

Public People & Culture Committee Meeting

Tue 21 January 2025, 09:00 - 11:30

Virtual - MS Teams

Agenda

09:00 - 09:10 **1. Standing Items** 10 min

1.1. Welcome & Introduction

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting - 19th November 2024

Sara Moseley

📄 1.4 - Public People Culture Minutes 19.11.2024.pdf (7 pages)

1.5. Action log following the previous meeting - 19th November 2024

Sara Moseley

📄 1.5 - Action log - following 19.11.24.pdf (1 pages)

1.6. Committee Chairs Actions

Sara Moseley

09:10 - 11:15 **2. Items for Review & Assurance** 125 min

2.1. Staff Story - Return to Work after Career Break / Maternity Leave

Rachel Gidman

10 Minutes

2.2. Board Assurance Framework - Recruitment

15 Minutes

📄 2.2 - BAF Workforce Growth 21.1.25 - P and C Committee v3.pdf (7 pages)

2.3. Work in Confidence - Speaking Up Safely Update

Matt Phillips

10 Minutes

Regan Nikki
14/01/2025 13:33:55

2.4. 2023 Staff Survey: Discrimination Results Data Workforce Race Equality Standard (WRES)

Claire Whiles / Mitchell Jones

10 Minutes

- 📄 2.4 - Staff Survey and WRES Report - People & Culture Committee 21.01.2025.pdf (11 pages)
- 📄 2.4a - Appendix 1 - Demographic Breakdown Staff Survey 2023.pdf (3 pages)
- 📄 2.4b - Appendix 2 - CAVUHB WRES Report 2024.pdf (18 pages)

2.5. Health & Safety Update (including Violence & Aggression deep dive)

Rachael Daniel / Emma Foley

15 Minutes

- 📄 2.5 - HS Update.pdf (4 pages)

2.6. Sexual Safety Update

Lianne Morse

10 Minutes

- 📄 2.6 - Sexual Safety.pdf (7 pages)

2.7. Key Workforce Performance Indicators

Lianne Morse / Rachael Daniel

10 Minutes

- 📄 2.7 - People & Culture Committee KPI Paper Nov-24 Data.pdf (8 pages)

2.8. BREAK - 5 MINUTES

2.9. Clinical Board Spotlight - Capital, Estates & Facilities

Geoff Walsh

20 Minutes

2.10. Job Planning Process

David Fluck

20 Minutes

- 📄 2.10 - Strategy for Deployment and Compliance of the Snr Medical Workforce within Cardiff & Vale UHB - SLB.pdf (10 pages)

11:15 - 11:20 3. Items for Approval / Ratification

5 min

3.1. People Policies Report

Rachel Pressley

5 Minutes

- 📄 3.1 - people policies report Jan 2025.pdf (3 pages)
- 📄 3.1a - app 1 2024_12_05 Job Evaluation Policy and Procedure.pdf (19 pages)
- 📄 3.1b - app 2 JE EIA_March 2024.pdf (13 pages)

11:20 - 11:20 4. Items for Information & Noting


Regan Nikki
14/01/2025 13:33:51

0 min

4.1. Engagement Brief to include Digital Communications & Analytics

Joanne Brandon

0 Minutes

 4.1 - Digital Communications, People and Culture.pdf (3 pages)

 4.1a - P&C Communications Presentation - Jan 2025.pdf (13 pages)

11:20 - 11:20 5. Any Other Business

0 min

11:20 - 11:20 6. Private Agenda Items

0 min

6.1. Regulatory H&S Update

6.2. Professional Regulation Overview

11:20 - 11:25 7. Review & Final Closure

5 min

Sara Moseley

Regen, Nikki
14/01/2025 13:33:51

**Draft Minutes of the Public People and Culture Committee
Held On 19th November 2024
Via MS Teams**

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

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Akmal Hanuk	AH	Independent Member for Local Community
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
In Attendance:		
Joanne Brandon	JB	Director of Communications
Jason Roberts	JR	Executive Nurse Director
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
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Clare Wade	CW	Director of Operations – Surgical Clinical Board
Rachel Thomas	RT	Director of Nursing – Surgical Clinical Board
Rachel Pressley	RP	Head of People, Assurance & Experience
Emma Cooke	EC	Director of Therapies & Healthcare Sciences
Katrina Griffiths	KG	Associate Director of People & Culture
Mitchell Jones	MJ	Head of Equality & Inclusion
Leanne Morris	LM	People Services Manager
Nicola Robinson	NR	Head of People & Culture
Emma Lewis	EL	Deputy Director of Operations - PCIC
Secretariat		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
Terrie Waites	TW	Head of People & Culture

Item No	Agenda Item	Action
P&C 19/11/001	Welcome & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 19/11/002	Apologies for Absence (click to view) Apologies for absence were noted.	
P&C 19/11/003	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 19/11/004	Minutes from meeting on 10th September 2024 (click to view) The minutes were agreed to be a true & accurate record of the meeting on 10 th September 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>P&C 19/11/005</p>	<p>Action Log following 10th September 2024 Meeting</p> <p>Staff survey was referred to the Board. The CC noted it was important to see the evidence of what was going on in the team.</p> <p>The Committee resolved that: a) The Action Log was discussed and noted.</p>	
<p>P&C 19/11/006</p>	<p>Chair's Actions (click to view)</p> <p>There were no Chair's Actions.</p>	
Items for Review & Assurance		
<p>P&C 19/11/007</p>	<p>Staff Story – International Educated Nurse (click to view)</p> <p>The EDPC introduced a staff story about an overseas educated nurse named Maddu, highlighting the importance of a diverse workforce and the support provided to international nurses. She highlighted the support provided to international nurses, including the objective structured clinical examination (OSCE) training, accommodation, human contact, and opportunities for progression and study.</p> <p>The CC expressed thanks to the nurse and Team for an excellent staff story.</p> <p>The Committee resolved that: a) The Staff Story was received.</p>	
<p>P&C 19/11/008</p>	<p>Board Assurance Framework – Wellbeing (click to view)</p> <p>The AHOD presented the Board Assurance Framework and highlighted the following:</p> <ul style="list-style-type: none"> • Staff sickness posed a risk which would decrease staff wellbeing • Trauma risk management – realised all colleagues were exposed to traumatic events which can result in increased sickness absence which would impact patient care • TRiM is a peer lead system for colleagues exposed to traumatic events • SLB showed interest in TRiM, and a detailed paper will be presented in January 2025 • It was important to understand staff experience through various data sources, including staff surveys, workforce data, and feedback from trade unions • The Staff survey was still live and the P&C have supported the clinical boards to help understand priorities and actions required • From Jan 2025 the data will be co-ordinated by the P&C teams to ensure the information is put together cohesively and will work with DHCW • The use of WRAW (workplace resilience and well-being) was an approach to support individuals in high pressure roles and included psychometric assessments, workshops and one to one coaching sessions to build resilience and well-being. <p>The IMCE asked if staff members were able refer themselves to the TRiM service in confidence?</p> <p>The AHOD confirmed that the current mechanism was self-referral and the manager would offer support.</p> <p>The IMLC thanked the team for the update and whilst he agreed with the frameworks available, he wanted to clarify how the staff communicate regarding the options available?</p> <p>The AHOD explained there was support and the Employee Well-being Service regularly communicate how to access the services available such as workshops and how to self-refer. This information was shown in ESR, screen savers and viva engage, which was where all the well being champions communicate and promote HWB. She agreed more was needed to demonstrate what was available with staff who don't regularly access via</p>	

Regan Nikki
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	<p>the CAV systems. She added that the staff HWB framework would come to P&C for approval in 2025.</p> <p>Action – The AHOD prepare and present the trim proposal to the People and Culture Committee in March 25 based on the outcome of the SLB meeting in January 25.</p> <p>Action – The AHOD to bring the staff health & well-being framework to the People & Culture Committee for agreement in January 2025.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper was discussed, noted and accepted as assurance.</p>	
<p>P&C 19/11/009</p>	<p>Keyword Performance Indicators (click to view)</p> <p>The DDPC presented the Keyword Performance Indicators and highlighted the following:</p> <ul style="list-style-type: none"> • Retention Rates: There was a significant improvement in retention rates over the last four months, with the current rate being the lowest since June 2020. Specific improvements were noted in nursing and midwifery, estates and ancillary, and healthcare support workers • Sickness Absence: Although there was a decrease, sickness absence remained higher than desired. The People Services team, was aligned with clinical boards to support managers and colleagues with sickness absence • Disciplinary Investigations: There was a rise in formal disciplinary investigations, attributed to cases taking longer to resolve. Efforts were made to close cases quickly, with an expectation of reduced numbers in the coming months • Variable Pay and Agency Use: There was a significant month-on-month reduction in variable pay and agency use, achieved through filling long-standing vacancies on a permanent basis, particularly in medical & dental workforce and registered nursing <p>The IMTU noted there were 6 staff members suspended. He asked what managers were doing to maintain the well being of these staff members during investigations?</p> <p>The HPS explained that suspensions were reviewed on a monthly basis. Whilst the line manager would link in, some staff chose to have a well-being officer and we ensure they have access to all the relevant services. She added that the employee avoidable harm was being looked at as it sometimes effected the team if there were witnesses involved.</p> <p>The DDPC highlighted that suspension was the last resort.</p> <p>The IMTU noted that some colleagues may not be aware of these points and that was the reason he wanted to note these points.</p> <p>The IMLC questioned the agency spend and noted it was encouraging to see that it had reduced but equally there was a note to say the pay bill had increased.</p> <p>The DDPC explained CAV had focused on reduction of agency and reliance on temp staff. Reports shown reductions were made within specific areas such as Medical & Dental. The growth of these 2 staff groups was assuring and a further reduction was planned with the temporary workforce. We need to continue seeing the temporary spend.</p> <p>The EMD noted we need to do work on mandatory training within the medical workforce and medical appraisals had reduced. We will give assurance to the Board and will include how we deploy our medical workforce to meet the demands of our patients and utilising effectively.</p>	

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	<p>Action – The EMD to provide a briefing paper to the independent members on the job planning processes and how the medical workforce is deployed effectively.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was discussed and noted.</p>	
<p>P&C 19/11/013</p>	<p><u>Clinical Board Spotlight – Mental Health Clinical Board Team (click to view)</u></p> <p>The DOMH presented on the and highlighted the following points:</p> <ul style="list-style-type: none"> • Workforce Demographics: A large proportion of Band 6 practitioners were in community services and Band 5 staff were in inpatient settings. The workforce is predominantly female, with a significant number of staff approaching retirement age • Staff Survey Results: The previous staff survey indicated negative experiences in mental health, which included burnout, sexual harassment, and bullying, but received positive engagement scores with managers and senior teams • Key Performance Indicators: There was a decrease in sickness absence and turnover in recent months. Statutory mandatory training compliance was at 80%, and there was a focus on improving VBA compliance, which had previously dropped to 55% but improved to over 80% before dropping again to 70% • Trauma Support: The clinical board developed a compassionate response, support, and signposting (CRSS) approach for trauma, along with team immediate meetings (TIM) for post-incident support • Cultural Competence: The clinical board received awards for cultural competence from Diverse Cymru and was working on improving responses to racist incidents and adopting a zero-tolerance approach • Lived Experience Professionals: The clinical board has over 10 lived experience professionals appointed based on their lived experience, with plans to expand this workforce • Workforce Redesign: Efforts were being made to reshape the workforce, including introducing new roles such as peer workers, clinical applied associate psychologists, and AHP pathfinders • Staff Engagement: The clinical board was pushing for higher staff survey participation and implemented drop-in listening sessions and advisory groups for women and black staff members to address specific challenges • Recognition and Awards: The clinical board received nominations for the RCN Nurse of the Year awards and was recognized for its innovative services, such as the Recovery College and the Mental Health University Liaison Service <p>The DOMH explained it was a challenging environment with 18 patients out of area. There were some nice pieces of work and recently had a carers engagement day. He added that it was a challenging picture but have worked with staff side reps and the Executive Nurse Director and hoped to improve communication.</p> <p>The CC highlighted the sexual safety & racial abuse issues. She added that this was an area where clear expectations were needed across the HB, which would give teams confidence and permission to challenge unacceptable behaviour.</p> <p>The Committee resolved to:</p> <p>a) The Clinical Board Spotlight on the Mental Health Clinical Board Team was noted.</p>	
<p>P&C 19/11/014</p> <p style="transform: rotate(-45deg); opacity: 0.5;">Regan, Nikki 14/01/2025 13:33:51</p>	<p><u>Notices from the Welsh Language Commissioner and update on Welsh Language standards (click to view)</u></p> <p>The Head of Equality & Inclusion highlighted the following:</p> <ul style="list-style-type: none"> • Closed Investigations: One of the standards enforcement investigations was closed by the Welsh Language Commissioner with no further action required • Ongoing Investigations: Three investigations were ongoing at different stages, but progress was made in addressing the issues • Positive Relationship: The health board continued to enjoy a positive working relationship with the Welsh Language Commissioner's Office, benefiting from a more collaborative approach 	

	<ul style="list-style-type: none"> • Reception Areas and Recruitment: An investigation into reception areas and recruitment processes led to a report with recommendations. A task and finish group was established to address recruitment processes, and a Welsh language online assessment tool was developed to support managers • Automated Telephone Systems: Work was ongoing to ensure compliance with Welsh language standards for automated telephone systems, with bilingual greetings being implemented • Welsh Language Skills and Patient Preferences: Efforts to record Welsh language skills of staff and patient language preferences was progressed, with over 50% of the workforce now having recorded their Welsh language skills • Health Visiting Service: The investigation related to the closure of the health visiting service, with training delivered and systems and letters updated to comply with standards • Areas of Focus: The health board focused on registering Welsh language skills, initial communications (greetings, email signatures, and teams' backgrounds), public information (signage), and recruitment processes to improve compliance with Welsh language standards <p>The IMCE was encouraged by the progress demonstrated and by the relationship improvements with the welsh language commissioner. She asked the following questions:</p> <ul style="list-style-type: none"> • How are CAV UHB able to deliver on the remaining actions in a timely manner? • Are staff aware of the courses available and what the uptake was? • Was CAV UHB better at collecting the data from this information? <p>The HEI explained that the initial up take had slowly increased regarding the Welsh courses. He added that CAV UHB looked to increase the courses available and explained that the funding from WG meant this wouldn't be any additional cost for CAV UHB. Lastly, he noted that CAV UHB should see the data increase but the no welsh language skills was not being recorded due to being received as blank.</p> <p>Action – The HEI to provide an update on the recruitment initiative regarding Welsh Language and the results of the task and finish group to the committee.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The content of the report was discussed and noted. 	
<p>P&C 19/11/015</p>	<p>Health & Safety Update (click to view)</p> <p>The ADHS highlighted the following points regarding the Health & Safety update:</p> <ul style="list-style-type: none"> • Plus Size Patient Pathway: The health and safety update included a discussion on the plus size patient pathway. • Health and Safety Culture Plan: The health and safety culture plan was reviewed, which originated from an audit by shared services. The plan is nearing the end of its three-year cycle, and the team is planning the next generation of development for health and safety at the health board. • Progress Tracking: The tracking document for the health and safety culture plan was presented, showing significant progress with many items marked as completed (green). The remaining items will be reviewed to determine their relevance and carried forward if necessary • Coordination with Estates Team: working closely with the Estates team to ensure alignment and assurance on various health and safety matters <p>The IMLC thanked the team for the comprehensive report and recalled a previous presentation with regards to identifying the gaps and asked if it had any reflection in the H&S report?</p> <p>The ADHSF noted this would be discussed in the private section of this meeting.</p> <p>Chairs action – need to talk with Geoff Walsh for further refinement.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> • The Health & Safety Update was discussed and noted 	

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<p>P&C 19/11/016</p>	<p>Primary Care Workforce Plan (click to view)</p> <p>The DDOPCIC & HPC were welcomed to the meeting and highlighted the following:</p> <ul style="list-style-type: none"> • Strategic Workforce Plan: Launched in May 2024, developed in partnership with HIW and other partners. It aims to address workforce challenges in primary care across Wales through 26 key actions over five years • Workforce Challenges: The plan addresses issues such as an aging population, increased acuity, technological developments, and specific problems within Community Pharmacy, General Dental Practice, General Medical Practice, Optometry, and Urgent Primary Care • Current Workforce Data: Limited access to workforce information for contractor professions. General Medical Services currently use a national workforce reporting tool, with Community Pharmacy expected to follow • Primary Care Academies: Set up to facilitate local delivery of national programmes, focusing on newly qualified or experienced professionals joining primary care, multi-professional education, and CPD • Local Actions: Cardiff and Vale are focusing on understanding workforce demands, strengthening contractor contributions to education and commissioning, and delivering national programmes • Future Steps: Refreshing workforce analysis, strengthening relationships between ECOS and the Academy, and considering the positioning of academies within the organization <p>The CC thanked the team for the comprehensive presentation. She suggested for the slides to be shared following the meeting.</p> <p>The EDPH offered her support regarding the Public Health training available. She would connect the team to some relevant areas.</p> <p>Action - Circulate the slides and the Audit Wales report on the primary care workforce to all committee members.</p> <p>The Committee resolved to:</p> <p>a) The Primary Care Workforce Plan was discussed and noted.</p>	
Items for Approval / Ratification		
<p>P&C 19/11/017</p>	<p>People Policies Report (click to view)</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 19/11/019</p>	<p>Engagement brief to include Digital Communications & Analytics KPI (click to view)</p> <p>The CC noted the engagements levels and data was helpful for this committee to understand.</p> <p>The Committee resolved to:</p> <p>a) The content of the reports were noted.</p>	
Any Other Business		
<p>P&C 19/11/020</p>	<p>(Click to view)</p>	
Review & Final Closure		
<p>P&C 19/11/021</p>	<p>(Click to view)</p> <p>The CC thanked the committee for the excellent papers and input.</p>	
<p>Date & time of the next meeting: Tuesday 21st January 2025 at 9am via MS Teams</p>		

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Public Action Log
Following People and Culture Committee Meeting
19th November 2024
(Updated for the Meeting 21st January 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 March 2025
19/11/008	Health & Well-being Framework	To bring the staff health & well-being framework to the People & Culture Committee for agreement in January 2025.	Claire Whiles	21.01.2025	Complete – added to the forward plan for the P&C meeting in January 2025
19/11/012	Job Planning Process	To provide a briefing paper to the independent members on the job planning processes and how the medical workforce is deployed effectively.	David Fluck	21.01.2025	Complete – added to the forward plan for the P&C meeting in January 2025
19/11/014	Welsh Language Standards	To provide an update on the recruitment initiative regarding welsh language and the results of the task and finish group to the committee.	Mitchell Jones	21.01.2024	Complete – added to the forward plan for the P&C meeting in January 2025
19/11/016	Primary Care Workforce Plan	To circulate the slides and the Audit Wales report on the primary care workforce to all committee members	Nicola Robinson / Emma Lewis	19.11.2024	Complete – slides were shared following the committee meeting on 19.11.2024
Actions referred from Board / Committees					

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Report Title:	Board Assurance Framework - Recruitment		Agenda Item no.	2.2
Meeting:	People and Culture	Public	Meeting Date:	21/01/24
		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 March 2018 to March 2023

Within the Cardiff and Vale UHB the workforce grew by 13% (2,040 WTE) between March 2018 to March 2023. In comparison to NHS Wales overall, the growth in staffing was 6.6% less than the national increase which was 19.6%.

The table below illustrates the growth by individual staff group for both NHS Wales overall and for the Cardiff and Vale UHB. Appendix 1 provides the various roles and professions that fall within each of the staff groups.

The largest areas of growth within the UHB were for nursing and midwifery staff which increased by 595 WTE (15%) and Administrative and Clerical staff, where the increase was by 501 WTE or 24%. This increase was below the overall increase for A&C staff across Wales which was 31%.

Workforce Growth by Staff Group between March 2018 and March 2023			
Staff Group	NHS Wales*	Cardiff and Vale	CaV WTE Increase
Add Prof Scientific and Technic	8%	42%	160
Additional Clinical Services	24%	14%	347
Administrative and Clerical	31%	24%	501
Allied Health Professionals	31%	22%	242
Estates and Ancillary	5%	9%	102
Healthcare Scientists	23%	20%	94
Medical Consultants	**25%	28%	165
Nursing and Midwifery Registered	10%	15%	595
Grand Total	19.60%	13%	2,206

*Data from Welsh Government

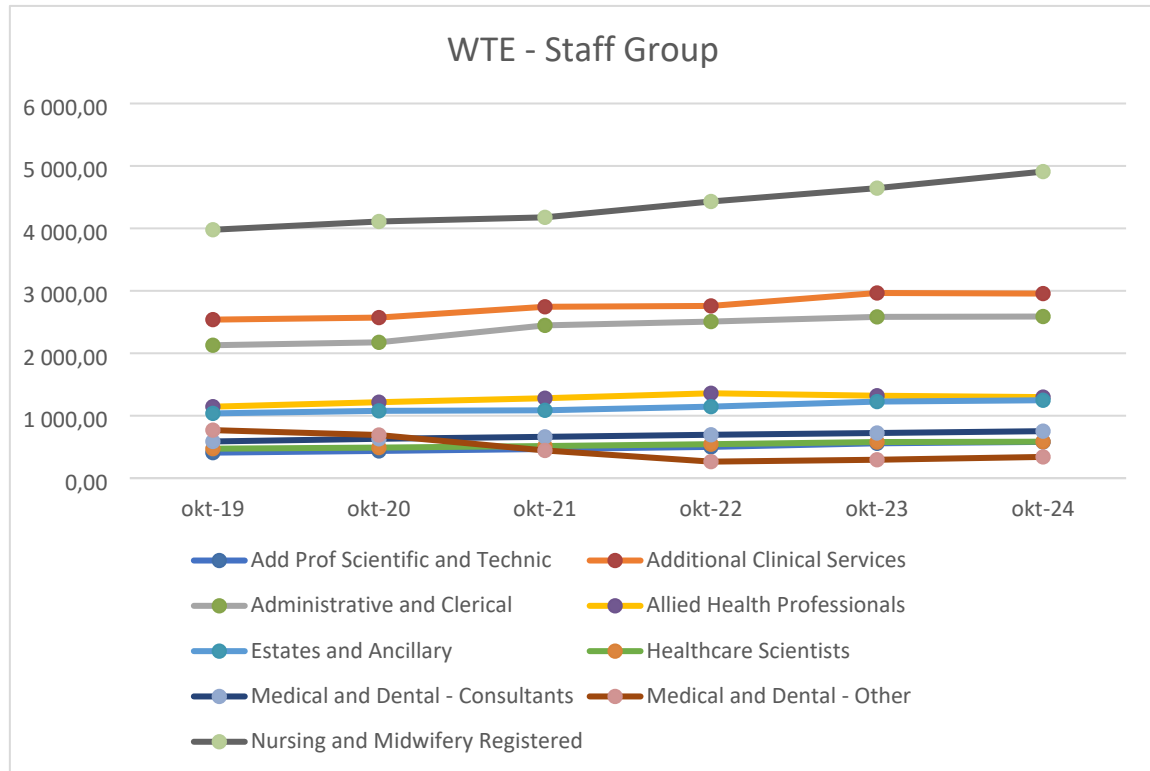
**All medical staff

The table below illustrates the growth in the workforce by pay bands for both NHS Wales overall and Cardiff and Vale UHB.

Workforce Growth by Pay Band between March 2018 and March 2023			
Staff Group	NHS Wales	Cardiff and Vale	CaV WTE Increase
Bands 1-4	17%	13%	617
Bands 5-6	14%	16%	785
Bands 7-9	39%	36%	654

The highest growth occurred within Bands 7 – 9. Within the UHB there was a 36% growth which is slightly below the 'All Wales' increase of 39%. The 16% rise in Bands 5-6 within the UHB is higher than the 14% increase across Wales but this is due to the success in reducing the registered nurse vacancies by almost 400 WTEs.

The total workforce as at November 2024 grew by 2,472 WTE since March 2018. Growth by Staff Group from January 2019 to January 2024:



The growth of Bands 8 and 9 by staff group is illustrated in the following table:

Staff Group	Oct-19	Oct-20	Oct-21	Oct-22	Oct-23	Oct-24	Variance
Add. Prof Scientific and Technical	173	183	197	215	222	238	65
Additional Clinical Services	5	5	7	7	7	8	3
Administrative and Clerical	215	221	258	288	311	325	110
Allied Health professions	70	74	82	94	100	109	39
Healthcare Scientists	76	78	85	82	86	94	18
Nursing and Midwifery Reg.	156	162	174	193	213	218	62
Total	695	723	803	879	939	992	297

The growth in the senior bands 8 and 9 has been substantial with an increase of 297 WTE since October 2019. The biggest increase was for Senior Manager posts (Admin and Clerical) which rose by 110 WTE.

The largest growth for Band 8 and 9 roles occurred within the Administrative and Clerical staff group where between 2019 and 2024 there was an increase of 110 WTE of senior management roles. The area that saw the largest increase was Corporate Services where an additional 57 roles were introduced during this period. Further details are illustrated in the table below:

Clinical Board	Nov-19	Nov-20	Nov-21	Nov-22	Nov-23	Nov-24	Nov-19 - Nov-24 variance
All Wales Genomics Service	3	4	6	5	7	8	5
Capital, Estates & Facilities	17	15	14	17	19	21	5
Children & Women	10	10	15	14	11	13	4
Clinical Diagnostics & Therap.	15	16	19	17	23	25	10

Corporate Executives	102	108	125	146	160	159	57
Medicine	12	15	14	14	15	16	4
Mental Health	7	7	13	13	12	11	5
Primary, Community Int. Care	17	16	21	25	24	29	12
Specialist Services	15	16	16	18	18	17	2
Surgical Services	15	16	18	21	25	22	7
Grand Total	212	222	260	291	312	322	110

The percentage increase in A&C staff employed at Bands 8 and 9 are quantified in the table below along with the increase in costs. N.B. the percentage increase in Genomics looks excessive at 180% however, the increase was by just 5 WTE. The additional costs also include the annual inflationary pay awards and so the comparison is not like for like.

Clinical Board	Percentage Increase	Increase in Costs between 2019 - 24
All Wales Genomics Service	180%	£410,225
Capital, Estates & Facilities	30%	£412,447
Children & Women	37%	£259,727
Clinical Diagnostics & Therapeutics	68%	£1,042,694
Corporate Executives	55%	£5,369,387
Medicine	32%	£525,360
Mental Health	69%	£472,694
Primary, Community Intermediate Care	72%	£791,343
Specialist Services	13%	£431,761
Surgical Services	46%	£768,060
Grand Total	52%	£10,483,699

Further details of the growth in senior management posts within Corporate Services is illustrated below by each function. The largest growth was experienced in Digital and Health Intelligence (30 WTE).

