

Public People & Culture Committee Meeting

Tue 11 March 2025, 09:00 - 11:30

Virtual - MS Teams

Agenda

09:00 - 09:10
10 min

1. Standing Items

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting - 21st January 2025

Sara Moseley

📄 1.4 - Public People Culture Minutes 21.01.2025.pdf (7 pages)

1.5. Action log following the previous meeting - 21st January 2025

Sara Moseley

📄 1.5 - Action log - following 21.01.25.pdf (1 pages)

1.6. Committees Chairs Actions

Sara Moseley

09:10 - 11:05
115 min

2. Items for Review & Assurance (09:10 - 11:05)

2.1. Staff Story - Managing Sickness & Absence

Rachel Gidman

10 Minutes

2.2. Board Assurance Framework - Culture

Claire Whiles

15 Minutes

📄 2.2 - PC Committee BAF Paper March 2025 - Culture.pdf (5 pages)

2.3. High Level Staff Survey Results 2024

Claire Whiles

15 Minutes

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- 📄 2.3 - Staff Survey Paper P&C Committee 11.03.25.pdf (10 pages)
- 📄 2.3a - Appendix 1 - 2024 NSW Staff Survey Report C&V.pdf (31 pages)
- 📄 2.3b - Appendix 3 Negative Experiences.pdf (2 pages)

2.4. Key Workforce Performance Indicators

Robert Warren / Lianne Morse

10 Minutes

- 📄 2.4 - People Culture Committee KPI Paper Jan-25 Data.pdf (6 pages)
- 📄 2.4a - New IPR - Workforce Section Jan-25.pdf (4 pages)

2.5. People & Culture Plan Priorities

Lianne Morse

20 Minutes

2.6. Health & Safety Update

Robert Warren

10 Minutes

- 📄 2.6 - H&S Update.pdf (4 pages)

2.7. Workforce Control & Assurances

Andrew Gough / Lianne Morse

20 Minutes

2.8. Workforce Growth (focus on Corporate)

Jonathan Pritchard

10 Minutes

- 📄 2.8 - Corporate Workforce Growth.pdf (4 pages)

11:05 - 11:30
25 min

3. Items for Approval / Ratification (11:05 - 11:30)

3.1. People Policies Report - Equality Policy

Mitchell Jones

5 Minutes

- 📄 3.1 - People Policies Report Mar 2025.pdf (4 pages)
- 📄 3.1a - Equity and Inclusion Policy 004.pdf (6 pages)
- 📄 3.1b - Equity, Inclusion and Human Rights Policy EHIA.pdf (44 pages)

3.2. Health & Safety Policies - Manual Handling Policy

Robert Warren

0 Minutes

- 📄 3.2 - IMS-12-01-CAV Manual Handling Policy and EHIA 2024 DRAFT.pdf (18 pages)

3.3. Annual Equality Report

Mitchell Jones

10 Minutes

- 📄 3.3 - Annual Equality Report 2023-2024.pdf (3 pages)

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📄 3.3a - Annual Equality Report 2023-2024.pdf (32 pages)

3.4. Gender Pay Gap Report

Mitchell Jones

10 Minutes

📄 3.4 - Gender Pay Gap Report 2024.pdf (3 pages)

📄 3.4a - Gender Pay Gap Report 2024.pdf (6 pages)

11:30 - 11:30 4. Items for Information & Noting

0 min

4.1. Engagement brief to include Digital Communications & Analytics KPI

Joanne Brandon

0 Minutes

📄 4.1 - Digital Communications.pdf (3 pages)

📄 4.1a - People and Culture Communications Analytics - Feb 2025.pdf (9 pages)

4.2. Notices from Welsh Language Commissioner

Mitchell Jones

0 Minutes

📄 4.2 - PCC - WLC Matters - March 2025 (Public).pdf (4 pages)

11:30 - 11:30 5. Any Other Business

0 min

Sara Moseley

11:30 - 11:30 6. Private Agenda Items

0 min

6.1. Cultural Hotspots - Theatres

6.2. Cultural Hotspots - Cardiology

6.3. Employment Cases

11:30 - 11:30 7. Review & Final Closure

0 min

7.1. Items to be deferred to Board

Sara Moseley

7.2. To note the date & time of the next meeting: Tuesday 20 May at 9am via MS Teams

Sara Moseley

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**Draft Minutes of the Public People and Culture Committee
Held On 21st January 2025
Via MS Teams**

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

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Joanne Brandon	JB	Director of Communications
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Richard Skone	RS	Deputy Medical Director
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Geoff Walsh	GW	Director of Capital, Estates & Facilities
Andrew Poole	AP	Head of Estates & Facilities
Rachael Daniel	RD	Assistant Head of Health & Safety
Emma Foley	EF	Violence Prevention Case Manager
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
David Fluck	DF	Executive Medical Director
Akmal Hanuk	AK	Independent Member – Local Community
Robert Warren	RW	Assistant Head of Health & Safety

Item No	Agenda Item	Action
P&C 21/01/001	Welcome & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 21/01/002	Apologies for Absence (click to view) Apologies for absence were noted.	
P&C 21/01/003	Declarations of Interest (click to view) The CC declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
P&C 21/01/004	Minutes from meeting on 10th September 2024 (click to view) The minutes were agreed to be a true & accurate record of the meeting on 19 th November 2024. The Committee resolved that: a) The draft minutes of the meeting held on 10 th September 2024 were agreed to be a true and accurate record of the meeting.	
P&C 21/01/005	Action Log following 19th November 2024 Meeting (click to view)	

	<p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
<p>P&C 21/01/006</p>	<p>Chair's Actions (click to view)</p> <p>There were no Chair's Actions.</p>	
Items for Review & Assurance		
<p>P&C 21/01/007</p>	<p>Staff Story – Career Break (Maternity Leave)</p> <p>The EDPC introduced the staff story focusing on a practice educator, who discussed her experience with maternity leave and flexible working. The story highlighted the impact of policies on staff retention and the importance of flexible management and emphasised the significance of flexible working arrangements in retaining staff and supporting their well-being.</p> <p>The IMCE noted that all staff were in different positions and a balance needed to be achieved and asked how proactive CAV UHB were on establishing ground rules.</p> <p>The EDPC highlighted the importance of the management training and communication to support staff during their career breaks to ensure they feel valued.</p> <p>The IMTU raised the importance of the keeping in touch (KIT) days and how they can be beneficial for staff members of various types of career breaks, not just maternity leave.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 21/01/008</p>	<p>Board Assurance Framework – Recruitment</p> <p>The ADPR presented the Board Assurance Framework focusing on Recruitment and Workforce growth to the committee and highlighted the following:</p> <ul style="list-style-type: none"> • 13% increase in the UHB's workforce from 2018 to 2023, with significant growth in nursing, admin and clerical posts, and healthcare support workers. • The largest growth was in Nursing, followed by Admin & Clerical and Health Care Support Workers • The financial impact of the workforce growth demonstrated a £10.5m increase over 5 years • Strict governance and scrutiny in recruitment and bank / agency spend due to a new Executive approval process implemented to ensure robust checks <p>The IMCE thanked the team for the information and asked what proportion were recurrently funded / non-recurrent investments and how do CAV align our contract terms? Of the 110 admin & clerical roles and how many of these are subject to funding?</p> <p>The ADPR noted that CAV UHB didn't have a list of all the posts that are funded by external posts across the UHB. We would always ensure the fixed term contract.... The appointment letter should go out and when it did come to an end, it would end. Admin & Clerical had an investment for the immunisation service.</p> <p>The ADPR confirmed the immunisation service had continued but the number of staff had reduced. The EDPH confirmed this was correct and added that the service was fully funded by WG.</p> <p>The EDPC noted the daily monitoring and were also reflecting to ensure a learning methodology. We want to ensure we have a tighter grip moving forward and implement changes needed. She reflected on the paper and noted that the growth was important. Our intent going forward is to reduce the head count and have had some learning with Cardiff Uni. There is an intent of reduction of staff.</p> <p>The CC mentioned referring the Board Assurance Framework to the Board during the discussion. She emphasized that the whole board would benefit from seeing the detailed paper on workforce growth and its implications. She suggested that the paper should be</p>	

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	<p>referred to the board for further consideration and understanding. She asked for the EDF, EDPC & DoC to answer these queries.</p> <p>Action – refer the BAF – Recruitment to the Board</p> <p>The COO emphasized that there were robust processes in place for appointing staff, contrary to any impression that staff were hired without proper scrutiny. He highlighted that all roles have a reason and a process for approval. He pointed out that the organization structure was not entirely fit for purpose, and there was a need to reorganize to improve productivity and embrace available technology. He mentioned that the clinical boards' overspend was largely due to temporary pay and high sickness rates, noting that the organization was funded at 4% sickness but currently has an 8% sickness rate. He stressed that reducing the temporary pay bill could significantly alleviate financial problems. He also noted that operational managers and clinical leaders need better support to manage the organization effectively. He concluded by reiterating the need to reorganize the organization and understand the required skills before reducing headcount.</p> <p>The Committee resolved that:</p> <p>a) The contents of the report was noted and was assured that the appropriate level of scrutiny will continue.</p>	
<p>P&C 21/01/009</p>	<p><u>Work in Confidence / Speaking Up Safely Update</u></p> <p>The DCG provided a detailed update on the "Speaking Up Safely" initiative, which aims to create a safe environment for staff to raise concerns and highlighted the following points:</p> <ul style="list-style-type: none"> • The initiative was launched following various NHS inquiries and the Sir Robert Francis review in 2016, which highlighted the importance of enabling staff to raise concerns safely. • The Welsh Government launched the "Speaking Up Safely" framework, giving health boards the flexibility to determine how to implement it • CAV UHB conducted a self-assessment to understand their current position with the IMTU appointed as the independent member lead, and the DCG as the senior responsible officer. • The initiative focuses on building trust through anonymity, creating a single gateway for raising issues, and using staff members as connectors to triage concerns. • Over 30 staff members volunteered to act as connectors, and the first offering of training was conducted in December 2024 • The System went live on 9th December 2024 with on-going Communications being sent out to raise awareness • Current status showed that CAV UHB have 13 trained connectors and 2 issues in the system that were being dealt with <p>The Committee resolved to:</p> <p>a) The Work in Confidence Update was discussed and noted.</p>	
<p>P&C 21/01/013</p> <p>Regan, Nikki 11/03/2025 08:23:30</p>	<p><u>2023 Staff Survey:</u></p> <ul style="list-style-type: none"> • Discrimination Results Data <p>The ADOD provided an update following the results of the staff survey from 2023:</p> <ul style="list-style-type: none"> • The 2023 Staff Survey revealed that 87% of respondents did not experience discrimination, but around 7-8% did, which translates to nearly 300 people per category • The survey identified discrimination from colleagues, leaders, managers, and patients/service users with the highest reported discrimination from colleagues related to age and ethnicity, while from leaders/managers, it was related to disability and age. From patients/service users, the highest was related to ethnic background. • The comments provided in the survey were heavily redacted, making it difficult to interpret. However, indirect references to discrimination included name-calling, accents being made fun of, and intersectionality issues. Many comments related to unfair treatment, favouritism, bullying, and socioeconomic background. 	

	<ul style="list-style-type: none"> • The Health Board has several plans in place, including the Strategic Equality Plan, People and Culture Plan, anti-racist action plan, widening access agenda, and leadership and management education. • There was a focus on reinforcing peer support networks, education, and recognizing positive behaviours. • Staff survey focus groups shows staff want more opportunities to be listened to • The 2024 Staff Survey data was expected in January, with the detailed data to follow in March. The team will analyse the data quickly and support clinical boards in identifying areas of concern. Progress will be reported through various action plans and the Board Assurance Framework. <ul style="list-style-type: none"> • Workforce Race Equality Standard (WRES) <p>The HEI highlighted the following:</p> <ul style="list-style-type: none"> • The WRES was established as part of the anti-racist act wales action plan and would be required each year to report on a set of indicators • CAV UHB focused on progression and representation, particularly addressing the underrepresentation of ethnic minority staff from Band 6 and above • Following a meeting with WG in August 2024 it was agreed to focus on progression and representation • A follow up meeting planned for 5th February with WG <p>The ADOD noted the need to ensure our priorities focus on this area. We will need to ensure that we engage with staff to understand their experience. The 2024 Staff Survey data is expected in January, with detailed data in March. The team will analyse this data quickly and support clinical boards in identifying areas of concern.</p> <p>The IMCE asked how the UHB were enabling staff to be able to support us with this?</p> <p>The ADOD explained we were looking at the resource and planned to review the staff networks and how best we can support colleagues.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The content of this report, which outlines the Health Board’s challenges with regards to discrimination and the expectation of the WRES and provides assurance regarding the steps CAVUHB are taking to create a workplace and health service which is inclusive of all its communities, was noted. 	
<p>P&C 21/01/014</p>	<p><u>Health & Safety Update</u> <i>(including Violence & Aggression deep dive)</i></p> <p>The AHH&S presented and highlighted:</p> <ul style="list-style-type: none"> • Lessons from losses an example incident involved a staff member cutting their finger on plastic teeth while using cling film, resulting in over three weeks of lost time. The incident highlighted the need for proper training and attention to detail. • 52 RIDDOR entries in the Financial year and estimated for 70 for 2024/25 • The current year shows a reduction in red incidents (those reportable to the Health and Safety Executive) compared to the previous financial year. • The team is preparing for a move from Denbigh House to Woodlands House, which may present some challenges. <p>The VPCM highlighted the following points:</p> <ul style="list-style-type: none"> • 6 custodial sentences with one relating to sexually inappropriate behaviour • Hate Crime at HYC – An incident of racially aggravated public order at the emergency unit resulted in an 18-week imprisonment. • Racially aggravated public order offence at A&E, UHW – sentences to 18 weeks imprisonment • Restorative justice is being used more frequently, empowering victims and ensuring perpetrators understand the impact of their actions. • 36 police ASB referral letters issues • The lone worker device refresh program has been completed ahead of time, avoiding financial penalties. <p>The AHH&S continued:</p> <ul style="list-style-type: none"> • Manual Handling advisor continued to support all staff including community 	

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	<ul style="list-style-type: none"> • The bariatric patient pathway is being improved in collaboration with the Director of Nursing within the Medicine Clinical Board. • A meeting with Cardiff Bus was scheduled to discuss the findings from the recent incident • A Health and Safety Executive safety alert regarding laboratory staff exposure to biological agents has been issued, with clinical boards asked to provide reassurance on their processes. • Six fire incidents have occurred year-to-date, with measures in place to address cooking-related incidents and unwanted fire signals. <p>The CC requested for the presentation to be made available following the committee meeting.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The content of the Health & Safety Update report was discussed and noted. 	
<p>P&C 21/01/015</p>	<p>Sexual Safety Update (click to view)</p> <p>The DDPC presented and highlighted the following:</p> <ul style="list-style-type: none"> • SLB gave approval in October 2024 on improving sexual safety in the UHB • The programme aims to prevent sexual harassment within the UHB and create a culture where colleagues feel psychologically safe to speak up and take appropriate action when concerns are raised • Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online • Sexual harassment can range from sexual remarks to touching and more severe forms like sexual assault or rape. It can occur as a one-off incident or be ongoing, and can happen in person or online • Equality & human rights act revised a guidance and have an 8 step employer guide • Developing a procedure & guideline and will go to the employment policy sub group at the end of January 2025 • The new Worker Protection Act, which came into force in October, places a duty on employers to take reasonable steps to prevent sexual harassment of colleagues in the workplace • Exec sponsors (the COO and the EDPC) and an Action Group were established and meeting every fortnight with trade union representation • Developing training for all staff for awareness • The "Speak Up Safely" platform will be used for reporting sexual safety concerns • A network or group for colleagues with lived experience is being developed, with engagement through the Staff Survey Focus Group • A comms and engagement plan will be launched once the procedure is approved, with ongoing engagement across the organization <p>The ADOD explained that we were working with students also to help inform going forward.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The Sexual Safety Update was discussed and noted 	
<p>P&C 21/01/016</p> <p>Regan, Nikki 11/03/2025 08:23:30</p>	<p>Key Workforce Performance Indicators</p> <p>The DDPC highlighted the following points:</p> <ul style="list-style-type: none"> • Staff turnover continued to reduce which indicated positive retention efforts • CAV UHB use significantly less agency staff compared to other HB's in NHS Wales. The internal reliance on temporary workforce also reduced. • Sickness absence remained at 6% for some time. The P&C team reviewed long-term sickness cases to ensure appropriate support and management • Short term absences would be looked at as the all Wales policy may be a prompt and will look at this to improve attendance • The team plans to continue analysing sickness absence trends and ensure that management practices are consistent and supportive. 	

	<ul style="list-style-type: none"> The increase in sickness absence was due to the winter months and would expect to see a reduction from February onwards <p>The Committee resolved to:</p> <p>a) The Primary Care Workforce Plan was discussed and noted.</p>	
<p>P&C 21/01/017</p>	<p><u>Clinical Board Spotlight – Capital, Estates & Facilities</u></p> <p>The DCEF & HEF presented and highlighted the following:</p> <ul style="list-style-type: none"> Workforce profile December 2024 shows 1494 staff in post with a high number of front-line staff, with 73% at Band 2 Age demographic leans towards older age groups, posing challenges for succession planning Ethnic diversity: 57% declared as white, 42% from various ethnic backgrounds Efforts to ensure at least one Welsh speaker on every switchboard shift and 50% of switchboard staff underwent Welsh language training for greetings Sickness absence has improved from previous years but saw an increase during the winter months due to influenza and sickness bug Statutory & mandatory training showed CEF were above the UHB target at 91% Achievement & Initiatives include monthly performance review, creation of environmental and maintenance enhancement teams, dedicated well being champions across all services, providing opportunities to internal staff members, strong uptake in various qualification and successful introduction of apprenticeships Plan to improve communication and engagement with staff Annual staff recognition awards take place and participate in the national healthcare estates & facilities day Promotion of the My Health Passport and a targeted reduction in workplace incidents through bespoke training and monitoring There had been a significant increase in training and development opportunities, including NVQ level 2 in facility services for healthcare Keen to roll out email addresses to all staff members and IT have developed a training manual for all staff members Targeted reduction in work placed incidents, accidents and RIDDOR's through monthly monitoring and identifying causes and trends Cost of absence in December 2024 was £36,658 which didnt include bank staff spend Agency spend was ceased and overtime only used for OOH emergency shutdown works Unable to recruit in to the Head of Waste compliance & recycling role in 18 months Attractiveness of lower grade roles in employment market such as ward based caterer, domestic cleaners following Brexit Disparity in banding roles across Welsh NHS within Estates roles <p>The IMTU asked how can we share this best practise with other clinical boards within CAV UHB?</p> <p>The DCEF appreciated the positive feedback from the committee. He was open to sharing as much information as possible. He explained a computer suite had been set up for staff within Estates & Housekeeping departments. He commented on staff with a language barrier when discussing the efforts made by supervisors and managers to support staff with language difficulties. He mentioned that many staff have language difficulties, and it takes time for supervisors and managers to go through information with them, either as a group or individually. This effort has been part of the hard work put in on the shop floor to achieve improvements</p> <p>The HEI offered his support around the Welsh language skills and would liaise with the team outside of the committee.</p> <p>The Committee resolved that:</p> <p>The Clinical Board Spotlight on the Capital Estates & Facilities was noted</p>	

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<p>P&C 21/01/018</p>	<p><u>Job Planning Process</u></p> <p>The DMD presented on the job planning process and highlighted the following points:</p> <ul style="list-style-type: none"> • This is the job planning process for senior doctors and provides clarity for clinicians and operations teams • 100% of our consultants have a contract specifying work sessions, with 40% of consultants having their job plans reviewed annually • It was challenging matching job plans with service needs especially for emergency and urgent care • The current contract we work from is from 2003 • A new SPA (Supporting Professional Activities) paper was taken to SLB, focusing on non-clinical activities <p>The CC asked what approach he was taking for the 5-step plan?</p> <p>The DMD explained that areas were previously targeted where they were similar for everybody. The new SPA paper will identify a job planning lead for each clinical board. we will provide the structure and overall guidance for how we expect most consultants to be done and they should then be able to target individual areas.</p> <p>The Committee Resolved that:</p> <p>a) The Job Planning Process was discussed and noted.</p>	
Items for Approval / Ratification		
<p>P&C 21/01/019</p>	<p><u>People Policies Report (click to view)</u></p> <p>The committee agreed for the policies to be approved.</p> <p>The Committee resolved that:</p> <p>a) The people policies report was approved.</p>	
Items for Information & Noting		
<p>P&C 21/01/020</p>	<p><u>Engagement brief to include Digital Communications & Analytics KPI (click to view)</u></p> <p>The DoC encouraged staff to read through the analytics and would discuss this at a future committee meeting. She noted that a 6-month review was done on CAV communities and Viva Engage and achieved over 500k views from staff watching the videos.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
<p>P&C 21/01/021</p>		
Review & Final Closure		
<p>P&C 21/01/022</p>	<p><u>(Click to view)</u></p> <p>The CC thanked the committee for the excellent papers and input.</p>	
	<p>Date & time of the next meeting: Tuesday 11th March 2025 at 9am via MS Teams</p>	

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Public Action Log
Following People and Culture Committee Meeting
21st January 2025
(Updated for the Meeting 11th March 2025)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
Actions					
19/11/008	TRiM Proposal	To prepare and present the TRiM proposal to the P&C committee based on the outcome of the SLB meeting in January 2025.	Claire Whiles	11.03.2025	Complete – added to the forward plan for the P&C meeting in May 2025
21/01/014	Health & Safety Update	The EDPC to discuss the presentation format with the Health of Health & Safety	Rachel Gidman	11.03.2025	Complete – update to be provided in action log section of March 2025 meeting
21/01/013	Staff Networks Review	Review the staff networks and provide an update on their state of health, range, and any gaps.	Claire Whiles	20.05.2025	Complete – added to the forward plan for the P&C meeting in May 2025
21/01/020	Digital Communications & Analytics	Review the digital communications analytics paper and bring it back for further discussion at a future meeting.	Joanne Brandon	11.03.2025	Complete – added to the forward plan for the P&C meeting in May 2025
Actions referred from Board / Committees					

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Report Title:	Board Assurance Framework – Culture	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	11 th March 2025
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director Organisational Development, Wellbeing and Culture		

Main Report

Background and current situation:

Background

A strong and sustainable culture is fundamental to delivering the Cardiff and Vale University Health Board (CAVUHB) vision of *Living Well, Caring Well, Working Together*. A compassionate and inclusive culture, built on our values and behaviours framework, underpins our ability to deliver high-quality care, support our workforce, and drive long-term organisational effectiveness.

However, Leading Sustainable Change remains a key risk within the Board Assurance Framework (BAF). There is a risk that the cultural change required to meet our ambitions will not be embedded in a sustainable way, due to:

- **Trust and Bureaucracy** – A perception that the organisation is overly bureaucratic and lacks trust in decision-making.
- **Capacity for Change** – Staff are experiencing significant system pressures, limiting engagement in cultural initiatives.
- **Communication and Engagement** – Challenges in ensuring all staff understand the need for cultural change and their role in it.
- **Post-Pandemic Complexity** – Ongoing pressures continue to impact the ability to focus on transformation and change.
- **Resource and Operational Constraints** – Financial constraints have led to increased scrutiny on workforce and development investments. This presents a challenge in sustaining momentum for cultural transformation. Mitigations include prioritisation of high-impact initiatives and maximising internal resources.

In response, we are embedding cultural development within the People and Culture Plan, aligning interventions to key strategic objectives, while ensuring that cultural change efforts remain both impactful and realistic within the current operational environment. This report provides an update on ongoing actions, risk mitigations, and assurances to the Committee.

Current Situation – Risk Scores

Current risk scores, pre and post-mitigation are detailed within the Board Assurance Framework as follows:

Uncontrolled Risk			
Impact: 5	Likelihood: 4	Gross Risk: 20	Target Risk: 10

Risk Post-Controls and Mitigation		
Impact: 5	Likelihood: 4	Net Risk: 16

UHB Mitigating Action & Progress to Date

A series of targeted interventions are in place to mitigate identified risks and drive sustainable cultural change across the UHB. Key actions include:

Improving Sustainable Cultural Change – Organisational Development, Culture and Retention

- Organisational Development support in areas identified as having the greatest need. This includes continuation of the Culture and Leadership Programme (CLP); support for Senior Teams (Affina Team Journey; Senior Team Development Programmes); supporting Service Reviews in identifying post-review intervention.
- A review of 3 frameworks identified cross-cutting themes. Framework development now condensed to one concise framework to support managers in organisational development, wellbeing, retention and cultural improvement. Engagement and consultation in progress.
- People and Culture Team working with HEIW and Professor Michael West to review and improve CLP, with a particular focus on monitoring, measures and evaluation.

Improving Sustainable Cultural Change - Staff Voice

- Continuation of 'Staff Survey Assembly' sessions at University Hospital of Wales and University Hospital Llandough with the Chief Executive and supported by People and Culture Team. Work underway with attendees to establish regular 'listening' opportunities. Teams channel and Sharepoint page established.
- Staff Survey 2024 focus groups established for 2025/26. Dates and venues to be shared March 2025.
- Review of Staff Networks underway to ensure effectively and equitably organised and resourced.

NHS Wales Staff Survey 2024 - Findings

- NHS Wales Staff Survey results received February 2025 with functioning dashboard enabling reporting to Tier 2 and Tier 3 level.
- Organisational results to be cascaded February 2025 via all-staff communication.
- Staff survey analysis and high-level actions to be shared via:
 - People and Culture Committee, March 2025
 - Senior Leadership Board, March 2025
 - Local Partnership Framework, April 2025
 - Local Negotiating Committee, May 2025
- All Heads of People and Culture given access to dashboards to support analysis at Clinical Board level.
- Clinical Boards asked to nominate individuals for dashboard access to enable effective actions at a local level.
- Head of Equity and Inclusion analysing results linked to protected characteristics.

Improving Sustainable Cultural Change – Speaking Up Safely / Avoidable Employee Harm

- Work in confidence platform 'soft' launch December 2024
- Connectors trained to enable effective and timely response and effective allocation.
- Organisational launch scheduled from February 2025.
- Launch of interim 'Sexual Harassment Procedure'.
- People and Culture working with NHS Wales to lead work on Sexual Safety, including All Wales Policy, education and development.

Improving Sustainable Cultural Change – Leadership and Management Development

- Leadership and management development currently paused until April 2025.
- Pause enabling review to ensure development aligned to strategic priorities for 2025/26.
- The UHB is closely aligned with HEIW to influence the development of leadership and management competencies for the '4 Nations'.
- Leadership and Management Development from April 2025 will focus directly on priorities developed during the Rapid Planning Event, December 2025.
- Compassionate Leadership Pledge has been signed by the Board. Work underway to develop meaningful adoption at a local level exploring links to accreditation and team assessment. Work supported by HEIW and Professor Michael West.
- The UHB has successfully aligned with HEIW to run a pilot Leadership Programme. Externally facilitated, this will be evaluated to assess whether a 'spread and scale' is required across NHS Wales.

Improving Sustainable Cultural Change – Equity, Diversity and Inclusion; Welsh Language

- Regular reporting upon progress of the Strategic Equality Plan through monitoring of objectives and actions.
- The UHB met with Welsh Government in February 2024 to sense-check and finalise actions as a result of the findings of the Workforce Race Equality Standards (WRES) report.
- Anti-Racist Action Plan (ARAP) reviewed following report of WRES findings.
- Development of the UHB LGBTQ+ Action has taken place using a co-production approach, engagement and communication planned during Quarter 1, 2025/26 to take actions forward.
- The Equity and Inclusion team have increased opportunities to learn Welsh to respond to the 'active offer' through ongoing work with Dysgu Cymraeg Caerdydd, building upon work with reception areas.

Addressing challenges and moving forward: Rapid Planning Event (RPE), December 2024

In December 2024, the UHB held a 'Rapid Planning Event'. This event brought together senior leaders from across the UHB to work together over three consecutive days to respond to the following problem statement:

"We fail to consistently deliver quality care and improved health to meet the needs and expectations of our population in a sustainable way."

The event, and follow-up sessions resulted in the co-production of a transformative plan for the organisation, including:

- Redefining the organisation at a corporate and structural level
- Pathway-Based Care
- Stopping harm and improving efficiency
- Redesigning the organisation corporately and structurally

Mitigating Actions – Maximising Attendance and Understanding People Practices

Following the Rapid Planning Event, the actions prioritised to support delivery of the plan, aligning to the concept of 'Brilliant Basics' for People and Culture have been identified as:

- Improving Wellbeing and Attendance / Availability
- Management and Leadership Development
- Build workforce planning expertise

A dedicated working group has met to review current training, development and support related to 'Managing Attendance at Work'. Following feedback from managers and colleagues across the UHB, this will focus on:

- Understanding and implementing the Managing Attendance at Work Policy
- Enabling managers to undertake necessary conversations with their teams, recognising what is required of a compassionate manager, and eliminating myths
- Understanding Equity and Inclusion – guidance around reasonable adjustments

The training will be in place from April 2025 and will be targeted towards priority areas identified via Clinical Board Triumvirates and Heads of People and Culture. From April 2025, a series of digital learning enabled 'bite-size' modules will be developed to support managers once in the workplace with refreshers and practical guidance on key steps, guidance, and enabling practice.

Focusing on this work will help reduce the risk of inequitable and inconsistent people practices across the UHB, support managers in understanding the needs and requirements of their teams, while also managing effectively. Through a proactive approach to maximising attendance, managers will also be supported to develop practices that support team wellbeing and performance.

This work will be evaluated and the approach, if successful, cascaded through other People Practices to ensure informed, compassionate and competent implementation of policies and procedures, hence minimising avoidable employee harm.

The working groups will also identify and focus on priority areas for cultural change in 2025/26. The next phase includes finalising measurable outcomes, embedding structured evaluation methods, and integrating staff feedback into programme refinements. Progress updates will be reported to the Committee in the next assurance cycle.

Next Steps

This report outlines some of the work being undertaken across the UHB to support sustainable cultural change.

Cultural change priorities are actively monitored via the People and Culture Plan, ensuring timely risk identification and mitigation. Regular reporting supports data-driven decision-making and enhances accountability for improvement areas.

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

Sustained cultural change remains critical to maintaining and improving care quality, workforce retention, and public trust. The targeted interventions outlined in this report provide assurance that the organisation is taking proactive steps to mitigate risks associated with cultural change. Continued leadership engagement and structured monitoring will be essential in sustaining progress.

Without a compassionate and inclusive culture, which includes effective people leadership and management, the UHB will compromise its ability to deliver safe, effective, equitable and compassionate healthcare.

This paper and corresponding Board Assurance Framework provides an overview of some of the work currently being undertaken to mitigate risks, and serves to provide assurance to the Committee. The Committee is asked to review the risk scoring, mitigating actions, and assess if there is acceptance of current risk levels noted.





Recommendation:

People and Culture Committee as asked to:

NOTE and Discuss the information included within the paper and accept current risk levels and content for assurance.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	x	 Providing Outstanding Quality	
 Delivering in the Right Place	x	 Acting for the Future	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

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

Safety: yes – as above

Financial: yes – impact of poor culture on retention, recruitment and patient experience	
Workforce: yes - impact of poor culture on retention, recruitment and patient experience	
Legal: yes – Strategic Equality Objectives; Welsh Language Standards	
Reputational: yes - impact of poor culture on retention, recruitment and patient experience	
Socio Economic: yes – impact on local community; Strategic Equality Objectives	
Equality and Health: yes - impact of poor culture on retention, recruitment and patient experience	
Decarbonisation: Yes – opportunity to gather ideas on how to improve at a local level	
Approval/Scrutiny Route:	
Committee/Group/Exec	Date:

Regan Nikki
11/03/2025 08:23:30

Report Title:	NHS Wales Staff Survey – Initial Results & Communication Recommendations		Agenda Item no.	2.3
Meeting:	People & Culture Committee		Meeting Date:	11 th March 2025
Status (please tick one only):	Assurance	Approval	Information	x
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture			

Main Report
Background and current situation:

Background

The NHS Wales Staff Survey has been run regularly in Wales since 2013. The content and format of the survey questions have changed over time which has presented challenges when measuring progress, however, each year has provided both a participation rate and an engagement score.

In 2023, the survey design was reviewed and relaunched by HEIW using a selection of questions from the NHS Wales Staff Survey 2020, and the NHS England Staff Survey to enable comparison across borders. The engagement question set was maintained to enable comparison with previous years. It was agreed that this question set would remain constant to enable more meaningful comparison data, with the survey being run annually for at least the following 3 years.

The NHS Wales Staff Survey 2024 was open to all NHS Wales staff between 1st October 2024 – 29th November 2024. Following the closure of the survey the analysis was undertaken by HEIW and a dashboard of the results were released to NHS Wales organisations on the 3rd February 2025.

Purpose

“The purpose of the NHS Wales staff survey is to collect feedback from employees working across the NHS in Wales. It aims to provide an opportunity to understand experiences, perspectives, and insights in relation to the work environment, job satisfaction and overall well-being.

The data collected from the survey will provide a national picture to help shape organisational transformation in NHS Wales so that staff receive high quality, continually improving and compassionate support and can effectively deliver high quality, continuously improving and compassionate care for the communities they serve across Wales.” (HEIW 2023)

Current Situation

On Monday 3rd February 2025, the first stage of the results was shared with NHS Wales organisations in the form of a dashboard and paginated reports.

The dashboard has seen many advancements since 2023 following feedback from Health Boards and Trusts. The current dashboard has been co-designed with staff survey leads across NHS Wales and developed by HEIW.

The dashboard provides an analysis of results from an organisational level, with the ability to filter to both tier 2 (Directorate) and tier 3 (Department) levels, depending on participation numbers from the respective areas. Paginated reports can also be produced at these levels which provides a comprehensive report of the data. The Cardiff and Vale UHB paginated report is available in

Appendix 1.

A welcome new development for the 2024 results is the ability to view a comparison of scores by EDI characteristics, which was unavailable last year.

The narrative responses to open text questions is yet to be released; HEIW are due to receive these from the survey provider, IQVIA, at the end of February 2025, therefore anticipate releasing these to organisations during March 2025. It is anticipated that the narrative responses will be linked at tier 2 level (Directorate).

For the purpose of benchmarking, organisations have been grouped by 'type', and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. Cardiff and Vale UHB has been grouped within the Health Board organisations, along with Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB and Swansea Bay UHB.

CAVUHB Initial Findings – Participation and Staff Engagement Score

The **participation rate** for Cardiff and Vale UHB for the NHS Wales Staff Survey was 26.8%, with 4,639 people completing the survey out of a potential sample size of 17,295. This is an increase in participation following the 2023 survey, which was at 21.4%. A breakdown of response rates by Clinical Board is provided in **Appendix 2**, all but 1 Clinical Board (All Wales Genomics Service) have seen an increase in participation. The engagement scores by Clinical Board is also detailed in Appendix 2, please note this breakdown was not available in 2023.

Cardiff and Vale UHB continues to see a **decline in the overall engagement score** in the 2024 results, which is comparable to a decline across all large Health Boards in Wales. This decrease has been mapped as follows:

Survey Years	CAVUHB Engagement percentage
2024	71%
2023	73%
2020	74%

The engagement score is calculated from the results of seven engagement questions, and the results for CAVUHB against these questions are listed below, please note positive responses include Always/ Often/ Strongly Agree/ Agree and negative responses include rarely/ never/ disagree/ strongly disagree.

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
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Regan Nikki
11/03/2025 08:23:30

Staff engagement					
22a) I look forward to going to work.	2023	48.6%	<div style="width: 48.6%;"></div>	50.7%	14.6%
	2024	48.7%	<div style="width: 48.7%;"></div>	51.2%	16.2%
22b) I am enthusiastic about my job.	2023	68.0%	<div style="width: 68.0%;"></div>	66.8%	7.6%
	2024	64.7%	<div style="width: 64.7%;"></div>	65.7%	9.1%
22c) I am happy to go the extra mile at work when required.	2023	79.6%	<div style="width: 79.6%;"></div>	80.0%	4.6%
	2024	77.8%	<div style="width: 77.8%;"></div>	78.7%	4.7%
23a) I am able to make improvements in my area of work.	2023	57.8%	<div style="width: 57.8%;"></div>	58.5%	16.4%
	2024	58.7%	<div style="width: 58.7%;"></div>	60.6%	17.1%
23b) I would recommend my organisation as a place to work.	2023	56.1%	<div style="width: 56.1%;"></div>	55.2%	16.8%
	2024	55.4%	<div style="width: 55.4%;"></div>	56.4%	17.9%
23c) I am proud to tell people I work for my organisation.	2023	64.2%	<div style="width: 64.2%;"></div>	58.8%	10.0%
	2024	64.4%	<div style="width: 64.4%;"></div>	60.0%	11.8%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	<div style="width: 54.9%;"></div>	54.2%	24.7%
	2024	47.3%	<div style="width: 47.3%;"></div>	47.9%	28.4%

Four of the seven questions above have seen a decline since 2023 in the positive responses,

- I am enthusiastic about my job
- I am happy to go the extra mile
- I would recommend my organisation as a place to work
- I am involved in deciding on changes introduced that affect work (largest decline).

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	55.8%		56.0%	-0.2%
		2024	52.5%	-3.4% ▼	53.9%	-1.4%
	Intrinsic psychological engagement (Motivation)	2023	65.3%		65.6%	-0.4%
		2024	63.5%	-1.8% ▼	64.9%	-1.3%
	Staff Advocacy and recommendation (Advocacy)	2023	59.4%		56.4%	2.9%
		2024	59.2%	-0.1% ▼	57.5%	1.7%

Other Comparisons to previous results

In 2023 there was a sharp decline in the friends and family response which was an area of concern. There has been a slight improvement in this score in 2024, but understanding what remains a disappointing response will continue to be an area of focus.

