no target

Concerns

There are no concerns to report.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	590.26				Executive Director of People and Culture



Narrative

It is a requirement of the MAG that Primary Care contractors WTE are reported to Board. There is no target for this KPI.

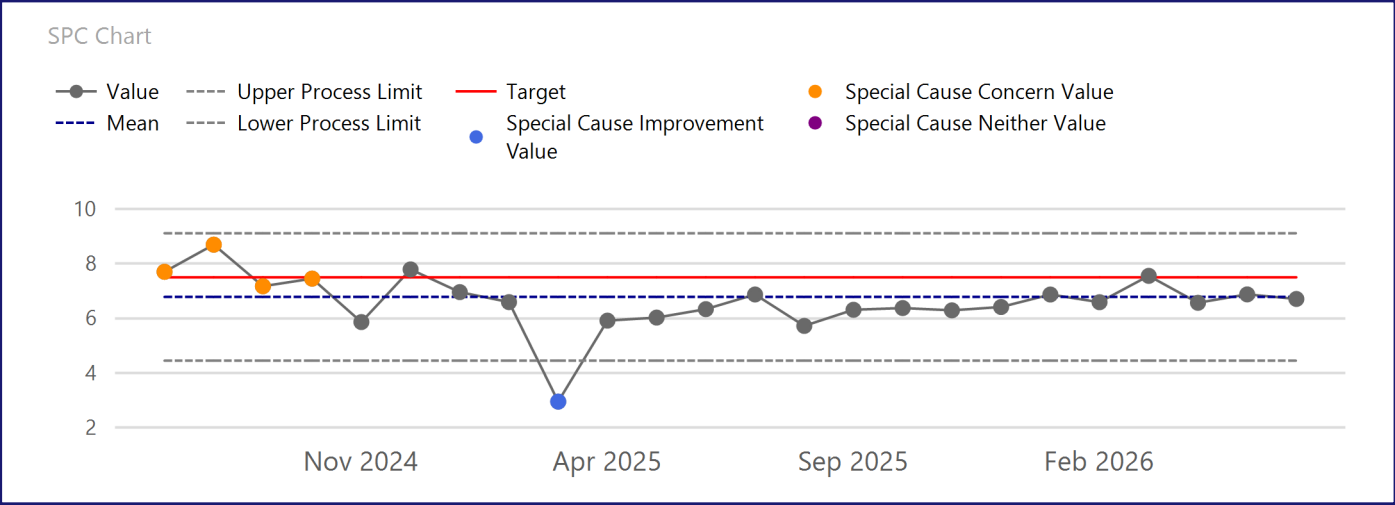
Actions and Owners

No actions - there is no target

Concerns

There are no concerns to report.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	7.7023	7.5			Executive Director of People and Culture



Narrative

Variable pay expenditure, including bank spend, continues to be monitored against the UHB's objective of achieving a greater than 10% reduction during 2026/27. The SPC chart demonstrates a stable pattern of variation with no sustained special-cause improvement evident at this stage. Whilst expenditure is being actively managed, the current trajectory suggests that further improvement will be required to deliver the planned reduction target.

The chart indicates that performance remains largely within expected levels of common-cause variation, suggesting that the actions implemented to date have stabilised expenditure but have not yet resulted in a significant downward shift in variable pay usage. Continued reliance on bank staffing remains necessary in some services to maintain safe staffing levels; however, a sustained reduction in expenditure will be required over the remainder of the year to achieve the UHB's financial and workforce objectives.

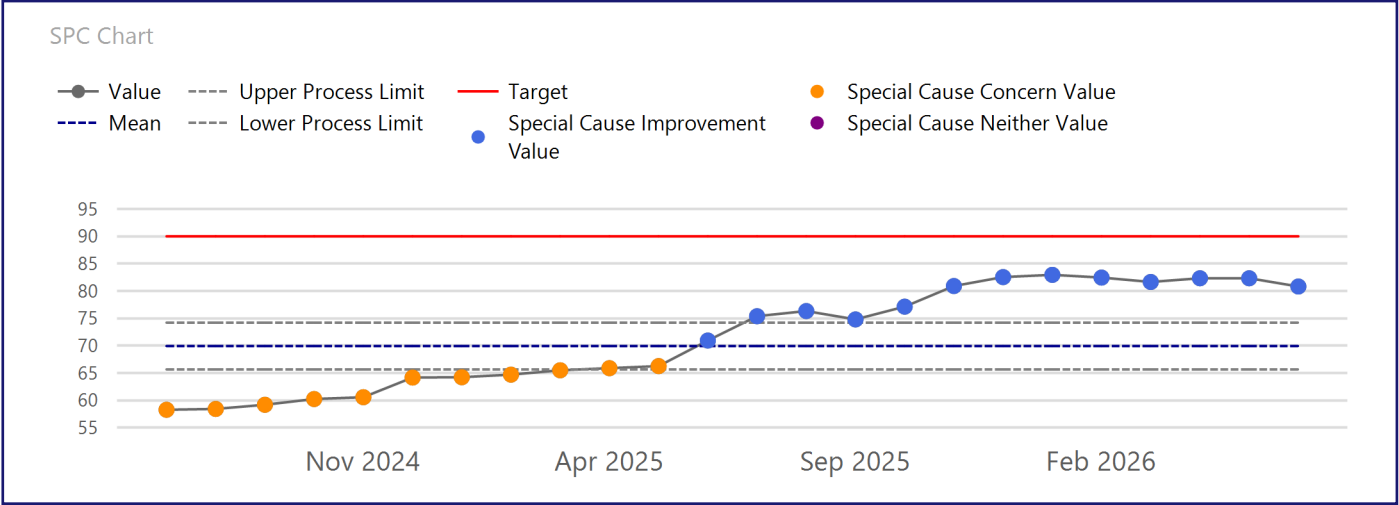
Actions and Owners

- Continue targeted reduction plans in services with the highest levels of bank expenditure, i.e. Medical & dental, Nursing & Midwifery.
- Maximise roster efficiency and substantive staff deployment through enhanced workforce planning and e-rostering controls.
- Review bank utilisation data monthly through Executive Performance Reviews and internal turnaround meetings, focusing on areas not delivering expected reductions.
- Support service redesign and establishment reviews where recurrent bank usage indicates a substantive workforce requirement.
- Monitor SPC trends monthly to assess whether interventions are generating the sustained improvement required to achieve the > 10% reduction target.

Concerns

- Current performance has not yet demonstrated a sustained SPC shift that would indicate delivery of the > 10% reduction target for 2026/27.
- Ongoing reliance on bank staffing in some areas may continue to place pressure on variable pay expenditure.
- Workforce shortages, vacancy levels and recruitment challenges remain contributory factors in areas with higher spend.
- Without further improvement, there is a risk that the UHB will not achieve its planned variable pay reduction target by year-end.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	58.2694	90			Executive Director of People and Culture



Narrative

The Job Plans measure is currently reporting 0.81 against a target of 0.90, with the latest data point for June 2026. SPC analysis identifies the most recent variation as an improvement, indicating that performance has moved in a positive direction compared to previous observations. However, despite this improvement, the measure remains below the required target and therefore continues to be assigned a Fail assurance rating.

The data demonstrates evidence of upward movement in recent months, suggesting that actions implemented to improve job planning compliance may be beginning to have a positive effect. At present, there is insufficient evidence from the chart alone to conclude that a sustained process shift has occurred; therefore, the improvement should be viewed as encouraging but not yet fully embedded within the system. Continued monitoring will be required to determine whether the current trajectory is maintained over subsequent reporting periods.

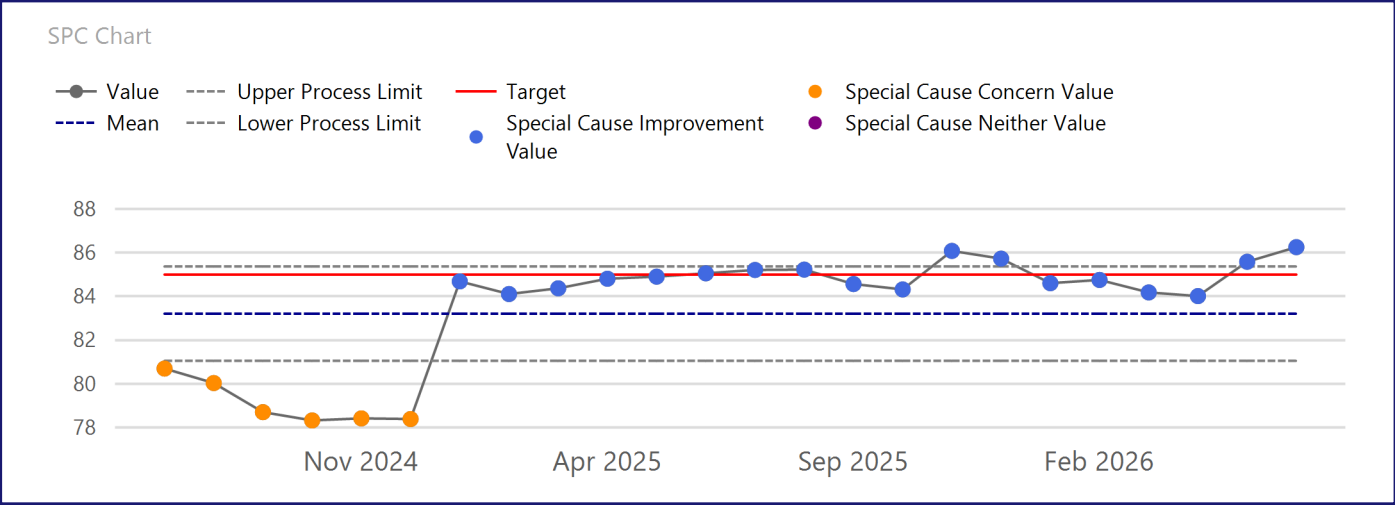
Actions and Owners

- Undertake a targeted review of all outstanding job plans and identify specialties/divisions with the highest levels of non-compliance. Owner - Medical Workforce & Job Planning Lead
- Introduce enhanced monthly monitoring through divisional performance meetings, with escalation of overdue job plans to executive oversight where necessary. Owner - Medical Workforce, Job Planning Lead & Medical Director
- Provide focused support and guidance to clinical managers responsible for completing and reviewing job plans to improve consistency and compliance. Owner - Medical Workforce & Job Planning Lead
- Develop recovery trajectories for areas performing below the organisational average and monitor delivery against agreed milestones. Owner - Medical Workforce, Job Planning Lead, Medical Director & Clinical Board Directors
- Share best practice from areas demonstrating sustained improvement to support organisation-wide learning and standardisation. Medical Workforce & Job Planning Lead

Concerns

- Below Target Performance: The latest value of 0.81 remains 0.09 points below the target of 0.90, indicating that the organisation is not yet achieving the expected standard.
- Assurance Rating Remains Fail: Although SPC identifies improvement, the performance level has not improved sufficiently to provide assurance against the agreed target.
- Improvement Not Yet Proven as Sustained: The available SPC commentary confirms improvement in the latest reporting period but does not demonstrate that the process has achieved a sustained shift or reached a new level of performance. Ongoing monitoring is therefore required before concluding that the variation reflects long-term improvement.

Latest Month	Value	Target	Assurance	Variation	Metric Owner
June 2026	80.7018	85			Executive Director of People and Culture



Narrative

The Medical Staff Appraisal measure is reported within the chart demonstrates a positive trajectory in recent reporting periods. The latest reported value is 0.90 for June 2026, exceeding the target of 0.85. SPC analysis identifies the most recent variation as Improvement (High), indicating favourable movement in performance relative to the underlying process. The current assurance rating is reported as Hit or Miss, reflecting that whilst the latest performance has achieved the target, sustained delivery requires continued monitoring.

From an SPC perspective, the measure is showing encouraging signs of improvement, with performance currently above target and the most recent data point representing one of the strongest results observed. This suggests that actions to improve appraisal compliance are having a positive effect. However, continued observation is required to determine whether this improvement represents a sustained change in system performance and becomes fully embedded over time.

Actions and Owners

- Continue monthly monitoring of appraisal compliance and overdue appraisals through divisional governance arrangements. Owner - Medical Workforce Lead, Assistant Medical Director and Appraisal Leads
- Implement targeted follow-up with specialties and departments below the organisational average to maintain compliance levels. Owner - Medical Workforce Lead.
- Ensure appraisal due dates are tracked proactively and escalated where deadlines are at risk of being missed. Owner - Medical Workforce Lead.
- Share learning and good practice from high-performing clinical areas to support consistent compliance across the organisation. Owner - Medical Workforce Lead & Appraisal Leads.
- Continue SPC monitoring to confirm whether the recent improvement is sustained over subsequent reporting periods. Owner - Associate Director of Medical Workforce, Head of Medical Workforce, Medical Workforce Lead

Concerns

Although the latest result (0.90) exceeds the target (0.85), the assurance rating remains Hit or Miss, indicating that performance may not yet be consistently delivering at the required level.

Sustained compliance will need to be maintained over future reporting periods to demonstrate that the recent improvement reflects a stable process improvement rather than short-term variation.

There remains a risk of appraisal slippage where appraisal due dates are not proactively managed, particularly in clinical areas with workforce pressures.(Management concern rather than an SPC-derived finding.)

Report Title:	People & Culture Strategic Plan Refresh 2026–2030: Progress Update			Agenda Item No:	2.5
Meeting:	People and Culture Committee	Public	x	Meeting Date:	08/09/26
		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				
Main Report					
Background and Current Situation:					
Situation The purpose of this report is to provide the Committee with an update on progress in refreshing the Cardiff and Vale University Health Board People & Culture Strategic Plan 2026–2030 and to provide assurance regarding the engagement and development process currently underway. The refresh aims to ensure that the People & Culture Strategic Plan remains aligned to the Health Board's strategic direction, emerging workforce priorities and organisational transformation agenda. As part of the refresh, the former Health & Safety Culture Plan is being incorporated into a single integrated People & Culture Strategic Plan to strengthen alignment between workforce, wellbeing, culture, leadership and safety. A comprehensive programme of engagement is currently in progress across staff, managers, leadership teams, partnership groups, staff networks and People & Culture teams. Feedback received to date is being used to test the proposed themes, identify areas for refinement and inform development of the final Plan. The final refreshed People & Culture Strategic Plan is expected to be presented through the appropriate governance route and submitted to both People and Culture Committee, followed by Board for approval in November 2026. Background The current People & Culture Strategic Plan was due for refresh during 2026. Earlier in the year, a decision was taken to pause the refresh process whilst the Health Board progressed development and engagement activity associated with the Clinical Services Plan (CSP) and Nursing and Midwifery Strategic Plan. This approach was adopted to ensure that the refreshed People & Culture Strategic Plan would be informed by, and aligned to, the workforce implications and strategic priorities emerging from both programmes. It also avoided undertaking multiple large-scale engagement exercises involving many of the same stakeholders and staff groups over a similar period. The timing of the refresh was therefore deliberately sequenced to support stronger alignment between organisational strategy, service transformation, workforce priorities and professional leadership agendas. During this period, delivery of the existing People & Culture Strategic Plan continued, with the pause relating solely to the refresh process rather than implementation of the existing Plan.					

Following publication of the Clinical Services Plan and progression of the Nursing and Midwifery Strategic Plan, the refresh process commenced during summer 2026. This has enabled development of a single integrated People & Culture Strategic Plan that reflects the changing organisational context, supports delivery of the Clinical Services Plan, and incorporates the former Health & Safety Culture Plan within a broader people, culture and safety framework.

Assessment

Strategic Approach

The refresh has been developed around four proposed strategic themes:

1. Valued and Empowered Workforce
2. Sustainable and Skilled Workforce
3. Leadership and Culture for Change
4. Keeping People Safe

These themes are supported by a number of cross-cutting foundations, including workforce intelligence, equity and inclusion, organisational basics and the Health Board's contribution to the wider economy.

As part of the refresh process, the former Health & Safety Culture Plan has been incorporated within the overall strategic framework. The intention is to strengthen alignment between wellbeing, workforce sustainability, leadership, culture and safety and provide a single integrated people and culture approach.

Engagement Activity

A comprehensive engagement programme is currently underway across multiple stakeholder groups, including:

- All staff
- Managers
- Clinical Board Senior Leadership Teams
- Corporate Leadership Teams
- Local Partnership Forum
- Local Negotiating Committee
- Senior Medical Staff Committee
- Staff Networks
- Specialist services and enabling services, including AWMGS and Capital, Estates & Facilities
- People & Culture Directorate teams

Engagement materials have been tailored to each audience and are supported by online feedback surveys and facilitated engagement discussions. Engagement will continue throughout August and close on 14th September 2026. A summary of the stakeholder engagement approach is provided in Appendix 1.

Progress to Date

Engagement materials and surveys have been developed for all identified stakeholder groups. Engagement has commenced across staff, managers, Clinical Board and Corporate leadership teams, partnership forums, medical staff representatives, Staff Networks and the People & Culture Directorate. At the time of writing, engagement remains ongoing and continues to generate valuable feedback to inform refinement of the final Plan.

Emerging Feedback

At the time of writing, 124 responses have been received through the general staff survey, representing a broad cross-section of staff groups. Early analysis indicates that

the proposed themes are broadly supported and that colleagues generally agree with the strategic direction of travel.

The strongest themes emerging from feedback relate to:

- Workforce capacity, workload and staffing levels
- Leadership behaviours and accountability
- Psychological safety and speaking up
- Systems, processes and digital infrastructure
- Physical working environments and estates
- Learning, development and career progression
- Cross-organisational working and communication

A recurring message from colleagues is that whilst the priorities are largely viewed as the right ones, confidence in delivery and implementation will be critical to success.

In relation to the integration of the Health & Safety Culture Plan, early feedback suggests broad support for a single integrated framework, whilst emphasising the importance of ensuring Health & Safety remains visible throughout the refreshed Plan and is not perceived as diluted within the wider People & Culture agenda.

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

The refresh provides an opportunity to ensure the People & Culture Strategic Plan is fully aligned to the Health Board's Clinical Services Plan, organisational transformation agenda and workforce priorities.

Feedback received to date provides assurance that the proposed themes broadly reflect colleague experience and organisational need. The engagement process has also generated valuable insight regarding implementation priorities, particularly around workforce sustainability, leadership, staff experience, safety and organisational culture.

Early engagement provides assurance that the proposed themes are broadly aligned to colleague experience and organisational need, whilst highlighting areas where the final Plan may require further emphasis or clarification.

The refresh remains on track, with engagement continuing throughout August and September and the final draft planned for submission through governance processes during November 2026.

The Committee is asked to note the progress made to date and provide assurance regarding the ongoing refresh process and engagement approach.

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

Appendix 1: People & Culture Strategic Plan Refresh Engagement Matrix

Recommendations:

The Committee is asked to:

- **Note** progress in refreshing the People & Culture Strategic Plan 2026–2030.
- **Receive assurance** regarding the engagement approach and stakeholder involvement undertaken to date.
- **Recognise** the emerging themes arising from staff and stakeholder feedback.
- **Support** the continued engagement process and subsequent development of the final refreshed Plan.
- **Receive** a further update and final draft Plan through the appropriate governance route in November 2026.

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	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	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)

The refreshed People & Culture Strategic Plan will provide the strategic framework for workforce, culture, leadership and safety priorities through to 2030. Failure to maintain an effective and aligned people strategy could impact organisational performance, workforce sustainability, staff experience, patient care and delivery of strategic objectives. The refresh process helps identify and mitigate these risks.

Safety: Yes

The refresh incorporates the Health & Safety Culture Plan and includes a specific strategic theme focused on keeping people safe. Emerging engagement feedback highlights the importance of physical safety, psychological safety, speaking up, workforce capacity and safe working environments.

Financial: No

This paper provides an update on the refresh process and engagement activity. No specific financial decisions or commitments are requested at this stage. Any future resource implications arising from implementation will be considered through normal business planning and governance processes.

Workforce: Yes

The refresh relates directly to workforce sustainability, workforce experience, leadership, capability, wellbeing, culture and workforce planning. Engagement findings to date indicate significant workforce interest in these areas.

Legal: No

This report provides a progress update and does not seek approval for any legal agreements, statutory changes or decisions with direct legal implications.

Reputational: Yes

The People & Culture Strategic Plan is key to delivering upon organisational strategy. Failure to respond appropriately to workforce feedback or align the Plan to organisational priorities could impact confidence amongst staff, partners and external stakeholders.

Socio Economic: Yes - <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>	
<i>The refresh includes a focus on fair work, widening access, workforce development and the organisation's contribution to the wider economy. These areas have the potential to support the Health Board's socio-economic responsibilities.</i>	
Equality & Health: Yes	
Equity and inclusion form a key cross-cutting foundation of the proposed refreshed Plan. Engagement activity includes specific engagement with Staff Networks and seeks to ensure that workforce policies, services and development opportunities support an inclusive workplace and reduce inequalities.	
Decarbonisation: No	
The report relates to the refresh of the People & Culture Strategic Plan and does not contain proposals which directly impact decarbonisation objectives.	
Welsh Language: Yes	
<i>The proposed refreshed Plan includes maintaining the capacity and capability to provide services through the medium of Welsh and incorporates Welsh language considerations within workforce planning and inclusion activity.</i>	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Appendix 1: P&C Strategic Plan Refresh Engagement Matrix

Audience	Purpose	Key Question
All Staff	Understand colleague experience and priorities	What would make the greatest difference to your experience at work?
Managers	Understand delivery barriers and support needs	What would help managers create the conditions for success?
Clinical Board Senior Leadership Teams	Test strategic relevance and deliverability	Does the Plan reflect operational and workforce reality?
Corporate Senior Leadership Teams	Test organisational priorities and implementation requirements	Are the proposed priorities right and achievable?
Local Partnership Forum	Partnership and workforce perspective	What would support workforce sustainability and staff experience?
Local Negotiating Committee/Senior Medical Staff Committee	Medical workforce perspective	Does the Plan reflect the realities of clinical leadership and workforce sustainability?
Staff Networks	Equity, inclusion and lived experience	What feels missing from an inclusion, belonging or accessibility perspective?
People & Culture Directorate	Directorate contribution and organisational enablement	What should our Directorate focus on to support delivery?
Capital Estates and Facilities / All Wales Medical Genomics Service	Leadership and enabling services perspective	What organisational conditions are required for successful delivery?

Report Title:	Welsh Language Skills Update			Agenda Item No:	2.7
Meeting:	People & Culture Committee	Public	X	Meeting Date:	08 September 2026
		Private			
Status (please only tick one)	Assurance	X	Approval		Information/Noting
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity & Inclusion				
Main Report					
Background and Current Situation:					
This report provides a focused update to the People & Culture Committee on activity since the previous report considered on 21 July 2026. The previous report set out the Welsh Language Commissioner's decision notice under Standards Enforcement Investigation CS1436, including the requirement for the Health Board to record the Welsh language skills of at least 85% of employees by 31 July 2026. The Health Board did not achieve the 85% registration target by 31 July 2026. The current registration position has, however, continued to improve and is now 80.13%. Since the last update on 21 July 2026, the Health Board has continued targeted action to increase compliance and strengthen assurance. Activity has included: - the Executive Director of People & Culture writing directly to unregistered staff on two occasions, requesting completion of Welsh language skills registration; - the Executive Director of People & Culture raising the matter with senior leadership teams through Executive Review meetings, with emphasis on compliance and local accountability; - sharing detailed reports identifying outstanding registrations within Clinical Boards and service areas that had not yet achieved the 85% target; - direct correspondence to the Chief Operating Officer and the Director of Digital Health Intelligence regarding outstanding registrations within their areas; - continued targeted follow-up with Clinical Boards and service areas, including further local action to encourage completion by remaining unregistered staff; and - escalation to Board on 30 July 2026 through the Business Assurance Framework, ensuring continued senior organisational oversight and scrutiny. The Head of Equity & Inclusion met with representatives of the Welsh Language Commissioner's Office on 13 August 2026 to discuss organisational performance, including Welsh language skills registration. The Commissioner's Office advised that it would respond in due course. A formal written update was sent to the Welsh Language Commissioner on 17 August 2026, confirming that the Health Board had not met the 85% target by 31 July 2026, setting out the further actions taken, and reporting a registration rate of 79.81% at that point. At the time of preparing this report, the Health Board is still awaiting the Commissioner's formal response.					
Executive Director Opinion & Key Issues to bring to the attention of the Committee					

The failure to achieve the Commissioner's 85% target by 31 July 2026 is disappointing and means that a residual regulatory, legal and reputational risk remains. However, the Health Board has continued to demonstrate momentum since the July Committee report, with registration levels now at 80.13% and further targeted action in place to close the remaining gap.

The key assurance point for the Committee is that the issue continues to receive senior oversight and has been escalated through established governance routes. The combination of direct staff communication, Executive Review escalation, Clinical Board reporting, targeted Corporate Services intervention and Board scrutiny provides evidence of continued organisational grip.

Assurance should nevertheless remain qualified until the 85% target has been achieved and sustained, and until the Welsh Language Commissioner has formally responded to the Health Board's 17 August 2026 update. The Health Board will continue to monitor progress closely and maintain targeted follow-up with areas where outstanding registrations remain.

It remains important that this work is not viewed solely as a compliance exercise. Accurate Welsh language skills data is necessary to support workforce planning, recruitment decisions, Welsh language learning and development, and the Health Board's ability to plan and deliver bilingual services in line with the Welsh Language Standards and the Active Offer.

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

Recommendations:

- a) To note that although the Health Board did not achieve the Welsh Language Commissioner's 85% Welsh language skills registration target by 31 July 2026, we continue to proactively promote the requirements of our staff.

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	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	X	Long Term	X	Integration	X	Collaboration	X	Involvement	
------------	---	-----------	---	-------------	---	---------------	---	-------------	--

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	Not required
--	--	---	---	--------------

Impact Assessment

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

Risk: Yes
The Health Board remains subject to formal regulatory action following the Welsh Language Commissioner's determination under CS1436. The 85% target was not met by 31 July 2026 and a formal response from the Commissioner is awaited. Continued non-compliance may expose the organisation to further regulatory, legal, financial and reputational consequences.
Safety: Yes
Welsh language skills data supports the organisation's ability to understand workforce capability and plan services that can deliver bilingual care and the Active Offer. The template specifically recognises the relevance of Welsh language to patient understanding, dignity, accessibility and safety.
Financial: Yes
Whilst no direct financial implications arise from the report itself, failure to comply with the Welsh Language Commissioner's requirements may expose the Health Board to financial penalties. Under the Welsh Language (Wales) Measure 2011, the Commissioner may impose civil penalties of up to £5,000 where an organisation fails to comply with Welsh Language Standards or associated enforcement requirements. Continued non-compliance may also result in additional costs associated with regulatory intervention, legal proceedings and the implementation of corrective actions.
Workforce: Yes
The issue is directly workforce-related, as it concerns the recording of staff Welsh language skills, the use of that data for workforce planning, and the future alignment of recruitment, induction and performance review processes with Welsh Language Standards requirements
Legal: Yes
The Health Board has been formally determined by the Welsh Language Commissioner to have failed to comply with Standard 96 and previous enforcement action issued under investigation CS1063. The Commissioner has imposed further statutory requirements and associated reporting arrangements. Failure to comply with these requirements may lead to further enforcement action under the Welsh Language (Wales) Measure 2011, including the Commissioner applying to the County Court for an order requiring compliance with the decision notice.
Reputational: Yes
There is a reputational risk associated with continued non-compliance with the Welsh Language Standards, particularly as this matter follows previous enforcement action and has resulted in a second formal determination by the Welsh Language Commissioner. The Commissioner has powers to publicise failures to comply and, in some circumstances, require organisations to publicise their own failures. Failure to demonstrate sustained improvement may therefore impact stakeholder confidence, public perception and the Health Board's reputation as a public body committed to delivering bilingual services and meeting its statutory obligations.
Socio Economic: No
Equality & Health: Yes
The matter has implications for both equality and health outcomes. Welsh language skills data enables the Health Board to understand the capacity of its workforce to provide services through the medium of Welsh and support delivery of the Active Offer in accordance with the Welsh Language Standards and the principles of Mwy na geiriau / More than just words. Incomplete

workforce data limits the Health Board's ability to identify service gaps, plan appropriately for Welsh-speaking communities, and ensure equitable access to services for Welsh speakers. Improving compliance with Standard 96 will strengthen workforce planning, support the recruitment and development of Welsh-speaking staff, and contribute to ensuring that patients are able to receive care in their preferred language where required

Decarbonisation: No

Welsh Language: Yes

This report relates directly to the Health Board's compliance with the Welsh Language Standards and the Welsh Language Commissioner's Standards Enforcement Investigation (CS1436). The subject matter, associated risks and proposed actions are intrinsically linked to the Welsh language, including the Health Board's statutory obligations to assess and record workforce Welsh language skills, its ability to plan and deliver bilingual services, and its wider contribution to Welsh Government policy objectives. Accurate Welsh language skills data is essential to supporting delivery of the Active Offer, informing workforce planning and recruitment decisions, identifying Welsh language development opportunities, and enabling compliance with both the Welsh Language Standards and the principles set out within Mwy na geiriau / More than just words. Failure to achieve compliance may adversely affect the Health Board's ability to evidence and deliver Welsh language services, as well as exposing the organisation to the legal, regulatory, financial and reputational risks outlined elsewhere within this report.