Directorate	Nov-19	Nov-20	Nov-21	Nov-22	Nov-23	Nov-24	Nov-19 - Nov-24 variance
Chief Executive Office	33	*23	23	26	23	20	-13
Chief Operating Officer	5	5	7	8	12	10	6
Digital and Health Intelligence	-	-	-	-	24	30	30
Director of Finance	29	26	31	30	37	35	7
Director of Nursing	6	8	10	12	11	11	5
Director of People and Culture	12	*27	34	23	21	24	12
Director of Planning	14	14	15	19	17	19	5
Director of Public Health	1	2	2	7	6	6	5
Director of Therapies	2	1	1	2	4	0	-2
Medical Director	3	3	2	18	5	3	0
Grand Total	102	108	125	146	160	159	57

*The decrease of 12 WTE in the Chief Executive's office in 2020 and increase in People and Culture was due to the transfer of the Health and Safety Department

2. Reasons for Growth

The two main reasons why the workforce numbers grew during this 5-year period are service investment and development and the successful recruitment strategies the UHB has initiated and implemented.

Some of the larger service investments by the Welsh Government have accounted for an additional 1200 posts and include the following:

Service Development	Additional WTE
Major Trauma Centre	178
Expansion of Genomics	121
Mass Immunisation Programme	100
Planned Care Investment	45
Vascular Access	52
JCC investment in Specialist Services	81
Recovery and Planned Care	58
Mental Health SIF funding	55
Investment following Ockenden Report	37

In addition to the larger service investments there have been a large numbers of incremental workforce funding provided from external sources such as JCC, Welsh Government and Research grants. On average, the Corporate Vacancy Scrutiny Panel consider around 5 WTE requests per week for new posts that are externally funded and so present no cost pressure to the UHB.

The other main reason for the growth in workforce has been the successful recruitment strategies that have been implemented across the various staff groups over the past few years. The greatest achievement has been seen within Nursing and Midwifery where the number of vacancies reduced from its peak of 489 WTE in September 2021 to less than 100 WTE by the end of January 2025. This represents a vacancy factor of just 2% against the target of 5%. This would have had an impact on improving the quality as well as contributing to reducing agency spend by more than half. The cost of bank and agency is often unfunded and creates an overspend on the pay bill.

Additional reasons for the workforce increase were due to a number of TUPE transfers of services into the UHB, one of which included Public Health Wales where the workforce and appropriate funding were transferred into the UHB.

There has been some growth that was not funded centrally but was essential to improve patient flow. These have included the development of the IACU ward which employs around 50 WTE and also a further 42 WTE investment in services within the Medicine Clinical Board and were implemented following the approval of business cases.

3. Existing Controls to ensure workforce growth is funded

There are a number of governance procedures within the UHB to ensure that posts are only recruited to where the appropriate funding is available. When a request to recruit to a vacancy is generated within a Clinical Board, it requires authorisation from the Director of Operations and Finance before it is advertised. All requests that include 'admin and clerical roles', 'posts at Band 7 and above' and/or 'any new posts' need to be considered and authorised by the weekly Corporate Vacancy Scrutiny Panel (CVSP) to ensure all posts are essential and have adequate funding.

One risk that the CVSP is cognisant of is where only fixed term funding is provided for new roles. To avoid future cost pressures, these roles are only recruited to as either fixed term or secondment opportunities.

A further governance process also exists within Shared Services Recruitment as they will only process adverts that have the full and appropriate authorisation.

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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 recruit to substantive posts will continue to ensure the avoidance of premium agency costs however, the continuation of strong governance and controls must be maintained to ensure posts are appropriately funded.

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>

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 <i>(please note anywhere else this paper has been before):</i>	
Committee/Group/Exec	Date:

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Appendix 1

Staff Group	Roles
Additional Professional Scientific and Tech	Chaplains, Psychologists, Pharmacists, Theatre Practitioners (ODP), Medical Photographers, Medical Technical Officers, Physicians Associates (Pharmacy, Medical Physics, Clinical Engineering)
Additional Clinical Services	HCSW, Play Specialists, Nursery Nurses, Medical Laboratory Assistants, Phlebotomists, Dental Surgery Assistants, Therapy Helpers and Technicians, Assistants to professions
Admin and Clerical	Ward Clerks, Receptionists, Secretaries, Senior Managers
Allied Health Professional	Therapists (Art Therapy, Occupational Therapy, Physiotherapy, Podiatry, Dietetics, Speech Therapy), Orthoptists, Orthotists, Prosthetists and Radiographers
Estates and Ancillary	Maintenance staff, building staff, Painters, Electricians, Catering and Housekeeping, Porters and Telephonists
Healthcare Scientists	Clinical Scientists, Biomedical Scientists, Perfusionists, Physiologists
Medical and Dental	Consultants, Junior Medical staff in training and staff grade (non-training grade) doctors
Nursing and Midwifery	Staff nurses, Midwives, Ward Managers, Nurse Consultants, Clinical Nurse Specialists

Regan Nikki
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Report Title:	2023 Staff Survey <ul style="list-style-type: none"> Discrimination Results Data Workforce Race Equality Standards (WRES) 			Agenda Item no.	2.4
Meeting:	People & Culture Committee	Public	X	Meeting Date:	21/01/2025
Status (please tick one only):	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Assistant Director of OD, Wellbeing and Culture Head of Equity & Inclusion				

Main Report

Background and current situation:

This report seeks to provide the People and Culture Committee with further understanding and assurance regarding progress of work within the areas of Equity and Inclusion, Culture and Behaviours. It will focus on two areas, firstly presenting an overview of findings around the topic of 'Discrimination' taken from responses from the NHS Wales Staff Survey 2023. Secondly, it will provide the Committee with an update on the Health Board's progress with the Workplace Race Equality Standards (WRES), outlining recommended actions that will support an equitable, inclusive, and supportive working environment for all employees.

Discrimination – Background and Current Situation

What is Discrimination in the Workplace?

Discrimination refers to unfair or prejudiced treatment of individuals based on protected characteristics as defined by the Equality Act 2010:

- age
- gender reassignment
- being married or in a civil partnership
- being pregnant or on maternity leave
- disability
- race including colour, nationality, ethnic or national origin
- religion or belief
- sex / gender
- sexual orientation

This can take various forms, such as direct discrimination, indirect discrimination, harassment, and victimisation, and can severely undermine a culture of respect and inclusivity. However, it is important to distinguish discrimination from other workplace challenges, such as legitimate performance management or professional disagreements, which may not constitute discriminatory behaviour.

Discrimination in the NHS

Evidence indicates that discrimination, including systemic racism, persists within the NHS, affecting both staff and patient care. Key findings include:

- Workforce Race Equality Standard (WRES) Reports:** NHS England's WRES report 2023 highlights that only 48.9% of ethnic minority staff believe their organisation provides equal opportunities for career progression, compared to 59.4% of white staff. Additionally,

the percentage of staff experiencing discrimination based on ethnicity has risen from 46% in 2019 to 51% in 2023.

[NHS Providers](#)

- **British Medical Association (BMA) Survey:** A BMA survey revealed that 23% of doctors have considered leaving their jobs due to racial discrimination, with 9% having actually left. Furthermore, 16% reported taking sick leave or time off work as a result of such experiences.

[British Medical Association](#)

- **Cultural Entrenchment of Racism:** Research from Middlesex University and the human rights charity Brap indicates that racism remains embedded in NHS organisational culture, with Black and Minority Ethnic staff facing significant challenges when raising complaints of racism.

[Middlesex University](#)

- **Patient Care Disparities:** A survey reported in the *BMJ* found that 65% of Black people in the UK have experienced prejudice from healthcare staff, with 64% believing that the NHS provides better care to white individuals.

[BMJ](#)

These findings demonstrate the ongoing challenges of discrimination and systemic racism within the NHS, highlighting the need for continued efforts to foster an inclusive and equitable healthcare environment.

Our Duty as a University Health Board

As a public sector organisation, the Health Board has a statutory duty under the Equality Act 2010 and the Public Sector Equality Duty (PSED) to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations among its workforce and service users. This responsibility requires proactive measures, including promoting awareness, implementing robust policies, ensuring equitable recruitment and promotion practices, and offering accessible reporting mechanisms for employees to raise concerns without fear of reprisal.

Failure to address discrimination in its many forms can have serious consequences for both individuals and the organisation. A failure to act could lead to reputational damage, costly legal claims, and reduced staff morale and engagement. More critically, it can erode trust and the ability to deliver high-quality patient care, undermining the NHS's commitment to providing equitable and compassionate healthcare services.

Findings – The NHS Wales Staff Survey 2023

“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)

Completion Rates and Demographics

The NHS Wales Staff Survey 2023 was completed by 3,662 people employed by the Health Board, representing 21.4% of the entire workforce.

The demographics of the responders are important to note when considering the feedback. The full breakdown is attached in Appendix 1 with the responses indicating that the higher representation of participants was:

- **Gender** – Woman (73%); Man (22.8%); Prefer not to say (3.7%)
- **Sexual Orientation** – heterosexual or straight (84.8%); Prefer not to say (6.7%)
- **Age:** 41+ (55.9%); Prefer not to say (4.3%)
- **Race or Ethnicity:** White:British (80.6%); Prefer not to say (4.3%)
- **Religion:** No religion (47%) / Christianity (40%); Prefer not to say (7.3%)
- **Disability:** No (82.2%); Prefer not to say (4.8%)
- **Neurodiverse / Neurodivergent:** No (85.9%); Prefer not to say (4.1%)
- **Married or Civil Partnership:** Yes (54.4%); No (40.5%); Prefer not to say (5.1%)
- **Pregnant/ given birth in last year:** No (81.1%); Not applicable (13.5%); prefer not to say (3.3%)
- **Unpaid Carer:** No (81.3%); Prefer not to say (3.6%)
- **Annual Income of Household:** over £40001 (57.9%); Prefer not to say (15.2%)

Limitations of Analysis – Demographics

Unfortunately, the functionality of the Staff Survey Dashboard does not enable or allow analysis at a Health Board level using any demographic data, including analysing results around individual protected characteristics or intersectionality. HEIW access data from the Staff Survey to support production of the Workplace Race Equality Standards reports for organisations across Wales. This is to protect anonymity where the numbers of responses are low, and avoiding access to potentially identifiable data.

Cardiff and Vale UHB Responses to the 3 Questions regarding Discrimination

Question	Yes	Prefer not to say	No
In the last 12 months have you personally experienced discrimination at work from a manager/ team leader?	7%	6%	87%
In the last 12 months have you personally experienced discrimination at work from other colleagues?	7%	5%	88%
In the last 12 months have you personally experienced discrimination at work from patients/service users, their relatives, or other members of the public?	8%	3%	89%

- 7% of people have said that they have experienced discrimination at work from other colleagues, which equates to 256 respondents, reasons chosen detailed below:
 - 2.1% other
 - 1.7% age
 - 1.4% ethnicity
 - 1.2% gender
 - 1.0% disability
 - All other protected characteristics between 0.2 and 0.7%
- 7% of people have said that they have experienced discrimination at work from a manager or team leader, which again equates to 256 respondents:
 - 3.3% other
 - 1.5% disability
 - 1.2% age
 - 1% ethnicity
 - All other protected characteristics between 0.1 and 0.9%
- 8% of people have said that they have experienced discrimination at work from patients, service users, their relatives or the public, which equates to 293 respondents. The highest reason highlighted here was discrimination due to ethnic background:
 - 3.1% ethnic background
 - 2.4% gender
 - 2.3% age
 - 1.8% other
 - All other protected characteristics between 0.2 and 0.8%

Please note the percentages will not necessarily correlate to the overarching percentage due to respondents choosing more than one reason for discrimination and/or responses from people who chose the 'prefer not to say' option in the previous question.

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Each question had a 'prefer not to say' response of between 3 and 5%, which may indicate an additional 110 to 120 people believing that they have personally experienced discrimination at work.

In addition to these responses, 11% of respondents (403 people) disagreed that the organisation respects individual difference; and 19% of respondents disagreed that the Health Board acts fairly with regard to career progression regardless of protected characteristics, (696 people).

Themes from the follow up questions regarding the individual's experience of discrimination

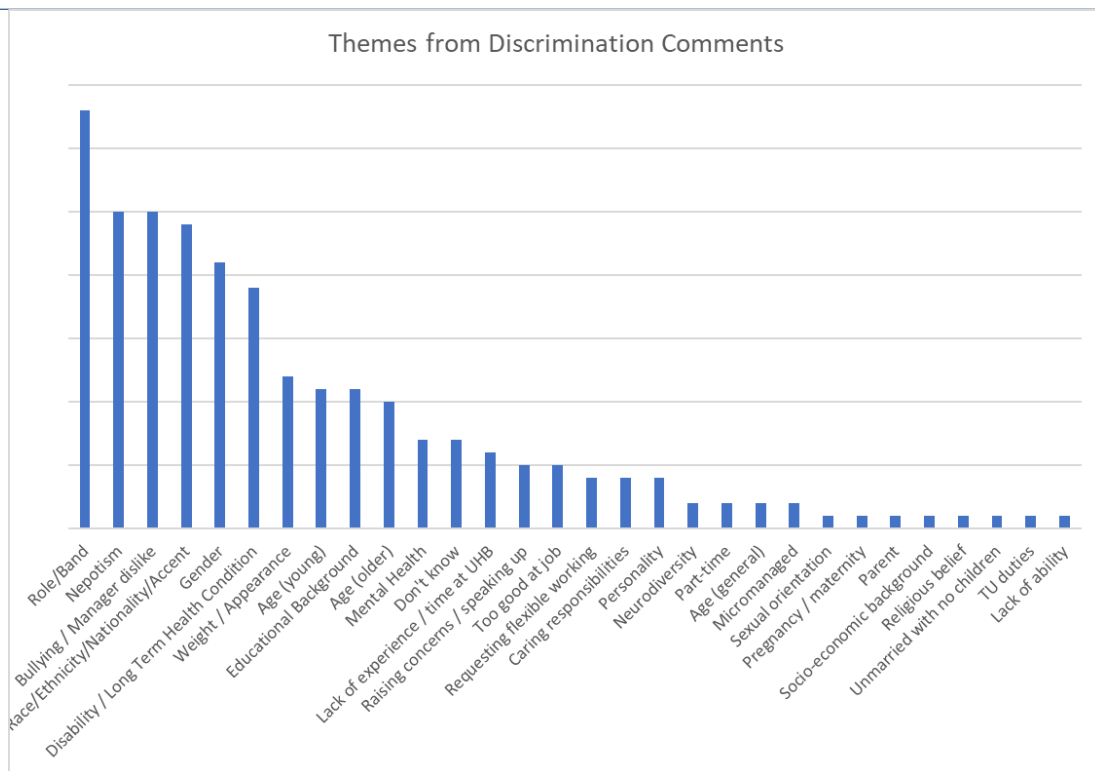
Although the statistics are useful, it is beneficial to understand the experiences of respondents to avoid misinterpretation or assumption. Participants also had an opportunity to add further detail with regard to their experience of discrimination at work. The following shows the main themes identified via the narrative comments.

Please note that the comments had been redacted prior to being shared with the Health Board which made many difficult to quantify and/or include in the analysis.

Key themes from 'on what grounds have you experienced discrimination' (comments) - from highest to lowest, those referencing protected characteristics in bold:

- due to role / band or profession
- due to nepotism in the team / department / organisation
- due to bullying / manager behaviour (dislike)
- **due to race, ethnicity, nationality, accent**
- **due to gender**
- **due to disability or long-term health condition**
- due to weight or appearance
- due to educational background
- **due to age (younger)**
- **due to age (older)**
- **due to mental health**
- due to lack of experience / limited time at UHB
- due to raising concerns or speaking up; too good at job
- due to requesting flexible working; **caring responsibilities**; personality
- due to **neurodiversity**; working part-time; **age (general)**; micromanaged
- due to **sexual orientation**; **pregnancy/maternity**; having children; socio-economic background; **religious beliefs**; unmarried with no children; TU duties; lack of ability.

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Points of Note

The responses to the 2023 Staff Survey indicate that people within the organisation have experienced discrimination, as legally defined at the start of this report, linked to one or more of the protected characteristics. From patients, their relatives or members of the public, the highest incidences are reported to be with regards to race or ethnicity. From managers, disability (excluding other) was the highest and from colleagues it was age (excluding other). Respondents have provided feedback that discrimination has been experienced in interactions with patients, members of the public, colleagues and managers.

Many of the comments outline discrimination due to a number of protected characteristics, or intersectionality, for example many referenced experiencing discrimination due to being 'young and female'.

In the UK, discrimination based on weight (such as being obese) is not explicitly covered as a protected characteristic under the Equality Act 2010. However, certain circumstances could bring such treatment under the scope of the law, particularly if it intersects with disability discrimination or harassment.

Colleagues have also identified via the discrimination questions, incidences and reasons for which they feel they have been treated 'unfairly'. Although this is not discrimination, this is behaviour that should not be tolerated. It is also important to note that we do not know from the comments whether those reporting behaviours not legally classified as discrimination, for example bullying or micromanagement, have any links to protected characteristics.

Within the comments, the main theme was being treated unfairly, or disrespected due to role, banding or colour of uniform. This was followed very closely by comments around 'favouritism' and 'face fits' cultures where they felt ostracized or treated differently due to not being one of the 'favourites' or having a personality or face that 'fits'. Many of these themes have been seen across the UHB in cultural surveys, demonstrating the different experiences of colleagues across teams.

Consequences of Discrimination in the Workplace

The feedback from the Staff Survey 2023 informs the Health Board that there are people within the workplace experiencing discrimination due to one or more protected characteristics. Discrimination is not acceptable and can impact the Health Board in a variety of ways, including:

1. Direct Costs

- Legal Expenses and Compensation
- Fines and Regulatory Penalties

2. Indirect Costs

- Staff Turnover
- Reduced Productivity
- Absenteeism

3. Reputational Damage

- Public Trust and Funding Risks
- Impact on Recruitment

4. Impact on Patient Care and Outcomes

- Clinical Errors and Patient Complaints
- Service Inequalities

5. Lost Opportunities for Innovation and Collaboration

- Lack of Diversity and Inclusion

Addressing Discrimination

There are several actions and plans already in progress to minimise risk and improve employee experience, which include:

- Further staff engagement to understand the employee experience (e.g. Staff Survey Focus Groups and workshops; Schwartz Rounds; Cultural Programmes of work)
- CAVUHB Strategic Equality Plan, which includes the following workstreams:
 - Development and implementation of the Anti-Racist Action Plan (co-design approach)
 - Implementation of the Workplace Race Equality Standards (WRES) actions
 - Development of the LGBTQ+ Action Plan (co-design approach)
 - More than just words national strategy
 - Review of the Accessibility Communication Standards
 - Widening Access agenda – e.g. Project Search
 - Staff networks – One Voice; LGBTQ+; AccessAbility; Rhwyd-iaith

Addressing Inappropriate Behaviours / Bullying and Poor Culture

Many of the themes arising from the question around discrimination appear not to be linked to a protected characteristic and therefore may not fall under the Equality Act. However, other behaviours, e.g. bullying; nepotism; treating people differently due to role, could still breach workplace policies or the organisation's duty of care to provide a safe and respectful working environment.

This is being addressed via many of the points listed above and via the objectives outlined in the People and Culture Plan. This enables a focused and prioritised programme of work which aims to:

- Improve leadership and management capability
- Develop mechanisms to support colleagues to Speak Up Safely
- Understand and improve behaviours and therefore improve culture / team-working and outcomes
- Recruit and retain colleagues with the right values and skills, who are engaged and motivated to deliver high quality, compassionate care

More detail on People and Culture priorities and actions is regularly reported upon and monitored within the Health Board's Board Assurance Framework (BAF).

Next Steps

Improving behaviours, reducing discrimination, and fostering a culture of speaking up safely can be challenging. However, there are strategies that can yield significant cultural and organisational benefits, these include:

- **Training and Awareness.**
- **Inclusive Policies**
- **Regular Audits**
- **Clear Reporting Mechanisms**
- **Leadership Commitment and Role Modelling**
- **Foster a Speaking-Up Culture**
- **Encourage Psychological Safety**

The Health Board is also taking forward a number of priorities within the Strategic Equality Plan and the People and Culture Plan:

Leverage Existing Resources – Next Steps

- **Peer Networks:** Review and re-establish staff networks or resource groups.
- **In-house Expertise:** Develop internal diversity and inclusion team to deliver training or facilitate discussions on discrimination and behaviour.

Focus on Education and Awareness

- **Mandatory Training:** Ensure all staff complete equality, diversity, and inclusion (EDI) training. This will include Anti-Racist Training.
- **Bite-sized Learning:** Develop short, impactful videos or guides that can be shared through emails or staff portals.
- **Awareness Campaigns:** Create posters, newsletters, or screensavers with clear messages about anti-discrimination policies and how to speak up safely.

Embed Accountability

- **Zero Tolerance Policies:** Reinforce policies that clearly outline acceptable and unacceptable behaviours, with consequences for violations.
- **Performance Reviews:** Incorporate respect and inclusivity into performance evaluations for all staff, particularly those in leadership roles.
- **Monitor and Report:** Use and improve existing data collection systems to track incidents of discrimination and report on progress in tackling them.

Optimise Limited Resources

- **Collaborate with External Partners:** Leverage free or low-cost training resources from organisations such as ACAS, the NHS Workforce Race Equality Standard (WRES) team, or trade union partners.
- **Volunteer Champions:** Identify and train voluntary staff champions to support cultural change initiatives.
- **Phased Approach:** Focus on one or two key priorities (e.g., representation and progression) and build momentum before expanding to other areas. (See WRES actions)

Celebrate and Communicate Success

- **Recognise Positive Behaviours:** Highlight staff who demonstrate inclusivity and respect through staff newsletters, awards, or shout-outs (Viva-Engage).
- **Transparent Updates:** Regularly share progress on initiatives to build trust and show the organisation's commitment to improvement.

Maintain Focus Despite Financial Pressures

- **Reframe as a Business Imperative:** Emphasise that a respectful and inclusive workplace reduces absenteeism, turnover, and grievances, leading to financial and operational efficiencies.
- **Prioritise Morale:** Addressing workplace culture can improve staff engagement and retention, which are critical during financial crises.

The next steps for 2025/26 will be to prioritise the programme of work to ensure greatest positive impact to support the Health Board to achieve its strategic objectives, whilst retaining a skilled, valued, engaged and diverse workforce, with many of the above already in progress.

Workplace Race Equality Standards

What are the WRES?

The Workforce Race Equality Standards (WRES) for Wales is a framework introduced by the Welsh Government to address racial disparities within the NHS workforce. It aims to ensure that employees from Black, Asian, and Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The WRES is a key component of the Anti-racist Wales Action Plan (ArWAP) launched in 2022, which sets out the ambition for Wales to become an anti-racist nation by 2030.

The WRES framework measures progress against several indicators of workforce equality, focusing on areas such as leadership representation, career progression, and experiences of bullying and harassment.

Report and Meetings with Welsh Government

The WRES report for Cardiff and Vale University Health Board (CAVUHB) (Appendix 2) reflects the current state of race inequality within the organisation and the broader NHS in Wales. Regular meetings with the Welsh Government are held to discuss the findings and progress of the WRES implementation. These meetings are crucial for aligning local actions with national strategies and ensuring that the data collected is used effectively to drive improvements. The initial meeting between members of the Executive Team and Welsh Government took place on 3 September 2024, with a follow-up meeting to be scheduled in the new year.

CAVUHB and WRES

To achieve the intended goals of WRES within CAVUHB, it is essential to address the uncomfortable facts presented by the data and take decisive action. The WRES framework calls for organisational leadership to prioritise race and gender equality, especially during times of low staff morale. Inclusion benefits all staff, not just those from minoritised groups, and should become a key metric by which leadership is judged.

The report highlights several key areas for action, including:

- **Absence of Ethnic Minority Board Membership:** Strategies such as talent pipeline management, sponsorship by senior staff, batch recruitment to boards, and active search strategies for non-executive roles are recommended.
- **Progression of Ethnic Minority Staff to Senior Grades:** Board members should have measurable inclusion objectives, and fair recruitment processes should be embedded.
- **Poor Levels of Ethnicity Declaration:** Setting targets for self-declaration and implementing outreach programs can improve data accuracy.

- Clarification of Data Recording Processes: Auditing governance and cross-referencing with staff network leads can help address discrepancies in disciplinary and capability processes.

By focusing on these areas, CAVUHB can create a more equitable and just workplace culture, ultimately improving the overall experience for all staff and enhancing patient care. The WRES serves as a recurring catalyst for action, helping organisations meet their obligations under the Equality Act 2010 and the Anti-racist Wales Action Plan.

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

This report highlights that discrimination can affect individuals with various characteristics. The Health Board is committed to promoting equity and inclusion through its Strategic Equality Plan, which aims to enhance equity and inclusion for everyone with protected characteristics. Currently, a key focus is the implementation of the Anti-Racist Action Plan, which encompasses the Workplace Race Equality Standards.

The People & Culture Team has established a dedicated task and finish group to develop and implement actions that align with the expectations outlined in the WRES report. This group is tasked with translating the report's recommendations into tangible actions that will drive meaningful change within the organisation. By focusing on specific, actionable goals, the task and finish group aims to create a more equitable and inclusive workplace for all staff members.

Following advice from the Welsh Government, the Health Board has decided to concentrate its efforts on two critical areas: representation and progression. This targeted approach allows the organisation to address the most pressing issues effectively, rather than attempting to tackle all areas simultaneously. By prioritising these key aspects, CAVUHB aims to improve the representation of ethnic minority staff at all levels and ensure fair and transparent pathways for career progression. This strategic focus is expected to yield significant improvements in workforce equality and contribute to a more inclusive organisational culture.

This report highlights that addressing cultural concerns and inequity, including discrimination, requires a joined up, planned and collaborative approach across teams and departments within the Health Board, Trade Union Partners, Welsh Government, external partners and communities. It also requires engagement with our staff to fully understand and appreciate their experiences and to gather ideas for improvement that can be led by them and supported by the wider organisation. We will have data for the 2024 Staff Survey in Quarter 4, which will enable a timely analysis and comparison within this area.

By addressing these areas, the Health Board can create a fairer, more inclusive workplace. Prioritising areas of focus, such as race and ethnicity, disability, gender equality, and workload management, alongside a culture of open communication and accountability, will help improve working conditions and foster a more positive experience for all employees.

To provide assurance, we will continue to monitor and report upon progress of the People and Culture Plan, the Strategic Equality Plan, and resulting action plans such as the Anti-Racist Action Plan, to identify areas of focus, areas of success and ensure dissemination via Clinical Board Executive Reviews, Senior Leadership Board, Local Partnership Forum and any other networks / groups as appropriate.

Recommendation:





The Committee is requested to:

- a) Note 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.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Prevention	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](#)

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

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

Risk: Yes

The report addresses risks related to discrimination and systemic racism within the NHS, highlighting the need for continued efforts to foster an inclusive and equitable healthcare environment. Specific risks include reputational damage, costly legal claims, and reduced staff morale and engagement if discrimination is not adequately addressed.

Safety: Yes

The report discusses staff safety implications, particularly related to experiences of discrimination and harassment. Ensuring a safe and supportive working environment is crucial for both staff and patient safety. Plans to mitigate these risks include implementing robust policies and offering accessible reporting mechanisms.