	Strongly Disagree	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	2024	4.3%	11.8%	23.3%	45.3%	15.3%
	2023	5%	12%	25%	45%	13%
	2020	1.5%	6.2%	17.2%	55.3%	19.8%

CAVUHB 2024 responses as compared to NHS Wales (Health Board organisations)

As in 2023, the responses to the survey within CAVUHB are generally consistent with the overall responses for NHS Wales, although the pattern tends to vary between 1 and 3% difference, and, as can be seen in the table below, CAVUHB scores slightly more negatively against 9 out of the 10

themes. However, in comparison to 2023 results, CAVUHB scores have increased against 7 of the 10 themes, these are:

- Morale
- Patient Safety
- We are compassionate and inclusive
- We are continuously learning and improving
- We are stronger together
- We champion flexible working
- We nurture healthy working environments.

Theme	Positivity score	NHS Wales average
Morale	52.1%	54.8%
Patient safety	57.4%	58.7%
Staff engagement	59.1%	59.6%
We are all able to speak up	65.9%	66.3%
We are compassionate and inclusive	70.3%	70.1%
We are continuously learning and improving	65.6%	66.8%
We are stronger together	68.0%	69.4%
We champion flexible working	58.7%	61.8%
We nurture healthy working environments	55.0%	57.7%
We recognise everyone's contribution	60.4%	62.4%

Low percentages that contain individual experiences – Diversity and Inclusion

The question sets around equity, diversity and inclusion continue to be a concern and further in-depth analysis will be undertaken when more details are made available.

Although percentages reporting negative experiences appear to be low, the number of people that these experiences are affecting is concerning, for example 15% of respondents do not believe the organisation acts fairly with regard to career progression/ promotion regardless of protected characteristics, that equates to 693 respondents; this is a very slight improvement on 2023 responses. Again, in terms of percentage, 86% have responded to say they are not personally experiencing discrimination, the remaining 14% have responded 'yes' or 'prefer not to say', equating to approximately 650 people experiencing discrimination.

We Nurture Healthy Working Environments – Negative Experiences

Responses regarding work related stress and not attending work when not feeling well enough are high at 41% and 61% respectively, which is comparable to 2023 and staff wellbeing remains a concern.

To reiterate the point above around percentages, the percentages reporting never experiencing abuse, harassment, physical violence or unwanted behaviour of a sexual nature, whether from patients or colleagues ranges between 70% and 99%, again comparable with 2023. What it is important to recognise, and requiring further investigation, are the numbers who have responded that they have experienced this at work.

Appendix 3 shows a breakdown of the Negative Experiences questions, including the numbers of people who responded in 2023 and 2024. The focus over the coming months will be to implement the Sexual Safety procedure and associated training to address concerns being identified.

Comparison of scores by EDI characteristic

Further analysis is required to fully understand the experiences of our diverse workforce, however, a few key themes have been identified.

Across most themes and sub-themes, staff who chose not to disclose their EDI characteristics recorded the lowest positivity scores. This suggests a potential lack of confidence in the survey process, indicating a need to explore trust and psychological safety of our diverse communities in data collection.

In relation to work pressure, the majority of ethnic groups, genders, and sexual orientations scored below the Welsh average. However, notable exceptions included the Asian/British Asian: Pakistani group and asexual staff, who reported higher scores. Disabled and neurodivergent staff also recorded lower positivity scores compared to the Welsh average, highlighting potential disparities in workplace experience.

The inclusion sub-theme saw a decline compared to 2023, yet the youngest and oldest age groups reported the highest positivity scores. Most mid-aged staff scored just below the Welsh average. While gender-based scores remained largely unchanged from 2023, the addition of non-binary and self-described gender fields revealed that those who do not identify as male or female experience significantly lower inclusion scores. Ethnicity-wise, most groups scored above the Welsh average, with exceptions including Chinese, Black/Black British: African heritage, White: British, and Mixed Race: Black and White staff. Disabled staff reported lower scores than non-disabled staff, while those who did not disclose their disability status scored the lowest. Regarding religion, all groups who registered a belief or no belief scored above 73%, with those identifying as Christian being the only group who fell below the Welsh average.

Communication and Engagement

HEIW anticipate publishing a national findings report by the end of March 2025, sharing initially with the Welsh Assembly Government and the wider NHS Wales community.

Local results are not embargoed and we have confirmed that we are able to share these within the organisation. The consensus from Staff Survey leads across NHS Wales, is that organisations will start sharing results imminently, with some already sharing initial findings.

A communication has been sent to the Staff survey assembly / network to inform them that the results have been released. This group is a direct result of staff engagement sessions held in 2024/25 attended by the Chief Executive and Staff Survey leads. Communication will be shared regularly with this group to ensure that engagement is encouraged and ideas shared. Quarterly meetings are planned during 2025 to optimise the opportunity to engage with, listen to, collaborate and share with our workforce.

In the true nature of staff survey transparency, it is recommended that results are shared as follows:

- The CAVUHB paginated report (Appendix 1) is shared with trade union partners, and the wider organisation (February 2025)
- Access to the dashboard provided to Heads of People and Culture to enable support to Clinical Boards (February 2025)
- Clinical Board paginated reports to be shared with the Clinical Board triumvirate, along with a request for a nominated individual from each Clinical Board to be provided with dashboard access. This will provide Clinical Boards with the ability to run and analyse department level reports. Support to understand the reports and dashboard training will be provided by the OD & Culture team, along with the Heads of People & Culture during March/ April 2025.

A paper outlining high level results and engagement progress will be presented at the following Committees:

- Senior Leadership Board – 20th March 2025
- Local Partnership Forum – 10th April 2025
- LNC – 23rd May 2025

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

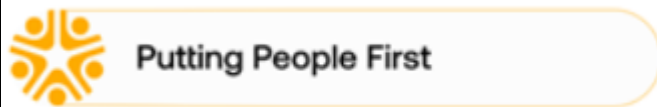
Further analysis of the UHBs results, to understand both the data as it stands now, and new and emerging data is paramount in demonstrating to all colleagues the importance of this piece of work, and the commitment of the organisation to listen to understand first, then respond in an inclusive, compassionate and co-productive way.

Recommendation:

To start from a place of transparency, the sharing of the CAVUHB paginated report and cascaded of further reports is recommended to start immediately, through a range of channels including the Executive Team and Board, Trade Union Partners, Clinical Board Triumvirates, Heads of People and Culture and throughout the organisation.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>



Putting People First

1.
Click the objective above to view more detail.



Providing Outstanding Quality

2.
Click the objective above to view more detail.



Delivering in the Right Places

3.
Click the objective above to view more detail.



Acting for the Future

4.
Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

Prevention	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)
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Impact Assessment:

Risk: Yes/No (delete as appropriate)

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

Safety: Yes/No

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
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: <ul style="list-style-type: none"> • 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.

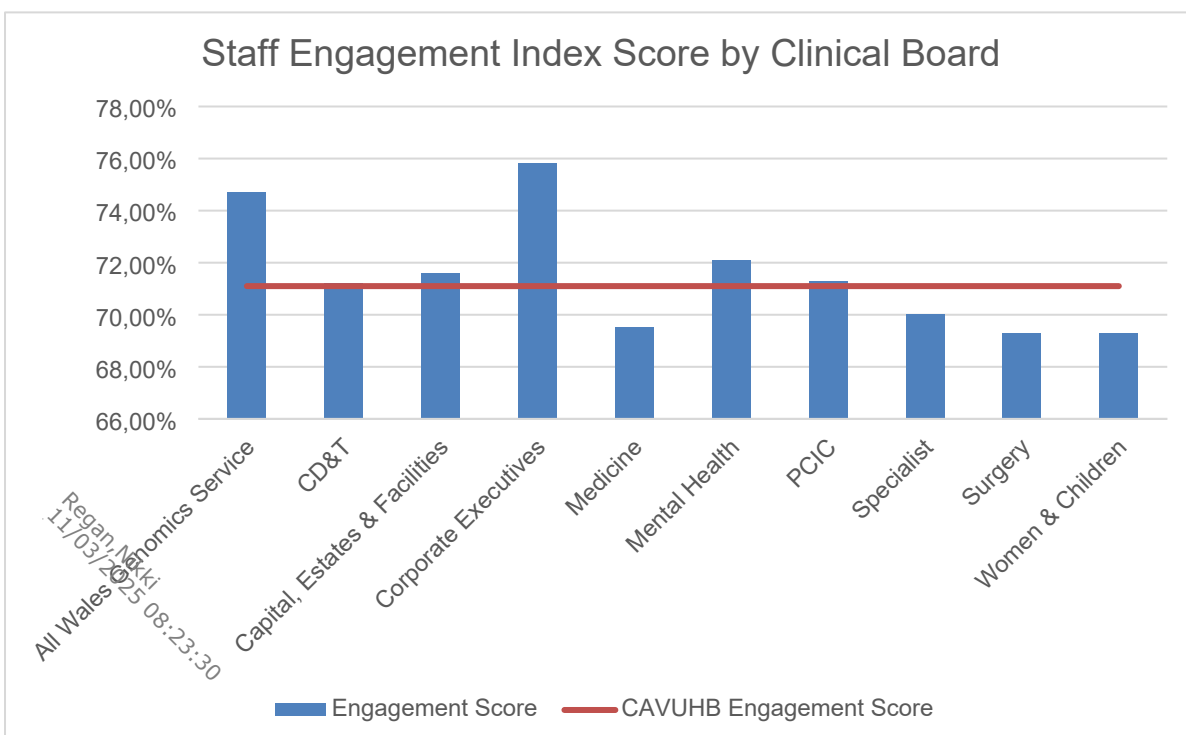
<i>Does the subject matter of your paper risk any of the above not being achieved?</i>	
Welsh Language: Yes/No	
<p><i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i></p> <ul style="list-style-type: none"> <i>• More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i> <i>• Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</i> <i>• Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</i> <i>• Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?</i> <p><i>Does the subject matter of your paper risk any of the above not being achieved?</i></p>	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:

Regan Nikki
11/03/2025 08:23:30

Appendix 1 – Cardiff and Vale University Health Board Paginated Report (separate document attached)

Appendix 2 – Response rate and engagement score by Clinical Board

Clinical Board	Headcount	No. of Completions	Response Rate %age	2023 Response rate %age
All Wales Genomics Service	347	144	▼ 41.49%	45.37%
Capital, Estates & Facilities	1455	390	▲ 26.80%	6.37%
CD&T	2605	842	▲ 32.13%	24.34%
Corporate	1043	472	▲ 45.25%	38.82%
Medicine	2054	508	▲ 24.70%	17.01%
Mental Health	1582	368	▲ 23.26%	17.54%
PCIC	1168	297	▲ 25.42%	24.19%
Specialist	2262	497	▲ 21.97%	19.11%
Surgical	2398	538	▲ 22.47%	14.95%
Women & Children	2381	550	▲ 23.30%	20.08%
NA/ Unknown		33		
TOTAL	17295	4639	26.82%	



Appendix 3 – Breakdown of the Negative Experiences questions

Regan, Nikki
11/03/2025 08:23:30

Contents of report

This report contains information on the results of the 2024 NHS Wales Staff Survey for Cardiff and Vale University Health Board, including:

1. Survey response rate
2. Staff Engagement Index score
3. Summary of responses by theme and sub-theme
4. Summary of responses by question
5. Equality, diversity and inclusion (EDI) information on respondents

For information

The 2024 NHS Wales Staff survey was open to all employees in NHS Wales for the 2 month period of between 1st October 2024 and 29th November 2024. The questions in the survey are organised by 10 themes and 20 sub-themes.

Data source

The data presented in this report has been provided by IQVIA Inc., the organisation responsible for delivering the 2024 and 2023 NHS Wales Staff Surveys. The data is stored, and has been collected from, the Health Education and Improvement Wales (HEIW) data warehouse.

Methodology

To ensure the anonymity of survey respondents, the data in section 5 of this report has been suppressed for instances of less than 10 responses. For example, where less than 10 people with a particular characteristic completed a survey, the number and % of people completing a survey with this particular characteristic is not shown. Any blank responses to questions have also been excluded from the analysis.

Positivity scores have been calculated for each theme and sub-theme, and are based on the percentage of people that responded positively to each question included in each theme and sub-theme. To calculate the Staff Engagement Index score, responses to the 7 relevant questions were weighted based on their scale position from 1 to 5 (on a scale of strongly disagree to strongly agree, or Never to Always). The index score was then calculated as the average of: (i) the weighted percentage score for questions 22a, 22b, and 22c, (ii) the weighted percentage score for questions 23a and 23d, and (iii) the weighted percentage score for questions 23b and 23c. The higher the staff engagement index score, the higher the proportion of people that responded positively to the questions.

For the purpose of benchmarking, organisations have been grouped and a separate NHS Wales organisational average has been calculated for 'Health Board' organisations and 'Trust/Authority' organisations. The NHS Wales organisational average reported in this document therefore relates to Health Board organisations. The organisations included in this benchmark group are: Aneurin Bevan UHB, Betsi Cadwaladr UHB, Cardiff and Vale UHB, Cwm Taf Morgannwg UHB, Hywel Dda UHB, Powys Teaching HB, and Swansea Bay UHB.

Contact details: This report has been developed by the Data and Analytics Team at Health Education and Improvement Wales (HEIW). Please contact HEIW.ATeam@wales.nhs.uk with any queries or feedback.

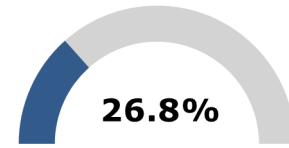


Addysg a Gwella Iechyd
Cymru (AaGIC)
Health Education and
Improvement Wales (HEIW)

2025-08-23:30

1. Survey response rate

4639 people employed at Cardiff and Vale University Health Board completed the survey in 2024. This equates to a response rate of **26.8%**. This is compared with the 21.9% overall NHS Wales response rate for 2024.



2. Staff Engagement Index score

Cardiff and Vale University Health Board achieved a **Staff Engagement Index score of 71.1%** in 2024. This is compared with the 72% average NHS Wales Staff Engagement Index score.

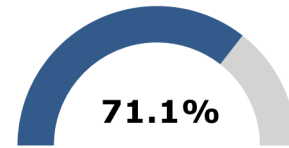


Table 1: Responses to Staff Engagement Index questions in the 2024 survey for Cardiff and Vale University Health Board, with questions asking "On a scale of 1 to 5 (from strongly disagree to strongly agree), to what extent do you agree with the following statements?"

Sub-theme and statement	% agreed or strongly agreed	NHS Wales average
Ability to contribute towards improvements at work		
23a) I am able to make improvements in my area of work.	58.7%	60.6%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	47.3%	47.9%
Intrinsic psychological engagement		
22a) I look forward to going to work.	48.7%	51.2%
22b) I am enthusiastic about my job.	64.7%	65.7%
22c) I am happy to go the extra mile at work when required.	77.8%	78.7%
Staff advocacy and recommendation		
23b) I would recommend my organisation as a place to work.	55.4%	56.4%
23c) I am proud to tell people I work for my organisation.	64.4%	60.0%

About the Staff Engagement Index

The Staff Engagement Index score is calculated by weighting the responses to the seven questions based on their position on a 5-point scale (with 1 representing the least positive response, and 5 the most positive response). The Staff Engagement Index score therefore increases as the proportion of people responding positively to these questions increases. More information on how the Staff Engagement Index score is calculated is available on page 1 of this report.

Rebecca Corbin
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3. Summary of responses by theme and sub-theme

Table 2: Positivity scores by theme in 2024 for Cardiff and Vale University Health Board (with bars highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Positivity score	NHS Wales average
Morale	52.1%	54.8%
Patient safety	57.4%	58.7%
Staff engagement	59.1%	59.6%
We are all able to speak up	65.9%	66.3%
We are compassionate and inclusive	70.3%	70.1%
We are continuously learning and improving	65.6%	66.8%
We are stronger together	68.0%	69.4%
We champion flexible working	58.7%	61.8%
We nurture healthy working environments	55.0%	57.7%
We recognise everyone's contribution	60.4%	62.4%

Table 3: Positivity scores by theme in 2024 and 2023 for Cardiff and Vale University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	2023	52.1%		54.0%	-1.9%
	2024	52.1%	0.0% ▲	54.8%	-2.7%
Patient safety	2023	53.8%		53.1%	0.7%
	2024	57.4%	3.5% ▲	58.7%	-1.4%
Staff engagement	2023	60.9%		60.3%	0.6%
	2024	59.1%	-1.8% ▼	59.6%	-0.5%
We are all able to speak up	2023	66.0%		65.7%	0.3%
	2024	65.9%	-0.1% ▼	66.3%	-0.4%
We are compassionate and inclusive	2023	69.8%		69.7%	0.2%
	2024	70.3%	0.5% ▲	70.1%	0.2%
We are continuously learning and improving	2023	65.4%		66.0%	-0.5%
	2024	65.6%	0.2% ▲	66.8%	-1.2%
We are stronger together	2023	67.8%		68.4%	-0.5%
	2024	68.0%	0.2% ▲	69.4%	-1.4%
We champion flexible working	2023	54.3%		57.9%	-3.7%
	2024	58.7%	4.5% ▲	61.8%	-3.0%
We nurture healthy working environments	2023	53.7%		56.0%	-2.3%
	2024	55.0%	1.3% ▲	57.7%	-2.7%
We recognise everyone's contribution	2023	60.5%		61.6%	-1.1%
	2024	60.4%	-0.1% ▼	62.4%	-2.1%

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Table 4: Positivity scores by theme and sub-theme for Cardiff and Vale University Health Board (with rates highlighted green and pink to indicate rates higher and lower than the NHS Wales organisational average for Health Board organisations)

Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
Morale	Stressors	2023	56.4%		57.4%	-1.0%
		2024	56.1%	-0.3% ▼	57.8%	-1.7%
	Thinking about leaving	2023	54.9%		54.3%	0.6%
		2024	55.2%	0.3% ▲	56.1%	-0.9%
	Work pressure	2023	39.6%		46.6%	-7.0%
		2024	40.0%	0.4% ▲	47.2%	-7.2%
Patient safety	No related sub-theme	2023	53.8%		53.1%	0.7%
		2024	57.4%	3.5% ▲	58.7%	-1.4%
Staff engagement	Ability to contribute towards improvement at work (Involvement)	2023	55.8%		56.0%	-0.2%
		2024	52.5%	-3.4% ▼	53.9%	-1.4%
	Intrinsic psychological engagement (Motivation)	2023	65.3%		65.6%	-0.4%
		2024	63.5%	-1.8% ▼	64.9%	-1.3%
	Staff Advocacy and recommendation (Advocacy)	2023	59.4%		56.4%	2.9%
		2024	59.2%	-0.1% ▼	57.5%	1.7%
We are all able to speak up	Autonomy and control	2023	72.8%		72.3%	0.5%
		2024	71.5%	-1.3% ▼	71.9%	-0.4%
	Raising concerns	2023	59.3%		59.0%	0.2%
		2024	60.3%	1.1% ▲	60.7%	-0.4%
We are compassionate and inclusive	Compassionate culture	2023	71.2%		70.4%	0.9%
		2024	72.0%	0.8% ▲	70.6%	1.4%
	Compassionate Leadership	2023	65.1%		66.5%	-1.4%
		2024	67.6%	2.5% ▲	69.0%	-1.4%
	Diversity and Equality	2023	62.2%		62.4%	-0.2%
		2024	63.9%	1.7% ▲	64.3%	-0.3%
	Inclusion	2023	72.9%		73.2%	-0.2%
		2024	70.1%	-2.8% ▼	71.6%	-1.5%
We are continuously learning and improving	Development	2023	60.3%		60.3%	0.0%
		2024	59.8%	-0.5% ▼	60.8%	-1.0%
	PDR/Appraisal	2023	73.2%		74.2%	-1.0%
		2024	74.1%	0.8% ▲	75.4%	-1.4%
We are stronger together	Line management	2023	64.6%		65.8%	-1.2%
		2024	66.9%	2.3% ▲	68.4%	-1.5%
	Team working	2023	70.5%		70.5%	0.0%
		2024	68.9%	-1.5% ▼	70.1%	-1.2%
We champion flexible working	Support for work-life balance	2023	54.3%		57.9%	-3.7%
		2024	58.7%	4.5% ▲	61.8%	-3.0%

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Theme	Sub-theme	Year	Positivity score	Annual trend	NHS Wales average	Variance
We nurture healthy working environments	Burnout	2023	24.9%		27.0%	-2.1%
		2024	28.8%	3.9% ▲	30.9%	-2.0%
	Health and safety climate	2023	37.0%		42.5%	-5.5%
		2024	37.9%	1.0% ▲	43.7%	-5.7%
	Negative experiences	2023	79.8%		80.8%	-1.0%
		2024	79.7%	0.0% ▼	81.4%	-1.7%
We recognise everyone's contribution	No related sub-theme	2023	60.5%		61.6%	-1.1%
		2024	60.4%	-0.1% ▼	62.4%	-2.1%

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4. Summary of responses by question

Table 5: Percentage of people that responded positively and negatively to likert scale questions included in the 2024 survey for Cardiff and Vale University Health Board, with questions organised by theme

Question	Year	Positive responses (%)	Positive responses (%) - NHS Wales average	Negative responses (%)
Morale				
02a) I have unrealistic time pressures.	2023	24.3%	27.6%	35.8%
	2024	25.4%	28.9%	33.2%
02b) I am able to meet all the conflicting demands on my time at work.	2023	47.1%	51.2%	17.8%
	2024	47.8%	51.5%	17.4%
02c) I have adequate supplies, materials and equipment to do my work.	2023	46.2%	59.2%	22.3%
	2024	45.3%	58.1%	24.2%
02d) There are enough staff at this organisation for me to do my job properly.	2023	28.0%	31.3%	40.1%
	2024	29.8%	34.2%	38.0%
04a) My immediate manager (line manager) encourages me at work.	2023	69.0%	69.6%	13.8%
	2024	70.3%	71.7%	12.5%
14a) I always know what my work responsibilities are.	2023	82.4%	81.2%	8.4%
	2024	82.8%	81.6%	8.6%
14d) I have a choice in deciding how to do my work.	2023	66.8%	67.2%	14.9%
	2024	69.9%	71.8%	14.1%
15f) Relationships at work are strained.	2023	44.8%	47.3%	28.6%
	2024	43.6%	47.3%	30.2%
23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	54.2%	24.7%
	2024	47.3%	47.9%	28.4%
24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.	2023	57.0%	56.5%	19.6%
	2024	56.6%	57.1%	19.7%
24b) I often think about leaving this organisation.	2023	45.8%	47.0%	29.8%
	2024	45.9%	48.4%	30.1%
24c) I will probably look for a job at a new organisation in the next 12 months.	2023	53.9%	53.0%	21.0%
	2024	55.0%	56.0%	21.0%
24d) As soon as I can find another job, I will leave this organisation.	2023	62.0%	61.1%	15.2%
	2024	63.2%	63.9%	15.3%
Patient safety				
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.	2023	46.3%	43.7%	11.4%
	2024	52.2%	52.2%	14.7%
13c) My organisation encourages us to report errors, near misses or incidents.	2023	74.2%	73.9%	8.0%
	2024	75.7%	76.5%	9.7%

13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.	2023	53.0%	<div style="width: 53.0%;"></div>	53.0%	13.1%	<div style="width: 13.1%;"></div>
	2024	56.9%	<div style="width: 56.9%;"></div>	57.7%	15.4%	<div style="width: 15.4%;"></div>

13e) We are given feedback about changes made in response to reported errors, near misses and incidents.	2023	43.1%	<div style="width: 43.1%;"></div>	42.8%	22.3%	<div style="width: 22.3%;"></div>
	2024	46.9%	<div style="width: 46.9%;"></div>	48.8%	25.5%	<div style="width: 25.5%;"></div>

Staff engagement

22a) I look forward to going to work.	2023	48.6%	<div style="width: 48.6%;"></div>	50.7%	14.6%	<div style="width: 14.6%;"></div>
	2024	48.7%	<div style="width: 48.7%;"></div>	51.2%	16.2%	<div style="width: 16.2%;"></div>

22b) I am enthusiastic about my job.	2023	68.0%	<div style="width: 68.0%;"></div>	66.8%	7.6%	<div style="width: 7.6%;"></div>
	2024	64.7%	<div style="width: 64.7%;"></div>	65.7%	9.1%	<div style="width: 9.1%;"></div>

22c) I am happy to go the extra mile at work when required.	2023	79.6%	<div style="width: 79.6%;"></div>	80.0%	4.6%	<div style="width: 4.6%;"></div>
	2024	77.8%	<div style="width: 77.8%;"></div>	78.7%	4.7%	<div style="width: 4.7%;"></div>

23a) I am able to make improvements in my area of work.	2023	57.8%	<div style="width: 57.8%;"></div>	58.5%	16.4%	<div style="width: 16.4%;"></div>
	2024	58.7%	<div style="width: 58.7%;"></div>	60.6%	17.1%	<div style="width: 17.1%;"></div>

23b) I would recommend my organisation as a place to work.	2023	56.1%	<div style="width: 56.1%;"></div>	55.2%	16.8%	<div style="width: 16.8%;"></div>
	2024	55.4%	<div style="width: 55.4%;"></div>	56.4%	17.9%	<div style="width: 17.9%;"></div>

23c) I am proud to tell people I work for my organisation.	2023	64.2%	<div style="width: 64.2%;"></div>	58.8%	10.0%	<div style="width: 10.0%;"></div>
	2024	64.4%	<div style="width: 64.4%;"></div>	60.0%	11.8%	<div style="width: 11.8%;"></div>

23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	<div style="width: 54.9%;"></div>	54.2%	24.7%	<div style="width: 24.7%;"></div>
	2024	47.3%	<div style="width: 47.3%;"></div>	47.9%	28.4%	<div style="width: 28.4%;"></div>

We are all able to speak up

14a) I always know what my work responsibilities are.	2023	82.4%	<div style="width: 82.4%;"></div>	81.2%	8.4%	<div style="width: 8.4%;"></div>
	2024	82.8%	<div style="width: 82.8%;"></div>	81.6%	8.6%	<div style="width: 8.6%;"></div>

14b) I am trusted to do my job.	2023	88.1%	<div style="width: 88.1%;"></div>	87.5%	5.1%	<div style="width: 5.1%;"></div>
	2024	87.0%	<div style="width: 87.0%;"></div>	86.9%	5.8%	<div style="width: 5.8%;"></div>

14c) There are frequent opportunities for me to show initiative in my role.	2023	73.3%	<div style="width: 73.3%;"></div>	72.6%	11.7%	<div style="width: 11.7%;"></div>
	2024	71.3%	<div style="width: 71.3%;"></div>	72.5%	13.0%	<div style="width: 13.0%;"></div>

14d) I have a choice in deciding how to do my work.	2023	66.8%	<div style="width: 66.8%;"></div>	67.2%	14.9%	<div style="width: 14.9%;"></div>
	2024	69.9%	<div style="width: 69.9%;"></div>	71.8%	14.1%	<div style="width: 14.1%;"></div>

14i) I would feel secure raising concerns about unsafe clinical practice.	2023	75.2%	<div style="width: 75.2%;"></div>	73.4%	9.6%	<div style="width: 9.6%;"></div>
	2024	74.2%	<div style="width: 74.2%;"></div>	74.5%	11.3%	<div style="width: 11.3%;"></div>

14j) I would feel secure raising concerns about unethical behaviour.	2023	76.8%	<div style="width: 76.8%;"></div>	76.7%	11.1%	<div style="width: 11.1%;"></div>
	2024	74.3%	<div style="width: 74.3%;"></div>	75.7%	12.8%	<div style="width: 12.8%;"></div>

14k) I am confident my organisation would address my concern.	2023	50.6%	<div style="width: 50.6%;"></div>	51.3%	19.8%	<div style="width: 19.8%;"></div>
	2024	52.2%	<div style="width: 52.2%;"></div>	53.5%	22.2%	<div style="width: 22.2%;"></div>

17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	57.2%	<div style="width: 57.2%;"></div>	55.8%	19.0%	<div style="width: 19.0%;"></div>
	2024	60.0%	<div style="width: 60.0%;"></div>	58.5%	19.0%	<div style="width: 19.0%;"></div>

17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.	2023	39.7%	<div style="width: 39.7%;"></div>	40.1%	24.5%	<div style="width: 24.5%;"></div>
	2024	44.4%	<div style="width: 44.4%;"></div>	43.6%	25.5%	<div style="width: 25.5%;"></div>

23d) I am involved in deciding on changes introduced that affect my work/area/team/department.	2023	54.9%	<div style="width: 54.9%;"></div>	54.2%	24.7%	<div style="width: 24.7%;"></div>
	2024	47.3%	<div style="width: 47.3%;"></div>	47.9%	28.4%	<div style="width: 28.4%;"></div>

We are compassionate and inclusive

01h) I feel valued by my team.	2023	67.1%	<div style="width: 67.1%;"></div>	67.4%	16.9%	<div style="width: 16.9%;"></div>
	2024	66.3%	<div style="width: 66.3%;"></div>	67.1%	18.1%	<div style="width: 18.1%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.3%	<div style="width: 75.3%;"></div>	75.3%	12.7%	<div style="width: 12.7%;"></div>
	2024	72.8%	<div style="width: 72.8%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.3%	<div style="width: 66.3%;"></div>	66.9%	15.1%	<div style="width: 15.1%;"></div>
	2024	68.1%	<div style="width: 68.1%;"></div>	69.3%	14.4%	<div style="width: 14.4%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	68.9%	<div style="width: 68.9%;"></div>	69.8%	14.3%	<div style="width: 14.3%;"></div>
	2024	70.4%	<div style="width: 70.4%;"></div>	71.4%	14.4%	<div style="width: 14.4%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.9%	<div style="width: 63.9%;"></div>	65.5%	14.8%	<div style="width: 14.8%;"></div>
	2024	66.6%	<div style="width: 66.6%;"></div>	67.9%	15.3%	<div style="width: 15.3%;"></div>
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)	2023	63.0%	<div style="width: 63.0%;"></div>	62.9%	11.6%	<div style="width: 11.6%;"></div>
	2024	64.6%	<div style="width: 64.6%;"></div>	64.8%	12.7%	<div style="width: 12.7%;"></div>
15c) The people I work with are understanding and kind to one another.	2023	75.4%	<div style="width: 75.4%;"></div>	75.4%	9.8%	<div style="width: 9.8%;"></div>
	2024	72.4%	<div style="width: 72.4%;"></div>	73.8%	10.9%	<div style="width: 10.9%;"></div>
15d) The people I work with are polite and treat each other with respect.	2023	76.1%	<div style="width: 76.1%;"></div>	76.3%	9.2%	<div style="width: 9.2%;"></div>
	2024	72.1%	<div style="width: 72.1%;"></div>	73.8%	10.8%	<div style="width: 10.8%;"></div>
16a) People here are compassionate towards colleagues when they face problems.	2023	75.6%	<div style="width: 75.6%;"></div>	76.5%	8.4%	<div style="width: 8.4%;"></div>
	2024	74.4%	<div style="width: 74.4%;"></div>	75.7%	9.4%	<div style="width: 9.4%;"></div>
16b) People here give good support to colleagues who are distressed.	2023	76.8%	<div style="width: 76.8%;"></div>	77.5%	8.4%	<div style="width: 8.4%;"></div>
	2024	75.6%	<div style="width: 75.6%;"></div>	77.5%	9.2%	<div style="width: 9.2%;"></div>
16c) People here are compassionate in the way they behave towards patients/ service users.	2023	84.5%	<div style="width: 84.5%;"></div>	83.4%	3.0%	<div style="width: 3.0%;"></div>
	2024	83.8%	<div style="width: 83.8%;"></div>	83.5%	4.0%	<div style="width: 4.0%;"></div>
16d) People here take effective action to help patients/service users in distress.	2023	83.6%	<div style="width: 83.6%;"></div>	82.9%	2.7%	<div style="width: 2.7%;"></div>
	2024	83.6%	<div style="width: 83.6%;"></div>	83.1%	3.6%	<div style="width: 3.6%;"></div>
17a) Care of patients / service users is my organisation's top priority.	2023	69.6%	<div style="width: 69.6%;"></div>	67.2%	11.8%	<div style="width: 11.8%;"></div>
	2024	72.3%	<div style="width: 72.3%;"></div>	67.3%	10.9%	<div style="width: 10.9%;"></div>
17b) My organisation acts on concerns raised by patients / service users.	2023	66.2%	<div style="width: 66.2%;"></div>	63.3%	7.7%	<div style="width: 7.7%;"></div>
	2024	68.3%	<div style="width: 68.3%;"></div>	64.2%	8.0%	<div style="width: 8.0%;"></div>
17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.	2023	57.8%	<div style="width: 57.8%;"></div>	54.1%	17.0%	<div style="width: 17.0%;"></div>
	2024	61.2%	<div style="width: 61.2%;"></div>	55.3%	15.5%	<div style="width: 15.5%;"></div>
17d) I feel safe to speak up about anything that concerns me in this organisation.	2023	57.2%	<div style="width: 57.2%;"></div>	55.8%	19.0%	<div style="width: 19.0%;"></div>
	2024	60.0%	<div style="width: 60.0%;"></div>	58.5%	19.0%	<div style="width: 19.0%;"></div>

We are continuously learning and improving

18a) This organisation offers me challenging work.	2023	75.1%	<div style="width: 75.1%;"></div>	71.2%	7.5%	<div style="width: 7.5%;"></div>
	2024	72.4%	<div style="width: 72.4%;"></div>	71.3%	7.9%	<div style="width: 7.9%;"></div>
18b) There are opportunities for me to develop my career in this organisation.	2023	54.2%	<div style="width: 54.2%;"></div>	51.6%	23.2%	<div style="width: 23.2%;"></div>
	2024	52.0%	<div style="width: 52.0%;"></div>	51.7%	24.7%	<div style="width: 24.7%;"></div>
18c) I have opportunities to improve my knowledge and skills.	2023	66.4%	<div style="width: 66.4%;"></div>	67.6%	15.4%	<div style="width: 15.4%;"></div>
	2024	66.5%	<div style="width: 66.5%;"></div>	68.2%	16.9%	<div style="width: 16.9%;"></div>

18d) I feel supported to develop my potential.	2023	53.9%	<div style="width: 53.9%;"></div>	55.3%	20.9%	<div style="width: 20.9%;"></div>
	2024	54.4%	<div style="width: 54.4%;"></div>	56.0%	22.7%	<div style="width: 22.7%;"></div>
18e) I am able to access the right learning and development opportunities when I need to.	2023	50.4%	<div style="width: 50.4%;"></div>	55.7%	22.2%	<div style="width: 22.2%;"></div>
	2024	52.8%	<div style="width: 52.8%;"></div>	56.2%	22.1%	<div style="width: 22.1%;"></div>
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?	2023	76.6%	<div style="width: 76.6%;"></div>	80.3%	20.1%	<div style="width: 20.1%;"></div>
	2024	81.7%	<div style="width: 81.7%;"></div>	84.2%	15.1%	<div style="width: 15.1%;"></div>
We are stronger together						
01a) The team I work in has a set of shared objectives.	2023	75.0%	<div style="width: 75.0%;"></div>	75.1%	12.1%	<div style="width: 12.1%;"></div>
	2024	75.1%	<div style="width: 75.1%;"></div>	75.4%	12.0%	<div style="width: 12.0%;"></div>
01b) The team I work in often meets to discuss the team's effectiveness.	2023	60.4%	<div style="width: 60.4%;"></div>	62.7%	25.6%	<div style="width: 25.6%;"></div>
	2024	60.6%	<div style="width: 60.6%;"></div>	63.6%	25.9%	<div style="width: 25.9%;"></div>
01c) Team members trust each other.	2023	69.0%	<div style="width: 69.0%;"></div>	67.1%	15.6%	<div style="width: 15.6%;"></div>
	2024	65.8%	<div style="width: 65.8%;"></div>	66.3%	17.7%	<div style="width: 17.7%;"></div>
01d) Team members understand each other's roles.	2023	71.5%	<div style="width: 71.5%;"></div>	70.8%	16.2%	<div style="width: 16.2%;"></div>
	2024	70.1%	<div style="width: 70.1%;"></div>	70.4%	16.7%	<div style="width: 16.7%;"></div>
01e) Team members take time out to reflect and learn.	2023	51.1%	<div style="width: 51.1%;"></div>	52.2%	26.0%	<div style="width: 26.0%;"></div>
	2024	51.5%	<div style="width: 51.5%;"></div>	54.2%	25.0%	<div style="width: 25.0%;"></div>
01f) Team members are able to communicate closely with each other to achieve the team's objectives.	2023	70.0%	<div style="width: 70.0%;"></div>	69.7%	14.5%	<div style="width: 14.5%;"></div>
	2024	67.4%	<div style="width: 67.4%;"></div>	69.6%	16.7%	<div style="width: 16.7%;"></div>
01g) I enjoy working with the colleagues in my team.	2023	82.2%	<div style="width: 82.2%;"></div>	81.4%	5.8%	<div style="width: 5.8%;"></div>
	2024	80.0%	<div style="width: 80.0%;"></div>	79.7%	8.0%	<div style="width: 8.0%;"></div>
01h) I feel valued by my team.	2023	67.1%	<div style="width: 67.1%;"></div>	67.4%	16.9%	<div style="width: 16.9%;"></div>
	2024	66.3%	<div style="width: 66.3%;"></div>	67.1%	18.1%	<div style="width: 18.1%;"></div>
01i) I feel able to ask other members of this team for help when I need it.	2023	84.7%	<div style="width: 84.7%;"></div>	83.7%	6.0%	<div style="width: 6.0%;"></div>
	2024	81.6%	<div style="width: 81.6%;"></div>	81.7%	9.1%	<div style="width: 9.1%;"></div>
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.	2023	75.3%	<div style="width: 75.3%;"></div>	75.3%	12.7%	<div style="width: 12.7%;"></div>
	2024	72.8%	<div style="width: 72.8%;"></div>	73.0%	14.8%	<div style="width: 14.8%;"></div>
01k) Team members work well with other teams.	2023	70.3%	<div style="width: 70.3%;"></div>	70.8%	11.7%	<div style="width: 11.7%;"></div>
	2024	70.3%	<div style="width: 70.3%;"></div>	71.7%	11.9%	<div style="width: 11.9%;"></div>
04a) My immediate manager (line manager) encourages me at work.	2023	69.0%	<div style="width: 69.0%;"></div>	69.6%	13.8%	<div style="width: 13.8%;"></div>
	2024	70.3%	<div style="width: 70.3%;"></div>	71.7%	12.5%	<div style="width: 12.5%;"></div>
04b) My immediate manager (line manager) gives me clear feedback on my work.	2023	61.2%	<div style="width: 61.2%;"></div>	62.7%	19.1%	<div style="width: 19.1%;"></div>
	2024	63.5%	<div style="width: 63.5%;"></div>	65.2%	16.7%	<div style="width: 16.7%;"></div>
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.	2023	56.6%	<div style="width: 56.6%;"></div>	57.0%	25.1%	<div style="width: 25.1%;"></div>
	2024	57.6%	<div style="width: 57.6%;"></div>	60.2%	23.4%	<div style="width: 23.4%;"></div>
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.	2023	67.8%	<div style="width: 67.8%;"></div>	68.3%	15.6%	<div style="width: 15.6%;"></div>
	2024	70.0%	<div style="width: 70.0%;"></div>	71.2%	14.6%	<div style="width: 14.6%;"></div>
04e) My immediate manager (line manager) values my work.	2023	70.3%	<div style="width: 70.3%;"></div>	71.3%	12.1%	<div style="width: 12.1%;"></div>
	2024	72.0%	<div style="width: 72.0%;"></div>	73.0%	12.7%	<div style="width: 12.7%;"></div>