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

Name of Committee/Group/Exec

Date:

Cardiff & Vale UHB
Welsh Language
Annual Report
2025 – 2026

Contents

1. Foreword.....	3
2. Executive Summary.....	5
3. About this report	7
4. Governance and Accountability.....	8
5. Performance Against the Welsh Language Standards.....	9
5.1 Service Delivery Standards.....	9
5.2 Policy-Making Standards.....	10
5.3 Operational Standards	11
5.4 Overall Position	12
6. Developing and Promoting Welsh	12
6.1 Welsh Language Learning and Workforce Development	13
6.2 Encouraging the Use of Welsh in the Workplace.....	14
6.3 Good Practice Across the Health Board	15
6.4 Supporting Welsh-Speaking Patients and Service Users	15
6.5 Looking Forward.....	16
7. Statutory Information	16
7.1 Complaints Relating to the Welsh Language Standards	17
7.2 Workforce Welsh Language Skills	17
7.3 Recruitment and Welsh Language Requirements	18
7.4 Welsh Language Awareness and Learning	19
7.5 Compliance Monitoring and Improvement Activity	19
7.6 Areas for Continued Improvement	19
8. Learning, Challenges and Priorities.....	20
8.1 Reflections on 2025–2026.....	20
8.2 Ongoing Challenges.....	21
8.3 Priorities for 2026–2027.....	22
Looking Ahead.....	23

1. Foreword

I am pleased to present Cardiff and Vale University Health Board's Welsh Language Annual Report for 2025–2026. This report outlines the progress made during the year to support compliance with the Welsh Language Standards and strengthen the provision of Welsh language services across our organisation.

The Welsh language is an integral part of the communities we serve and plays an important role in delivering person-centred healthcare. We remain committed to ensuring that Welsh-speaking patients, service users and staff can access services and support in their language of choice, and that Welsh is treated no less favourably than English in all aspects of our work.

During 2025–2026, we made progress in several important areas. We improved the recording of workforce Welsh language skills, maintained a strong focus on staff awareness, supported Welsh language learning and saw valuable examples of bilingual practice across our services. These achievements reflect the commitment of colleagues who are working to make Welsh more visible and accessible in healthcare.

We must also be candid about our current position. Progress is not yet consistent across the organisation, and we do not always have the workforce information or assurance needed to demonstrate that Welsh language needs are being addressed systematically. Telephone services, locally managed communications, workforce planning and the application of Welsh language requirements in recruitment all require further attention. Engagement with the Welsh Language Commissioner and our own monitoring have helped us understand these gaps and must now lead to sustained improvement.

While compliance with the Welsh Language Standards remains a statutory responsibility, our ambition extends beyond compliance alone. We want to create an environment where Welsh is visible, valued and actively used; where staff feel supported to develop and use their Welsh language skills; and where patients and service users can engage with our services confidently in Welsh if they choose.

I would like to thank colleagues across the Health Board for their continued commitment and contribution throughout the year. Their efforts help ensure that the Welsh language remains an important part of how we deliver compassionate, inclusive and equitable healthcare.

As we look ahead, we remain committed to building on the progress achieved to date, addressing areas for improvement and working collaboratively with our staff, patients, communities and partners to strengthen Welsh language services for the future.

Rachel Gidman

Executive Director of People and Culture

Cardiff and Vale University Health Board

2. Executive Summary

This report describes Cardiff and Vale University Health Board's performance against the Welsh Language Standards between 1 April 2025 and 31 March 2026. It records areas of progress and good practice, while also recognising that Welsh language capacity, provision and assurance are not yet consistent across the organisation. Further work is required to ensure that Welsh language needs are identified systematically and that patients, service users and staff receive a reliable experience across all services.

The Health Board has intentionally taken a transparent approach to reporting, highlighting both progress and areas requiring improvement in order to support continuous improvement and organisational learning.

Key Progress

During 2025–2026:

- Workforce Welsh language skills were recorded for 70.14% of staff, representing a significant improvement and providing a stronger foundation for workforce planning and service development.
- 87.96% of staff completed the mandatory Welsh Language Awareness eLearning module, helping to strengthen understanding of the Welsh Language Standards and the Active Offer.
- Welsh language learning opportunities continued to be promoted through partnerships with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh, supporting staff confidence and capability.
- Bilingual communications remained a priority across patient information, digital platforms, corporate communications and public-facing services.
- No formal complaints relating to compliance with the Welsh Language Standards were received directly by the Health Board through its corporate complaints processes.

Challenges and Learning

Alongside positive developments, the evidence shows that further organisational progress is required. Workforce Welsh language data remain incomplete, recruitment information indicates that Welsh language capability is not yet being translated consistently into role requirements, and assurance across telephone and locally managed communication channels requires strengthening. Matters raised directly with the Welsh Language Commissioner also demonstrate that the absence of complaints received through the

Health Board's own processes should not be interpreted as evidence that concerns do not exist. These findings will be used to target improvement during 2026–2027.

Priorities for 2026–2027

The Health Board will focus on:

- Improving the completeness and quality of workforce Welsh language skills data.
- Increasing staff confidence and capability to use Welsh.
- Strengthening Welsh language service delivery and the Active Offer.
- Enhancing assurance across telephone, digital and social media communications.
- Maintaining strong governance and continuous improvement arrangements.

Summary

The Health Board remains committed to ensuring that Welsh is treated no less favourably than English and that Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh with confidence. The progress achieved during 2025–2026 provides a strong foundation for continued improvement in the year ahead.

3. About this report

The Welsh Language (Wales) Measure 2011 established a legislative framework to promote and protect the Welsh language in Wales. Under the Welsh Language Standards (No. 7) Regulations, Cardiff and Vale University Health Board is required to ensure that Welsh is treated no less favourably than English and that individuals are able to access services through the medium of Welsh where they choose to do so.

This Annual Report covers the period 1 April 2025 to 31 March 2026 and describes how the Health Board met its responsibilities under the Welsh Language Standards during that time. The report has been prepared in accordance with the requirements of the Welsh Language Commissioner and forms part of the Health Board's commitment to transparency, accountability and continuous improvement.

The report provides an overview of the arrangements in place to support compliance with the Welsh Language Standards and promote the use of Welsh across the organisation. It outlines activity undertaken in relation to the Service Delivery, Policy-Making and Operational Standards, together with the statutory information required as part of the annual reporting process.

The report also highlights progress made during the year to support bilingual service delivery, develop workforce capability and strengthen Welsh language provision across the Health Board. It concludes by identifying key priorities that will support continued improvement and help ensure Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh.

4. Governance and Accountability

Strong governance arrangements are essential to ensuring that the Health Board meets its responsibilities under the Welsh Language Standards and continues to improve access to Welsh language services for patients, service users and staff. The Health Board is committed to embedding Welsh language considerations within decision-making, service delivery and organisational planning to ensure that Welsh is treated no less favourably than English.

Overall accountability for compliance with the Welsh Language Standards rests with the Chief Executive, with executive responsibility delegated to the Executive Director of People and Culture. Strategic oversight is provided through the People and Culture Committee, which receives assurance on compliance, monitors progress against improvement actions and oversees the Health Board's approach to Welsh language services.

Day-to-day coordination and operational support are provided by the Equity & Inclusion Team. The team works with Clinical Boards, Service Boards and corporate departments to support implementation of the Standards, provide advice and guidance, coordinate monitoring activity and promote good practice across the organisation.

During 2025–2026, the Health Board continued to monitor compliance through established assurance arrangements. This included oversight of workforce Welsh language skills data, staff training, complaints and concerns, and service improvement initiatives. Self-assessment and evidence-gathering activity undertaken throughout the year helped identify areas of good practice, opportunities for improvement and emerging risks.

The Health Board also maintained constructive engagement with the Welsh Language Commissioner throughout the reporting period. Monitoring and compliance activity undertaken during the year provided valuable assurance and informed a number of improvement actions relating to workforce planning, digital communications, telephone services and the development of Welsh language services. The findings and recommendations arising from this work have been used to strengthen organisational learning and support continuous improvement.

While progress has been made in several areas, the Health Board recognises the importance of maintaining robust governance and assurance arrangements to support sustainable improvement. Particular focus during 2026–2027 will be placed on strengthening workforce data, enhancing assurance across communication channels and continuing to build organisational capacity to deliver high-quality Welsh language service.

5. Performance Against the Welsh Language Standards

During 2025–2026, the Health Board continued to implement the Welsh Language Standards across its services and functions. Activity undertaken throughout the year focused on strengthening bilingual service delivery, supporting staff to develop and use Welsh language skills, and ensuring Welsh language considerations were embedded in planning and decision-making processes. This section provides an overview of progress against the Service Delivery, Policy-Making and Operational Standards.

5.1 Service Delivery Standards

The Service Delivery Standards are intended to ensure that Welsh-speaking patients, service users and members of the public can access services through the medium of Welsh and that Welsh is treated no less favourably than English.

Bilingual Communications and Information

Throughout the year, Clinical Boards, Service Boards and corporate departments continued to provide information and services bilingually across a range of communication channels. Evidence submitted by services demonstrated ongoing efforts to ensure patient-facing information was available in Welsh, promote the Active Offer and support staff in recognising and responding to language preferences. Examples included the translation of patient correspondence and information materials, the provision of bilingual patient information and the promotion of Welsh language services within local teams and departments.

Several services also reported actions to improve awareness of Welsh language needs within clinical pathways and communication processes, helping to support patient choice and improve access to services in Welsh.

Digital Communications and Social Media

The Communications and Engagement Team continued to support compliance with the Welsh Language Standards through established governance and approval processes for digital communications. Corporate social media content continued to be published bilingually, Welsh language compliance formed part of communication approval arrangements, and monthly Ask Suzanne sessions remained accessible through

simultaneous Welsh translation. Corporate website content also continued to be subject to bilingual publication requirements.

During the reporting period, the Welsh Language Commissioner undertook thematic monitoring of social media compliance. The findings highlighted strong compliance across centrally managed corporate accounts while identifying opportunities to strengthen oversight and assurance arrangements for locally managed departmental accounts. In response, the Health Board has continued work to improve governance and strengthen monitoring arrangements across digital communication channels.

Telephone Services

The Health Board continued to implement improvements relating to bilingual telephone services following previous enforcement activity by the Welsh Language Commissioner. Work undertaken during the year included strengthening bilingual greetings, reviewing automated telephone systems and enhancing assurance relating to Welsh language provision within telephone services. The completion of a number of enforcement actions represents progress. Nevertheless, monitoring showed that the Health Board cannot yet be assured that Welsh-speaking callers receive a consistent service across all telephone systems and service areas. Further work is required on staff capability, bilingual greetings, automated systems and local monitoring. Improving confidence that Welsh-speaking callers can access services consistently through the medium of Welsh will remain a key area of focus during 2026–2027.

5.2 Policy-Making Standards

The Policy-Making Standards are intended to ensure that Welsh language considerations are embedded within strategic planning, policy development and decision-making.

Throughout 2025–2026, Welsh language considerations continued to form part of established governance and assessment processes across the Health Board. Welsh language impacts were considered through Equality and Health Impact Assessments and incorporated into wider organisational planning and service development activity. Clinical Boards and Service Boards reported that Welsh language needs were considered alongside broader accessibility and communication requirements when reviewing services, developing improvement initiatives and undertaking organisational change.

The Health Board's Clinical Consultation Plan continued to support the development and planning of Welsh language clinical services. Activity during the year focused on improving understanding of workforce Welsh language capacity and ensuring that planning

arrangements are informed by a clearer understanding of linguistic need and workforce capability.

Work undertaken during the year reinforced the importance of accurate workforce information, effective service planning and consideration of linguistic needs at an early stage in decision-making processes. These will remain important areas of focus as the Health Board continues to develop Welsh language services and support patient choice.

5.3 Operational Standards

The Operational Standards support the use of Welsh within the workplace and help ensure that staff are able to access support, information and development opportunities through the medium of Welsh.

Workforce Welsh Language Skills

Improving the recording and understanding of workforce Welsh language skills remained an important organisational priority during 2025–2026. The Health Board implemented a range of measures to improve the completeness and quality of workforce data, including strengthened governance arrangements, targeted communications, mandatory recording requirements and regular monitoring across Clinical Boards, Service Boards and corporate departments.

As at 31 March 2026, Welsh language skills had been recorded for 70.14% of the workforce. This represents progress in data completion. However, 29.86% of the workforce had not been assessed. This remains a substantial information gap and limits the Health Board's ability to understand its Welsh language capacity, make informed workforce decisions and align provision with service need. Improving both the completeness and reliability of these data will remain a priority during 2026–2027.

While progress was made during the year, improving the completeness and accuracy of workforce Welsh language skills data remains a key priority to support effective planning and delivery of Welsh language services.

Welsh Language Awareness and Workforce Development

The Health Board continued to support staff understanding of the Welsh Language Standards, the Active Offer and the importance of Welsh language services within healthcare settings. As at 31 March 2026, 87.96% of staff had completed the mandatory Welsh Language Awareness eLearning module.

Staff were also supported to develop Welsh language skills through a range of learning opportunities provided in partnership with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh. Further information relating to learning and development activity is provided in Section 6 of this report.

Recruitment and Workforce Planning

Welsh language requirements continued to be considered as part of recruitment and workforce planning processes throughout the reporting period. During 2025–2026, 1,232 vacancies were advertised. Welsh language skills were identified as desirable for 1,188 posts and not necessary for 44; no posts identified Welsh as essential or as a skill to be learnt on appointment. While infrastructure is available to help managers assess the Welsh language requirements of roles, these figures raise questions about whether that infrastructure is being applied consistently and whether recruitment decisions adequately reflect service and population need. Strengthening the quality, consistency and scrutiny of these assessments will be a priority for 2026–2027.

5.4 Overall Position

Performance during 2025–2026 presents a mixed but developing picture. The Health Board improved workforce data completion, maintained a high rate of Welsh Language Awareness training and supported examples of positive practice across services. These developments provide useful foundations for further improvement.

However, progress is not yet consistent across the organisation. Workforce data remain incomplete, the application of Welsh language requirements in recruitment requires significant strengthening, and assurance is not yet consistent across telephone services and locally managed communications. The evidence also describes organisational activity more clearly than its effect on the experience of Welsh-speaking patients and service users. Addressing these limitations will require sustained leadership, clearer accountability and a stronger focus on measurable outcomes during 2026–2027.

6. Developing and Promoting Welsh

The Health Board aspires not only to comply with the Welsh Language Standards but also to foster an organisational culture in which the Welsh language is visible, valued and actively used.

Throughout 2025–2026, the Health Board continued to promote opportunities for staff to develop their Welsh language skills, increase confidence in using Welsh within the workplace and support the delivery of bilingual services across clinical and non-clinical settings.

This work reflects the Health Board's commitment to supporting the Active Offer and creating an environment in which Welsh-speaking patients, service users and staff feel recognised, included and able to communicate through the medium of Welsh where they choose to do so.

6.1 Welsh Language Learning and Workforce Development

Developing workforce confidence and capability remains a key element of the Health Board's approach to promoting Welsh. During 2025–2026, staff continued to access a range of learning opportunities through the Health Board's partnership with Dysgu Cymraeg Caerdydd (Learn Welsh Cardiff) and the National Centre for Learning Welsh. These programmes support staff at different stages of their learning journey and help build confidence in using Welsh within healthcare settings.

Learning Opportunities

A range of learning opportunities were promoted throughout the year, including introductory courses for new learners and programmes aimed at supporting staff to use Welsh more confidently in the workplace. These opportunities provide practical support for staff wishing to develop Welsh language skills and contribute to the delivery of the Active Offer across Health Board services.

Staff participation included:

- 74 staff completing Cwrs Croeso (Welcome Course).
- 40 staff completing Cwrs Blasu (Taster Course)
- 7 staff completing Codi Hyder (Building Confidence).

Together, these programmes support staff to develop practical language skills, increase confidence and apply Welsh in day-to-day interactions with patients, service users and colleagues.

Welsh Language Awareness

Alongside formal language learning, the Health Board continued to promote awareness of the Welsh Language Standards, the Active Offer and the importance of Welsh language services through mandatory Welsh Language Awareness training. This contributes to a wider organisational understanding of how language can influence patient experience, accessibility and inclusion.

6.2 Encouraging the Use of Welsh in the Workplace

Creating opportunities for staff to use Welsh in everyday workplace settings remains an important part of developing a bilingual culture.

Rhwyd-laith Staff Network

Rhwyd-laith, the Health Board's Welsh language staff network, continued to provide a forum for staff who speak Welsh, are learning Welsh or wish to increase their use of the language at work. The network supports the sharing of resources, learning opportunities and information about Welsh language initiatives, while also providing encouragement and peer support for staff developing their language skills.

Throughout the year, Rhwyd-laith played a role in promoting Welsh language activity across the organisation and raising awareness of opportunities available to staff.

Raising Awareness and Building Confidence

The Health Board continued to promote Welsh language learning and awareness through a range of internal communication channels and engagement activities. These included:

- Promoting Welsh language learning opportunities and resources.
- Encouraging staff to record their Welsh language skills on ESR.
- Sharing practical resources to support bilingual greetings and conversations.
- Supporting awareness of the Active Offer.
- Promoting national Welsh language campaigns and events.

These activities help create a supportive environment in which staff are encouraged to develop and use Welsh, regardless of their current level of knowledge or confidence.

6.3 Good Practice Across the Health Board

The examples below demonstrate positive local practice. They should be viewed as illustrations of developing approaches rather than evidence of consistent implementation across the organisation. Future reports should seek to include information about reach, outcomes and the extent to which successful approaches have been adopted elsewhere.

Clinical Diagnostics and Therapies Clinical Board

The Clinical Diagnostics and Therapies Clinical Board reported significant improvements in workforce Welsh language skills recording and continued to promote Welsh language resources through local communication channels. Services within the Clinical Board also undertook practical actions to improve access to Welsh language services, including ensuring that patient information and correspondence were available bilingually where appropriate. A member of staff also undertook Welsh language learning to support communication with Welsh-speaking patients.

Primary, Community and Intermediate Care Clinical Board (PCIC)

The 2025 PCIC Celebratory Awards included a dedicated Equality, Diversity, Inclusion and Welsh Language Award. Event materials, certificates and presentations were produced bilingually, and examples of Welsh language promotion and service delivery were recognised through the awards programme. The initiative provided an opportunity to celebrate good practice and reinforce the importance of Welsh language services within patient care.

Communications and Engagement Team

The Communications and Engagement Team continued to support bilingual communication across the organisation, including the publication of bilingual corporate social media content, bilingual website content and simultaneous Welsh translation during Ask Suzanne staff engagement sessions. These arrangements help ensure that Welsh-speaking staff can access information and participate in organisational communications through the medium of Welsh.

6.4 Supporting Welsh-Speaking Patients and Service Users

Across the Health Board, services reported a range of actions designed to improve access to Welsh language services and support the needs of Welsh-speaking patients and service

users. These included the provision of bilingual patient information, translation of patient-facing documentation and continued promotion of the Active Offer across services.

Work undertaken through the Clinical Consultation Plan and local service improvement initiatives has also contributed to strengthening understanding of Welsh language needs and supporting longer-term development of Welsh language services.

While approaches vary across services, the common aim is to ensure that language is recognised as an important aspect of person-centred care and that individuals are able to access services in Welsh when they choose to do so.

6.5 Looking Forward

The Health Board recognises that promoting the Welsh language is a continuous process that extends beyond compliance with statutory requirements. Building workforce confidence, creating opportunities to use Welsh, celebrating good practice and supporting bilingual service delivery will remain important priorities in the years ahead. By continuing to invest in learning, engagement and cultural change, the Health Board aims to strengthen its ability to meet the linguistic needs of the communities it serves and create an environment where Welsh language services can flourish.

7. Statutory Information

This section provides the information required under the Welsh Language Standards in relation to the reporting period 1 April 2025 to 31 March 2026.

7.1 Complaints Relating to the Welsh Language Standards

Cardiff and Vale University Health Board is committed to ensuring that concerns relating to the Welsh language are considered appropriately and that opportunities for learning and improvement are identified where required. Concerns relating to patient care are managed through the Putting Things Right process, while concerns relating to corporate services and compliance with the Welsh Language Standards are managed through the Health Board's established corporate processes.

Complaints Received During 2025–2026

No formal complaints relating to compliance with the Welsh Language Standards were received directly by the Health Board during the reporting period.

A number of Welsh language matters were raised directly with the Welsh Language Commissioner during the year. These related primarily to workforce Welsh language skills recording, recruitment and workforce planning, telephone services, social media compliance, signage and the development of Welsh language services. The Health Board engaged constructively throughout this process and used the resulting findings and recommendations to support improvement activity.

7.2 Workforce Welsh Language Skills

Improving the completeness and quality of workforce Welsh language data remained a key organisational priority during 2025–2026. As at 31 March 2026, Welsh language skills had been recorded for 70.14% of the workforce. This represents a significant improvement compared with previous years and provides a stronger evidence base to support workforce planning and service development.

Workforce Welsh Language Skills Profile (31 March 2026)

Listening / Speaking Welsh	Headcount	% of Workforce
0 – No Skills (Dim Sgiliau)	8,483	49.55%
1 – Entry (Mynediad)	2,167	12.66%

2 – Foundation (Sylfaen)	426	2.49%
3 – Intermediate (Canolradd)	259	1.51%
4 – Higher (Uwch)	277	1.62%
5 – Proficiency (Hyfedredd)	396	2.31%
Not Assessed	5,113	29.86%
Total Workforce	17,121	100%

During the reporting period, the Health Board strengthened governance arrangements to improve the recording of workforce Welsh language skills. This work will continue during 2026–2027 to support workforce planning and the provision of Welsh language services.

7.3 Recruitment and Welsh Language Requirements

During 2025–2026, a total of 1,232 vacancies were advertised and categorised as follows.

Welsh Language Requirements for Vacancies

Welsh Language Category	Number of Vacancies
Welsh language skills essential	0
Welsh language skills desirable	1,188
Welsh language skills to be learnt when appointed to the post	0
Welsh language skills not necessary	44
Total	1,232

The Health Board has established infrastructure to support managers in assessing the Welsh language skills required for posts, including processes to consider Welsh language requirements as part of recruitment and workforce planning. However, the Health Board recognises that there remains much work to do to ensure this infrastructure is consistently understood, actively promoted and used meaningfully across the organisation. Greater organisational focus will be required to ensure that Welsh language requirements are considered at an early stage in recruitment planning and that decisions are informed by service need, workforce capacity and the linguistic needs of patients, service users and

communities. Strengthening this approach will form part of the Health Board's priorities for 2026–2027.

7.4 Welsh Language Awareness and Learning

The Health Board continued to promote Welsh Language Awareness training to support staff understanding of the Welsh Language Standards, the Active Offer and the importance of Welsh language services within healthcare settings. As at 31 March 2026, 87.96% of staff had completed the mandatory Welsh Language Awareness eLearning module.

The Health Board also continued to promote opportunities for staff to develop Welsh language skills through its partnership with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh. Further information about learning and development activity is provided in Section 6 of this report.

7.5 Compliance Monitoring and Improvement Activity

Throughout 2025–2026, the Health Board engaged with a range of compliance and monitoring activities relating to the Welsh Language Standards. These activities included:

- Workforce Welsh language skills recording and workforce planning.
- Recruitment and workforce assessment processes.
- Bilingual telephone services.
- Social media compliance.
- Signage and public-facing communications.
- Development of Welsh language clinical services.

Learning arising from these activities has informed governance arrangements, service improvement activity and the priorities identified for 2026–2027.

7.6 Areas for Continued Improvement

The Health Board remains committed to continuous improvement and has identified the following areas as priorities for further development:

- Further improving the completeness and quality of workforce Welsh language skills data.
- Strengthening assurance arrangements for bilingual telephone services.
- Continuing to develop workforce capacity to support Welsh language service provision.
- Strengthening the use of workforce data to inform service planning and delivery.

8. Learning, Challenges and Priorities

8.1 Reflections on 2025–2026

During 2025–2026, the Health Board continued to strengthen its approach to implementing the Welsh Language Standards and supporting the delivery of bilingual services across the organisation. Progress was evident in several areas, including improvements in the recording of workforce Welsh language skills, high levels of completion of Welsh Language Awareness training, continued investment in Welsh language learning and development, and sustained efforts to promote bilingual communication and the Active Offer across services.

The reporting period also demonstrated the value of strong governance, partnership working and organisational learning. Engagement with staff, Clinical Boards, Service Boards and external partners helped identify examples of good practice and supported the continued development of Welsh language services across a range of settings. Learning opportunities provided through partnerships with Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh continued to support staff confidence and capability, contributing to the Health Board's longer-term ambition of developing a bilingual workforce.

The Health Board's engagement with the Welsh Language Commissioner throughout the year provided further opportunities to strengthen assurance, review existing arrangements and identify areas where improvements were required. This has helped reinforce the importance of evidence-based planning, consistent implementation and continuous improvement in supporting Welsh language services.

8.2 Ongoing Challenges

The Health Board has made progress, but it does not yet deliver or assure Welsh language provision consistently across all services. The principal challenge for 2026–2027 is to move from individual examples of positive practice and developing infrastructure towards a more systematic organisational approach.

Workforce information remains incomplete, with 29.86% of staff recorded as not assessed at 31 March 2026. This limits the Health Board's ability to understand where Welsh language skills are available and where gaps may affect service provision. Data quality must therefore improve alongside completion rates.

Recruitment practice also requires greater organisational attention. No vacancies advertised during the year identified Welsh language skills as essential or as a requirement to be learnt on appointment. Although this does not establish whether individual assessments were appropriate, it indicates a need for stronger scrutiny of how language need, workforce capacity and service requirements are considered when posts are planned.

Assurance across communication channels remains uneven. Corporate social media arrangements showed positive results, but oversight of locally managed accounts requires strengthening. Similarly, progress on telephone services has not yet provided consistent assurance that Welsh-speaking callers receive an equivalent experience across the organisation.

The Health Board must also strengthen its understanding of outcomes. Much of the available evidence describes activity, participation and process. Future monitoring should

provide a clearer picture of whether these actions improve access, patient experience and the consistent delivery of the Active Offer.

8.3 Priorities for 2026–2027

Building on the progress made during 2025–2026, the Health Board has identified five priority areas for the coming year.

1. Establish reliable workforce evidence

Reduce the number of staff whose Welsh language skills are not recorded, improve confidence in data quality and use the resulting evidence in workforce and service planning.

2. Strengthen recruitment decisions

Ensure managers assess Welsh language requirements consistently and at an early stage, with decisions informed by service need, workforce capacity and the linguistic needs of patients and communities.

3. Increase and apply workforce capability

Broaden participation in Welsh language learning, support progression and create practical opportunities for staff to use their skills in their roles.

4. Provide consistent service and communication assurance

Establish proportionate monitoring across telephone services, digital platforms, social media and locally managed communications, with clear ownership of corrective action.

5. Demonstrate outcomes for patients and service users

Develop measures that show whether Welsh language activity is improving access, experience and delivery of the Active Offer, rather than relying primarily on activity and completion data.

6. Strengthen organisational accountability

Use scrutiny, feedback, complaints, monitoring and engagement with the Welsh Language Commissioner to identify risk, track improvement actions and provide transparent assurance.

Looking Ahead

The Health Board remains committed to ensuring that Welsh is treated no less favourably than English and that Welsh-speaking patients, service users and staff can access services and support through the medium of Welsh with confidence. The progress achieved during 2025–2026 provides a strong foundation for future improvement, and the Health Board will continue to work collaboratively with staff, patients, communities and partners to strengthen Welsh language services and promote the use of Welsh in healthcare settings.