Financial: Yes

There are financial implications associated with addressing discrimination and promoting equity within the workforce. Failure to address these issues could lead to costly legal claims and reduced staff productivity. The report suggests that proactive measures to promote equity can mitigate these financial risks.

Workforce: Yes

The report highlights significant workforce implications, including the need to address racial disparities and ensure fair treatment for all employees. The Workforce Race Equality Standards (WRES) framework is a key component in addressing these issues, with specific actions recommended to improve representation and career progression for ethnic minority staff.

Legal: Yes

Legal implications arise from the need to comply with the Equality Act 2010 and the Public Sector Equality Duty (PSED). The report emphasizes the importance of eliminating unlawful discrimination and advancing equality of opportunity. Legal advice has been sought to ensure compliance with these obligations.

Reputational: Yes

The report identifies reputational risks associated with failing to address discrimination and systemic racism. Ensuring an inclusive and equitable workplace is essential to maintaining the Health Board's reputation and trust with both staff and patients.

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 considers the Socio-Economic Duty, emphasizing the importance of making strategic decisions that improve outcomes for people who suffer socio-economic disadvantage. The proposals aim to promote equality and reduce disparities within the workforce.

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 \(nhs.wales\)](#)*

The report necessitates the requirement for an Equality Health Impact Assessment (EHIA) to be undertaken. This assessment will ensure that the proposals consider the impact on equality and health, and plans are in place to conduct this assessment.

Decarbonisation: No

Welsh Language: No

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

Committee/Group/ Exec	Date:

Regan Nikki
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APPENDIX 1: Cardiff and Vale UHB Staff Survey 2023 Organisation Response Table

HealthBoard Question	CAVUHB - BIPCAF	
	n	%
Q2 What describes your gender?		
Man	>10	22.80
Non-binary	<11	0.20
Prefer not to say	>10	3.70
Prefer to self describe (please specify)	>10	0.30
Woman	>10	73.00
Q3 Is this the same as the sex you were assigned at birth?		
	<11	0.00
No	>10	0.40
Prefer not to say	>10	3.30
Yes	>10	96.30
Q4 Which of the following terms best describes your sexual orientation?		
	<11	0.00
Asexual	>10	0.50
Bisexual	>10	3.50
Gay man	>10	2.00
Gay woman or lesbian	>10	1.40
Heterosexual or Straight	>10	84.80
Prefer not to say	>10	6.70
Prefer to self-describe (please specify)	>10	1.00
Q5 Age		
	<11	0.10
16-20	>10	0.30
21-30	>10	15.30
31-40	>10	24.10
41-50	>10	24.60
51-65	>10	30.00
66+	>10	1.30
Prefer not to say	>10	4.30
Q6 Which race or ethnicity best describes you?		
	<11	0.10
Another race or ethnicity – please identify	>10	0.70
Arabic	<11	0.20
Asian/British Asian: Bangladeshi	<11	0.20
Asian/British Asian: Chinese	>10	0.50
Asian/British Asian: Indian	>10	2.50
Asian/British Asian: Other	>10	1.10
Asian/British Asian: Pakistani	>10	0.60
Black/British Black: African	>10	0.80
Black/British Black: Caribbean	>10	0.30
Black/British Black: Other	<11	0.10
Mixed Race: Asian & White	>10	0.50
Mixed Race: Black & White	>10	0.60
Mixed Race: Other	>10	0.70
Prefer not to say	>10	4.30
White: British (British/English/Northern Irish/Scottish/Welsh)	>10	80.60
White: European	>10	5.10
White: Irish	>10	1.00

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APPENDIX 1: Cardiff and Vale UHB Staff Survey 2023 Organisation Response Table

Q7 What do you consider your religion to be?		
	<11	0.10
Buddhist	>10	0.80
Christian	>10	40.40
Hindu	>10	1.00
Jewish	<11	0.10
Muslim	>10	1.60
No religion	>10	47.00
Prefer not to say	>10	7.30
Prefer to self-describe (please specify)	>10	1.70
Sikh	<11	0.00
Q8 Do you have an impairment that can affect daytoday activities, this can be either a physical or hidden disability?		
	<11	0.00
No	>10	82.20
Prefer not to say	>10	4.80
Yes	>10	13.00
Q9 If yes, tell us what your disability, longterm illness or health condition relates to?		
	>10	87.10
A long standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, epilepsy)	>10	5.00
A mental health difficulty (e.g. depression, schizophrenia, or anxiety disorder)	>10	3.90
A physical Impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches)	>10	2.50
A social/communication impairment (e.g. a speech and language impairment or Asperger's syndrome / other autistic spectrum disorder)	>10	0.90
An impairment, health condition or learning difference that is not listed above	>10	2.10
Blind or have a visual impairment uncorrected by glasses	>10	0.30
Deaf or have a hearing impairment	>10	1.50
Prefer to self-describe (please specify)	>10	1.20
Q10 Do you consider yourself Neurodiverse or Neurodivergent? (E.g., Autism, ADHD, Dyslexia)		
	<11	0.00
No	>10	85.90
Prefer not to say	>10	4.10
Yes	>10	9.90
Q11 Are you married or in a Civil Partnership?		
	<11	0.00
No	>10	40.50
Prefer not to say	>10	5.10
Yes	>10	54.40

Q12		
Are you currently pregnant or have you given birth within the last year?		
	<11	0.00
No	>10	81.10
Not applicable	>10	13.50
Prefer not to say	>10	3.30
Yes	>10	2.10

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APPENDIX 1: Cardiff and Vale UHB Staff Survey 2023 Organisation Response Table

Q13 Do you provide unpaid care by looking after someone (a family member, friend or neighbour) who is older, disabled or seriously ill?		
	<11	0.00
No	>10	81.30
Prefer not to say	>10	3.60
Yes	>10	15.00
Q14 Please tell us the total annual income of your household (before tax and deductions, but including any benefits and allowances).		
	<11	0.10
£10,001 – £20,000	>10	1.80
£20,001 – £30,000	>10	11.60
£30,001 - £40,000	>10	13.10
Below £10,000	>10	0.30
Over £40,001	>10	57.90
Prefer not to say	>10	15.20
Q16 How many years have you worked for your current NHS organisation?		
	<11	0.00
11-15 years	>10	10.30
1-2 years	>10	13.40
3-5 years	>10	16.60
6-10 years	>10	16.10
Less than 1 year	>10	8.40
More than 15 years	>10	35.10
Q17 When you joined your current NHS organisation, were you recruited from outside of the UK?		
	<11	0.10
No	>10	96.70
Prefer not to say	>10	1.00
Yes	>10	2.20
Q18 I work in Mental Health Services		
	<11	0.10
No	>10	88.80
Prefer not to say	>10	0.90
Yes	>10	10.20

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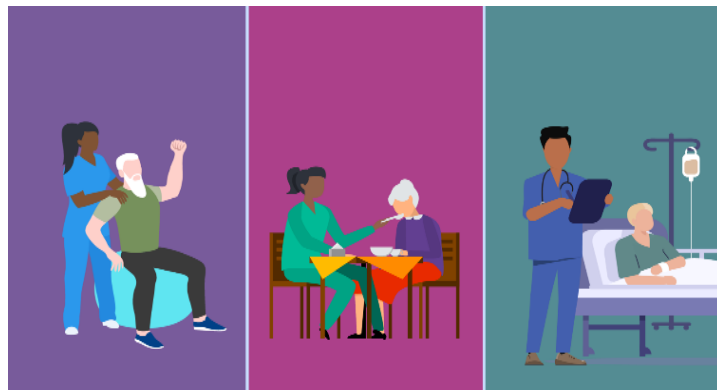
Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

CARDIFF & VALE UNIVERSITY HOSPITAL BOARD

2024



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CARDIFF & VALE UNIVERSITY HOSPITAL BOARD

Foreword

When the NHS was created in 1948, launched by Tredegar-born Health Secretary, Aneurin Bevan, it was based on three core values: that the services were for everyone, that healthcare was free at the point of delivery and that care would be provided based on need rather than ability to pay. All of these are predicated on principles of fairness and equity and apply to patients and staff equally. Sadly, in the 76 years of the NHS, those ideals have not always been lived up to, not least with regard to race. The COVID pandemic brought to the forefront what had been clear to many minoritised people for a long time. The publication of the Anti-racist Wales Action Plan (ArWAP) by Welsh Government in 2022 was a recognition that to halt this damaging inequity, we needed to actively identify and eradicate the structures and processes that result in worse outcomes for individuals from an ethnic minority.

A key component of the ArWAP was a wide consultation, and it became clear that NHS staff felt that to advance race equality in the service, it was important to have a robust dataset to allow a detailed understanding of the problem, as well as a means of monitoring it. This was the basis of the Workforce Race Equality Standard, and the inaugural data is published in this report. To have achieved this within two years of the launch of the ArWAP is a signal of the commitment of the Welsh government and NHS Wales organisations to this important task, and it is the intention that this data is but the first step in undertaking the transformation of our systems and processes that perpetuate injustice.

This report shows the detail of the workforce in Cardiff and Vale University Health Board. It is structured around the themes of representation, development, disciplinary equality, and institutional culture. It is the ambition that this allows identification of the areas of greatest deficit, and hence a call to action to develop a local strategy to tackle that. This report is not shared with other NHS organisations, but will complement a published national WRES report displaying the state of these themes across the whole of Wales.

These reports should give pause for brief reflection by national and local leadership, and then a commitment to action to improve both equality for our Black, Asian and minority ethnic staff and the experience of patients.

Anton Emmanuel, Lead for the WRES NHS Wales and Social Care

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KEY FINDINGS WRES 2024

CARDIFF & VALE UNIVERSITY HOSPITAL BOARD

	CVUHB	NHS Wales
Undeclared ethnicity rate overall (%)	12.1%	10.8%
Undeclared ethnicity number Band 8 +	63	579
Staff survey completion rate	21.4%	20.7%
Workforce reflective of local population	yes	yes
Full appointment data (Ind 5)	no	incomplete
Ind 1: Board representation	-9.2%	-5.9%
Ind 2: ESP representation	-9.2%	-6.4%
Ind 2: Disparity ratio lower to middle	1.87	1.51
Ind 2: Disparity ratio middle to upper	2.66	1.81
Ind 2: Disparity ratio upper to senior	0.78	0.72
Ind 3: Equitable perception of progression opportunity (% difference)	27.2%	18.8%
Ind 5: Equitable likelihood ratio of appointment Overall	0.68	0.57
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.66	0.47
Ind 5: Equitable likelihood ratio of appointment Clinical	0.66	0.58
Ind 5: Equitable likelihood ratio of appointment Medical	nil	0.57
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	0.98	0.98
Ind 8: Equitable likelihood of entering formal disciplinary process	0.38	1.07
Ind 9: Equitable likelihood of entering local capability process	0*	3.46
Ind 10: Equitable % experiencing harassment from patients/public (% difference)	6.90%	8.54%
Ind 11: Equitable % experiencing harassment from colleagues (% difference)	14.1%	13.2%
Ind 12: Equitable % experiencing discrimination from managers (% difference)	-2.3%	10.3%

Colour rating explanation:

Green = within zone of parity of four-fifths rule

Amber = within 2 standard deviations of the mean

Red = outside 2 standard deviations of the range

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Introduction

The NHS is the largest employer in Wales with some 111,000 employees. This first WRES data report requires the organisations employing these staff to report against eleven of twelve indicators of race equality. The data is presented in a nuanced fashion with stratification and disaggregation by gender to enable leaders to identify how the intersection of discriminations affects individuals, and where energy should be best directed to reverse inequity. These indicators (detailed in Appendix A) cover the four core domains which experience and the literature show are responsible for differential attainment:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2024)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Cardiff and Vale University Health Board (CVUHB), this report identifies some uncertainty around the accuracy of recording disciplinary and capability proceedings. Additionally, the key headline areas of inequality relate to:

1. absence of ethnic minority board membership
2. progression of ethnic minority staff to senior grades
3. poor levels of declaration of ethnicity, especially by staff experiencing harassment and discrimination

This data reflects the systematised and complex picture that applies to racial discrimination. It provides both a tool for improvement, and a stimulus to transformational action. Translating data into delivering enduring change is a challenge that must be met by all organisations locally, as well as at a national level.

The data insights must be read and used by HR Directors, Clinical Leaders and Boards to develop evidence-based policy interventions. A foundational principle of change theory is to identify the data that is most unequal and focus actions on improving that – too often we see ineffective action targeted at either trying to make perfect what is already ‘good’, or worse, a continuation of actions unsupported by any data.

The indicators are displayed for your organisation, and shown in comparison to the national picture – this is to help focus intention to those areas of greatest need within the organisation, while comparing it to an all-Wales picture.

The WRES Team is keen to work with CVUHB to draw on the knowledge of what works, based on the literature and on learning from other organisations in Wales. In producing this report, the intention is to support organisations to focus on the approach they will adopt to end the cycle of inequality that harms staff and patients.

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Methodology

Data collection

NHS Wales delivers services through 7 local health boards and 3 NHS trusts (Velindre University NHS Trust, Welsh Ambulance Services Trust, Public Health Wales); additionally there are two strategic health authorities (Health Education and Improvement Wales, Digital Health and Care Wales) and there is the NHS Wales Shared Services Partnership.

The WRES mandates all organisations to self-assess against twelve indicators of workforce experience. Six are based on data derived from the NHS electronic staff record and electronic recruitment systems, five on data from the national NHS staff survey questions, and one considers Black, Asian and minority ethnic representation on boards. The detailed definition for each indicator can be found in the WRES Technical Guidance.

Data collection was as of October 2023 for the staff survey derived indicators and April 2024 for the other indicators.

Data analyses

We have analysed the data for all 13 organisations against each indicator. The presentation in this report shows your organisational data, compared with the aggregated national picture.

We have presented the data in a granular way as a method of optimising understanding of what the indicators reveal. This disaggregation is by gender (men and women) and by ethnicity (broken into sub-categories of Black, Asian and Mixed/Other). Further disaggregation by specific ethnicity was not possible due to the risk of displaying small numbers. Where there is an issue with small numbers even with the current categories, it has been shown as “less than 10, <10”.

Data caveats

Five of the WRES indicators (3, 4, 10, 11, 12) are drawn from questions in the national NHS staff survey. The reliability of the data drawn from those indicators is dependent upon the overall size of samples surveyed, the response rates to the survey questions, and whether the numbers of BME staff are large enough to not undermine confidence in the data.

We didn't adjust the national score based on the number of staff employed by each organisation. Instead, we considered the results in relation to the number of survey respondents, accounting for disaggregated comparisons by ethnicity and gender.

The data for indicator 5 is from the Trac, the recruitment admin system, and only includes AfC recruitment processed by NWSSP Recruitment. Specifically, it does not include all medical appointments and any processed by the organisations themselves. This will however be sought for future data collections.

There is no data available for indicator 7, since the anti-racist training programme was not available at the time of data collection. This will however be available for all future data collections.

For indicators 8 and 9, the calculation uses a review of the period April 2023 to April 2024.

The results in this report are as at **31st March 2024**, and revisions were permitted up to 31st May 2024.

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Terminology

Throughout this report, we use the term 'Black, Asian and minority ethnic'. For the purpose of brevity and visualisation, this is abbreviated to 'BME' in figures and tables, but written in long-form in the text. Where possible we have followed guidance to disaggregate into more specific categories, but avoid the information governance risks associated with small numbers we have kept to categorisations of 'Black', 'Asian', and 'Mixed/Other' to refer to those members of the NHS workforce who are not White. This is largely driven by the data collection process. As set out in the WRES technical guidance, the definitions of ethnicity used in the WRES have followed the national reporting requirements of ethnic category in the NHS data model and dictionary.

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INDICATOR 1: Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce

Cardiff & Vale UHB

Ethnicity	Workforce Overall	Executive Membership	Non-Executive Membership	Overall Board Membership
Asian	8.26%	0.00%	12.50%	5.26%
Black	2.35%	0.00%	0.00%	0.00%
Mixed & Other	3.84%	0.00%	0.00%	0.00%
White	73.42%	90.91%	87.50%	89.47%
Unknown	12.13%	9.09%	0.00%	5.26%
Total	100.00%	100.00%	100.00%	100.00%

NHS Wales

Ethnicity	Workforce Overall	Executive Membership	Non-Executive Membership	Overall Board Membership
Asian	5.35%	2.22%	2.41%	2.29%
Black	1.56%	0.74%	1.20%	0.92%
Mixed & Other	2.64%	0.74%	0.00%	0.46%
White	79.67%	77.78%	60.24%	71.10%
Unknown	10.78%	18.52%	36.14%	25.23%
Total	100.00%	100.00%	100.00%	100.00%

Table 1: Board make up of CVUHB compared with NHS Wales, disaggregated by ethnicity

Summary: 1. There is no executive ethnic minority Board membership in CVUHB

Overall, there is a 9.2% deficit between composition of the Black, Asian and minority ethnic workforce and the make up of leadership in CVUHB (compared to 5.9% nationally) (Figure 1).

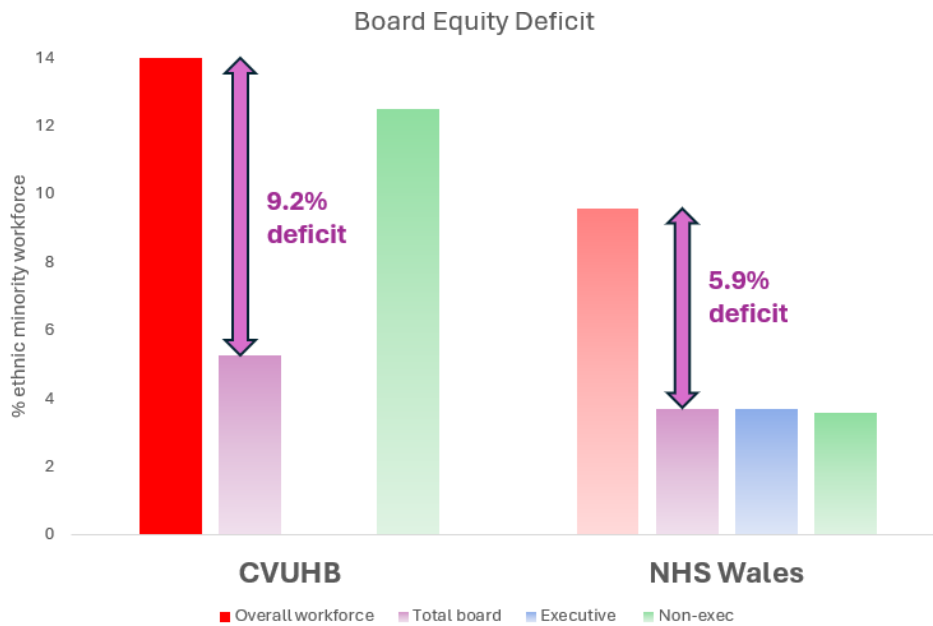


Figure 1: Composition of representation of ethnic minority workforce with board membership in CVUHB and NHS Wales

Summary: There is a 9.2% deficit in ethnic minority Board representation in CVUHB, greater than the national average

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INDICATOR 2: Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce

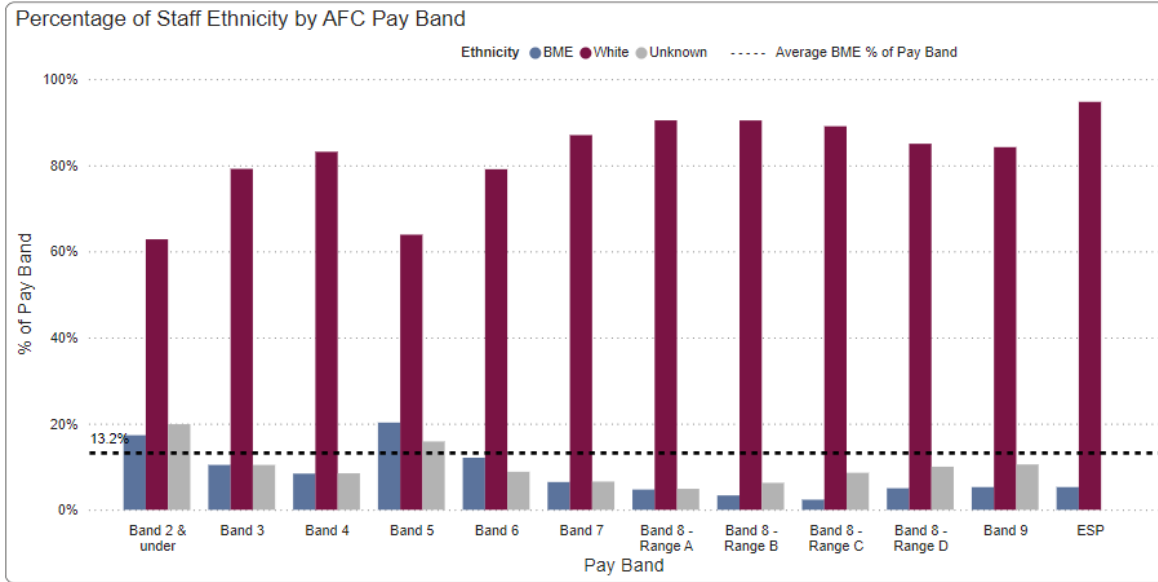


Figure 2: Percentage of staff by AfC pay band and ethnicity for CVUHB

- Summary:**
1. Ethnic minority staff under-represented above Band 5
 2. Over 12% staff have no declared ethnicity – especially in lower Bands

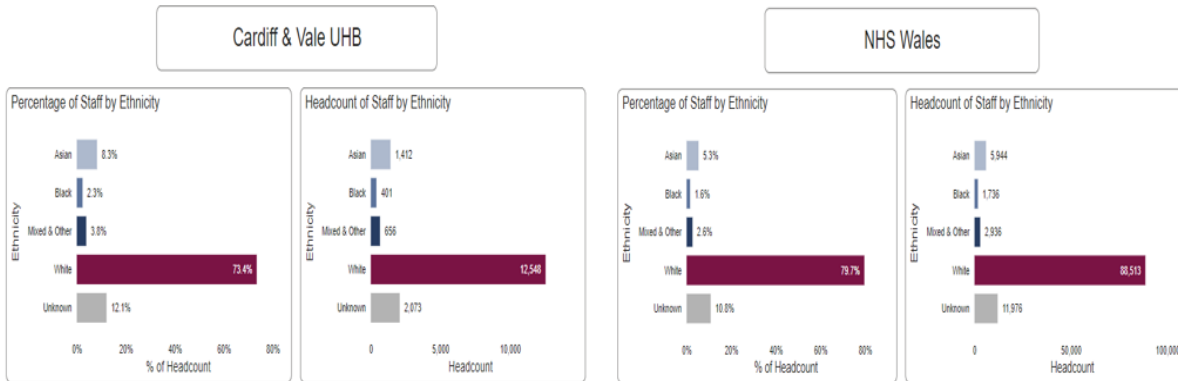


Figure 3: Comparison of ethnicity make up of CVUHB compared to NHS Wales

Summary: Minority ethnic make up of CVUHB similar to, but higher than, the national picture

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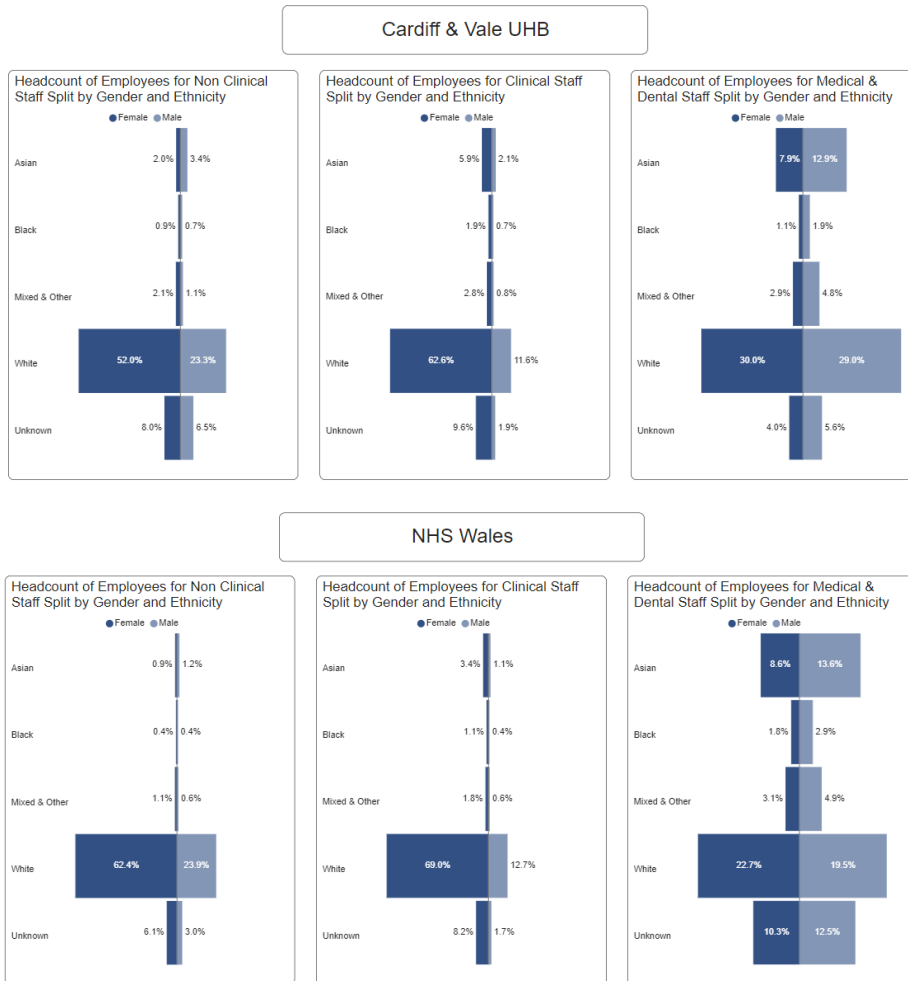


Figure 4: Comparison of ethnicity make up of CVUHB compared to NHS Wales disaggregated by gender for non-clinical, clinical and medical/dental professions

Summary: Minority ethnic make up of CVUHB similar to, but higher than, the national picture

There is one ethnic minority ESP in CVUHB, a **9.2% deficit compared to the whole workforce**. This compares to the national figure of a 6.3% ethnicity deficit at ESP levels.

	Lower – Middle	Middle – Upper	Upper – Senior
CVUHB	1.87	2.66	0.78
NHS Wales	1.51	1.81	0.72

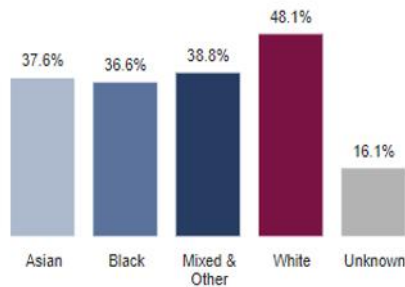
Table 2: Comparing disparity ratio for CVUHB with NHS Wales: the disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. (Lower bands refer to band 5 and below, middle bands 6 and 7, upper bands 8a to 9, and senior relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff.)