04f) My immediate manager (line manager) works together with me to come to an understanding of problems.	2023	66.3%	<div style="width: 66.3%;"></div>	66.9%	15.1%	<div style="width: 15.1%;"></div>
	2024	68.1%	<div style="width: 68.1%;"></div>	69.3%	14.4%	<div style="width: 14.4%;"></div>
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.	2023	68.9%	<div style="width: 68.9%;"></div>	69.8%	14.3%	<div style="width: 14.3%;"></div>
	2024	70.4%	<div style="width: 70.4%;"></div>	71.4%	14.4%	<div style="width: 14.4%;"></div>
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.	2023	70.5%	<div style="width: 70.5%;"></div>	69.7%	13.9%	<div style="width: 13.9%;"></div>
	2024	70.8%	<div style="width: 70.8%;"></div>	71.5%	14.2%	<div style="width: 14.2%;"></div>
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.	2023	63.9%	<div style="width: 63.9%;"></div>	65.5%	14.8%	<div style="width: 14.8%;"></div>
	2024	66.6%	<div style="width: 66.6%;"></div>	67.9%	15.3%	<div style="width: 15.3%;"></div>

We champion flexible working

14e) I am satisfied with the opportunity for flexible working patterns.	2023	55.9%	<div style="width: 55.9%;"></div>	59.1%	24.1%	<div style="width: 24.1%;"></div>
	2024	60.4%	<div style="width: 60.4%;"></div>	63.8%	21.8%	<div style="width: 21.8%;"></div>
14f) My organisation is committed to helping me balance my work and home life.	2023	47.3%	<div style="width: 47.3%;"></div>	51.5%	25.0%	<div style="width: 25.0%;"></div>
	2024	52.9%	<div style="width: 52.9%;"></div>	56.0%	23.2%	<div style="width: 23.2%;"></div>
14g) I achieve a good balance between my work life and my home life.	2023	54.2%	<div style="width: 54.2%;"></div>	57.3%	25.5%	<div style="width: 25.5%;"></div>
	2024	56.4%	<div style="width: 56.4%;"></div>	59.7%	23.6%	<div style="width: 23.6%;"></div>
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.	2023	65.9%	<div style="width: 65.9%;"></div>	68.1%	14.8%	<div style="width: 14.8%;"></div>
	2024	68.8%	<div style="width: 68.8%;"></div>	71.0%	14.2%	<div style="width: 14.2%;"></div>

We nurture healthy working environments

02a) I have unrealistic time pressures.	2023	24.3%	<div style="width: 24.3%;"></div>	27.6%	35.8%	<div style="width: 35.8%;"></div>
	2024	25.4%	<div style="width: 25.4%;"></div>	28.9%	33.2%	<div style="width: 33.2%;"></div>
02b) I am able to meet all the conflicting demands on my time at work.	2023	47.1%	<div style="width: 47.1%;"></div>	51.2%	17.8%	<div style="width: 17.8%;"></div>
	2024	47.8%	<div style="width: 47.8%;"></div>	51.5%	17.4%	<div style="width: 17.4%;"></div>
02c) I have adequate supplies, materials and equipment to do my work.	2023	46.2%	<div style="width: 46.2%;"></div>	59.2%	22.3%	<div style="width: 22.3%;"></div>
	2024	45.3%	<div style="width: 45.3%;"></div>	58.1%	24.2%	<div style="width: 24.2%;"></div>
02d) There are enough staff at this organisation for me to do my job properly.	2023	28.0%	<div style="width: 28.0%;"></div>	31.3%	40.1%	<div style="width: 40.1%;"></div>
	2024	29.8%	<div style="width: 29.8%;"></div>	34.2%	38.0%	<div style="width: 38.0%;"></div>
09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public	2023	69.2%	<div style="width: 69.2%;"></div>	72.6%	29.2%	<div style="width: 29.2%;"></div>
	2024	71.8%	<div style="width: 71.8%;"></div>	75.9%	26.9%	<div style="width: 26.9%;"></div>
09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders	2023	78.3%	<div style="width: 78.3%;"></div>	79.4%	17.9%	<div style="width: 17.9%;"></div>
	2024	80.6%	<div style="width: 80.6%;"></div>	81.7%	16.4%	<div style="width: 16.4%;"></div>
09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues	2023	74.8%	<div style="width: 74.8%;"></div>	76.4%	22.1%	<div style="width: 22.1%;"></div>
	2024	76.3%	<div style="width: 76.3%;"></div>	78.0%	20.7%	<div style="width: 20.7%;"></div>
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users	2023	88.3%	<div style="width: 88.3%;"></div>	89.9%	11.0%	<div style="width: 11.0%;"></div>
	2024	88.4%	<div style="width: 88.4%;"></div>	90.7%	11.0%	<div style="width: 11.0%;"></div>







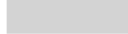




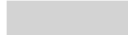


















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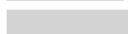




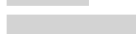
















10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues	2023	94.2%	<div style="width: 94.2%;"></div>	94.7%	4.9%	<div style="width: 4.9%;"></div>
	2024	94.5%	<div style="width: 94.5%;"></div>	95.5%	4.8%	<div style="width: 4.8%;"></div>
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?	2023	80.3%	<div style="width: 80.3%;"></div>	82.3%	19.0%	<div style="width: 19.0%;"></div>
	2024	69.7%	<div style="width: 69.7%;"></div>	73.2%	29.0%	<div style="width: 29.0%;"></div>
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?	2023	41.6%	<div style="width: 41.6%;"></div>	41.4%		
	2024	48.5%	<div style="width: 48.5%;"></div>	48.7%		
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public	2023	89.8%	<div style="width: 89.8%;"></div>	91.2%	9.9%	<div style="width: 9.9%;"></div>
	2024	90.6%	<div style="width: 90.6%;"></div>	92.4%	9.0%	<div style="width: 9.0%;"></div>
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders	2023	99.4%	<div style="width: 99.4%;"></div>	99.3%	0.2%	<div style="width: 0.2%;"></div>
	2024	99.1%	<div style="width: 99.1%;"></div>	99.2%	0.5%	<div style="width: 0.5%;"></div>
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues	2023	98.7%	<div style="width: 98.7%;"></div>	98.8%	0.9%	<div style="width: 0.9%;"></div>
	2024	98.8%	<div style="width: 98.8%;"></div>	99.0%	0.7%	<div style="width: 0.7%;"></div>
20a) How often, if at all, do you find your work emotionally exhausting?	2023	16.4%	<div style="width: 16.4%;"></div>	18.8%	44.7%	<div style="width: 44.7%;"></div>
	2024	19.0%	<div style="width: 19.0%;"></div>	21.0%	38.8%	<div style="width: 38.8%;"></div>
20b) How often, if at all, do you feel burnt out because of your work?	2023	23.9%	<div style="width: 23.9%;"></div>	26.0%	39.1%	<div style="width: 39.1%;"></div>
	2024	27.7%	<div style="width: 27.7%;"></div>	30.8%	34.0%	<div style="width: 34.0%;"></div>
20c) How often, if at all, does your work frustrate you?	2023	14.0%	<div style="width: 14.0%;"></div>	15.5%	47.5%	<div style="width: 47.5%;"></div>
	2024	20.1%	<div style="width: 20.1%;"></div>	20.3%	39.5%	<div style="width: 39.5%;"></div>
20d) How often, if at all, are you exhausted at the thought of another day/shift at work?	2023	28.9%	<div style="width: 28.9%;"></div>	31.9%	36.4%	<div style="width: 36.4%;"></div>
	2024	36.2%	<div style="width: 36.2%;"></div>	39.6%	28.9%	<div style="width: 28.9%;"></div>
20e) How often, if at all, do you feel worn out at the end of your working day/shift?	2023	14.9%	<div style="width: 14.9%;"></div>	17.6%	49.5%	<div style="width: 49.5%;"></div>
	2024	19.1%	<div style="width: 19.1%;"></div>	21.7%	42.9%	<div style="width: 42.9%;"></div>
20f) How often, if at all, do you feel that every working hour is tiring for you?	2023	47.3%	<div style="width: 47.3%;"></div>	48.3%	21.5%	<div style="width: 21.5%;"></div>
	2024	51.6%	<div style="width: 51.6%;"></div>	54.8%	19.8%	<div style="width: 19.8%;"></div>
20g) How often, if at all, do you not have enough energy for family and friends during leisure time?	2023	29.6%	<div style="width: 29.6%;"></div>	32.0%	31.6%	<div style="width: 31.6%;"></div>
	2024	28.5%	<div style="width: 28.5%;"></div>	30.2%	35.3%	<div style="width: 35.3%;"></div>
21a) My organisation takes positive action on health and wellbeing.	2023	44.0%	<div style="width: 44.0%;"></div>	46.6%	18.2%	<div style="width: 18.2%;"></div>
	2024	46.3%	<div style="width: 46.3%;"></div>	49.4%	20.1%	<div style="width: 20.1%;"></div>
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?	2023	39.9%	<div style="width: 39.9%;"></div>	38.9%	60.1%	<div style="width: 60.1%;"></div>
	2024	38.6%	<div style="width: 38.6%;"></div>	39.5%	61.4%	<div style="width: 61.4%;"></div>
21e) Have you felt pressure from your manager to come to work?	2023	79.4%	<div style="width: 79.4%;"></div>	79.0%	20.6%	<div style="width: 20.6%;"></div>
	2024	77.0%	<div style="width: 77.0%;"></div>	79.3%	23.0%	<div style="width: 23.0%;"></div>
We recognise everyone's contribution						
04e) My immediate manager (line manager) values my work.	2023	70.3%	<div style="width: 70.3%;"></div>	71.3%	12.1%	<div style="width: 12.1%;"></div>
	2024	72.0%	<div style="width: 72.0%;"></div>	73.0%	12.7%	<div style="width: 12.7%;"></div>
15a) I get recognition for good work.	2023	56.7%	<div style="width: 56.7%;"></div>	57.3%	21.0%	<div style="width: 21.0%;"></div>

15a) I get recognition for good work.	2024	55.6%	<div style="width: 55.6%; background-color: #4CAF50;"></div>	58.4%	21.8%	<div style="width: 21.8%; background-color: #E91E63;"></div>
15b) The organisation values my work.	2023	47.0%	<div style="width: 47.0%; background-color: #4CAF50;"></div>	47.9%	22.5%	<div style="width: 22.5%; background-color: #E91E63;"></div>
	2024	47.9%	<div style="width: 47.9%; background-color: #4CAF50;"></div>	49.6%	22.9%	<div style="width: 22.9%; background-color: #E91E63;"></div>
15e) The people I work with show appreciation to one another.	2023	71.2%	<div style="width: 71.2%; background-color: #4CAF50;"></div>	72.0%	10.2%	<div style="width: 10.2%; background-color: #E91E63;"></div>
	2024	68.9%	<div style="width: 68.9%; background-color: #4CAF50;"></div>	70.5%	11.9%	<div style="width: 11.9%; background-color: #E91E63;"></div>











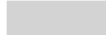















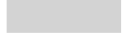



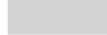
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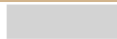



























Table 6: Number and percentage of responses to each question for Cardiff and Vale University Health Board. %s are rounded so may not add up to 100%.

Question and response	Total responses	%	
01a) The team I work in has a set of shared objectives.			
Strongly agree	1148	25%	
Agree	2322	50%	
Neither agree nor disagree	596	13%	
Disagree	343	7%	
Strongly disagree	209	5%	
01b) The team I work in often meets to discuss the team's effectiveness.			
Strongly agree	909	20%	
Agree	1891	41%	
Neither agree nor disagree	624	14%	
Disagree	775	17%	
Strongly disagree	423	9%	
01c) Team members trust each other.			
Strongly agree	1139	25%	
Agree	1902	41%	
Neither agree nor disagree	763	17%	
Disagree	548	12%	
Strongly disagree	269	6%	
01d) Team members understand each other's roles.			
Strongly agree	1095	24%	
Agree	2139	46%	
Neither agree nor disagree	609	13%	
Disagree	538	12%	
Strongly disagree	234	5%	
01e) Team members take time out to reflect and learn.			
Strongly agree	652	14%	
Agree	1724	37%	
Neither agree nor disagree	1082	23%	
Disagree	796	17%	
Strongly disagree	356	8%	
01f) Team members are able to communicate closely with each other to achieve the team's objectives.			
Strongly agree	1024	22%	
Agree	2084	45%	
Neither agree nor disagree	736	16%	
Disagree	515	11%	
Strongly disagree	253	5%	

Question and response	Total responses	%	
01g) I enjoy working with the colleagues in my team.			
Strongly agree	1758	38%	
Agree	1942	42%	
Neither agree nor disagree	557	12%	
Disagree	187	4%	
Strongly disagree	182	4%	
01h) I feel valued by my team.			
Strongly agree	655	28%	
Agree	875	38%	
Neither agree nor disagree	361	16%	
Disagree	236	10%	
Strongly disagree	182	8%	
01i) I feel able to ask other members of this team for help when I need it.			
Strongly agree	1783	39%	
Agree	1984	43%	
Neither agree nor disagree	425	9%	
Disagree	244	5%	
Strongly disagree	178	4%	
01j) I'd feel able to speak up in my team if I noticed poor or incorrect practice.			
Strongly agree	627	27%	
Agree	1050	46%	
Neither agree nor disagree	286	12%	
Disagree	190	8%	
Strongly disagree	150	6%	
01k) Team members work well with other teams.			
Strongly agree	1136	25%	
Agree	2112	46%	
Neither agree nor disagree	823	18%	
Disagree	328	7%	
Strongly disagree	222	5%	
02a) I have unrealistic time pressures.			
Always	241	10%	
Often	529	23%	
Sometimes	958	41%	
Rarely	452	20%	
Never	136	6%	
02b) I am able to meet all the conflicting demands on my time at work.			
Always	235	10%	
Often	870	38%	
Sometimes	803	35%	

Question and response	Total responses	%	
Rarely	325	14%	
Never	77	3%	
02c) I have adequate supplies, materials and equipment to do my work.			
Always	357	15%	
Often	690	30%	
Sometimes	705	31%	
Rarely	419	18%	
Never	140	6%	
02d) There are enough staff at this organisation for me to do my job properly.			
Always	196	8%	
Often	493	21%	
Sometimes	745	32%	
Rarely	547	24%	
Never	333	14%	
03a) How many hours a week are you contracted to work?			
30 or more hours	3831	83%	
I am a bank worker	24	1%	
Unknown	1	0%	
Up to 29 hours	738	16%	
03b) On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours? Please include paid overtime, bank shifts, and additional paid hours on-call.			
0 Hours	3544	77%	
11 or more hours	260	6%	
6-10 hours	254	6%	
Up to 5 hours	528	12%	
03c) On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours? Please include unpaid overtime and additional unpaid hours on-call.			
0 Hours	2103	46%	
11 or more hours	156	3%	
6-10 hours	411	9%	
Up to 5 hours	1942	42%	
04a) My immediate manager (line manager) encourages me at work.			
Strongly agree	734	32%	
Agree	892	39%	
Neither agree nor disagree	397	17%	
Disagree	169	7%	
Strongly disagree	121	5%	

Question and response	Total responses	%	
04b) My immediate manager (line manager) gives me clear feedback on my work.			
Strongly agree	1218	26%	
Agree	1714	37%	
Neither agree nor disagree	911	20%	
Disagree	504	11%	
Strongly disagree	269	6%	
04c) My immediate manager (line manager) asks for my opinion before making decisions that affect my work.			
Strongly agree	1129	24%	
Agree	1537	33%	
Neither agree nor disagree	879	19%	
Disagree	657	14%	
Strongly disagree	423	9%	
04d) My immediate manager (line manager) takes a positive interest in my health and well-being.			
Strongly agree	1613	35%	
Agree	1627	35%	
Neither agree nor disagree	714	15%	
Disagree	379	8%	
Strongly disagree	296	6%	
04e) My immediate manager (line manager) values my work.			
Strongly agree	771	33%	
Agree	893	39%	
Neither agree nor disagree	355	15%	
Disagree	162	7%	
Strongly disagree	131	6%	
04f) My immediate manager (line manager) works together with me to come to an understanding of problems.			
Strongly agree	700	30%	
Agree	874	38%	
Neither agree nor disagree	402	17%	
Disagree	196	8%	
Strongly disagree	138	6%	
04g) My immediate manager (line manager) is interested in listening to me when I describe challenges I face.			
Strongly agree	756	33%	
Agree	872	38%	
Neither agree nor disagree	351	15%	
Disagree	193	8%	
Strongly disagree	141	6%	
04h) My immediate manager (line manager) recognises the importance of staff emotional wellbeing.			
Strongly agree	1581	34%	

Question and response	Total responses	%	
Agree	1690	37%	
Neither agree nor disagree	691	15%	
Disagree	358	8%	
Strongly disagree	298	6%	
04i) My immediate manager (line manager) takes effective action to help me with any problems I face.			
Strongly agree	712	31%	
Agree	827	36%	
Neither agree nor disagree	420	18%	
Disagree	207	9%	
Strongly disagree	148	6%	
05a) Does your organisation act fairly with regard to career progression/promotion, regardless of age, disability, ethnic background, gender, gender identity, religion or sexual orientation?			
Don't know	1160	25%	
No	693	15%	
Prefer not to say	213	5%	
Yes	2545	55%	
05b) In the last 12 months have you sought a progression opportunity in your workplace?			
Don't know	190	4%	
No	2737	59%	
Prefer not to say	195	4%	
Yes	1493	32%	
05d) In the coming 12 months would you consider applying for a progression opportunity in your workplace?			
Don't know	905	20%	
No	1692	37%	
Prefer not to say	142	3%	
Yes	1883	41%	
06a) In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?			
No	3913	85%	
Prefer not to say	247	5%	
Yes	460	10%	
07a) In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?			
No	3819	86%	
Prefer not to say	323	7%	
Yes	324	7%	
08a) In the last 12 months have you personally experienced discrimination at work from other colleagues?			
No	3857	86%	

Question and response	Total responses	%
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Prefer not to say	308	7%
Yes	346	8%

09a) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Patients / service users, their relatives, or other members of the public

1-2	714	16%
3-5	287	6%
6-10	101	2%
More than 10	131	3%
Prefer not to say	59	1%
Never	3291	72%

09b) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Managers / Team leaders

1-2	436	10%
3-5	159	3%
6-10	74	2%
More than 10	81	2%
Prefer not to say	133	3%
Never	3679	81%

09c) In the last 12 months how many times have you personally experienced harassment or bullying at work from...? Other colleagues

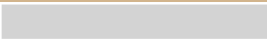



























1-2	579	13%
3-5	210	5%
6-10	75	2%
More than 10	74	2%
Prefer not to say	137	3%
Never	3457	76%

09d) The last time you experienced harassment or bullying at work, did you or a colleague report it?

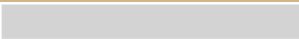





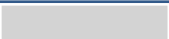

















Don't know	131	5%
No	1234	52%
Yes, a colleague reported it	161	7%
Yes, I reported it	863	36%







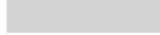



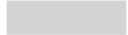
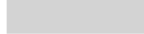














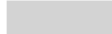




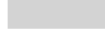
10a) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From patients / service users

1-2	344	7%
3-5	107	2%
6-10	25	1%
More than 10	29	1%
Prefer not to say	30	1%

































Question and response	Total responses	%	
Never	4074	88%	
10b) In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault. From staff / colleagues			
1-2	153	3%	
3-5	37	1%	
6-10	9	0%	
More than 10	20	0%	
Prefer not to say	35	1%	
Never	4347	94%	
11a) In the last 12 months how many times have you personally experienced abuse at work from patients / service users, their relatives, or other members of the public?			
1-2	750	16%	
3-5	310	7%	
6-10	102	2%	
More than 10	174	4%	
Prefer not to say	60	1%	
Never	3212	70%	
11b) The last time you experienced abuse at work (work from patients / service users, their relatives, or other members of the public) did you or a colleague report it?			
Don't know	57	4%	
No	645	48%	
Yes, a colleague reported it	94	7%	
Yes, I reported it	535	40%	
12a) In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives, or other members of the public			
1-2	254	5%	
3-5	79	2%	
6-10	45	1%	
More than 10	37	1%	
Prefer not to say	21	0%	
Never	4186	91%	
12b) In the last 12 months how many times have you personally experienced physical violence at work from...? Managers / Team leaders			
1-2	12	0%	
3-5	6	0%	
6-10	3	0%	
More than 10	3	0%	
Prefer not to say	17	0%	


Reported by
Rebecca Nikki
11/02/2025 08:23:30

Question and response	Total responses	%	
Never	4550	99%	
12c) In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues			
1-2	15	0%	
3-5	11	0%	
6-10	3	0%	
More than 10	4	0%	
Prefer not to say	20	0%	
Never	4533	99%	
12d) The last time you experienced physical violence at work, did you or a colleague report it?			
Don't know	15	3%	
No	129	30%	
Yes, a colleague reported it	45	10%	
Yes, I reported it	247	57%	
13a) In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?			
No	2338	55%	
Prefer not to say	250	6%	
Unknown	1	0%	
Yes	1694	40%	
13b) My organisation treats staff who are involved in an error, near miss or incident, fairly.			
Strongly agree	561	14%	
Agree	1519	38%	
Neither agree nor disagree	1322	33%	
Disagree	405	10%	
Strongly disagree	180	5%	
13c) My organisation encourages us to report errors, near misses or incidents.			
Strongly agree	1143	27%	
Agree	2020	48%	
Neither agree nor disagree	610	15%	
Disagree	257	6%	
Strongly disagree	146	3%	
13d) When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.			
Strongly agree	739	18%	
Agree	1593	39%	
Neither agree nor disagree	1136	28%	
Disagree	426	10%	
Strongly disagree	206	5%	





Question and response	Total responses	%	
13e) We are given feedback about changes made in response to reported errors, near misses and incidents.			
Strongly agree	591	14%	
Agree	1321	32%	
Neither agree nor disagree	1127	28%	
Disagree	716	18%	
Strongly disagree	326	8%	
14a) I always know what my work responsibilities are.			
Strongly agree	689	30%	
Agree	1226	53%	
Neither agree nor disagree	199	9%	
Disagree	145	6%	
Strongly disagree	55	2%	
14b) I am trusted to do my job.			
Strongly agree	1826	39%	
Agree	2197	48%	
Neither agree nor disagree	330	7%	
Disagree	168	4%	
Strongly disagree	102	2%	
14c) There are frequent opportunities for me to show initiative in my role.			
Strongly agree	1353	29%	
Agree	1934	42%	
Neither agree nor disagree	726	16%	
Disagree	410	9%	
Strongly disagree	190	4%	
14d) I have a choice in deciding how to do my work.			
Strongly agree	585	25%	
Agree	1032	45%	
Neither agree nor disagree	368	16%	
Disagree	224	10%	
Strongly disagree	103	4%	
14e) I am satisfied with the opportunity for flexible working patterns.			
Strongly agree	1142	25%	
Agree	1652	36%	
Neither agree nor disagree	823	18%	
Disagree	563	12%	
Strongly disagree	444	10%	
14f) My organisation is committed to helping me balance my work and home life.			
Strongly agree	876	19%	
Agree	1568	34%	

Question and response	Total responses	%	
Neither agree nor disagree	1107	24%	
Disagree	628	14%	
Strongly disagree	444	10%	
14g) I achieve a good balance between my work life and my home life.			
Strongly agree	828	18%	
Agree	1779	38%	
Neither agree nor disagree	926	20%	
Disagree	687	15%	
Strongly disagree	405	9%	
14h) I can approach my immediate manager (line manager) to talk openly about flexible working.			
Strongly agree	1356	29%	
Agree	1820	39%	
Neither agree nor disagree	786	17%	
Disagree	350	8%	
Strongly disagree	306	7%	
14i) I would feel secure raising concerns about unsafe clinical practice.			
Strongly agree	1302	28%	
Agree	2123	46%	
Neither agree nor disagree	669	14%	
Disagree	308	7%	
Strongly disagree	214	5%	
14j) I would feel secure raising concerns about unethical behaviour.			
Strongly agree	1273	28%	
Agree	2147	47%	
Neither agree nor disagree	594	13%	
Disagree	352	8%	
Strongly disagree	236	5%	
14k) I am confident my organisation would address my concern.			
Strongly agree	758	16%	
Agree	1646	36%	
Neither agree nor disagree	1180	26%	
Disagree	617	13%	
Strongly disagree	408	9%	
14l) I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas)			
Strongly agree	696	15%	
Agree	2295	50%	
Neither agree nor disagree	1050	23%	
Disagree	396	9%	






Question and response	Total responses	%	
Strongly disagree	193	4%	
15a) I get recognition for good work.			
Strongly agree	628	14%	
Agree	1943	42%	
Neither agree nor disagree	1041	23%	
Disagree	685	15%	
Strongly disagree	323	7%	
15b) The organisation values my work.			
Strongly agree	526	11%	
Agree	1685	37%	
Neither agree nor disagree	1348	29%	
Disagree	704	15%	
Strongly disagree	352	8%	
15c) The people I work with are understanding and kind to one another.			
Strongly agree	1095	24%	
Agree	2245	49%	
Neither agree nor disagree	770	17%	
Disagree	336	7%	
Strongly disagree	166	4%	
15d) The people I work with are polite and treat each other with respect.			
Strongly agree	1079	23%	
Agree	2246	49%	
Neither agree nor disagree	787	17%	
Disagree	340	7%	
Strongly disagree	158	3%	
15e) The people I work with show appreciation to one another.			
Strongly agree	1009	22%	
Agree	2151	47%	
Neither agree nor disagree	881	19%	
Disagree	380	8%	
Strongly disagree	165	4%	
15f) Relationships at work are strained.			
Strongly agree	426	9%	
Agree	966	21%	
Neither agree nor disagree	1212	26%	
Disagree	1393	30%	
Strongly disagree	616	13%	
16a) People here are compassionate towards colleagues when they face problems.			
Strongly agree	1023	22%	

Question and response	Total responses	%	
Agree	2416	52%	
Neither agree nor disagree	747	16%	
Disagree	316	7%	
Strongly disagree	120	3%	

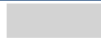




16b) People here give good support to colleagues who are distressed.

Strongly agree	1132	25%	
Agree	2356	51%	
Neither agree nor disagree	700	15%	
Disagree	297	6%	
Strongly disagree	127	3%	






16c) People here are compassionate in the way they behave towards patients/ service users.

Strongly agree	1388	30%	
Agree	2464	54%	
Neither agree nor disagree	558	12%	
Disagree	121	3%	
Strongly disagree	65	1%	






16d) People here take effective action to help patients/service users in distress.

Strongly agree	1451	32%	
Agree	2385	52%	
Neither agree nor disagree	587	13%	
Disagree	106	2%	
Strongly disagree	59	1%	




17a) Care of patients / service users is my organisation's top priority.

Strongly agree	1173	25%	
Agree	2170	47%	
Neither agree nor disagree	777	17%	
Disagree	389	8%	
Strongly disagree	116	3%	

17b) My organisation acts on concerns raised by patients / service users.

Strongly agree	916	20%	
Agree	2234	48%	
Neither agree nor disagree	1093	24%	
Disagree	275	6%	
Strongly disagree	96	2%	

17c) If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.

Strongly agree	728	16%	
Agree	2094	45%	
Neither agree nor disagree	1077	23%	

Question and response	Total responses	%
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Disagree	526	11%
Strongly disagree	189	4%

17d) I feel safe to speak up about anything that concerns me in this organisation.

Strongly agree	367	16%
Agree	1017	44%
Neither agree nor disagree	484	21%
Disagree	294	13%
Strongly disagree	145	6%

17e) If I spoke up about something that concerned me, I am confident my organisation would address my concern.

Strongly agree	526	11%
Agree	1526	33%
Neither agree nor disagree	1389	30%
Disagree	771	17%
Strongly disagree	407	9%

18a) This organisation offers me challenging work.

Strongly agree	993	22%
Agree	2339	51%
Neither agree nor disagree	911	20%
Disagree	267	6%
Strongly disagree	95	2%

18b) There are opportunities for me to develop my career in this organisation.

Strongly agree	629	14%
Agree	1767	38%
Neither agree nor disagree	1074	23%
Disagree	740	16%
Strongly disagree	398	9%




















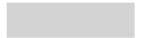




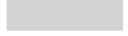





18c) I have opportunities to improve my knowledge and skills.

Strongly agree	817	18%
Agree	2241	49%
Neither agree nor disagree	763	17%
Disagree	525	11%
Strongly disagree	254	6%

18d) I feel supported to develop my potential.

Strongly agree	706	15%
Agree	1791	39%
Neither agree nor disagree	1054	23%
Disagree	668	15%
Strongly disagree	375	8%

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Question and response	Total responses	%	
18e) I am able to access the right learning and development opportunities when I need to.			
Strongly agree	612	13%	
Agree	1820	40%	
Neither agree nor disagree	1155	25%	
Disagree	672	15%	
Strongly disagree	348	8%	
19a) In the last 12 months, have you had an appraisal, PADR, annual review or development review?			
Can't Remember	149	3%	
No	696	15%	
Yes	3775	82%	
19b) If yes, to what extent do you agree with the following statements? It helped me to improve how I do my job.			
No	1339	36%	
Yes, definitely	674	18%	
Yes, to some extent	1753	47%	
19c) It helped me agree clear objectives for my work.			
No	890	24%	
Yes, definitely	1040	28%	
Yes, to some extent	1835	49%	
19d) It left me feeling that my work is valued by my organisation.			
No	1024	27%	
Yes, definitely	1078	29%	
Yes, to some extent	1659	44%	
20a) How often, if at all, do you find your work emotionally exhausting?			
Always	417	9%	
Often	1372	30%	
Sometimes	1947	42%	
Rarely	649	14%	
Never	230	5%	
20b) How often, if at all, do you feel burnt out because of your work?			
Always	429	9%	
Often	1140	25%	
Sometimes	1768	38%	
Rarely	935	20%	
Never	341	7%	
20c) How often, if at all, does your work frustrate you?			
Always	430	9%	
Often	1386	30%	
Sometimes	1858	40%	

Question and response	Total responses	%
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Rarely	656	14%
Never	269	6%

20d) How often, if at all, are you exhausted at the thought of another day/shift at work?

Always	434	9%
Often	898	19%
Sometimes	1605	35%
Rarely	1140	25%
Never	529	11%

20e) How often, if at all, do you feel worn out at the end of your working day/shift?

Always	626	14%
Often	1350	29%
Sometimes	1750	38%
Rarely	651	14%
Never	228	5%

20f) How often, if at all, do you feel that every working hour is tiring for you?

Unknown	1	0%
Always	304	7%
Often	605	13%
Sometimes	1313	29%
Rarely	1562	34%
Never	807	18%

20g) How often, if at all, do you not have enough energy for family and friends during leisure time?



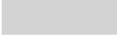

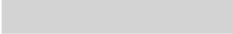











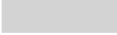
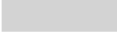




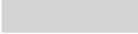




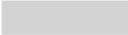



Always	443	10%
Often	1182	26%
Sometimes	1667	36%
Rarely	939	20%
Never	376	8%

21a) My organisation takes positive action on health and wellbeing.

Strongly agree	341	7%
Agree	1785	39%
Neither agree nor disagree	1546	34%
Disagree	662	14%
Strongly disagree	262	6%






21b) In the last 12 months, have you experienced musculoskeletal problems (MSK) as a result of work activities?

No	3348	73%
Yes	1245	27%

Question and response	Total responses	%	
21c) During the last 12 months have you felt unwell as a result of work-related stress?			
No	2729	59%	
Yes	1872	41%	
21d) In the last three months have you ever come to work despite not feeling well enough to perform your duties?			
No	1785	39%	
Yes	2834	61%	
21e) Have you felt pressure from your manager to come to work?			
No	2179	77%	
Yes	651	23%	
22a) I look forward to going to work.			
Always	569	12%	
Often	1678	36%	
Sometimes	1620	35%	
Rarely	527	11%	
Never	220	5%	
22b) I am enthusiastic about my job.			
Always	1139	25%	
Often	1844	40%	
Sometimes	1206	26%	
Rarely	314	7%	
Never	105	2%	
22c) I am happy to go the extra mile at work when required.			
Always	1785	39%	
Often	1781	39%	
Sometimes	805	18%	
Rarely	121	3%	
Never	94	2%	
23a) I am able to make improvements in my area of work.			
Strongly agree	567	12%	
Agree	2142	46%	
Neither agree nor disagree	1117	24%	
Disagree	545	12%	
Strongly disagree	246	5%	
23b) I would recommend my organisation as a place to work.			
Strongly agree	594	13%	
Agree	1960	42%	
Neither agree nor disagree	1234	27%	
Disagree	518	11%	
Strongly disagree	306	7%	

Question and response	Total responses	%
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23c) I am proud to tell people I work for my organisation.

Strongly agree	899	20%	
Agree	2063	45%	
Neither agree nor disagree	1098	24%	
Disagree	356	8%	
Strongly disagree	186	4%	





23d) I am involved in deciding on changes introduced that affect my work/area/team/department.

Strongly agree	183	12%	
Agree	544	35%	
Neither agree nor disagree	374	24%	
Disagree	262	17%	
Strongly disagree	174	11%	






24a) I am satisfied in my current role and intend to remain in it for the foreseeable future.

Strongly agree	814	18%	
Agree	1791	39%	
Neither agree nor disagree	1094	24%	
Disagree	560	12%	
Strongly disagree	346	8%	

24b) I often think about leaving this organisation.

Strongly agree	425	9%	
Agree	954	21%	
Neither agree nor disagree	1104	24%	
Disagree	1305	28%	
Strongly disagree	800	17%	

24c) I will probably look for a job at a new organisation in the next 12 months.

Strongly agree	372	8%	
Agree	593	13%	
Neither agree nor disagree	1105	24%	
Disagree	1419	31%	
Strongly disagree	1107	24%	

24d) As soon as I can find another job, I will leave this organisation.