GIG
CYMRU
NHS
WALES

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



Shaping Our Future

Workforce

Surgery Clinical Board People and Culture Committee September 2026

**Building a healthier workforce, strengthening culture
and improving staff experience to support safe and
effective patient care.**





Executive Summary

Key Messages

- ✓ Workforce stability continues to improve
- ✓ Significant cultural improvement activity underway across theatres, HSDU and SSSU
- ⚠ Workforce pressures remain around workload, wellbeing, training compliance and recruitment



Shaping Our Future
Workforce

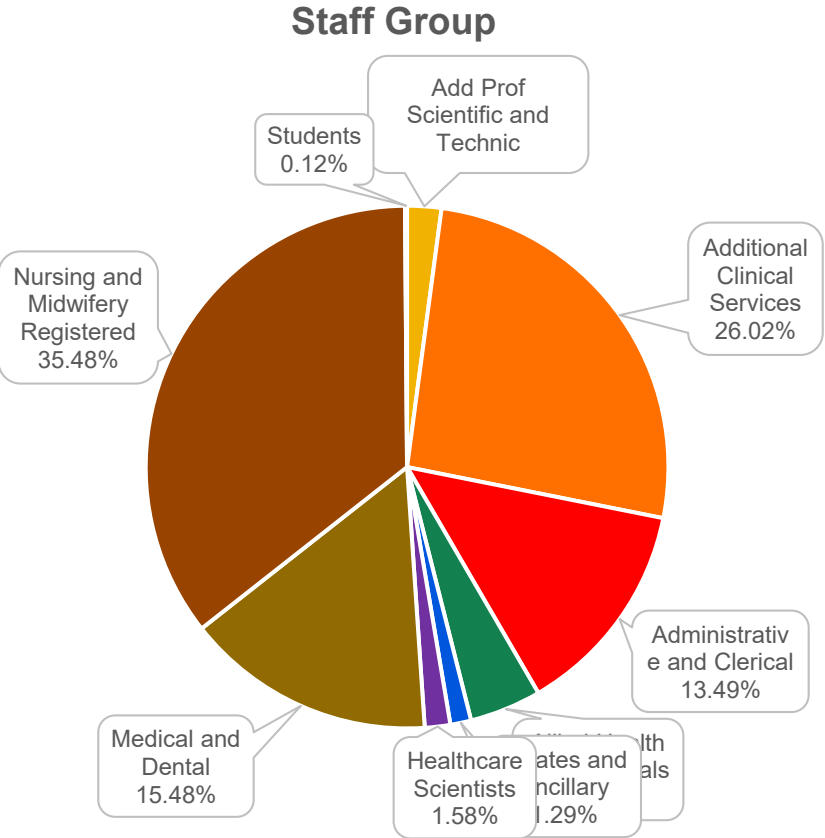
Workforce at a Glance

Metric	Position
Workforce	2,124 WTE
Individuals	2,410
Largest Directorate	Peri-Operative
Theatre Capacity	34 theatre areas

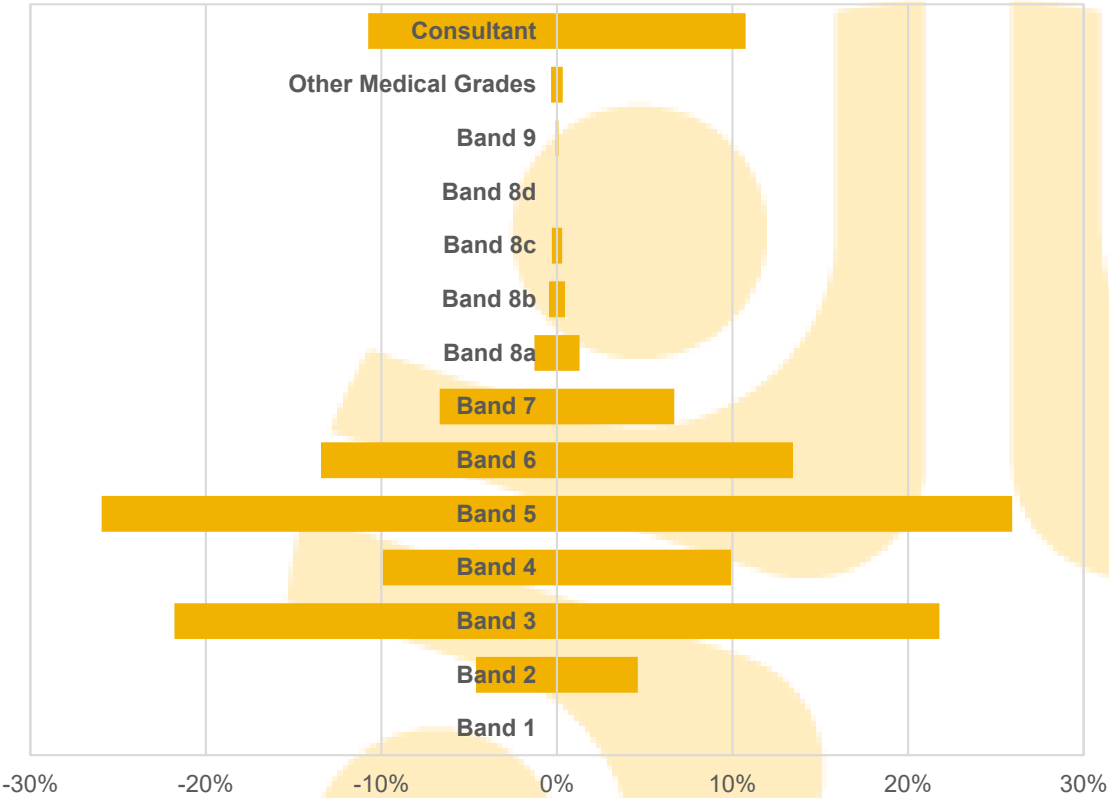




Workforce Shape

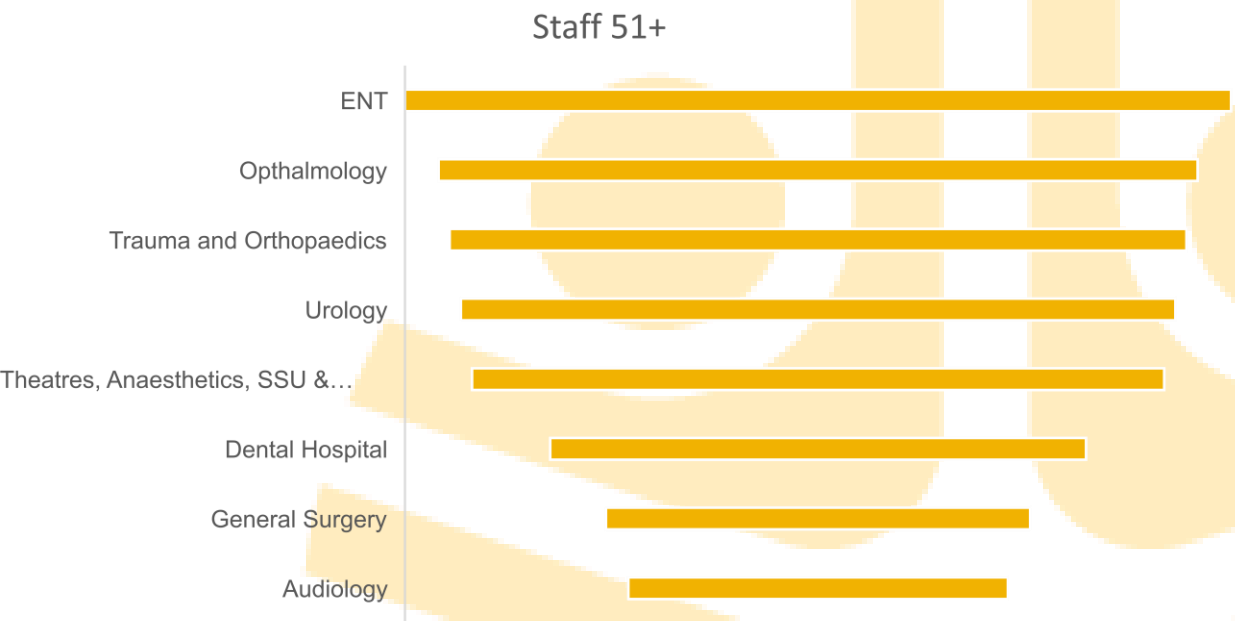
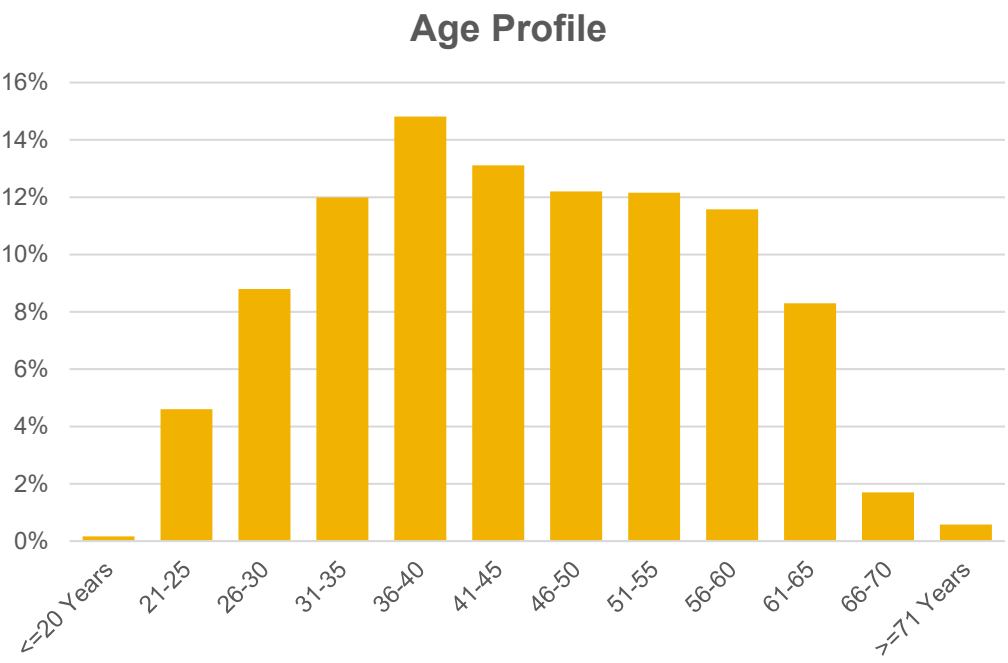


Christmas Tree by Pay Band





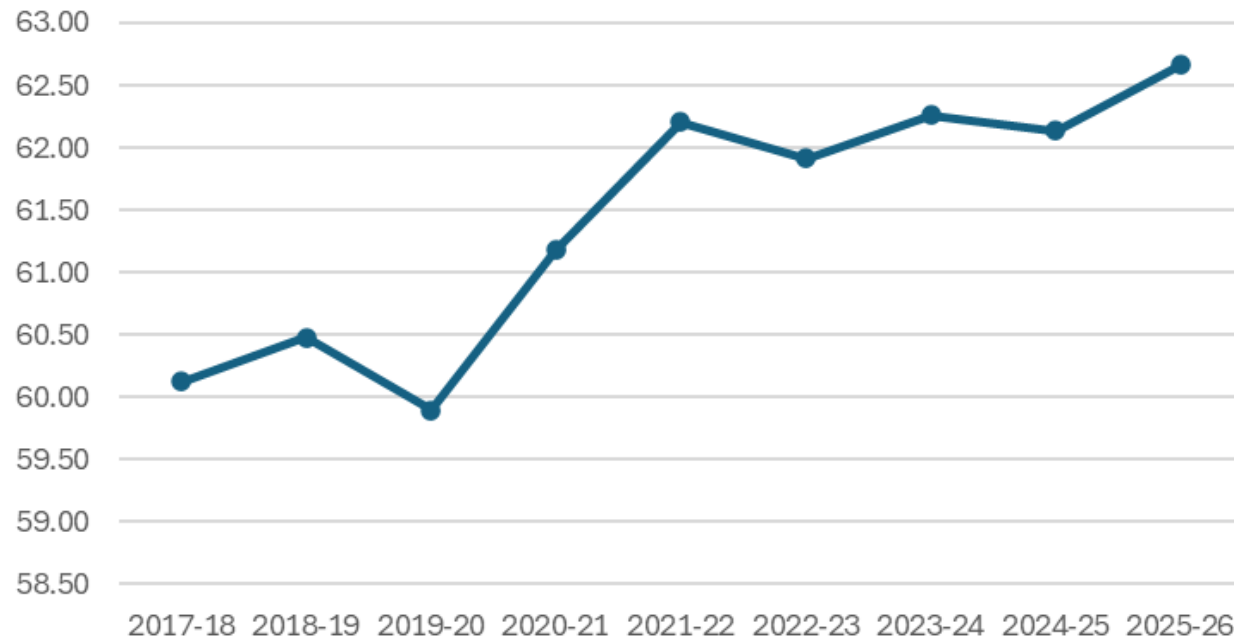
Workforce Shape



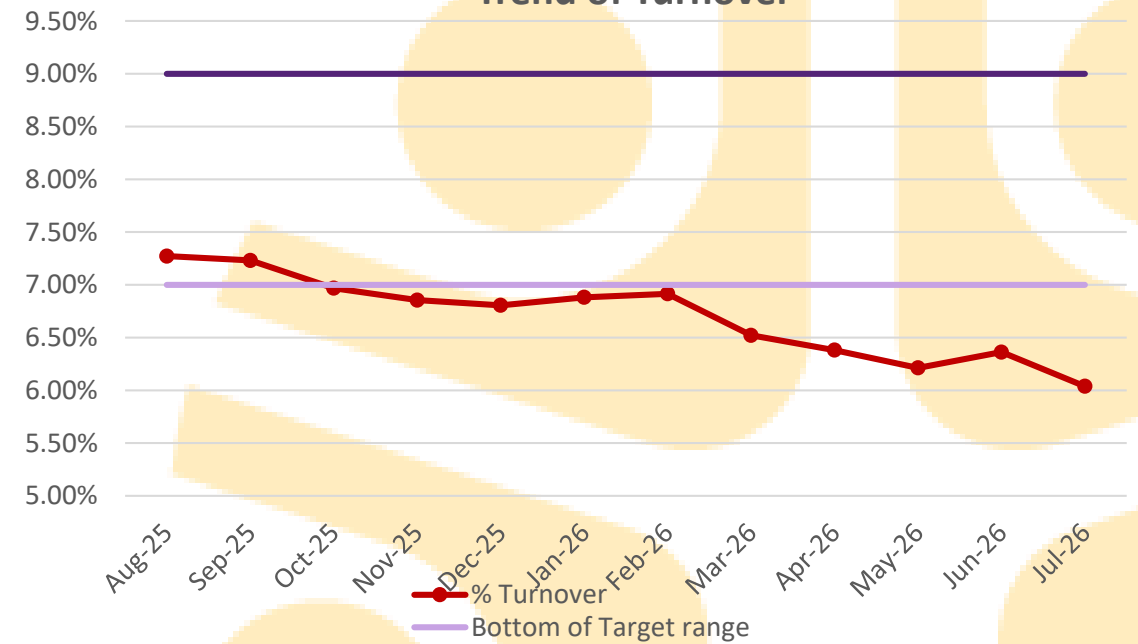


Workforce Shape

Average Retirement Age



Trend of Turnover





Shaping Our Future

Workforce



GIG
CYMRU
NHS
WALES

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

Key Workforce Risks

● **Workforce pressure and wellbeing**

- Burnout concerns identified through survey feedback

□ **Recruitment and workforce supply**

- Vacancies impacting capacity and productivity

□ **Compliance and mandatory training**

- Below Health Board targets

□ **Leadership and culture**

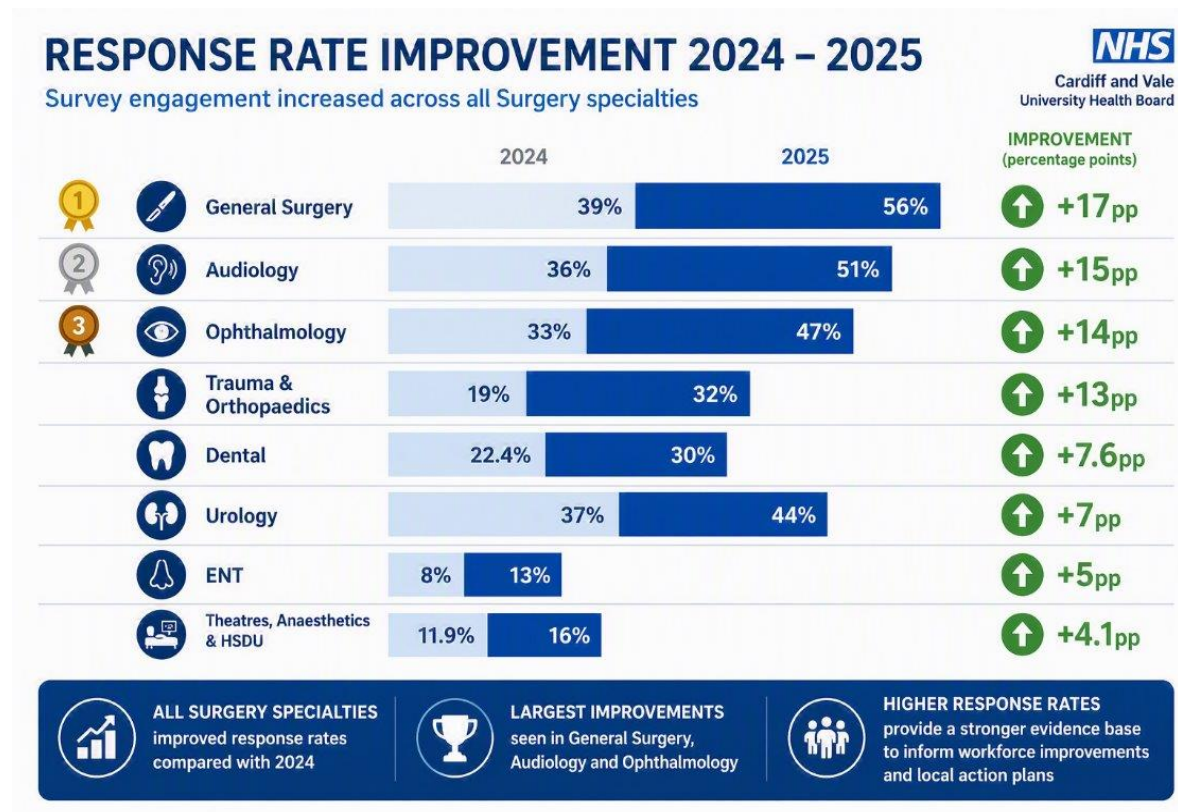
- Improvement programmes delivering positive results



Workforce KPIs (Position July 2026)

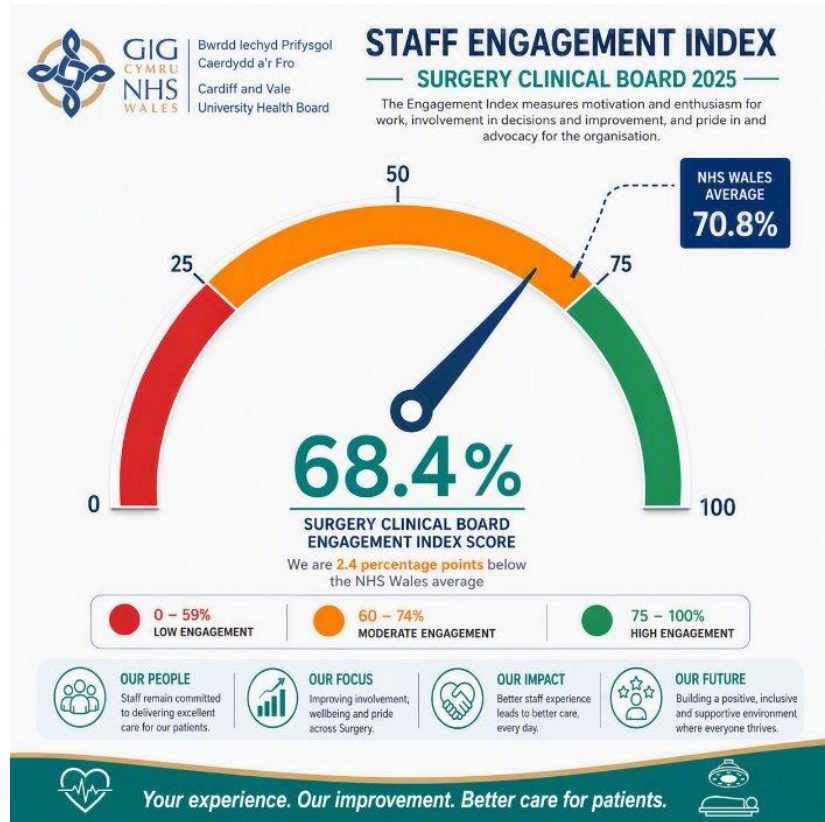
KPI	Position	Trend
Turnover	6.0%	↓
Sickness	6.3%	Stable
VBA	77%	↑
Fire Compliance	82%	↑

Staff Survey 2025



Your experience. Our improvement. Better care for patients.

Staff Survey 2025



What Staff Told Us

- Healthy Working Environments
 - Workload pressures
 - Staffing concerns
 - Burnout and wellbeing
- Staff Involvement & Engagement
 - Greater involvement in decisions
 - More opportunity to influence improvement
- Pride & Advocacy
 - Staff want stronger recognition
 - Improve organisational pride and recommendation

Your experience. Our improvement. Better care for patients.

Staff Survey 2025: What We Heard and What Happens Next

141 staff
responses

TOP MESSAGES FROM STAFF

INVOLVE US

Involve us in decisions that
affect our work

SUPPORT US

Support workload and wellbeing

VALUE US

Help us feel valued

OUR RESPONSE

1

Discuss results with every team



2

Agree 1-3 local priorities



3

Develop local action plans



4

Implement improvements



5

Share progress and launch Staff Survey SharePoint
page

Our commitment: Every team will review its results, agree local actions and receive regular feedback on progress throughout the year.

Theatres Together

The Theatres together project was formed in response to the publication of the theatres service review of main theatres upper in May 2025.

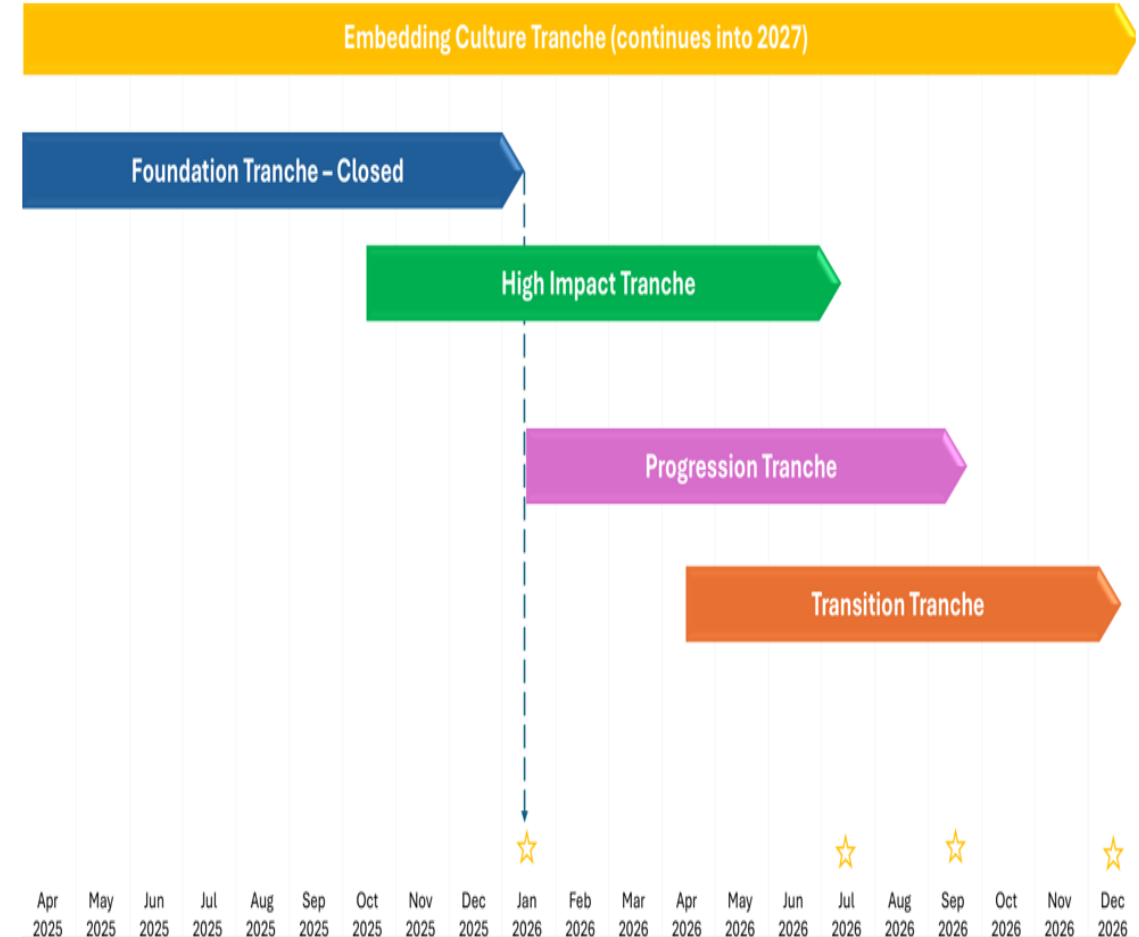
The 66 recommendations within the report were systematically assessed, risk rated and prioritised using a weighted scoring methodology, underpinned by five strategic drivers, staff engagement, patient safety, creating a place to feel proud, theatre efficiency and effective leadership.

Theatres Together is governed through robust structure, including Dedicated Theatres Together Team, with additional support from the shaping change team, People and culture and ECOD teams. Strategic oversight is provided via project board meetings, while weekly scrum meetings drive operational progress. Task and finish groups have been established to deliver specific recommendations, ensuring focused and accountable delivery.

Significant progress has been made with over half of the 66 recommendations being completed. The foundation tranche closed down at the start of the year and the remaining tranches are running concurrently building momentum across improvements in operational processes, leadership capabilities and workforce engagement. These are contributing to a more consistent delivery and a stronger safety culture across theatre environments.

As we move through the next 6 months our challenge is to continue to deliver on the recommendations, embed the sustained change and focus on advancing our theatre efficiencies and optimisation. As a project board we will also be looking at lessons learnt and creating a seamless delivery of work to business as usual.

Project Timelines



Your experience. Our improvement. Better care for patients.

Culture Baseline and trend update.

The NHS Wales staff survey was completed in 2024 (96 responses), 2025 (141 responses) and Theatres Together Feedback Survey 2026 (188 responses). These three surveys have been used to compare culture across staff groups working in theatres. 20 out of the 24 questions asked in the recent theatres together feedback survey align identically to those from the previous NHS Wales Staff Survey.

Summary-

What's going well- Strong pride in work, supportive teams, positive impact where leaders are visible.

Key Pressures- high workload/burnout, poor infrastructure, limited opportunities for education and development.

What staff are asking for- decent facilities and reliable IT/WIFI, safe staffing levels expectations, better communication, transparency and involvement.