Summary: Ethnic minority staff are under-represented in all grades above AfC Band 5 in CVUHB

INDICATOR 3: Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion

Based on staff survey: response rate 21.4%

Cardiff & Vale UHB



NHS Wales

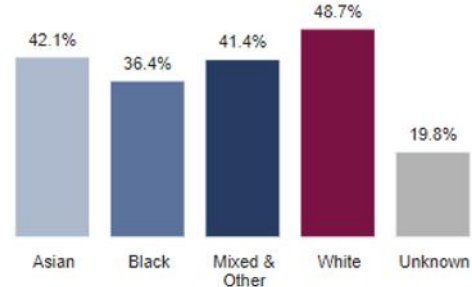


Figure 5: Comparing percentage of staff (in CVUHB versus NHS Wales) believing that they have equal opportunities for career progression or promotion, disaggregated by ethnicity

Summary: All ethnic minority staff in CVUHB are especially likely to feel disadvantaged in terms of career progression compared to White colleagues

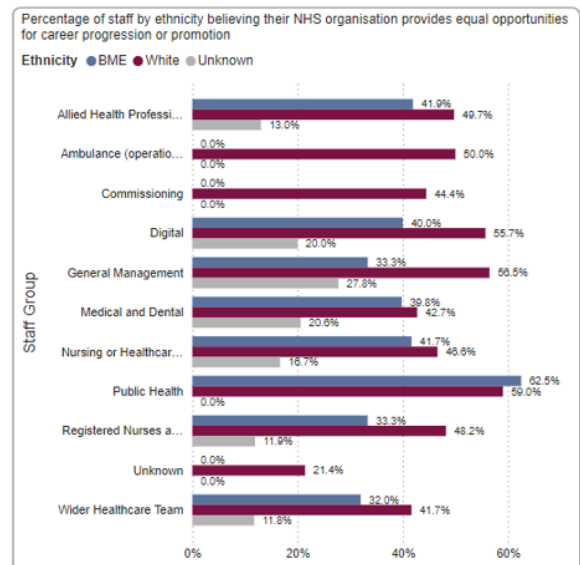
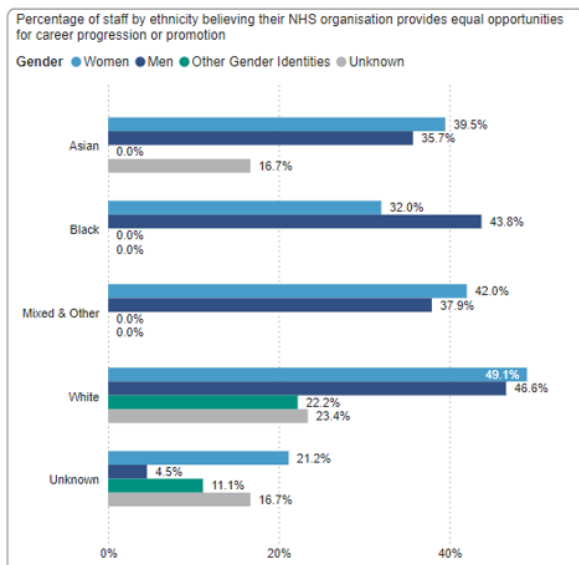


Figure 6: Comparison of gender, ethnicity and profession for staff believing that CVUHB provides equal opportunities for career progression or promotion

Summary:

1. Men reported greater discrimination than women, except Black men. Those reporting greatest dissatisfaction were less likely to declare ethnicity.
2. Discrimination reported especially general management, nurses and midwives and the wider healthcare teams.

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INDICATOR 4: Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues

Based on staff survey: response rate 21.4%

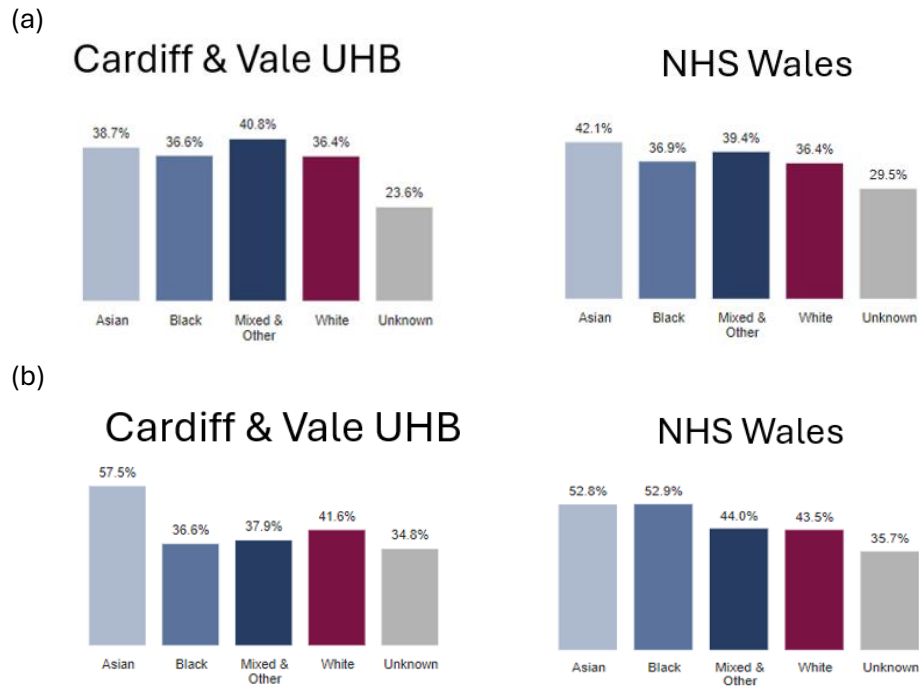
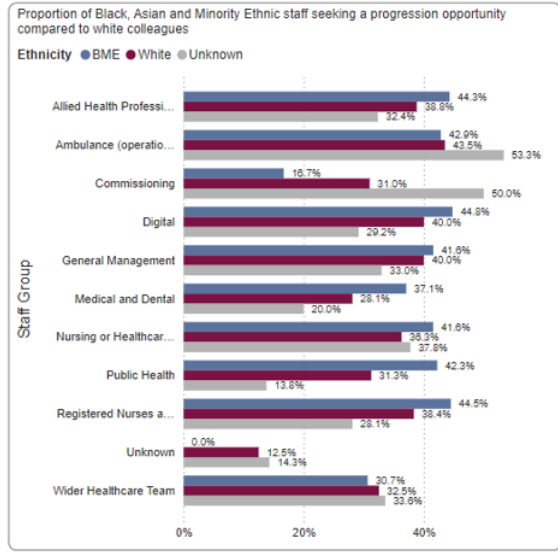
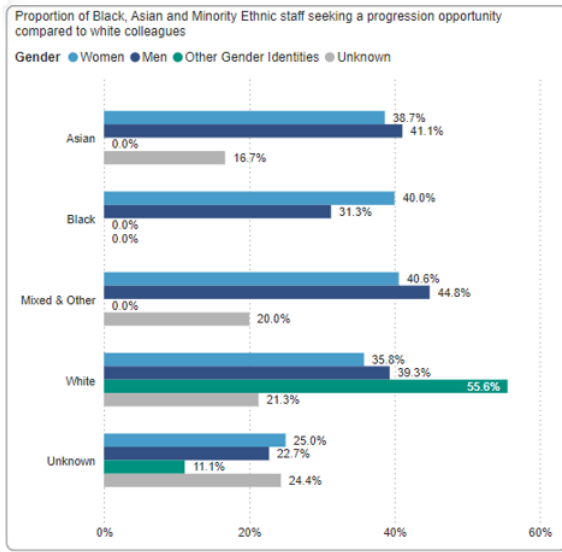


Figure 7: Comparing percentage of staff (in CVUHB versus NHS Wales) who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity

- Summary:*
1. All ethnic minority staff in CVUHB have more often sought progression than White colleagues
 2. Asian staff are more likely to have sought and be seeking progression opportunities than White staff

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(a)



(b)

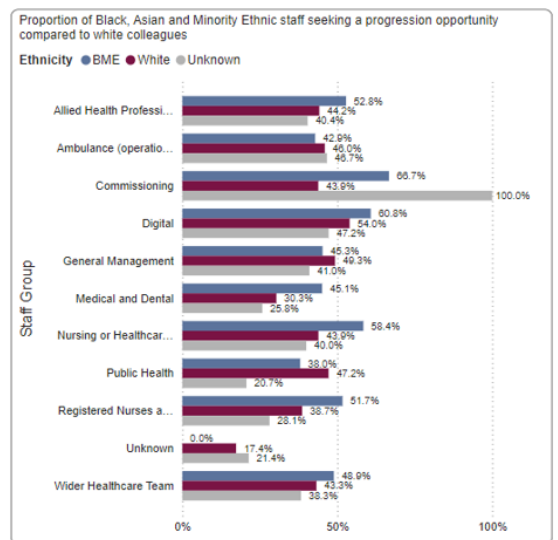
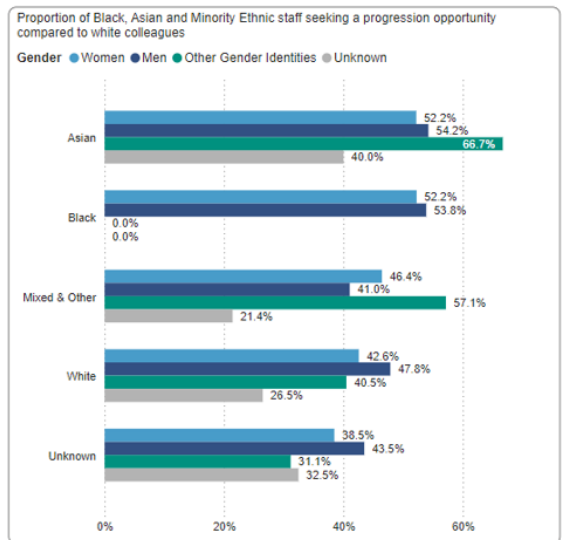


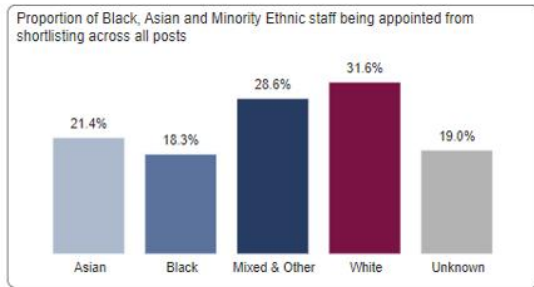
Figure 8: Comparison of gender, ethnicity and profession for staff in CVUHB who have (a) sought progression and (b) would consider seeking a progression, disaggregated by ethnicity

Summary: Widely variable rates of seeking progression, probably reflective of small numbers in survey

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INDICATOR 5: Relative likelihood of staff being appointed from shortlisting across all posts

Cardiff & Vale UHB



NHS Wales

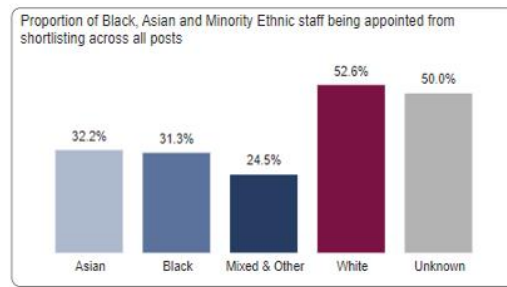


Figure 9: Comparison of ethnicity make up of CVUHB compared to NHS Wales for likelihood of appointment from shortlist

Summary: Black and Asian applicants are less likely to be appointed than White colleagues.

Overall in CVUHB, once shortlisted, Black and ethnic minority applicants were only 66% as likely to be appointed as their White peers.

INDICATOR 6: Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues

Likelihood ratio overall	
CVUHB (%minoritised : %White)	0.98 (97.1% : 99.2%)
NHS Wales (%minoritised : %White)	0.98 (93.8% : 96.2%)

Table 3: Likelihood ratio of staff accessing non-mandatory training, by ethnicity

Summary: There is no racial inequality in access to training in CVUHB or NHS Wales

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INDICATOR 8: Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues

Likelihood ratio overall	
CVUHB (%minoritised : %White)	0.33 (0.11% : 0.33%)
NHS Wales (%minoritised : %White)	1.07 (0.66% : 0.62%)

Table 4: Likelihood ratio of staff entering formal disciplinary process, by ethnicity

Summary: White staff in CVUHB were more likely to be referred into disciplinary processes, specifically this related to referrals from the Administration and Clerical service.

INDICATOR 9: Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues

Likelihood ratio overall	
CVUHB (%minoritised : %White)	0 (0% : 0%)
NHS Wales (%minoritised : %White)	3.46 (0.21% : 0.06%)

Table 5: Likelihood ratio of staff entering formal disciplinary process, by ethnicity

Summary: There were no capability processes reported in CVUHB in the preceding year with a staff of approximately 17,000.

* This raises questions about the accuracy of data collection or the governance of such occurrences. An audit to verify data integrity would be sensible.

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INDICATOR 10: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues

INDICATOR 11: Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues

INDICATOR 12: Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

Based on staff survey: response rate 21.4%

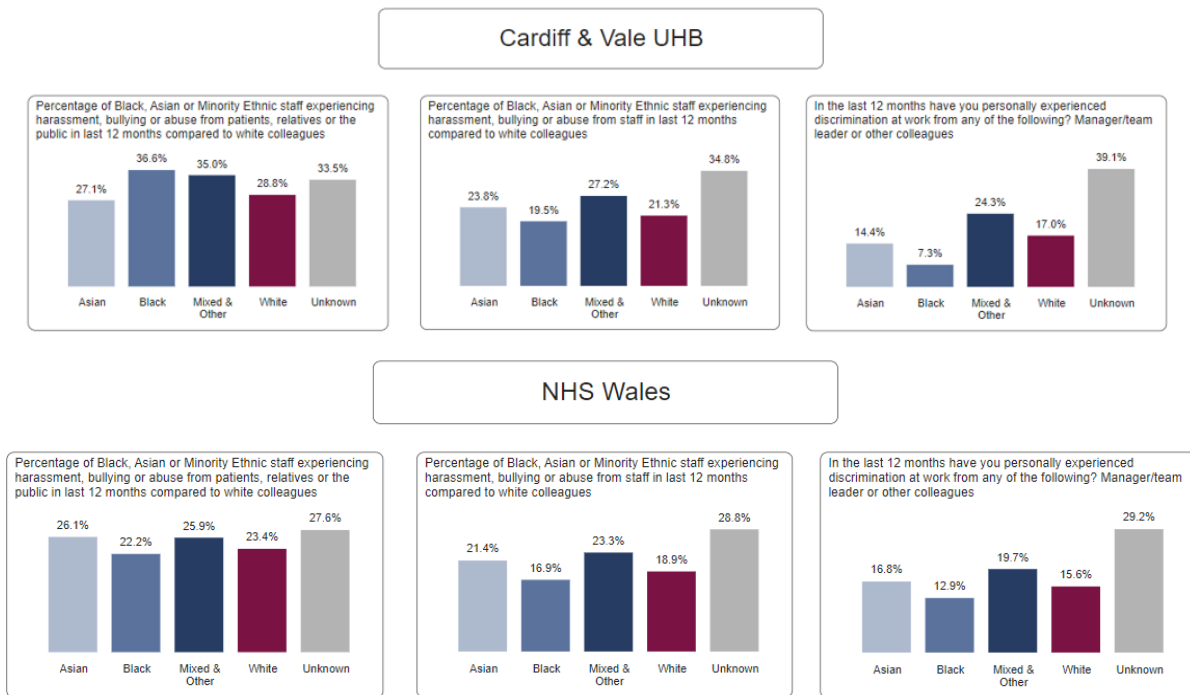


Figure 10: Comparison of experiences of bullying, harassment and discrimination, disaggregated by ethnicity

- Summary:**
1. At CVUHB, Black staff are most likely to have experienced harassment from patients, carers and public, while Asian and Mixed race/other staff were most likely to have experienced harassment from co-workers
 2. At CVUHB staff with highest rates of harassment and discrimination were the least likely to declare ethnicity
 3. Black staff completing the survey were least likely to report discrimination from a manager.

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Conclusions and Next Steps

If the NHS is to become a model employer the establishment of an equitable and just workplace culture should become a key metric by which leadership is judged. The data shared in this report reflects the current state and complexity of race inequality in CVUHB and the NHS in Wales.

If this WRES is to achieve its intended goal in CVUHB, it must speak to the community it affects. It must recognise the context and the need for action to reverse uncomfortable facts presented by the data. The only way to tackle this effectively is for the organisational leadership to prioritise race and gender equality. At a time of low staff morale, and with the knowledge that inclusion benefits all staff, not just the minoritised, it is an ambition that workforce equality should become an indicator of how the system values its workforce.

The detailed demographic analysis of your organisation, juxtaposed with the national data, allows for a focus to be taken on the necessary targets to address. To advance race equality in CVUHB will take a clear and continuous targeting of a small number of key indicators in this first stage. Focussing specifically on the data in CVUHB the following is a list of metrics with the areas of greatest race inequality, and associated possible areas for action to tackle them:

1. absence of ethnic minority board membership
 - talent pipeline management
 - sponsorship of staff by seniors
 - batch recruitment to boards
 - active search strategy for non-executives and use of all-Wales programmes
2. progression of ethnic minority staff to senior grades
 - board members to have specific measurable inclusion objectives to which they will be individually and collectively accountable
 - talent pipeline management
 - embed fair and inclusive recruitment processes
 - implement appropriate induction and onboarding processes for internationally-recruited staff
3. poor levels of declaration of ethnicity, especially given that staff reporting worst experiences were those who did not declare ethnicity
 - set targets for declaration for all staff, including specifically senior members
 - programmes to drive increased self-declaration via payslip, outreach, etc
4. clarification of data recording process around disciplinary and capability processes, given the zero record for the latter and the identification of only cases in the Administration service for the former. An audit of governance and cross-correlation with staff network leads would be important first steps.

Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data. This requires an understanding of the dataset presented and resourcing a small number of actions. Trying to address too broad a range of actions is not an effective way of delivering meaningful and sustained change.

Additionally, the Health Board will want to understand its own data to see whether the above metrics have arisen from a single site where focussed action is needed. This sort of curiosity

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about staff experience is also crucial in delivering effective improvement. Such local intelligence is critical to embedding processes which have buy-in from the relevant teams.

Developing an inclusive workforce which has a sense of belonging requires local action; the function of national structures being to align that with wider regulatory ambitions and to share examples of best practice from other healthcare organisations, and indeed other sectors.

Local implementation will be allied to identifying key measures of success which need to be monitored in a range of ways, including the subsequent annual WRES data collection. The WRES thus represents a recurring and future-focussed catalyst for action, helping organisations improve race and gender equality and fulfil their requirements to both the Equality Act 2010 and the Antiracist Wales Action Plan, challenging us to be better for our workforce and our patients.

A workshop took place at the beginning of June 2024 where examples of data sets within this report were shared with NHS Wales Equality Leads Network, in order to help them to interpret your organisations data and understand the opportunities to respond. Your Equality Leads have a pivotal role with regard to both local action and liaison within the network of their peers in other organisations. Their understanding of the needs of local staff networks and how the data relates to the lived experience of the workforce is vital in terms of defining effective actions. The leadership of the organisation equally have a critical role in setting the tone and in embedding these actions in the fibre of the organisation: translating ideas into actions is what effective leadership teams do, and the data in this report compels a systematic approach to be developed to tackle the systemic nature of inequality and discrimination in our NHS. It is in our individual and joint gift to meet this challenge, and it is in our patients' and national interests for us to do so.

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APPENDIX A: The Workforce Race Equality Standards indicators

Domain		Indicator
Leadership and Representation	1	Percentage difference by ethnicity between the organisations' Board executive and non-executive membership and its overall workforce
	2	Percentage of staff by ethnicity in each of the AfC Bands 1-9 and ESP compared with the percentage of staff in the overall workforce
	3	Percentage of staff by ethnicity believing their organisation provides equal opportunities for career progression or promotion
	4	Percentage of staff (a) who have sought a progression opportunity in the last 12 months and (b) who would consider seeking a progression opportunity, comparing Black and ethnic minority staff compared to White colleagues
	5	Relative likelihood of staff being appointed from shortlisting across all posts
Professional development and training	6	Relative likelihood of white staff accessing non-mandatory training and CPD compared to Black, Asian or Minority Ethnic colleagues
	7	Percentage of staff by ethnicity (a) completing anti-racist training and (b) having inclusion objectives set during appraisal
Disciplinary and capability	8	Relative likelihood of Black, Asian, or Minority Ethnic staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation compared to White colleagues
	9	Relative likelihood of Black Asian or minority ethnic staff entering capability processes compared to white colleagues
Discrimination, bullying and harassment	10	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months compared to white colleagues
	11	Percentage of Black, Asian or Minority Ethnic staff experiencing harassment, bullying or abuse from staff in last 12 months compared to white colleagues
	12	Percentage of Black, Asian or Minority Ethnic staff compared to white colleagues, experiencing personally experiencing discrimination at work from either manager/team leader or other colleagues

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Report Title:	Health & Safety Update			Agenda Item no.	2.5
Meeting:	People & Culture Committee	Public	X	Meeting Date:	21/01/2025
		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:

Plus Size Patient Pathway

Background

There is currently a potential wider UHB risk towards the management of plus size patients.

There is currently a rating on the health and safety risk register of 16 for failing to have adequate systems in place to safely manage bariatric patients however, the Assistant Director of Health, Safety and Fire assesses that this is not the appropriate register and clinical ownership is more appropriate to manage the risk using an all encompassing approach towards this patient cohort

Current Situation

The Director of Nursing for Medicine CB has been approached on this matter and is discussing with the Directors of Nursing for the other CB's as to how this issue can be progressed. An individual has been identified to lead on this and agreement that this needs to be taken forward, as yet there is still no definitive plan in place. As such it is still on the health and safety risk register.

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.

At the moment, 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, 4 business cases have already been submitted for scrutiny by SWFRS and if accepted in full, there will be no change to the current arrangements for these premises. No response has been received by the UHB or any outcomes reached by SWFRS for these initial business cases. In addition, there are several other premises across the estate that are undergoing risk analysis from a UHB perspective, which business cases will also be presented to SWFRS for consideration.

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.

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

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

Workforce: No

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

Legal: No

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

Reputational: No

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

Socio Economic: 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:

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Report Title:	Speak up Safely - Sexual Safety in the Workplace			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	X	Meeting Date:	21.01.25
		Private			
Status (please tick one only):	Assurance	X	Approval	Information	X
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture				

Main Report

Background and current situation:

Cardiff and Vale University Health Board along with all other NHS organisations in Wales and England has a culture that has allowed misogyny and sexual harassment to become 'common practice', things that occur on a day-to-day basis often without consequence. This is evident in the NHS Staff Survey results. This is unacceptable and completely against the UHB's Values and we must put measures in place to improve our culture, address existing behaviour of this nature, and minimise the risk of behaviour of this nature escalating further.

It is important to note that creating a culture and environment where staff feel safe is complex and requires our staff to feel psychologically safe to speak up when something is not right. Whilst this paper outlines the agreed way forward, this is the start of a journey to ensure our colleagues are well supported and aware that they will have a voice that counts. It must be recognised that there are examples where we have not got this support right and learning from these situations is already feeding into the work that is being progressed. Equally, as with any complex and sensitive situation, there will continue to be further learning for the Health Board to take as we progress the next steps. Preventing sexual harassment means placing people at the centre of a compassionate culture built, on the principles of dignity and respect which should form part of the organisation's framework for equality, diversity and inclusion (EDI).

How is Sexual Harassment defined by law in the UK?

- Sexual harassment is 'unwanted conduct of a sexual nature which has the purpose or effect of violating the dignity of a worker, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them' (S26(2) Equality Act).
- This includes individuals treated less favourably because they rejected or submitted to unwanted sexual conduct (S26(3) Equality Act).

Examples of Sexual Harassment

- Written or verbal comments of a sexual nature, such as remarks about an individual's appearance, questions about their sex life, or offensive jokes.
- The employer or colleagues displaying pornographic or explicit images.
- Receiving unwanted communications, such as emails, with content of a sexual nature.
- Sexual assault.

The Health Board has a duty of care to protect colleagues from unlawful discrimination. They are also vicariously liable for colleagues' actions if steps to prevent sexual harassment have not been taken.

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Change to the Law in October 2024 (The Worker Protection)

A new duty on employers to take “reasonable steps” to prevent sexual harassment of employees in the course of their employment came into force on 26 October 2024. The preventative duty only applies to sexual harassment which consists of unwanted conduct of a “sexual nature”. Although the law has primarily been introduced to protect women, it applies equally to people of any gender and an intersectional approach will be required.

The Equality and Human Rights Commission (EHRC) published updated workforce sexual harassment guidance ahead of the change to the law.

- Sexual Harassment and harassment at work: technical guidance [Sexual harassment and harassment at work: technical guidance | EHRC](#)
- Employer 8-step guide: Preventing sexual harassment at work [Employer 8-step guide: Preventing sexual harassment at work | EHRC](#)

The practical steps below illustrate the types of action the UHB can take to prevent and deal with sexual harassment in the workplace. These steps are not an exhaustive list, but implementing these steps should help us take positive action to prevent and deal with sexual harassment at work.

- Step 1: Develop an effective anti-harassment policy
- Step 2: Engage your staff
- Step 3: Assess and take steps to reduce risk in your workplace
- Step 4: Reporting
- Step 5: Training
- Step 6: What to do when a harassment complaint is made
- Step 7: Dealing with harassment by third parties
- Step 8: Monitor and evaluate your actions

The EHRC now has the enforcement powers to investigate the Health Board if they suspect the preventative duty has not been complied with. The preventative duty does not depend upon an incident of sexual harassment taking place to be enforceable. They can issue an unlawful act notice, confirming the Health Board has breached the Act and the requirement to prepare an action plan setting out how we will remedy any continuing breach of the law and prevent future breaches.

Local Findings

In the recent NHS Staff Survey colleagues were asked the following questions:

- **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 sexualized conversation (including jokes), touching or assault from a patient or service user?**

Frequency	Never	1-2	3-5	6-10	More than 10	Prefer not to say
Percentage	88.26%	7.07%	2.46%	0.63%	0.87%	0.71%
Number of colleagues	3232	258	90	23	32	26

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- 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 sexualized conversation (including jokes), touching or assault from a colleague?

Frequency	Never	1-2	3-5	6-10	More than 10	Prefer not to say
Percentage	94.23%	3.83%	0.68%	0.08%	0.36%	0.85%
Number of colleagues	3450	140	24	2	13	31

On first viewing, although unacceptable the percentages look small, but in the context of the number of individuals that sit underneath the smaller percentages, this means that as a minimum:

- 179 colleagues experienced unwanted behaviour of a sexual nature from other colleagues
- 31 colleagues chose 'prefer not to say'

It is important to note that the staff survey was completed by just 21.4% in 2023 (3662) of the workforce of the Health Board, therefore the actual number is likely to be higher.

'This means that, even from this small sample size, the number of people who have confirmed that they have experienced unwanted behaviour of a sexual nature is high (between 429 and 608 colleagues)'.