Strongly agree	315	7%	
Agree	385	8%	
Neither agree nor disagree	986	22%	
Disagree	1377	30%	
Strongly disagree	1523	33%	
























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5. Equality, diversity and inclusion (EDI) information on respondents

This section of the report provides demographic information on people employed at Cardiff and Vale University Health Board that completed a survey in 2024. This includes a breakdown of the number and percentage of people who completed a survey in 2024 by the following characteristics:

- Age
- Gender
- Gender reassignment
- Sexual orientation
- Ethnicity
- Religion
- Disability
- Neurodiversity

Table 7: Number and percentage of responses to survey questions related to equality, diversity and inclusion (EDI) characteristics, for people employed at Cardiff and Vale University Health Board that completed a survey in 2024

Question and response	Total responses	%	
25) What best describes your gender?	4593		
Female	3238	70%	
Male	1002	22%	
Non-binary	13	0%	
Prefer not to say	305	7%	
Prefer to self describe (please specify)	35	1%	
26) Is this the same as the sex you were assigned at birth?	4576		
No	23	1%	
Prefer not to say	266	6%	
Yes	4287	94%	
27) Which of the following terms best describes your sexual orientation?	4568		
Asexual	50	1%	
Bisexual	159	3%	
Gay or lesbian	137	3%	
Heterosexual or Straight	3688	81%	
Prefer not to say	474	10%	
Prefer to self-describe (please specify)	60	1%	
28) Age	4615		
16-20	18	0%	
21-30	702	15%	
31-40	1028	22%	
41-50	1096	24%	
51-65	1338	29%	
66+	52	1%	
Prefer not to say	381	8%	
29) Which race or ethnicity best describes you?	4599		
Another race or ethnicity – please identify	46	1%	
Arabic	14	0%	

Question and response	Total responses	%
Asian / British Asian: Banglad	<10	<10
Asian / British Asian: Bangladeshi	13	0%
Asian / British Asian: Chinese	14	0%
Asian / British Asian: Indian	161	4%
Asian / British Asian: Other	49	1%
Asian / British Asian: Pakistani	16	0%
Black / British Black: African	44	1%
Black / British Black: Caribbean	12	0%
Black / British Black: Other	<10	<10
Mixed Race: Asian & White	19	0%
Mixed Race: Black & Asian	<10	<10
Mixed Race: Black & White	26	1%
Mixed Race: Other	129	3%
Prefer not to say	428	9%
Traveller: Gypsy or Roma	<10	<10
Traveller: Irish	<10	<10
White: British (British / Engl	20	0%
White: British (British / English / Northern Irish / Scottish / Welsh)	3234	70%
White: European	308	7%
White: Irish	53	1%

30) What do you consider your religion to be? 4558

Buddhist	22	0%
Christian	1756	39%
Hindu	57	1%
Jewish	16	0%
Muslim	62	1%
No religion	1990	44%
Prefer not to say	557	12%
Prefer to self-describe (please specify)	93	2%
Sikh	<10	<10

31) Do you have an impairment that can affect day-to-day activities, this can be either a physical or hidden disability? 4612

No	3427	74%
Prefer not to say	434	9%
Yes	751	16%

33) Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia) 4562

No	3644	80%
Prefer not to say	393	9%
Yes	525	12%

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Appendix 3 - We nurture Healthy Working Environments - Negative Experiences 2023 and 2024

Question (Patients, service users, their relatives, members of the public)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced abuse at work from patients/service users, their relatives, or other members of the public?	80,25 %	10,79 %	4,34 %	1,15 %	2,68 %	0,79 %
Number of people - 2023	2939	395	158	42	98	29
Percentage - 2024	70 %	16 %	7 %	2 %	4 %	1 %
Number of people - 2024	3212	750	310	102	174	60
In the last 12 months how many times have you personally experienced harassment or bullying at work from patients/service users, their relatives, or other members of the public?	69,16 %	16,63 %	6,66 %	2,05 %	3,82 %	1,67 %
Number of people - 2023	2533	608	243	75	140	61
Percentage - 2024	72 %	16 %	6 %	2 %	3 %	1 %
Number of people - 2024	3291	714	287	101	131	59
In the last 12 months how many times have you personally experienced physical violence at work from patients/service users, their relatives, or other members of the public?	89,79 %	6,01 %	2,13 %	0,55 %	1,17 %	0,35 %
Number of people - 2023	3288	220	78	20	43	13
Percentage - 2024	91 %	5 %	2 %	1 %	1 %	0 %
Number of people - 2024	4186	254	79	45	37	21
In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from a patient or service user?	88,26 %	7,07 %	2,46 %	0,63 %	0,87 %	0,71 %
Number of people - 2023	3232	258	90	23	32	26
Percentage - 2024	88 %	7 %	2 %	1 %	1 %	1 %
Number of people - 2024	4074	344	107	25	29	30
Question (Colleagues / Manager)	Never	1-2	3-5	6-10	More than 10	Prefer not to say
In the last 12 months how many times have you personally experienced harassment or bullying at work from managers or team leaders?	78,35 %	10,68 %	3,99 %	1,39 %	1,88 %	3,71 %

Report: Nikki
11/03/2025 08:23:42

Number of people - 2023	2869	391	146	50	68	135
Percentage - 2024	81 %	10 %	3 %	2 %	2 %	3 %
Number of people - 2024	3679	436	159	74	81	133
In the last 12 months how many times have you personally experienced harassment or bullying at work from colleagues?	74,82 %	14,77 %	4,29 %	1,28 %	1,77 %	3,06 %
Number of people	2740	540	157	46	64	112
Percentage - 2024	76 %	13 %	5 %	2 %	2 %	3 %
Number of people - 2024	3457	579	210	75	74	137
In the last 12 months how many times have you personally experienced physical violence at work from managers or team leaders?	99,40 %	0,22 %	0	0	0,03 %	0,35 %
Number of people	3640	8	0	0	2	13
Percentage - 2024	99 %	0 %	0 %	0 %	0 %	0 %
Number of people - 2024	4550	12	6	3	3	17
In the last 12 months how many times have you personally experienced physical violence at work from colleagues?	98,72 %	0,68 %	0,16 %	0,03 %	0,03 %	0,38 %
Number of people	3615	24	6	2	2	13
Percentage - 2024	99 %	0 %	0 %	0 %	0 %	0 %
Number of people - 2024	4533	15	11	3	4	20
In the last 12 months how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? This may include offensive or inappropriate sexualised conversation (including jokes), touching or assault from colleague?	94,23 %	3,83 %	0,68 %	0,08 %	0,36 %	0,85 %
Number of people	3450	140	24	2	13	31
Percentage - 2024	94 %	3 %	1 %	0 %	0 %	1 %
Number of people - 2024	4347	153	37	9	20	35

* Please note the percentage figures for 2024 have been rounded up

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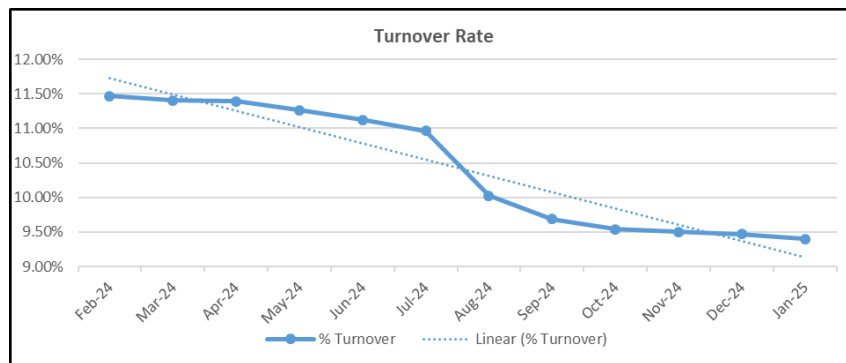
Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.4
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11/03/25
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture				

Main Report

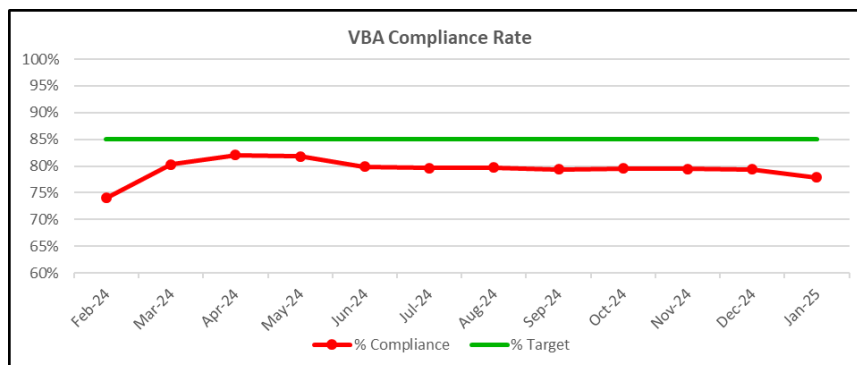
Background and current situation:

Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators (KPIs) as at January 2025. Highlights to bring to the Committee's attention include:

- **Turnover** continues to reduce; the rate for Jan-25 was 9.40%. This represents a reduction in 12 months of over 2%. The rate at Jan-25 is the lowest since June 2020, when the turnover rate was 9.13%.

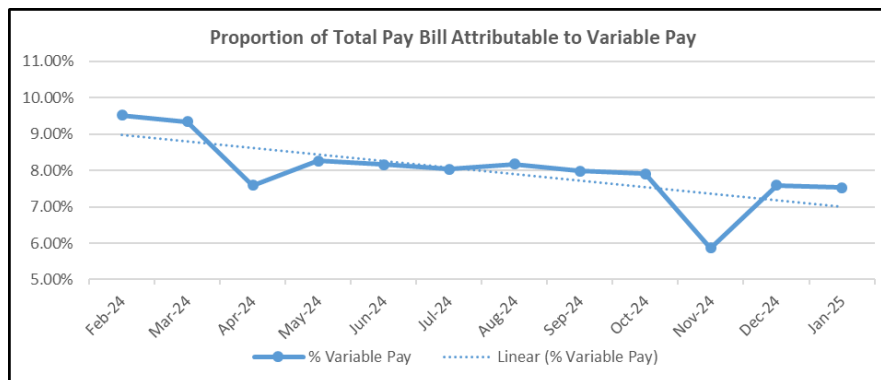


- **Values-Based Appraisal** compliance rates have plateaued over the past 6 months, maintaining a level at just below 80% compliance.



Regan, Nikki
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- The Health Board has implemented robust controls to reduce our over reliance on temporary pay, including agency, overtime and bank. The percentage of **Variable pay** continues to fall. At Feb-24 the percentage was 9.52% of the total spend on pay, by Jan-24 it improved by almost 2% to 7.53%.



January update:

Workforce Planning

- During January 2025, Clinical Boards and Heads of Departments submitted the first drafts of their education commissioning requirements and workforce planning narrative. There has been improved engagement across the Health Board as part of this process in comparison to previous years. Further meetings will be scheduled during February and March to refine these submissions, prior to final submission in March 2025.
- Five managers from Mental Health Clinical Board have commenced the Skills for Health/HEIW Operational Workforce Planning training.
- Baseline assessment has commenced of the progress of implementation of the Strategic Mental Health Workforce Plan.

Widening Access

- A widening access workshop was delivered to targeted care-experience who often face significant barriers to employment. To date we have had 3 young people in placements which last for 3-6 months. One of these placements was in cyber security and it gave the individual the necessary experience to cement her career choice, leading to studying a Masters in Cyber Security.
- Discussions and visits to HM Parc Prison have led to three individuals, either recently released or nearing release, securing a three-month paid trial within the UHB's Catering Division. This placement, fully funded by Aramark, the prison's catering provider, offers the potential for permanent employment upon successful completion.

Education

- CAV Centre of Excellence for Education and associated academies was launched at Ask Suzanne on 10th January.
- It is now 6 months since the launch of new UHB Nurse and ODP programme and a progress review is underway. Further expansion of programme by 4 cohorts is now required to meet operational need. 233 nurses and ODPs have started the programme across 9 cohorts to date.
- 150 nurses and ODPs have now accessed restorative clinical supervision with feedback from participants being overwhelmingly positive.

Equity, Inclusion and Welsh Language

- Following last year's WRES report, a task and finish group was established to boost representation and remove progression barriers for colleagues from ethnically diverse backgrounds. On 5th February 2025, the Health Board met with the Welsh Government to review progress and explore further collaboration.

Organisational Development and Culture

- The UHB received the NHS Wales Staff Survey 2024 results on 3rd February 2025. High level analysis has commenced with over-arching results shared with the Executive Team. An engagement and communication plan developed has been developed for the dissemination of results.
- The OD and Culture Team are working closely with People Services to develop a programme of work to support managers and leaders in managing attendance at work
- The OD and Culture Team continue to support a number of leadership teams with both leadership development and cultural analysis, this includes PCIC SMT; HMP Cardiff; Paeds Endocrinology; Safeguarding; Outpatients.

Suspensions

The UHB currently has 5 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct.

- 1 member of staff has been excluded from work for 4 years. This is due to external proceedings and the investigation being put on hold due to concerns raised under the Formal Respect and Resolution Policy. The investigation has now recommenced and is being managed via the UPSW procedure. It is anticipated that the investigation is close to conclusion.
- Of the 4 remaining, 2 have been suspended for 4 months and 2 for 2 months. All are due to a Criminal Investigation. 1 case is still under Criminal Investigation, the remaining 3 have concluded and an internal investigation is being undertaken in line with the All Wales Disciplinary Policy and Procedure.

All cases are reviewed monthly to ensure suspension/exclusion is the appropriate course of action.

Health, Safety and Fire Update January 2024

- **Serious Incident Rate** - Ongoing RIDDOR performance is still well under what was reported for the last financial year. Six incidents reported since the last IPR submission taking the total to 65 financial YTD, maintaining this performance will result in ~70 for the year as opposed to 96 that were reported last year.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Total
CEF	1	2	3	0	1	1	1	1	4	2	0	16
Children & Women's Services	0	1	0	2	0	1	0	0	0	1	1	6
Medicine Services	0	1	0	0	1	2	1	1	0	2	2	10
Specialist Services	0	1	1	2	2	0	3	0	0	2	1	12
Surgical Services	1	0	0	0	1	1	0	1	0	1	2	7
Mental Health Services	1	1	1	0	0	3	1	1	0	0	1	9
Wales Genomics Service	0	0	1	0	0	0	0	0	0	0	0	1
CD&T	0	0	0	0	0	2	0	0	1	0	0	3
Executive	0	0	0	0	0	0	0	1	0	0	0	1
Total	3	6	6	4	5	10	6	5	5	8	7	65

- **UHB Training Compliance** There has been a slight decrease in training compliance from the starting point of the financial year in 2 elements, this is largely attributable to clinical pressures resulting in staff withdrawal.

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	Apr-24	Jan-25	Change
Manual Handling - E Learning	89.56%	89.33%	-0.23%
Manual Handling Objects Classroom	69.11%	74.71%	5.60%
Manual Handling Patients	60.65%	61.07%	0.42%
V & A Module A	87.76%	88.53%	0.77%
V & A Module B	76.10%	78.62%	2.52%
V & A Module C	44.38%	45.02%	0.64%
V & A Module C+- Control	31.82%	34.84%	3.02%
V & A Module D	54.86%	62.61%	7.75%
Fire Safety	72.82%	70.98%	-1.84%
Health, Safety & Welfare	87.04%	87.63%	0.59%

- **Case Management** - There have been six custodial sentences this FYTD.
- **Fire** - One further fire incident during the reporting period involving a bin outside UHW Concourse this takes the number FYTD to 7. Cause of fire is unknown but is likely to be a discarded cigarette. The fire was extinguished by a member of the public using a bottle of water. Incident deemed safe by fire safety advisor and SWFRS were stood down..

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

Our approach

The Integrated Performance Report provides the Committee with high level assurance on key workforce performance indicators. In addition, the Committee will receive updates from each of the Clinical/Service Boards in relation to:

- Workforce Sustainability
- Cultural Hotspots
- KPIs, e.g. sickness, turnover, VBA, job planning, etc
- Embedding the People and Culture Plan – what are the priorities for the Clinical Board





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	
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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:

Regan, Nikki
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C&V Priorities and Annual Plan Commitments

[Return to Section Menu](#)




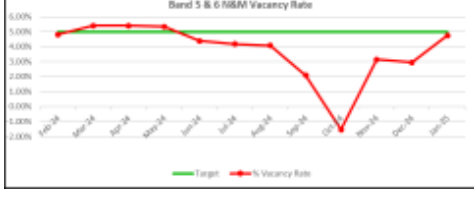


Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Feb-24; the rates have fallen from 11.47% at Feb-24 to 9.40% in Jan-25 UHB wide. This is a net 2.07% decrease, which represents 305 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation - Work Life Balance' and 'Voluntary Resignation – Promotion'.</p>	January 2025	
Sickness Absence	<p>The monthly sickness rate for Jan-25 was 6.38%. The 12-month cumulative rate has settled over the past year, and is 6.32% at Jan-25 (an increase of 0.09% by comparison with the rate at Jan-24).</p>	January 2025	
Statutory and Mandatory Training	<p>The overall compliance rates rose marginally for Jan-25 to 81.87%, 3.13% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; Children & Women's and PCIC are above 80% compliance.</p> <p>The compliance with Fire training has risen to 70.98% for Dec-24. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	January 2025	
Values Based Appraisal	<p>VBA compliance has fallen for Jan-25 to 77.88%. None of the Clinical Boards are presently above the 85% target rate; All-Wales Genomics Services, Capital, Estates & Facilities and Clinical Diagnostics & Therapeutics are above 80%.</p>	January 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases has now exceeded the UHB Target, although the numbers have fallen since Dec-24. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	January 2025	

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system, however only 44.87% have an agreed job plan that has been signed off within the past 12 months. A further 19.35% have an agreed job plan that was last reviewed and signed off before Feb-24.	January 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal rose to 84.69% for Jan-25, slightly below the 85% target.	January 2025	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 322 WTE, to 15,435.94 WTE at Jan-25. This is the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has remained steady during the past 12 months.	January 2025	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jan-24 the percentage was 9.55% of the total spend on pay, but in Dec-24 had fallen to 7.60%. It must however be borne in mind that the total pay bill is increasing. At the time of production the pay spend data for Jan-25 was not available.	December 2024	
Staff Winter Vaccination Programme	The winter vaccination programme for 2024-25 commenced in Oct-24. By the end of Jan-25 35.22% of staff have received the flu vaccine, and 28.06% of staff have received the COVID-19 vaccine.	January 2025	
Agency Spend as % of Total Pay Bill	The overall trend in the proportion of the total pay bill attributed to Agency continues to fall. At Jan-24 the percentage was 1.16% of the total spend on pay, but in Dec-24 had fallen to 0.41%. It must however be borne in mind that the total pay bill is increasing. At the time of production the pay spend data for Jan-25 was not available.	December 2024	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 59.3 days. The figure for Cardiff & Vale uHB for Dec-24 was 74.5 days, and over the past 12 months the trend is broadly downwards.	December 2024	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.0 days. The figure for Cardiff & Vale uHB for Oct-24 was 6.8 days.	December 2024	
Exit Questionnaire Completion	The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. At Nov-24 the return rate was 25%.	November 2024	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Jan-25 the rate was 4.76%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	January 2025	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Jan-25 34.00% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	January 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 47% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Jan-25 6.11% of staff have identified their Welsh Skills as between level 2 and level 5.	January 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend					
					Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25
36.	Percentage of sickness absence rate of staff	January 2025	6%	6.38%	6.03%	6.17%	6.77%	6.61%	7.24%	6.38%
37.	Staff turnover	January 2025	7%-9%	9.40%	10.03%	9.68%	9.54%	9.50%	9.47%	9.40%
38.	Agency spend as a percentage of the total pay bill. At the time of production the pay spend data for Jan-25 was not available.	December 2024	12 month reduction trend	0.41%	0.82%	0.89%	0.57%	0.45%	0.38%	0.41%
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	January 2025	85%	78.28%	79.78%	79.37%	79.44%	79.40%	79.30%	78.28%

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Report Title:	Health & Safety Update			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11/03/2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report

Background and current situation:

South Wales Fire and Rescue Service Change of Response to Automatic Fire Alarm (AFA) Actuations

Background

South Wales Fire and Rescue service are changing their approach to responding to automatic fire signals (AFA's). The driver for this is the extremely high number of false alarms that they attend each year; in 2023/2024 they attended 5,983 actuations where there was no fire, this accounted for 31.5% of total incidents attended.

From 7th April 2025 they will only attend sites on a confirmed fire and whilst the UHB supports the need for a reduction in unwanted fire signals, given the nature of the service that some facilities support, it is felt that this approach will leave the UHB with some intolerable risks.

Current Situation

In view of this, 7 business case submissions made to date and 4 have been approved in principle by SWFRS, once fully if accepted in full, there will be no change to the current arrangements for these premises.

Further information is required for one submission and we are awaiting a reply for the other two.

Health & Safety Culture Plan

Background

One of the findings from the NWSSP Audit on the Health and Safety Culture Plan was to ensure that the People & Culture Committee had oversight of the plan progress. It was developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's health and safety aims and objectives. It was established from the findings of the independent external review conducted in 2021 and a full department workshop.

Current Situation

A significant amount of work has been undertaken since the inception of the plan and as a result many improved and new processes exist within the UHB. It was designed to be stretching and the department are 67% complete against the actions.

The department undertook a workshop at the end of November which included formulating plans for the next three to five-year improvement stage. Any actions not completed next year will be reviewed for adequacy and taken forward.

Tracker sets							
Title	Total Group	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Specific actions Not Started	7	0	2	2	0	1	2
Specific actions In Progress	30	5	3	3	8	1	10

Specific actions Completed	75	25	16	7	5	5	17
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Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

Assurance
 The plan commits the Health Board to continually improve the health and safety of its staff and other persons affected by its activities and will evidence a step change in health and safety culture at CAVUHB. Assurance is provided by demonstrating progress through the 2022 Health and Safety Culture Plan and progress continues to be monitored at the People and Culture Committee.

Assurance is also provided with the on-going efforts to meet the requirements of enforcement action and CAVUHB’s statutory and mandatory fire safety obligations.

Recommendation:

The Committee is requested to:

- a) Note the findings of the plan and the objectives identified to improve health and safety.
- b) Note the continuing work in relation to fire safety.

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	X	Long term	X	Integration		Collaboration		Involvement	
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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
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Impact Assessment:
 Please state yes or no for each category. If yes please provide further details.

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	
<i>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)</i>	
Workforce: No	
<i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>	
Legal: No	
<i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i>	
Reputational: No	
<i>Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>	
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	
<i>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.</i>	
<i>(If this has been addressed in the main body of the report, please confirm)</i>	
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)	
<i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</i>	
<i>(If this has been addressed in the main body of the report, please confirm)</i>	
Decarbonisation: Yes/No	
<i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:</i>	
<ul style="list-style-type: none"> • 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. 	
<i>Does the subject matter of your paper risk any of the above not being achieved?</i>	
Welsh Language: Yes/No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:

Re: [illegible]
 11/03/2025 08:23:00

Regan Nikki
11/03/2025 08:23:30

Report Title:	Workforce Growth within Corporate Departments		Agenda Item no.	2.8
Meeting:	People and Culture	Public	Meeting Date:	11/03/25
		Private		
Status:	Assurance	√	Approval	Information
Lead Executive:	Executive Director of People and Culture			
Report Author:	Assistant Director of People Resourcing			
Main Report				
Background and current situation:				

1. Workforce Growth from February 2020 to February 2025

Following a paper on the UHB's workforce growth that was presented at the People and Culture Committee in January 2025, this further paper provides a specific focus on the corporate departments. The data has been updated to cover the growth in the past 5 years to February 2025.

The increase in the number of whole-time equivalents (WTEs) across all of the corporate departments in the last 5 years amounted to 251 WTEs across all of the Agenda for Change pay bands and Very Senior managers (VSMs). The following table illustrates the growth or reduction within each Band and VSM posts:

Workforce Growth by Pay Band within Corporate Departments				
AfC Pay Band	Feb-20	Feb-25	Variance	% Variance
Band 2	32	22	-10	-31%
Band 3	68	83	15	22%
Band 4	129	149	20	16%
Band 5	91	119	28	31%
Band 6	189	234	45	24%
Band 7	137	192	55	40%
Band 8a	54	93	39	72%
Band 8b	36	52	16	44%
Band 8c	19	28	9	47%
Band 8d	16	22	6	38%
Band 9	11	9	-2	-18%
VSM	20	19	-1	-5%
Grand Total	802	1053	251	31%

The largest growth was for Band 7s where an increase of 55 WTEs occurred. There was a reduction of 2 WTEs for Band 9 and 1 WTE for a VSM. Overall there was a growth of 31% over the last 5 years across all of the corporate departments.

The table below illustrates workforce growth by staff group for all AfC bands within the corporate departments over the same period. The staff group with the largest increase was admin and clerical which increased by 171 WTE to 774 WTEs:

Regan Nikki
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Corporate Departments - Workforce Growth by Staff Group (WTE, All Bands)				
Staff Group	Feb-20	Feb-25	Variance	% Variance
Add Prof Scientific and Tech.	11	16	5	45%
Additional Clinical Services	42	52	10	24%
Administrative and Clerical	603	774	171	28%
Allied Health Professions	1	3	2	200%
Estates and Ancillary	0	4	4	-
Healthcare Scientists	0	1	1	-
Medical and Dental	3	25	22	733%
Nursing and Midwifery Registered	145	178	33	23%
Total	802	1053	251	31%

Workforce Growth by Specific Corporate Departments

Workforce Growth between February 2020 and February 2025 (All AfC Bands)				
Directorate	Feb-20	Feb-25	Variance	% Variance
Chief Executive Officer	61	72	11	18%
Chief Operating Officer	100	125	25	25%
Digital and Health Intelligence	113	163	50	44%
Director of Finance	99	109	10	10%
Director of Nursing	101	138	37	37%
Director of People and Culture	197	195	-2	-1%
Director of Planning	31	41	10	32%
Director of Public Health	7	40	33	471%
Director of Therapies	1	2	1	100%
Medical Director	92	137	45	49%
Grand Total	802	1022	220	27%

The growth in workforce for all AfC Bands across corporate departments was 27% over the past 5 years. However, the data on its own does not provide the context as to the reasons for the growth. For example, 33 WTE were TUPE transferred into Public Health from Public Health Wales. Digital Health and Intelligence saw the largest growth of 50 WTEs and this was as a result of a need to invest in cyber security and the digital agenda across the UHB which will bring a number of efficiencies to the organisation over the next few years. The only department to have a negative growth was People and Culture which saw a reduction by 2 WTEs.

The table below provides the growth by Band 7 and above within the specific corporate departments:

Growth by Corporate Directorate (Band 7 and above)				
Directorate	Feb-20	Feb-25	Variance	% variance
Chief Executive Office	32	42	10	31%
Chief Operating Officer	34	44	10	29%
Digital health and Intelligence	39	71	32	82%
Director of Finance	43	54	11	26%
Director of Nursing	43	65	22	51%
Director of People and Culture	52	57	5	10%
Director of Planning	23	29	6	26%
Director of Public Health	2	17	15	750%
Director of Therapies	1	2	1	100%
Medical Director	24	34	10	42%
Total	293	415	122	42%

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The growth for Band 7 and above is 42% compared to 27% for all pay bands within corporate departments.

2. Reasons for Growth

There have been numerous reasons for the growth in the workforce within the corporate departments which has included a need to invest in services to deliver key organisational strategic objectives, a re-organisation of services within NHS Wales such as TUPE transfers and the need to deliver new services and initiatives.

The limitations of the Electronic Staff Record system prevents the ability to record reasons for increases or where the funding stream is coming from and so it has been very difficult to track the specific reasons for the growth. In an attempt to remedy this challenge, a comprehensive staff list will be provided to each service Executive Director for both February 2020 and February 2025 for them to identify where the specific growth has occurred to provide a better explanation. This exercise will also ensure all staff lists are cleansed to ensure accuracy.

3. Next Steps

The plan going forward will be for the Executive Board to undertake a complete review of all structures to identify potential opportunities for reducing the numbers employed by considering options for workforce efficiencies and to maximise the use of digital intelligence. The structures and design of the workforce can be developed in line with the operational and service model during 2025/26.

The scrutiny of every vacancy request across the UHB will continue to ensure that opportunities to reduce workforce are implemented but also to ensure that appropriate funding streams are present before allowing posts to be recruited to.

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



The effective recruitment to posts within the organisation is fundamental in providing safe and high-quality patient services. Efforts to maximise every opportunity to reduce the current workforce will be taken in the interim until a full-scale review of structures is completed.

Recommendation:

The Committee are requested to:

Note the contents of the report and be assured that the appropriate level of scrutiny will continue.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

P r e v e n t i o n	Long term	Integration	Collaboration	Involvement
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)	n/a
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Impact Assessment:

Risk: Yes
Inability to recruit staff to key professions and roles will impact on ability to deliver patient care.
Safety: Yes
As above
Financial: Yes
Uncontrolled growth in workforce will create an unsustainable cost pressure.
Workforce: Yes
Impact of poor culture on retention, recruitment and patient experience
Legal: No
Reputational: Yes
impact of poor culture on retention, recruitment and patient experience
Socio Economic: No -
Equality and Health: Yes
impact of poor culture on retention, recruitment and patient experience
Decarbonisation: No
Welsh Language: No

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

Committee/Group/Exec	Date:
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Regan, Nikki
11/03/2025 08:23:30

comments received. An Equality and Health Impact Assessment (EHIA) has determined that the policy will have a positive impact.

A copy of the Policy and Equality Health Impact Assessment are attached as Appendix 1 and 2.

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

This policy is designed to support our Shaping Our Future Wellbeing Strategy by ensuring that our practices are inclusive and equitable. It also aligns with our Strategic Equality Plan and Objectives, particularly in fostering an inclusive culture and supporting our People & Culture Plan.





Recommendation:

The People and Culture Committee is requested to:

- Approve the revised Equity, Inclusion and Human Rights Policy

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

P r e v e n t i o	X	Long term	X	Integration	X	Collaboration	X	Involvement	X
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes 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](#)

Regan Nix
11/03/2025 09

Yes – (please provide completed QIA document)	No – (Please provide reasoning, e.g. not required)	N o	Not required – an EHIA has been completed
Impact Assessment: Please state yes or no for each category. If yes please provide further details.			
Risk: Yes			
<p>The policy includes a commitment to equity, inclusion, and human rights, which inherently involves assessing and mitigating risks related to discrimination, harassment, and exclusion. The policy outlines procedures and frameworks to address these risks, ensuring compliance with relevant legislation and promoting a safe and inclusive environment.</p>			
Safety: Yes			
<p>The policy addresses staff and patient safety implications by committing to non-discrimination, culturally competent care, and upholding human rights. It includes measures to prevent harassment and bullying, ensuring a safe environment for all.</p>			
Financial: No			
<p>The policy does not explicitly cover financial implications. However, implementing the policy may involve costs related to training, compliance, and procedural changes, which should be considered.</p>			
Workforce: Yes			
<p>The policy has significant workforce implications, including commitments to creating an inclusive and diverse workforce, providing equal opportunities, and addressing barriers faced by underrepresented groups. It also includes ongoing training and development on equality, diversity, and inclusion.</p>			
Legal: Yes			
<p>The policy aligns with various legal frameworks, including the Equality Act 2010, Human Rights Act 1998, and Welsh Language (Wales) Measure 2011. It ensures compliance with these laws and outlines procedures for handling discrimination and harassment.</p>			
Reputational: Yes			
<p>There are reputational risks associated with the policy, as failure to comply with its commitments could lead to negative perceptions and loss of trust. The policy includes measures to mitigate these risks by promoting transparency, accountability, and engagement with stakeholders.</p>			
Socio Economic: Yes - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES			
<p>The policy addresses socio-economic considerations by focusing on reducing health inequalities and improving access to care for marginalized and vulnerable groups. It aligns with the Socio-Economic Duty to encourage better decision-making and more equal outcomes.</p>			
Equality and Health: Yes - 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)			
<p>An Equality and Health Impact Assessment (EHIA) has been completed, which found a positive impact. The policy includes a commitment to ongoing monitoring and reporting on these impacts, ensuring that the implementation of the policy positively affects equality and health outcomes.</p>			
Decarbonisation: No			
<p>The policy does not explicitly address decarbonisation. However, its focus on preventing ill health and promoting efficient service delivery may indirectly contribute to reducing carbon emissions.</p>			
Welsh Language: Yes			

Revised by Nikki
11/03/2025

The policy commits to providing services in both English and Welsh, in compliance with the Welsh Language (Wales) Measure 2011. It ensures communication accessibility for patients and staff with language barriers.

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

Committee/Group/Exec	Date:

Regan Nikki
11/03/2025 08:23:30

Document Title: Equality, Inclusion and Human Rights Policy	1 of 6	Approval Date: 12 January 2021
Reference Number: 083		Next Review Date: 12 January 224
Version Number: 3		Date of Publication: 25 Jan 2021
Approved By: Strategy & Deliver Committee		

Reference Number: UHB 083 Version Number: 4	Date of Next Review: 12/01/2024 Previous Trust/LHB Reference Number: T/290
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EQUITY, INCLUSION and HUMAN RIGHTS POLICY

Policy Statement

The Health Board is committed to providing equitable, inclusive, and person-centered healthcare while fostering a supportive and inclusive environment for all patients, staff, and stakeholders. We believe that every individual—whether seeking care or working within our organisation—deserves to be treated with dignity, respect, and fairness.

This policy supports our Strategic Equality Plan – Shaping Our Inclusive Culture 2024-2028, which outlines our ambition to create a more inclusive, diverse, and equitable organisation. It also aligns with the Health Board's Shaping Our Future Wellbeing strategy, which aims to enhance the health and well-being of the population by ensuring equitable access to healthcare, focusing on prevention, and addressing social determinants of health. Additionally, our People and Culture Plan reinforces this commitment by ensuring that we cultivate a diverse, inclusive workforce, prioritising staff well-being and development, and creating a culture where everyone feels valued and empowered to contribute to our shared goals.

By embedding equity, inclusion, and human rights in all that we do, we aim to deliver compassionate, high-quality care that meets the diverse needs of the communities we serve while creating a workplace where all staff can thrive.

Policy Commitment

The Health Board is committed to encouraging equity, equality, inclusion and human rights among all our workforce, volunteers and contractors and eliminating unlawful discrimination, harassment and victimisation. The aim is for our organisation to be inclusive and representative of all sections of society and our patients, and for each employee to feel respected, be themselves and able to give their best. The organisation - in providing goods and/or services and/or facilities - is also committed against unlawful discrimination, harassment and victimisation of patients or the public.

The Health Board is committed to the following principles, which will guide our patient care and workplace practices:

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 11/03/2025 08:23:30

Document Title: Equality, Inclusion and Human Rights Policy	2 of 6	Approval Date: 12 January 2021
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- **Equitable Access and Non-Discrimination:** We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.
- **Person-Centered and Culturally Competent Care:** We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.
- **Welsh Language and Communication Accessibility:** In compliance with the Welsh Language (Wales) Measure 2011, we will ensure that services are available in both English and Welsh. We will also provide communication support, including interpretation services and accessible formats, to ensure our services meet the needs of patients and staff with disabilities or language barriers, in line with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards).
- **Human Rights and Dignity:** We will uphold the principles of the Human Rights Act 1998, ensuring that the rights and dignity of all patients and staff are respected. Care decisions will prioritise the autonomy and informed consent of patients, and all staff will work in a manner that upholds the dignity of those in our care.
- **Addressing Health Inequalities:** In alignment with the *Shaping Our Future Wellbeing* strategy, we will focus on addressing the social determinants of health and reducing disparities in health outcomes. This includes improving access to care for marginalised and vulnerable groups and delivering services that promote equity and well-being across the population.
- **Inclusive and Diverse Workforce:** We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.
- **Zero Tolerance for Discrimination and Harassment:** We will not tolerate any form of discrimination, bullying, or harassment within our organisation. Clear policies and procedures are in place to handle such incidents, ensuring a safe environment for all staff, patients, and visitors.
- **Ongoing Training and Development:** We will ensure that all staff receive continuous training on equality, diversity, inclusion, and human rights, in alignment with our *Strategic Equality Plan – Shaping an Inclusive Culture 2024-*

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11/03/2025 08:23:30

Document Title: Equality, Inclusion and Human Rights Policy	3 of 6	Approval Date: 12 January 2021
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Approved By: Strategy & Deliver Committee		

2028. This training will equip staff to deliver culturally competent care and foster an inclusive workplace culture.

- **Engagement and Accountability:** We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.

Supporting Procedures and Written Control Documents

This Policy and the supporting Procedures describe the following with regard to equity, inclusion and human rights:

- Aim and intention of the policy
- The legislative context
- Protected characteristics and other social identity considerations
- Policy framework for failure to comply
- Equality and Health Impact Assessment requirement
- Links with Strategic Equality Plan – Shaping Our Inclusive Culture 2024-2028
- Links with our People and Culture Plan
- Trans and Non-binary Staff Support Procedure
- Sexual Safety at Work Procedure

Other supporting documents

Equity and inclusion are integral to the work of the Health Board. All our policies are impacted by equity, inclusion and human rights, but the key relevant policies, plans and strategies are:

- [Adaptable Workforce Policy and accompanying procedures](#)
- [Maternity, Adoption, Paternity and Shared Leave policy](#)
- [Management of Stress and Mental Health in the Workplace Procedure](#)
- [Learning Education and Development Policy](#)
- [Recruitment and Selection Policy](#)
- [Maternity Risk Assessment Procedure](#)
- [Combining Breast Feeding and Returning to Work Guidelines](#)
- [EHIA Toolkit](#)
- [Managing Attendance at Work Policy](#)
- [Flexible Working Procedure](#)
- [Respect and Resolution Policy](#)
- Trans and Non-binary Staff Support Procedure

Commented [MJ(aVU-CM1): Ensure links to all documents included in final version.

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- [Strategic Equality Plan – Shaping Our Inclusive Culture 2024-2028](#)
- [Shaping Our Future Wellbeing strategy](#)
- [People and Culture Plan](#)
- [NHS Wales: Putting Things Right – Guidance on Raising Concerns](#)
- [NHS Wales Staff Code of Conduct](#)

The following are key relevant legislative and national frameworks to be considered alongside the policy:

- [Equality Act 2010](#)
- [Human Rights Act 1998](#)
- [Welsh Language \(Wales\) Measure 2011](#)
- [Public Sector Equality Duty \(PSED\)](#)
- [The Well-being of Future Generations \(Wales\) Act 2015](#)
- [Anti-racist Wales Action Plan](#)
- [LGBTQ+ Action Plan for Wales](#)
- [Equality & Human Rights Commission](#)
- [More Than Just Words national framework](#)
- [Speaking Up Safely Framework](#)

Scope

This policy applies to all those who come into contact with the Health Board whether as patients, staff, volunteers, student, visitors, contractors or others in all our locations.