What's gone well since 2025-

Theme1, staffing, teamwork and culture interpretation- *There is a strong, positive culture forming across theatre teams. Staff feel supported, heard and connected. Leadership visibility and support are key contributors.*

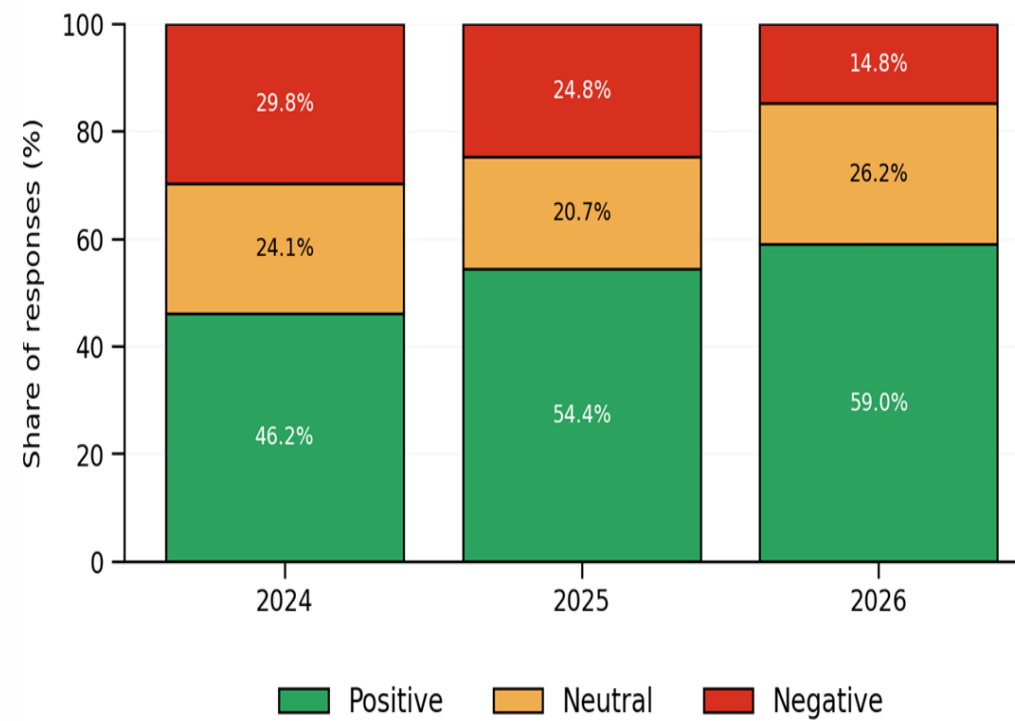
Theme 2, improvements to process and communication interpretation- *changes that increase structure and predictability (briefings, communication channels) are viewed positively and contribute to morale and confidence.*

Theme 3, Equipment, facilities and systems interpretation- *where investments have happened, they are noticed and appreciated- especially scrubs, security and digital list access.*

Theme 4, Recruitment and workforce development interpretation- *recruitment and career progression are seen as steps forward, but often still sit alongside major remaining challenges.*

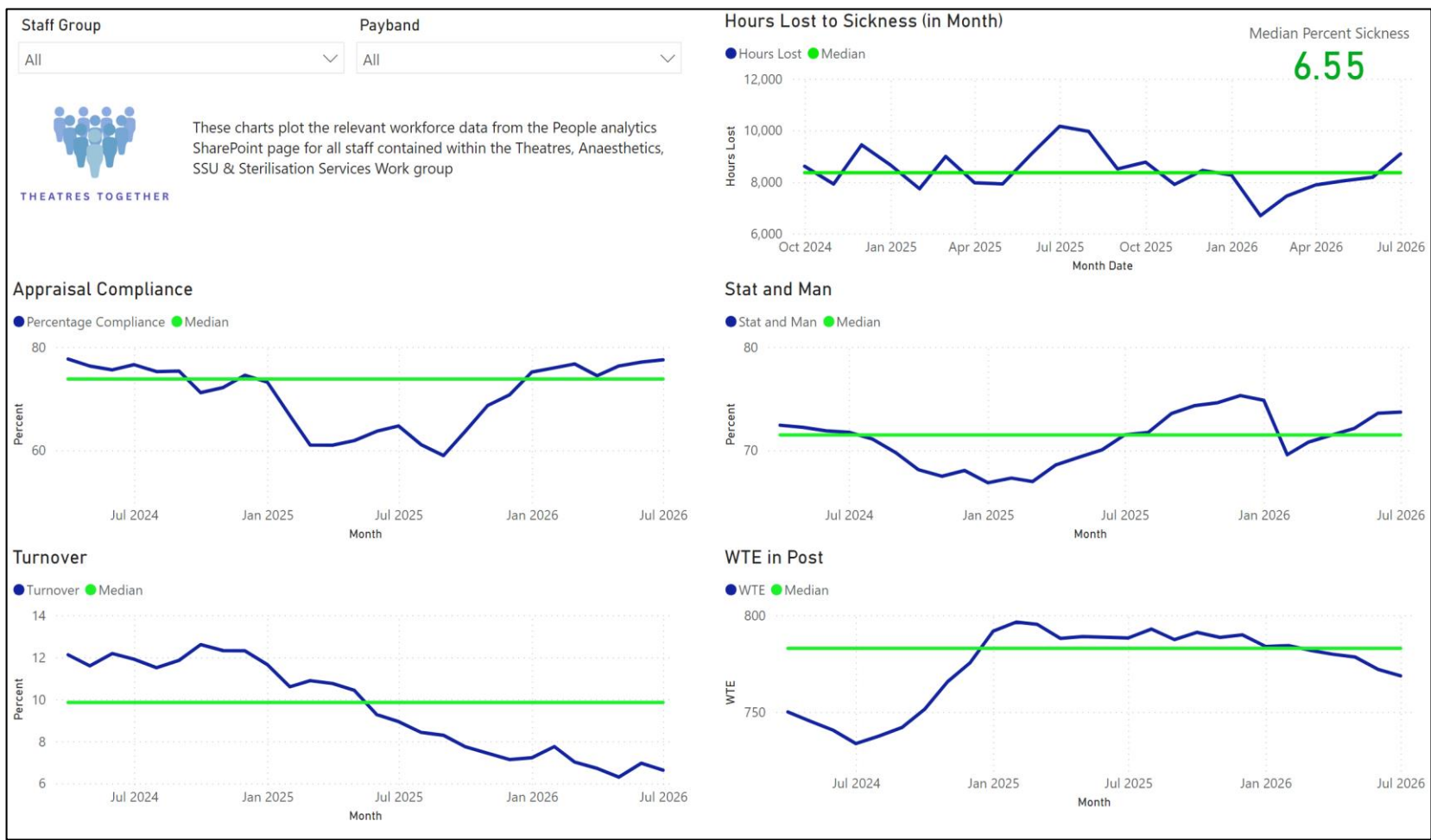
Theatres Together Feedback Survey - 2026

Weighted overall sentiment (all questions combined)





Theatres Together



Since the introduction of theatres together, we have taken a structured approach to measuring key workforce metrics to provide clear evidence of improvement in productivity, staff wellbeing and overall cultural change. Encouragingly, our data demonstrates a reduction in sickness absence up until July 2026- an increase in appraisal compliance and decrease in staff turnover rates. Our WTE in post has reduced slightly and sits within the TA roles which we are actively recruiting too.

The trends are suggestive of improved work satisfaction, stronger engagement across teams , and a more supportive working environment. Collectively, these indicators are critical in evidencing the success of the cultural transformation programme and reinforce the positive impact of our continued focus on collaboration, wellbeing and operational excellence.

HSDU

Since January 2026, the HSDU Improvement Plan has been incorporated into the Theatres Together programme of work, enabling access to dedicated resources and support to facilitate delivery of the improvement programme. Since this time, the improvement plan has been prioritised to support progression against the identified recommendations. Robust governance arrangements have been established, including weekly scrum meetings and involvement from key stakeholders to provide oversight, accountability and support.

As part of the wider improvement work, ECOD colleagues have been engaging directly with staff to understand perceptions of the current working environment and to develop a structured plan to support staff wellbeing, working relationships and cultural improvement. Senior leaders have undertaken numerous visits to HSDU to provide support, create listening opportunities and ensure staff concerns can be raised directly. In addition, a staff feedback survey was developed and disseminated to enable colleagues to shape the future direction of the service and identify what improvements they would like to see implemented.

Several observational studies have also been commissioned to review processes, pathways and operational practices within the department. Work has been undertaken to identify the future workforce structure required to sustain the service, with plans being developed to strengthen leadership and staffing arrangements. All identified HR matters are either underway or being managed through the most appropriate organisational processes.

Next steps

- recent visit by Chair and CEO.
- Leadership restructure underway
- Rostering practice
- Training roles
- Ongoing recruitment
- Observational works.
- Day in the life media and communication support.

Culture Improvement Spotlight: SSSU

A structured programme of staff engagement was undertaken between 11th May and 28th May 2026 to explore the working culture, staff experience and operational pressures within the Surgical Short Stay Unit (SSSU). A mixed-method approach was used to ensure a balanced and representative view. This included a series of facilitated focus groups involving 24 staff across roles, a dedicated managers' focus group, and four individual one-to-one discussions to enable deeper exploration of more sensitive themes.

The findings presented in this report are based on thematic analysis of all engagement activity and supporting notes. The report reflects consistent patterns and shared experiences across groups, triangulated from multiple data sources to ensure credibility and robustness.

Six interrelated themes were identified, each of which contributes to understanding the staff experience within SSSU: Team Culture and Psychological Safety; Leadership and Management Experience; Workload, Staffing and Equity; Systems and Operational Pressures; Trust and Morale; and Improvement and Trajectory.

These themes are not isolated and often interconnect. For example, system pressures directly influence workload, which in turn impacts morale and psychological safety. Understanding these relationships is key to interpreting the findings holistically.

Your experience. Our improvement. Better care for patients.



Shaping Our Future Workforce



GIG
CYMRU
NHS
WALES

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



Shaping Our Future
Workforce



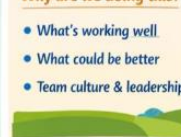
Discovery Stage — What this means for staff

Listening, understanding, and improving how we work together

What is the Discovery Stage?



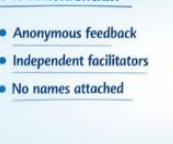
Why are we doing this?



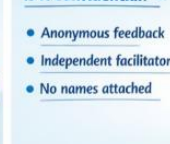
What Discovery is NOT



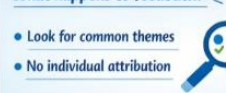
How can you take part?



Is it confidential?



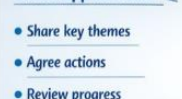
What happens to feedback?



Will positives be recognised?



What happens next?



Your chance to be heard and help shape positive change.

Your experience. Our improvement. Better care for patients.

Summary and Key Takeaways

What we heard, what it means, and suggested areas for consideration



WHAT WE HEARD

- ✓ Strong team culture and peer support
- ✓ Leadership is visible and supportive
- ✓ Workload and system pressures remain the **biggest challenge**
- ✓ Trust and morale have been **impacted** by external factors



WHAT THIS MEANS

- ✓ Positive culture is a **key strength** to build on
- ✓ Staff experience is shaped largely by **system and workload pressures**
- ✓ Consistency, trust and psychological safety **need strengthening**



PROGRESS AND DIRECTION

- ✓ Clear and encouraging **signs of improvement** across services
- ✓ **Positive shift** in experience
- ✓ Changes already making a **visible difference** to staff experience



SUGGESTIONS FOR CONSIDERATION

- ✓ Maintain improvements in **flow and workload** management
- ✓ Strengthen **consistency of leadership** experience
- ✓ Rebuild **trust, confidence and psychological safety**
- ✓ Support teams to move from **insight to action** locally

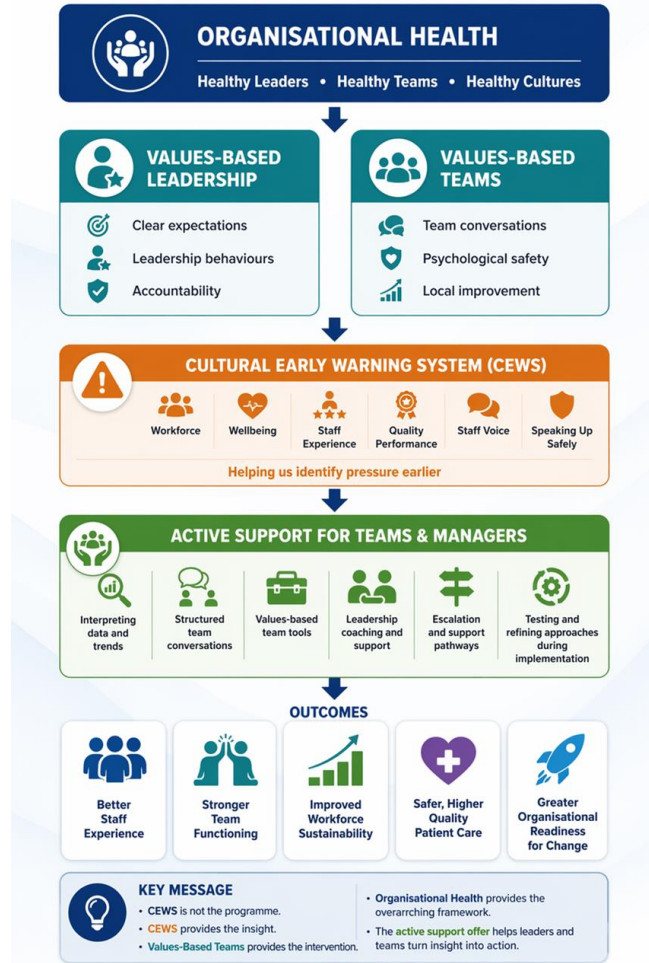


Strong foundations are in place – the focus now is **sustaining progress and strengthening staff experience.**



Shaping Our Future
Workforce

Culture Early Warning System (CEWS)



CEWS has been developed as an evidence-informed tool to help us better understand the health of teams and services by bringing together a range of workforce, culture and staff experience indicators.

Rather than focusing solely on traditional workforce metrics, CEWS aims to identify areas where culture is thriving, where it may be becoming fragile, and where early intervention may help prevent future challenges.

The approach combines information from sources including:
NHS Wales Staff Survey findings
Workforce indicators (e.g. sickness absence, turnover and vacancies)
Values Based Appraisal compliance
Speak Up and staff experience intelligence
Local qualitative insight and engagement activity

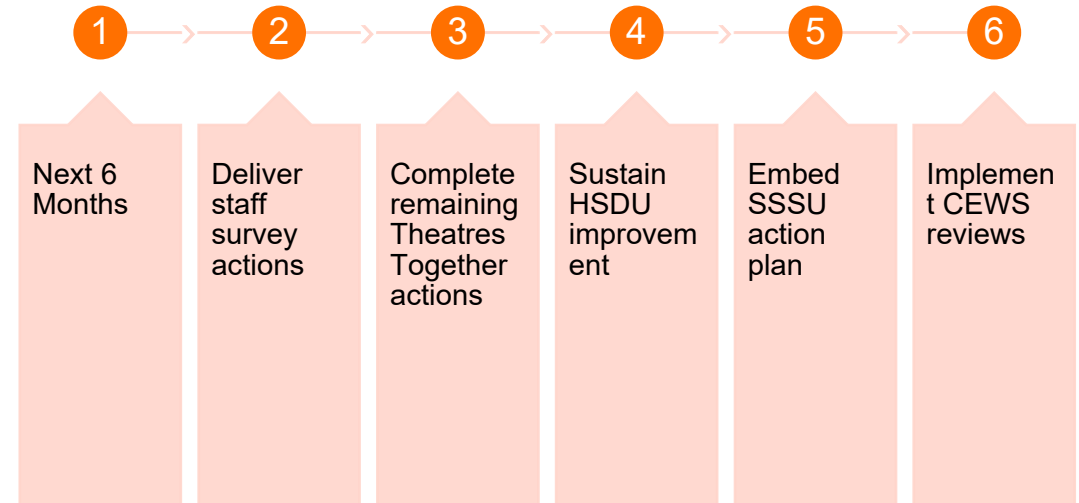
The intention is not to create a performance rating for teams, but to support meaningful conversations about the factors that influence staff experience, wellbeing, engagement and ultimately the quality of care provided to patients.

Your experience. Our improvement. Better care for patients.

Committee Assurance and Next Steps

Assurance

The Clinical Board has clear plans in place to address workforce risks and strengthen staff experience, leadership and culture.



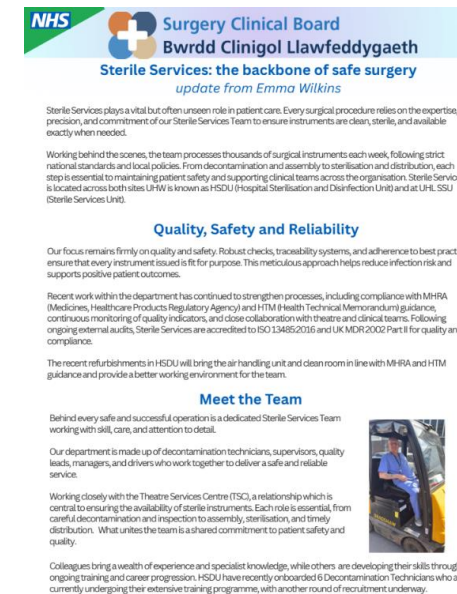
Our newsletter keeps our Clinical Board connected

A regular newsletters for news, recognition and shared learning across Surgery.

INFORM Leadership messages and service updates

CELEBRATE Employee recognition and team achievements

CONNECT Events, opportunities and professional milestones



Nominations open on 19/5/26 for the June 26 Employee of the Month

CAV Nursing and Midwifery Conference: Celebrating our Profession, Launching our Future

The conference was held at Cardiff City Stadium on 13/5/26 to celebrate International Nurses day.

The conference celebrated the profession, recognised and thanked each and every member of the nursing profession. Jason Roberts, Executive Nurse Director, advised 'Nursing is more than a profession, it is a critical safety role committed to compassion, excellence and unwavering care for our patients and communities. Every day you do not fail to demonstrate extraordinary skills, resilience and kindness often in the most challenging circumstances.'



Service spotlight

People, events and recognition



Shaping Our Future
Workforce

Viva engage groups



**GIG
CYMRU
NHS
WALES**

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



Share news, service updates and key messages across the Surgery Clinical Board - currently 170 members



Connect colleagues across peri-operative services to share information, celebrate success and stay informed. Peri-operative Care for viva engage are 776 members





Shaping Our Future
Workforce

Employee of the month



GIG
CYMRU
NHS
WALES

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

April 2026

Rhisian Pritchard, Service Manager, General Surgery

Rhisian was nominated for her dedication and striving to constantly help everyone whether they are a colleague or a patient. Rhisian has demonstrated exceptional leadership, commitment and operational oversight in driving the successful delivery of the General Surgery Planned Care targets.



Rhisian provides consistent day-to-day support to the wider team, contributing to a positive, solution-focused working environment. Rhisian's dedication and professionalism exemplify the standards of excellence.

Himali Silva, Senior Theatre Practitioner

Himali was nominated for her exceptional commitment, professionalism and dedication to the thoracic service.



Himali consistently goes above and beyond her role to ensure the highest standards of patient care and service delivery.

Himali is a highly motivated and reliable member of the team, whose efforts have played a key role in the successful development and delivery of the thoracic and robotic service.

Himali is a credit to her team and the patients they treat.

The winner receives:

- A £50 Nando's voucher
- A shiny new trophy and certificate to mark their achievement
- A mention in our new newsletter and a special thanks from the Clinical Board





Shaping Our Future
Workforce

Employee of the month

June 2026

Sue Williams, Medical Secretary, Trauma, Orthopaedics & Spines

Sue has worked tirelessly to help arrange and list spinal patients. Sue specifically had a large number of 156w to work through and has done this for Q4, Q1 and nearly Q2.

This is a massive achievement for a cohort of patients that are often complex.



**GIG
CYMRU
NHS
WALES**

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

July 2026

Dr Simon Davies, Interface GP



Simon received several nominations and was chosen as the Employee of the Month for July 26. Simon led the program to start our ED service within the Community.

We have since run 2 clinics and patients now have early access to a quality ED service.



Good news stories



Growing up in a region or Sudan with limited healthcare and educational resources, Hamdi Abdalrhman developed a deep understanding of the transformative power of education.

Encouraged by his mother, he became the first member of his family, village and the rural community to qualify as a doctor.

After achieving a medical degree, Hamdi managed an emergency room at Khartoum ENT Hospital and practised clinical medicine and surgery across five hospitals in different states of Sudan.

Working in these roles, he identified healthcare management skills that could be improved. Since arriving in Wales, he has enhanced his management and English language skills by taking courses in Essential Management and Leadership Skills and Project Management at Cardiff University, which he says have been "life-changing."

"The impact of these courses has been profound," said Hamdi. "By integrating my medical expertise with newly acquired leadership and management skills, I have improved teamwork and productivity within my organisation. I enjoy working here in Wales and interacting with patients and colleagues."

Hamdi currently works at the University Hospital of Wales Short Stay Surgical Unit in Cardiff and hopes to requalify to practice as a doctor in the UK next year.

His life journey has not been without its challenges, including the loss of his younger sister in the Sudan civil war. "These adversities have only strengthened my

resolve, he stressed. Education has not only saved my life but fuelled my commitment to lifelong learning as a means of creating change in people's lives.

"By combining my medical expertise with advanced business and leadership skills, I aim to improve healthcare delivery systems on a large scale. My ultimate goal is to become an orthopaedic surgeon and a global surgery leader.

"Age, background or circumstances should never be barriers to learning. Lifelong learning is an infinite journey that enriches both personal growth and professional opportunities."

His nominator, Jemma Cox, a Lifelong Learning tutor at Cardiff University, said:

"Hamdi's story demonstrates the transformative power of education and the importance of making learning opportunities available to everyone. His passion for learning, commitment and enthusiasm has shone through. We are sure he will continue to shine in his future career, and hope his story inspires others to return to the classroom."





Shaping Our Future
Workforce

Good News Stories



**GIG
CYMRU
NHS
WALES**

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



Effective hand hygiene protects everyone.

Follow the 5 moments of hand hygiene:

- Before patient contact
- Before a clean/aseptic procedure
- After body fluid exposure risk
- After patient contact
- After contact with the patient environment

Remain bare below the elbow. No watches. No bracelets. No jewellery.



Global Bite Corner

World Cup Final Celebrations
Friday 17th July - MTU Coffee Room



When Davinder met the King & Queen!



Davinder was nominated by senior management to attend a garden party at Buckingham Palace - as a result of her charity work at the Sikh gurdwara in Roath, where she teaches local children every week, as well as her commitment to work within Theatres.



AReport Title:	Equity & Inclusion Annual Reports			Agenda Item No:	3.1
Meeting:	People & Culture Committee	Public	X	Meeting Date:	8 September 2026
		Private			
Status (please only tick one)	Assurance		Approval	X	Information/Noting
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity & Inclusion				
Main Report					
Background and Current Situation:					
Cardiff and Vale University Health Board is required to publish information demonstrating compliance with its equality and Welsh language duties. This paper presents three annual reports for the Committee’s consideration: • Annual Equality Report 2025–2026; • Gender Pay Gap Report 2026; and • Welsh Language Annual Report 2025–2026. The Annual Equality Report 2025–2026 reports progress during the period 1 April 2025 to 31 March 2026 against the four objectives in the Health Board’s Strategic Equality Plan 2024–2028: Respect, Communication and Engagement, Accessibility, and Data. The Public Sector Equality Duty is set out in section 149 of the Equality Act 2010. Regulation 16 of the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011 requires a Welsh listed authority to publish a report for each reporting period, including progress against its equality objectives and information about how relevant equality information has been identified, collected and used. The Welsh-specific duties also require public authorities to collect and publish prescribed employment information. A separate workforce representation data report will therefore be published alongside the three annual reports as supporting evidence of compliance with the Public Sector Equality Duty. The Gender Pay Gap Report 2026 has been prepared using the reporting methodology set out in the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 and supports the Health Board’s Welsh-specific duties to identify and collect information about pay differences and consider objectives addressing their causes. The report records a mean gender pay gap of 16.37% at 31 March 2026, compared with 16.73% in 2025, and a median gender pay gap of -1.54%. The Health Board’s gender pay gap reflects the distribution of men and women across our workforce, with men currently more likely to occupy higher-paid roles. This concentration of men in senior or higher-banded posts increases average male earnings and contributes to the overall gender pay gap The Welsh Language Annual Report 2025–2026 is produced under the Welsh Language (Wales) Measure 2011, the Welsh Language Standards (No. 7) Regulations 2018 and the Health Board’s compliance notice. Standard 120 requires an annual report, in Welsh, explaining how the organisation complied with the Standards during the financial year. It must include information on relevant complaints, employees’ Welsh language skills, and the classification of new and vacant posts by Welsh language requirement. The report must be published within six months of the financial year end and remain available on the organisation’s website.					

Following Committee approval, the reports will be translated into Welsh and sent to the Medical Illustration Team for design and finalisation before publication. The applicable Welsh Language Standards deadline is 30 September 2026.

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

The three reports provide a consolidated and transparent account of the Health Board's progress and continuing challenges in relation to equality, workforce representation, pay, accessibility and Welsh language compliance. They demonstrate positive activity across the four Strategic Equality Plan objectives while also identifying areas where experience and opportunity are not yet consistently equitable.

The Annual Equality Report shows growing organisational ownership of inclusion, community-centred engagement, accessible service design and the use of workforce and patient insight. However, the evidence continues to identify inequalities in workforce representation, progression, psychological safety and staff experience. Further work is therefore required to strengthen accountability, improve data quality and translate activity into measurable improvement in outcomes.

The Gender Pay Gap Report shows a modest improvement in the mean gap, from 16.73% to 16.37%, while the median measure remains slightly in favour of women. The overall mean gap is concentrated in the highest-paid quartile and the largest substantive staff-group gap is within Administrative and Clerical roles. Continued focus is required on progression, representation in senior and higher-paid roles, fair recruitment, flexible working, inclusive leadership and the use of workforce intelligence to understand barriers.

The Welsh Language Annual Report provides assurance on progress while recognising continuing compliance risks. The annual report presents the Health Board's position openly, including progress, remaining gaps and the continuing importance of accurate workforce information to support recruitment, workforce planning and delivery of bilingual services.

Taken together, the reports provide an evidence base for continued Committee oversight. Publication in English and Welsh, supported by accessible design, will demonstrate transparency to staff, patients, communities and regulators and support the Health Board's statutory reporting obligations.

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

Appendix 1 – Annual Equality Report 2025-2026

Appendix 2 – Gender Pay Gap Report 2026

Appendix 3 – Welsh Language Annual Report 2025-2026

Recommendations:

- a) The Committee is requested to note the reports, approve their publication, and note that a separate workforce representation report will be published alongside them.

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.	X	2.	X
----	---	----	---

 Putting People First		 Providing Outstanding Quality							
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	X	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	A Quality Impact Assessment is not required.				
Impact Assessment Please place an "x" in the below boxes where relevant									
Risk: Yes Failure to publish complete, accurate and accessible reports could result in non-compliance with equality or Welsh language duties and weaken the assurance provided to the Committee, regulators, staff and communities. Current Welsh Language Commissioner enforcement activity also creates an ongoing regulatory risk that must be reported transparently.									
Safety: Yes No immediate safety change arises from publication. However, equality, accessibility and Welsh language information supports the identification of barriers that may affect patient understanding, communication, access, dignity and safe care.									
Financial: Yes Translation, design and publication will be undertaken through established organisational arrangements. No additional funding is requested through this paper. Failure to comply with statutory duties may result in additional regulatory, legal or remedial costs.									
Workforce: Yes The reports address workforce representation, staff experience, progression, gender pay, equality data and Welsh language capability. Publication supports transparency and informs future workforce planning and improvement.									
Legal: Yes/No The reports support compliance with the Equality Act 2010, the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, the gender pay reporting methodology associated with the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, the Welsh Language (Wales) Measure 2011, and the Welsh Language Standards (No. 7) Regulations 2018.									
Reputational: Yes Delayed, incomplete or inaccurate reporting could reduce confidence in the Health Board's commitment to equality, fair employment and bilingual services. Transparent publication,									

including acknowledgement of areas requiring improvement, supports public and workforce confidence.	
Socio Economic: 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>	
N/A	
Equality & Health: Yes	
The subject matter relates directly to the Public Sector Equality Duty, progress against the Strategic Equality Plan, workforce equality, pay, accessibility and equitable access and experience.	
Decarbonisation: No	
N/A	
Welsh Language: Yes	
The paper includes the statutory Welsh Language Annual Report. The three reports will be made available in Welsh and English and finalised for publication in line with the Health Board's Welsh language obligations. The Welsh Language Report also provides transparency on compliance, workforce skills, recruitment and areas requiring further improvement.	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Cardiff & Vale UHB

Annual Equality Report

2025-2026

Mae'r ddogfen hon ar gael yn Gymraeg ac, ar gais, mewn amryw o fformatau a ieithoedd hygyrch. Anfonwch e-bost at: EquityAnd.Inclusion@wales.nhs.uk

This document is available in Welsh and on request in a range of accessible formats and languages. Please email EquityAnd.Inclusion@wales.nhs.uk

CONTENTS

1. Foreword.....	3
2. Executive Summary.....	4
3. Introduction And Organisational Context.....	7
4. Legislative & Policy Framework	9
5. Progress Against Objective 1: Respect.....	14
5.1 Purpose.....	14
5.2 What Changed During 2025-2026.....	14
5.3 Examples of Delivery	15
5.4 Impact and Learning.....	17
6. Progress Against Objective 2: Communication and Engagement	18
6.1 Purpose.....	18
6.2 What Changed During 2025-2026.....	19
6.3 Examples of Delivery	19
6.4 Impact and Learning.....	21
7. Progress Against Objective 3: Accessibility.....	22
7.1 Purpose.....	22
7.2 What Changed During 2025-2026.....	23
7.3 Examples of Delivery	24
7.4 Impact and Learning.....	26
8. Progress Against Objective 4: Data.....	27
8.1 Purpose.....	27
8.2 What Changed During 2025-2026.....	27
8.3 Examples of Delivery	28
8.4 Impact and Learning.....	30
9. Eliminating Discrimination and Promoting Equality of Opportunity	31
9.1 Introduction.....	31
9.2 Eliminating Discrimination	31
9.3 Advancing Equality of Opportunity	32
9.4 Fostering Good Relations	33
10. Looking Forward to 2026–2027	34

1. Foreword

At Cardiff and Vale University Health Board, our commitment to equity, diversity, and inclusion remains fundamental to who we are, how we work and how we care for the communities we serve.

As one of the largest and most diverse health boards in Wales, we have both an opportunity and a responsibility to ensure that every member of staff, every patient and every community feels respected, valued and able to access services in a way that meets their individual needs. Equity and inclusion is not a standalone agenda; it is central to delivering safe, effective and compassionate healthcare.

This Annual Equality Report for 2025–2026 demonstrates the continued progress we have made in embedding the ambitions of our *Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture*. Over the past year we have strengthened our focus on inclusive leadership, accessibility, community engagement and evidence-based decision-making. Across the organisation, teams have worked hard to improve communication, remove barriers to access, strengthen cultural competence and ensure that equality considerations are increasingly embedded within everyday practice.

I am particularly encouraged by the growing ownership of this agenda across Clinical and Service Boards. Whether through the development of Inclusion Ambassadors, Cultural Compass Conversations, community-based engagement programmes, improvements in accessibility, or targeted work to address health inequalities, there is clear evidence that colleagues are actively shaping more inclusive services and workplaces.

The report also demonstrates the importance of listening and learning. We continue to strengthen how we use workforce and patient experience data to better understand inequality and identify opportunities for improvement. This includes our ongoing work relating to the Workforce Race Equality Standard, Welsh language provision, staff experience and patient accessibility.

The evidence also gives us a clear and honest picture of where progress is not yet being experienced consistently. Our workforce is increasingly diverse, but the Workforce Race Equality Standard continues to identify barriers in recruitment and progression, while the 2025 NHS Wales Staff Survey shows that confidence in speaking up, career development and respect for individual difference require renewed attention. We welcome this transparency: it enables the Board and our leaders to focus action where inequality remains and to judge progress by the difference experienced by staff, patients and communities—not activity alone.