Importantly, this does not include any of the 78.6% of staff who did not complete the staff survey, meaning the actual numbers of staff impacted are likely to be much higher.

We await the findings of the 2024 Staff Survey which will be available by the end of January 2025.

National Findings

- Nationally, the recent staff survey results have revealed that almost 5% of staff reported unwarranted sexual approaches from other colleagues last year, equating to 1050 NHS workers. (Note, 4.66% reported experiencing unwanted behaviour out of 22,535 respondents)
- NHS England has released a charter on **sexual safety at work**, which asks employers to commit to a zero-tolerance approach to any unwanted, inappropriate and/or harmful sexual behaviours towards colleagues. [NHS England » Sexual safety in healthcare – organisational charter](#)
- NHS England have also developed a Policy, Framework and e-learning package [NHS England » NHS England sexual misconduct policy](#)
- There has been significant work in this area by **Surviving in Scrubs** who published the Surviving in Healthcare report in 2023 <https://www.survivinginscrubs.co.uk/app/uploads/2023/11/Surviving-in-Scrubs-Surviving-Healthcare-Report.pdf> which received significant media attention. The organisation was born from a 2021 report from the BMA which reported:

“91% of women doctors had experienced sexism in the last 2 years and 47% felt they had been treated less favourably due to their gender”

The [Surviving in Scrubs](#) website has a section for anonymous reporting of incidents which are very challenging to read but demonstrates that Healthcare must tackle this issue seriously in a post 'me-too' era.

Other reports that have been published recently include:

- **Breaking the Silence - Sexual Misconduct in Surgery (September 2023).** [Breaking The Silence Addressing Sexual Misconduct In Healthcare.pdf \(wpsms.org.uk\)](#)
- **Sexual assault in surgery: a painful truth (August 2021).** [Sexual assault in surgery: a painful truth \(rcseng.ac.uk\)](#)
- **Surviving Healthcare: Sexism and Sexual Violence in the Healthcare Workforce (2023)** [Surviving Healthcare Report \(survivinginscrubs.co.uk\)](#)

All of this information provides evidence that sexual safety is a concern for our Health Board and the wider NHS and highlights that steps need to be taken to create a safe and supportive environment for our colleagues and students. As a Health Board, as leaders and as managers, we need to unequivocally refuse to accept sexual misconduct and violence in any of its forms, despite this being an endemic problem for society and the wider NHS.

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

Many Health organisations in England and Wales are addressing this issue through focused cultural work, examples of what WAST and AACE have done to date are outlined below:

- [Reducing Misogyny and Improving Sexual Safety in the Ambulance Service - aace.org.uk](#)
- [Uncomfortable Conversations: abuse of position of trust - aace.org.uk](#)
- [Understanding Resistance \(aacesite.s3.eu-west-2.amazonaws.com\)](#)
- [BBC Wales Today – Sexism and Sexual Safety at the Welsh Ambulance Service - YouTube](#)
- [NHS England](#) also launched their Policy, Framework and e-learning package in October 2024.
- [NHS Wales](#) are in the process of developing a Sexual Harassment Policy which closely mirrors the one implemented in NHS England, it is anticipated that the policy will be at the consultation stage by the end of January 2025. Work will then continue to develop guidance and training.

The Senior Leadership Board (SLB) agreed a way forward on 17th October 2024 which will allow the Health Board to take the reasonable steps needed to prevent sexual harassment and to reduce misogyny and improve sexual safety. Progress against the agreed plan is below:

- [Identify an Executive Sponsor](#) – At the SLB meeting Paul Bostock, Chief Operating Officer volunteered to be the Executive Sponsor supported by Rachel Gidman, Executive Director of People & Culture.
- [An Action Group to be established chaired by the Deputy Director of People & Culture.](#) The group are responsible for progressing the work needed and will consider learning/recommendations from previous cases, as well as the reports mentioned in the previous section, to understand if any learning or actions would be appropriate.

The group have reviewed data and information we currently hold (discovery) and developed a programme of work for the next 12-24 months, aligning the movement to the Speak up Safely Framework and the launch of 'Work in Confidence'. The plan incorporates the actions below:

- **Speak up Safely** – aligned to the programme of work being led by the Director of Governance, ensuring we have a mechanism for colleagues to raise concerns and be signposted to the appropriate wellbeing services and external specialist to support with sexual safety concerns.

The 'Work in Confidence platform was implemented on 10th December 2024 and provides a mechanism for reporting and monitoring.

- **CAV Procedure** – a draft Sexual Harassment Procedure has been developed using the NHS England Policy as a baseline, this is currently out for internal consultation, deadline for comments is 12th January 2025. The group felt it was necessary to progress the Procedure internally even though this may need to be superseded by the NHS Wales Policy once it has been developed and agreed.
- **Toolkit** - A Sexual Safety in the Workplace Guide /Toolkit is in development, aligned to the Procedure. This will be further developed and shaped by those who have lived experience. Line managers play a pivotal role in fostering a working climate that prevents sexual harassment and challenges any form of unfair treatment. They need to have the knowledge to recognise sexual harassment when they see it and the confidence to intervene early.
- **Communication & Engagement** – Development and implementation of a communication and engagement plan to promote the launch of work of the Procedure and Toolkit will be essential, including CEO video message, manager briefing document for team meetings, staff network engagement, all staff webinar, etc. We will be asking senior managers to proactively raise and talk about the programme of work and show commitment.
- **Training** - Sexual safety training will be delivered, starting in January 2025 to raise awareness and support the sexual safety at work Procedure and Toolkit. It is intended that this can be accessed by any of our colleagues. The training will also be built into all management and leadership development programmes. Training and education for colleagues will increase knowledge of what constitutes sexual harassment, as well as how to spot and report alleged incidents.

In addition, training for Investigating Officers, specific to sexual harassment will be introduced and supported by the Legal & Risk team, commencing in January 2025.

- **Wellbeing support** for colleagues going through a formal employment process will be essential, colleagues are normally offered six counselling sessions by the Employee Wellbeing team, we recognise that this may need to be extended depending on the need of the individual.
- **Internal audits of sexual harassment cases** – audits commenced in December 2024 to ensure that cases are being managed appropriately and to aid learning.
- **Establish a mechanism to encourage, support and learn from staff stories and experiences** – the development of a staff network is currently being scoped out, aligned to the staff survey feedback.

We recognise that there is a lot to do, it is important that we continually adjust the plan as work progresses. Whilst we appreciate the need for pace, we also appreciate that this work must be done correctly to ensure that it embeds into our Health Board culture, a balance that needs to be struck.

Link to Board Assurance Framework (BAF)

There are several potential risks and implications of sexual misconduct to the Health Board, with this impacting several BAF risks, including any that have a dependency on colleagues. There are links to the following BAF risks:

- Attract, recruit and retain
- Culture
- Wellbeing

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Recommendation:

The People & Culture Committee is requested to:

Discuss and note this report, with a progress update coming back to the Committee in 6 months.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No No

Safety: Yes/No No

Financial: Yes/No No

Workforce: Yes/No Yes

Workforce risks and mitigating actions taken are described throughout this report

Legal: Yes/No No

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Reputational: Yes/No No	
Socio Economic: Yes/No No	
Equality and Health: Yes/No No	
Decarbonisation: Yes/No	
Approval/Scrutiny Route:	
Committee/Gro up/Exec	Date:
Strategy & Delivery	

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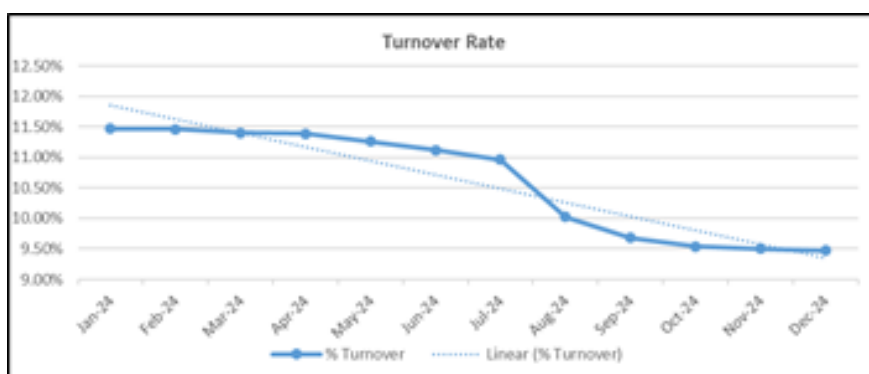
Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.7
Meeting:	People & Culture Committee	Public	X	Meeting Date:	21/01/25
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture				

Main Report

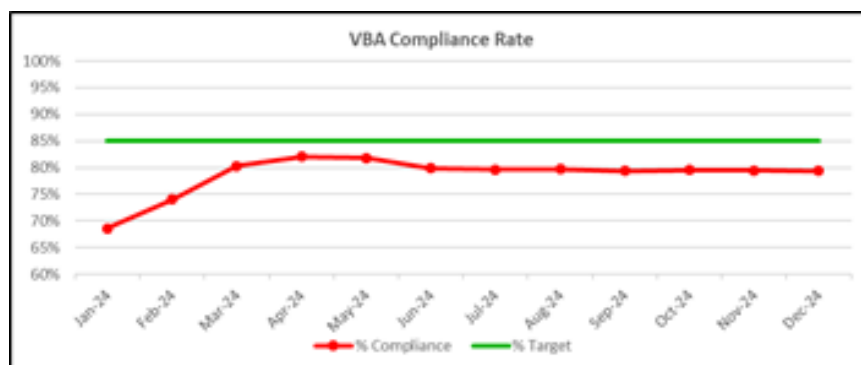
Background and current situation:

Section 2 of the attached Integrated Performance Report (IPR) provides the UHB position against the People and Culture key performance indicators (KPIs) as at December 2024. Highlights to bring to the Committee's attention include:

- **Turnover** continues to improve; the rate for Dec-24 was 9.47%. This represents a reduction in 12 months of 2%, which equates to approx. 294 fewer leavers. The rate at Dec-24 is the lowest since June 2020, when the turnover rate was 9.13%.

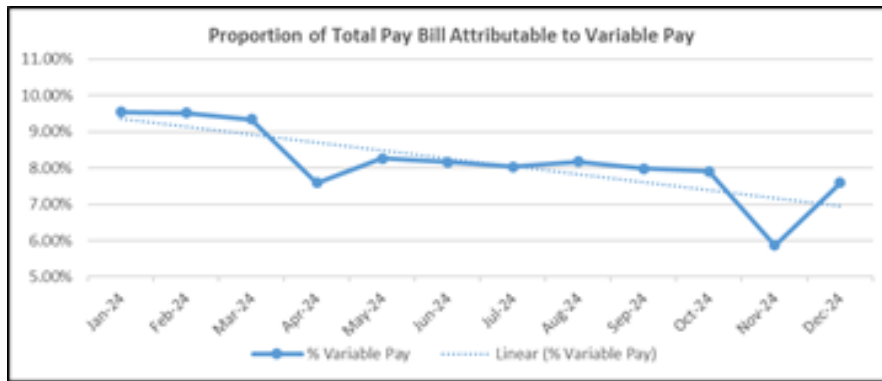


- **Values-Based Appraisal** compliance rates – since the significant improvement from January to May 2024, the levels have plateaued over the past 6 months, maintaining a level at just below 80% compliance.

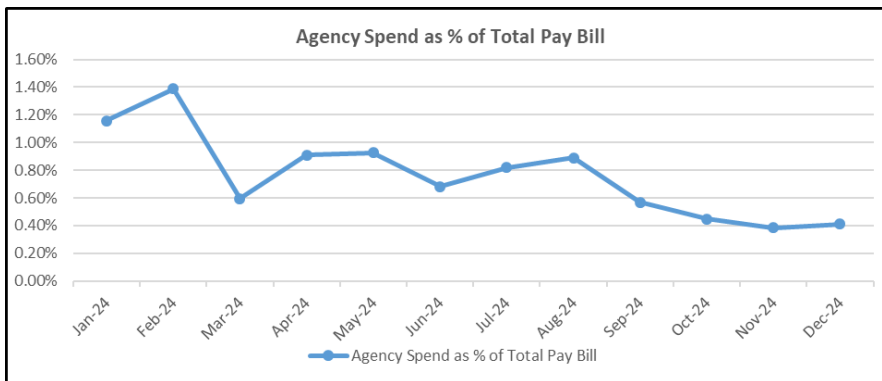


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- The percentage of **Variable pay** continues to fall. At Jan-24 the percentage was 9.55% of the total spend on pay, by Dec-24 it improved by almost 2% to 7.60%.



- Similarly, the **spend on agency** staff is falling; from 1.16% of the total spend on pay at Jan-24 to 0.41% in Dec-24.



January update:

NHS Wales Staff Survey 2024:

- The Survey had the final participation rate for the Health Board of 27% with 4607 voices being heard.
- Throughout the survey, a range of engagement events were led by the OD & Culture Team, including face to face interactions, weekend and nightshift visits, site visits, walk arounds and digital engagement.
- The first set of data is due at the end of January 2025.

OD & Culture

- The OD Team supported Board Development in December with a focus on Resilience, continuing work on sustaining a healthy, high performing Board.
- The Organisational Development (OD) Team are continuing to support high priority areas with cultural and leadership work, including radiology; theatres UHL, PCIC – HMP, Stroke Rehabilitation Unit, HSDU, Maternity Services
- The Directors of Operations Programme has completed Stages 1, 2 and 3, with the Workplace Resilience and Wellbeing (Wraw) Individual Coaching Sessions taking place throughout October, November and December. Stage 4 is planned for January 2024.

Equity, Diversity and Inclusion

- The Health Board has continued to develop its LGBTQ+ Action Plan, which will align with the LGBTQ+ Action Plan for Wales.
- A total of 33.84% of our staff have recorded their equality monitoring data in ESR, an increase of 1.62% since September 2024 (approximately 285 individuals). We are currently implementing enhanced data collection methods to better address these gaps, looking to senior staff in the Health Board to encourage their teams to record equality, diversity and inclusion data in ESR, and ensure that their own is completed

Cymraeg

- A total of 52.07% of our staff have registered their Welsh Language Skills in ESR, an increase of 2.93% since September 2024 (approximately 512 individuals).

Education Commissioning

- A Strategic Engagement Session between HEIW & the UHB took place on 9th December 2024. The purpose of this session was to discuss requirements of the IMTP and education commissioning process.
- An Education Commissioning Workshop was held on 5th December 2024 with Clinical Boards and Heads of Profession Leads. Guidance document has been prepared and circulated following this workshop and further support will be provided as necessary to produce the first draft of the 2026/27 education commissioning submission, by 31st January 2025.

Workforce Planning

- A Strategic Workforce Planning and Transformation Lead was appointed in December via an internal secondment opportunity (12 months period initially). The lead is an experienced Workforce Business Partner and will be focusing on the following priorities in the first 6-12 months:
- Build the workforce planning capability of our managers and our offer, through focused training 'introduction to WP' channelling the HEIW resources through to our teams. Development of a simple toolkit, SharePoint site, etc. Working closely with the wider team and in particular our Heads of People & Culture (HoPC).
- Implementation of the Strategic Mental Health Workforce Plan – supporting the Clinical Board and HoPC.
- Oversight for the National Strategic Workforce Plans
- Develop the Education Commissioning process so that it is aligned with the IMTP process.
- Oversight and involvement in the Regional Planning Programmes.

The importance of considering key workforce planning principles and assumptions were reinforced at the Rapid Planning Event that was held in December. The need to develop our workforce planning capabilities was also a priority identified in the follow up event held in January 2025.

Inclusive Recruitment

- The UHB won the Business and Partnership Award from Cardiff and Vale College for our collaborative working with them and their students.
- Further work has taken place to explore a potential collaboration with Parc Prison around an "Into Work" scheme. This initiative would enable individuals upon release to join us on a 3-month trial, with their wages covered by Aramark, the prison's catering division.
- Widening Access activities for the new academic year have been resumed by hosting mock interviews, recruitment events, and careers carousels throughout schools in Cardiff and the Vale. A new event at Greenhills School, which is for individuals with additional learning needs, has also taken place to bring together participants from all Cardiff and Vale additional learning needs schools.
- A 'day in the life' video for Dental Nurses has been produced, which will help address staffing shortages in this area. This brings the total number of 'Day in the Life' videos to 16, all of which are hosted on our external website to assist individuals seeking information on careers. The [Jobs pages](#) on the external website are receiving the highest number of hits across the entire site, indicating a strong interest in working within the UHB.
- New starter surveys were distributed to 52 newly registered nurses to gather feedback on their experience working within the UHB. We received a 20% response rate, with 100% of respondents indicating they would recommend working at Cardiff and Vale UHB to other student nurses.

Workforce Sustainability

- As a UHB we continue to monitor our plan to reduce our over reliance on temporary workforce, including agency. The target for 24/25 was to reduce temporary pay by £7.5m, we are confident that this will be achieved. The reduction has been achieved primarily across our Nursing & Midwifery and Medical workforce.

All Wales Agency Reduction data – as at September 2024

(monitored through All Wales Value & Sustainability Board)

Please note our Medical workforce agency position has not been accurately reflected in the national data below, up to Dec 24 we have spent £2.2m and in 23/34 full year expenditure was £5.2m

That said, the agency data below highlights that the UHB spend significantly less on agency than other Health Boards of a similar size. Whilst this is positive from an agency reduction perspective, it cannot be looked at in isolation without considering the impact Bank and Overtime has on the overall temporary workforce position.

Health Board/Trust	2023/24 Agency Actual (£m)	2024/25 Agency FYF (£m)	Variance (£m)
Aneurin Bevan UHB	42.6	30.9	-11.7
Betsi Cadwaladr UHB	67.5	50.0	-17.5
Cardiff & Vale UHB	15.3	7.7	-7.6
Cwm Taf Morgannwg UHB	49.1	41	-8.2
Hywel Dda UHB	33.1	17.4	-15.7
Powys THB	12.6	11.4	-1.2
Swansea Bay UHB	35.0	18.0	-17.1
Trusts	6.7	4.3	-2.4
Total	262.0	180.6	-81.4

Staff Type	AB	BC	CAV	CTM	HD	Powys	Swansea	Trusts	Total
Admin & Clerical	0.3	0.9	0.4	0.6	0.0	0.0	0.9	2.2	5.4
Medical & Dental	13.7	20.1	0.3	11.4	4.6	3.6	6.9	0.4	61.0
Nursing & Midwifery	12.3	23.2	5.7	21.9	11.4	5.0	3.3	0.0	82.8
Prof Scientific & Tech	0.4	0.2	0.0	0.1	0.0	0.4	0.1	0.0	1.2
Add. Clinical Services	0.4	0.3	0.0	2.3	0.2	1.6	1.8	0.3	6.9
Healthcare Scientists	0.5	0.1	0.1	0.8	0.2	0.0	2.1	0.6	4.4
Estates & Ancillary	1.8	0.1	0.1	3.0	0.0	0.0	0.8	0.7	6.4
Students	0	0	0	0	0	0	0	0	0
Total	30.9	50.0	7.7	41.0	17.4	11.4	18.0	4.3	180.6

- NHS Planning Guidance for 25/26 has been received and includes Workforce Productivity enabling actions with the objective to maximise productivity and efficiency, strengthening value and effective deployment of workforce. The enabling actions already feature in our People & Culture Plan and our Sustainability Plan, but will require a further enhanced focus in 24/25. The four actions are:

1	Fully implement the actions outlined in the Variable Pay & Agency Control Framework Welsh Health Circular
2	Deliver a further continued and sustained reduction in agency expenditure, with a target 30% reduction in 2025/26 from 2024/25 outturn, and ensuring no off-contract expenditure.
3	Ensure a reduction in agency spend on Healthcare Support Worker, Admin & Clerical, and Estates & Ancillary staff to zero by 30th September 2025
4	Ensure effective implementation of job planning policy, to include ensuring that > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025.

- 5 Ensure a reduction in sickness absence in 2025/26 in comparison to 2024/25, through maximising adherence to the requirements of agreed attendance at work policies and adhering to the all-Wales Occupational Health minimum service levels

Health, Safety and Fire Update January 2024

- **Serious Incident Rate:** 52 RIDDOR's have been reported financial year to date, maintaining this performance will result in ~70 for the year. This time last year we had reported 80 leading to a total of 96 for the year.
- **UHB Training Compliance** There has been a slight decrease in training compliance from the starting point of the financial year in 4 elements, this is largely attributable to clinical pressures resulting in staff withdrawal.

	Apr-24	Dec-24	Change
Manual Handling - E Learning	89.56%	89.42%	-0.14%
Manual Handling Objects Classroom	69.11%	74.38%	5.27%
Manual Handling Patients	60.65%	60.00%	-0.65%
V & A Module A	87.76%	88.26%	0.50%
V & A Module B	76.10%	77.76%	1.66%
V & A Module C	44.38%	44.02%	-0.36%
V & A Module C+- Control	31.82%	33.95%	2.13%
V & A Module D	54.86%	60.25%	5.39%
Fire Safety	72.82%	69.99%	-2.83%
Health, Safety & Welfare	87.04%	87.39%	0.35%

- **Case Management**
 - There have been six custodial sentences this FYTD.
 - There have been eight out-of-court disposals this FYTD, six of which were resolved through restorative justice, a process where offenders take responsibility for their actions by directly addressing the harm caused to victims.
 - The UHB Police Liaison Officer is delivering talks to Police Officers in relation to the reporting of assaults by NHS staff and the importance of ensuring full investigations are undertaken, this mirrors the talks that are delivered to UHB staff.
- **Fire**
 - There have been six fire incidents reported and recorded this FYTD.
 - Unwanted Fire Signals (UwFS) and False Fire Alarm Activations (FFAA) FYTD
There were 328 activations in the previous financial year 23-24 which is an average of 27.3 per month. This FYTD there has been 272 activations which is an average of 30.2 per month, this is an increase from last year. Whilst this figure reflects the size and age of our fire alarm detection system and the complexity of our largest sites, the approach adopted by the UHB in relation to UwFS is being reviewed continuously by the fire team.
 - Fire Risk Assessments – we are currently 90% compliant with the on-going risk assessment process. There are currently 19 high-risk actions scoring 16+. This is a new metric being brought to the committee and is incorporated into the monthly health and safety dashboard which brings it under more scrutiny.

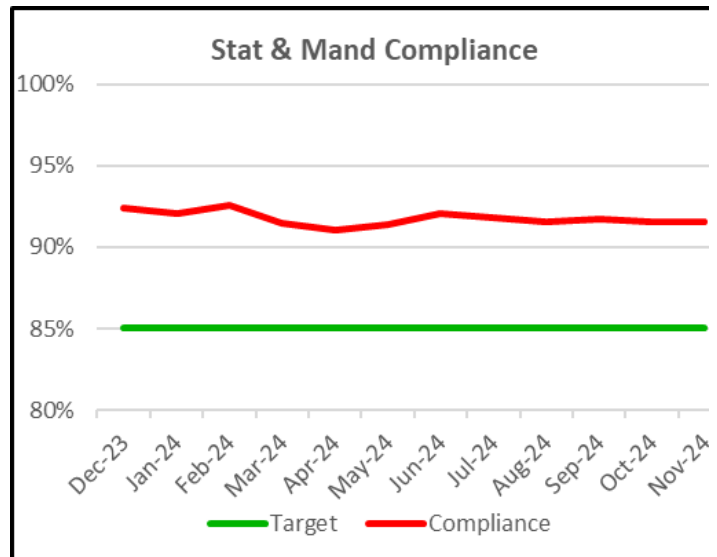
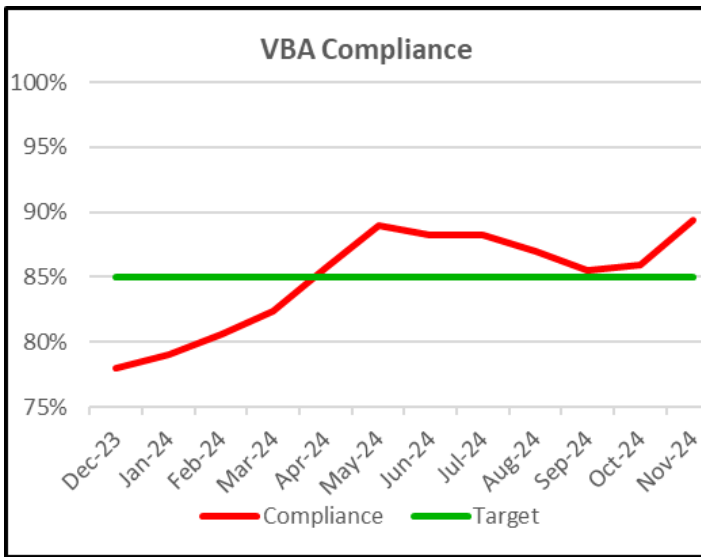
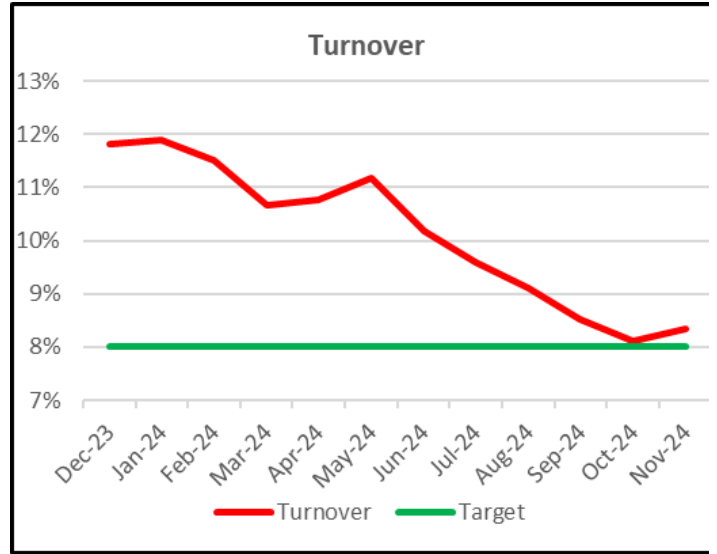
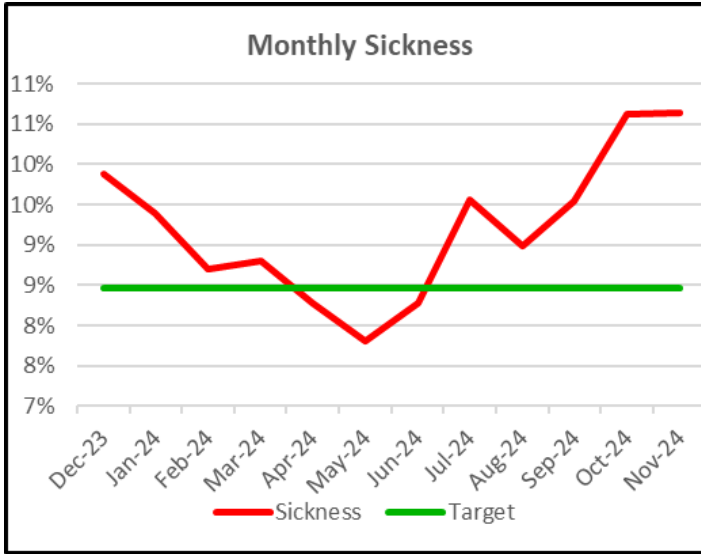
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:

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

Capital, Estates & Facilities are presenting at the January Committee, below are the high level KPIs to support the discussion.