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has been completed and this found there to be a positive impact. Key actions have been identified and these can be found in the Strategic Equality Plan- Shaping Our Inclusive Culture 2024-2028.
Policy Approved by	People & Culture Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Employment Policy Sub Group
Accountable Executive or Clinical Board Director	Executive Director of People & Culture

Approved by Nikki
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Document Title: Equality, Inclusion and Human Rights Policy	5 of 6	Approval Date: 12 January 2021
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Approved By: Strategy & Deliver Committee		

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments			
Version Number	Date Review Approved	Date Published	Summary of Amendments
T1	N/A	N/K	New policy
T1	Dec 2006	N/K	Policy Rolled over. Ref no. changed from 198 to 290 due to duplication. Employment Equality (Age) Regulations added.
T2	Sep 2007	Nov 2007	Re-titled and revised to version 2
UHB 1	Sep 2009	01/11/11	Updated to reflect new legislation
UHB 2	Sep 2014	Oct 2014	Updated as part of a review
3	January 2021		This is a revised document that updates language and takes account of: i)changing the policy title to include Inclusion throughout ii) the new Socio-Economic Duty iii)the Welsh Language Standards iv) the new Strategic Equality Plan- Caring About Inclusion 2020-2024
4			Considerable rewrite of the policy undertaken to align with current organisational strategy. The following sections have been rewritten: <ul style="list-style-type: none"> • Policy Statement • Policy Commitment The 'Supporting Procedures and Written Controls' and ' Other Supporting

Cyflwynwyd gan Nikki
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			Documents' sections have been updated and added to in order to reflect current local and national policies, procedures, action plans and strategies.
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Cychwyn Nikki
 11/03/2025 08:23:30



GIG
CYMRU
NHS
WALES

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



Tegwch a Chynhwysiant
Equity & Inclusion

Equality & Health Impact Assessment for

Equity, Inclusion and Human Rights Policy

Reference Number: UHB 083

Version Number: 4

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1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Equity, Inclusion and Human Rights Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Equity & Inclusion People & Culture Mitchell Jones – Mitchell.Jones@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service Policies and Procedures - Home (sharepoint.com)	<p>The Health Board is committed to providing equitable, inclusive, and person-centered healthcare while fostering a supportive and inclusive environment for all patients, staff, and stakeholders. We believe that every individual—whether seeking care or working within our organisation—deserves to be treated with dignity, respect, and fairness.</p> <p>This policy supports our Strategic Equality Plan – Shaping Our Inclusive Culture 2024-2028, which outlines our ambition to create a more inclusive, diverse, and equitable organisation. It also aligns with the Health Board's Shaping Our Future Wellbeing strategy, which aims to enhance the health and well-being of the population by ensuring equitable access to healthcare, focusing on prevention, and addressing social determinants of health. Additionally, our People and Culture Plan reinforces this commitment by ensuring that we cultivate a diverse, inclusive workforce, prioritising staff well-being and development, and creating a culture where everyone feels valued and empowered to contribute to our shared goals.</p> <p>By embedding equity, inclusion, and human rights in all that we do, we aim to deliver compassionate, high-quality care that meets the diverse needs of the communities we serve while creating a workplace where all staff can thrive.</p>
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service user's data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge 	<p>The combined population of Cardiff and The Vale of Glamorgan stands at 494,249, with Cardiff hosting 362,310 individuals and The Vale of Glamorgan comprising 131,939 residents (Census, 2021). Given the separation of census data, the assessment will consider Cardiff and the Vale of Glamorgan as two separate areas. Please see detail on the population of Cardiff and the Vale of Glamorgan below:</p> <p>Sex</p>

- list of stakeholders and how stakeholders have engaged in the development stages
- comments from those involved in the design and development stages

[Public Health Wales Observatory](#)

[Cardiff and Vale of Glamorgan Population Needs Assessment - Cardiff & Vale Integrated Health & Social Care Partnership \(cvihsc.co.uk\)](#)

[CAVUHB - Home \(sharepoint.com\)](#)

Cardiff

- 51.2% Female
- 48.8% Male

Vale of Glamorgan

- 51.8% Female
- 48.2% Male

Gender Identity

Cardiff

- 92.9% Gender identity the same as sex registered at birth
- 0.2% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans Woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.1% Other
- 6.4% Not answered

Vale of Glamorgan

- 94.5% Gender identity the same as sex registered at birth
- 0.1% Gender identity different from sex registered at birth but no specific identity given
- 0.1% Trans woman
- 0.1% Trans Man
- 0.1% Non-binary
- 0.0% Other
- 5.2% Not answered

Sexual Orientation

Cardiff

- 87.0% Heterosexual / Straight
- 2.4% Gay or Lesbian
- 2.4% Bisexual
- 0.2% Pansexual

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- 0.1% Asexual
- 0.1% Queer
- 0.2% Other
- 7.7% Not answered

Vale of Glamorgan

- 90.3% Heterosexual / Straight
- 1.7% Gay or Lesbian
- 1.1% Bisexual
- 0.1% Pansexual
- 0.1% Asexual
- 0.0% Queer
- 0.1% Other
- 6.6% Not answered

Age

Cardiff

- 24.4% 4 -19 years
- 10.5% 20-24 years
- 15.5% 25-34 years
- 18.6% 35-49 years
- 16.5% 50-64 years
- 8.0% 65-74 years
- 4.6% 75-84 years
- 2.0% 85+ years

Vale of Glamorgan

- 22.7% 4-19 years
- 4.6% 20-24 years
- 11.4% 25-34 years
- 18.6% 35-49 years
- 20.7% 50-64 years
- 11.8% 65-74 years
- 7.3% 75-84 years
- 2.8% 85+ years

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Race / Ethnicity

Cardiff

- 9.7% Asian, Asian British or Asian Welsh
- 3.8% Black, Black British, Black Welsh, Caribbean or African
- 4.0% Mixed or Multiple ethnic groups
- 79.2% White
- 3.3% Other

Vale of Glamorgan

- 2.1% Asian, Asian British or Asian Welsh
- 0.5% Black, Black British, Black Welsh, Caribbean or African
- 2.3% Mixed or Multiple ethnic groups
- 94.6% White
- 0.5% Other

Religion

Cardiff

- 42.9% No religion
- 38.3% Christian
- 0.4% Buddhist
- 1.5% Hindu
- 0.2% Jewish
- 9.3 % Muslim
- 0.4% Sikh
- 0.6% Other
- 6.3% Not answered

Vale of Glamorgan

- 47.9% No religion
- 44.1% Christian
- 0.3% Buddhist
- 0.3% Hindu
- 0.1% Jewish
- 0.9% Muslim
- 0.1% Sikh

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- 0.5% Other
- 5.7% Not answered

Disability

Cardiff

- 8.2% Disabled under 2010 Equality Act, day-to-day activities limited a lot
- 10.4% Disabled under 2010 Equality Act, day-to-day activities limited a little
- 7.0% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 74.4% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Vale of Glamorgan

- 8.9% Disabled under 2010 Equality Act, day-to-day activities limited a lot
- 11.0% Disabled under 2010 Equality Act, day-to-day activities limited a little
- 7.5% Not disabled under 2010 Equality Act, but has long term physical/mental health condition
- 72.6% Not disabled under 2010 Equality Act, no long term physical/mental health condition

Legal Partnership Status

Cardiff

- 48.6% Never married / never registered in a civil partnership
- 36.8% Married / in a civil partnership
- 1.8% Separated, but still legally married / in a civil partnership
- 7.85% Divorced / civil partnership dissolved
- 5.0% Widowed or surviving civil partnership partner

Vale of Glamorgan

- 33.5% Never married / never registered in a civil partnership
- 47.4% Married / in a civil partnership
- 2.0% Separated, but still legally married / in a civil partnership
- 10.1% Divorced / civil partnership dissolved
- 7.0% Widowed or surviving civil partnership partner

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This policy is based on the full range of evidence available on health inequality in Wales. This evidence base includes but is not restricted to:

- [Locked Out Report Wales](#)
- [Anti-racist Action Plan Wales](#)
- [LGBTQ+ Action Plan Wales](#)
- [Code of Practice for Autism Services](#)
- [Census 2021 Data](#)
- [Stonewall National LGBT Health in Britain Survey 2018](#)
- [Cemlyn S et al, Inequalities experienced by Gypsy and Traveller communities: A review. Equality and Human Rights Commission. 2009](#)
- [Nomis - Official Census and Labour Market Statistics - Nomis - Official Census and Labour Market Statistics](#)
- [Travelling to Better Health](#)
- [All Wales Mental Health and Well-being Group report, Deaf People Wales: Hidden Inequality](#)
- [RNID in Wales Policy and Research](#)

The impact of the Equity, Inclusion and Human Rights Policy extends to all staff, service users, and stakeholders.

The policy was shared with key stakeholders throughout the health board (see list below) to gain their views, however no comments were received. The policy will also go out to wider consultation.

- Children, Young People and Families; Specialist Nurse / Cardiff and Vale University Youth Board Lead
- Communication, Arts, Health Charity and Engagement; Communication and Engagement Managers, Senior Communication Officer
- Equity and Inclusion; Welsh Language Officer
- Local Public Health Team; Consultants in Public Health Medicine
- Patient Experience; Assistant Director of Patient Experience
- People Resourcing; Assistant Director of People Resourcing, Workforce Recruitment Manager
- Staff Networks; AccessAbility, Enfys+, OneVoice, Rhwyd-iaith
- Strategic Service Planning; Head of Strategic Partnerships and Engagement

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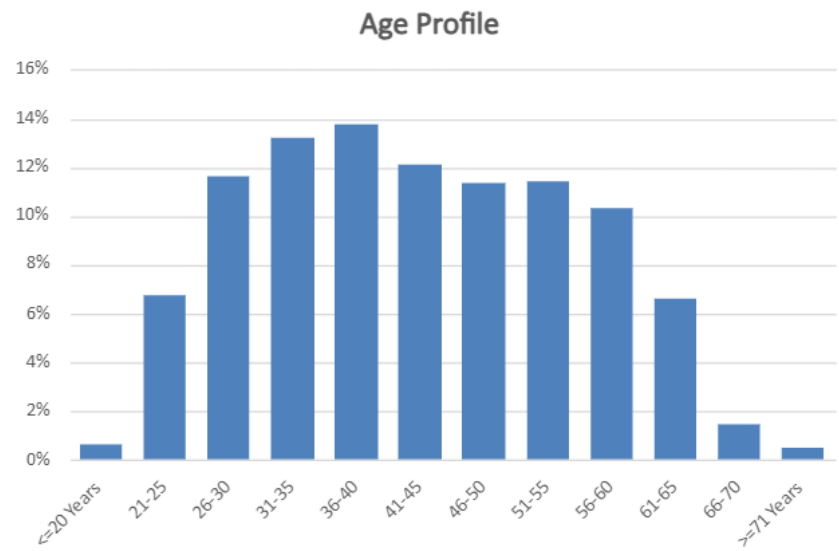
		- Welsh Gender Service; Gender Specialist, Service Manager
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	The Equity, Inclusion and Human Rights Policy will affect all staff, service users, and stakeholders.

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people based on their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing age discrimination and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people of all ages.	Ensure policy is shared with relevant stakeholders to gain their views, including: <ul style="list-style-type: none"> - Older People's Commissioner for Wales - Cardiff and Vale University Health Youth Board (CAV HYB) 	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Age profile of CAV workforce, Dec 2024

Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.

Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.		
<p>6.2 Persons with a disability as defined in the Equality Act 2010</p> <p>Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing ableism and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people with disabilities as defined in the Equality Act 2010.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - AccessAbility staff network 	<p>Draft policy shared with AccessAbility for comment.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate														
<p>Regan, Nikki 11/03/2025 08:23:30</p>	<p style="text-align: center;">Disability</p> <table border="1"> <caption>Disability self-reported within CAV workforce, Dec 2024</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>No</td> <td>73.06%</td> </tr> <tr> <td>Unspecified</td> <td>16.67%</td> </tr> <tr> <td>Other</td> <td>10.27%</td> </tr> <tr> <td>Yes</td> <td>7.62%</td> </tr> <tr> <td>Not Declared</td> <td>1.81%</td> </tr> <tr> <td>Prefer Not To Answer</td> <td>0.84%</td> </tr> </tbody> </table> <p><i>Disability self-reported within CAV workforce, Dec 2024</i></p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p>	Response	Percentage	No	73.06%	Unspecified	16.67%	Other	10.27%	Yes	7.62%	Not Declared	1.81%	Prefer Not To Answer	0.84%		
Response	Percentage																
No	73.06%																
Unspecified	16.67%																
Other	10.27%																
Yes	7.62%																
Not Declared	1.81%																
Prefer Not To Answer	0.84%																

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p> <p>Stonewall</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing gender discrimination and transphobia, and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people of all genders and gender identities.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - Enfys+ staff network - Welsh Gender Service (WGS) - The Queer Emporium 	<p>Draft policy shared with Enfys+ and WGS for comment.</p>

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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[Gender Identity Research & Education Society – Improving the Lives of Trans People \(gires.org.uk\)](#)

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Gender and Contract

Gender	Contract Type	Percentage
Female	Full Time	38.90%
Female	Part Time	36.71%
Male	Full Time	18.75%
Male	Part Time	5.64%

Gender profile of CAV workforce, Dec 2024

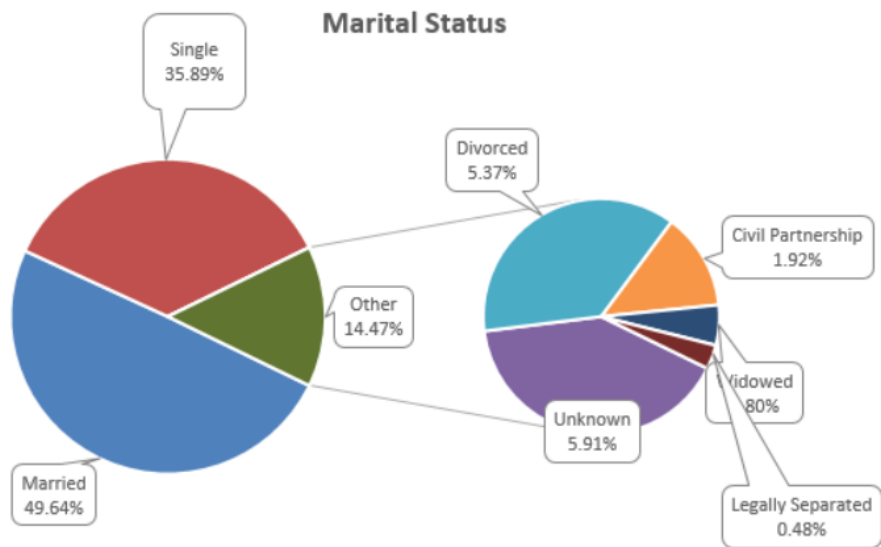
Zero Tolerance for Discrimination and Harassment: We will not tolerate any form of discrimination, bullying, or harassment within our organisation. Clear policies and procedures are in place to handle such incidents, ensuring a safe environment for all staff, patients, and visitors.

Ongoing Training and Development: We will ensure that all staff receive continuous training on equality, diversity, inclusion, and human

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	rights, in alignment with our Strategic Equality Plan – Shaping an Inclusive Culture 2024-2028. This training will equip staff to deliver culturally competent care and foster an inclusive workplace culture.		
6.4 People who are married or who have a civil partner.	The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination of all kinds, and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on people who are married or have a civil partner.		

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Marital status self-reported within CAV workforce, Dec 2024

Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.

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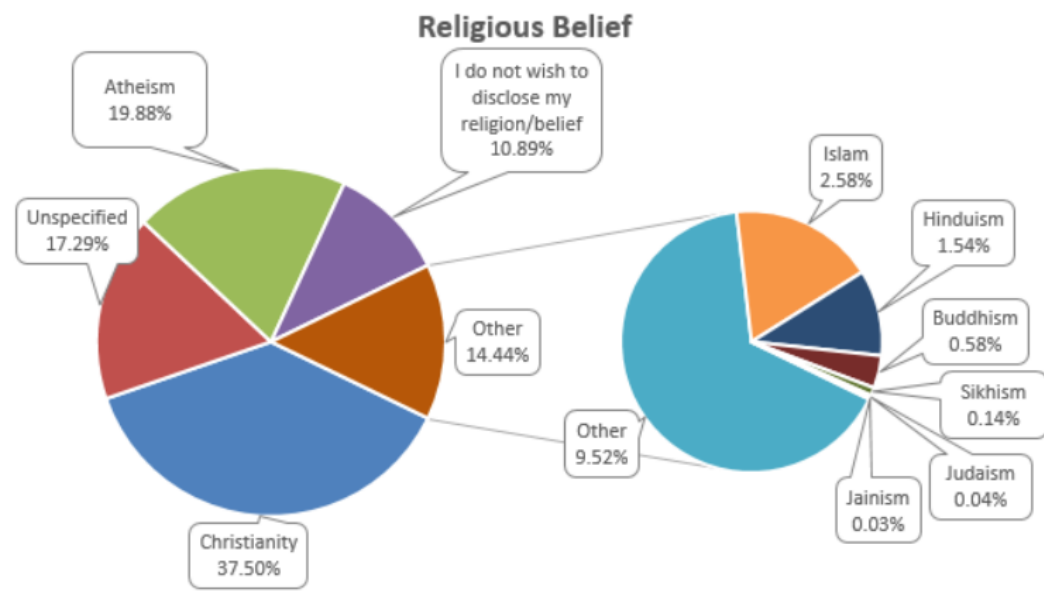
How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether they are on maternity leave.</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination, and upholding human rights and dignity. The policy will therefore have a positive impact on women who are expecting a baby, on a break from work after having a baby or breastfeeding.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Human Rights and Dignity: We will uphold the principles of the Human Rights Act 1998, ensuring that the rights and dignity of all patients and staff are respected. Care decisions will prioritise the autonomy and informed consent of patients, and all staff will work in a manner that upholds the dignity of those in our care.</p>		

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate																		
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p> <p>The Runnymede Trust</p> <p>Regan, Nikki 11/03/2025 08:23:30</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing racism and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on all people regardless of their race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers and migrant workers.</p> <div data-bbox="481 790 1456 1412" data-label="Figure"> <p style="text-align: center;">Ethnic Group</p> <table border="1"> <caption>Ethnic Group Data</caption> <thead> <tr> <th>Ethnic Group</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>White</td> <td>73.35%</td> </tr> <tr> <td>Other</td> <td>26.65%</td> </tr> <tr> <td>Asian or Asian British</td> <td>8.73%</td> </tr> <tr> <td>Blank</td> <td>8.99%</td> </tr> <tr> <td>Not Stated</td> <td>2.32%</td> </tr> <tr> <td>Black or Black British</td> <td>2.58%</td> </tr> <tr> <td>Chinese or Any Other Ethnic Group</td> <td>2.15%</td> </tr> <tr> <td>Mixed</td> <td>1.89%</td> </tr> </tbody> </table> </div> <p style="text-align: center;"><i>Ethnic group self-reported within CAV workforce, Dec 2024</i></p>	Ethnic Group	Percentage	White	73.35%	Other	26.65%	Asian or Asian British	8.73%	Blank	8.99%	Not Stated	2.32%	Black or Black British	2.58%	Chinese or Any Other Ethnic Group	2.15%	Mixed	1.89%	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - OneVoice staff network - Diverse Cymru 	<p>Draft policy shared with OneVoice for comment.</p>
Ethnic Group	Percentage																				
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	<p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination as well as providing culturally competent care and equitable access regardless of any protected characteristic. The policy will therefore have a positive impact on all people regardless of any religious or philosophical belief, or lack thereof.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> - Chaplaincy 	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Religious belief self-reported within CAV workforce, Dec 2024

Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.

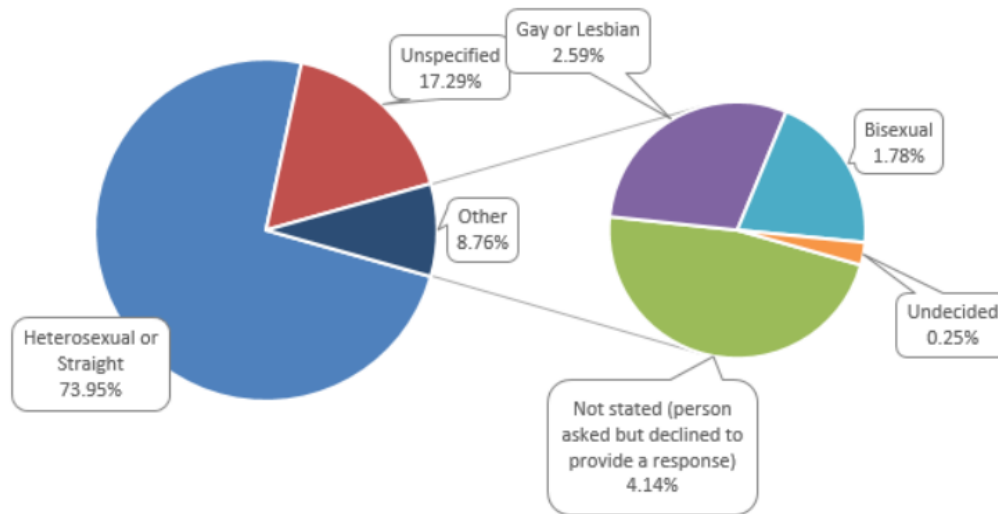
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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p>		
<p>6.8 People who are attracted to other people of:</p> <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) <p>Stonewall</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination, providing person-centred care and creating an inclusive and diverse workforce. The policy will therefore have a positive impact on all people regardless of their sexual or romantic orientation.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> – Enfys+ staff network – Welsh Gender Service (WGS) – The Queer Emporium 	<p>Draft policy shared with Enfys+ and WGS for comment.</p>

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Sexual Orientation



Sexual orientation self-reported within CAV workforce, Dec 2024

Zero Tolerance for Discrimination and Harassment: We will not tolerate any form of discrimination, bullying, or harassment within our organisation. Clear policies and procedures are in place to handle such incidents, ensuring a safe environment for all staff, patients, and visitors.

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p>		
<p>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access and person-centred care. The policy will therefore have a positive impact on people who communicate using the Welsh language.</p>	<p>Ensure policy is shared with relevant stakeholders to gain their views, including:</p> <ul style="list-style-type: none"> – Rhwyd-iaith staff network – Welsh Language Commissioner – Dysgu Cymraeg 	<p>Draft policy shared with Rhwyd-iaith for comment.</p>

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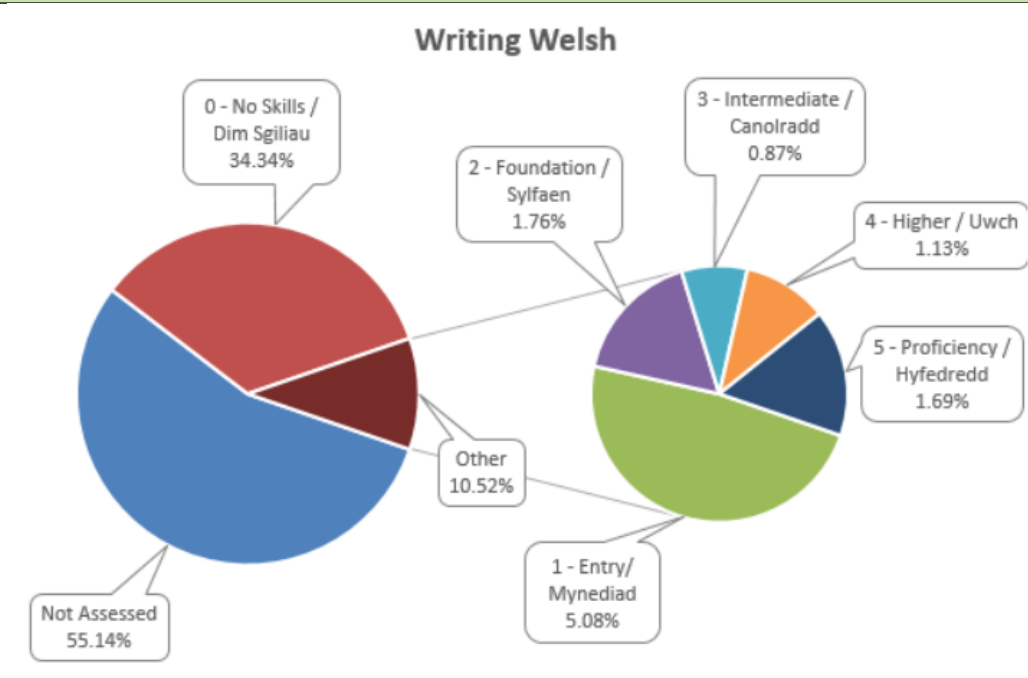
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	<p style="text-align: center;">Listening/Speaking Welsh</p> <table border="1"> <caption>Listening/Speaking Welsh Skill Level Distribution</caption> <thead> <tr> <th>Skill Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>37.45%</td> </tr> <tr> <td>1 - Entry / Mynediad</td> <td>8.15%</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td>1.87%</td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>1.19%</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td>1.43%</td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>2.13%</td> </tr> <tr> <td>Other</td> <td>14.77%</td> </tr> <tr> <td>Not Assessed</td> <td>47.78%</td> </tr> </tbody> </table>	Skill Level	Percentage	0 - No Skills / Dim Sgiliau	37.45%	1 - Entry / Mynediad	8.15%	2 - Foundation / Sylfaen	1.87%	3 - Intermediate / Canolradd	1.19%	4 - Higher / Uwch	1.43%	5 - Proficiency / Hyfedredd	2.13%	Other	14.77%	Not Assessed	47.78%		
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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate																		
	<p style="text-align: center;">Reading Welsh</p> <table border="1"> <caption>Reading Welsh Skills Distribution</caption> <thead> <tr> <th>Skill Level</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Not Assessed</td> <td>54.84%</td> </tr> <tr> <td>0 - No Skills / Dim Sgiliau</td> <td>32.53%</td> </tr> <tr> <td>1 - Entry / Mynediad</td> <td>6.53%</td> </tr> <tr> <td>2 - Foundation / Sylfaen</td> <td>1.80%</td> </tr> <tr> <td>3 - Intermediate / Canolradd</td> <td>0.97%</td> </tr> <tr> <td>4 - Higher / Uwch</td> <td>1.38%</td> </tr> <tr> <td>5 - Proficiency / Hyfedredd</td> <td>1.96%</td> </tr> <tr> <td>Other</td> <td>12.63%</td> </tr> </tbody> </table>	Skill Level	Percentage	Not Assessed	54.84%	0 - No Skills / Dim Sgiliau	32.53%	1 - Entry / Mynediad	6.53%	2 - Foundation / Sylfaen	1.80%	3 - Intermediate / Canolradd	0.97%	4 - Higher / Uwch	1.38%	5 - Proficiency / Hyfedredd	1.96%	Other	12.63%		
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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Welsh language capabilities self-reported within CAV workforce, Dec 2024

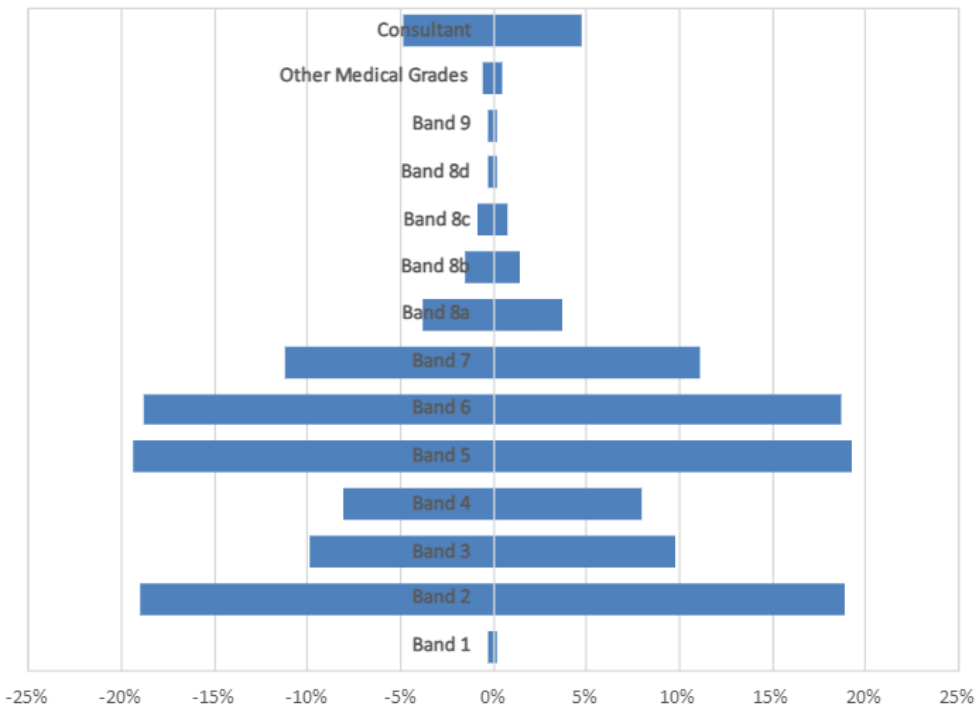
Welsh Language and Communication Accessibility: In compliance with the Welsh Language (Wales) Measure 2011, we will ensure that services are available in both English and Welsh. We will also provide communication support, including interpretation services and accessible

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	formats, to ensure our services meet the needs of patients and staff with disabilities or language barriers, in line with the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (Sensory Loss Standards).		
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination and creating a diverse and inclusive workforce. The policy will therefore have a positive impact on all people regardless of their income related group, including people on low income, who are economically inactive, unemployed/workless or unable to work due to ill-health.	Ensure policy is shared with relevant stakeholders to gain their views, including: <ul style="list-style-type: none"> - Cardiff Council - Vale of Glamorgan Council 	

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
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Pay band breakdown within CAV workforce, Dec 2024

Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive

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How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	<p>appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access, addressing discrimination and creating a diverse and inclusive workforce. The policy will therefore have a positive impact on all people regardless of where they live, including people living in areas known to exhibit poor economic and/or health indicators and people unable to access services and facilities.</p> <p>Addressing Health Inequalities: In alignment with the Shaping Our Future Wellbeing strategy, we will focus on addressing the social determinants of health and reducing disparities in health outcomes. This includes improving access to care for marginalised and vulnerable</p>		

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts	Recommendations for improvement/mitigation	Action taken by Clinical Board / Corporate Directorate. Refer to where the mitigation is included in the document, as appropriate
	groups and delivering services that promote equity and well-being across the population.		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	n/a		

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HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

<p>How will the strategy, policy, plan, procedure and/or service impact on? -</p>	<p>Potential positive and/or negative impacts and any groups affected</p>	<p>Recommendations for improvement/ mitigation</p>	<p>Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate</p>
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p><i>Regan, Nikki 11/03/2025 08:23:30</i></p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access and reducing health inequalities across the population. The policy will therefore have a positive impact on all people's ability to access services, including those living in areas of deprivation and/or those experiencing health inequalities.</p> <p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
	<p>rights objectives as outlined in our strategic plans.</p> <p>Culturally Competent Services: We will ensure that all staff receive continuous training on equality, diversity, inclusion, and human rights, in alignment with our Strategic Equality Plan – Shaping an Inclusive Culture 2024-2028. This training will equip staff to deliver culturally competent care and foster an inclusive workplace culture.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (e.g., immunisation and vaccination, falls prevention). Also consider the impact on access to supportive services including smoking cessation services, weight management services etc.</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access to services and reducing health inequalities across the population. The policy will therefore have a positive impact on all people's ability to improve and maintain healthy lifestyles including access to supportive services.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion,</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
Creating healthier places spaces.pdf (wales.nhs.uk)	<p>gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.</p>		
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to providing equitable access to services and reducing health inequalities across the population. The policy will therefore have a positive impact on all people</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>Regan, Nikki 11/03/2025 09:33:32</p>	<p>regardless of their income and employment status.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Inclusive and Diverse Workforce: We are committed to creating a workforce that reflects the diversity of the communities we serve. We will provide equal access to opportunities for recruitment, development, and career progression, and address any barriers faced by underrepresented groups, ensuring an inclusive and supportive working environment.</p>		
<p>7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of</p>	<p>The Equity, Inclusion and Human Rights Policy sets out the organisation's commitment to addressing discrimination and</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff, and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p> <p>Regan, Nikki 11/03/2025 08:23:30</p>	<p>providing equitable access to services. The policy will therefore have a positive impact on all people regardless of their use of the physical environment.</p> <p>Equitable Access and Non-Discrimination: We will ensure that all individuals—regardless of race, ethnicity, sexual orientation, disability, sex, age, religion, gender identity, or any other characteristic—have equal access to our services and opportunities. We will not tolerate discrimination, harassment, or exclusion in healthcare or employment.</p> <p>Person-Centred and Culturally Competent Care: We will provide care that is respectful of the diverse cultural, religious, and linguistic backgrounds of our patients, ensuring that all individuals receive appropriate and sensitive care. This includes training staff to deliver services that respond to the individual preferences and needs of our patients.</p>	<p>tangible outcomes, as referenced throughout document.</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p>	<p>The Equity, Inclusion and Human Rights Policy sets out a clear stance with regards engagement and accountability. The policy will therefore have a positive impact on all people regardless of social and community influences on their health.</p> <p>Engagement and Accountability: We are committed to working with patients, staff, and community groups to ensure that our services and workplace practices reflect the needs of those we serve. Regular feedback and engagement will guide our efforts, and we will actively monitor and report on progress in achieving equity, inclusion, and human rights objectives as outlined in our strategic plans.</p>	<p>Proactive engagement with patients and communities to understand need and ensure policy's principles translate into tangible outcomes, as referenced throughout document.</p>	
<p>7.6 People in terms of macro-economic, environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p>	<p>n/a</p>	<p>n/a</p>	

How will the strategy, policy, plan, procedure and/or service impact on? -	Potential positive and/or negative impacts and any groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Refer to where the mitigation is included in the document, as appropriate

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summaries the potential positive and/or negative impacts of the strategy, policy, plan, or service	TBC following consultation.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	To proactively engage with a broad range of internal and external stakeholders during the 3-month consultation period beginning on 13th January 2025.	Head of E&I	March 2025	

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</p> <p>This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?</p>	n/a			

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.4 What are the next steps? Some suggestions: - <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	As the Health Board has sought input from key internal stakeholders with no comments received the policy will proceed to wider consultation for further input.	Head of Equity & Inclusion	Jan 2025	Policy has been circulated amongst key internal stakeholders for comment and support in shaping the policy, as outlined above.
	Following the EHIA, it is considered that the policy will have an overwhelmingly positive effect on staff within the Health Board and local communities. The policy will therefore proceed unchanged, subject to further consideration given to any comments received during the consultation phase.	Head of Equity & Inclusion	March 2025	
	The policy will be reviewed by the Employee Policy Sub-Group (EPSG), before being presented to the People & Culture Committee for approval.	Head of Equity & Inclusion	March 2025	
	Once approved, the policy will be published bilingually.	Head of Equity & Inclusion	March 2025	
	Monitoring and review will take place as outlined in the policy.	Head of Equity & Inclusion	March 2029	

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Appendix 1

Equality & Health Impact Assessment

Developing strategies, policies, plans and services that reflect our Mission of 'Caring for People, Keeping People Well'

Guidance

The University Health Board's (the UHB's) Strategy 'Shaping Our Future Wellbeing' (2015-2025) outlines how we will meet the health and care needs of our population, working with key partner organisations to deliver services that reflect the UHB's values. Our population has varied and diverse needs with some of our communities and population groups requiring additional consideration and support. When developing or reviewing any strategies, policies, plans, procedures, or services it will be required that the following issues are explicitly included and addressed from the outset: -

- Equitable access to services
- Service delivery that addresses health inequalities
- Sustainability and how the UHB is meeting the requirements of the Well-being of Future Generations (Wales) Act (2015)¹

This explicit consideration of the above will apply to strategies (e.g., Shaping Our Future Strategy, Estates Strategy), policies (e.g., catering policies, procurement policies), plans (e.g., Clinical Board operational plans, Diabetes Delivery Plan), procedures (for example Varicella Zoster - chickenpox/shingles - Infection Control Procedure) and services /activity (e.g., developing new clinical services, setting up a weight management service).

Considering and completing the Equality & Health Impact Assessment (EHIA) in parallel with development stages will ensure that all UHB strategies, policies, plans, procedures, or services comply with relevant statutory obligations and responsibilities and at the same time takes forward the UHB's Vision, 'a person's chance of leading a healthy life is the same wherever they live and whoever they are.' This process should be proportionate but still provide helpful and robust information to support decision making. Where a more detailed consideration of an issue is required, the EHIA will identify if there is a need for a full impact assessment.

Some key statutory/mandatory requirements that strategies, policies, plans, procedures, and services must reflect include:

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- All Wales Standards for Communication and Information for People with Sensory Loss (2014)²
- Equality Act 2010³
- Well-being of Future Generations (Wales) Act 2015⁴
- Social Services and Well-being (Wales) Act 2015⁵
- Health Impact Assessment (non-statutory but good practice)⁶
- The Human Rights Act 1998⁷
- United Nations Convention on the Rights of the Child 1989⁸
- United Nations Convention on Rights of Persons with Disabilities 2009⁹
- United Nations Principles for Older Persons 1991¹⁰
- Welsh Health Circular (2015) NHS Wales Infrastructure Investment Guidance¹¹
- Welsh Government Health & Care Standards 2015¹²
- Welsh Language (Wales) Measure 2011¹³

This EHIA allows us to meet the requirements of the above as part of an integrated impact assessment method that brings together Equality Impact Assessment (EQIA) and Health Impact Assessment (HIA). Several statutory /mandatory requirements will need to be included and failure to comply with these requirements, or demonstrate due regard, can expose the UHB to legal challenge or other forms of reproach. This means showing due regard to the need to:

- eliminate unlawful discrimination, harassment, and victimisation;
- advance equality of opportunity between diverse groups; and
- foster good relations between diverse groups.

EQIAs assess whether a proposed policy, procedure, service change or plan will affect people differently based on their 'protected characteristics' (i.e., Their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex, or sexual orientation) and if it will affect their human rights. It also takes account of care responsibilities and Welsh Language issues. They provide a systematic way of ensuring that legal obligations are met and are a practical means of examining new and existing policies and practices to determine what impact they may have on equality for those affected by the outcomes.

² <http://gov.wales/topics/health/publications/health/guidance/standards/?lang=en>

³ <https://www.gov.uk/guidance/equality-act-2010-guidance>

⁴ <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>

⁵ <http://gov.wales/topics/health/socialcare/act/?lang=en>

⁶ <http://www.wales.nhs.uk/sites3/page.cfm?orgid=522&pid=63782>

⁷ <https://www.equalityhumanrights.com/en/human-rights/human-rights-act>

⁸ <https://www.unicef.org.uk/UNICEFs-Work/UN-Convention>

⁹ <http://www.un.org/disabilities/convention/conventionfull.shtml>

¹⁰ <http://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

¹¹ <http://www.wales.nhs.uk/sites3/Documents/254/WHC-2015-012%20-%20English%20Version.pdf>

¹² <http://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en>

¹³ <http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

HIAs assess the potential impact of any change or amendment to a policy, service, plan, procedure, or programme on the health of the population and on the distribution of those effects within the population, particularly within vulnerable groups. HIAs help identify how people may be affected differently based on where they live and potential impacts on health inequalities and health equity. HIA increases understanding of potential health impacts on those living in the most deprived communities, improves service delivery to ensure that those with the greatest health needs receive a larger proportion of attention and highlights gaps and barriers in services.

The **EHIA** brings together both impact assessments into a single tool and helps to assess the impact of the strategy, policy, plan, procedure and/or service. Using the EHIA from the outset and during development stages will help identify those most affected by the proposed revisions or changes and inform plans for engagement and co-production. Engaging with those most affected and co-producing any changes or revisions will result in a set of recommendations to mitigate negative and enhance positive impacts. Throughout the assessment, 'health' is not restricted to medical conditions but includes the wide range of influences on people's well-being including, but not limited to, experience of discrimination, access to transport, education, housing quality and employment.

Throughout the development of the strategy, policy, plan, procedure, or service, in addition to the questions in the EHIA, you are required to remember our values of *care, trust, respect, personal responsibility, integrity and kindness* and to take the Human Rights Act 1998 into account. All NHS organisations have a duty to act compatibly with and to respect, protect and fulfil the rights set out in the Human Rights Act. Further details of the Act are available in Appendix 2.