Whilst there is much to celebrate, we recognise that this is an ongoing journey. Creating a truly inclusive organisation requires continuous reflection, challenge and improvement. We know there is more to do to improve representation, strengthen employee voice, ensure equitable opportunities for progression and deepen our understanding of the experiences of the diverse communities we serve. I would like to thank all colleagues, staff networks, volunteers, community organisations, patient representatives and partners who have contributed to this work throughout the year. Your commitment, expertise and lived experience continue to help us create a more equitable, compassionate and inclusive Health Board.

Together, we are building an organisation where difference is valued, barriers are reduced and everyone has the opportunity to thrive.

Rachel
Executive
Cardiff and Vale University Health Board

Director

of

People

and

Gidman
Culture

2. Executive Summary

This Annual Equality Report outlines the Health Board's progress between 1 April 2025 and 31 March 2026 in delivering the commitments set out within the Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture.

The report demonstrates continued progress across the Health Board's four Strategic Equality Objectives:

1. Respect
2. Communication and Engagement
3. Accessibility
4. Data

Together, these objectives provide the framework through which the Health Board seeks to eliminate discrimination, advance equality of opportunity and foster good relations between different communities.

Throughout 2025–2026, the organisation continued to strengthen its approach to equality, diversity and inclusion through a combination of workforce initiatives, service improvements, community engagement and evidence-informed decision-making. Increasingly, equality considerations are being embedded within mainstream organisational activity rather than delivered as standalone programmes.

Headline evidence for 2025–2026 presents a mixed but increasingly transparent picture. Welsh-language skills recording increased from 53.14% in April 2025 to 70.14% in March 2026, strengthening the evidence available for workforce and service planning. More than 1,100 gelatine-free vaccines were delivered in schools, demonstrating how a culturally identified barrier was translated into a different delivery model and tangible uptake. The 2025 NHS Wales Staff Survey attracted 6,108 responses—a 34.8% response rate—providing a stronger evidence base for understanding staff experience.

However, the available workforce evidence does not yet show equitable experience or opportunity. The 2025 WRES baseline recorded an ethnically diverse workforce of 16.0%, but only 9.8% representation above Band 5, an overall appointment likelihood ratio of 0.51 following shortlisting, and an undeclared ethnicity rate of 11.7%. The 2025 Staff Survey also identified reduced confidence in speaking up and career development. These results confirm that increased activity and participation must now translate into sustained improvement in representation, progression, psychological safety and equitable service outcomes.

Key achievements during the reporting period include:

Building a Culture of Respect

Clinical and Service Boards demonstrated growing ownership of inclusion activity through initiatives such as Inclusion Ambassador programmes, Cultural Compass Conversations, wellbeing initiatives, cultural competence programmes and strengthened staff engagement arrangements. These activities have helped create more opportunities for staff voice, strengthened psychological safety and supported more inclusive workplace cultures.

Strengthening Communication and Engagement

The Health Board expanded its engagement with diverse communities through targeted outreach, partnership working and co-production. Communication campaigns increasingly reflected the linguistic and cultural diversity of the population, with greater use of multilingual resources, community-led engagement and accessible information.

Improving Accessibility

Significant progress was made in improving accessibility across services, facilities and communication channels. This included the development of more flexible service models, strengthened interpretation and translation support, improved physical environments, inclusive facility design and increased consideration of reasonable adjustments for both patients and staff.

Advancing Equality of Opportunity

Throughout the year there was continued focus on creating equitable opportunities for staff and patients. This included widening access initiatives, support for inclusive recruitment and workforce development, community-based service delivery models and targeted interventions designed to reduce barriers for groups who may experience disadvantage.

A consistent theme throughout this report is the increasing maturity of equality and inclusion activity across the organisation. Clinical and Service Boards are demonstrating greater confidence in identifying barriers, engaging with communities, using data to inform action and embedding equality considerations into service planning and delivery.

Importantly, this work is contributing to broader organisational priorities including workforce wellbeing, patient experience, quality improvement, health equity and population health outcomes.

The Health Board recognises that equality, diversity and inclusion is a continuous journey rather than a fixed destination. While progress has been made, the organisation remains committed to further strengthening representation, improving employee voice, reducing

inequalities and ensuring that services continue to evolve in response to the needs of the diverse communities we serve.

The foundations established through the Strategic Equality Plan provide a strong platform for the next phase of this work.

3. Introduction And Organisational Context

About Cardiff and Vale University Health Board

The Health Board is one of the largest NHS organisations in Wales, serving a resident population of almost 500,000 people across Cardiff and the Vale of Glamorgan while also providing regional and specialist services across South Wales. We serve diverse and growing communities and employ approximately 17,000 staff from a wide range of professional, cultural and personal backgrounds.

As both a major healthcare provider and employer, we recognise the importance of creating services and workplaces that are inclusive, accessible and responsive to the needs of the people we serve. Equality, diversity, inclusion and human rights are essential to delivering safe, person-centred care and to ensuring staff feel valued, respected and able to thrive.

Detailed information about our services can be found on our website under Our Services.

Our Organisational Values

Our work is guided by four core values:

- Kind and caring
- Respectful
- Trust and integrity
- Personal responsibility

These values shape how we care for patients, work with communities and support one another as colleagues. They also provide the foundation for our approach to equality, diversity and inclusion.

Strategic Context

The Health Board's Strategic Equality Plan (SEP) 2024-2028 supports the ambitions set out within Shaping Our Future Wellbeing and our People and Culture Plan. Together, these frameworks share a common focus on reducing inequalities, improving experience and access, strengthening engagement with communities and creating sustainable services and workplaces.

The Health Board's Equity, Equality, Experience and Patient Safety Framework (3I Framework) further supports this work by helping services identify and address inequalities in access, experience and outcomes through the use of data, engagement and improvement activity.

Our Strategic Equality Plan (2024–2028)

Published in April 2024, the Strategic Equality Plan sets out four equality objectives:

1. Respect
2. Communication and Engagement
3. Accessibility
4. Data

The objectives provide a framework for improving outcomes and experiences for patients, communities and staff while allowing flexibility to respond to emerging local and national priorities. The workstream approach adopted within the SEP supports collaboration, innovation and shared ownership across the organisation.

Governance and Accountability

Delivery of the Strategic Equality Plan is supported through established governance arrangements.

The Board retains overall accountability for progress against the equality objectives, with oversight provided through the People and Culture Committee. The Equity, Diversity and Inclusion Team coordinates and supports delivery across the organisation, while Clinical Boards, Service Boards and corporate directorates are responsible for implementing actions and driving improvement within their areas. Staff networks continue to play an important role in shaping priorities, providing challenge and ensuring lived experience informs decision-making.

Equality and Health Impact Assessments (EHIA's) remain a key part of decision-making and service improvement. They help ensure that equality, socio-economic factors, Welsh language considerations and human rights are routinely considered when policies, services and organisational changes are developed.

Welsh Language, Culture and Identity

The Health Board remains committed to providing services that respect Welsh language rights and support cultural identity. Delivering care in a person's preferred language can improve dignity, safety and experience, particularly in times of stress, vulnerability or illness. We continue to strengthen bilingual services through workforce development, translation support and ongoing promotion of the Active Offer.

Why Equality, Diversity and Inclusion Matter

Equality, diversity and inclusion are essential to reducing inequalities, improving healthcare outcomes and creating a culture where staff and communities feel respected and valued. They support better decision-making, stronger relationships with communities and more responsive services.

This report outlines the progress made during 2025-2026 against the four objectives within our Strategic Equality Plan. It highlights achievements, reflects on areas where further improvement is required and demonstrates how equality considerations continue to be embedded across service delivery, workforce practice and organisational governance.

4. Legislative & Policy Framework

Introduction

The Health Board's commitment to advancing equality, eliminating discrimination and promoting inclusive, person-centred healthcare is shaped by a range of statutory duties, Welsh Government requirements and national policy frameworks. These duties provide the foundation for our Strategic Equality Plan 2024-2028 and inform the activity described throughout this Annual Equality Report.

This section summarises the key legislation and policy context that guides our work, including equality, human rights, Welsh language, socio-economic inequality, accessibility and inclusive service delivery.

Equality Act 2010 and the Public Sector Equality Duty (PSED) The

The Equality Act 2010 provides the legal framework for equality in Great Britain. As a public body, the Health Board must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation
- advance equality of opportunity between people who share protected characteristics and those who do not
- foster good relations between different groups

The protected characteristics under the Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, sex, and sexual orientation. These duties underpin our Strategic Equality Plan and guide the way we develop policies, redesign services, support our workforce and engage with communities.

Wales-Specific Equality Duties

In Wales, the Public Sector Equality Duty is strengthened by the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. These regulations require devolved public bodies to take specific steps to demonstrate how they are meeting their equality duties.

For the Health Board, this includes publishing a Strategic Equality Plan, setting equality objectives, engaging with people who share protected characteristics, assessing the impact of policies and decisions, collecting and analysing equality data, promoting staff awareness and publishing an Annual Equality Report.

These requirements shape both the structure of this report and the governance arrangements that support delivery of our equality objectives.

Socio-economic Duty (Wales)

The Socio-economic Duty, introduced in Wales in March 2021, requires public bodies to consider how strategic decisions can help reduce inequalities experienced by people who are socio-economically disadvantaged.

This is particularly relevant to Cardiff and the Vale of Glamorgan, where communities experience differing levels of deprivation and health inequality. Our Strategic Equality Plan reflects this wider understanding of inequality by considering socio-economic disadvantage alongside protected characteristics, Welsh language, accessibility and human rights.

Welsh Language Legislation and Standards

The Welsh Language (Wales) Measure 2011 established the legal framework for Welsh language rights and introduced the role of the Welsh Language Commissioner. The Health Board is also required to comply with the Welsh Language Standards, which set out duties relating to service delivery, communication, workforce planning and promotion of the Welsh language.

These standards require us to provide services and information in Welsh, support the use of Welsh in the workplace, develop staff Welsh language skills and ensure bilingual communication is visible and accessible. Our Welsh Language Annual Report 2025-2026 provides more detailed information on compliance and progress during the reporting year.

Human Rights Frameworks

Equality and inclusion are also supported by wider human rights frameworks, including the Human Rights Act 1998, the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities and the UN Principles for Older Persons.

These frameworks reinforce the need to deliver services in ways that uphold dignity, fairness, autonomy, safety and respect. They are closely aligned with the Health Board's values and our ambition to provide care that is inclusive, accessible and centred on individual need.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act 2015 places a duty on public bodies to work towards the long-term well-being of Wales. Our equality work contributes particularly to the goals of a More Equal Wales, a Healthier Wales and a Wales of Cohesive Communities.

By reducing inequalities, improving access and experience, strengthening engagement and supporting cultural and linguistic identity, the Health Board contributes to more sustainable and equitable services for current and future generations.

Social Services and Well-being (Wales) Act 2014

The Social Services and Well-being (Wales) Act 2014 reinforces the importance of person-centred, strengths-based care. It places emphasis on well-being, safeguarding, early intervention, accessible information and meaningful involvement in decisions.

These principles align closely with our Strategic Equality Plan, particularly in relation to accessibility, communication, engagement and equality of opportunity.

All-Wales Accessible Communication and Information Standards

These standards require NHS organisations to ensure that individuals:

- receive accessible, appropriate, and timely information
- can communicate effectively with healthcare teams
- experience equitable access to services

National Equality, Inclusion and Anti-Discrimination Action Plans

Our equality work is also informed by national policy and action plans, including:

- the Anti-Racist Wales Action Plan
- the LGBTQ+ Action Plan for Wales
- More Than Just Words / Mwy Na Geiriau
- the Workforce Race Equality Standard
- the Public Sector Equality Network

During 2025-2026, these frameworks continued to shape our approach to anti-racism, Welsh language provision, LGBTQ+ inclusion, workforce equality, accessible communication and partnership working. They also supported greater alignment between local action and national priorities.

Health Board Policies and Internal Frameworks

A range of internal policies and procedures support the practical delivery of equality, diversity and inclusion across the Health Board. These include the Equality, Diversity and Inclusion Policy, Welsh Language Policy and guidance, Dignity at Work, Respect and Resolution, Raising Concerns procedures, recruitment and selection policies, and statutory and mandatory training arrangements.

Together, these policies provide the operational framework for promoting inclusive practice, supporting staff, improving patient experience and ensuring equality considerations are embedded in day-to-day decision-making.

Procurement and Contracting

The Health Board also considers equality, Welsh language and accessibility requirements within procurement and contracting processes. Where relevant, tender specifications, evaluation criteria and contract management arrangements include expectations relating to inclusive communication, accessibility, workforce equality and non-discriminatory practice.

This helps ensure that services delivered on behalf of the Health Board reflect our statutory duties and our commitment to meeting the needs of diverse communities.

Summary

The legislative and policy framework outlined above provides the basis for the Health Board's Strategic Equality Plan and the progress described throughout this report. It ensures that equality, human rights, Welsh language, accessibility and socio-economic considerations are reflected in governance, service planning, workforce practice and decision-making.

During 2025-2026, these duties continued to support a more structured and evidence-informed approach to equality, helping the Health Board identify barriers, strengthen inclusive practice and contribute to wider Welsh Government equality ambitions.

5. Progress Against Objective 1: Respect

Objective: Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.

5.1 Purpose

Respect is the foundation of the Health Board's Strategic Equality Plan. It shapes how we interact with colleagues, patients, service users and communities, and influences everything from workforce culture and leadership behaviours to communication, service design and patient experience. Respect is not simply about preventing discrimination; it is about creating an environment where people feel valued, heard and able to be themselves.

During 2025-2026, the Health Board continued to strengthen this objective through a combination of workforce development, staff engagement, cultural competence, Welsh language promotion and community-focused activity. Much of this work was driven locally by Clinical and Service Boards, reflecting a growing recognition that respectful and inclusive practice is most effective when it is embedded within everyday decision-making rather than delivered as a standalone programme.

While progress across the organisation has not been uniform, the reporting year demonstrated encouraging signs that inclusion is becoming more visible in local leadership, workforce practice and service delivery. Increasingly, teams are using staff feedback, lived experience and community insight to inform improvements and create environments that are more inclusive and responsive to the needs of the people they serve

5.2 What Changed During 2025-2026

A key feature of the reporting year was the shift from awareness-raising towards more practical and locally owned approaches to inclusion.

The Health Board continued to invest in learning and development, recognising that respectful cultures depend on people having the knowledge, confidence and skills to work effectively with diverse colleagues and communities. Corporate induction was refreshed to provide a stronger introduction to equality, inclusion, Welsh language and the Strategic Equality Plan, helping establish a consistent understanding of expectations from the outset of employment. Additional learning opportunities focused on anti-racism, cultural awareness, neurodiversity, trauma-informed practice and disability inclusion.

Alongside workforce development, many services strengthened opportunities for staff voice and participation. There was growing recognition that respectful cultures are built through meaningful dialogue and psychological safety, not simply through policies or training. A number of Clinical Boards therefore introduced new forums and engagement approaches

designed to give staff greater opportunities to raise concerns, share experiences and contribute to local improvement activity.

The reporting year also saw continued progress in relation to Welsh language and cultural identity. Welsh language skills recording increased from 53.14% in April 2025 to 70.14% in March 2026, providing a stronger understanding of workforce capability and supporting future service planning. This improvement reflects sustained organisational effort to promote the importance of language choice and strengthen delivery of the Active Offer.

At the same time, the Health Board continued to improve its understanding of workforce experience through Staff Survey findings, Workforce Race Equality Standard (WRES) reporting and staff engagement activity. While these sources highlight positive developments, they also reinforce the need to continue addressing inequalities in experience and ensuring all staff feel able to raise concerns, contribute to decision-making and access opportunities for development and progression.

The evidence presents a deliberately balanced picture. Participation in the 2025 Staff Survey increased to 6,108 staff, or 34.8% of the eligible workforce, strengthening the organisation's ability to understand experience. At the same time, 54.9% of respondents said they felt safe to speak up about anything that concerned them, compared with 60.0% in 2024; 40.4% were confident that the organisation would address a concern if they spoke up; and 59.6% felt that the organisation respected individual differences, compared with 64.6% in 2024. These findings show that new forums and engagement mechanisms are important enabling actions, but they have not yet resulted in consistently stronger confidence or psychological safety across the organisation.

5.3 Examples of Delivery

A number of examples from across the Health Board demonstrate how respect is being translated into practical action.

Workforce Culture and Staff Voice

A recurring theme during 2025-2026 was the creation of more opportunities for staff to contribute to discussions about culture, inclusion and workplace experience. Services increasingly recognised that respectful cultures are built through open dialogue, psychological safety and visible leadership, rather than relying solely on policies or formal processes.

Mental Health Clinical Board demonstrated this through the introduction of Cultural Compass Conversations. These structured discussions combine workforce data, staff insight and lived experience to help teams reflect on workplace culture, identify emerging issues and promote

collective problem-solving. Early feedback suggests the approach is helping to create more open conversations around wellbeing, inclusion and team dynamics.

Similar approaches were evident elsewhere. Medicine Clinical Board introduced Town Hall meetings and informal coffee-and-chat sessions to improve communication between staff and senior leaders, while Children and Women's Clinical Board established an Inclusion Ambassadors Group to promote good practice, raise awareness and support local action. The All Wales Medical Genomics Service also expanded its Inclusion Ambassadors model, helping to ensure inclusion remained visible within leadership discussions and service development.

Together, these initiatives demonstrate a growing commitment to creating spaces where staff feel listened to, supported and able to influence change.

Learning and Cultural Competence

The Health Board continued to invest in learning and development as a means of strengthening inclusive practice and improving understanding of diverse experiences.

During the reporting year, training and awareness activity focused on a range of areas including anti-racism, cultural awareness, neurodiversity, trauma-informed practice and disability inclusion. Public Health teams participated in Cultural Awareness Training delivered by Race Equality First, while Clinical Diagnostics and Therapies expanded learning opportunities to support more culturally responsive care.

PCIC made significant progress through the launch of its Cultural Competence Certification Scheme. Developed in partnership with Welsh Government and Diverse Cymru, the programme aims to embed cultural competence over a sustained period through awareness raising, self-assessment and local improvement activity. This was further supported by Deaf awareness training delivered by a Deaf trainer, helping Primary Care colleagues develop a better understanding of communication barriers and accessibility requirements.

These developments reflect an increasing focus on equipping staff with practical skills that can improve interactions with colleagues, patients and communities, rather than delivering one-off awareness sessions.

Welsh Language and Cultural Identity

Respect for language, culture and identity remained a significant area of focus throughout 2025-2026.

The Health Board continues to recognise that providing care in a person's preferred language supports dignity, safety and person-centred care. This is particularly important when people are experiencing distress, vulnerability or cognitive impairment, where communication in a first language can contribute significantly to understanding and comfort.

Progress during the reporting year included continued delivery of the Clinical Consultation Plan and an increase in Welsh language skills recording from 53.14% in April 2025 to 70.14% in March 2026. This provides a stronger understanding of workforce capacity and supports future planning for Welsh-medium services and the Active Offer.

Across Clinical and Service Boards, Welsh language considerations became increasingly visible through workforce planning, bilingual communication and local awareness initiatives. While levels of maturity continue to vary, there is growing evidence that language is being viewed not only as a statutory requirement but also as an important element of respectful and inclusive care.

Inclusive Services and Community Engagement

Many of the strongest examples of respectful practice involved adapting services to better reflect the needs and experiences of the communities they serve.

Public Health teams continued to work closely with community organisations, schools and faith groups to understand barriers to healthcare access and co-produce solutions. This included work to improve vaccination uptake among under-served communities through targeted engagement and culturally appropriate communication. A notable outcome was the delivery of more than 1,100 gelatine-free vaccines in schools during 2025-2026, helping address a faith-related barrier that had previously affected participation.

Clinical Diagnostics and Therapies also demonstrated how community insight can inform service development. Targeted outreach activity and engagement with diverse communities contributed to improved uptake of diabetes services, while ongoing cultural competence work helped services consider how communication and care delivery can better meet differing needs.

These examples highlight how respect can be translated into practical service improvements that strengthen trust, inclusion and equity of access.

5.4 Impact and Learning

The evidence from 2025-2026 suggests that respectful and inclusive practice is becoming increasingly embedded within local services and teams. Some of the strongest examples involved services using workforce feedback, equality data, lived experience and community insight to inform practical improvements. This demonstrates a shift from promoting inclusion as a set of values towards incorporating it within everyday decision-making and service delivery.

The reporting year also highlighted the importance of staff voice, cultural competence and Welsh language as key components of respectful care and workplace culture. Increased visibility of inclusion activity, stronger engagement mechanisms and greater use of

community partnerships have helped create opportunities for more meaningful dialogue across the organisation.

The organisation also recognises that respectful workplace experience is not yet universal. In the 2025 Staff Survey, 11.6% of respondents reported discrimination from patients or the public, 7.2% from a manager or team leader, and 7.7% from other colleagues. “Prefer not to say” responses were also material, particularly for discrimination involving managers and colleagues. These responses cannot be interpreted as additional experiences of discrimination, but they reinforce the sensitivity of disclosure and the importance of trust in reporting and response arrangements.

At the same time, the evidence indicates that the maturity and consistency of practice varies across services. While many areas have developed innovative approaches, the next stage of this work will focus on understanding impact more effectively, strengthening accountability, improving consistency and sharing good practice more systematically across the Health Board.

Overall, progress during 2025-2026 provides a stronger foundation for continuing to build a culture where staff, patients and communities feel respected, valued and able to contribute fully to the organisation and the services it provides.

6. Progress Against Objective 2: Communication and Engagement

Objective: Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.

6.1 Purpose

Effective communication and meaningful engagement are essential to delivering equitable healthcare. People are more likely to access services, make informed decisions and trust organisations when information is accessible, relevant and developed with an understanding of their needs and experiences.

For the Health Board, communication and engagement extend beyond the provision of information. They involve listening to staff, patients and communities, understanding differing perspectives, and creating opportunities for people to influence decisions that affect them. This is particularly important for individuals and communities who may experience barriers to participation due to language, culture, disability, digital exclusion or previous experiences of healthcare services.

During 2025-2026, the Health Board continued to strengthen its approach by broadening engagement with communities, improving the accessibility of information, increasing the use of multilingual communications and creating more opportunities for staff and patients to contribute to service improvement. Across the organisation, there was growing recognition that effective engagement is built through relationships, trust and ongoing dialogue rather than one-off consultation exercises.

6.2 What Changed During 2025-2026

A key development during the reporting year was the increasing focus on community-centred approaches to communication and engagement. Many services reported moving beyond traditional methods of consultation and information sharing, instead working directly with communities, voluntary organisations, faith groups, staff networks and people with lived experience to understand barriers and shape solutions.

The Health Board also expanded its use of accessible and multilingual communications. Information was increasingly provided in multiple languages and formats, helping to improve understanding and reach a broader range of communities. Corporate communications continued to promote bilingual communication, support accessibility standards and strengthen the quality of digital content across organisational platforms.

Internal engagement also developed during the year. Several Clinical Boards introduced new opportunities for staff to engage with leaders, provide feedback and contribute to discussions about workplace culture, service delivery and improvement priorities. Alongside established staff surveys and engagement mechanisms, these approaches helped strengthen staff voice and local dialogue.

Collectively, these developments reflect a wider shift towards communication and engagement approaches that are more inclusive, collaborative and informed by lived experience.

6.3 Examples of Delivery

Accessible and Inclusive Communication

The Health Board continued to strengthen the accessibility and inclusivity of information provided to patients, communities and staff.

The Communications Team maintained a strong focus on bilingual communication and accessibility across corporate channels, providing advice and support to improve compliance with accessibility standards and ensure information is available in formats that meet differing needs. This included support for the promotion of the British Sign Language (BSL) Virtual Relay

Service through signed communications, helping Deaf BSL users access information in their preferred language.

Several services also expanded the use of multilingual information. A notable example was the Primary Care Communications programme within the City and South Cluster, which used materials in Welsh, English, Arabic, Urdu, Somali and Farsi to raise awareness of community pharmacy services. This approach recognised that access to healthcare often begins with access to information and sought to reach communities through channels and languages that reflected local need.

Public Health teams also reviewed communication approaches across immunisation programmes, using translated materials, behavioural insights and community feedback to improve the accessibility and effectiveness of health messaging.

Community Engagement and Building Trust

One of the most significant themes of the reporting year was the increasing emphasis on relationship-based engagement with communities.

Public Health teams undertook extensive engagement activity with groups experiencing inequalities in vaccination uptake, working alongside organisations such as EYST, Hayaat Women Trust, Himilo Alliance, schools, faith leaders and community groups. Rather than simply sharing information, these partnerships helped identify barriers, challenge misinformation and shape communication approaches that reflected local experiences and concerns.

PCIC's Healthy Lives Events provided another example of community-centred engagement. Delivered through community venues, faith settings and local organisations, these events offered opportunities for people to access information, discuss health concerns and provide feedback on local services. By delivering engagement activity in settings that felt familiar and trusted, services were able to reach individuals who may be less likely to engage through traditional healthcare channels.

Clinical Diagnostics and Therapies also reported engagement with community organisations, including mosques, temples, food banks and third-sector partners, helping strengthen understanding of barriers to healthcare access and informing service development activity.

Staff Voice and Internal Engagement

The reporting year also saw continued efforts to strengthen communication and engagement with staff.

Several Clinical Boards introduced new opportunities for dialogue between staff and leaders. Medicine Clinical Board established Town Hall meetings and informal Coffee and Chat sessions, creating spaces for staff to share ideas, raise concerns and discuss local issues with senior leaders. Mental Health Clinical Board expanded staff engagement through MHCB Connect events and Cultural Compass Conversations, supporting more open discussion about culture, wellbeing and workplace experience.

The All Wales Medical Genomics Service developed internal engagement through its Inclusion Ambassadors model, while digital platforms such as Viva Engage, SharePoint and local communication channels continued to support information sharing and participation across the organisation. These approaches recognise that effective communication is a two-way process and that staff need meaningful opportunities to influence decisions and contribute to improvement activity.

Co-production and Partnership Working

A particularly positive development during 2025-2026 was the increasing use of co-production and partnership approaches.

Across a range of services, individuals and communities with lived experience were increasingly involved in shaping services and communication activity. Public Health teams worked with community leaders to co-produce vaccination messages, while ALAS involved service users in development discussions and improvement activity. Therapies services worked with community organisations to better understand cultural barriers and improve service responsiveness.

These approaches reflect a broader shift from asking people to comment on proposals towards involving them more actively in the design and development of services. While the maturity of co-production varies across the organisation, there is increasing evidence that services are recognising the value of involving people earlier and more meaningfully in decision-making.

6.4 Impact and Learning

The evidence from 2025-2026 suggests that communication and engagement are becoming more inclusive, responsive and community focused across the Health Board.

Some of the strongest examples involved services working alongside communities, staff and partners to understand needs, identify barriers and shape solutions together. This has helped strengthen relationships, build trust and ensure communication is more relevant to the people it is intended to reach. Increased use of multilingual information, bilingual communications, community partnerships and co-production approaches demonstrate

growing awareness that people engage with services in different ways and may require different forms of support.

The strongest demonstrable outcome arose where engagement led directly to a change in delivery. Under the previous gelatine-free influenza vaccination model, parents were required to attend a GP practice or community vaccination centre and only 20–25% of those who consented subsequently accessed the offer. The redesigned approach brought the injectable gelatine-free vaccine into the school setting alongside the main programme. More than 1,100 gelatine-free vaccinations were delivered during 2025–2026, converting insight about a faith-related barrier into a measurable improvement in access.

The reporting year also highlighted the value of meeting people where they are. Community-based engagement, partnerships with trusted organisations and greater involvement of lived experience all contributed to a richer understanding of barriers to participation and access. These approaches have provided valuable insight that can support service improvement, particularly for communities who may previously have had limited involvement in organisational decision-making.

At the same time, opportunities remain to improve consistency across the organisation and to strengthen understanding of the impact of engagement activity. While there are strong examples of inclusive practice, further work is required to evaluate outcomes more systematically, share learning across services and ensure that engagement consistently leads to visible change.

Overall, progress during 2025-2026 demonstrates a continued shift towards communication and engagement approaches that place people, communities and lived experience at the centre of decision-making. Building on these foundations will be important in strengthening trust, improving access and ensuring services continue to reflect the needs of the diverse communities served by the Health Board.

7. Progress Against Objective 3: Accessibility

Objective: Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone.

7.1 Purpose

Accessibility is fundamental to equitable healthcare. While effective communication helps people understand and engage with services, accessibility focuses on whether people can access, navigate and benefit from those services in a way that meets their individual needs.

Accessibility extends beyond physical access to buildings. It includes communication support, language provision, digital accessibility, service design, reasonable adjustments and the creation of environments that enable people to participate fully, regardless of disability, health condition, language preference, cultural background or personal circumstance.

During 2025-2026, the Health Board continued to strengthen accessibility across a range of services and settings. Increasingly, services recognised that accessibility is not solely a compliance requirement but an essential part of delivering safe, person-centred and inclusive care. This was reflected in both local service improvements and wider organisational efforts to identify and remove barriers for patients, service users and staff.

7.2 What Changed During 2025-2026

A key development during the reporting year was the growing focus on designing services around the needs of individuals rather than expecting individuals to adapt to existing systems.