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.

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	Long term	Integration	Collaboration	Involvement
Quality Impact Assessment Completed?: Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: Quality Impact Assessment Information				
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)		Comment here
Impact Assessment: Please state yes or no for each category. If yes please provide further details.				
Risk: Yes/No Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)				
Safety: Yes/No Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)				
Financial: Yes/No Are there any Financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)				
Workforce: Yes/No Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)				
Legal: Yes/No Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)				
Reputational: Yes/No Are there any reputational risks associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)				
Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES The Socio-Economic Duty is designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)				
Equality and Health: Yes/No - Useful guidance on the completion of an EHIA can be found at the following link: EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales) Equality and 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:

Regen, Nikki
14/01/2025 13:33:51

Report Title:	Job Planning Progress - Deployment and Compliance of the SAS & Consultant Workforce within Cardiff & Vale UHB			Agenda Item no.	2.10
Meeting:	People & Culture Committee	Public	X	Meeting Date:	21/1/25
		Private			
Status:	Assurance	Approval	X	Information	
Lead Executive :	David Fluck (EMD)				
Report Author:	Medical Workforce Advisory Group				

Main Report

Background and current situation:

Purpose

To outline the current systems and processes that manage our SAS & Consultant Workforce (thereafter referred to as senior medical workforce) deployment and compliance. To identify the current performance of these systems and processes and the actions that are being taken to deliver full assurance that these are effective.

Background

The Senior Medical Workforce is an extremely valuable resource which delivers, and leads, a complex range of clinical and non-clinical activities within C&VUHB. It is important that the processes and systems to deploy this resource lead to:

1. Clarity for clinicians and operational teams as to where and when the senior medical workforce is deployed.
2. Clear expectation around outputs to facilitate demand/capacity planning within the HB.
3. Assurance to the board that this valuable resource is utilised effectively.

The systems and processes include:

1. A demand assessment on what is needed from our Senior Medical Workforce in terms of clinical and non-clinical activity to deliver care safely and timely.
2. Job planning system and process – an agreement to future activity, reviewed on an annual basis.
3. Roster system and processes to plan actual team deployment – to ensure all required activities are covered and supported and, make best use of resources on a daily basis.
4. Reconciling planned and delivered activities.

The principles that it follows are:

1. Consistent with contractual arrangements unless mutual agreement reached.
2. Transparency, Equity and Fairness between clinicians.

Regan Nikki
14/01/2025 13:33:51

Current Assurance

ESR records the number of sessions that a clinician works

100% of clinicians have this

eJob Planning is the best way to be certain about how each of those sessions is worked

Over 60% of clinicians currently have this

Yearly job plan reviews are the gold standard according to the Amendment to the National Consultant Contract in Wales 2003

Over 40% of clinicians currently have this

Demand & Capacity Planning

Vision

An aligned Medical & Dental workforce to the right place, at right time to deliver the best quality service for the patients in the most cost-effective manner

Measurement

As part of business planning all clinical boards carry out an assessment of clinical demand and understanding future demand and how we can meet and/or attenuate this.

Planned care is the most straightforward to predict. Current methods utilise 5 years of activity as well as departmental expertise to predict demand for the following year. This is adjusted for factors such as the pandemic. Urgent and emergency care is much harder to predict. Departments have grown in a reactive way to cover this workload. The operational management department currently have a modelling capacity paper in preparation which will highlight how the Health Board plans to improve demand prediction. This will allow us to plan the clinical capacity required within our workforce and work to provide seven-day care that is sensitive to variation in demand throughout the day, week and year.

Analysis

In order to understand how we can meet the demands of the service, we need to understand what we have. Effective Job Planning provides the necessary detailed analysis of the capacity of our medical and dental workforce. So, in order to plan properly for service delivery, job planning must be informed by the relevant demand data.

Direct patient related care activities, within the job plan, should be aligned to the service requirements, ensuring that it delivers wrap around care that meets the challenges and the increasingly complex needs of patients. Clinical time is often simpler to document as much of it will be planned around common regular scheduled activities such as clinics and theatre lists. These can be templated and associated times agreed for fairness and consistency.

Non-clinical time refers to periods of work within the job plan which is not in direct patient contact. Non-clinical roles are vital to the safe delivery of care includes governance roles, leadership roles, education, academic and improvement activity. It comprises between 20 and 30% of a job plan. The Health Board has recently produced a guide which sets out the demand for non-clinical work that allows the safe and efficient running of the system as well as clear line management and outcome measurements. It also includes guidance on allocation of time for personal professional development. A guide to non-clinical time is currently with the Medical Workforce Advisory group who will review and complete the paper at the next monthly meeting and discuss. It will then be brought to SLB for agreement before passing to the People and Culture Committee within the next two months. If ratified, this paper will allocate a job planning lead to replicate the success of Dr Leanne Rees in each clinical board. See [Appendix A](#) for Anaesthetic case study and model.

A recent internal audit conducted within the Surgery Clinical Board concluded that there were significant weaknesses in the job planning system and processes and only 27% of the senior medical workforce had an agreed and fully signed off job plan in place, which detailed expected outcomes, and only 13% had undergone an annual review of their job plan – many more clinicians do have recorded job plans but the detail in terms of outcomes is felt to be inadequate – although clarity on what outcomes should be recorded needs to be agreed. Previous audit reports in 2018, 2020 and 2021 had also highlighted deficiencies in the UHB job planning process. [See Appendix C, D, E & F](#)

Formulation & Planning

Different clinical boards are using different roster systems usually aligned with differing clinical needs meaning that over 700 of our senior medical workforce and resident doctors are rostered this way. Visibility of these systems is not uniform across the health board and whether this function can be delivered by a single/multi-professional system is not clear. In addition, reconciliation between job plans, roster and outcomes is in its infancy in the Health Board.

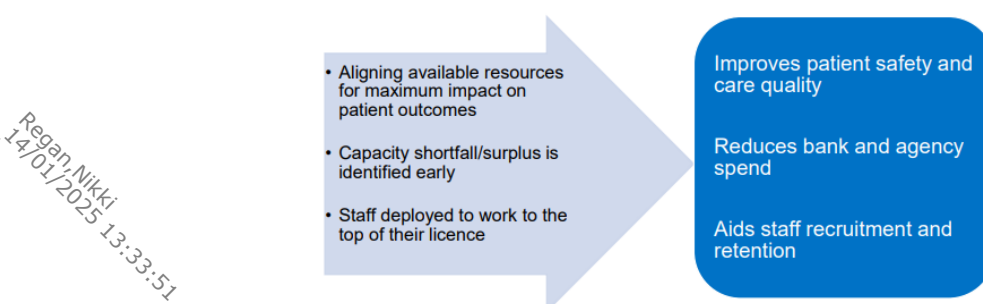
Currently, 100% of the senior medical workforce are on ESR which details the number of sessions that they are paid – although the visibility of this to the clinical boards is not clear. For example, a whole time equivalent would show as 1.0 however, individuals may be undertaking additional sessions.

Since the introduction of a Health Board wide digital job planning system and processes in 2021, there has been a steady increase in the number of agreed, documented job plans on allocate. Processes have been put in place and led by Leanne Rees and Kirsten Mansfield. They both regularly meet with The CDs and Directorate teams to support the use of the job planning system, they request evidence of outcomes for both non-clinical, and clinical, activity. They ensure the CD is aware of all the roles within the department that are needed to deliver a service and the importance of Objectives. Objectives, used properly, can help consultants and managers work together to lead improvements to the service, for example through innovation and development of new ways of working, or audit and improvement of existing ways of working.

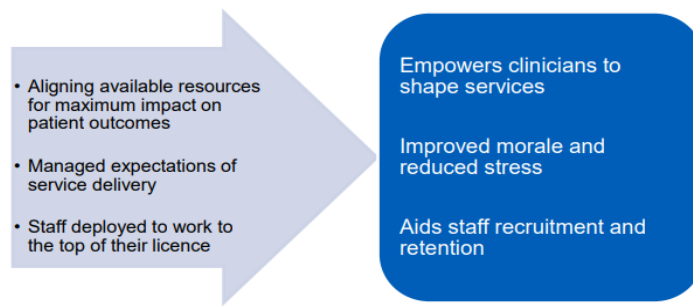
Currently over 60% of the senior medical workforce now have a fully signed off job plan on record with the number of ‘in-year’ job plan reviews at 43%. Progress in areas that haven’t fully engaged has stalled. It is clear we can only provide limited assurance to the board that we are deploying our medical workforce effectively.

It is evident that we need to change the culture of job planning and the narrative around job planning needs to move to a more positive one. We do need to be clear regarding the benefits to clinicians – transparency, fairness and equity between clinicians and specialty, understanding that clinicians can only provide one role at a time and that the health board is committed to fair remuneration for work provided. It is important to recognise that job plans need to safeguard the wellbeing of our medical workforce so that we do not overstretch or expect the delivery of an impossible task. It also must be recognised that there are specialties that can demonstrate great practice, notably Anaesthetics, but others include genetics, sexual health and neurosurgery, which illustrate the improvement that can be achieved if the process is championed in an area.

Benefits of eJob Planning for the UHB



Benefits of eJob Planning for Clinicians

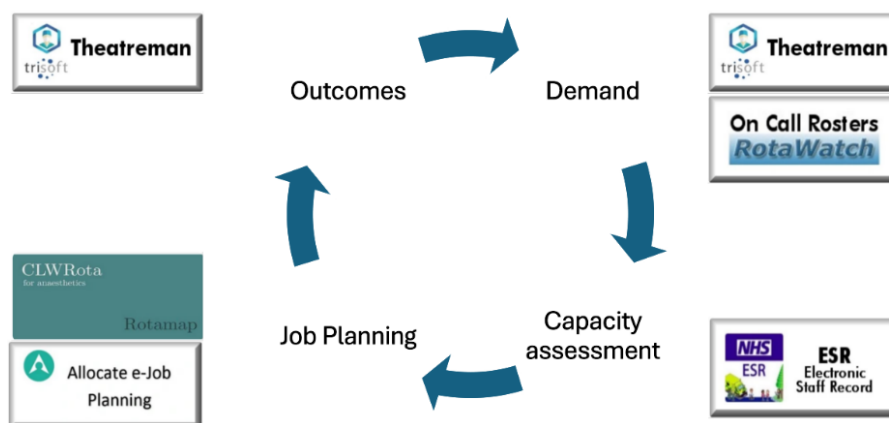


Anaesthetics as the paradigm

Anaesthetics is an example of a specialty that has embraced all the elements in the deployment of their senior medical workforce and is an illustration of where the Health Board needs to reach.

- Demand assessment.** There are a number of electronic systems, in use within the department, that allow visibility of clinical demand – Theatreman, Rotawatch and CLW roster system. In addition, a detailed review of non-clinical activity requirement has been made.
- Job Planning system and processes.** The department has 110 consultants of which 98% have an active job plan that details the weekly sessions that are available by an individual clinician – clinical and non-clinical. Matching the demand to the capacity allows a review of the job plan and/or a gap to be identified
- The electronic roster CLW,** which is well embedded in Anaesthetics, allows the job plan to be scheduled to a weekly plan identifying activity, time and place which is visible to all colleagues via a mobile app. This enables colleagues to know where support is available and that the whole service is covered. The system also records sickness absence, **however this is not fed into ESR.**
- Reconciliation.** The sessions delivered by consultants are cross referenced with Theatreman and CLW so that the department, and the board, can be assured that it has deployed its Senior Medical Workforce effectively.

The cycle then starts again assessing current demand and new service developments that will be considered and changes in staffing levels/numbers.



Conclusion

There has been great improvement in the job planning processes within the Health Board with some areas of exceptional delivery – Anaesthetics. These improvements have been championed by Leanne Rees and it should not be under-estimated what has been achieved so far. However, the improvements are not consistent across specialties or clinical boards and full assurance cannot be given to board. However, the model built by Leanne Rees has the potential to be promoted as best practice within the UHB and should enable us to ensure equity, transparency and consistency in our approach to job planning, across our organisation, in line with the Amendment to the National Consultant Contract in Wales 2003. Work has already begun to build on this model and a new guidance document has been

drafted and is due to be presented to the Medical Workforce Advisory group with a view to be presented to the Local Negotiating Committee for agreement by the BMA.

Please see [Appendix A](#) below for the Case Study and [Appendix B](#) for Draft Guidance

Actions

We need to, in the words of the Welsh Minister – ‘adopt and adapt’ the good practice and processes in anaesthetics across the Health board and have a road map to achieve this.

Current Status	Not Started	In Progress	Completed
Demand Assessment			
Job Planning System & Process			
Rostering System	Paused		
Workforce Support			
Non-clinical output management			
Reconciliation planned against delivery			

1. Demand assessment:

As part of annual business planning, an improved understanding and process of planned and unplanned clinical demand, by clinical boards, to better guide workforce planning is being produced by colleagues in operational management team.

Completion June 2025 Adam Wright

2. Job Planning system and process:

The electronic job planning system put in place to improve the process is designed to improve consistency and transparency. Current compliance is 63% with annual review compliance at 44%. Anaesthetics have demonstrated that high compliance is possible within the current system and an action plan will be drawn up with the clinical boards to have 90% compliance with an active job on Allocate with a clear timeline for implementation of annual review within the specialties as BAU. This includes a communication exercise to change the narrative regarding job planning to a positive one, highlighting the benefits to our senior medical workforce of a fair and transparent process that aids wellbeing. It will also include an evaluation of the current job planning system and processes against other systems in parallel with the rostering system evaluation and may be subject to an all Wales procurement process.

Completion June 2025 Richard Skone

3. Rostering system:

Rostering systems provide an electronic method of recording and displaying the day to day running of a department as well as translating a job plan into a timetable of activity for individuals. They can also be used to monitor annual, study and sick leave. As with anaesthetics they provide a mechanism for reconciling activity to a job plan.

A variety of rostering systems are in place within the clinical boards and recently there was consideration of moving to a single system. However, it is well recognised that different specialties have different needs and therefore an evaluation of the use of the preferred system in each clinical setting needs to be made. An attempt to identify a single usable system underwent the procurement process in October 2024. There was no clear system from the candidate companies that provided a complete solution. We are now in a process of further clinical engagement to assess whether a hybrid system may be possible. The aim of the executive board will be to procure the fewest systems at the best value while maintaining interoperability and meaningful outcome measures.

Completion June 2025 Lianne Morse & David Fluck

4. Workforce support

Despite education sessions and support it has been challenging for Clinical Directors to find time to manage job plans in a proactive way. It is no coincidence that the departments with a job planning lead or AMD for workforce have the best electronic job planning compliance. Employing a job planning lead for the Health Board had a demonstrable impact on the number of documented job plans. We will replicate and amplify the effect of this appointment by creating Job Planning leads within each clinical board who will be responsible for ensuring effective use of the eJob Planning system.

Completion March 2025 Clinical Board Directors

5. Non-clinical output management

20-30% of a clinician's job plan is used as 'non-clinical' time, it is important to ensure that it is used wisely. Clarification of how non-clinical time will be apportioned, with appropriate outputs, will be defined and line managed appropriately. This will ensure that consultants can set relevant outcomes which they can be supported to achieve while freeing up time for Clinical Directors to focus on clinical or service delivery.

Linked to this area of work is **Statutory and Mandatory training compliance**, which is currently extremely low within the senior medical and dental workforce. A number of factors seem to be to blame and work is currently underway to identify methods to support individuals and improve compliance. For example:

- Inter-authority transfers could be utilised for importing current compliance from previous employers
- We are also exploring the potential to transfer primary care training records from the Learning@Wales platform into ESR
- A phased priority approach to training completion will be undertaken and in quarter 4 it is suggested that we cover Fire, Infection Prevention & Control Level 2, Aseptic Non-Touch Technique, Consent and Mental Capacity. Each quarter there will be a different group of training modules
- Medical Workforce and AMD hope to have representation on the UHB Mandatory Training group, established in early 2025
- The C&V Head of Education will be escalating concerns to newly established All Wales Education Leads Group, for which a review of mandatory training processes will be a core priority

Completion March 2025 Richard Skone (non-clinical output) & Hilary Sharp & Lisa Franklin (Mandatory Training)

Regan Nikki
14/01/2025 13:33:51

6. Reconciliation planned against delivery

This will be delivered when 1-5 is complete and full assurance gained.

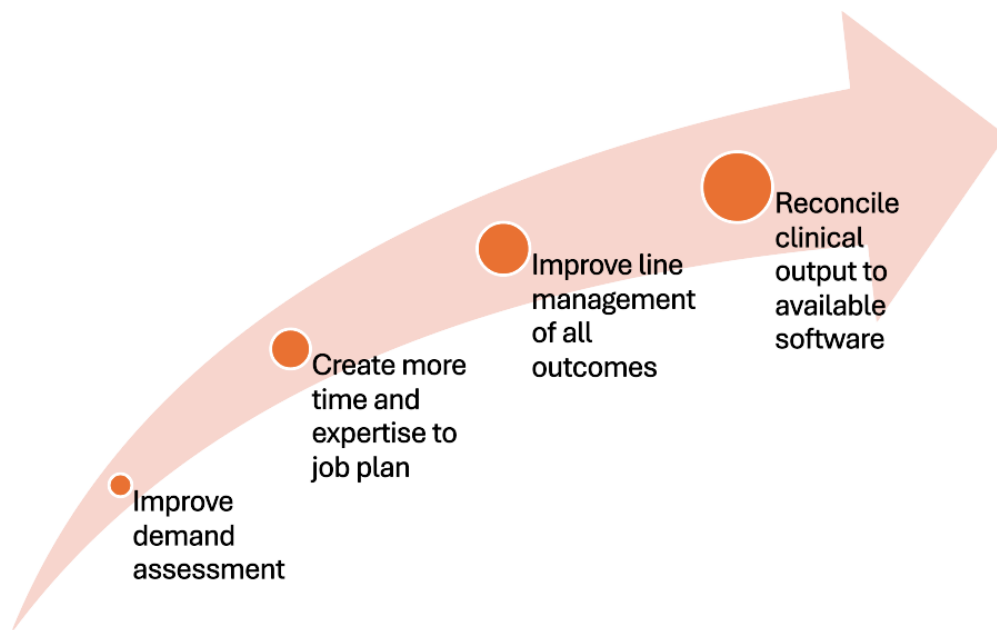


Figure: Proposed approach to final step in improving eJob Planning

Supporting Documents

Appendix A

Case Study – Anaesthetic Job Planning

In 2021 Leanne Rees, Anaesthetic Consultant and Deputy Clinical Director, was given the task of job planning 110 Consultants within her department. At that time, Job planning compliance was very low so the Clinical Director allocated her a specific block of time to concentrate only on job planning. The process was further complicated by a request from Finance to scrutinise and justify all SPA time so during the process, each clinical role in the team was discussed in detail and reviewed. The appropriate SPA time was agreed between both sides and Leanne was also able to collate a list of all the clinical roles so that everyone in the team was aware of which lead was responsible for each role.

During this long process Leanne has successfully improved the culture of job planning in the department, making it a collaborative process between the Management Team (Deputy/Clinical Director & Service Manager) and the Clinician in line with our objectives of making job planning “Equitable, Consistent and Transparent”. It was also used it as an opportunity to check on the welfare of the clinician and, if needed, signposting them to support or adapting the job plan.

Completion of the plans for all clinicians took approximately 6 months but the investment in time, producing accurate and hugely valuable job plans based on service demand, means that the ongoing process of annually reviewing the plans is more efficient and can be completed in 6-8 weeks (as part of her normal Deputy Clinical Director Role).

The overview below has been based on the model used in Anaesthetics and breaks down the overall method:

Job Planning Preparation

In preparation for the annual job planning review the clinical director should review and confirm tariffs for common DCC activities within the department.

Clinical Director to request the completion of outcome forms for all roles above core SPA, with a deadline of 4 weeks to return. This information requires a job description, the outcomes achieved in the role over the previous 12-month period and planned activities and objectives for the coming 12-month period.

Clinician to submit outcome forms to the clinical director and to highlight any changes in advance to their DCC activity or SPA, since their last meeting.

Clinical Director to arrange job planning meeting with the clinician and a member of the directorate management team.

Job Planning Meeting

Clinical Director, Management Team and Consultant to meet (in person or virtual if agreed) to discuss the job plan. Any appropriate amendments or additions will be discussed and agreed and changes reflected on the job planning system.

The meeting could also include a check on the clinicians wellbeing and signposting to any relevant support networks as required.

Clinical Director to request sign off of the job plan by the clinician. Second sign off to be actioned as appropriate.

Agreement of the Job Plan and the Sign Off Process

It is expected that the consultant will engage in the job planning process. If there is no response from the consultant within 6 weeks of the initial job plan review meeting, the consultant will be contacted by the Clinical Director to arrange a follow-up meeting to discuss reasons for non-agreement. The Clinical Board Director is the first point of contact for job plan disputes before any escalation. At this point, if it is not possible to reach an agreement, both parties will submit the job plan to the Mediation and Appeals process in line with para 1.34 the Amendment to the National Consultant Contract in Wales 2003 for resolution.

Appendix B – Guide to Job Planning - Draft



Guide to Job
Planning - For Review

Audit Reports

Appendix C – Surgery CB Consultant Job Plans Final Internal Audit Report October 2023



CVUHB 2223.32
Surgery CB Consultant

Appendix D - CUHB1718.34 Consultant Job Planning Final Report May 2018



CUHB1718.34
Consultant Job Plan

Appendix E – CUHB1920.41 Consultant Job Planning Follow-Up Final Report Jan 2020



CUHB1920.41
Consultant Job Plan

Appendix F – CUHB2021.37 Consultant Job Planning Follow-Up 2 Draft Report April 2021



CUHB2021.37
Consultant Job Plan





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

Recommendation:

The Committee is requested to:

- Approve the paper for implementation in order to provide the strategy and plan for job planning within CAVUHB (detailed in the accompanying paper).
- Approve the aim stated at the end of this paper to have 90% of consultants and SAS doctors with agreed job plans on Allocate by June 2025

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>

Five Ways of Working (Sustainable Development Principles) considered

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	Long term	X	Integration	X	Collaboration	X	Involvement	X	

Quality Impact Assessment Completed?

<p>Yes – (please provide completed QIA document)</p>	<p>No – (Please provide reasoning, e.g. not required)</p>	<p>No change in service, only structure</p>
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Impact Assessment:

<p>Risk: No</p>
<p><i>It may unmask consultants who are working significantly beyond their job plans</i></p>
<p>Safety: No</p>
<p><i>This is a change in approach to the same contractual aim</i></p>
<p>Financial: No</p>
<p><i>If consultants are working in excess of their job plans it may pose a financial risk or a service risk.)</i></p>
<p>Workforce: No</p>

<i>The paper clarifies expectation and time for how work should be done</i>	
Legal: No	
Reputational: No	
<i>This process reduces risk by replacing a system which is currently underperforming. While ongoing discussions are taking place nationally about job planning, this paper does not materially affect the process other than to follow the amendment to the national consultant contract in a similar way to that which CAVUHB has done previously</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>This process reduces risk by replacing a system which is currently underperforming</i>	
Equality and Health: Yes/No	
<i>This process reduces risk by replacing a system which is currently underperforming</i>	
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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Report Title:	People Policies Report		Agenda Item no.	3.1
Meeting:	People and Culture Committee	Public	x	Meeting Date:
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	x	Information
Lead Executive:	Executive Director of People and Culture			
Report Author (Title):	Head of People Assurance and Experience			
Main Report				
Background and current situation:				

Within Cardiff and Vale University Health Board (the UHB), employment (people) policies are developed and reviewed in partnership via the Employment Policies Sub Group (EPSG) and, where appropriate, through the Local Negotiating Committee (LNC). The development of such policies involves a comprehensive consultation process before final submission for approval by the People and Culture Committee. The authority to approve general employment procedures and guidelines has been delegated to the EPSG.

All Policies and Procedures relating to Medical and Staff **only** are developed in Partnership with the BMA and are considered by the Local Negotiating Committee (LNC).

All-Wales Policies are developed and agreed in partnership by the Welsh Partnership Forum and Medical and Dental Business Group and must be adopted, without amendment, by all Health Boards in Wales.

This report sets out one All-Wales Policy which has been issued since the last meeting of the People and Culture Committee, and asks the Committee to formally adopt it.

- **All Wales Job Evaluation Policy**

This Policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme. It applies to all staff employed under Agenda for Change terms and conditions of service with the aim of ensuring that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for developing and reviewing national and local job descriptions.

It is a requirement of this Policy for all staff to have the duties that they undertake reviewed against their job description on an annual basis to ensure they reflect the role to be carried out. Organisations must develop their own local processes to undertake this, ensuring it is part of the appraisal process and where a job description is more than 3 years old it must be reviewed in full in line with the non-pay elements of the 2022-3 pay deal. A working group has been established to undertake this in partnership with trade unions.

This Policy supersedes and replaces any local existing policies or guidance on Job Evaluation which means that the UHB New and Changed Jobs Procedure needs to be rescinded. In order to ensure that none of our local processes or guidance is lost, an online toolkit to support managers is under development and will provide information in the form of 'top tips', frequently asked questions and flowcharts.

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

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

The All Wales Policy highlighted in this report has been developed for implementation in all NHS Wales organisations, without amendment, and must replace any existing local Policies and/or Procedures.

Recommendation:

The People and Culture Committee is requested to:

- Formally adopt the NHS Wales Job Evaluation Policy and Procedure, and
- Rescind the Cardiff and Vale UHB New and Changed Jobs Procedure

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1. Reduce health inequalities		6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing		8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	
4. Offer services that deliver the population health our citizens are entitled to expect		9. Reduce harm, waste and variation sustainably making best use of the resources available to us	
5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

Prevention		Long term		Integration		Collaboration		Involvement	
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Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

Equality and Health: Yes/No

NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or

belief, sex, or sexual orientation. The NHS Wales Job Evaluation Policy has been subject to an Equality Impact Assessment

Decarbonisation: Yes/No

no

Approval/Scrutiny Route:

Committee/Group/Exec

Date:

P&C Cmte

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Job Evaluation Policy and Procedure

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Fforwm Partneriaeth Cymru
Welsh Partnership Forum

GIG Cymru *yn*
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



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Section 1

Policy scope, principles and benefits

1. Introduction

This policy has been developed in line with the nationally agreed NHS Job Evaluation Scheme

Introduced in 2004, the scheme is used to determine the pay bands for all staff on AfC contracts and relies on consistent application within organisations and across the service. The scheme is based on fairness and equality in line with equal pay legislation and is a continuing requirement as organisations develop new services and roles and incorporate the job evaluation process into procedures, particularly, but not exclusively, organisational change and service improvement.