Completion of the EHIA should be an iterative process and commence as soon as you begin to develop a strategy, policy, plan, procedure and/or service proposal and be used again as the work progresses to keep informing you of those most affected and to inform mitigating actions. It should be led by the individual responsible for the strategy, policy, plan, procedure and/or service and be completed with relevant others or as part of a facilitated session. Some useful tips are included in Appendix 3.

For further information or if you require support to facilitate a session, please contact equityand.inclusion@wales.nhs.uk or kate.roberts6@wales.nhs.uk

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Based on

- Cardiff Council (2013) Statutory Screening Tool Guidance
- NHS Scotland (2011) Health Inequalities Impact Assessment: An approach to fair and effective policy making. Guidance, tools, and templates¹⁴
- Wales Health Impact Assessment Support Unit (2012) Health Impact Assessment: A Practical Guide

Resources for Equality Health impact Assessments

Diverse Cymru – list of useful reports

[Equality in Wales - Diverse Cymru](#)

Welsh Health Impact Support Unit (focus on health inequalities)

[Home - Wales Health Impact Assessment Support Unit \(phwwhocc.co.uk\)](http://phwwhocc.co.uk)

What Works Wellbeing

[Homepage - What Works Wellbeing](#)

Nice Guidance

[Find guidance | NICE](#)

Creating healthier places and spaces for our present and future generations
(Public Health Wales and Natural Resources Wales)

[Creating healthier places spaces.pdf \(wales.nhs.uk\)](#)

The Kings Fund

[Ideas that change health and care | The King's Fund \(kingsfund.org.uk\)](http://kingsfund.org.uk)

Institute of Health Equity

[Resources & Reports - IHE \(instituteofhealthequity.org\)](http://instituteofhealthequity.org)

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The Act sets out our human rights in a series of 'Articles.' Each Article deals with a different right. These are all taken from the European Convention on Human Rights and are commonly known as 'the Convention Rights':

[Protected characteristics | Equality and Human Rights Commission \(equalityhumanrights.com\)](https://www.equalityhumanrights.com)

1. Article 2 Right to life. NHS examples: the protection and promotion of the safety and welfare of patients and staff
2. Article 3 Freedom from torture and inhuman or degrading treatment. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, issues of patient restraint and control
3. Article 4 Freedom from slavery and forced labor
4. Article 5 Right to liberty and security. NHS examples: issues of patient choice, control, empowerment and independence, issues of patient restraint and control
5. Article 6 Right to a fair trial
6. Article 7 No punishment without law
7. Article 8 Respect for your private and family life, home, and correspondence. NHS examples: issues of dignity and privacy, the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers, the right of a patient or employee to enjoy their family and/or private life
8. Article 9 Freedom of thought, belief, and religion. NHS examples: the protection and promotion of the safety and welfare of patients and staff, the treatment of vulnerable groups or groups that may experience social exclusion, for example, gypsies and travelers
9. Article 10 Freedom of expression. NHS examples: the right to hold and express opinions and to receive and impart information and ideas to others, procedures around whistleblowing when informing on improper practices of employers where it is a protected disclosure
10. Article 11 Freedom of assembly and association
11. Article 12 Right to marry and start a family
12. Article 14 Protection from discrimination in respect of these rights and freedoms. NHS examples: refusal of medical treatment to an older person solely because of their age, patients presented with health options without the use of an interpreter to meet need, discrimination against UHB staff based on their caring responsibilities at home
13. Protocol 1, Article 1 Right to peaceful enjoyment of your property
14. Protocol 1, Article 2 Right to education
15. Protocol 1, Article 3 Right to participate in free elections
16. Protocol 13, Article 1 Abolition of the death penalty

Tips

- Be clear about the policy or decision's rationale, objectives, delivery method and stakeholders.
- Work through the Toolkit early in the design and development stages and make use of it as the work progresses to inform you of those most affected and inform mitigating actions
- Allow adequate time to complete the Equality Health Impact Assessment
- Identify what data you already have and what are the gaps.
- Engage with stakeholders and those most affected early. View them as active partners rather than passive recipients of your services.
- Remember to consider the impact of your decisions on your staff as well as the public.
- Record which organisations and protected characteristic groups you engaged with, when you engaged with them and how you did so (for example, workshop, public meeting, written submission).
- Produce a summary table describing the issues affecting each protected group and what the potential mitigations are.
- Report on positive impacts as well as negative ones.
- Remember what the Equality Act says – how can this policy or decision help foster good relations between diverse groups?
- Do it with other people! Talk to colleagues, bounce ideas, seek views and opinions.

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MANUAL HANDLING POLICY

Policy Statement

The Manual Handling Operations Regulations 1992 defines manual handling as involving the “transporting or supporting of loads, including lifting, lowering, pushing, pulling, carrying or moving loads.” A load may be either animate (a person) or inanimate (a box or a trolley).

Poor manual handling techniques can cause injuries to staff, patients and their carer’s. Human health and social work activities are industries with significantly higher rates of work-related musculoskeletal injuries when compared to other areas of work.

To ensure the Health Board delivers its aims, objectives, responsibilities and legal requirements transparently and consistently, we will provide and maintain, so far as is reasonably practicable, safe and healthy working conditions, a safe environment, safe equipment and safe systems of work for all our employees whilst they perform manual handling activities.

Policy Commitment

We will commit to reducing musculoskeletal injury to staff and aim to ensure safety of patients/loads when being handled by;

- Adhering to the legal requirements of;
 - The Health and Safety at Work etc Act 1974
 - The Manual Handling Operations Regulations 1992
 - The Management of Health and Safety at Work Regulations 1999
 - The Provision and Use of Work Equipment Regulations 1998
 - The Lifting Operations and Lifting Equipment Regulations 1998
- Following Professional Standards of Good Practice.
- The assessment and control of risks in respect of manual handling for all employees and other persons affected by the actions of our employees whilst they are carrying out their duties.
- Providing information, training, advice and appropriate equipment to staff who perform or manage manual handling.
- Participating and adopting the All Wales/NHS Manual Handling Passport and Information Scheme 2003 (Revised 2020)
<http://howis.wales.nhs.uk/page.cfm?pid=55>

Supporting, Procedures and Written Control Documents

- Policy and supporting procedures
- Manual Handling Procedure

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- Patient Handling Assessment and Safer Handling Plan
- Patient Hoist Sling Inspection procedure
-
- Risk Assessment /Risk Register Procedure

Other supporting documents are:

- Health and Safety Executive Approved Codes of Practice including
 - Legal guidance on the Manual Handling Operations Regulations www.hse.gov.uk/pubns/priced/l23.pdf
 - Moving and Handling in Health & Social Care www.hse.gov.uk/https://www.hse.gov.uk/healthservices/moving-handling.htm
- Professional guidance and standards
 - The Royal College of Nursing – www.rcn.org.uk
 - The Chartered Society of Physiotherapy www.csp.org.uk
 - The Royal College of Midwives www.rcm.org.uk
 - The Society of Radiographers www.sor.org.uk
 - The Royal College of Occupational Therapists www.rcot.co.uk
- All Wales/UK NHS Manual Handling Training Passport and Information Scheme 2020 <http://howis.wales.nhs.uk/page.cfm?pid=55>

Scope

This Policy applies to all staff in all locations including those with honorary contracts

Equality and Health Impact Assessment	An Equality and Health Impact Assessment (EHIA) has and this found there to be a no impact.
Policy Approved by	Health and Safety Committee
Group with authority to approve procedures written to explain how this policy will be implemented	Operational Health and Safety Group
Accountable Executive or Clinical Board Director	Executive Director of People and Culture

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or the [Governance Directorate](#).

Summary of reviews/amendments

Version Number	Date Review Approved	Date Published	Summary of Amendments
1	January 2011	29/09/2011	Replaces previous Trust version reference no 31

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2	29/04/2014	25/06/2014	3 yearly review of Policy
3	25/04/2017	05/09/2017	3 yearly review of Policy
4	15/09/2021	07/12/2021	3 yearly review of policy

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Equality & Health Impact Assessment for MANUAL HANDLING POLICY

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Manual Handling Policy
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Executive Director of People and Culture Rachel Gidman. Woodlands House 36019 Manual Handling Adviser. Sam Skelton Woodlands House 36557 Head of Health & Safety. Robert Warren Woodlands House 36551
3.	Objectives of strategy/ policy/ plan/ procedure/ service	It is the policy of Cardiff and Vale UHB to provide and maintain, so far as is reasonably practicable, safe and healthy working conditions, a safe environment, safe equipment and safe systems of work for all its employees whilst performing manual handling activities.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as 	Pro Act Audit of Patient dependency needs. The All Wales Manual Handling Passport & Information Scheme (revised 2020) .

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	<p>applicable</p> <ul style="list-style-type: none"> • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory¹ and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need².</p>	
5.	Who will be affected by the strategy/ policy/ plan/ procedure/ service	UHB Staff and others such as volunteers working on behalf of the UHB and service users will be affected by the Policy.

¹ <http://nww2.nphs.wales.nhs.uk:8080/PubHObservatoryProjDocs.nsf>

² <http://www.cardiffandvaleuhb.wales.nhs.uk/the-challenges-we-face>

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6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.1 Age For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	No Impact		
<p>6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	The Manual Handling Policy positively assists people with mobility disabilities and ensures they are appropriately moved with dignity and without harm.		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	No Impact		
<p>6.4 People who are married or who have a civil partner.</p>	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding. They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>No Impact, although the Policy does aim to ensure that pregnant staff are not undertaking manual handling tasks that could cause harm to them or the baby.</p>		
<p>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</p>	<p>No Impact</p>		
<p>6.7 People with a religion or belief or with no religion or belief. The term 'religion' includes a</p>	<p>No Impact</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	No Impact		
6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design Well-being Goal – A Wales of vibrant culture and thriving Welsh language	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
6.10 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	No Impact		
6.11 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	No Impact		
6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	No Impact		

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7. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>7.1 People being able to access the service offered: Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>People accessing the service will be cared for in an environment where their mobility needs have been assessed and control measures to facilitate care.</p>		
<p>7.2 People being able to improve /maintain healthy lifestyles: Consider the impact on healthy lifestyles, including healthy eating, being active,</p>	<p>No Impact</p>		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p>no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier Wales</p>			
<p>7.3 People in terms of their income and employment status: Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels,</p>	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
job security, working conditions Well-being Goal – A prosperous Wales			
7.4 People in terms of their use of the physical environment: Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A resilient Wales			
<p>7.5 People in terms of social and community influences on their health: Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	The Policy and Procedure includes where appropriate joint working with Social Services for community support in regards to manual handling.		
7.6 People in terms of macro-economic,	No Impact		

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How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
environmental and sustainability factors: Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate Well-being Goal – A globally responsible Wales			

Please answer question 8.1 following the completion of the EHIA and complete the action plan

8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service	Overall the Policy has a positive impact on benefitting staff and service users who have mobility disabilities. The Policy aims to ensure that staff has the relevant capacity and suitable equipment to deliver care, irrespective of their lifestyle choices.
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Action Plan for Mitigation / Improvement and Implementation

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate

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	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
8.2 What are the key actions identified as a result of completing the EHIA?	Continued implementation will support and benefit both staff and patients with mobility issues.			
8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required? This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	No			

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Document Title: Manual Handling Policy	17 of 18	Approval Date:
Reference Number: IMS-12-01-CAV		Next Review Date:
Version Number: 5		Date of Publication:
Approved By:		

	Action	Lead	Timescale	Action taken by Clinical Board / Corporate Directorate
<p>8.4 What are the next steps?</p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> • Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> ○ continues unchanged as there are no significant negative impacts ○ adjusts to account for the negative impacts ○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so) ○ stops. • Have your strategy, policy, plan, procedure and/or service proposal approved • Publish your report of this impact assessment • Monitor and review 	There is no negative impact			

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Report Title:	Annual Equality Report			Agenda Item no.	3.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11 March 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Head of Equity & Inclusion				

Main Report

Background and current situation:

The Public Sector Equality Duty, as set out under the Equality Act 2010, requires the UHB to report annually on its progress against its strategic equality objectives.

CAVUHB's objectives for the purpose of these reports are set out in the *Strategic Equality Plan: Caring about Inclusion 2020-2024*.

The Annual Equality Report 2023-2024 (Appendix 1) captures organisational progress in meeting the objectives between April 2023 – March 2024.

This will be the final report outlining our progress against the *Strategic Equality Plan: Caring about Inclusion 2020-2024*. The next iteration of the report will outline our progress against the Health Board's *Strategic Equality Objectives and Plan: Shaping Our Inclusive Culture 2024-2028*; which was approved by the People & Culture Committee and Board in March 2024.

Going forward, the Annual Equality Reports will be published in the summer of the reporting year. Therefore, the Annual Equality Report 2024-2025 will be drafted for approval in the June/July 2025.

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

I am pleased with the progress we have made in achieving our strategic equality objectives over the past four years. This final report under the current Strategic Equality Plan showcases our dedication to creating an inclusive environment and the advancements we have made.

Key points I want to highlight for the Committee include the transition to our new Strategic Equality Plan: Shaping Our Inclusive Culture 2024-2028. This plan outlines ambitious goals to further integrate equality and inclusion into our organisational culture. Your support will be essential for the successful implementation and monitoring of these goals.

Additionally, the change in the publication timeline for the Annual Equality Reports to the summer months will be a positive step in more timely reporting.


Recommendation:

The Committee is requested to:

- a) Recommend approval of the Annual Equality Report 2024 to Board for publication on the Health Board's website.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

1.  Putting People First Click the objective above to view more detail.	X	2.  Providing Outstanding Quality Click the objective above to view more detail.	X
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	X
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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)	X	QIA not required for this report.
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Impact Assessment:

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

Risk: Yes

The risk assessment has been addressed in the main body of the report. The primary risk involves the potential failure to meet our legal obligations under the Equality Act 2010, which could lead to intervention by the Equality and Human Rights Commission. Additionally, there is a risk related to ensuring compliance with Welsh Language standards.

Safety: No

N/A

Financial: No

N/A

Workforce: No

N/A

Legal: Yes

The main legal risk is the potential failure to meet our obligations under the Equality Act 2010, which could result in intervention by the Equality and Human Rights Commission.

Reputational: Yes/No

The main reputational risk is failing to provide updates and assurance to our communities regarding the progress we are making against our objectives.

Socio Economic: Yes - 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 report covers progress in socio-economic areas in line with our Public Sector Equality Duty.

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 \(nhs.wales\)](#)

The report covers progress in equality and health areas in line with our Public Sector Equality Duty.

Decarbonisation: No

N/A

Welsh Language: Yes	
There is a risk associated with ensuring compliance with Welsh Language standards.	
Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

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

Cardiff & Vale University Health Board Annual Equality Report 2023-2024

This document is available in Welsh and on request in a range of accessible formats and languages.

Please email EquityAnd.Inclusion@wales.nhs.uk

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Conclusion & Vision for 2024-2025

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Introduction and Background

The Cardiff & Vale UHB Annual Equality Report 2023-2024 provides an overview of the progress we have made in delivering planned outcomes as set out in our [Strategic Equality Plan 2020-2024](#). To learn more about our work, we recommend reading the Cardiff & Vale UHB Annual Report 2023-2024 and [Shaping Our Future Wellbeing 2023-2035](#).

Cardiff & Vale UHB is responsible for the care of over 500,000 people living throughout Cardiff and the Vale of Glamorgan. In 2023-2024 we employed 17,862 members of staff across the organisation.

Our work aims to support everyone to ensure that they are treated fairly and with respect, and we work within several different legislative requirements including the Human Rights Act 1998 and the Equality Act 2010. The Public Sector Equality Duty places a statutory Duty on Cardiff & Vale UHB to:

- Eliminate unlawful discrimination, harassment and victimisation;
- Advance equality of opportunity between persons who share a relevant protected characteristic and those who do not;
- Foster good relations between those who share a relevant protected characteristic and those who do not.

The Health Board aims to discharge this duty through delivering on our Strategic Equality Plan 2020-2024. Our Plan sets out our equality objectives to support the delivery of our strategic aims. Our Annual Report describes our work towards implementing the objectives during 2023-2024. This includes highlighting achievements and identifying areas where further work needs to be done.

Our objectives were developed through engagement with patients, staff, partners, equality organisations, and other stakeholders in partnership with Wales Public Body Equality Partnership.

The four outcomes set out in our Strategic Equality Plan 2020-2024 are:

1. People are and feel respected, this includes patients, carers and family members as well as staff and volunteers.
2. We communicate and engage with people in ways that meet their needs.
3. More people receive care and access services that meet their individual requirements, including those from socio-economic communities.
4. Gender and any other protected characteristic pay gaps are eliminated.

These outcomes are aligned to our [Shaping our Future Wellbeing Strategy](#) (<https://cavuhb.nhs.wales/about-us/our-mission-vision/shaping-our-future-wellbeing-strategy/>) and the [Well-being of Future Generations Act 2015](#) (<https://www.gov.wales/sites/default/files/publications/2021-10/well-being-future-generations-wales-act-2015-the-essentials-2021.pdf>) .

In the following section, we reflect upon the work undertaken in Cardiff & Vale UHB to deliver the four outcomes set in our Strategic Equality Plan 2020-2024.

Outcome 1: People are and feel respected

Promoting Cardiff & Vale UHB as a great place to work

Over the past year, the People Resourcing Team has worked tirelessly to promote the Health Board as a great place to work, engaging with diverse groups within our communities. In alignment with the Future Generations Act, we have focused on increasing awareness of UHB (University Health Board) careers and recruiting talent from underrepresented groups and areas of deprivation across Cardiff and the Vale of Glamorgan.

A Widening Access Framework has been developed and socialised within each Clinical Board to promote the range of activities that the department delivers.

Partnering with Cardiff Commitment and Careers Wales, we have promoted NHS roles to young people by attending 29 school and college events and delivering virtual presentations to over 5,000 pupils, many from areas of deprivation. These engagements showcased the diverse career opportunities within the NHS, planting the seeds for future workforce aspirations.



Digital Stories

The Patient Experience Team uses Digital Stories to empower individuals to share their experiences of not only the care we provide, but also of working within our organisation. The link below is a digital story from a colleague highlighting the difficulties faced by those with hearing impairment in our workforce.

The Digital Story lead has been attending One Voice staff network, the Health Board's staff network for colleagues from ethnically diverse communities, meetings to encourage staff to share their stories where they feel comfortable in doing so.

Staff Networks

The Head of Equity and Inclusion meets bi-monthly with the chairs of the Health Board's staff networks to better understand the experiences of staff.

Access Ability Staff Network



The Health Board's Access Ability Staff Network, which was launched in January 2021, supports members of staff living with a disability, impairment or long-term health condition. Access Ability is a lived-experience network for CAVUHB staff to come

together and talk about their experiences at work, and other barriers that impact their day-to-day lives.

LGBTQ+ Staff Network



Our LGBTQ+ Staff Network continues to help our staff create a more inclusive and diverse organisation. The network provides staff with the opportunity of social interaction, peer support and assisting in raising awareness of equality. The network supported the Health Board in promoting LGBTQ+ awareness events, including Pride Month and Trans Day of Remembrance.

One Voice Staff Network



Our OneVoice Staff Network is an employee group for colleagues from ethnically diverse communities. The Network aims to raise awareness of the lived experiences of people from ethnically diverse communities, provide peer-to-peer support, and to work with the Health Board in our journey to becoming an anti-racist organisation. The Health Board has launched a SharePoint page for the OneVoice Staff Network to encourage colleagues to join the network and to raise awareness of the network's work.

The One Voice Staff Network were integral to the shaping of the Health Board's anti-racist action plan to ensure the experiences of staff were captured as part of the planning. One of the key actions in the plan is the 'Winning Hearts and Minds' action, which looks to engage with our diverse workforce to better understand their experiences and capture the 'why' work around the importance of anti-racism.

Rhwydwaith Staff Network

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Rhwyd-iaith

Rhwyd-iaith is our staff network for Welsh language users of all capabilities. Launched in 2022, Rhwyd-iaith is a group where people can gain the confidence to use their Welsh in the workplace and at home, to build connections between colleagues, and raise awareness of the importance of Welsh language in healthcare. Providing excellent quality patient care is the Health Board’s priority and using Welsh in the workplace can support with that.

Launch of ‘My Health Passport’



In November 2024, the Health Board launched the ‘My Health Passport’, a key initiative designed to support disabled colleagues and those with long-term health conditions in having open and constructive conversations with their line managers about their condition and workplace adjustments.

The passport serves as a portable record of agreed adjustments and can move with the individual if they change teams, helping to ensure continuity of support and easing conversations with new managers.

The launch event was attended by Jane Hutt AM, who expressed her enthusiasm for understanding the real-world impact of the passport. Initial feedback from staff has been overwhelmingly positive, highlighting its practical benefits in fostering an inclusive and supportive workplace.

The ‘My Health Passport’ was developed in collaboration with the AccessAbility Staff Network and Trade Union Partners, ensuring that the voices and experiences of those it aims to support were at the heart of its creation.

Celebrating South Asian Heritage Month

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In August 2023, the Health Board hosted a South Asian Heritage Month celebratory event, providing a platform for colleagues to share their experiences and heritage. The event served as an opportunity to foster inclusion, amplify diverse voices, and celebrate the contributions of South Asian staff within the organisation.

Senior leaders, including the Chair of the Board, Chief Executive, and Director of People & Culture, attended in support of the event, reinforcing the Health Board's commitment to diversity, equity, and inclusion.

By recognising and valuing cultural heritage, this event contributed to a more inclusive workplace where all staff feel seen, heard, and celebrated.

Inclusion Calendar 2024



During 2024 we saw the Health Board launch its third organisational 'Inclusion Calendar'. The document provides a selection of key dates and events that reflect the diverse local population of our staff, service users, and stakeholders. The calendar helps us to ensure that important events and meetings are not scheduled when key sections of the workforce of patients may not be able to attend, as well as providing opportunities to celebrate and raise awareness.

National Action Plans

The Health Board continues to drive equity and inclusion through targeted action plans that address systemic barriers and promote a more inclusive workplace and healthcare environment.

Anti-Racist Action Plan



The Health Board's Anti-Racist Action Plan has been reviewed, with discussions held between action leads and key stakeholders to accelerate progress. This includes:

- Communicating updates through the Communications & Engagement Team to ensure transparency and engagement.
- Embedding anti-racist awareness into existing training programmes within Education, Culture, and Organisational Development.
- Collaborating with the People Analytics Team to prepare for the Workforce Race Equality Standard (WRES), with reporting set for April 2024.

The Health Board has also supported Diverse Cymru workshops, reviewing NHS Wales policies and procedures through an anti-racist lens. The Inclusion Ambassador Programme continues to equip senior leaders with tools and knowledge to champion anti-racism.

Additionally, during Black History Month, the Health Board celebrated a Black icon each day throughout October, sharing their stories on the Equity & Inclusion SharePoint site. This initiative provided staff with the opportunity to learn more about Black history, contributions, and diverse experiences, reinforcing the organisation's commitment to education and awareness.

LGBTQ+ Action Plan

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Building on this momentum, the Health Board has begun shaping a local LGBTQ+ Action Plan for the organisation. Key stakeholders—including the LGBTQ+ staff network and the Welsh Gender Service—have been engaged to establish a Task and Finish Group to develop the plan.

The plan will mirror the structure of the national LGBTQ+ Action Plan for Wales, ensuring alignment with wider strategic objectives while addressing local priorities. This initiative reflects the Health Board’s commitment to fostering an inclusive culture for LGBTQ+ staff, patients, and service users.

Equity and Inclusion Summit 2023

In October 2023, Cardiff & Vale UHB held an Equity & Inclusion Summit, bringing together the Senior Leadership Board, including members of our Executive Team and senior leaders from across the organisation. The summit provided a vital opportunity to explore national priorities in equity and inclusion, inform our organisational strategy, and identify ways to embed these principles into our culture, ensuring they are experienced by all our people.

The event aimed to create a space for meaningful discussion, reflection, and collaboration, allowing leaders to examine how equity and inclusion can be woven into everyday practices, policies, and decision-making. Attendees engaged in thought-provoking discussions about the challenges and opportunities in creating an equitable workplace and improving outcomes for both staff and service users.

Keynote speakers included Professor Anton Emmanuel, who provided insight into the Workforce Race Equality Standard (WRES) and the critical role of data in driving change, and Dr Lisa Cordery-Bruce, who shared her expertise on shaping the Welsh Government’s LGBTQ+ Action Plan. Their contributions enriched discussions and reinforced the importance of a data-driven, intersectional approach to equity and inclusion.

The summit also facilitated interactive sessions where leaders could explore tangible steps to promote inclusivity, share best practices, and develop action plans to drive meaningful change. By addressing structural barriers and fostering an environment of

accountability, the summit strengthened our commitment to embedding equity and inclusion in all aspects of Cardiff & Vale UHB's operations.

The event underscored our commitment to fostering a truly inclusive environment where every individual feels valued, respected, and supported to thrive. The insights and strategies generated at the summit will serve as a foundation for our continued efforts in building a more equitable health board for all.

Employment Initiatives

DFN Project Search



Our pre-employment programme is designed to support individuals with learning disabilities and/or autism in developing the knowledge, skills, and confidence needed for permanent employment. Through tailored learning and hands-on experience, the programme provides a structured pathway into the workforce.

Since its launch, the programme has achieved significant success:

- Year 1: 85% of interns secured employment
- Year 2: 67% gained employment
- Year 3: 16 interns participated

By providing meaningful opportunities and workplace support, the programme continues to break down barriers to employment, helping individuals to build sustainable careers and contribute their talents to the workforce.

Supporting Care Experienced Individuals into Employment

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The department successfully secured a HEIW grant to deliver a Widening Access Programme aimed at supporting care experienced individuals into employment within the NHS. This initiative, developed in partnership with Cardiff Commitment, Vale of Glamorgan Council, Cardiff and Vale College, and Into Work Services, is designed to break down barriers, provide tailored support, and track outcomes to ensure long-term success.

Several initiatives are currently underway to support care experienced individuals up to the age of 25, with two individuals already securing placements in Cyber Security and Cellular Pathology. By offering structured pathways into healthcare careers, the programme helps care experienced young people build skills, confidence, and sustainable employment opportunities within the NHS.

Career Taster Sessions

Over the past year, three Career Taster Sessions have been delivered within Pharmacy, providing Year 12 students with an insight into the role of a Hospital Pharmacist. Organised in collaboration with Cardiff Commitment, Careers Wales, and Vale of Glamorgan schools, these half-day sessions have proven to be a successful model, with plans to expand them into other healthcare areas.

Each session gave students a comprehensive overview of the profession, helping them explore career pathways within the NHS. A group of 15 students participated, with many expressing a strong interest in pursuing Pharmacy as a career following their experience.

By offering first-hand exposure to NHS careers, these sessions are playing a key role in engaging and inspiring the next generation of healthcare professionals.

Work with the Department of Work and Pensions

The People Resourcing Team has partnered with the Department for Work and Pensions to promote career opportunities within the Health Board to individuals who have experienced long-term unemployment. This collaboration has provided valuable pathways into employment through hands-on experience and direct engagement.

As part of this initiative, a series of work placement taster sessions have been introduced, allowing participants to experience the Health Board as an employee. In addition, tailored taster sessions and guided tours have been organised with the Catering and Housekeeping departments, giving individuals a first-hand insight into these roles before applying.

By offering practical exposure and support, this initiative helps to remove barriers to employment, build confidence, and encourage more individuals to take their first steps towards a career in healthcare.

Expanding Recruitment and Workforce Diversity



Over the past year, the recruitment team has actively engaged with communities across Cardiff and the Vale, participating in 41 recruitment events to promote NHS entry-level roles, such as housekeeping and catering. To make the process more accessible, attendees could apply immediately using paper application forms.

In addition, the team organised two major UHB recruitment events at the Hilton Hotel, bringing together a wide range of Health Board departments and attracting over 1,000 participants. These inclusive events have played a key role in strengthening connections with the local community, particularly underrepresented groups.

To support career awareness and inspire the next generation of healthcare professionals, two pharmacy taster sessions were delivered to 30 students from diverse schools across Cardiff. This included participants from The Brilliant Club, which helps students from less advantaged backgrounds access academic opportunities.

Further efforts to improve workforce diversity and inclusion include:

Redesigning job adverts to better reflect the diversity of our workforce and attract a broader range of applicants.

Expanding work placement opportunities through the Work Experience Framework, now offering Job Taster Sessions, Internships, and placements for school and university students, as well as those who are long-term unemployed.

By creating multiple entry points into NHS careers, these initiatives are helping to build a more inclusive, representative, and skilled workforce for the future.

Apprenticeship Academy

The Apprenticeship Academy continues to make great strides in creating new opportunities for apprentices to join Cardiff and Vale across a range of areas, including Digital, Administration, and Building Services Engineering. This year, we also took an exciting step into clinical roles, welcoming our first Healthcare Science and Healthcare Support Worker Apprentices.

In a large organisation like ours, it is essential to develop apprenticeship pathways in all areas to help us 'grow our own' talent and build a strong, sustainable workforce. Alongside our new apprentices, we have also supported 215 existing staff members by enrolling them onto various training frameworks, helping them to upskill and develop in their roles.

A highlight of this year was attending the Apprenticeship Awards Cymru in March 2024, where we were thrilled to be named Macro Employer of the Year. This prestigious award recognises our dedication to apprenticeships, our dynamic approach, and the way we have embedded apprenticeships into the organisation's learning and development culture.

Engaging with Stakeholders

Strengthening Public Engagement and Partnerships

Throughout 2024, we have remained committed to ensuring diverse voices from communities across Cardiff and the Vale of Glamorgan are heard. We recognise that some individuals face barriers to engagement, and we are actively working to remove these obstacles. The approval of our Co-production, Engagement, and Consultation Framework in November 2023 reinforces our responsibility to consider the Equality Act and the impact of service changes on all community members.

This year, we have engaged with the public on various service changes, ensuring we assess and address any additional barriers they may create. For example, if a service relocates, we consider the impact on individuals relying on public transport or those with limited travel options. Our engagement approach includes digital and in-person opportunities, targeted outreach via community platforms, and tailored communication to reach underrepresented groups.

Collaboration remains at the heart of our engagement strategy. In partnership with Cardiff and Vale Public Services Boards, we have established a Public Services Engagement Group to share best practices and strengthen community connections. We continue to work closely with the Vale of Glamorgan Council's Equality Forum, 50+ Forums, Youth Forums, and initiatives like the Your Place steering group, which focuses on areas of deprivation in Barry.

Embedding Health Equity in Strategy and Planning

Building on the success of our 2023 strategy, we have developed six strategic portfolios that shape our future in key areas, including people and culture, population health, quality, clinical services, infrastructure, and future generations. Health equity is a central theme in our work, particularly within Shaping Our Future Population Health and Places, Quality, Value, and Sustainability, and Clinical Services. By focusing on prevention, reducing health inequalities, and improving access to care, we aim to halt the widening life expectancy gap by 2027 and maintain it through 2035.

This strategic, community-driven approach will empower people to lead healthier lives and ensure that services are designed to meet the diverse needs of our population.

Health Inclusion Service



Cardiff and Vale Health Inclusion Service's (CAVHIS) vision is to improve the health and wellbeing of individuals who find it hard to access healthcare through the delivery of a high-quality health screening service and community orientation. CAVHIS works hard with our partners towards reducing health inequalities in Cardiff and the Vale of Glamorgan.

Prayer Mat Packs

In response to patient and family feedback, the Patient Experience Team has introduced 'Prayer Mat Packs' to support the spiritual and religious needs of patients, staff, and visitors who may be unable to leave their location to pray.

An initial 20 packs were funded and distributed to key ward areas, ensuring accessibility where they are most needed. Since the pilot launched, Prayer Mat Packs have been made available in the following areas:

- University Hospital of Wales (UHW): MEAU, Delivery Suite, Rainbow Oncology, A7, Palliative Care Team, Digital Library Trolley
St David's Hospital

- University Hospital Llandough (UHL): Meadow, Alder, Maple, Beech, Willow, Oak, Digital Library Trolley

Digital Trolley Volunteers continue to promote the initiative during ward rounds, distributing leaflets and displaying posters in relevant areas. Feedback is actively being gathered to assess the impact of the packs and inform future improvements and wider rollout.

This initiative reflects our commitment to inclusive care, ensuring that spiritual and religious needs are respected and supported across our health board.

Patient Experience Team and Dementia Training

The Voluntary Services Team have worked closely with the Dementia Learning and Development Team to put in place training opportunities for volunteers.

The aim is for all volunteers to receive informed level dementia training to better understand and support patients and visitors living with dementia that they engage with. Following this there is follow up training volunteers can attend, and a new module is being piloted.

Participating in Pride Cymru



The Health Board proudly joined organisations from across NHS Wales to participate in Pride Cymru. This vibrant event provided an excellent opportunity for the Health Board to visibly demonstrate its ongoing commitment to LGBTQ+ inclusion and equality.

By taking part in Pride, the Health Board reinforced its dedication to creating a supportive, inclusive environment for the LGBTQ+ community, both within the organisation and in the wider community. The event also highlighted the Health Board's efforts to promote equality of opportunity and celebrate the diverse identities of its staff and service users.

Supporting Trans and Non-Binary Employees

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In May 2023, the Health Board approved a Trans and Non-Binary Employee Support Procedure, marking a significant step towards fostering a more inclusive and supportive workplace for trans and non-binary staff.

To further embed best practice across NHS Wales, the Head of Equity & Inclusion presented the procedure at the NHS Wales Assistant Directors of Workforce & OD meeting, inviting colleagues from other health organisations to adopt it as a template for their own policies. The procedure has also received endorsement from trade unions within the Health Board, reinforcing its importance in ensuring dignity, respect, and equity for all staff.

This initiative demonstrates the Health Board's ongoing commitment to workplace inclusion, ensuring that all employees feel safe, valued, and supported in their professional environment.

Cardiff and Vale Youth Board

Made up of volunteers aged 13-25 from a wide range of backgrounds and communities, Cardiff & Vale Youth Board is fundamental in giving young people a voice in shaping services across Cardiff and Vale. The Youth Board contribute to the ongoing developments in Child and Adolescent Emotional Wellbeing and Mental Health Services, and have participated in engagement for the Health Board's 10-year strategy, Shaping Our Future Wellbeing.



Cardiff And Vale Health Youth Board
Bwrdd Iechyd Ieuenctid Caerdydd A'r Fro

People are respected and free from abuse, harassment, bullying and violence

Child Health

There has been an increase in Violence Against Women Domestic Abuse Sexual Violence (VAWDASV) Group 2 training for staff at all levels who are patient/public facing. We have introduced training twice a month on a rolling programme.

Disclosures of Domestic Abuse from both the public and staff has increased since lockdown. The Health Board has appointed further health Independent Domestic Violence Advisors (IDVA) to address this. We have also appointed an IDVA for Children to consider healthy relationships and will pick up cases from the Paediatric Emergency Department.

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The whole of the safeguarding agenda has increased with more awareness and recognition of abuse in all its forms and neglect. Staff can find more information in the [CAVUHB Safeguarding Annual Report 2022/2023](#)

Tackling Hate Crime

~~Hate~~ Report
it Wales

Hate Crime Against Staff will result in a withdrawal of services, the Police being called and a possible **criminal conviction**.

Behaviour includes:

- Verbal abuse or threatening behaviour
- Graffiti, damage to property

~~Casineb~~ Adrodd amdano
yng Nghymru

Bydd trais casineb yn erbyn staff yn arwain at diddymu gwasanaethau, cwyn i'r Heddlu a'r posibilrwydd o fod yn euog o **gyflawni trosedd**.

Mae ymddygiad annerbyniol yn cynnwys:

- Cam-drin geiriol
- Ymddygiad bygythiol, graffiti a difrod i eiddo

Cardiff and Vale University Health Board is committed to addressing and preventing hate crime. Our Case Management Team plays a key role in raising awareness, ensuring staff understand that targeting individuals based on their identity is completely unacceptable.

We recognise that experiencing hate crime can be distressing and overwhelming. Staff who are affected are encouraged to report incidents to the police when appropriate. Importantly, reporting to South Wales Police does not mean victims are required to take further legal action, but it does allow them to access vital support services.

When staff report hate crime incidents, the Case Management Team is on hand to offer guidance and support. Incidents can also be reported internally via DatixCymru, following the Health Board's reporting policies and procedures.

Hate Crime Reports

During 2023/24, 12 hate crime incidents involving Health Board staff were reported to the police—an increase from the previous year. This suggests that staff are becoming more confident in speaking out against unacceptable behaviour.

Of these cases:

- Three incidents of racially aggravated public order offences were taken forward through the Criminal Justice System, leading to:
 - A 12-month conditional discharge
 - A 9-month contract with the Cardiff Youth Offender Panel
 - An out-of-court resolution through Restorative Justice
- Eight incidents were reported for information purposes, with victims choosing not to pursue formal complaints. Where appropriate, the police issued informal warnings to the perpetrators.

We will continue working to create a safe and inclusive environment for all staff, ensuring that hate crime has no place in our organisation.

Training, Support and Development

Treat Me Fairly

Equality and diversity training is mandated in the Health Board with staff required to complete the 'Treat Me Fairly' eLearning module. As of 31st March 2024, 76.15% of our staff had completed the eLearning module.

Patient Experience Team and Sight Life

The Patient Experience Team made links with Sight Life to look at how we can work together to improve the experiences of people living with a sight impairment, using our services. Bespoke training was developed for our Information Centre Volunteers and Welcome Team Volunteers, raising awareness of the different types of sight impairment and how best volunteers can support someone who comes into the hospital requiring support. So far one session has taken place at University Hospital of Wales and one at University Hospital Llandough, with a further session planned.

Equality Health Impact Assessments

Equality Health Impact Assessment (EHIA) are a critical tool in ensuring that strategy, policy, plans, procedures, and service changes are developed with a clear understanding of their impact on different population groups, particularly those who may experience health inequalities or face barriers to access.

By embedding EHIA into our governance and decision-making structures, we continue to proactively assess and address inequalities, ensuring that the principles of equity, diversity, and inclusion remain central to our work. This approach not only strengthens compliance with statutory duties but also enhances our ability to create a healthier, fairer future for all.