Across Clinical and Service Boards, there was increasing evidence of services reviewing how people accessed care, information and support. This led to improvements in translated and accessible information, greater use of community-based delivery models, enhanced support for communication needs and wider consideration of accessibility during service redesign and planning.

The Health Board also continued to strengthen its approach to reasonable adjustments and inclusive service delivery. A range of services reported introducing more flexible ways of working, including virtual appointments, outreach provision, community-based interventions and personalised approaches designed to reduce practical barriers to access.

Alongside service improvements, accessibility considerations became more visible within organisational planning, capital developments and Equality and Health Impact Assessment processes. This reflects an increasing understanding that accessibility should be considered early in decision-making rather than addressed after barriers have emerged.

Taken together, these developments demonstrate a broader shift towards embedding accessibility within service design, workforce practice and organisational governance.

7.3 Examples of Delivery

Accessible Information and Communication Support

Access to information remains a vital component of accessibility. Individuals are less able to participate in their care if information is not available in a format, language or style they can understand.

Throughout the reporting year, services continued to improve access to information through bilingual materials, translated resources and alternative communication formats. Public Health programmes used translated vaccination information and culturally adapted resources to improve understanding and engagement among diverse communities. Easy-read approaches, visual information and improved consideration of health literacy also helped ensure information was accessible to a wider range of people.

Clinical Diagnostics and Therapies also reviewed patient information and identified opportunities to increase accessibility. Examples included culturally appropriate dietary guidance and plans to expand translated patient information in response to identified population need. These developments reflect a growing emphasis on designing information around the needs of service users rather than relying on standardised approaches.

Flexible and Inclusive Service Delivery

One of the most significant themes emerging from the reporting year was the use of flexible service models to reduce barriers and improve access.

A number of services adapted how care was delivered to better meet the needs of patients and families. Nephrology services reported the use of virtual monitoring and flexible approaches to support people who may struggle to attend appointments, while ALAS continued to provide a combination of hospital-based clinics, school in-reach services, outreach activity and home visits to improve access for children and families.

Public Health programmes increasingly delivered interventions within communities, particularly in areas experiencing higher levels of inequality. Similarly, PCIC's Healthy Lives Events brought health promotion and support directly into community settings, helping reduce practical and social barriers to access. These approaches recognise that equitable access is often achieved by bringing services closer to the communities that need them most.

The Health Inclusion Service also continued to support individuals experiencing homelessness through outreach approaches and service provision based within the Housing Options Centre, helping ensure support was delivered in settings that reflected the realities of people's lives.

Physical Environments and Inclusive Design

Accessibility also depends on the environments in which care is delivered.

During 2025-2026, several services demonstrated how accessibility considerations were being integrated into facilities, estates planning and environmental design. One notable example was the development of the new All Wales Medical Genomics Service facility, which incorporated wheelchair access, hearing loops, neurodiversity-friendly spaces, prayer facilities, ablution areas and dedicated family facilities. These features were informed by engagement and review processes, helping ensure the design reflected the needs of those using the building.

This provides an example of accessibility being designed in rather than retrofitted. Equality considerations informed decisions about wheelchair navigation, lift access, hearing loops, neurodiversity-informed colour schemes, prayer and ablution space, and family facilities. The associated Equality and Health Impact Assessment provides an auditable link between identified need and the design decision. The immediate outcome is the removal or reduction of foreseeable environmental barriers; the next assurance step is to use patient, visitor and staff feedback to confirm how effectively the facilities work in practice.

Capital, Estates and Facilities also reported a range of improvements across Health Board sites, including accessibility adaptations, clearer information systems and support for a diverse range of needs. Consideration of accessibility was also reflected within parking arrangements, catering services and wider environmental improvements designed to improve the experience of patients, visitors and staff.

Reasonable Adjustments and Inclusive Service Design

An important part of accessibility is recognising that people may require different forms of support to access services equitably.

Across the organisation, services reported the ongoing use of interpretation services, British Sign Language support, sensory adjustments, flexible appointments and alternative communication methods. Audiology services within Surgery Clinical Board continued to provide specialist support through dedicated champions and interpreting provision, while a number of services reported routine use of communication support to meet individual needs.

Accessibility considerations were also increasingly incorporated into service planning through Equality and Health Impact Assessments. Examples included pathway redesign within Surgery, organisational change activity in Medicine and service developments across Public Health and

Genomics. Importantly, assessments increasingly considered a broad range of factors including disability, language, digital exclusion, socio-economic disadvantage, caring responsibilities and cultural needs.

This demonstrates a growing understanding that accessibility is shaped by multiple and sometimes overlapping barriers, requiring more holistic and inclusive approaches to service design.

7.4 Impact and Learning

The evidence from 2025-2026 demonstrates continued progress in making services, environments and information more accessible for patients, service users and staff.

Many of the strongest examples focused on identifying barriers and adapting services in response to need. Community-based delivery models, translated resources, flexible appointment options, inclusive facility design and personalised support all demonstrate a move towards understanding accessibility from the perspective of the individual rather than the organisation.

A notable learning point from the reporting year is that accessibility improvements often benefit a much wider population than the groups they were initially designed to support. Clearer information, more flexible services, better-designed environments and inclusive communication approaches can improve experiences for all patients, visitors and staff. This reinforces the importance of embedding accessibility considerations within mainstream service planning rather than treating them as specialist interventions.

The reporting year also highlighted the value of considering accessibility earlier in decision-making processes. Increasing use of Equality and Health Impact Assessments, improved engagement with patients and communities, and greater attention to inclusive design are helping services anticipate barriers before they arise and develop more effective solutions.

While opportunities remain to strengthen consistency and evaluation across the organisation, the overall direction of travel is encouraging. Accessibility is increasingly being viewed as a shared responsibility and an integral part of delivering equitable care. Building on this progress will be important in ensuring that patients, service users and staff can access services, participate fully and receive support that reflects their individual needs and circumstances.

8. Progress Against Objective 4: Data

Objective: Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.

8.1 Purpose

Data plays a critical role in helping the Health Board understand whether staff, patients and communities experience services equitably. While communication, engagement and accessibility help remove barriers and improve experiences, data provides the evidence needed to identify where inequalities exist, understand their causes and target improvement activity more effectively.

Good quality information supports better decision-making, enables services to assess the impact of change and helps ensure resources are directed towards areas of greatest need. It also strengthens accountability by providing insight into workforce experience, patient access, service utilisation and health outcomes.

During 2025-2026, the Health Board continued to strengthen both the quality of equality-related information and the way it is used to inform decision-making. Across services, there was increasing recognition that achieving meaningful progress on equality requires not only commitment and action, but also a clearer understanding of who is accessing services, who is benefiting from them and where disparities remain.

8.2 What Changed During 2025-2026

A significant area of progress during the reporting year was the continued improvement in equality monitoring and workforce data quality. Efforts were made across the organisation to

encourage staff to review and update personal information, helping create a more complete and reliable evidence base for workforce planning and equality analysis. Clinical and Service Boards increasingly recognised that incomplete data limits the organisation's ability to understand staff experience and identify inequalities.

The reporting year also saw greater use of equality-related information within governance, workforce planning and service improvement processes. Data relating to workforce experience, patient access and service utilisation was increasingly considered alongside operational, quality and workforce indicators, reflecting a shift towards seeing equality as a core organisational issue rather than a separate reporting requirement.

There was also growing use of patient experience information, community insight and engagement feedback to better understand how services are experienced by different groups. This reflects an increasing recognition that understanding equity requires both quantitative data and lived experience evidence.

Together, these developments provide a stronger foundation for identifying inequalities, targeting interventions and evaluating progress over time.

8.3 Examples of Delivery

Strengthening Equality Data and Workforce Intelligence

Improving the quality and completeness of workforce data remained a key priority during 2025-2026.

Across the organisation, activity focused on encouraging staff to update equality monitoring information and Welsh language skills records. As a result, the Health Board continued to improve the quality of information relating to characteristics such as ethnicity, disability, religion, sexual orientation and language skills, creating a stronger evidence base for workforce planning and workforce equality activity.

Progress in Welsh language data was particularly notable, with Welsh language skills recording increasing from 53.14% in April 2025 to 70.14% in March 2026. This has strengthened the organisation's understanding of workforce linguistic capability and supports future planning for Welsh-medium services and delivery of the Active Offer.

Several Clinical and Service Boards also identified data quality as a local workforce priority, recognising that effective equality analysis depends upon accurate and complete information.

Understanding Staff Experience

The Health Board continued to use workforce data to improve understanding of staff experience and to identify areas where inequalities may exist.

Workforce Race Equality Standard (WRES) findings, Staff Survey results and workforce indicators provided valuable insight into representation, progression, workplace culture and staff experience. These sources have helped inform discussions around inclusive recruitment, workforce development, leadership representation and opportunities to improve staff experience across different groups.

Several services reported increasing use of workforce data at local level. Mental Health Clinical Board incorporated workforce indicators into Cultural Compass Conversations, helping teams explore links between wellbeing, inclusion and workplace culture. Other Clinical Boards used workforce information to inform planning activity, identify pressures and target improvement initiatives.

This reflects a broader shift from using data simply to describe workforce demographics towards using it to better understand experiences and support action.

Using Data to Improve Services and Patient Experience

The reporting year also saw greater use of patient information, service activity and community feedback to inform service improvement.

Clinical and Service Boards increasingly used patient feedback, engagement activity, concerns, complaints and compliments to understand how services are experienced by different communities. This information helped identify barriers, improve communication and support more inclusive approaches to service delivery.

Public Health programmes used population health information, community intelligence and immunisation uptake data to identify areas experiencing inequalities and target interventions accordingly. Similarly, Clinical Diagnostics and Therapies used service utilisation and demographic information to identify variations in uptake among diverse communities and develop targeted outreach activity. Subsequent improvements in engagement demonstrated how data can support more responsive and equitable services.

These examples show the growing importance of combining numerical data with community insight and lived experience to better understand inequalities and support practical change.

Embedding Equality Data in Governance and Decision-Making

One of the most significant developments during the year was the increasing integration of equality-related information into governance and decision-making processes.

Clinical and Service Boards reported greater consideration of equality data through workforce reviews, service planning discussions, quality and safety forums and performance processes. Equality and Health Impact Assessments also continued to play an important role in ensuring evidence relating to protected characteristics, accessibility, language and wider inequalities informs organisational decisions.

Importantly, assessments increasingly considered a wider range of factors, including socio-economic disadvantage, digital exclusion, caring responsibilities and cultural needs. This reflects a more holistic understanding of the factors that can influence access, experience and outcomes.

By embedding equality considerations within existing governance structures, the Health Board is becoming better positioned to identify emerging risks, monitor progress and ensure that equality informs decision-making across the organisation.

8.4 Impact and Learning

The evidence from 2025-2026 suggests that the Health Board is becoming increasingly data-informed in its approach to equality, diversity and inclusion.

Progress in workforce data quality, greater use of staff experience information and increasing integration of equality data within governance processes have strengthened the organisation's ability to understand where inequalities may exist and where improvement efforts should be focused. Increasingly, services are combining workforce data, patient feedback, community insight and service information to develop a more complete understanding of experience and need.

A key learning from the reporting year is that data is most effective when it is used alongside lived experience. Some of the strongest examples of improvement involved services combining quantitative information with feedback from staff, patients and communities to better understand barriers and inform action. This helped move the focus beyond measuring activity towards understanding the factors that influence outcomes and experiences.

The reporting year also demonstrated the value of embedding equality information within routine governance and planning processes. As equality considerations become more integrated into decision-making, the organisation is better able to anticipate risks, monitor progress and assess the impact of change.

While further work is required to strengthen consistency, analytical capability and evaluation across all services, the overall direction of progress is positive. The Health Board now has a stronger evidence base from which to understand inequalities, target interventions and measure improvement. Building on this foundation will be a key priority during 2026-2027 as the organisation continues to develop a more mature and insight-driven approach to equality.

9. Eliminating Discrimination and Promoting Equality of Opportunity

9.1 Introduction

The Public Sector Equality Duty requires the Health Board to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between people who share protected characteristics and those who do not. These duties form the foundation of our Strategic Equality Plan and provide an important framework for assessing the impact of our work.

The preceding sections of this report have outlined progress against our four Strategic Equality Objectives: Respect, Communication and Engagement, Accessibility and Data. Together, these objectives support the Health Board's wider ambition to create an inclusive organisation where staff, patients and communities are treated fairly, barriers are reduced and differing needs are recognised and responded to appropriately.

This section reflects on how the activity delivered during 2025-2026 contributes to the broader aims of the Public Sector Equality Duty and highlights some of the key learning emerging from the reporting year.

9.2 Eliminating Discrimination

Eliminating discrimination requires more than compliance with legislation. It depends on creating an organisational culture in which people feel respected, valued and able to challenge behaviours or practices that may contribute to inequality or exclusion.

During 2025-2026, there was evidence of increasing attention to inclusion across workforce practice, service planning and organisational governance. Equality considerations were incorporated into decision-making through Equality and Health Impact Assessments, workforce equality analysis, staff engagement activity and leadership-led initiatives designed

to strengthen inclusion and understanding across services. These approaches support earlier identification of potential barriers and help ensure that the needs of diverse groups are considered when changes are being planned or implemented.

The reporting year also highlighted the importance of culture in reducing the risk of discrimination. Increased investment in cultural competence, anti-racism awareness, staff voice and inclusive leadership reflects a growing recognition that discrimination is not addressed solely through policies and procedures. It also requires ongoing attention to behaviours, relationships and organisational culture.

At the same time, Staff Survey findings and workforce equality evidence indicate that some staff continue to experience discrimination or unequal experiences in the workplace. This reinforces the need to maintain focus on psychological safety, equitable opportunity and creating environments where people feel confident to raise concerns and share their experiences.

The Health Board therefore recognises that eliminating discrimination is an ongoing process. Progress has been made during the reporting year, but continued effort will be required to ensure positive experiences are felt consistently across all services and staff groups.

9.3 Advancing Equality of Opportunity

Advancing equality of opportunity involves recognising that individuals and communities may experience different barriers to accessing services, employment, development opportunities and support. Achieving equitable outcomes often requires flexibility, targeted interventions and a willingness to adapt services to meet differing needs.

Project SEARCH provides a practical example of advancing equality of opportunity through a different route into employment. The partnership programme supports young people aged 16–24 with learning disabilities through structured workplace placements, college support and on-site job coaching. In its fourth year, six young people were undertaking placements across UHW and Llandough. This should be presented as an access-to-opportunity case study; employment outcomes should only be added where they can be validated through the corporate programme record.

Evidence from 2025-2026 demonstrates growing awareness of these principles across the organisation. Improvements in accessible communication, community engagement, Welsh language provision, reasonable adjustments and flexible service delivery models have helped services respond more effectively to the needs of diverse populations. Increasing use of data and community insight has also strengthened understanding of where barriers may exist and helped inform improvement activity.

An important theme emerging from the reporting year is the shift from providing the same approach for everyone towards considering what different individuals and communities may need in order to achieve equitable access and experience. Examples described throughout this report demonstrate increasing recognition that equality of opportunity is often achieved through tailored and inclusive approaches rather than standardised solutions.

The Health Board has also continued to strengthen opportunities for participation and involvement, both within the workforce and through wider community engagement. This includes creating more opportunities for staff voice, broadening engagement with under-served communities and increasing the use of co-production in service improvement activity. These approaches help ensure that people who may previously have been under-represented have greater opportunities to influence decisions that affect them.

Looking ahead, a key priority will be strengthening the evaluation of outcomes. While there is increasing evidence of activity designed to reduce inequalities, continued work is needed to understand more clearly the impact these interventions are having on access, experience and outcomes for different groups.

9.4 Fostering Good Relations

Building positive relationships between communities, staff and services is an important part of reducing inequalities and creating inclusive environments. Trust, understanding and meaningful engagement can help improve experiences, challenge misconceptions and ensure a wider range of perspectives contribute to decision-making.

During 2025-2026, the Health Board continued to strengthen relationships with patients, communities and partner organisations through engagement, consultation and co-production activity. Across a number of services, there was evidence of increasing collaboration with community groups, faith organisations, voluntary sector partners, staff networks and people with lived experience. These partnerships have helped improve understanding of local needs, build trust and ensure a broader range of voices inform service development.

The reporting year also highlighted the value of listening as an integral part of fostering good relations. Whether through staff engagement initiatives, community-based events, co-production activity or local partnership working, many of the strongest examples described in this report involved creating opportunities for meaningful dialogue and shared learning.

Importantly, these activities are helping to strengthen relationships not only between the Health Board and communities, but also within teams and across services. By encouraging

greater understanding of differing experiences and perspectives, they contribute to a more inclusive culture and support the delivery of person-centred care.

As these relationships continue to develop, there is an opportunity to further strengthen the role of lived experience in shaping organisational priorities and evaluating the effectiveness of change.

10. Looking Forward to 2026–2027

As the Health Board enters the third year of delivering its Strategic Equality Plan, our focus will move from building foundations to embedding, measuring and scaling impact.

The progress made during 2025–2026 provides a strong platform for the next stage of this work. In 2026–2027, we will focus on the following priorities.

Strengthening Staff Networks and Lived Experience Leadership

We will continue to strengthen the visibility, sustainability and influence of our staff networks, ensuring their insight is more systematically used in planning, policy development and service improvement.

Our ambition is for staff networks to be recognised not only as support communities, but as strategic partners in organisational learning and cultural change.

Enhancing Employee Voice through Adborth

We will further develop Adborth as a more responsive employee voice model, creating additional opportunities for colleagues from different backgrounds and experiences to influence priorities, challenge assumptions and shape solutions.

This will complement existing staff networks and formal engagement mechanisms, helping create an organisation where people feel heard, valued and able to contribute meaningfully to improvement.

Becoming More Data Driven Through the Workforce Equality Standard

The Workforce Equality Standard will provide an important opportunity to strengthen our understanding of workforce experience, representation and opportunity.

During 2026–2027, we will focus on improving the quality, completeness and use of equality data so that disparities are better understood, progress is monitored and impact is evaluated. We will also work to embed equality data more consistently within workforce planning, organisational development and leadership decision-making.

Increasing Representation and Progression Opportunities

Creating a workforce that reflects the diversity of the communities we serve remains a key priority.

We will continue to support equitable access to recruitment, development and progression opportunities, with a focus on inclusive recruitment, career development pathways and improved use of workforce data to understand representation across grades, professions and leadership levels.

Particular attention will be given to increasing representation in senior roles and supporting colleagues from under-represented groups to develop and progress.

Embedding Inclusive Leadership

Leaders play a critical role in shaping organisational culture.

We will continue to strengthen inclusive leadership capability by supporting leaders to understand diverse experiences, create psychologically safe environments and embed equality considerations into everyday decision-making.

Improving Accessibility and Patient Experience

We will build on progress made during 2025–2026 by strengthening accessibility across services, facilities and communication channels.

This will include preparing for emerging national accessibility standards, improving the use of patient experience insight, enhancing reasonable adjustment processes and ensuring accessibility remains central to service design and improvement. We will also continue to strengthen Welsh language provision and delivery of the Active Offer.

Deepening Community Partnerships

Reducing inequalities requires strong and sustained relationships with communities.

During 2026–2027, we will continue working with community organisations, voluntary sector partners, faith groups and local stakeholders to better understand lived experience, build trust and ensure services are shaped by the people who use them.

Measuring the difference

During 2026–2027, progress will be assessed through a focused set of outcome measures rather than activity alone. These will include direction of travel in representation above Band 5 and at senior levels; appointment likelihood following shortlisting; equality-data declaration; Staff Survey measures of speaking up, organisational response, respect for difference and career opportunity; Welsh-language capability and evidence of the Active Offer; and patient access and experience measures capable of analysis by protected characteristic.

Where a reliable baseline is not yet available—particularly for accessible communication, reasonable adjustments and patient-experience inequality—the first commitment will be to establish that baseline using existing organisational systems. Oversight will focus on whether identified gaps narrow over time, while also maintaining areas where evidence indicates equitable practice.

Our Vision for 2026–2027

Our ambition is to continue creating a Health Board where every individual feels respected, valued and able to participate fully.

By strengthening employee voice, growing staff networks, improving representation, embedding inclusive leadership and becoming more data informed, we will continue to build a culture where equality, diversity and inclusion are integral to everything we do.

Together, we will continue shaping an inclusive culture that reflects the communities we serve and supports outstanding care for all.

Cardiff and Vale University Health Board

Gender Pay Gap Report 2026

Introduction

Cardiff and Vale University Health Board is committed to ensuring that staff are treated fairly and equitably at work, with access to reward, recognition and career development. The Health Board has previously stated that gender pay gap reporting provides a useful mechanism for measuring progress towards gender pay equality and that publishing pay data is an important part of transparency about pay.

This report sets out the Health Board's gender pay gap position as at 31 March 2026. It explains the statutory gender pay gap measures, compares the 2026 position with the 2025 report, discusses the main causes of the gap, and describes how current equality, inclusion, workforce and accessibility activity contributes to longer-term improvement. The report uses the statutory gender pay gap approach of comparing average hourly pay for men and women across the workforce; this is different from equal pay, which concerns whether men and women receive equal pay for equal work or work of equal value.

This report should be read in conjunction with the Health Board's Annual Equality Report 2025–2026, which provides wider context on the equality, inclusion and workforce activity supporting progress against the Strategic Equality Plan.

What is the gender pay gap?

The gender pay gap shows the difference between average pay for men and women across an organisation. A positive pay gap means that men are paid more than women on average; a negative pay gap means that women are paid more than men on average. UK Governmental guidance confirms that employers with 250 or more employees on the relevant snapshot date must report and publish gender pay gap information within a year of that date.

It is important to distinguish the gender pay gap from equal pay. Analysis of the 2026 dataset indicates that the Health Board's gender pay gap is driven primarily by workforce composition and the distribution of men and women across senior and higher-paid roles, rather than by evidence of unequal pay for equivalent work.

Our 2026 gender pay gap

At 31 March 2026, the Health Board's mean gender pay gap is 16.37%. Male mean hourly pay is £27.29, female mean hourly pay is £22.82, and the difference is £4.47 per hour.

The Health Board's median gender pay gap is -1.54%. Male median hourly pay is £19.98 and female median hourly pay is £20.28, meaning that the middle-paid woman earns slightly more than the middle-paid man.

This distinction between the mean and median measures is important. The median figure suggests that pay around the middle of the workforce is broadly balanced. The mean figure is higher because average male pay is affected by the proportion of men in the highest-paid roles.

Measure	Male hourly pay	Female hourly pay	Difference	Gender pay gap
Mean hourly pay	£27.29	£22.82	£4.47	16.37%
Median hourly pay	£19.98	£20.28	-£0.31	-1.54%

Comparison with 2025

The Health Board's mean gender pay gap has reduced slightly, from 16.73% in 2025 to 16.37% in 2026. Using the full reported figures, this represents a reduction of approximately 0.36 percentage points. The median gender pay gap has moved from almost zero in 2025, at -0.0111%, to -1.54% in 2026, meaning the median measure remains slightly in favour of women.

The Health Board's previous Gender Pay Gap Reports showed that the mean pay gap peaked at 22.60% in 2019, fell to 15.76% in 2024, and then increased to 16.73% in 2025. The 2026 figure of 16.37% suggests a modest improvement compared with 2025, but the overall position remains above the 2024 low point. This is important because it shows that the Health Board has made sustained progress since the 2019 peak, but that improvement has not followed a straight line and continued attention is needed. The 2026 position should therefore be seen as broadly positive, with a small year-on-year reduction, while also confirming that further action is required to understand and address the structural factors that continue to influence the gap.

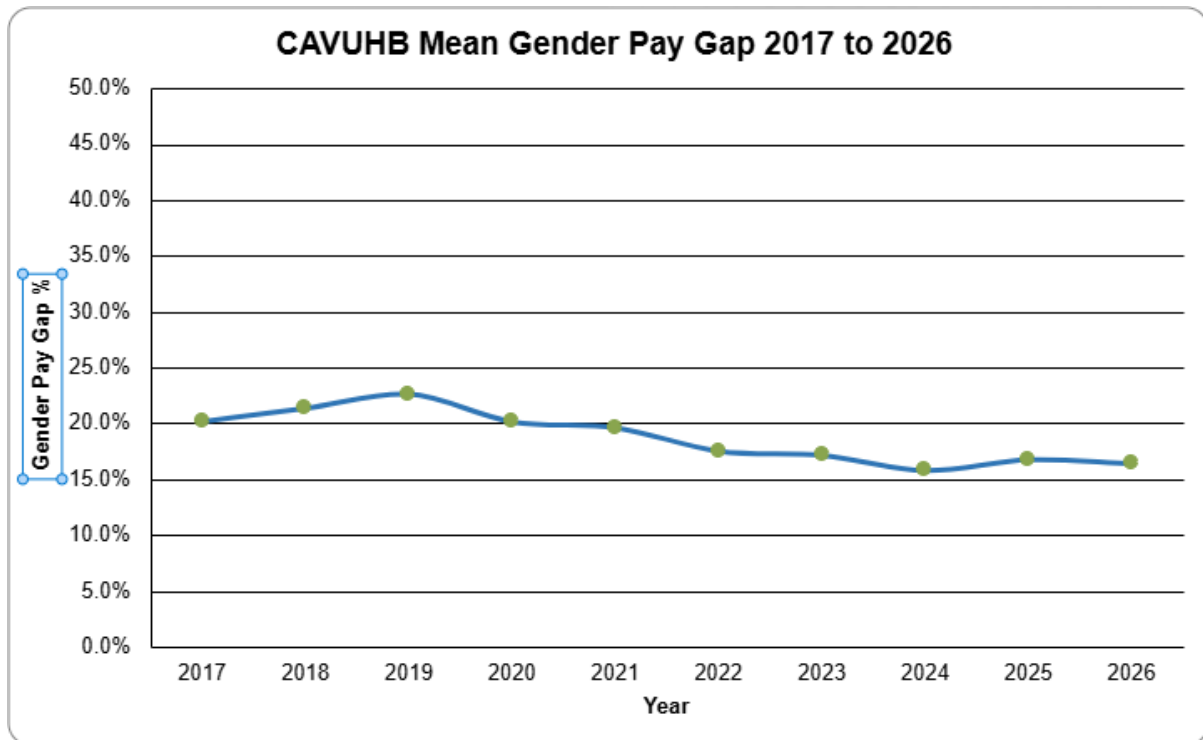


Figure 1: Cardiff and Vale UHB mean gender pay gap trend from 2017 to 2026

Understanding the 2026 pay gap

The Health Board remains a predominantly female employer, with 12,727 female employees, representing 74.9% of the analysed workforce, and 4,272 male employees, representing 25.1%.

Analysis of the 2026 dataset shows that the pay gap is not driven by women in lower-paid roles being paid less than men in comparable areas. In the lower three pay quartiles, female employees earn very similar amounts to male employees and, in some cases, slightly more.

Quartile	Female	Male	Female %	Male %	Mean Pay Gap %
1	2678.00	1147.00	70.01%	29.99%	-1.0
2	3599.00	1073.00	77.03%	22.97%	-1.6
3	3399.00	698.00	82.96%	17.04%	-0.5
4	3051.00	1354.00	69.26	30.74	24.7

The gap is concentrated in Quartile 4, the highest-paid quartile. In Quartile 4, male mean hourly pay is £47.55, female mean hourly pay is £35.82, and the mean gap is 24.7%. This indicates that men remain disproportionately represented in the highest-paid positions, including senior managerial, consultant and other highly remunerated roles.

It is important to emphasise that the Health Board operates within nationally agreed NHS pay frameworks, including Agenda for Change and national Medical and Dental pay arrangements, which determine rates of pay based on role, grade and responsibility. The gender pay gap reported within this document should therefore not be interpreted as evidence that women and men are paid differently for undertaking the same work. Rather, the gap reflects the distribution of employees across the workforce and, in particular, the under-representation of women within some of the most senior and highest-paid roles.

The fact that the median gender pay gap is -1.54%, meaning that the middle-paid woman earns slightly more than the middle-paid man, further supports the conclusion that the Health Board's gender pay gap is driven primarily by workforce composition rather than unequal pay for equal work.

Administrative and Clerical staff group

The largest substantive staff group gap in 2026 is within the Administrative and Clerical staff group. Male mean hourly pay in this group is £21.99, compared with female mean hourly pay of £18.34, giving a mean pay gap of 16.57%. The median pay gap in this group is 12.13%.

This is significant because Administrative and Clerical staff represent a large workforce cohort, so the gap within this group has a meaningful effect on the overall organisational position. Analysis of the 2026 dataset identifies the likely explanation as a higher proportion of men occupying senior administrative and managerial grades, while women are more concentrated in lower and middle administrative bands.

Other staff group gaps identified in the 2026 analysis are smaller: Estates and Ancillary 5.8%, Medical and Dental 2.8%, Allied Health Professionals 2.8%, and Nursing and Midwifery 0.9%.

Bonus pay gap

Analysis of the 2026 dataset identifies a mean bonus pay gap of 21.37% and a median bonus pay gap of 26.57%.