The Job Evaluation Handbook contains guidance on interpreting and applying the AfC JE scheme and National Job Profiles, which have been developed nationally and approved by the executive on behalf of Staff Council.

This policy and procedure will set out the requirements for fulfilling the scheme across Wales to ensure a consistent approach across organisations.

2. Policy statement

NHS Wales is committed to the fair and consistent application of the Agenda for Change (AfC) NHS job evaluation scheme (JE) both at national and local organisation level.

This is in line with the commitment of employers, trades union representatives and Welsh Government to work in partnership to maintain a fair and consistent NHS pay system which supports NHS Service modernisation and delivery and meets the reasonable career aspirations of staff.

3. Scope

This policy applies to all staff employed under Agenda for Change terms and conditions of service

4. Principles

The aim of this policy is to ensure that all NHS Wales organisations are consistent in their application of the national job evaluation scheme. In addition, the policy sets out the process for approval and application of NHS Wales Job Descriptions where they are available and the review of these job descriptions on a three yearly cycle.

Section 2

5. Governance Arrangements

All employers in NHS Wales are required to ensure they have effective systems and arrangements in place to discharge their AfC responsibilities. They are accountable for ensuring compliance with AfC policy and the NHS Wales Job Evaluation Scheme Handbook.

Specific actions include –

- Working in partnership at a local level with an appointed Management and Staff Side Job Evaluation Lead (see annex 1). Organisations should provide facilities time to staff side leads to enable them to participate in JE lead work. This does not include sitting on panels which should be treated in the same way as management JE panel members.
- Provide suitably funded job evaluation support who can provide guidance and administration of the job evaluation processes.
- Have trained job evaluation trainers to provide training in the various job evaluation packages (see annex 2).
- Have an appropriate number of both management and staff side trained JE practitioners in matching, analysis, evaluation and consistency checking.
 - Management practitioners can be anyone who is not representing a union.
 - Staff practitioners do not need to be, accredited trade union representatives, but they should be employed by their local organisation and be nominated by and accountable to their local trade union branch and/or staff side. When sitting on panels staff side practitioners should not use facilities time but be released from their substantive role in the same way a management practitioner is.
- Ensure appropriate records and information is kept on CAJE (Computer Aided Job Evaluation System) to be able to provide
 - Local and NHS Wales monitoring and consistency checking of activity.
 - Robust notes on decisions and audit trails that would stand up in legal proceedings.

6. Job Descriptions

6.1. NHS Wales Approved National Job Descriptions

NHS Wales Job Descriptions are intended to ensure consistency in role descriptions for key roles across NHS Wales organisations. The aim of this is to facilitate movement and progression, together with ensuring equal pay for equal value within and across organisations. As these form part of National terms and Conditions, where an NHS Wales approved job description is in place, organisations must use this Job Description for relevant roles. These Job Descriptions will be subject to review on a minimum 3-year cycle to ensure they are up to date. These are available through the Wales Job Evaluation web pages <https://www.nhsconfed.org/wales/nhs-wales-employers/job-evaluation> and will be added to as NHS Wales job descriptions are developed.

6.2. Job Descriptions

An NHS Wales Job Description Template has been developed to -

- address attraction and recruitment challenges arising from overly lengthy job descriptions that didn't really identify what the job was about
- Aid in sharing approved job descriptions across Wales
- Increase the creation of NHS Wales Job descriptions

Where an NHS Wales approved Job Description is not available, the Job Description template must be used for all new job descriptions and/or when a job description is used for recruitment purposes. All AfC staff must have an up to date and agreed job description that describes the role, and the tasks required of them to carry out their job. It should not be about the individual person in the role. It is the means by which our employees understand what has to be achieved and can be used to determine criteria by which their performance

will be assessed. There is guidance on writing job descriptions in the Introduction to Job Evaluation and Writing Job Descriptions guide.

6.3. Organisation Job Descriptions

Where NHS Wales Approved Job Descriptions are not suitable for particular roles, organisations may have their own library of generic job descriptions which can be used. Again, these should be on the NHS Wales Job Description Template and should be subject to a three-year review to ensure they are still fit for purpose.

6.4. Individual Job Descriptions

It is important to remember that where there is no suitable NHS Wales or organisation job description then job descriptions for individual roles should be developed, remembering that this is for the role and not the person in the role.

6.5. Reviewing Job Descriptions to ensure they are up to date

All staff must have the duties that they undertake reviewed against their job description on an annual basis as a minimum to ensure they reflect the role to be carried out. Organisations must develop their own local process to undertake this, ensuring it is part of the PADR process and where a job description is more than 3 years old it must be reviewed in full.

Organisations must ensure that members of staff are undertaking the role detailed in their job description. Where this is not the case then organisations must –

- Allocate an appropriately banded job description for the role being undertaken which may involve a re-banding of pay
- Review the wider role in the department which may involve ensuring that the member of staff works to their current job description

It is also important to review the job description when roles are redesigned, changed as a consequence of service redesign, or a vacancy occurs. Organisations must check whether there is an appropriate NHS Wales approved or local job description to fit the role before developing a new job description.

Depending on the level of change to role the following options would be available –

- Identify if there is an NHS Wales Job Description that better matches the role required and the duties being undertaken
- Agree no changes to the job description - no further action
- Agree changes to the job description. The job evaluation team must be consulted to assess the job description in partnership. The outcome will be -
 - Advice that the changes have no effect on the current pay band.
 - Advice that a re-evaluation of pay band is required.

Organisations should have clear processes on how changes to roles will be identified and verified. Any changes must go through the job evaluation process to ensure robust and auditable outcomes

Where job descriptions cannot be agreed there must be an attempt to reach agreement using an early resolution approach. If an agreement cannot be reached and there is no resolution, then employees can choose to use the Wales Respect and Resolution policy.

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6.6. Re-evaluation of Changed Jobs (Re-evaluation of Pay Band)

Where it is agreed that the demands of the post have changed significantly, a re-evaluation of the post needs to be carried out which should assess the whole job.

The result could be being allocated a NHS Wales Job Description or when none exists by submitting a new agreed job description which details the skills and responsibilities applicable to the post.

If the banding outcome changes as a result of re-evaluation, that change should be backdated to when the postholder and manager agree that the job had changed. This could vary depending on how long the member of staff has been carrying out the duties or the time it has taken to develop and match the new job description. This date should be agreed before the re-evaluation takes place.

Disputes about back-dating should be resolved through local procedures.

7. Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process. The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook. Procedures should be consistent across Wales for ease of monitoring (see annex 3).

8. New and Updated National Job Profiles

From time-to-time new national job profiles are developed or current ones updated via requests from employers and trade unions. Employers will want to prepare for this in advance by ensuring that job descriptions are up to date, and staff are undertaking the duties against the job description. Organisations will need to ensure they have sufficient job evaluation capacity to handle an increase in activity when this occurs.

9. Further Advice

The full process for both job matching, job evaluation and consistency checking is available in the NHS Job Evaluation Scheme Handbook.

Further advice can be sought from your local Job Evaluation Leads the NHS Wales Job Evaluation Lead and if required this can be escalated up to the UK Job Evaluation Group (JEG).

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Annex 1

Outline for Organisation Job Evaluation Scheme Leads

The benefit to the organisation of appointing JE Leads is to ensure the organisation is applying the Job Evaluation Scheme in line with that nationally agreed, which will ensure roles are appropriately banded and the graded scheme is consistently applied.

The role of the Job Evaluation Leads (JE Leads) is to support the organisation to maintain specialist detailed knowledge of the NHS Job Evaluation Scheme and processes. They will be experienced JE practitioners, with one representing management and one representing, and appointed by, a recognised trade unions/staff side in the organisation.

Partnership working is an essential requisite of the JE Scheme, and it is essential that the organisation has a partnership pair of job evaluation leads, together they share the responsibility and ownership of the JE processes and how they operate within the organisation, supports the transparency and integrity of the process.

Working in Partnership the JE Leads have a joint responsibility to

- Ensure that nationally agreed good practice guidelines contained in the NHS Job Evaluation Handbook and supplementary guidance sent out by the NHS Staff Council are integrated into the organisation's job evaluation policies and practices.
- Keep up to date on NHS Job Evaluation developments and share recommended practice locally, keeping Job Evaluation practices up to date and relevant to the organisation.
- Work with management and staff side to ensure that Job Evaluation Policies and Procedures are monitored and reviewed in partnership.
- Provide advice and guidance to employees, managers, and accredited staff representatives about good practice in job evaluation process, on all aspects of the scheme and the interpretation of the organisations JE policies. For example, the evaluation of new and changed jobs.
- To ensure that there are adequate numbers of trained job matchers and evaluators to meet the demands of the organisation including keeping an up-to-date register of trained matchers and evaluators.
- Alert the organisation to any failures in process or operation of the JE process which may expose the organisation to equal pay challenges.
- Keep an overview on the management and storage of documentation involved in job evaluation so that a clear audit trail is maintained in the recording of panel decisions and JE processes.
- Have an awareness of the national Job Evaluation Group (JEG) and provide a link to the national group in terms of seeking their technical advice and guidance where required.

Technical competence

- Trained in all aspects of the NHS Job Evaluation Scheme including Job Matching, Job Evaluation and Job Analyst and Consistency checking
- Be the technical experts and advise the organisation on the application of the Scheme

- Understanding of equal pay legislation
- Ability to implement and ongoing maintenance of the JES within organisation
- Working knowledge of CAJE or other similar electronic system for storage and audit of outcomes.
- Keep their own technical knowledge up to date by undertaking refresher training as required and accessing NHS Employers websites for up-dates on profiles etc.

Behavioural competence

- A commitment to working in partnership and ensuring this is embedded within the organisation's JE Scheme processes
- A commitment and ability to challenge poor practice in order to ensure the credibility and governance of the scheme is maintained.
- Resilience
- Ability to influence others
- Ability to mediate and build consensus when opinions differ
- Ability to work as part of a Team, build local capacity for panels and ensure succession planning
- Ability to maintain confidentiality and to convey the importance of this to those involved in the scheme.

Skills

- High level attention to detail
- Ability to analyse a large amount of information and draw conclusions from the data.

Support for JE Leads

It is important that JE Leads are given the necessary support and resources to enable them to undertake their roles effectively. This may include, but is not limited to, access to computer systems, administration support, finance to support the individual practitioners training and panel members training.

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Annex 2

Job Evaluation Training

Organisations need to ensure that staff are trained in the matching, analysis, evaluation and consistency checking processes of the NHS JE Scheme for continuity

Every job evaluation practitioner is required be up to date on current practices, before they take part in local panels/processes.

It is essential that organisations keep a register of names of practitioners and trainers.

JEG has developed a number of courses that cover the full scope of the NHS Job Evaluation Scheme. All courses should be completed in order, as the second, third and fourth courses require attendees to have a level of experience in NHS job evaluation. This training is endorsed by the NHS Staff Council.

In Wales, we have our own trained trainers delivering the JEG courses at a local and national level. There are no costs to organisation other than the release of time for the trainers and the provision of training materials. Each organisation should have its own JE trainers in partnership who will provide training in their own organisation and also assist in training across Wales where needed. By using shared trainers across Wales, it enables training to be provided free of charge.

The following JEG accredited courses are available and can be delivered face-to-face and virtually.

Stage 1 - Job Matching Course (2 days)

A course for new and inexperienced members of staff in job evaluation.

Job matching is the main method of undertaking job evaluation (JE) within the NHS.

All practitioners that sit on matching panels should be trained to ensure they understand the scheme and the methodology it uses. As all JE work should be completed in partnership, we try to run this course with equal numbers of management and staff-side representation.

Stage 2 - Consistency Checking Course (1 day)

This is a course for those who have already completed the job matching course, with a good understanding of job evaluation and a desire to undertake consistency checking in their organisation.

All job evaluation outcomes must go through consistency checking. This work is often undertaken by the two job evaluation leads, or alternatively, an experienced partnership pair who are up to date in JE practices.

Stage 3: Job analysis and Job evaluation (2 days)

This course is course designed for experienced job matchers who will have some understanding of how to assign values across the 16 factors.

On the rare occasion that a role is so specialised and unique that it cannot be matched to a national job profile, it must be fully evaluated. This requires analysis and evaluation by trained practitioners of the job analysis questionnaire that is agreed by the post holder and/or line manager. Most roles match to profiles, so an organisation would not need to train all practitioners in analysis and evaluation, but a select few, experienced practitioners.

Stage 4: Refresher training (1 day)

This is a condensed course to be completed by job evaluation practitioners who may need a refresher to remain up to date with job evaluation practices.

WALES JOB EVALUATION UNIT COURSES

CAJE Administrators Course (1/2 Day)

This course is for those who are responsible for the administration of the Computer Aided Job Evaluation (CAJE) system. All new administrators must attend this course to ensure consistency and good practice across Wales. Having a standard approach to using the system enables organisations to undertake local consistency checks and have a good auditable trail for all job evaluation outcomes.

Train the Trainer (1 day)

This course is for experienced JE practitioners to provide JE training in their own organisation and across Wales.

Delegates must have completed the full 2-day job matching training and be experienced in panel work. To deliver the job analysis job evaluation training they must have also completed this course themselves.

Delegates can be either management or staff side job matching practitioners and should be confident in delivering training to an audience and have an engaging interactive aptitude to support all learning types

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Annex 3

Job Evaluation Process

In order to assign an appropriate pay band to a job description it must go through the job evaluation process.

This should be carried out using the Computer Aided Job Evaluation (CAJE) web-based system. Members of the job evaluation team must be trained to use the system to ensure consistency across Wales and have their own login details. Job descriptions should be numbered with the agreed Wales code which enables organisations and Wales monitoring to easily identify roles. All new job descriptions and re-evaluation of pay bands should be entered onto CAJE as a new job with a new job match reference code e.g. 2024/0012

The following has been taken from the NHS Job Evaluation Scheme where you can find the full processes.

Job Matching

Job matching is an analytical way of evaluating as many different jobs as possible to nationally evaluated profiles in the most efficient and consistent manner possible. Job matching avoids the need for many local evaluations

- Job matching is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job matchers in the NHS Job Evaluation Scheme. The majority of roles are expected to match to a national profile.
- Once matched it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the matched job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member(s) of staff, including a copy of the matched job report, details of the proposed pay banding and what to do in case of disagreement.

Job Evaluation

Local evaluation is much more detailed and thorough than job matching, so it is important to be sure that a local evaluation is necessary before starting the process.

A job will need to be evaluated, where an attempt has been made to match them to one or more national profiles, but this has not proved possible, for example unusual and/or very specialist clinical and non-clinical NHS roles or jobs going through role re-design.

- As part of the full job evaluation process the member of staff (where there is one) and manager complete a job analysis questionnaire (JAQ) which is analysed by two representatives comprising both management and staff side, who must have been trained as job analysts in the NHS Job Evaluation Scheme.

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- Once the JAQ has been agreed the job evaluation is carried out by a panel of between three and five representatives comprising both management and staff side, who must have been trained as job evaluators in the NHS Job Evaluation.
- Once evaluated it must be checked for both quality and consistency by two trained JE practitioners in partnership.
- The outcome, including a copy of the evaluation job report, should be sent to the relevant manager following the local processes and procedures in place. Where there is a job holder in the role the outcome must also be notified to the member of staff, including a copy of the evaluation job report, details of the proposed pay banding and what to do in case of disagreement.

Review Process

In the event that groups of staff or individuals are dissatisfied with the result of matching or evaluating they may request a review which must be submitted within three months of notification of the original panel's decision.

All reviews must be entered onto CAJE using the original job match reference code and adding an 'R' to the end of the job match reference to indicate it is a review e.g. 2024/0012R

- In order to trigger a review, the jobholder(s) must provide details in writing of where they disagree with the match or evaluation and evidence to support their case. It is good practice for organisations to have a review evidence form listing the factors for the jobholder(s) to complete. Jobholders only need to provide information on the factors where they disagree.
- The review must be carried out in partnership by a panel of between three and five representatives comprising both management and staff side, the majority of whom should be different from the original panel.
- A review panel will –
 - Confirm the same match / evaluation outcome.
 - Confirm a match to a different profile or make a different evaluation. The band can go up or down.
 - Possibility of referring the job for full evaluation (JAQ).

Once the full job evaluation process has been completed the job holder has no right of appeal beyond the review panel if their complaint is about the banding outcome. However, in the event that the jobholder can demonstrate that the process was misapplied they may use the All-Wales Respect and Resolution policy. Where this is upheld, a possible remedy may be to use a new panel or escalate to the Wales Job Evaluation Lead who can arrange for a new panel outside of the organisation.

NHS Wales Approved/ Shared Job Descriptions

NHS Wales Approved Job Descriptions do not need to and should not be taken through organisational job evaluation processes.

However, there are occasions where organisations may want to use a job description that hasn't been through their own job evaluation process. For example: There is a job description available that has been through the evaluation process in another NHS Wales organisation and has been agreed for sharing at All-Wales level.

Jobs that have been approved for wider sharing must be uploaded to your own CAJE account and advice has been produced by the NHS Job Evaluation Group (JEG) to support employers when using a job description that has been developed and banded by another organisation. In all these situations the employer must ensure that:

- They are satisfied and can prove that the job matches to a national profile or evaluates at the stated band **AND**
- The outcome is consistent with other jobs within that employer **AND**
- They have an audit trail demonstrating that the pay band can be justified.

Wales has an agreed process for sharing of job descriptions which have been banded by other NHS organisations in Wales (see annex 4). It is important to remember that when adding a Wales or Shared job description to your CAJE account you use the same job match reference to allow for the monitoring of use.

Updating Job Descriptions

A substantial amount of job evaluation work involves updating/amending job descriptions that have already been matched/evaluated or using a pre-banded job description to develop a new one i.e. basing the job description on one that already has a band outcome.

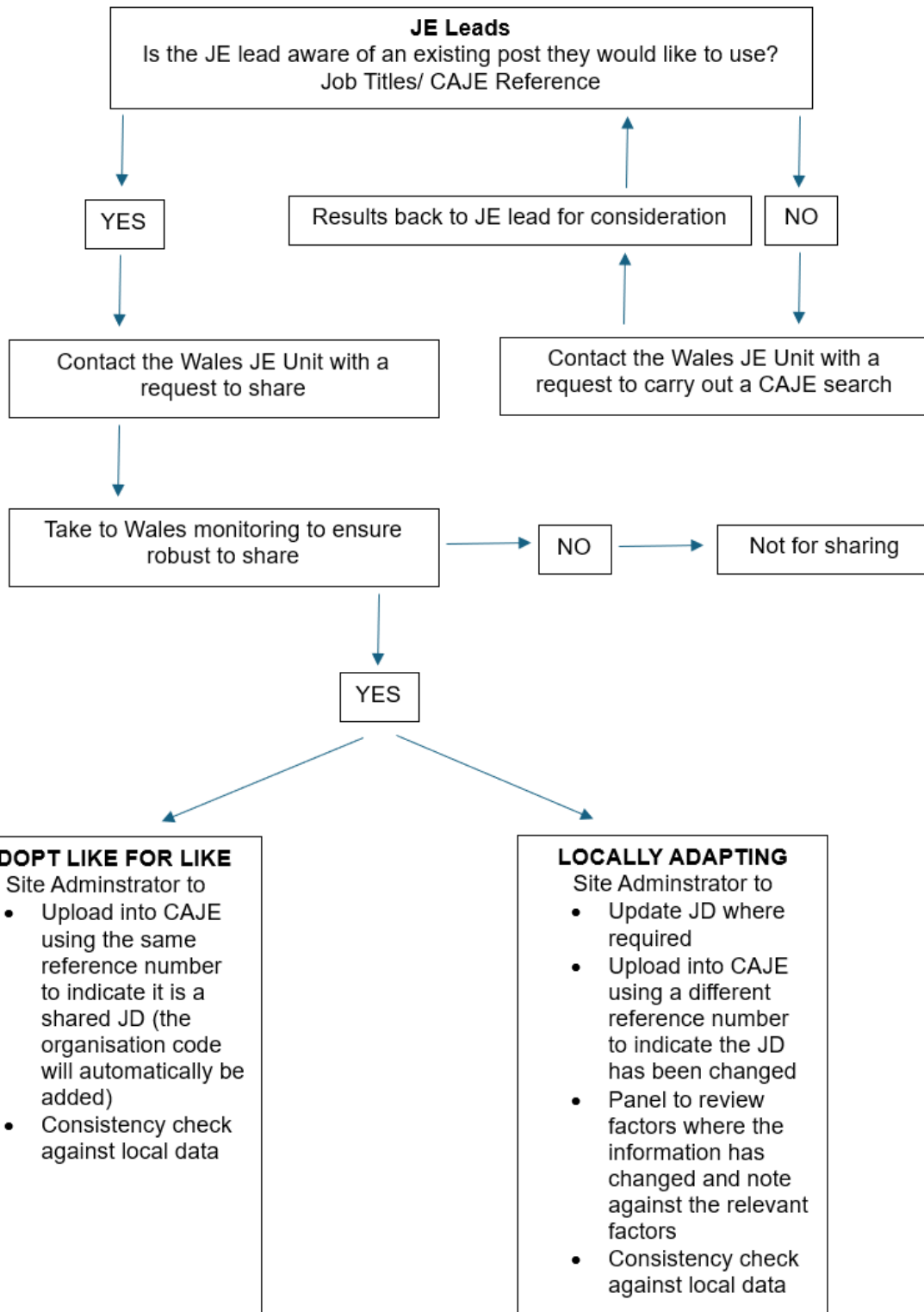
These must be assessed by the job evaluation team in partnership to see if the changes impact upon the pay band.

The process for dealing with these types of updated/amended jobs can be found in Annex 5.

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Annex 4

Wales Process for Sharing of Job Descriptions



Regan, MKKl
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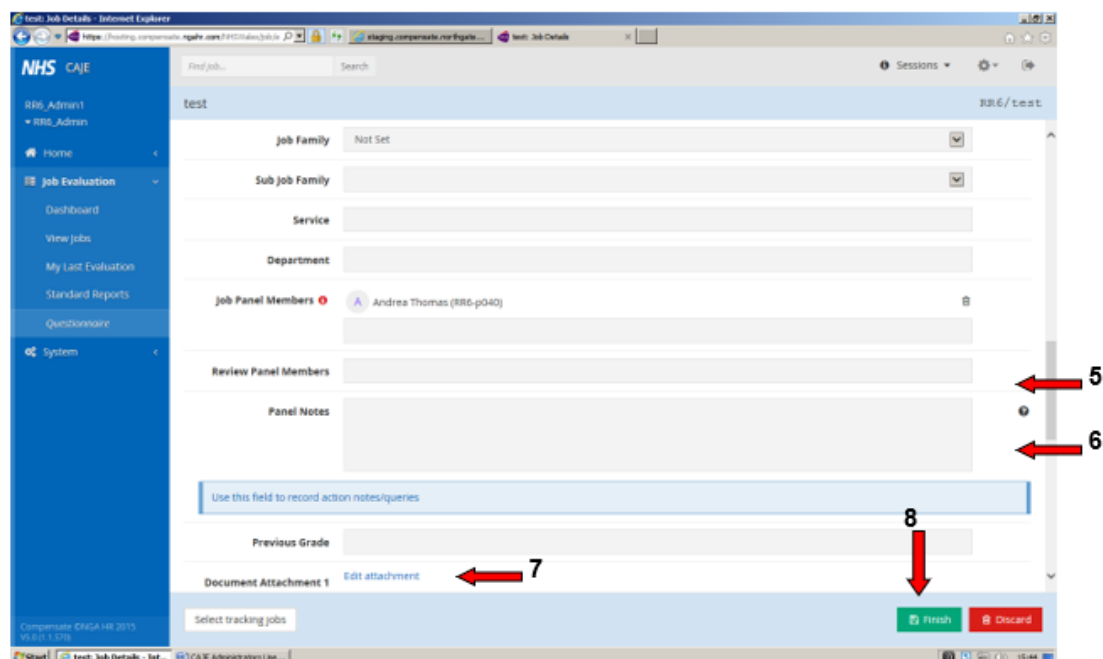
Adopting the JD Like for Like

In CAJE add a New Evaluation and complete the Job Details page as you would usually when adding a job but remembering the following:

- 1 Click in the 'Omit from Panel View' box.
- 2 Add in the same CAJE reference - Please use the same reference code when adding to CAJE. This helps identify it as a shared JD. (Your Org Code will automatically be added by CAJE)

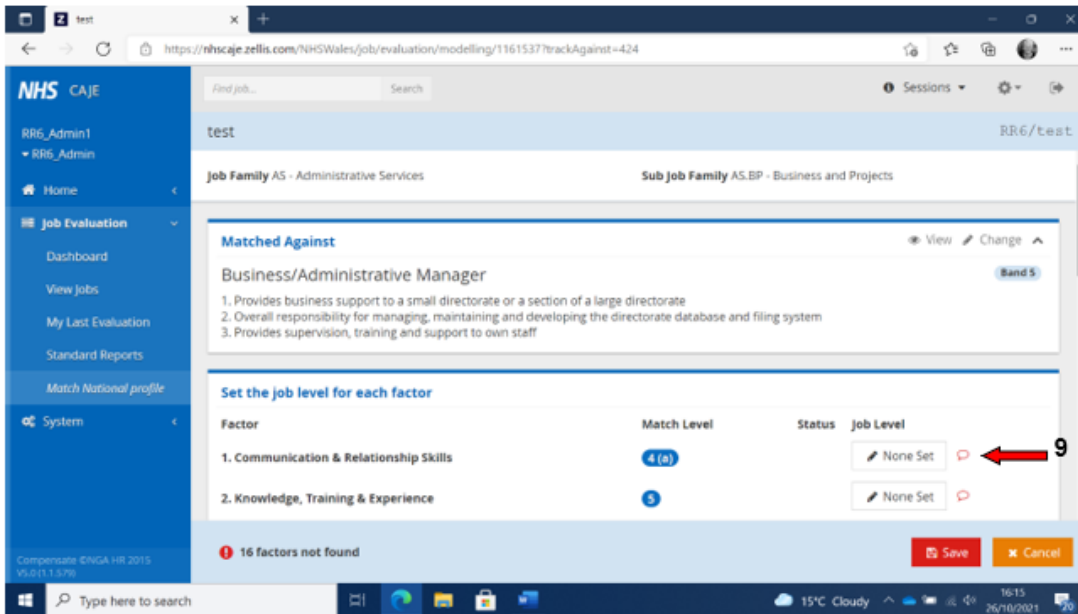
- 3 The evaluation date should be the date job description was approved for sharing

4 Change both 'Work Stage' and 'Approval Status' to 'Approved'



- 5 Job Panel Members should be the person entering the job onto the system
- 6 Add a panel note for audit trail e.g., 'Matched by ABMUHB code RVC/2017/0093 and approved at Wales Monitoring for wider sharing' or 'Wales job description CYM/Wales/2024/0003'
- 7 Upload your JD
- 8 Finish and proceed to Profile Matching
- 9 Chose the same profile that was originally used and copy ALL the information and scores from the Job Match report into CAJE as if you were carrying out a job match and save. This is ready for partnership consistency checking against organisation data before release

Regan, Nikki
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Locally Adapting the JD

Follow the steps above, however as this will be looked at by a panel you will need to –

- 1 Give the JD your own CAJE reference code because you are changing the JD
- 2 Enter the panel members details
- 3 Make a note in the panel notes that the JD has been adapted e.g., 'Matched by ABMUHB code RVC/2017/0093 and adapted for local use'
- 4 The panel should review the information that has been changed or updated, all other scores should remain the same
- 5 Once completed and save you should follow through your usual local consistency checking and approval steps.