Further information on the EHIA toolkit can be found on our website:

[EHIA toolkit - Cardiff and Vale University Health Board \(nhs.wales\)](https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/)
(<https://cavuhb.nhs.wales/staff-information/toolkits/ehia-toolkit/>)

Inclusion Ambassadors

Our vision is to ensure that teams across the Health Board reflect the diversity of the communities we serve, with meaningful representation of people from protected characteristic groups at all levels. By fostering a workforce that is truly inclusive, we can drive forward positive change, creating a safer, kinder, and more welcoming environment for all staff.

A key initiative in achieving this vision has been the development of Inclusion Ambassadors—a role designed to empower individuals to advocate for change, challenge inequalities, and actively support their colleagues. Inclusion Ambassadors act as champions of equity, diversity, and inclusion, helping to embed these values across their Clinical and Service Boards.

By embedding inclusion at every level, we are not just meeting our responsibilities—we are building a stronger, more compassionate organisation that reflects the diverse voices and experiences of our workforce.

Clinical Diagnostics & Therapeutics

Throughout 2023/24, the Clinical Diagnostics and Therapeutics (CD&T) Clinical Board continued its commitment to equality, diversity, and inclusion. Inclusion Ambassador meetings remained active, and collaboration with Staff Side led to the creation of a Safe Space initiative, allowing staff to anonymously raise concerns about discrimination. A poster featuring Trade Union logos was developed to acknowledge their support in this work. This initiative provides an alternative reporting route while complementing existing formal processes.

To promote inclusivity, the Clinical Board shared EDI Awareness Days, webinars, and events through newsletters, team briefings, and its SharePoint site. Equality, Diversity, and Inclusion remains a standing agenda item in key governance meetings, reinforcing its importance. The Anti-Racist Action Plan was widely circulated, and the One Voice Network presented real-life examples of race discrimination at a Clinical Board meeting to enhance awareness and learning. Additionally, staff were encouraged to update their equality data on ESR to support more inclusive workforce planning.

Inclusion Ambassadors led various initiatives, including Welsh language promotion, disability awareness training, and participation in Project Search, which provided student placements—some of whom secured permanent roles. Therapies secured funding to print the Stepping Stones booklet in a physical format, ensuring accessibility for those who struggle with digital resources. Pharmacy has been reviewing patient experiences, focusing on supporting those with language barriers. Meanwhile, AWTTTC established an Equality Group to enhance Equality and Health Impact Assessments (EqHIAs), and Medical Illustration produced EDI resources while offering expertise in accessible design.

The Clinical Board's Equality and Inclusion efforts aim to enhance patient care and staff experience, ensuring an inclusive environment where everyone feels valued and supported. Moving forward, the Therapies directorate will develop an action plan to drive this agenda, reinforcing the Board's commitment to embedding equality into everyday practice.

Mental Health

The Mental Health team has been recognised for its commitment to equality and inclusion, winning three awards from Diverse Cymru. These achievements highlight the ongoing dedication to creating inclusive services that support both staff and service users.

Individual Placement Service (IPS) Thrive continues its vital work in helping people with mental health conditions gain employment, providing tailored support to improve job opportunities and overall wellbeing. Meanwhile, the Lived Experience team is training individuals with disabilities to take on Peer Roles, offering valuable support based on their own experiences. Notably, the first Peer Role outside of Mental Health has now been introduced, with a team member working in Live Well.

Additionally, the Recovery and Wellbeing College plays a crucial role in providing accessible learning opportunities for staff, service users, and carers alike. Their courses promote personal growth and resilience, ensuring equitable access to education and support. For more information on how to engage with the College, please contact Susie Boxall.

Medicine

The Medicine Clinical Board continues to strengthen its commitment to equity and inclusion by developing a network of volunteer champions for the nine protected characteristics. These champions play a vital role in sharing key information and educational resources throughout the Clinical Board, helping to foster a more inclusive and informed workforce.

The Clinical Board also ensures adherence to all UHB Equality Policies, with compliance monitored through line management processes and directorate structures. In addition to internal efforts, services within the Clinical Board actively work to tackle health inequalities and improve access to care. A recent example includes the Stroke Service, which facilitated a stroke prevention awareness event in partnership with the Sikh community of Cardiff, supporting targeted education and prevention efforts in underrepresented communities.

By embedding equality into both its workforce and service delivery, the Medicine Clinical Board continues to drive meaningful change and improve health outcomes for all.

Specialist Services

The Specialist Services Clinical Board has taken significant steps to enhance staff wellbeing, engagement, and workplace culture over the past year.

- A dedicated Staff Wellbeing Programme was introduced in 2023 within the Inherited Bleeding Disorders Service, with plans to expand it across the wider directorate this year.

- Haematology is actively exploring ways to improve staff engagement, including plans to introduce the “Staff Voices” programme and conducting a focused morale-boosting initiative within the Bone Marrow Transplant (BMT) team.
- In Critical Care, three Staff Nurses who joined NHS Wales through the ‘Once for Wales’ International Recruitment scheme were invited as guests of the First Minister to attend Diwali celebrations in November, where they also had the opportunity to meet the Chief Nursing Officer (CNO).
- Critical Care teams participated in team days throughout 2023, fostering stronger relationships between Team Leaders and staff, facilitating two-way communication, and addressing the evolving needs of post-pandemic critical care nurses.
- A ‘Speaking Up’ Group has been launched within Critical Care to empower all multi-disciplinary team (MDT) members to confidently raise concerns, ask critical questions in the clinical setting, and contribute to a stronger safety culture.

By prioritising staff wellbeing, engagement, and psychological safety, the Specialist Services Clinical Board is fostering a more inclusive, supportive, and collaborative working environment.

Primary, Community & Intermediate Care

The Primary, Community & Intermediate Care (PCIC) Clinical Board has continued to embed equity, inclusion, and staff wellbeing across its services and workforce.

- Equity Champions have been identified across the Clinical Board, including within the Clinical Board Management Team, to promote key messages from the Corporate Equalities Team. Additionally, the Mass Immunisations and Testing Team has introduced Senior Equity Leads to drive forward equity-focused initiatives.
- The Clinical Board remains committed to adhering to Health Board Equality policies and has collaborated with the Equity & Inclusion Team to provide targeted training, including anti-discrimination and neurodivergence awareness sessions, for staff in local areas.
- Given its focus on delivering community-based healthcare, PCIC ensures that equity considerations are at the heart of service design. This approach helps address health inequalities and social barriers, ensuring accessible and inclusive services for diverse patient groups.
- Wellbeing Champions have been trained across PCIC to facilitate peer support, providing colleagues with advice, guidance, and signposting on mental health and wellbeing.
- The Health Board was named Macro Employer of the Year at the Apprenticeship Awards Cymru 2024. A current apprentice and a former apprentice from the Primary Care Team shared their experiences during the validation panel, helping to secure the Health Board’s finalist position.

- PCIC teams have prioritised staff engagement and wellbeing, with events such as the Cardiff Community Resource Team (CRT) Full Team Event in October 2023. This event enabled staff to share their experiences and highlighted wellbeing activities designed to support and enhance the CRT team's working environment. Dedicated Wellbeing Team Volunteers continue to champion these efforts.

By embedding equity, engagement, and wellbeing into its operations, the PCIC Clinical Board is ensuring both staff and patients benefit from a more inclusive and supportive healthcare environment.

Surgical

The Surgical Clinical Board in Cardiff & Vale UHB has taken proactive steps to foster an inclusive and supportive workplace, ensuring that colleagues from diverse backgrounds feel valued and respected. Monthly wellbeing sessions have been introduced, celebrating cultural diversity through shared experiences, including international food buffets that bring together flavours from around the world.

To support our internationally educated nurses (IENs), we have established a dedicated IEN support group, providing a welcoming space for newly recruited nurses. In addition, an IEN buddy system has been introduced, pairing new staff with experienced colleagues to help them settle into their roles and the wider organisation.

Recognising the importance of cultural and religious observances, clinical leads have adapted staff schedules to accommodate significant events such as Eid and Ramadan. Where needed, off-duty arrangements are adjusted to support staff wellbeing, and colleagues are given the flexibility to observe prayer times. These initiatives reinforce our commitment to an inclusive and respectful working environment, ensuring that all staff feel supported in both their professional and personal lives.

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Outcome 2: We communicate and engage with people in ways that meet their needs

Engaging to Shape an Inclusive Future

As part of the Health Board's Shaping Our Future Wellbeing strategy consultation, staff were actively engaged to share their views and experiences, particularly in relation to health inequalities. These discussions played a crucial role in shaping future priorities to improve equity in healthcare delivery.

In addition, extensive staff engagement was undertaken to inform the development of Shaping Our Inclusive Culture: Cardiff & Vale University Health Board's Strategic Equality Objectives and Plan (2024-2028). Through engagement sessions, drop-in sessions, and online feedback via Microsoft Forms, staff had the opportunity to help shape the organisation's strategic approach to equality, diversity, and inclusion for the next four years.

The Health Board's Strategic Equality Objectives (2024-2028) focus on:

- Fostering an inclusive culture through awareness campaigns and education, ensuring all individuals—staff, patients, and service users—feel valued and respected.
- Enhancing communication to ensure information is accessible to everyone, promoting meaningful engagement.
- Improving accessibility within health services and facilities, creating a more inclusive environment for all.
- Enhancing data collection and analysis to better identify and address inequities in health outcomes and staff experiences.

Further staff engagement was conducted through the NHS Wales Staff Survey, in which 3,662 staff members shared their insights. In addition to general workplace experiences, the survey also gathered feedback on diversity and equality, helping the Health Board identify areas for improvement and inform future actions.

By listening to staff voices and embedding their feedback into strategic planning, the Health Board is committed to fostering a more inclusive, equitable, and supportive working and healthcare environment.

Accessible Communication and Information

All Wales Therapeutics and Toxicology Centre

All Wales Therapeutics and Toxicology Centre (AWTTC) has established an Equality Group, an internal working group of staff from the different sections of AWTTC. The

group aims to promote equality, diversity and inclusion throughout the Health Board and ensure that AWTTTC conducts and publishes high-quality EHAs for its work projects.

Medical Illustration

Medical Illustration provides clinical and non-clinical photography and video, along with design, illustration and print services to the Cardiff and Vale University Health Board. They have designed and printed Inclusion Calendars, LGBTQ+ posters, and the Annual Equality Report, to name but a few. They support departments by providing patient material, often in different languages, both in printed and digital formats.

The department has a Disability Champion who is also able to use BSL. A member of the team also attends the Access Ability Network meeting.

The photographers are trained to be sensitive to patient needs and to adjust their care accordingly to ensure all patients are treated equitably. A survey is offered to all patients and results are used to inform appropriate improvements to the service.

The designers have been trained and have extensive experience of designing material for a wide variety of learning needs. They have produced larger format versions of documents for those with visual impairments. They can advise on accessible design improvements and can produce materials to help patients with cognitive impairments. This all helps contribute to an improved patient experience for all those who require our care.



Kris is the Disability Champion from Medical Illustration

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Cedar Service



Centre for Healthcare Evaluation, Device Assessment and Research (CEDAR) is a service that focuses on service improvement and redesign projects for medical devices, diagnostics and interventional procedures within NHS Wales. The national Patient Recorded Outcome Measures (PROMs) translation into Welsh is led by Cedar and Cedar has employed a Welsh-language Co-ordinator to undertake this work. The National Patient Reported Experience Measure (PREM) refresh has involved stakeholder groups around Wales including Mental Health, Llais, visual and hearing impairment groups, learning disabilities groups, ethnically diverse communities, youth and the elderly.

Feedback Mechanisms

As a Health Board, we introduced the CIVICA Once for Wales Feedback System in October 2022. This new patient feedback system allows the Patient Experience Team to engage with our local community, to understand how the services the Health Board provides are working. Patients are sent a text message link to leave feedback on the services they have received, making it far more accessible for those with sensory loss as they will be able to access it using their own devices, the mobile friendly survey pages also adapt to screen size and orientation.

The surveys are clear and user friendly with a logical layout and sharp colours and contrast. To ensure the surveys are accessible they can be created with photo symbols for those with learning difficulties, in BSL for those who are hearing impaired, Text-To-Speech and Speech- To-Text format and can be translated into several languages. Our current main survey is available in our top 10 languages, including:

- Welsh
- English
- BSL / Welsh
- BSL / English
- Arabic
- Bengali
- Portuguese
- Simplified Chinese
- Kurdish Sorani
- Farsi
- Czech

In addition, we have kiosks in a number of public and outpatient areas, these kiosks are very user friendly with the survey designed in an 'easy read' format, using universally understood visuals for patients to provide quick, real-time feedback.

Information and Support Centres

Our Information and Support Centres continue to play a vital role in ensuring patients have access to clear, inclusive, and accessible health information. Resources are available in a range of formats, including Easy Read, to meet the diverse communication needs of our communities.

In addition to providing information, the centres offer signposting to specialist organisations that offer further support. This includes partnerships with organisations such as Sight Life and Action on Hearing Loss, ensuring that patients can access tailored guidance and services that enhance their wellbeing and independence.

These efforts reflect our commitment to making health information accessible to all, empowering individuals to make informed decisions about their care.

Improving Accessibility for Volunteer Applications

Cardiff & Vale UHB's Voluntary Services is committed to ensuring that volunteering opportunities are accessible to everyone. To support this, we now offer paper copies of application packs for individuals who may have difficulty accessing or using digital platforms.

In addition, large-print application packs and Easy Read documentation are available for volunteers who require these adjustments. By removing barriers to participation, we are creating a more inclusive and welcoming volunteering experience for all.

Editorial Panel and Guidance

This year, the Patient Experience Team has expanded the Editorial Panel by recruiting more volunteers to support its important work. The panel plays a key role in reviewing patient resources to ensure they are clear, accessible, and user-friendly.

Over the past year, the panel has reviewed 26 resources created by staff, including guidance to support deaf patients and a wellbeing poster for outpatient clinic areas. Volunteers provide valuable feedback on readability and accessibility, helping to ensure that patient information meets the diverse needs of our communities.

By involving volunteers in this process, we are strengthening our commitment to patient-centred communication and improving the overall experience for patients and their families.

Interpretation Services

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The Health Board continues to use the Wales Interpretation and Translation Service (WITS) to support patients and service users who require interpretation when accessing care. In the case of emergencies where WITS is not available, or where interpreters cannot be agreed, the Health Board has two online interpreting services available, one being Sign Live which supports with British Sign Language (BSL) interpretation.

Sign Live allows BSL Users to communicate with anyone, at any time, using the app to connect them to a qualified BSL Interpreter. A number of devices in the Health Board have this app and it can also be used via a computer, making it easily accessible. The Health Board also uses Language Line, which has the option of BSL and American Sign Language (ASL). Available within seconds at the touch of a button, Language Line’s award-winning video interpreting is available in over 40 of the most requested languages.

Butetown Team: Supporting Women, Children, and Public Health Engagement

The Butetown Team is a dedicated group of four part-time staff members who work exclusively with women and children within the community. With Somali and Bengali as two of the primary languages spoken within the team, they play a vital role in building trust and engagement with local communities.

This year, the team has worked closely with Public Health Wales to improve outreach and communication around key public health messages, particularly vaccinations. Their efforts have included:

- Attending community focus groups and school sessions alongside the School Nursing Team to encourage the uptake of childhood vaccinations.
- Supporting community members to attend Public Health ‘Lunch and Learn’ sessions, as well as wider health and wellbeing events.

Through their culturally sensitive approach, the team has helped to break down barriers, improve health awareness, and ensure that vital public health information reaches those who need it most.

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Welsh Language Standards

The Equity & Inclusion Team has been working closely with Clinical Boards to support the delivery of the national '[More than Just Words](#)' plan, which aims to strengthen Welsh language provision in healthcare. This has included efforts to improve the recording of Welsh language skills among staff and targeted collaboration with key areas such as Mental Health Clinical Board (MHCB) and the Dementia Team, where bilingual communication is particularly vital.

To further support Welsh language development, the Health Board has partnered with the National Centre for Learning Welsh to pilot a suite of Welsh language learning opportunities for staff. The first cohort of the 'Building Confidence' course has been successfully completed, with a second cohort set to begin in April 2024. These initiatives are crucial in enhancing staff confidence in using Welsh, ultimately improving our ability to provide bilingual healthcare services.

The Health Board remains committed to strengthening compliance with the Welsh Language Standards and ensuring that Welsh-speaking patients can access care in their preferred language. We have maintained regular engagement with the Welsh Language Commissioner, who has acknowledged a positive shift in our approach while also highlighting areas for further improvement.

Senior leaders, including the Chair, Chief Executive, and Director of People & Culture, met with the Welsh Language Commissioner in January 2024 to discuss progress and challenges. This commitment to engagement was reinforced in a recent review meeting, where the Commissioner's Office recognised the steps taken while emphasising the need for continued development.

The Health Board acknowledges that there is still work to be done to fully embed bilingual service provision, but these ongoing efforts mark significant progress in ensuring equitable, high-quality care for Welsh-speaking patients and communities. For further information on Cardiff and Vale UHB and the Welsh Language, please see our [Welsh Language Standards Annual Report 2022-2023](#).

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Outcome 3: More people receive care and access services that meet their individual requirements

Efforts to Reduce Health Inequities

Improving Access to Healthy, Affordable, and Sustainable Food

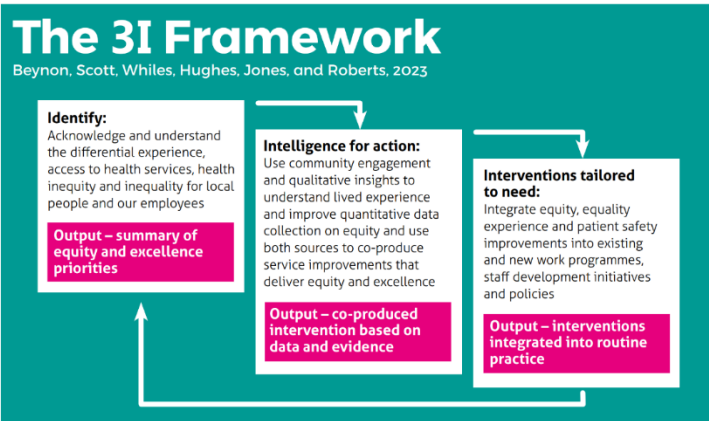


Food Sense Wales (FSW), a fund within Cardiff and Vale Health Charity and hosted by the local public health team, continued its vital work throughout 2023/24 to improve access to healthy, affordable, and sustainable food across Wales. As part of its Sustainable Food Places initiative, FSW helped establish cross-sector food partnerships in all 22 local authority areas, supported by a £2.5 million investment from Welsh Government. This work involved collaboration with every Health Board in Wales, alongside developing a community of practice, offering one-to-one support, hosting workshops, and sharing case studies.

An interim evaluation report by UWE, published in June 2023, highlighted the strong focus of these partnerships on tackling food poverty across Wales. Closer to home, Food Cardiff made significant progress toward achieving Gold Sustainable Food Places status, expanding its membership to 259 individuals from 122 organisations. These efforts continue to drive meaningful change in food accessibility and sustainability across the region.

Equity, Equality, Experience, and Patient Safety Framework

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In 2023, a three-step process – the 3i equity, equality, experience and patient safety framework – was launched and presented to the board to help staff think through how their services could make a difference to reducing health inequalities. The framework together with a [Support Pack](#) was developed to assist staff with applying the framework in practice. The Health Board identified a number of initial actions that have strategic importance to delivering on the Equality, Equity, Experience and Patient Safety agenda. These 24 projects were described in a first action plan. The actions needed are organisation wide: Planned Care, Equitable Employee Experience, Unscheduled Care, Maternity Care, Prevention, Analytics, Primary Care, Representation, Mental Health and Patient Safety. Work began in multiple areas to progress these initial plans during this financial year with an initial 6 month update on progress to be (will be/was) presented in May 2024.

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Outcome 4: Gender and any other protected characteristic pay gaps are eliminated

Gender Pay Gap

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender Pay Gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality. Cardiff & Vale's Gender Pay Gap Report 2024 can be found on our website. The report outlines the current Gender Pay Gap within the Health Board, the steps that have been taken to reduce it, and the actions that will be taken to eliminate it.

Conclusion and Vision 2024-25

Cardiff and Vale UHB is committed to fostering a truly inclusive organisation where every individual—staff, patients, students, volunteers and communities—feels valued, respected, and supported to thrive. We recognise that achieving equity requires continuous reflection, engagement, and proactive efforts to eliminate barriers and ensure fairness in all aspects of our work. Our vision is to create an environment where diversity is celebrated, and inclusion is embedded at every level, enabling us to deliver high-quality, equitable healthcare services for all.

Moving Forward: Our Commitment to Change

As we progress through 2023–2024, Cardiff and Vale UHB will continue to build on the foundations set by our new Strategic Equality Plan 2024–2028. We will work towards:

- Advancing key national strategies, including the Anti-Racist Wales Action Plan, Welsh Government's LGBTQ+ Action Plan, and More Than Just Words.
- Enhancing our data collection processes to gain deeper insights into workforce and patient demographics.
- Strengthening engagement with community partners to shape inclusive services and policies.
- Reducing the Gender Pay Gap.
- Supporting staff networks and governance structures to promote a culture of inclusion.
- Continuing our commitment to bilingual service provision, ensuring equitable access to Welsh language resources.

Through these actions, Cardiff and Vale UHB reaffirms its commitment to embedding equity and inclusion across all aspects of the organisation. We recognise that

achieving meaningful change requires sustained effort, collaboration, and accountability, and we remain dedicated to creating a culture where everyone can thrive.

Regan Nikki
11/03/2025 08:23:30

Report Title:	Gender Pay Gap Report			Agenda Item no.	3.4
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11 March 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information	
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Head of Equity & Inclusion				

Main Report

Background and current situation:

Under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017, all employers with 250 or more employees are legally required to publish annual gender pay gap reports. This legislation mandates that organizations report on the difference in average earnings between men and women, providing transparency and encouraging steps to address pay disparities.

The gender pay gap reporting process involves calculating the difference in average hourly earnings between male and female employees. This data helps organisations identify and address any underlying issues contributing to pay disparities. By publishing these reports, the Health Board demonstrates its commitment to promoting gender equality and transparency within the workplace.

The Health Board has consistently complied with this requirement, publishing its gender pay gap data annually. The Gender Pay Gap Report 2024 highlights a reduction in the gender pay gap to 15.77% for the reporting period.

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

I am pleased to report that we have made progress in reducing our gender pay gap to 15.77% for the 2024 reporting period. This achievement reflects our ongoing efforts to promote gender equality within the Health Board.

Recommendation:

The Committee is requested to:

- a) Recommend approval of the Gender Pay Gap Report 2024 to Board for publication on the Health Board's website.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an "X" in the below boxes as relevant.

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

Five Ways of Working (Sustainable Development Principles) considered

Please place an "X" in the below boxes as relevant

Prevention		Long term		Integration		Collaboration		Involvement	X
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)		X	QIA not required for this report.				
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: Yes									
The risk assessment has been addressed in the main body of the report. The primary risk involves the potential failure to meet our legal obligations under the Equality Act 2010, which could lead to intervention by the Equality and Human Rights Commission. Additionally, there is a risk related to ensuring compliance with Welsh Language standards.									
Safety: No									
N/A									
Financial: No									
N/A									
Workforce: Yes									
The gender pay gap report may have workforce implications, particularly in terms of addressing pay disparities and ensuring equitable opportunities for all staff. These have been considered, and plans are in place to ensure staff are adequately supported.									
Legal: Yes									
The main legal risk is the potential failure to meet our obligations under the Equality Act 2010, which could result in intervention by the Equality and Human Rights Commission.									
Reputational: Yes									
The main reputational risk is failing to provide updates and assurance to our communities regarding the progress we are making against our gender pay gap objectives. This has been addressed in the main body of the report, and strategies are in place to manage any potential reputational risks.									
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									
N/A									
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)									
The report covers progress in relation to the gender pay gap in line with our Public Sector Equality Duty.									
Decarbonisation: No									
N/A									
Welsh Language: Yes									
There is a risk associated with ensuring compliance with Welsh Language standards.									
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec		Date:							

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GIG
CYMRU
NHS
WALES

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

Cardiff and Vale University Health Board

Gender Pay Gap Report 2024

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11/03/2025 08:23:30

Introduction

Cardiff and Vale University Health Board aims to ensure that people are treated fairly and equitably at work. Our focus ensures that staff have the same access and opportunities to reward, recognition, and career development.

Gender Pay Gap legislation (developed by the Government Equalities Office), whilst a statutory responsibility for all employers of 250 or more, provides a useful mechanism with which we can measure our progress toward gender pay equality.

On 31st March 2024 we employed 17,862 staff as defined by the gender pay reporting guidelines, of which 75.76% were female and 24.24% male. These staff are engaged in a wide variety of activities and cover several different grades and pay scales. There are 8 more male employees in Band 1 roles compared to females and more male employees in Medical & Dental and 'Other' roles. However, female employees make up the majority of the staff in Bands 2 to 9, which accounts for over 96% of the total workforce.

Table 1

Pay Band	Female	%	Male	%	Total	%
Band 1	19	0.11%	27	0.15%	46	0.26%
Band 2	2325	13.02%	1137	6.37%	3462	19.38%
Band 3	1357	7.60%	484	2.71%	1841	10.31%
Band 4	1165	6.52%	243	1.36%	1408	7.88%
Band 5	2818	15.78%	520	2.91%	3338	18.69%
Band 6	2847	15.94%	511	2.86%	3358	18.80%
Band 7	1585	8.87%	383	2.14%	1968	11.02%
Band 8a	485	2.72%	160	0.90%	645	3.61%
Band 8b	191	1.07%	79	0.44%	270	1.51%
Band 8c	85	0.48%	50	0.28%	135	0.76%
Band 8d	24	0.13%	22	0.12%	46	0.26%
Band 9	24	0.13%	14	0.08%	38	0.21%
Medical & Dental	585	3.28%	673	3.77%	1258	7.04%
Other	23	0.13%	26	0.15%	49	0.27%
Grand Total	13533	75.76%	4329	24.24%	17862	100.00%

We are publishing our numbers in line with the gender pay gap reporting guidelines. Although this is not a legal requirement in Wales, this is an important aspect of our commitment to transparency about pay. We are serious about, and committed to, identifying the causes of the pay gap and work to find solutions to address this.

Regan Wicks
11/03/2025 08:43:30

What is the gender pay gap?

The Gender Pay Gap shows the difference in the average pay between men and women in the workforce.

The Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 came into force on 6th April 2017, which requires employers with 250 or more employees to publish statutory calculations every year showing the pay gap between their male and female employees.

What is our pay gap?

The Gender Pay Gap in hourly pay in Cardiff and Vale University Health Board can be found in this table.

Table 2

Gender	Avg. Pay	Median Pay
Male	23.7521	17.8375
Female	20.0044	17.9684
Difference	3.7477	-0.1309
Pay Gap %	15.7783	-0.7337

Yearly Comparison of our Mean Pay Gap

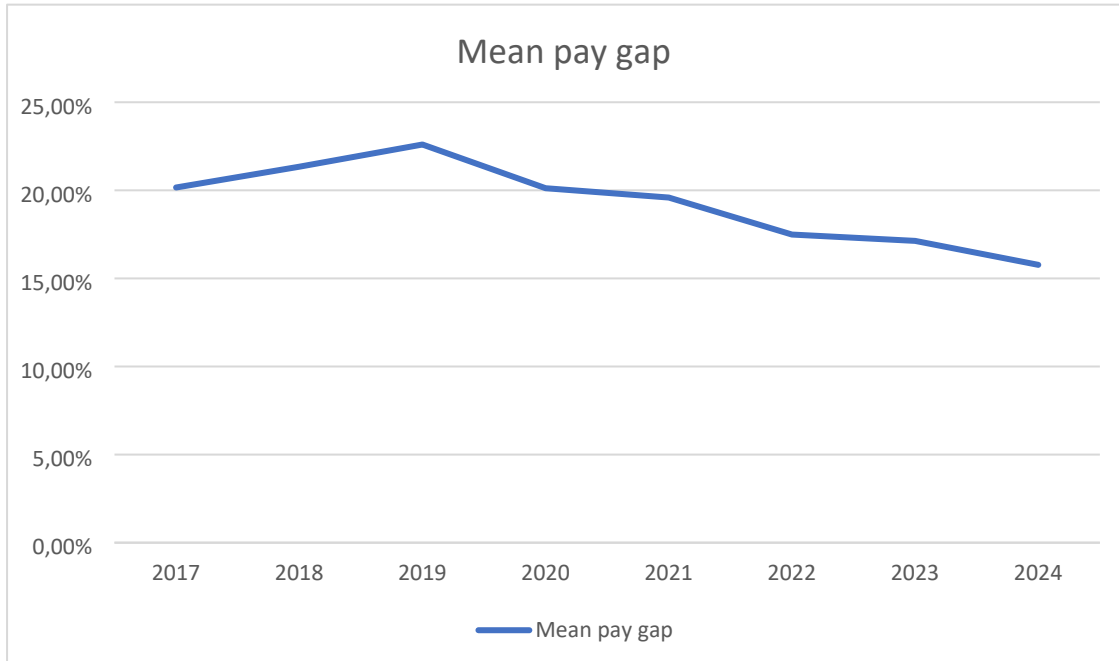
We first started reporting our Gender Pay Gap in 2017. Initially there was an increase in the Gender Pay Gap up to and including 2019; however, since 2020 the gap has steadily decreased and this year we are reporting the lowest figure to date, with our mean pay gap being 15.77%. In 2024 we have seen a further marginal decrease of 1.36%. The trajectory is visually demonstrated in the graph below. We will continue to monitor and work on reducing our pay gap further over the coming year.

Table 3

Year	Mean Pay Gap
2017	20.16%
2018	21.34%
2019	22.60%
2020	20.12%
2021	19.59%

2022	17.49%
2023	17.13%
2024	15.77%

Table 4



What is the difference between the mean pay gap and the median pay gap?

The mean pay gap is the difference between the average hourly earnings of men and women. The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women.

Understanding the pay gap

In Cardiff and Vale University Health Board, one of the primary reasons the Gender Pay Gap exists is because of the makeup of our workforce. Although there are more women than men in senior roles, the proportion of women relative to men in these roles is less than is seen in the lower graded roles throughout the Health Board. Essentially, although there are significantly more women within our workforce, the proportionality of women relative to men is lower in senior roles in comparison to the lower graded roles.

The proportion of men and women in each quartile of our pay structure is shown in table 5 below.

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Table 5

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	3060.00	1182.00	72.14	27.86
2	3245.00	996.00	76.51	23.49
3	3507.00	737.00	82.63	17.37
4	2965.00	1279.00	69.86	30.14

The reasons behind the Gender Pay Gap are complex and overlapping. The Health Board will continue to review the available data to better understand the reasons behind the gap and to continue our trajectory towards eliminating the Gender Pay Gap within the organisation.

Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 1st April 2023 to 31st March 2024.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards of Commitment Awards. The figures given in table below show recipients of these awards as a percentage of the whole Health Board workforce. The gender split is 38.8% female and 61.2% male. This is a marginal improvement on last year's split of 37.5% female and 62.5% male. Further work is needed to understand the implications of this and to continue these improvements.

Table 6

Gender	Employees Paid Bonus	Total Relevant Employees	%
Female	149.00	14937.00	1.00
Male	235.00	4893.00	4.80

Working to close the gender pay gap in CAVUHB

Cardiff and Vale University Health Board is committed to addressing workplace barriers to equality, supporting diversity and creating an open and inclusive community. This is underpinned by our values of being kind, caring and respectful whilst demonstrating trust, integrity and personal responsibility.

Some of the work undertaken includes:

Regan Williams
11/03/2025 08:33:30

- Continued discussions about agile working within the organisation.
- Monitored job adverts for inclusive language through sampling.
- Promoted our work in schools, avoiding the use of stereotypes.
- Reducing the Gender Pay Gap is a Strategic Equality Plan Objective.

The impact of these actions will not be seen immediately, and a positive impact is likely to show in future Gender Pay Gap figures.

As our journey continues, we have identified the following actions:

- Promote and encourage agile/flexible working.
- Monitor the number of male and female applicants for jobs, including part time workers.
- Ensure we have an Inclusion Ambassador for gender at Board level and in each of our Clinical and Service Boards.
- Continue to raise awareness through speakers, factsheets and staff training.
- Improve the reporting of our work around reducing the Gender Pay Gap through the People & Culture Committee.

Declaration

This data has been calculated according to the requirements of the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017.

Regan Nikki
11/03/2025 08:23:30

Report Title:	Digital Communications & Analytics – Supporting People & Culture.			Agenda Item no.	4.1
Meeting:	People and Culture Committee	Public	X	Meeting Date:	11 th March 2025
		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 dashboard highlights key approaches, data and statistics of projects and campaigns over a two-month period. 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:

1.	 Putting People First	X	2.	 Providing Outstanding Quality	X
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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	
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Quality Impact Assessment Completed?

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	n/a
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Impact Assessment:

Risk: No <i>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)</i>
Safety: No <i>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)</i>
Financial: No <i>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)</i>
Workforce: No <i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>
Legal: No <i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i>

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

Date: 21/02/2025

Approved by
17/03/2025 08:23:30



Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

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

Cardiff and Vale UHB Digital Communications

Supporting People and Culture
January – February 2025

Regan, Nikki
11/03/2025 08:23:30

Figures from 4th January 2025 – 20th February 2025



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 our 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.



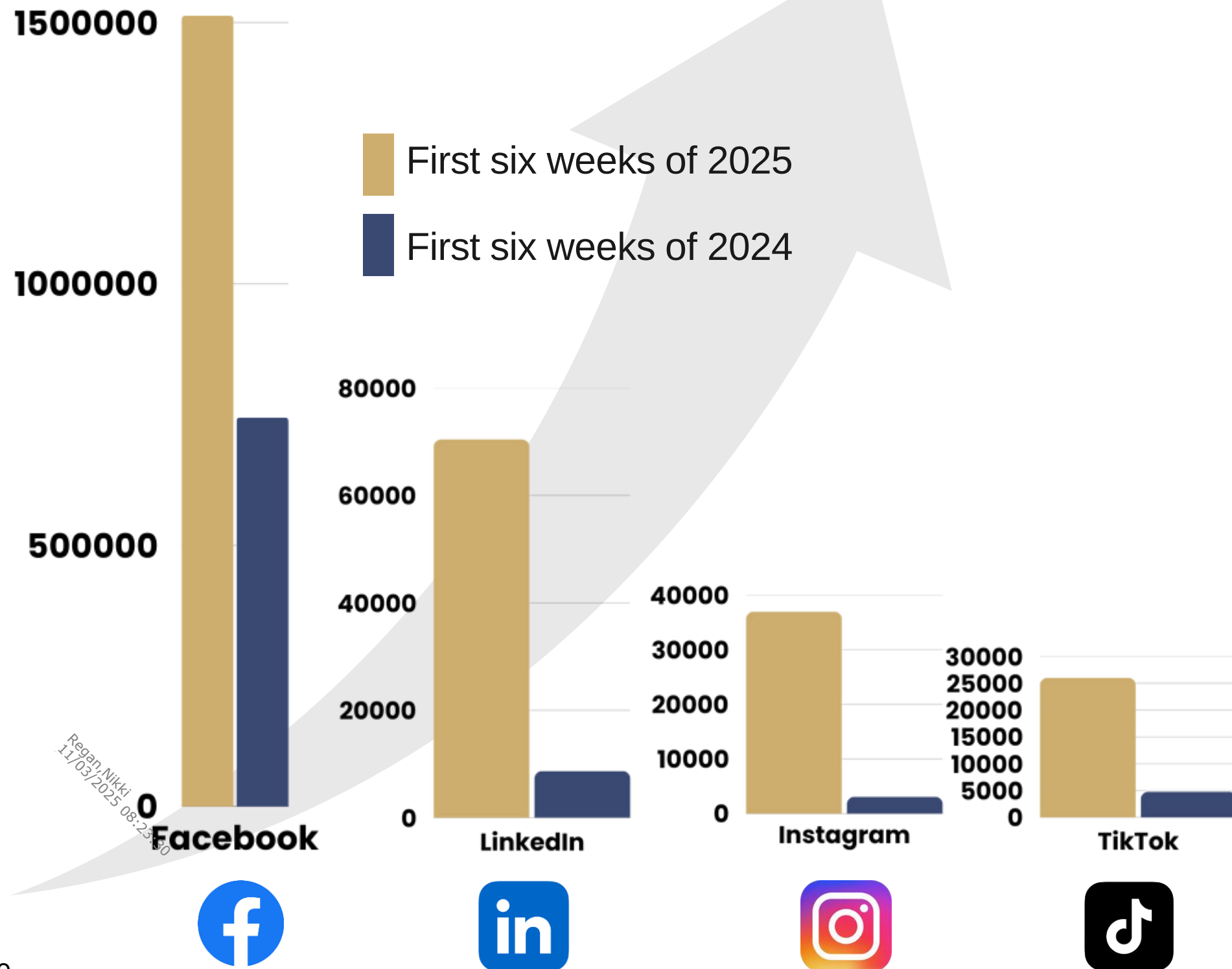
This presentation sets out some of the successes of the past quarter and areas for development.



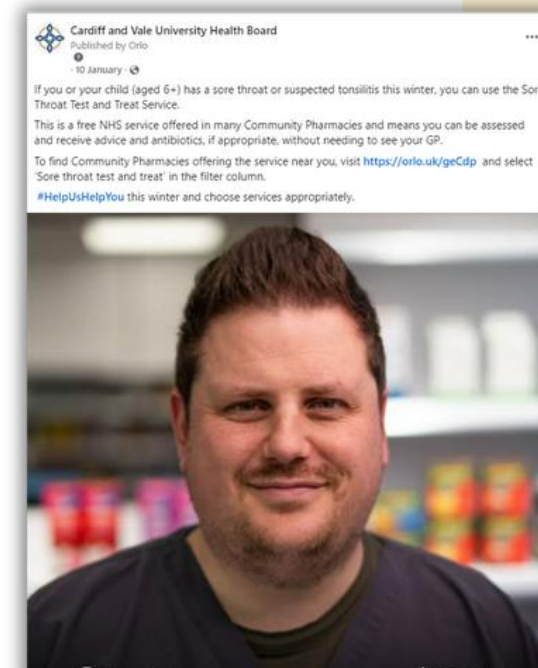
Social media post impressions



- The graphs below show a comparison of post impressions or views for each social media platform in the first six weeks of 2025 compared to the first six weeks of 2024. On each of these channels the number has more than doubled compared to 12 months ago.
- Note that the Facebook impressions are on a different scale and dwarf other channels.
- The CAV X channel is no longer used to post content, but continues to be monitored.