The data shows that men are more likely to receive bonus payments. There were 36 male bonus recipients and 8 female bonus recipients. This equates to 0.75% of men and 0.06% of women receiving a bonus payment.

The bonus gap is associated with bonus payments being concentrated in senior medical roles, where men are more represented.

How current equality and workforce activity supports improvement

The Health Board's current equity and inclusion work is relevant to reducing the gender pay gap because the main driver is representation in senior and higher-paid roles. Activity that improves staff voice, inclusive leadership, workforce data, accessibility, flexible working and progression can help identify barriers earlier and support a fairer route into development and leadership opportunities.

During 2025–2026, the Health Board reported growing ownership of inclusion activity across Clinical and Service Boards, including Inclusion Ambassador programmes, Cultural Compass Conversations, wellbeing initiatives, cultural competence programmes and strengthened staff engagement arrangements. These activities are described as helping to create more opportunities for staff voice, strengthen psychological safety and support more inclusive workplace cultures.

This matters for the gender pay gap because progression is affected not only by formal recruitment processes, but also by whether staff feel encouraged, supported and able to put themselves forward for development and leadership. Cultural Compass Conversations, for example, combine workforce data, staff insight and lived experience to help teams reflect on workplace culture and identify emerging issues. Inclusion Ambassadors help keep inclusion visible in leadership discussions and service development.

The Annual Equality Report 2025-2026 also highlights improved use of workforce data, including work to strengthen equality monitoring and workforce intelligence. Better data helps the organisation understand representation, progression, workplace culture and staff

experience, and supports more evidence-informed discussions about inclusive recruitment, workforce development and leadership representation.

Accessibility and flexibility are also relevant. The Annual Equality Report 2025-2026 describes a growing focus on designing services and support around individual need, including more flexible ways of working, virtual appointments, outreach provision, personalised support and reasonable adjustments. While these examples are broader than the gender pay gap alone, they align with the wider principle that reducing barriers can help people remain in work, access development and participate fully.

The UK Government's recommended evidence-informed actions include inclusive job descriptions, encouraging applications from a range of candidates, reducing unconscious bias in screening, structured interviews, advertising leave and flexible working arrangements, improving development and promotion routes, offering mentoring and sponsorship, setting representation targets, increasing transparency around pay, promotion and rewards, and enhancing flexible working and leave policies.

The Health Board's existing work already aligns with several of these themes: inclusive leadership, staff voice, workforce data, flexible working, accessibility, and local inclusion structures. The further opportunity is to make the link between these activities and gender pay gap improvement more explicit in future reporting, particularly where activity supports progression into senior Administrative and Clerical, Agenda for Change and leadership roles. The UK Government also notes that action plans are intended to support meaningful and sustainable change, and that organisations should select actions aligned to their own evidence and track progress effectively. This is particularly relevant for the Health Board because the 2026 analysis identifies a specific structural driver: representation in higher-paid roles, especially within Administrative and Clerical and senior roles more broadly.

Future focus

The Health Board's future focus will remain on reducing structural barriers to progression and improving representation in senior and higher-paid roles, while continuing to monitor the gap through robust workforce data. As per the Annual Equality Report 2025-2026, priorities for 2026-2027 include strengthening staff networks and lived experience leadership, enhancing employee voice through Adborth, improving equality data, supporting recruitment and progression opportunities, embedding inclusive leadership and improving accessibility and patient experience.

Particular attention will be given to understanding the factors contributing to the gender pay gap within the Administrative and Clerical workforce, where the largest substantive staff group disparity exists. While the available evidence suggests that the gap is linked to the distribution of men and women across senior administrative and managerial grades, further analysis will help the Health Board better understand progression patterns, representation across grades and any barriers that may influence access to higher-paid opportunities.

Improving understanding of this staff group will support a more targeted and evidence-informed approach to reducing the overall gender pay gap over time.

These priorities align closely with the areas highlighted in the gender pay gap analysis. In particular, improving workforce data and using it within workforce planning will help the Health Board understand where women are under-represented in higher-paid roles and where progression pathways may need further attention. Continuing to strengthen employee voice and inclusive leadership can help identify cultural or practical barriers that may affect confidence, application rates and access to development opportunities.

In line with UK Government guidance, future reporting should continue to describe not only the pay gap figures, but also the evidence-based activity being undertaken to address the causes of the gap. This includes linking flexible working, leave policies, mentoring, sponsorship, transparent progression routes, fair recruitment practice and representation monitoring to the specific patterns seen in the Health Board's own data.

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, using the gender pay gap reporting methodology applied in the Health Board's previous report.

Report Title:	Social Partnership Duty Annual Report 2025/26			Agenda Item No:	3.2
Meeting:	People and Culture Committee	Public		Meeting Date:	
		Private			
Status (please only tick one)	Assurance		Approval	x	Information/Noting
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Head of People Assurance and Experience				
Main Report					
Background and Current Situation:					
The Social Partnership and Public Procurement (Wales) Act 2023 requires public bodies in Wales to report annually on how they have complied with the Social Partnership Duty. The annual report must be prepared in partnership with recognised trade unions and submitted to the Social Partnership Council for Wales. The attached Social Partnership Duty Annual Report 2025/26 sets out how Cardiff and Vale University Health Board has met the requirements of the Duty during the reporting period 1 April 2025 to 31 March 2026. It describes the arrangements in place to support social partnership working, provides examples of how recognised trade unions have been involved in strategic decision-making and the development of wellbeing objectives, and identifies areas where further progress can be made. The report has been developed jointly by the Health Board and recognised trade union representatives. Subject to approval by the People and Culture Committee, the report will be translated into Welsh, formatted for publication by Medical Illustration and published in accordance with the Health Board's statutory reporting requirements. The final bilingual report will be submitted to the Social Partnership Council for Wales.					
Executive Director Opinion & Key Issues to bring to the attention of the Board/Committee/SLT (delete as appropriate)					
The annual report demonstrates that social partnership is well established within the Health Board. However, the report also recognises that social partnership is an ongoing process of continuous improvement. In particular, it identifies opportunities to strengthen awareness and understanding of the Duty across Clinical Boards and Directorates, promote greater consistency in how partnership principles are applied locally, and continue to support meaningful early engagement in strategic decision-making. The Committee is asked to support the following areas of action, which will inform ongoing work with recognised trade unions during 2026/27: • Increase awareness and understanding of the statutory requirements of the Social Partnership and Public Procurement (Wales) Act 2023 amongst Clinical Board and Directorate leadership teams. • Develop a shared understanding of what constitutes meaningful engagement and how the principles of consensus and compromise can be applied in practice. • Strengthen arrangements to support consistent application of the Social Partnership Duty across all organisational levels. • Ensure consideration of Social Partnership Duty requirements is embedded within major change programmes, workforce redesign initiatives and service transformation projects.					

- Continue to review governance and reporting arrangements to ensure social partnership considerations are appropriately reflected within Board and Committee decision-making processes
- Develop approaches to monitor and evaluate the effectiveness of partnership engagement and identify opportunities for improvement.

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

Appendix 1: Cardiff and Vale University Health Board Social Partnership Duty Annual Report 2025/26

Recommendations:

The People and Culture Committee is asked to:

- Approve the Cardiff and Vale University Health Board Social Partnership Duty Annual Report 2025/26 for publication and submission to the Social Partnership Council for Wales.
- Support the proposed areas of action set out in this cover paper to further strengthen awareness, consistency and meaningful application of the Social Partnership Duty across the organisation during 2026/27.

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	
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		Long Term		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)		
--	--	---	--	--

Impact Assessment

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

Risk: Yes/No (delete as appropriate)

Yes. The statutory requirement to report annually on compliance with the Social Partnership Duty creates a compliance and reputational risk if the report is not approved, published and submitted. These risks are mitigated by the report having been developed in partnership with recognised trade unions and by seeking Committee approval prior to publication and submission.

Safety: Yes/No

No direct safety risks arise from the approval of the annual report. The report includes examples of partnership working that support staff wellbeing, workforce sustainability and safe service delivery.

Financial: Yes/No

No direct financial implications arise from approval of the report.	
Workforce: Yes/No	
Yes. The report relates directly to workforce engagement, partnership working and the involvement of recognised trade unions in strategic decision-making. The proposed areas of action are intended to strengthen awareness, consistency and meaningful application of the Duty across the organisation.	
Legal: Yes/No	
Yes. The report is prepared in response to the statutory reporting requirement under the Social Partnership and Public Procurement (Wales) Act 2023. Approval of the report will support compliance with the Health Board's annual reporting duties.	
Reputational: Yes/No	
Yes. Timely publication and submission of the annual report will demonstrate the Health Board's commitment to statutory compliance, partnership working and continuous improvement. Reputational risk is mitigated by the report being developed jointly with recognised trade unions.	
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>	
Yes. The report supports the principles of fair work, staff involvement and partnership working, which contribute to better decision-making and more equitable outcomes. No adverse socio-economic impacts have been identified.	
Equality & Health: Yes/No	
Yes. The report is relevant to equality and staff experience through its focus on fair work, workforce engagement and meaningful involvement. No adverse equality or health impacts have been identified as a result of approving the annual report.	
Decarbonisation: Yes/No	
No direct decarbonisation implications arise from approval of the report. Publication will be managed through existing digital and communications channels where appropriate.	
Welsh Language: Yes/No	
Yes. Subject to approval, the report will be translated into Welsh and published bilingually. This will support compliance with Welsh language requirements and ensure the final report is accessible in both Welsh and English.	
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)	
Name of Committee/Group/Exec	Date:

Cardiff and Vale University Health Board

Social Partnership Duty Annual Report 2025/26

Reporting period: 1 April 2025 to 31 March 2026

1. Foreword

We are pleased to present Cardiff and Vale University Health Board's Social Partnership Duty Annual Report for 2025/26.

The Social Partnership and Public Procurement (Wales) Act 2023 reinforces something that has long been important to us at Cardiff and Vale UHB: that the best decisions are made when employers, staff and trade union representatives work together in a spirit of openness, mutual respect and shared purpose. The Act places a formal duty on public bodies to seek consensus or compromise with recognised trade unions when setting wellbeing objectives and making strategic decisions, but for us social partnership is about much more than compliance. It is about building trust, improving services and ensuring that the voices of our workforce help shape the future of our organisation

This report builds on that foundation. It sets out examples of how social partnership has continued to influence strategic decision-making throughout 2025/26 and how we have worked together to support delivery of our long-term strategy, *Shaping Our Future Wellbeing*, and our shared ambition to create a great place to work and receive care. Throughout the year, we have worked together through our established partnership arrangements to address the opportunities and challenges facing our organisation, ensuring that staff and trade union perspectives are considered as strategic decisions are developed and implemented.

We recognise that social partnership is not simply about structures and meetings. Its true value is demonstrated through relationships, constructive challenge, shared problem-solving and a commitment to achieving the best possible outcomes for staff, patients and the communities we serve. While we are proud of the progress made, we also recognise there is more to do. We remain committed to strengthening partnership working at all levels of the organisation and continuing to develop an environment where staff and their representatives are actively involved in shaping the future of Cardiff and Vale UHB.

Rachel Gidman
Executive Director of People and Culture

Dawn Ward
Chair of Staff Representatives

2. Purpose of the Report

The Social Partnership and Public Procurement (Wales) Act 2023 requires public bodies in Wales to report annually on how they have complied with the Social Partnership Duty. The report must be prepared in partnership with recognised trade unions and submitted to the Social Partnership Council for Wales.

This report sets out how Cardiff and Vale University Health Board has met the requirements of the Duty during 2025/26. It describes the arrangements in place to support social partnership working, provides examples of how recognised trade unions have been involved in strategic decision-making and the development of wellbeing objectives, and highlights areas where further progress can be made.

The report has been developed jointly by the Health Board and trade union representatives and reflects our shared commitment to meaningful engagement, fair work and partnership working for the benefit of staff, patients and the communities we serve.

The report also acknowledges the procurement elements of the legislation and describes how Cardiff and Vale UHB will continue to work with procurement colleagues to ensure these requirements are appropriately reflected in future arrangements and reporting.

3. Introduction to the Social Partnership Duty

The Social Partnership and Public Procurement (Wales) Act 2023 was introduced to strengthen partnership working across the Welsh public sector and to ensure that employees and their representatives are meaningfully involved in decisions that affect them. The Act recognises that better outcomes are achieved when organisations work collaboratively with their workforce, promote fair work and consider the wider social impact of their decisions.

For Cardiff and Vale University Health Board, the principles underpinning the Duty are closely aligned with our long-standing commitment to partnership working. Through our established relationships with recognised trade unions and professional organisations, we seek to create an environment where staff voices are heard, valued and reflected in strategic decision-making.

The Social Partnership Duty requires public bodies to seek consensus or compromise with recognised trade unions when setting wellbeing objectives and when making strategic decisions about how those objectives will be delivered. In practice, this means involving staff representatives at an early stage, providing sufficient information to support meaningful discussion, allowing adequate time for consideration and response, and maintaining engagement throughout the process.

The Duty also complements existing Welsh legislation, including the Well-being of Future Generations (Wales) Act 2015, and supports our ambition to deliver high-quality, sustainable services for the population we serve. Within Cardiff and Vale UHB, these principles are reflected in our organisational strategy, *Shaping Our Future Wellbeing*, our People and Culture Plan (which is being refreshed in 2026), and the partnership arrangements that support decision-making at Board, organisational and local levels.

The remainder of this report focuses on how these principles have been reflected in practice during 2025/26, through strategic engagement, case studies, wider partnership activity and reflections on future development.

4. Social Partnership in Practice at Cardiff and Vale UHB

Social partnership at Cardiff and Vale UHB is supported by established partnership arrangements operating at Board, organisational and local levels. These arrangements provide opportunities for recognised trade unions and professional organisations to contribute to strategic discussions, workforce priorities and organisational change, helping to ensure staff perspectives are considered as decisions are developed and implemented.

While the governance arrangements supporting partnership working remain largely unchanged from those described in our 2024/25 report, the examples in this report demonstrate how those arrangements have supported strategic decision-making, workforce change, staff wellbeing and service planning throughout 2025/26.

Case Study 1: Clinical Services Plan

The Clinical Services Plan is one of the Health Board's most significant strategic programmes, setting out a long-term approach to the delivery of clinical services across Cardiff and Vale. Developed in 2024/25 and launched in June 2026, the Plan supports delivery of the Health Board's long-term strategy, *Shaping Our Future Wellbeing*, and seeks to ensure that services remain sustainable, responsive to population need and capable of delivering high-quality care in the future.

As the Clinical Services Plan has implications for service models, workforce planning, patient pathways, digital infrastructure and estates development, it was important that staff and trade union representatives had opportunities to contribute to its development and consider its potential impact.

Partnership in Practice

During 2025/26, the Health Board provided a range of opportunities for staff and trade union representatives to engage with the development of the Clinical Services Plan.

The Plan was discussed through formal partnership arrangements, including the Local Partnership Forum, on multiple occasions, providing trade union representatives with opportunities to receive updates, seek clarification, raise questions and contribute workforce perspectives as proposals continued to develop.

In addition, the Health Board held two dedicated engagement events which were open to staff from across the organisation. These events provided opportunities for colleagues from different professional groups, services and staff-side organisations to contribute their views, discuss priorities and help shape thinking around the future direction of services.

This engagement helped ensure that workforce considerations formed part of wider discussions about the future design and delivery of services, recognising that successful service transformation depends upon the involvement, experience and expertise of the staff who deliver care.

Contribution to Wellbeing Objectives and Strategic Priorities

The Clinical Services Plan supports the ambitions set out in *Shaping Our Future Wellbeing* by helping to develop clinically sustainable services capable of meeting future population needs. Partnership engagement through the development of the Plan also supports the principles underpinning the Social Partnership Duty by ensuring that staff and trade union perspectives are considered as strategic decisions are developed.

The engagement approach supported the Health Board's wellbeing objectives by promoting collaborative decision-making, strengthening workforce involvement in strategic planning and recognising the contribution that staff make to the delivery of safe, effective and sustainable healthcare services.

Case Study 2: Band 2 and Band 3 Healthcare Support Worker Role Validation

During 2025/26, the Health Board worked to support the validation of Healthcare Support Worker (HCSW) roles against nationally agreed role profiles and criteria. This work formed part of an All-Wales approach developed in partnership with NHS Wales employers and recognised trade unions, with the aim of ensuring consistency and fairness in the application of role requirements across organisations.

The process involved reviewing the duties undertaken by staff employed within Band 2 Healthcare Support Worker roles to determine whether those duties aligned with the nationally agreed Band 3 profile and therefore met the criteria for assimilation to Band 3.

As the work affected a significant number of staff and had implications for role clarity, workforce morale and staff experience, it was important that the process was supported by meaningful partnership working throughout.

Partnership in Practice

A dedicated task and finish group was established, bringing together Health Board representatives from all areas where HCSW are employed, and trade union colleagues to oversee and support implementation of the process locally.

Partnership working extended beyond consultation and included joint consideration of issues arising during implementation. Trade union representatives were involved in discussions regarding the interpretation and application of the national framework, the management of queries and concerns raised by staff, and the development of local processes to support consistent decision-making.

Particular emphasis was placed on ensuring that staff received timely information and support throughout the process. Where concerns arose regarding delays, errors or individual outcomes, Health Board and trade union representatives worked together to review issues, agree responses and ensure staff concerns were addressed appropriately.

The task and finish group also provided opportunities for trade union representatives to understand the systems, processes and controls in place to support implementation. This helped establish a

shared understanding of how decisions were made and supported constructive challenge where improvements were required.

Contribution to Wellbeing Objectives and Strategic Priorities

This work supported the Health Board's commitment to fair work, workforce wellbeing and employee engagement by promoting transparency, consistency and fairness in the application of nationally agreed role requirements.

The partnership approach helped ensure that decisions affecting staff were informed by workforce perspectives and that concerns could be raised, discussed and addressed through established partnership channels. In doing so, the work reflected the principles of the Social Partnership Duty by supporting meaningful engagement on a significant workforce issue and seeking collaborative solutions to challenges as they emerged.

Case Study 3: Implementing the NHS Wales Fatigue and Facilities Charter

The NHS Wales Fatigue and Facilities Charter was developed in partnership between BMA Cymru Wales, NHS Wales Employers and Welsh Government to establish standards that support the wellbeing, safety and working environment of doctors across Wales. The Charter recognises the impact that fatigue can have on staff wellbeing, patient safety and workforce sustainability, and sets out expectations relating to facilities, rest areas, catering provision, travel, training and rota design.

During 2025/26, Cardiff and Vale UHB continued work to assess its compliance with the Charter and to identify areas where further improvements were required. Given the impact of the Charter on the working lives of resident doctors and other medical staff, implementation was supported through established partnership arrangements with the British Medical Association (BMA) and the Local Negotiating Committee (LNC).

Partnership in Practice

Implementation of the Charter was undertaken using the nationally agreed NHS Wales implementation toolkit, which requires regular engagement between employers and staff representatives. Progress against the Charter was reviewed through the Local Negotiating Committee, providing opportunities for discussion, challenge and agreement on priorities for improvement.

The assessment process involved reviewing compliance against a wide range of standards, including rota design, fatigue management, induction arrangements, access to rest facilities, catering provision and travel arrangements. Areas of good practice and areas requiring further development were identified jointly, with improvement actions agreed through partnership arrangements.

Partnership working extended beyond review and monitoring activity. Health Board representatives and BMA colleagues worked together to consider concerns raised by doctors, review priorities for action and develop shared understanding of the practical challenges affecting compliance. This collaborative approach helped ensure that improvement plans reflected both organisational considerations and the lived experience of doctors working across the Health Board.

Contribution to Wellbeing Objectives and Strategic Priorities

The implementation of the Charter supports the Health Board's commitment to staff wellbeing, workforce sustainability and the creation of a healthy and supportive working environment. By focusing on issues such as fatigue, access to rest facilities, safe travel arrangements, induction and wellbeing support, the work contributes to the Health Board's wider ambitions to create a positive staff experience and support the delivery of high-quality patient care.

The partnership approach adopted through the LNC also reflects the principles underpinning the Social Partnership Duty by ensuring that staff representatives are actively involved in reviewing current arrangements, identifying priorities and helping to shape improvement activity.

5. Wider Partnership Activity During 2025/26

Partnership working continued to support discussion, challenge and collaborative problem-solving across a wide range of strategic and operational issues throughout 2025/26. Through formal partnership arrangements, including the Local Partnership Forum, recognised Trade Union representatives contributed workforce perspectives, raised concerns on behalf of staff and worked with management colleagues to shape responses to some of the most significant challenges facing the Health Board.

Financial Sustainability and Organisational Change

Throughout the year, the Health Board faced significant financial pressures and the need to identify substantial savings whilst maintaining safe and effective services. Financial sustainability, vacancy scrutiny arrangements, workforce reshaping and organisational redesign were recurring themes within partnership discussions. Trade Union representatives sought assurance regarding the impact on staff, questioned the practical implications of proposed changes and emphasised the importance of transparency, communication and meaningful engagement. They also emphasised the importance of involving staff at an early stage, ensuring workforce perspectives informed discussions and maintaining ongoing dialogue as proposals developed. These discussions helped ensure that workforce considerations remained central to decision making and reinforced a shared commitment to avoiding unnecessary adverse impacts on staff wherever possible.

Staff Experience, Wellbeing and Organisational Culture

Staff wellbeing, organisational culture and staff experience remained important themes throughout the year. Partnership discussions considered staff survey findings, attendance management, psychological safety, leadership behaviours and cultural improvement activity. Trade Union representatives consistently highlighted the importance of listening to staff, demonstrating that feedback results in action, and maintaining a compassionate approach when implementing organisational initiatives. These discussions informed ongoing work to strengthen staff experience and supported a shared understanding of the challenges affecting morale, wellbeing and engagement.

Workforce Planning and Workforce Sustainability

The workforce implications of organisational priorities featured prominently within partnership discussions during 2025/26. Topics included sickness absence, recruitment and retention, workforce availability, leadership development, workforce growth and workforce planning. Partnership discussions enabled Trade Union representatives to challenge assumptions, raise workforce concerns and contribute staff insight to discussions about how the Health Board can develop a sustainable workforce capable of supporting future service delivery.

Partnership Working Beyond Formal Structures

In addition to the formal partnership arrangements described in this report, Cardiff and Vale UHB continues to strengthen partnership working with recognised Trade Unions as a core part of how workforce initiatives are developed, implemented and reviewed.

Throughout 2025/26, Trade Union colleagues have been actively involved in a range of task and finish groups, project groups and workforce improvement initiatives, helping to ensure that staff perspectives are considered at an early stage and reflected in the design of policies, toolkits and organisational initiatives. Examples include partnership involvement in the Avoidable Employee Harm Group and the development of the Organisational Change Toolkit, supporting a more consistent, compassionate and preventative approach to workforce change and employee relations matters.

Partnership working has also continued to support the development and delivery of workforce training. During the year, management and Trade Union representatives worked together on initiatives including Managing Attendance at Work training and Sexual Harassment Awareness training. This collaborative approach has helped promote shared understanding, strengthen manager confidence and support the development of a safer, fairer and more respectful working environment.

6. Public Procurement and Social Value

The Social Partnership and Public Procurement (Wales) Act 2023 places duties on public bodies to carry out procurement in a way that contributes to the economic, social, environmental and cultural wellbeing of Wales. The legislation promotes socially responsible procurement, requiring organisations to consider wider social value, fair work, sustainability and community benefits when undertaking procurement activity. Public bodies must also consider how procurement decisions support the Well-being Goals and the sustainable development principle established by the Well-being of Future Generations (Wales) Act 2015.

From September 2027, and in accordance with the requirements of the Social Partnership and Public Procurement (Wales) Act 2023, NHS Wales organisations (including CAV) will be required to report annually against the Socially Responsible Procurement Duty. This reporting will demonstrate progress against organisational objectives and set out how procurement activities contribute to the achievement of Wales' Well-being Goals.

To support this requirement, NHS Wales is now gathering data and evidence against a suite of well-being metrics that will form the basis of future reporting. These metrics will measure procurement's contribution across environmental, economic, social and cultural outcomes, providing a consistent approach to demonstrating the wider value generated through public sector procurement.

7. Challenges and Opportunities

Whilst this report demonstrates many positive examples of partnership working across Cardiff and Vale UHB, both management and Trade Union representatives recognise that social partnership is an ongoing process of continuous improvement. As the organisation responds to significant operational, workforce and financial challenges, there remain opportunities to strengthen how partnership working is experienced across all parts of the Health Board and to build on the progress made to date.

Awareness and Accountability at Clinical Board Level

Whilst partnership working is well established through the Health Board's formal governance structures, there remains an opportunity to strengthen awareness and understanding of the Social Partnership Duty across all levels of the organisation. As responsibility for service transformation, workforce planning and operational decision-making increasingly sits within Clinical Boards and Directorates, it is important that leaders understand both the principles and practical application of social partnership.

During 2026/27, the Health Board and recognised Trade Unions will continue to work together to strengthen awareness of the Duty and support leaders to demonstrate how workforce perspectives have been considered in the development of significant proposals and decisions. This will help ensure that social partnership is recognised as an integral part of effective leadership, governance and decision-making across the organisation.

Consistency of Partnership Working

Whilst the report demonstrates many positive examples of partnership working, the experience of social partnership is not always consistent across all parts of the Health Board. As a large and complex organisation, there can be variation in how partnership principles are applied locally and in the extent to which staff and Trade Union representatives are engaged in discussions.

A continued focus for 2026/27 will be promoting greater consistency across Clinical Boards, Directorates and services, ensuring that staff and Trade Union representatives have appropriate opportunities to contribute to discussions on issues affecting the workforce and the delivery of services.

Early and Meaningful Engagement

The timing of engagement continues to be an important area of discussion. Trade Union representatives have consistently highlighted the benefits of being involved during the development of ideas and proposals, before preferred options have been identified or decisions are made. Early engagement can help identify workforce considerations, strengthen proposals and build confidence in both the process and outcomes.

At the same time, managers often need an opportunity to explore emerging issues and assess potential options before wider engagement takes place. Continuing to develop a shared understanding of what meaningful early engagement looks like in practice, and ensuring staff and

Trade Union representatives are involved at the earliest appropriate stage, remains an important opportunity for further development.

8. Conclusion

This report demonstrates the range of ways in which social partnership has supported Cardiff and Vale UHB during 2025/26. Through formal partnership structures, task and finish groups, project work and day-to-day collaboration, management and Trade Union representatives have worked together on a range of strategic, workforce and operational priorities. The examples included within this report highlight how partnership working has supported staff engagement, informed decision-making, strengthened workforce policies and contributed to significant organisational programmes.

Throughout 2025/26, partnership working has continued to reinforce the value of involving staff and Trade Union representatives at an early stage in discussions and decision-making. As in previous years, partnership arrangements have helped ensure that workforce perspectives are considered alongside organisational priorities and have provided opportunities for constructive challenge, shared problem-solving and collaborative working. Effective social partnership is not limited to formal consultation. It is also reflected in the day-to-day collaboration between management and Trade Union representatives to support staff, resolve issues and deliver fair and consistent outcomes.

Both the Health Board and recognised Trade Unions recognise the progress made during 2025/26 and the opportunities that remain to further strengthen social partnership across the organisation. Continued focus will be required to ensure that partnership principles are consistently applied and that staff perspectives continue to inform strategic decision-making. Success will be measured not only by the existence of partnership structures but by demonstrable evidence that workforce voices have influenced strategic decisions and that leaders are held accountable for delivering the requirements of the Act.

Cardiff and Vale UHB recognises that partnership working will continue to be essential as the organisation responds to ongoing financial challenges, progresses organisational redesign and delivers the Clinical Services Plan. Work is also underway to review and refresh the Partnership and Recognition Agreement and the People and Culture Strategic Plan, to ensure they continue to support effective partnership working in the future. The Health Board remains committed to working with Trade Union colleagues to strengthen staff involvement in decision-making and to ensure that the principles of social partnership continue to inform the way services, policies and workforce initiatives are developed and implemented.