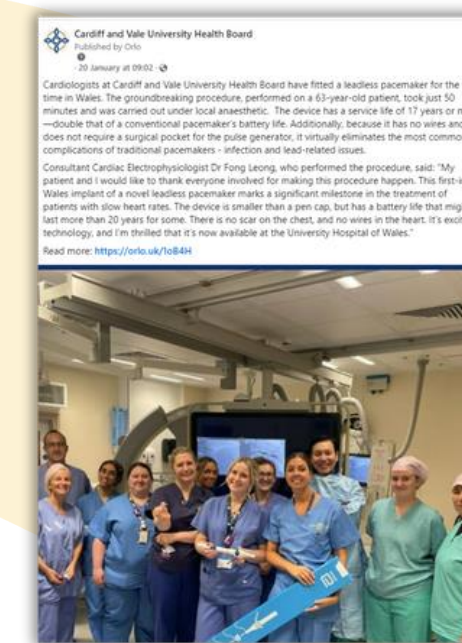


- Posts about initiatives that make services more accessible or bring benefits to patients have performed best.



Sore Throat Test and Treat Service

1
335.2K
IMPRESSIONS



Leadless pacemaker

2
149.2K
IMPRESSIONS



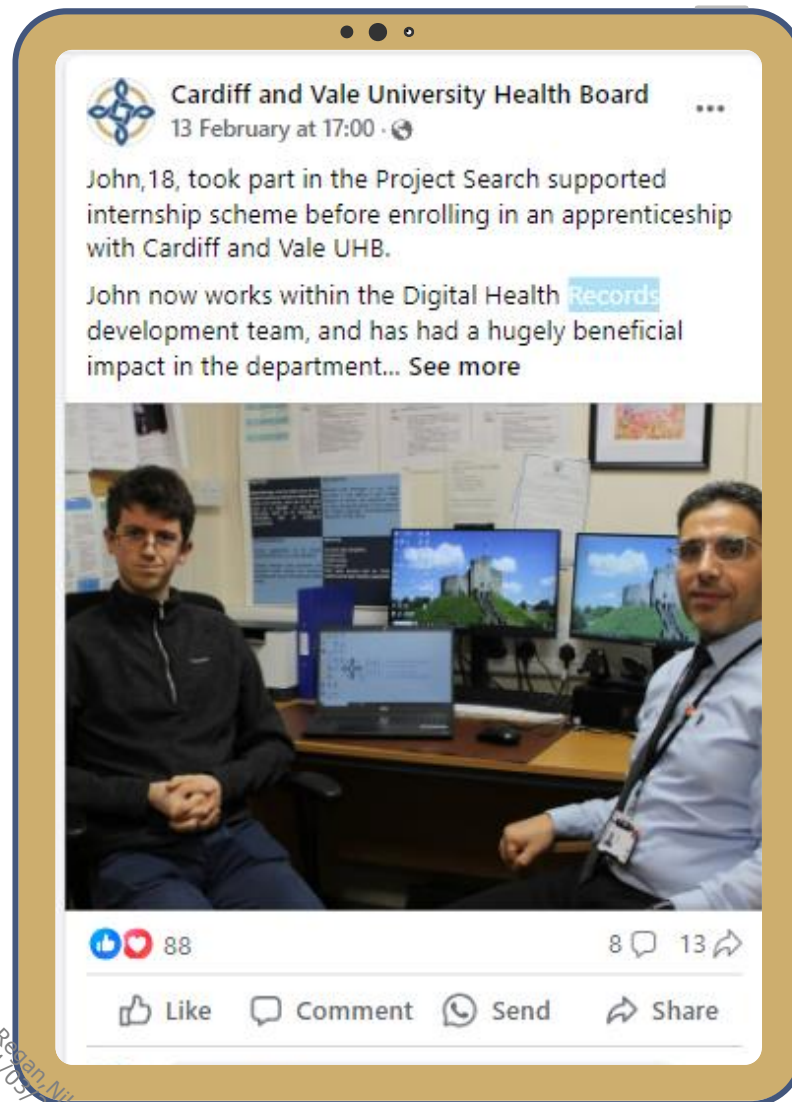
New advice line to access Occupational Therapy for children.

3
39.3K
IMPRESSIONS

Awareness Days - Putting People First



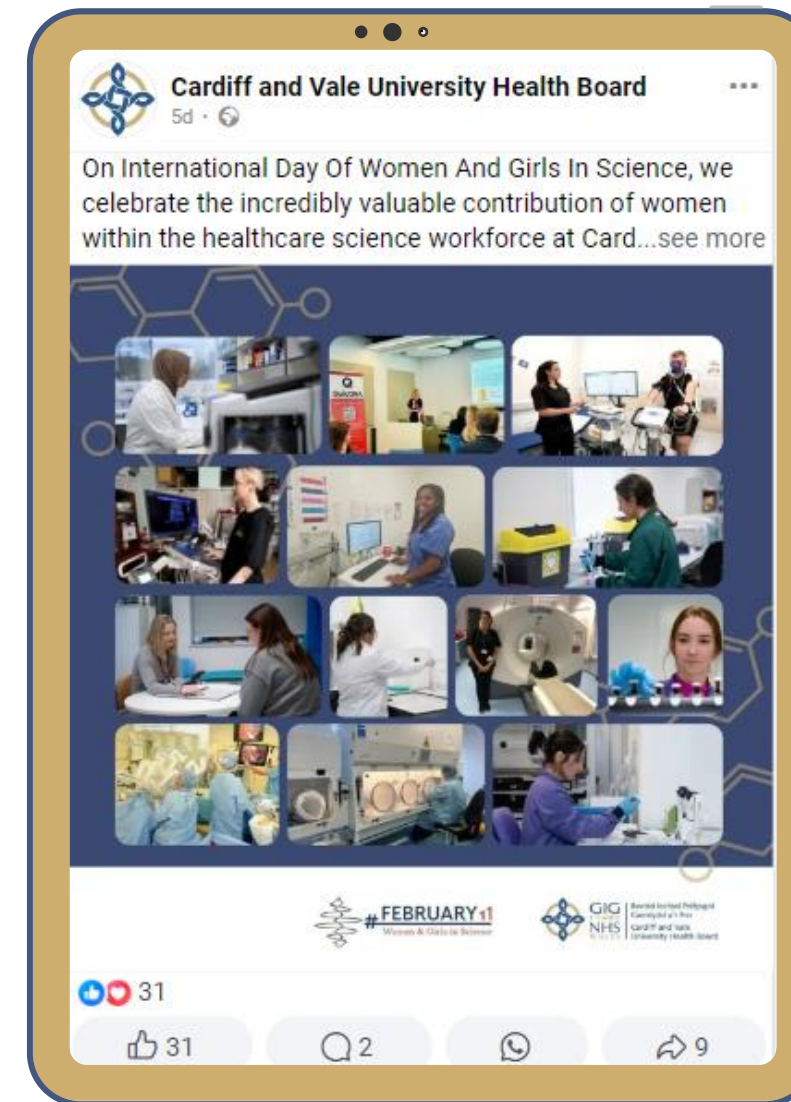
Awareness days are a key part of the communications calendar. The Communications team are marking these with more of an intentional focus on putting people first through patient case studies and colleague stories. When these aren't available we are less likely to recognise the awareness day.



#ApprenticeshipWeekWales



#HeartMonth



#InternationalDayofWomenandGirlsinScience



#WorldCancerDay

Resan, Nikki
11/05/2025 08:23:16

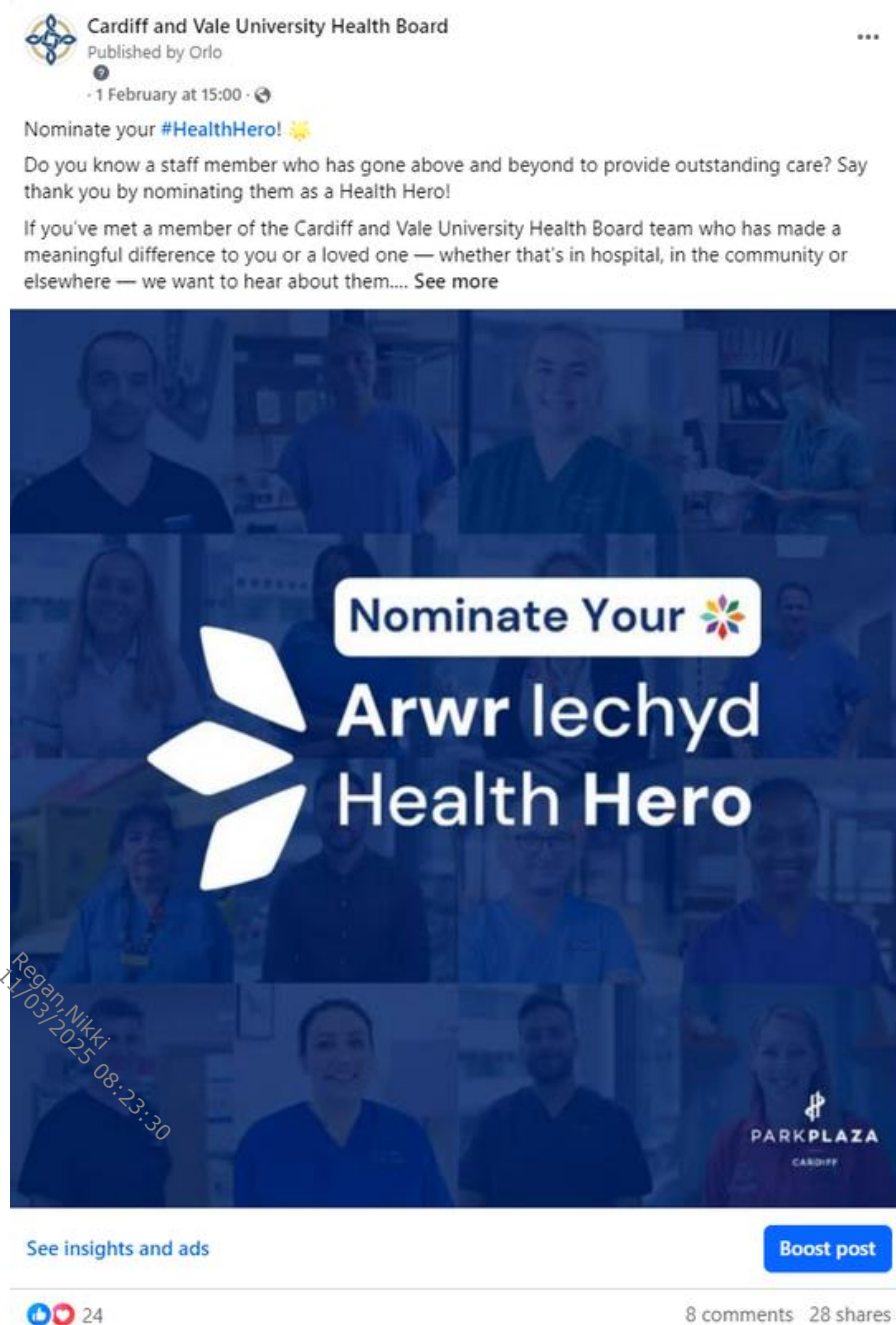
In The Spotlight and Health Hero

The monthly 'Health Hero' award, previously promoted by Cardiff & Vale Health Charity, is now be integrated into the monthly CAV communications schedule.

Where possible there will be an emphasis on patient testimonials and recognition given to colleagues delivering outstanding quality of care.

Video and hospital radio content will be produced to profile the winner, as well as an article. February's appeal to nominate a 'Health Hero' resulted in **35** nominations. Some of these nominations can be used to profile colleagues on Awareness Days or for the 'In the Spotlight' campaign.

The 'In the Spotlight' campaign will complement the 'Health Hero' award by recognising roles that are less visible.



Cardiff and Vale University Health Board
Published by Orlo
1 February at 15:00

Nominate your #HealthHero!

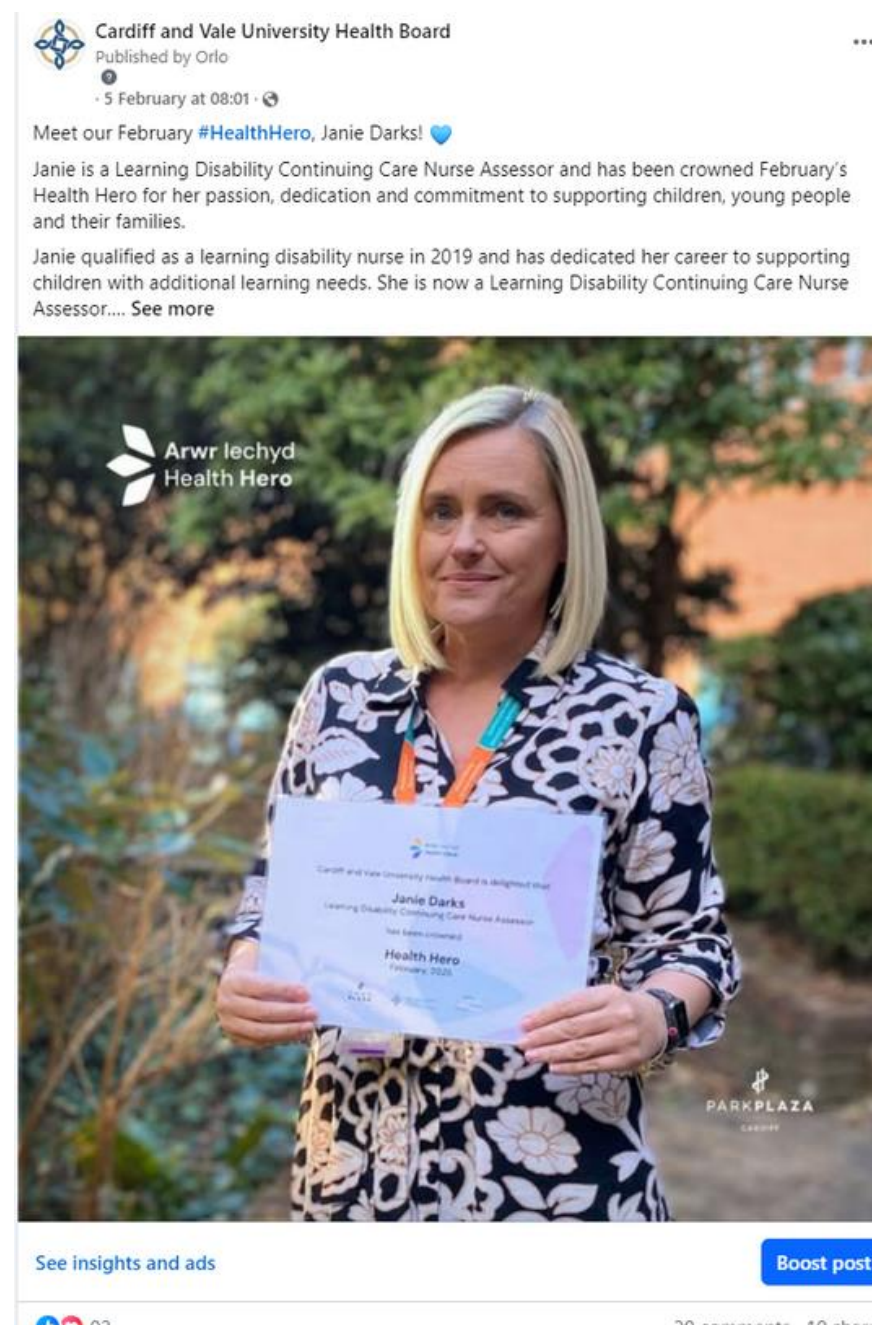
Do you know a staff member who has gone above and beyond to provide outstanding care? Say thank you by nominating them as a Health Hero!

If you've met a member of the Cardiff and Vale University Health Board team who has made a meaningful difference to you or a loved one — whether that's in hospital, in the community or elsewhere — we want to hear about them.... See more

Nominate Your
Arwr Iechyd Health Hero

See insights and ads [Boost post](#)

24 8 comments 28 shares



Cardiff and Vale University Health Board
Published by Orlo
5 February at 08:01

Meet our February #HealthHero, Janie Darks!

Janie is a Learning Disability Continuing Care Nurse Assessor and has been crowned February's Health Hero for her passion, dedication and commitment to supporting children, young people and their families.

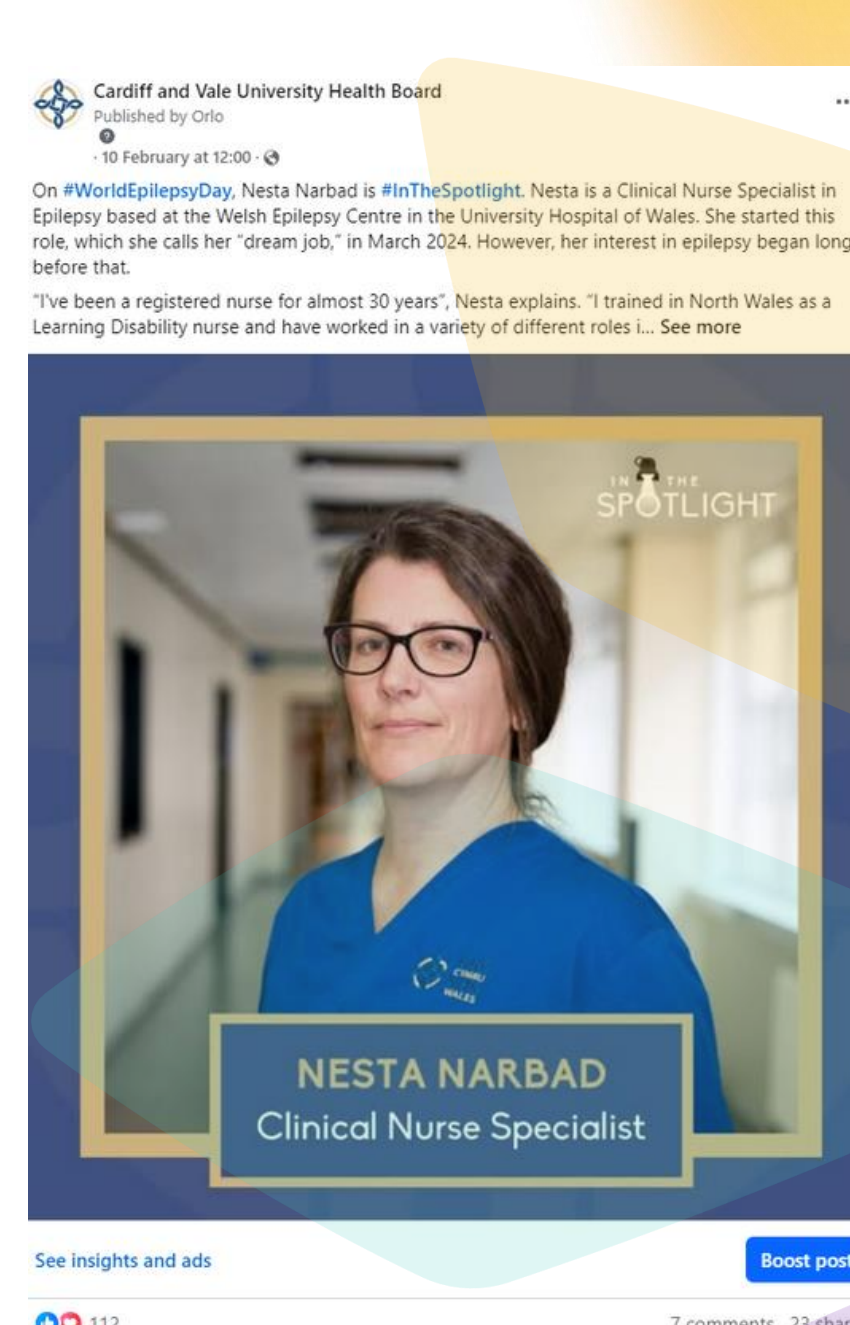
Janie qualified as a learning disability nurse in 2019 and has dedicated her career to supporting children with additional learning needs. She is now a Learning Disability Continuing Care Nurse Assessor.... See more

Arwr Iechyd Health Hero

Janie Darks
Learning Disability Continuing Care Nurse Assessor
Has been crowned
Health Hero
February 2025

See insights and ads [Boost post](#)

92 30 comments 10 shares



Cardiff and Vale University Health Board
Published by Orlo
10 February at 12:00

On #WorldEpilepsyDay, Nesta Narbad is #InTheSpotlight. Nesta is a Clinical Nurse Specialist in Epilepsy based at the Welsh Epilepsy Centre in the University Hospital of Wales. She started this role, which she calls her "dream job," in March 2024. However, her interest in epilepsy began long before that.

"I've been a registered nurse for almost 30 years", Nesta explains. "I trained in North Wales as a Learning Disability nurse and have worked in a variety of different roles i... See more

IN THE SPOTLIGHT

NESTA NARBAD
Clinical Nurse Specialist

See insights and ads [Boost post](#)

112 7 comments 23 shares





Cardiff & Vale Health Charity



Staff Lottery funding of £1,253 recently paid for furnishings for a staff wellbeing area in the Surgical Hub, West 6 ward of UHL. Cardiff & Vale Health Charity were delighted to support this project which is **putting people first**.

It aims to directly improve staff wellbeing within West 6, by providing colleagues with an area where they can unwind and step away from the busy hospital environment.

Patient stories that result in fundraising are proving popular on Cardiff & Vale Health Charity's social media channels.



Cardiff & Vale Health Charity
Published by Hootsuite
· 6 February at 12:01 · 🌐

Millie will be running the Newport and Porthcawl 10K Run in April in support of the T4 Neurosurgical High Care Unit at UHW.

2 Years ago, Millie and her family experienced a traumatic event when her mum became seriously ill. The staff at the T4 Neurosurgical High Care Unit, UHW, were outstanding and supported the whole family during her mum's surgery, treatment and recovery.

Millie is not a runner, but she has taken on this personal challenge as she would like to give back ...
[See more](#)

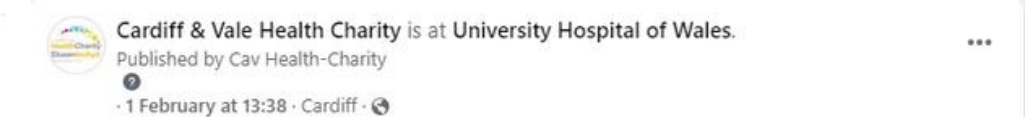


[See insights and ads](#)

[Boost post](#)

👍❤️ 8

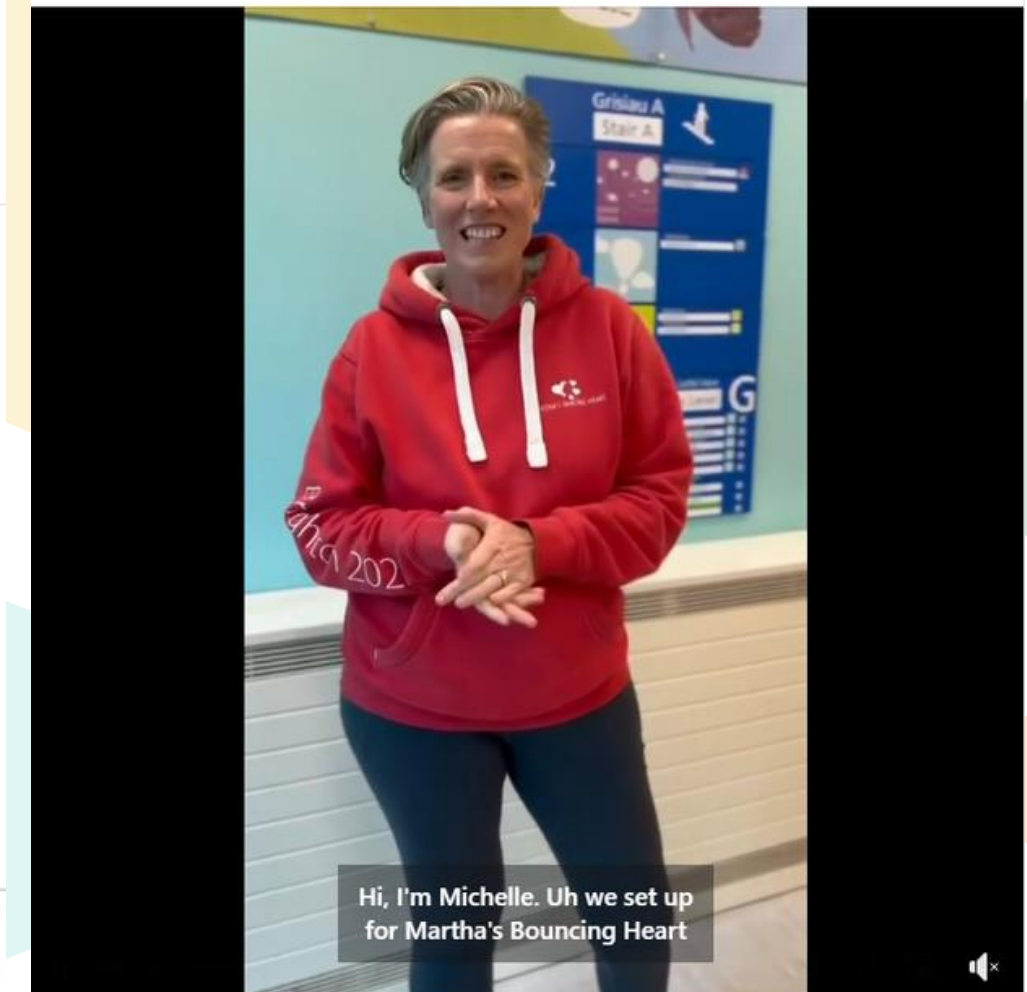
4 shares



Cardiff & Vale Health Charity is at University Hospital of Wales.
Published by Cav Health-Charity
· 1 February at 13:38 · Cardiff · 🌐

It's Heart Month ❤️ and we excited to recognise some of our amazing supporters throughout the month who go above and beyond to champion the Health Charity.

Hear what Michelle and Martha are doing to celebrate 10 years of Martha and fundraising and why they do it. [Cardiff and Vale University Health Board Martha's Dancing Heart Michelle Graham](#)



[See insights and ads](#)

[Boost post](#)

CAV Communities



There are currently **17 CAV Community groups** set up to allow colleagues to easily share knowledge, solve problems, celebrate success and learn from one another, across locations, services, teams and roles.

In the last 28 days, the top three communities are:

CAV Colleague Shout Out



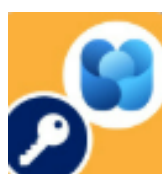
Views on posts ⓘ	Messages posted ⓘ	Reactions on messages ⓘ
91,407 29% ▲	84 17% ▲	488 6% ▼

CAV Updates from Capital, Estates and Facilities



Views on posts ⓘ	Messages posted ⓘ	Reactions on messages ⓘ
45,768 25% ▲	43 26% ▲	186 6% ▼

CAV Opportunities



Views on posts ⓘ	Messages posted ⓘ	Reactions on messages ⓘ
28,915 21% ▼	39	80 82% ▲

A trend over the last six weeks is for colleagues to use the CAV Colleague Shout Out community to draw attention to their team or service, rather than to an individual. These posts are seen more widely and generate the most engagement.

Brooke Clark (Cardiff and Vale UHB - Community)
Jan 21 • Edited
Seen by 4,722 ...
A big shout out to the Safe at Home Service who are celebrating their 1 Year Anniversary since launch. The team have been working extremely hard, in collaboration with the Welsh Ambulance Service, Local Authorities and existing services such as Community Nursing and CRT/VCRS to keep people out of hospital and have been very successful in doing so. Well done team, you are doing amazing! 🎉🎉

Posted in CAV Colleague Shout Out
Janet Gibbs (Cardiff and Vale UHB - Physiotherapy)
Jan 29 • Edited • @1
Seen by 3,352 ...
Shout out for the excellent work done by the Prepare Well Orthopaedic Prehabilitation Service- nice to get recognition at the Senedd!

Jack Cole ((Cardiff and Vale UHB - Psychology)
Jan 16
Seen by 6,529 ...
Can I give a very big shout to the Psychology and Psych Therapies Admin team based here in CRI? We're a small team who have really worked hard over the past few months and have continued to give 100% in all that we do.

Sally Ashdown (Cardiff and Vale UHB - Primary Care Counselling Servi) Jan 17
Thank you for everything you do! Three words to describe the admin team, welcoming, dedicated and wonderfully supportive (oops that,s four!) x

Julia Stone (Cardiff and Vale UHB - Therapist, Eating Disorders Specialist Outpatient Treatment Team)
Jan 17
Absolutely agree - thank you all - you are great



**GIG
CYMRU
NHS
WALES**

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

The Capital, Estates and Facilities team are using their channel well to post informational site updates and content that celebrates the people behind this important work.

Geoff Walsh (Cardiff and Vale UHB - CAPITAL ESTATES AN...
Feb 5
Seen by 3,043

Good luck Steve

Sadly for CEF yesterday was a time to wish our friend and colleague Steve Gardiner all the very best as he moves from CAV to Cwm Taf Morgannwg to take up the role as Assistant Director of Facilities. Steve has been the Deputy Director of Capital Estates and Facilities since January 2021 and has made a significant contribution to the Service Board and the wider HB. Steve has been the ultimate professional, quietly spoken but that certainly didn't mean he couldn't get his point across and he was well respected across the UHB.

From a personal perspective Steve has supported me throughout his time with CEF and ensured that if he felt he didn't agree with me or that I'd been harsh in my views, he would let me know, in his calm and respectful manner.

The teams held a little farewell to wish wish him well in his new role, good luck Steve



Love **Comment** **Share** ...
You and 41 others

Vaccination Campaign



Promotion of flu and COVID-19 vaccines to internal and external audiences to increase awareness and uptake during winter.

Highlights included:

- Case study: Joseph Sullivan, 26, immunosuppressed patient. Used widely by media at launch of the campaign in October 2024
- Internal comms on SharePoint: Staff drop-in clinics news piece **viewed more than 5,500 times**. Physical posters, screensavers, all-staff emails and Viva Engage all utilised
- Video content with primary school to promote nasal spray vaccine. TikTok and Facebook videos **viewed more than 20,000 times**
- Video content with Dino Motti, Consultant in Public Health, and Jason Roberts, Director of Nursing, to encourage further uptake of vaccines in reaction to flu and COVID-19 circulating more widely
- Promotion of vaccine programme in gypsy and traveller communities in Rover Way and Shirenewton – positive response to communications
- Jan/Feb 2025 – pre and post-event comms of Health Board's new mobile vaccination unit at Cardiff City vs Derby game. Comms shared by PHW and St John

'I'm 26 and flu left me in hospital last Christmas'



Joseph said his experience brought a whole new meaning to the word flu



Regan, Nikki
11/03/2025 08:23:30





NHS 111 Press 2 Campaign for urgent mental health support

Last year CAVUHB successfully applied for funding via the Joint Commissioning Committee for budget that was available for communications to promote the 111 Press 2 service for urgent mental health support .

We have taken an evidence-based approach using data to understand who is using the service, who to target and how to best reach them.

Campaign due to launch on **Monday 3rd March 2025**.

Two audiences who contact the service most frequently who will be targeted through the campaign

Gender	Age	Location
 Male	35 – 39 (21% of all calls)	CF24 (Cathays, Roath, Plasnewydd, Splott, Adamsdown)
	30 – 34 (16% of calls)	CF3 (Rumney & Trowbridge, Llanrumney, St Mellons)
Total = 37% of calls from males in their 30s		
 Female	20 – 29 (30% of all calls)	CF24 (Cathays, Roath, Plasnewydd, Splott, Adamsdown)
		CF5 (Llandaff, Ely, Canton, Fairwater, and Caerau)

Regan, Nikki
11/03/2025 08:23:30



Implementation

Audience	Activity	Summary
Men	Digital Advertising Exchange – Podcast Advert	Research has indicated that men in this target demographic listen to podcasts – Global offer a DAX campaign enabling us to create a podcast advertisement that targets men aged 30 – 40 in the key areas of Cardiff
Men	Social media – boosted or targeted posts	Organic social media posts to be published on Facebook (research indicates that men still use Facebook but aren't following us so needs some targeting or boosting to maximise reach)
Women	Social media – boosted or targeted posts	Organic social media posts to be posted on Instagram and TikTok – to boost where needed
Students	Bathroom Vinyls – Cardiff University Students Union	Captive audience – campaign to run for 2 weeks.
Students	Website Banner – Cardiff University Students Union	Captive audience – raise awareness of 111 press 2 and accessing mental health support.

Report Title:	Notices from the Welsh Language Commissioner and update on Welsh Language Standards			Agenda Item no.	
Meeting:	People & Culture Committee	Public	X	Meeting Date:	11 March 2025
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director for People and Culture				
Report Author (Title):	Head of Equity and Inclusion				
Main Report					
Background and current situation:					

Under the Welsh Language Measure (2011), Cardiff and Vale University Health Board is required to comply with the Welsh Language Standards. If the Health Board breaches these Standards, the Welsh Language Commissioner must consider whether a formal standards enforcement investigation is necessary. If an investigation is warranted, the Health Board must provide information and evidence to assist. The Commissioner will then issue a final report indicating whether the Health Board is non-compliant with certain Standards and outline the requirements the Health Board must fulfil.

The Commissioner has the authority to investigate concerns raised by service users and the public, as well as any issues they deem necessary, including through spot checks. Currently, the Health Board has three open matters with the Welsh Language Commissioner's office.

CS1135 (Reception and Recruitment)

Summary: The Commissioner found that the Health Board was not compliant with Standards 50, 106, 106A, and 107A. These standards relate to ensuring bilingual reception services and considering Welsh language skills in recruitment processes. The Commissioner identified that reception services were not offered in Welsh and Welsh language skills were not meaningfully assessed or advertised during recruitment.

Enforcement Actions: The Health Board has been instructed to ensure that reception staff have the necessary skills to offer effective Welsh language services and to embed the Welsh language into its recruitment processes. This includes raising awareness, training recruiting managers, and advertising vacancies bilingually.

Update:

- The Welsh Language Officer has inspected reception areas throughout the Health Board.
- A task and finish group has developed a recruitment process around Welsh language skills, including an online assessment tool, guidelines, and a training video.
- The Health Board is working with the National Centre for Learning Welsh and Dysgu Cymraeg Caerdydd to develop Welsh language learning opportunities, with sessions arranged until the end of March 2025.
- The Health Board has updated the WLC on these actions but has not yet received a response.

CS1175 (Telephone Services and Website)

Summary: The Commissioner found that the Health Board was not compliant with Standards 8-10, 13, and 20. These standards relate to providing effective Welsh language services via the main switchboard, other official helplines, and local services.

Enforcement Actions: The Health Board has been instructed to ensure that automated telephone systems greet and handle calls in Welsh, that the Switchboard Team has the appropriate Welsh language skills, and that webpages state calls are welcomed in both Welsh and English. Specific reference was made to the Department of Sexual Health's telephone lines and webpages.

Update:

- The reconfiguration of automated lines is the only remaining action.
- Digital Health and Intelligence has reconfigured 100 of the 450 automated lines.
- The Health Board updated the WLC in February 2025, anticipating a further 75 lines will be reconfigured by June 2025.
- The Health Board will continue to update the WLC on progress.

CS1063 (Welsh Language Skills and Patient Language Preference)

Summary: The Commissioner found that the Health Board was not compliant with Standards 23, 23A, 24, and 96. These standards relate to assessing Welsh language skills of employees and asking patients about their preferred language.

Enforcement Actions: The Health Board has been instructed to assess the Welsh language skills of its employees, ask patients about their language preference, transfer this information to the patient administration system, and publish a Welsh Language Inpatient Policy.

Update:

- The Equity & Inclusion Team has conducted a registration drive to increase the number of staff who have registered their Welsh language skills, with over 52.78% of staff now registered on ESR.
- The team is working with the Mental Health Clinical Board to further increase registrations, with the first drop-in session scheduled for March 21, 2025, in Hafan-y-Coed.

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

The Health Board continues to maintain a strong and collaborative relationship with the Welsh Language Commissioner's Office. This partnership has been instrumental in ensuring that our services are accessible and inclusive for Welsh-speaking patients and staff. Currently, the Health Board is reviewing the Clinical Consultation Plan (Standard 110) in response to the Welsh Language Commissioner's request. This review aims to enhance our consultation processes and ensure compliance with the standards set forth by the Commissioner.

It is noteworthy that no new matters have been opened by the Welsh Language Commissioner's Office since October 2023, indicating a period of stability and compliance within our operations. Additionally, the Equity & Inclusion Team has been proactive in delivering sessions to three Clinical Boards, emphasizing the importance of the Welsh language. These sessions have highlighted key areas of focus for the organisation, supporting the Health Board in its efforts to reinforce fundamental practices and promote a culture of inclusivity and respect for the Welsh language.

Recommendation:

The Committee is requested to:

- a) Note the content of this 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.	X	2.  Providing Outstanding Quality Click the objective above to view more detail.	X
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	X	Integration		Collaboration		Involvement	X
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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)	X	Not required
---	--	--	---	--------------

Impact Assessment:

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

Risk: Yes

There are legal, reputational and financial risks for the organisation not complying with the standards.

Safety: No

N/A

Financial: Yes

Not complying with the standards could mean further sanctions set by the Welsh Language Commissioner including fines of £5000.

Workforce: Yes

The workforce buy-in is essential to ensure that the organisation complies with the Welsh Language standards.

Legal: Yes

The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational damage and financial penalties.

Reputational: Yes

The organisation is legally required to ensure that they are compliant with the Welsh Language, failure to do so may risk reputational damage.

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](#)

N/A

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

N/A

Decarbonisation: No

N/A

Welsh Language: Yes

The impact, risk and implications for Welsh language services are considered in the main body of the report.

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

Committee/Group/Exec

Date:

Regan Nikki
11/03/2025 08:23:30