Looking ahead, Cardiff and Vale UHB and recognised Trade Unions are committed to building on the progress made during 2025/26. Priorities for the coming year include strengthening awareness and understanding of the Social Partnership Duty, promoting greater consistency of partnership working across the organisation, supporting meaningful early engagement in strategic decision-making, and ensuring partnership principles continue to inform workforce planning, organisational redesign and service transformation activity

Report Title:	Digital Communications Analytics – Supporting People & Culture			Agenda Item no.	4.1	
Meeting:	People and Culture Committee	Public	X	Meeting Date:	08/09/2026	
		Private				
Status:	Assurance		Approval		Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture					
Report Author:	Joanne Brandon, Director of Communications, Arts, Health Charity and Engagement					
Main Report						
Background and current situation:						
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. The Digital Communications Analytics paper 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. 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. One of the strategic objectives is Putting People First because people are at the centre of everything we do. 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. This presentation sets out projects and campaigns that directly align with this objective and People and Culture objectives.						
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:						
Recommendation:						
The Board/Committee are requested to:						
a) Hear about the approaches that are being taken and provide feedback for the Communications teams consideration.						
Link to Strategic Objectives of Shaping our Future Wellbeing:						
 Putting People First		X	 Providing Outstanding Quality			
1.			2.		X	

Click the objective above to view more detail.		Click the objective above to view more detail.	
 Delivering in the Right Places 3. Click the objective above to view more detail.	X	 Acting for the Future 4. Click the objective above to view more detail.	X

Five Ways of Working (Sustainable Development Principles) considered

P r e v e n t i o n		Long term		Integration		Collaboration		Involvement	
--	--	--------------	--	-------------	--	---------------	--	-------------	--

Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		n/a
---	--	--	--	-----

Impact Assessment:

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

Are there any Staff or Patient safety 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)

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: The Socio-economic Duty: guidance GOV.WALES	
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. (If this has been addressed in the main body of the report, please confirm)	
Equality and 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	
Please include the details of any Welsh Language Activities undertaken when preparing and considering the content of this report. Are appendices/documents translated into Welsh? (If this has been addressed in the main body of the report, please confirm).	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	N/A



GIG
CYMRU
NHS
WALES

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

Cardiff and Vale UHB Digital Communications Analytics

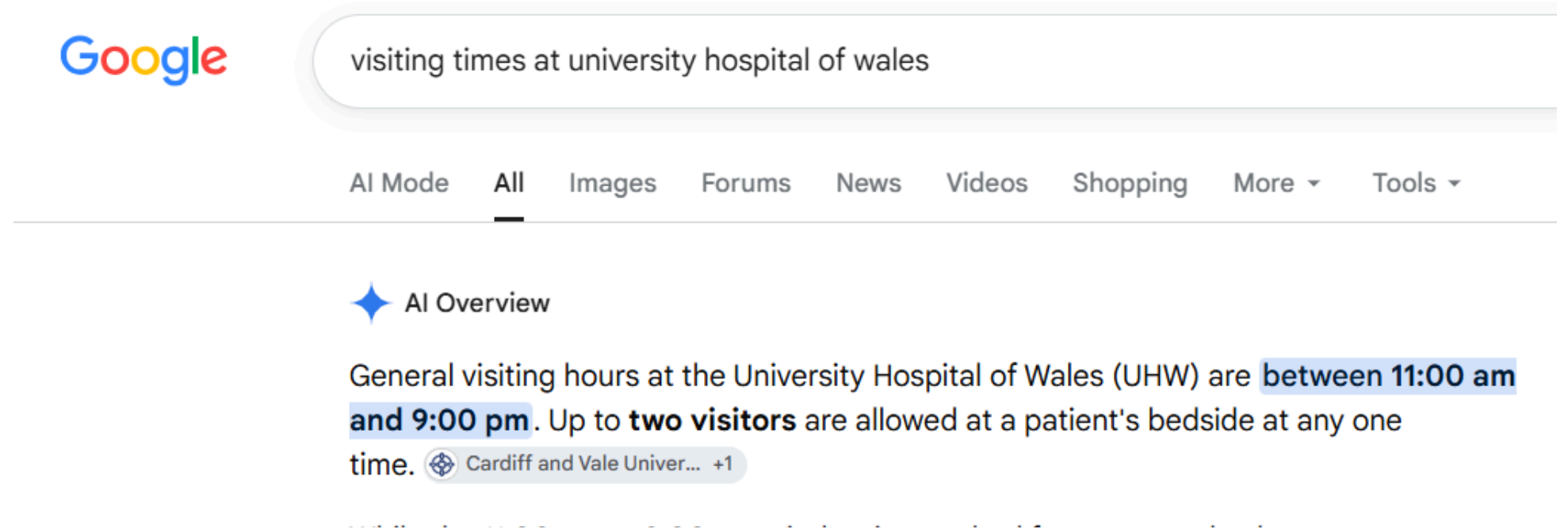
May - August 2026

Website Engagement

Average per month

-  Views: 249,000 views per month
 5.15% less than the same period in 2025
-  Visitors: 198,650 per month
 11.45% less than the same period in 2025
-  Views per visitor: 3.76
 7.12% more than the same period in 2025
-  Average engagement time: 1min 35 sec
 4.21% more than the same period in 2025

Patterns and trends



The AI generated overview provided by search engines is changing the way that people find information online, which has reduced the number of page views and visitors to the website.

However the visitors are on average more engaged - visiting more pages and spending more time reading the page.

The Health Board's website generates approximately **122,000** impressions per week through Google's AI Overview feature.

Following reviewing website analytics, the Communications team are reviewing the pages and files most often previewed through AI searches to ensure quality and accuracy of content.

Website News Engagement

Views of news articles on the website have increased slightly compared with the same period last year.

Much of this traffic is generated through social media activity, with the highest-performing articles typically offering practical or time-sensitive information that encourages users to visit the website for more detail.

The articles that have been the most viewed over the last few months include:

- Information about dental services
- Meet the Endometriosis team
- The Hepatitis A outbreak in Barry
- Suzanne Rankin's new role
- Signs and symptoms of Bowel Cancer
- Signs and symptoms of Mouth Cancer
- Meningitis B vaccinations for 17-18s
- Hot weather advice

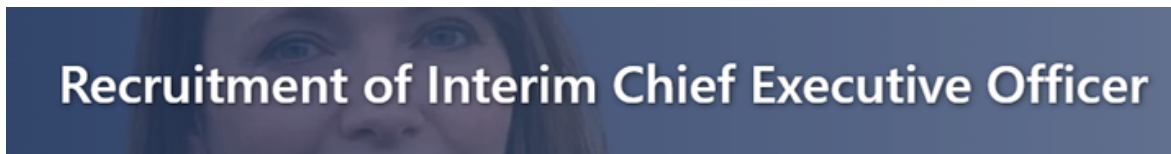
Articles about 'signs and symptoms' of different health conditions which are over two years old continue to appear in the most viewed articles each month.



SharePoint News engagement

From May to the end of August, **240** SharePoint news articles were published which received combined views of over **79,000**.

The most viewed news articles which individually received over **1,300 views** include:



Kirsty Williams (Cardiff and Vale UHB - Corporate)
Chair

Dear Colleagues,

I am writing to update you on the process to appoint an Interim Chief Executive Officer for the organisation.



Heatwave Survey live: Share your experience of working in the extreme heat

Arjun Padmavathy (Cardiff and Vale UHB - Shaping Change)
Environmental Sustainability Improvement Manager

Update on Cardiff East Park and Ride Service

Geoff Walsh (Cardiff and Vale UHB - CAPITAL ESTATES AND FACILITIES)
DIRECTOR



All the most viewed news articles were published in the name of the organisational lead for this area and subject, which is a newly introduced approach to enhance credibility of messages and increase leadership visibility

Stats over the 30 days

Cardiff and Vale UHB SharePoint Homepage

- Average time spent on SharePoint per user was **12 minutes 44 seconds**
- Views received to the SharePoint homepage were over **255,000**

Cardiff and Vale UHB SharePoint news page

- The news page of SharePoint was viewed **over 1,100 times**
- Colleagues most frequently viewed news articles at **11am** and **2pm**.
- The highest views were received on **Wednesdays**.

Viva Engage Overview

Internal Communications platform CAV Communities via Viva Engage remains being actively used by colleagues.

Colleague Shout Out continues to be the most highly engaged and used group, with frequent posts per day celebrating successes and thanking colleagues.

In the last 90 days

- Posts in the group were viewed by **54%** of over 17,000 Cardiff and Vale UHB colleagues.
- **395** positive posts were added by colleagues
- Posts in the group received over **171,175** views

Posts with the highest engagement in CAV Communities via Viva Engage all celebrate, recognise and thank colleagues

Post viewed by over 5,200 colleagues
Received over 290 likes and reactions
Received over 80 positive comments from colleagues

Top performing posts



Clare Gray (Cardiff and Vale UHB - Hv)
15 Jun



We would like to wish Jason at Woodland House reception a very happy 50th birthday!
Jason is the friendly face of Woodland House, always greeting everyone with warmth, enthusiasm, and a willingness to help. Thank you Jason for everything you do — it really makes a difference.
We hope you had a fantastic time celebrating! 🎉 🎉 🎉



Jane Brown (Cardiff and Vale UHB - PCIC Manager)
14 Aug • Edited

Seen by 3,447

Congratulations to John Webber, Primary Care Support Officer PCIC on your retirement today after 40 years service in the NHS. You will be missed by your colleagues and friends, have a happy and healthy retirement John x



Jayne Hitchings (Cardiff and Vale UHB - Speech & Language Therapy)
13 Aug • @1

Seen by 2,090

PRAISE

Praised **David Thomas (Cardiff and Vale UHB - Executives)**



Thank you to David Thomas and the Information Governance team in the support they've given the Speech and Language Therapy service to enable us to safely report our Therapy Outcome Measures (TOMs) on the national ROOT system. This will enable us to demonstrate the difference we make, at a Wales and UK wide level.

Viva Engage - In Conversation group

In August 2026 a new In Conversation group was created on CAV Communities via Viva Engage to provide an open and transparent approach for colleagues to engage with senior leaders.

The group provides an opportunity for all colleagues to ask questions and take part in open discussions.

Executives and senior leaders are responding directly to these questions, which enhances leadership visibility and engagement and an improvement focussed approach.



CB

Chris Bown (Cardiff and Vale UHB - Executive) 13 Aug • Edited

This is an important question and one that will be front and centre to how we redesign our structures over the coming months to ensure the Health Board is fit for purpose going forward.



David Fluck (Cardiff and Vale UHB - Executive) Thu at 13:59

Dear Charlotte

Thank you for your question, it's really timely and important I hear directly from my consultant colleagues, your views are really important but also your suggestions for meaningful change, so we can improve things together for our patients.



LM

Lianne Morse (Cardiff and Vale UHB - People & Culture) Aug 19

Thank you for raising this important point. We agree that Cardiff and Vale should draw on the expertise that already exists within our psychological workforce as we respond to the Independent Assessor's Report and support colleagues through a challenging period.



QUESTION

Is it a priority that frameworks are developed and enacted that enable frontline staff to realise quality improvement across across 1ry + 2ndry care?

Hi Chris,

Firstly may I say after a fairly scathing account of the Healthboard in the IA report, it has been refreshing to see your approach developing. While not shying away from difficulty, you have also preached a message of hope, founded on the undeniable fact that as an organisation, we are blessed with an abundance of talented and motivated people!

Social Media Engagement Overview

Summary when compared to the previous 12 month period



Account impressions: 28.8M ↑ 13.2M
Post impressions: 28M ↑ 6.7M
Post reach: 19.1M ↑ 9.5M



Account impressions: 3.6M ↑ 1.5M
Post impressions: 944.3K ↑ 366.5K
Post reach: 548.5K ↑ 150.2K



Followers: 23K ↑ 3.4K



Followers: 3.2K ↑ 734
Post reach: 236.9K ↑ 181K

Trends and patterns identified



cardiffandvaleuhb

17 Jul 2026 | 08:01

Elis Jones, a photography student from Blaenau Ffestiniog, was unable to attend his graduation ceremony at the University of South Wales on 14th July as he was receiving treatment at the University Hospital of Wales following injuries sustained [read more...](#)



COMMENTS	156
REACH	304.7K
ENG. RATE	0.6%



cardiffandvaleuhb

30 Dec 2025 | 15:40

Congratulations to Consultant in Oncoplastic Surgery, Eleri Davies, who has been honoured with a Member of the Order of the British Empire (MBE) in the 2026 New Years Honours List. 🏆 Eleri has been honoured for her services to Breast Cancer [read more...](#)



LIKES	2.1K
COMMENTS	322
REACH	260K
ENG. RATE	0.83%



cardiffandvaleuhb

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	676
COMMENTS	205
REACH	179.8K
ENG. RATE	0.52%

Positive stories featuring staff perform well

'Meet the team' content receives high engagement

Campaigns

Trust and Confidence - Overview

The Communications team have developed a long-term campaign designed to strengthen trust and confidence among colleagues, patients, the public and partners.

Using insight from public perception research, patient feedback and staff survey findings, the campaign is evidence-based and focuses on transparent communication, visible leadership, authentic staff voices and demonstrating tangible improvements in services.

- ✓ Expanded the use of authentic colleague stories and frontline voices to strengthen credibility and connection with staff, patients and the public.
- ✓ Increased visibility of leadership communications and opportunities for staff engagement and dialogue.
- ✓ Introduced a phased approach focused on stabilising confidence, demonstrating improvement and sustaining trust over time.
- ✓ Identified evaluation measures including public trust surveys, sentiment monitoring and staff feedback indicators.

Responses to questions received from the Cardiff and Vale UHB Trust and Confidence targeted survey conducted via YouGov in April 2026

5. What reassures you most about services provided by us?



6. What concerns you most about the services provided by us?



Campaigns

Trust and Confidence - Organisational tone of voice

The organisational tone of voice was developed as a key deliverable of the Trust and Confidence campaign and establishes a consistent approach to communication that is **human and compassionate, clear and accessible, open and honest, accountable, improvement focused, listening and responsive.**

By moving away from traditional corporate language and placing people, feedback and lived experience at the centre of communications, the framework supports a more open, transparent and listening culture across Cardiff and Vale UHB.

- ✓ Shifted communications from traditional corporate language to a more human, compassionate and people-centred approach.
- ✓ Consistent application across media statements, staff communications, digital channels and campaigns.
- ✓ Within weeks of introducing this approach, positive feedback received from various colleagues of open transparent communications across a range of content and approaches.

"We are committed to listening, learning and taking action. By keeping people at the heart of everything we do, we can make lasting improvements for our patients, communities and staff."

Read the Health Board's full response here: <https://orlo.uk/WAXxX> See less



Message from Chris Bown, Interim Chief Executive Officer

 Chris Bown (Cardiff and Vale UHB - Executive)
CEO

Published 03/08/2026 · 3 min read

Today is my first day as Interim Chief Executive Officer, and I wanted to introduce myself. Starting a role like this, there is often an expectation that a Chief Executive arrives with all the answers. The truth is that my first responsibility is to understand.

I will be spending more time learning about the Health Board and the opportunities ahead, the pressures facing services and the work already underway to improve care for our communities.

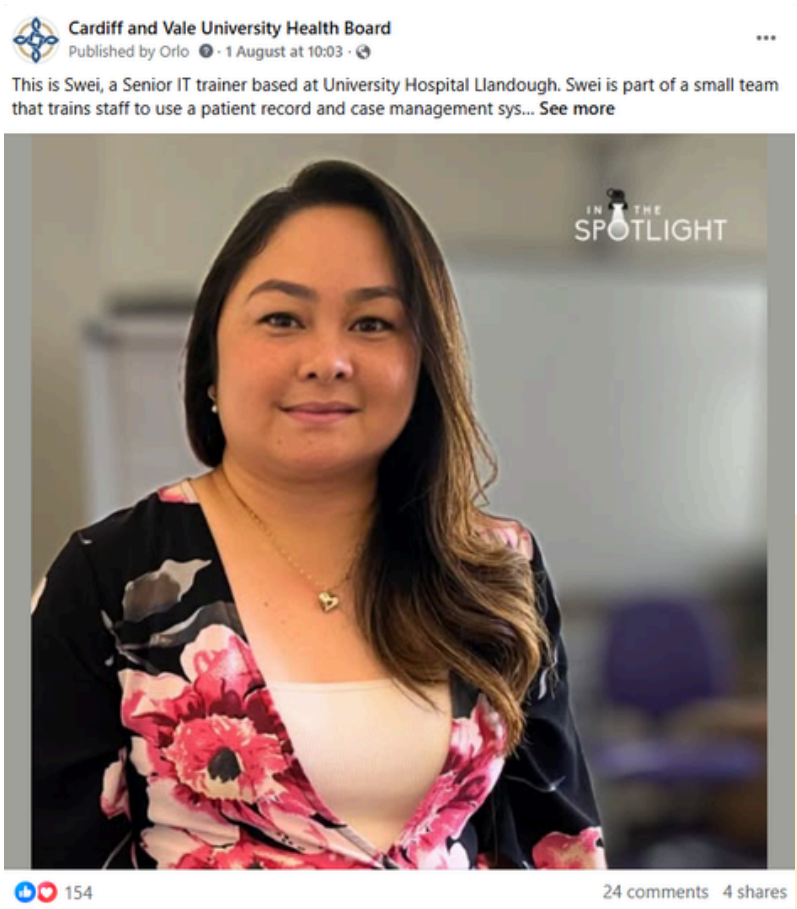
I know there is already important improvement and transformation work underway. My role is not to start again, but to build on the progress already being made, support colleagues through change and help create the conditions for long-term success.

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.



 Hannah Louise Jones · 13w
Absolutely deserved, Denise was amazing with myself and my partner when we were in Fetal Medicine nearly every day. The support and positivity she gave us was amazing and also supported my mum during the difficult stages. Denise is an amazing midwife within the organisation 💖xxx

 Lacramioara Dumitru · 7w
Congratulations, Amelia! 💙 My placement in ICU was one of the most inspiring experiences of my nursing journey. Seeing the kindness, skill and teamwork of nurses like you reminded me why I chose this profession. This recognition is so well deserved. Well done! 🍌
Wishing you all the very best!

 Kelly Ronan · 3w
This is a thoroughly deserved recognition of Sarah's exceptional compassion, professionalism and dedication to patient care. We are incredibly proud to have her as one of our consultant colleagues, and this award reflects the kindness, reassurance and expertise she provides to patients and their families every day. Congratulations Sarah xx

Campaigns

Primary Care

Our communications programme supports people to better understand and access primary care services, while improving awareness of how the healthcare system works. Using transparent communications, frontline staff stories, and insight-led content, we are building trust, promoting informed healthcare choices, and encouraging the use of the right service first time.

Priority campaigns have focused on students, emergency dental services, the Dental Access Portal, community pharmacy, GP services, and optometry. Ongoing engagement with Primary Care Clusters is helping us identify local priorities and target communications where they can have the greatest impact.





Cardiff and Vale University Health Board

1d · 🌐

Monday is a bank holiday and many pharmacies across Cardiff and the Vale of Glamorgan will be closed. If you are due your repeat prescriptions around this time, please pick them up before you need them.

You can find a list of community pharmacies that are open on Bank Holiday Monday in the link below. Diolch.

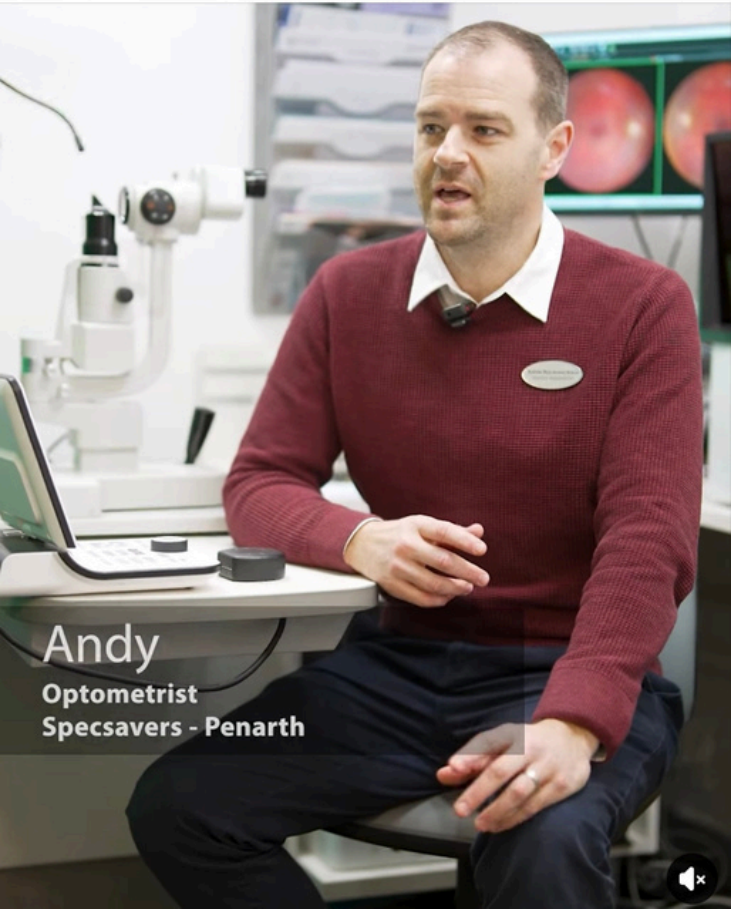




Cardiff and Vale University Health Board

4d · 🌐

You don't always need to see your GP or visit the Emergency Unit for urgent eye problems. 👁️... See more





Cardiff and Vale University Health Board

17 Aug · 🌐

"I couldn't do my job without our reception team."

Meet Matt, a GP working in Cardiff. GPs like Matt rely on GP receptionists to support the day-to-day running of their practice.

GP receptionists are trained to ask the right questions so patients can be directed to the most appropriate service, whether that's a GP, nurse, physiotherapist, pharmacist or another healthcare professional.

GP receptionists do much more than answer phones, they have extensive administrative tasks to complete, like processing repeat prescriptions, tracking hospital letters, and organising clinics.

Across Cardiff and the Vale, receptionists are increasingly experiencing anger and frustration while trying to help patients access care.

Behind every phone call is a person doing their best to help.



Campaigns

Vaccinations

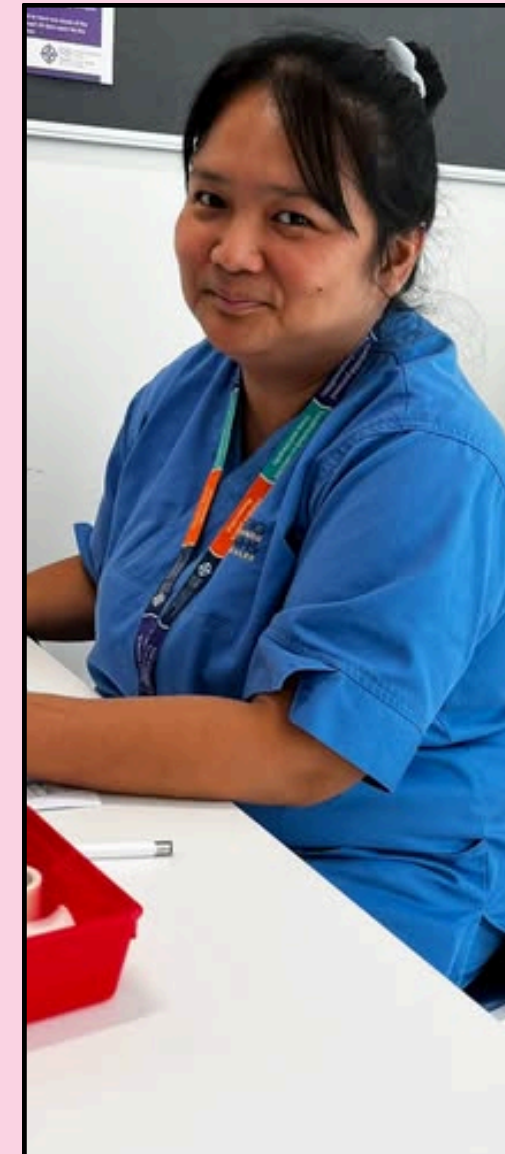
MenB

- Urgent time-limited campaign across Wales after outbreak in Kent and smaller areas. Eligible cohorts include 17/18 year olds and those under 25 starting uni for first time
- MenB vaccinations delivered at three Community Vaccination Centres (booked apps and walk-ins)
- Comms included web pages, explainer videos (one had 27,000 videos), digital and physical posters, news releases
- In Sept: working with all unis in the area for comms on MenB vaccinations for Freshers



HepA

- Outbreak of Hep A among residents of Barry. Source of infection remains unclear, so decision made to vaccinate all 1-5 year olds living or educated in Barry
- Parents invited via text and letter (around 3,000 eligible children) to vaccination clinic in Barry Hospital
- Worked with PHW on comms, including dedicated webpages, social media posts, letters for relevant primary/secondary clinicians
- News release used widely by media to increase awareness



0-5 routine imms

- Promotion of routine imms for 0 to 5 years ahead of schools returning in September
- Digital and physical posters shared widely with primary care contacts and childcare settings
- Social media posts published and video content in development with imms coordinator

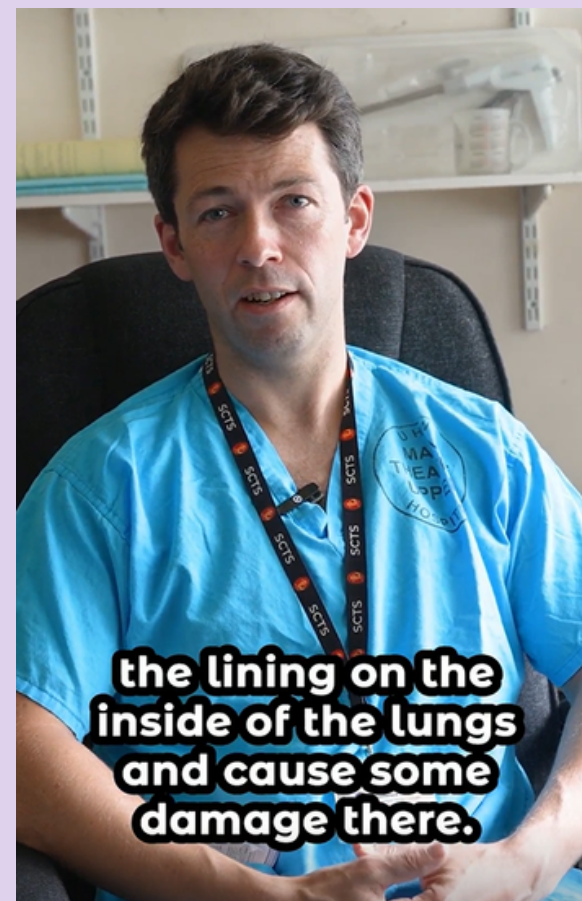


Campaigns

Stop Smoking and Healthy Weight

Stop Smoking

- Video with consultant thoracic surgeon Tom Combellack on the damage smoking does to the body. To be used on CAVUHB social media in September
- Smoking patrols on UHB grounds: 1,380 people approached by officers between Nov 2025 and May 2026 and offered stop smoking support (6 month 'educational phase' of the project)
- Further case studies identified as examples of positive Help Me Quit journey



Healthy Weight

- Nutracheck 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 comms running from April to September to raise awareness of free offer
- Live Well Age Well course: video, written and social content on courses to help older people maintain wellbeing and reduce falls risk



Positive stories

A consistent priority for the Communications team is to share positive news about the Health Board.

We aim to increase positive coverage externally in the media, on social media, on the Health Board website and internally via SharePoint and CAV Communities.

The Communications team continue to work directly with colleagues to celebrate positive news and innovations, use Viva Engage to identify positive news to share wider, and will be working closer with clinical boards to directly engage with different departments to hear more about the everyday successes taking place across the health board to share these further.

Hospital staff sort graduation for Elis



University of South Wales student Elis Jones with a member of staff at the University Hospital of Wales where he was given an alternative graduation ceremony after he was hurt in a road accident and missed the real thing

CARDIFF AND VALE JHB

University of South Wales student Elis Jones with a member of staff at the University Hospital of Wales where he was given an alternative graduation ceremony after he was hurt in a road accident and missed the real thing

29 Jul 2026

 South Wales Argus

Follow

14.3K Followers

Triplets in neonatal care after 'precious' start to life

Story by Jo Barnes • 2mo • 2 min read



Beth, Tom and their new triplets (Image: Submitted)

South Wales triplets Mabel, Fynn, and Harri, born at 32 weeks via elective caesarean at University Hospital of Wales, spent their first days in neonatal care after arriving prematurely on May 14.

First-time parents Beth and Tom have been supported to practise Kangaroo Care - a method of skin-to-skin contact which has been shown to benefit premature babies.



16/07/2026

Europe's First Rare Disease Consultant Nurse Joins Cardiff and Vale to Improve Care for Those Living with Rare Diseases



16/07/2026

Cardiff Thoracic Surgery Team Receives National Recognition for Supporting Trust Doctors

The Thoracic Surgery team at the University Hospital of Wales has been recognised nationally after receiving the "Best Department for Trust Doctor Support" award at the 2026 Society for Cardiothoracic Surgery (SCTS) Annual Meeting in Belfast.



21/05/2026

Wales Digital Rare Care Centre Recognised for Empowering Patients at the HSJ Digital Awards



21/07/2026

Landmark "Pill-on-a-Thread" Cancer Screening Trial Opens in Wales

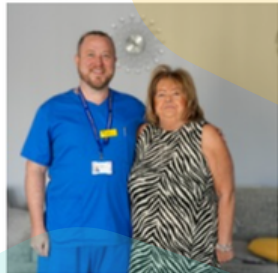
A landmark clinical trial of a "pill-on-a-thread" test that could help transform the early detection of oesophageal cancer and reduce pressure on NHS services has opened in Wales today.



11/06/2026

"It brings out the best in people": Inside the Cwtch at Hafan y Coed

In the basement of Hafan y Coed, is 'the Cwtch', a place for patients to be creative, build friendships and find joy away from the ward environment.



30/06/2026

How new ventilation technology for COPD has transformed Lorraine's life

For years, everyday activities like chatting with friends or enjoying a meal were a challenge for Lorraine Nunney. Today, thanks to innovative care from the Home Ventilation Team at Cardiff and Vale University Health Board, she's back to shopping, socialising and even going on holiday.