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Annex 5

Wales Process for Updated/Amended Job Descriptions

In order to know how many jobs of this type are being processed and to ensure an audit trail the following process should be followed using CAJE.

This process should only be followed where updates and amendments are not significant enough to change the band. This assessment should be carried out in partnership by the job evaluation team.

All jobs that have been updated or amended should use the same job match reference code and add an 'A' to the end of the job match reference to indicate it is an amended job description e.g. 2024/0012A and a number relating to the number of times this original JD has been used.

Only original job descriptions should be used when updating but these can be used several times to create different jobs. Therefore, you may have

- 2024/0012A1
- 2024/0012A2
- 2024/0012A3.

They may or may not have the same job title. For example, Radiology Secretary 2024/0012 may become –

- Radiology Secretary 2024/0012A1
- Rheumatology Secretary 2024/0012A2
- Clinical Secretary Radiology Secretary 2024/0012A3

As an audit trail it is clear to see that job description 2024/0012 has been updated or amended but the changes were not significant enough for it to need matching.

You should not use Rheumatology Secretary 2024/0012A2 as a basis for updating or amending as this is not an original JD. You should refer the manager to Radiology Secretary 2024/0012.

The approval date on the job description should be the date it was checked.

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Receive Updated/Amended Job Description

- In partnership check that the updated or amended job description does not affect the original band outcome
- Add job to CAJE by finding the original job match and using the 'Copy' function to create a new record
- You may need to update the profile in the original profile has been archived. You should make a note of this in the panel notes

CAJE Process part 1

- Click 'Omit from Panel View' as you would if you were approving a job
- Add the same job reference code adding a 'A' and the appropriate number
- Add job title
- Add the job statement of the new job
- Add today's evaluation date
- Change the 'Work Stage' and 'Approval Status' to Approved

CAJE Process part 2

- Add job panel names of partnership pair who checked the job
- In the panel notes add '-Based on XXXX/XXXX with no significant updates or amendments to change the band'
- You may also want to make a note of where a factor level would be impacted eg. new job would now be supervising, but this still doesn't change the overall band outcome
- Attach the new job description documents to the record

Regan Nikki
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Equality Impact Assessment Template

<u>For:</u>	Job Evaluation Policy
<u>Date form completed:</u>	25/03/2024
<u>Name of Completer</u>	<i>Louise Bannister</i>

Outline

The purpose of the Job Evaluation Policy is to provide a guide to the PTHB staff of the various Job Evaluation processes, providing explanations of the eligibility for each process.

Background

This Policy has been developed with the intention of condensing the format of the guidelines to the Job Evaluation process for members of staff, which has been achieved by implementing a toolkit for each Job Evaluation process to provide clear and concise guidance.

Engagement has taken place with HR Business Partners and service users who participate in the JE process on a regular basis.

Welsh Language

PTHB Job Evaluation promotes and supports the use of Welsh Language within their Job Descriptions. The Welsh Language Skills Requirement Toolkit is included within the Job Evaluation Authorisation Form for managers to assess their Welsh Language requirements. Advert text is essentially required bilingually which is obtained via Powys.WelshTranslations@wales.nhs.uk

How does Job Evaluation service promote Equality?

Embedded within all the Job Evaluation training presentations are the principles of the NHS Job Evaluation Scheme which includes Equality, avoidance of bias, ensure the job description is non-discriminatory, compares jobs fairly and assesses job roles as opposed to the post holders.

Job Evaluation Training

The consecutive two-day training for Job Matching is available bi-monthly.

Job Matchers/Consistency Panellists/JAQ require training to be available to undertake Job Evaluation matching and evaluating. It is therefore imperative that a continual process of recruitment is undertaken.

Equality Impact Assessment Template

Challenges for the Job Evaluation service

Panellist Resources

The success and timely completion of the Job Matching process is reliant on trained staff being released from their normal duties on a weekly/regular basis.

Resource implications are carefully monitored on a quarterly basis between the Staff and Management Side Leads.

Managers may need support from the JE Team or HR Advisors with the Job Evaluation process overall.

Conclusion

The Job Evaluation Policy has been updated to reflect current best practice and has been consulted upon and endorsed by WPRG in March 2024.

The implementation of the JE Toolkit is to streamline the JE process to save time and resources for staff and management.

The new streamlined Toolkit will be monitored as to its success to improve service delivery overall.

Equality Impact Assessment Table

Please see the table below which shows that the impact on the various groups have been considered and assessed.

Regan Nikki
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Equality Impact Assessment Template

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Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
<p>Age</p> <p>For most purposes, the main categories are:</p> <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	<p>Persons are not differentiated any differently in the Job Evaluation process in terms of age. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.</p> <p>There is no evidence to suggest that the policy would have a positive or negative impact.</p>		
<p>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>Persons with a disability are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.</p>		

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Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	There is no evidence to suggest that the policy would have a positive or negative impact.		
<p>People of different genders:</p> <p>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>Persons with different genders are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.</p> <p>There is no evidence to suggest that the policy would have a positive or negative impact.</p>		
<p>People who are married or who have a civil partner.</p>	<p>Persons with are married or who have a civil partner are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be</p>		

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Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	<p>undertaken and not the person in the role.</p> <p>There is no evidence to suggest that the policy would have a positive or negative impact.</p>		
<p>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>Women who are in this category are not differentiated any differently in the Job Evaluation process. Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.</p> <p>There is no evidence to suggest that the policy would have a positive or negative impact.</p>		
<p>People of a different race, nationality, colour, culture or ethnic origin including non-English speakers,</p>	<p>Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be</p>		

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Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
gypsies/travellers, migrant workers	undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
People with a religion or belief or with no religion or belief. The term 'religion' includes a religious or philosophical belief	Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role. There is no evidence to suggest that the policy would have a positive or negative impact.		
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) 	Equality is at the centre of Job Evaluation in its entirety, along with avoidance of bias. The JE process evaluates the role to be undertaken and not the person in the role.		

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Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
	There is no evidence to suggest that the policy would have a positive or negative impact.		
<p>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>Job Evaluation promotes and supports the use of Welsh Language within their Job Descriptions</p> <p>There is no evidence to suggest that the policy would have a positive or negative impact.</p>		
<p>People according to their income related group:</p> <p>Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	N/A		
<p>People according to where they live: Consider people living in areas known to exhibit poor economic and/or health</p>	N/A		

Equality Impact Assessment Template

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken Make reference to where the mitigation is included in the document, as appropriate
indicators, people unable to access services and facilities. This also may include wifi poverty, travel poverty and fuel poverty.			
Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	N/A		

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.

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Equality Impact Assessment Template

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>People being able to access the service offered:</p> <p>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>	N/A		
<p>People being able to improve /maintain healthy lifestyles:</p> <p>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 (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive</p>	N/A		

Regen 2014/01/20/01/13/33/14

Equality Impact Assessment Template

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
services including smoking cessation services, weight management services etc Well-being Goal – A healthier Wales			
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 Well-being Goal – A prosperous Wales	N/A		
People in terms of their use of the physical environment:	N/A		

Registered under
 14/01/2025

Equality Impact Assessment Template

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>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</p> <p>Well-being Goal – A resilient Wales</p>			
<p>People in terms of social and community influences on their health:</p> <p>Consider the impact on family organisation and roles; social support and social networks;</p>	N/A		

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Equality Impact Assessment Template

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>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>			
<p>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>Well-being Goal – A globally responsible Wales</p>	<p>Job Evaluation is undertaken in conjunction with the National Job Evaluation Group and Agenda for Change</p>		

Regan, Nikki
14/01/2025 13:33:51

Report Title:	Digital Communications & Analytics – Supporting People & Culture.			Agenda Item no.	4.1
Meeting:	People and Culture Committee	Public	X	Meeting Date:	21 st January 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
--	--	-----------	-------------	---------------	-------------

Quality Impact Assessment Completed?

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

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: 03/01/2025

Approved, Nikki
03/01/2025 13:33:51



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
November – January 2024

Regan, Nikki
14/01/2025 13:33:51

Figures from 1 November 2024 - 3rd January 2025

2024 Summary



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.

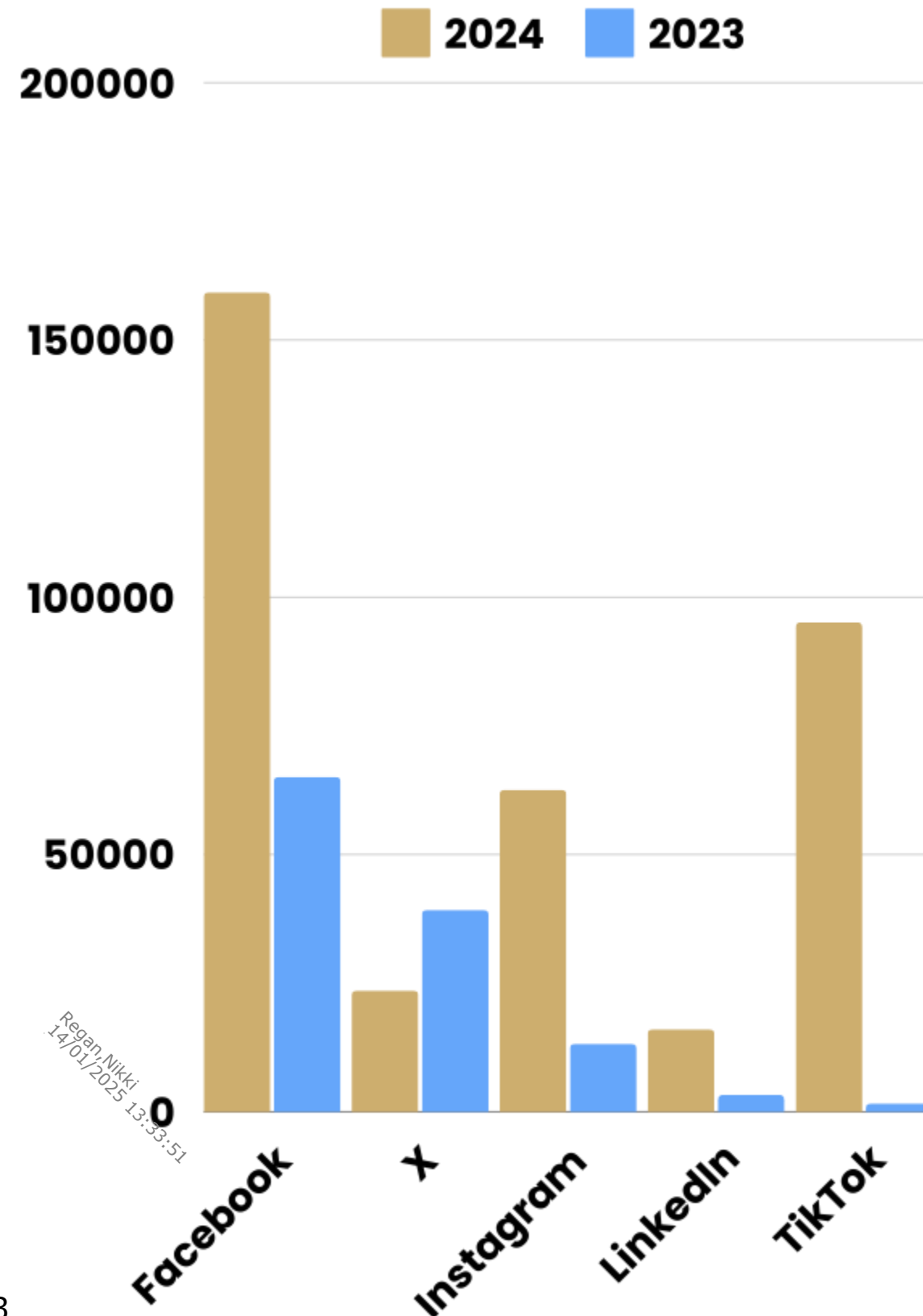
One of our strategic objectives is Putting People First because people are at the centre of everything we do.

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.

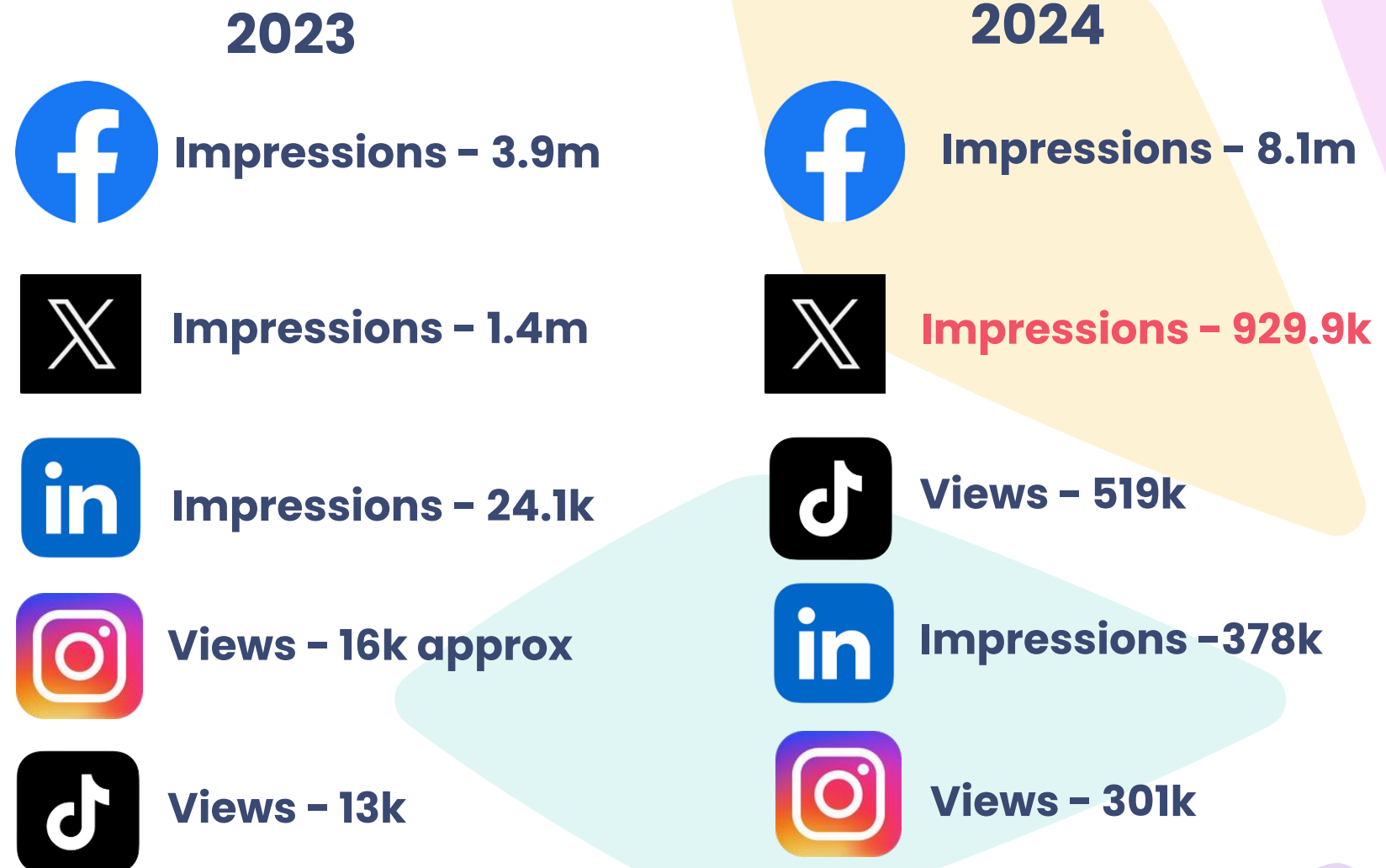
2024 Summary

Social media - Stats



The key indicator we use to measure success is Number of **Impressions** (the number of times our posts have been viewed).

On Facebook, Instagram, LinkedIn and TikTok our top performing posts far exceeded the reach and number of impressions achieved by our top performing posts 2023.



2024 Summary

Social media - Putting People First



Visuals on Facebook posts during week before Christmas 2024

Over the past year our approach to social media visuals has changed to put people first. The images accompanying our posts are less text heavy and instead profile colleagues.



Visuals on Facebook posts during week before Christmas 2023

2024 Summary

Social media - Recruitment Posts

We use the CAVUHB social media channels to promote recruitment in three ways:

'We are hiring' job listings

These weekly job listing posts have been seen by **over 286k** people in 2024. Links on these posts to the Jobs section of the website have been clicked **82,000** times – a huge engagement rate of **24.73%**.

'Nursing Job of the Week' posts

This weekly post is more niche. The posts have been seen by **181k** people in 2024 but links to the job pages were only clicked **943** times.

Promoting recruitment events

These are always well shared with an impressive amount of views and shares.

Cardiff and Vale University Health Board
Published by Orlo
3 November · 🌐

#JOBS: Looking for your next career move?
We've got a variety of exciting vacancies to suit different skills, abilities, and career levels:

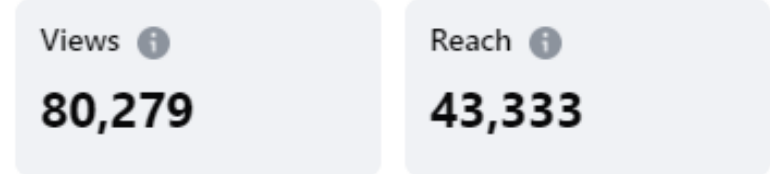
Nursing and Midwifery
◆ <https://orlo.uk/2awee>
◆ <https://orlo.uk/up16a>
◆ <https://orlo.uk/QlH4>
◆ <https://orlo.uk/OXM4D>

Medical and Dental
◆ <https://orlo.uk/LA14X>
◆ <https://orlo.uk/L3BMm>

WE'RE HIRING
Join our team

Recruitment Day
Surgical Hub
13 November 2024, 3-7PM
West 6, University Hospital Llandough

GIG CYMRU NHS Bwrdd Iechyd Prifysgol Caerdydd a'r Fro Cardiff and Vale



Cardiff and Vale University Health Board
Published by Orlo
22 October · 🌐

JOB OF THE WEEK | Advanced Nurse Practitioner
We're looking for an experienced, enthusiastic, and Practitioner to join Headroom, the early interveni
Your responsibilities will include assessing, manage
the total episode of care.
In addition, you will:
-Provide supervision and teaching
-Lead on relevant audit and service improvement
-Collaborate on ongoing research projects
Could this be the role for you? Find out more an
#TrainWorkLive #NHSJobs #CAVJobs #JOTW

NURSING JOB OF THE WEEK

Views: 39,606
Reach: 22,779
Interactions: 96
Link clicks: 590

1
114
CLICKS

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



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 5,000 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.

'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
14/01/2025 13:30:51

Help Me Quit Campaign

New campaign (Jan–March 2025) to promote Help Me Quit to targeted groups in Cardiff and Vale (based on data and research), including:

- Pet owners
- People working in a trade (builders, plumbers etc.)
- Sports fans
- LGBTQ+ community members
- Ethnic minorities

Campaign approach

- Asset development: creation of series of posters and social assets/animations tailored to target audiences
- Outreach to DIY stores, vets, grassroots sports clubs, pubs and social clubs
- Influencer content
- Paid-for adverts on social media, via interest targeting, in C2DE areas

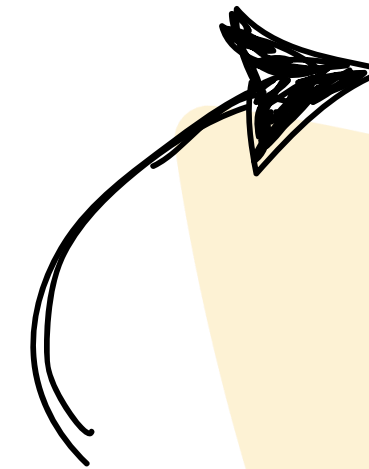
Additional case studies

- Identified three people who have successfully quit smoking via HMQ. Already interviewed and photographed. To be used organically on Health Board channels, as written pieces and videos, throughout 2025



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Regan, Nikki
14/01/2025 13:30:51

In The Spotlight Campaign

- In The Spotlight campaign showcases roles less known roles and those with a passion for their role, to recognise and celebrate these colleagues.
- The posts are increasingly popular and generate positive engagement on social media channels.



4,714
IMPRESSIONS **November**



6,470
IMPRESSIONS **December**



4,279
IMPRESSIONS **January**



Posted the first week of January to help promote Help Me Quit service aligned to New Years Resolutions.

Impressions: The amount of times posts have been seen by the public

Regan, Nikk
14/01/2025 12:33:51



Keeping Me Well

Cardiff and Vale University Health Board



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Seasonal Demand Pressures – Winter

Videos filmed with a number of key colleagues raising awareness of different services available to help keep people safe, encourage appropriate use of services, and reduce hospital admittance over the Winter period.

Videos and key messages posted to:



18.1k views



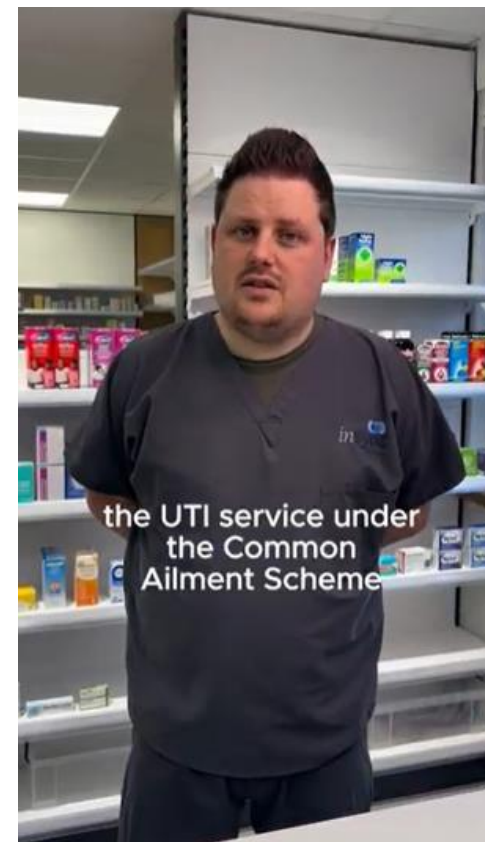
Out of Hours Service

15.2k views



GP Antibiotic Advice

7.7k views



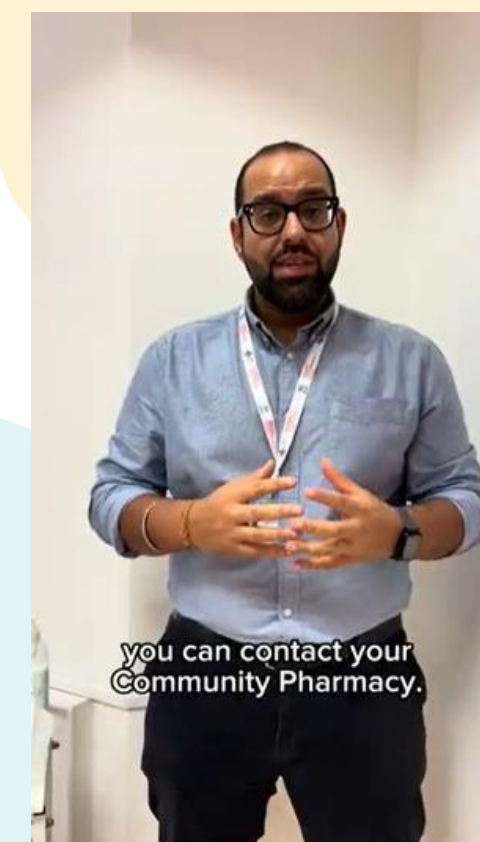
UTI Service

5.3k views



CAV 24/7

6.5k views



Community Pharmacy

6.8k views



Out of Hours Service



Keeping Me Well

Cardiff and Vale University Health Board



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Cardiff and Vale
University Health Board

Seasonal Demand Pressures – Winter

Videos filmed aligned to key dates of high demand at the Emergency Unit over the last three years, to take an evidence-based approach to informing the public to use services appropriately and reduce demand at the Emergency Unit.

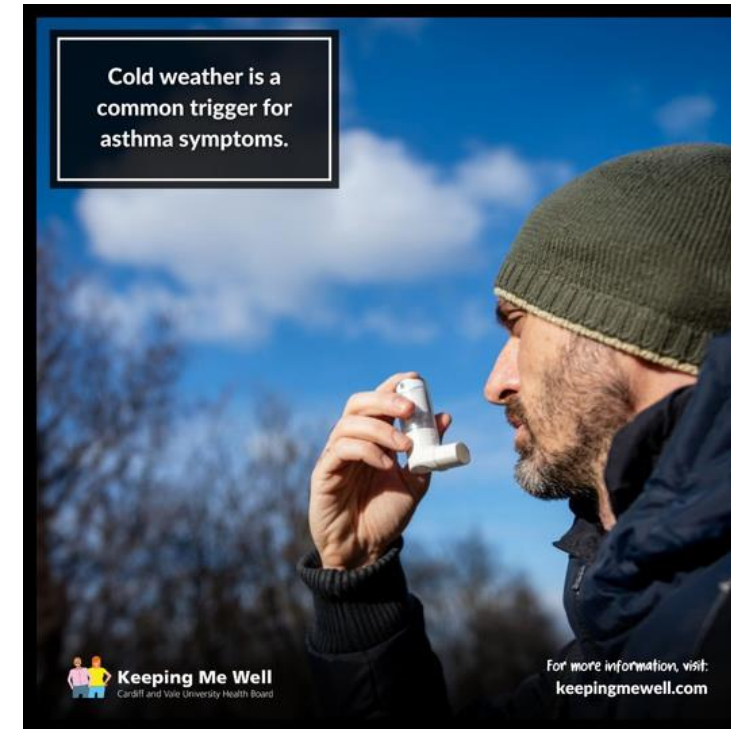
35.2k views

17.9k views

74.4k views



Prevention messaging aligned to reasons for hospital admissions during Winter months. Focussed on preventing respiratory conditions.



Cardiff and Vale University Health Board
29 December 2024 at 02:02 · 🌐

Cold weather is a common trigger for asthma symptoms. Here's some ways to help you control your symptoms in the cold.

- ❄️ Carry your reliever inhaler with you at all times and keep taking your regular preventer inhaler as prescribed.
- ❄️ Keep warm and dry – wear gloves, a scarf and a hat, and carry an umbrella.
- ❄️ Wrap a scarf loosely over your nose and mouth – this will help warm up the air before you breathe in.
- ❄️ Try breathing in through your nose instead of your mouth - your nose warms the air as you breathe
- ❄️ If you need to use your inhaler more than usual, speak to your doctor about reviewing your treatment.



08/11/2024

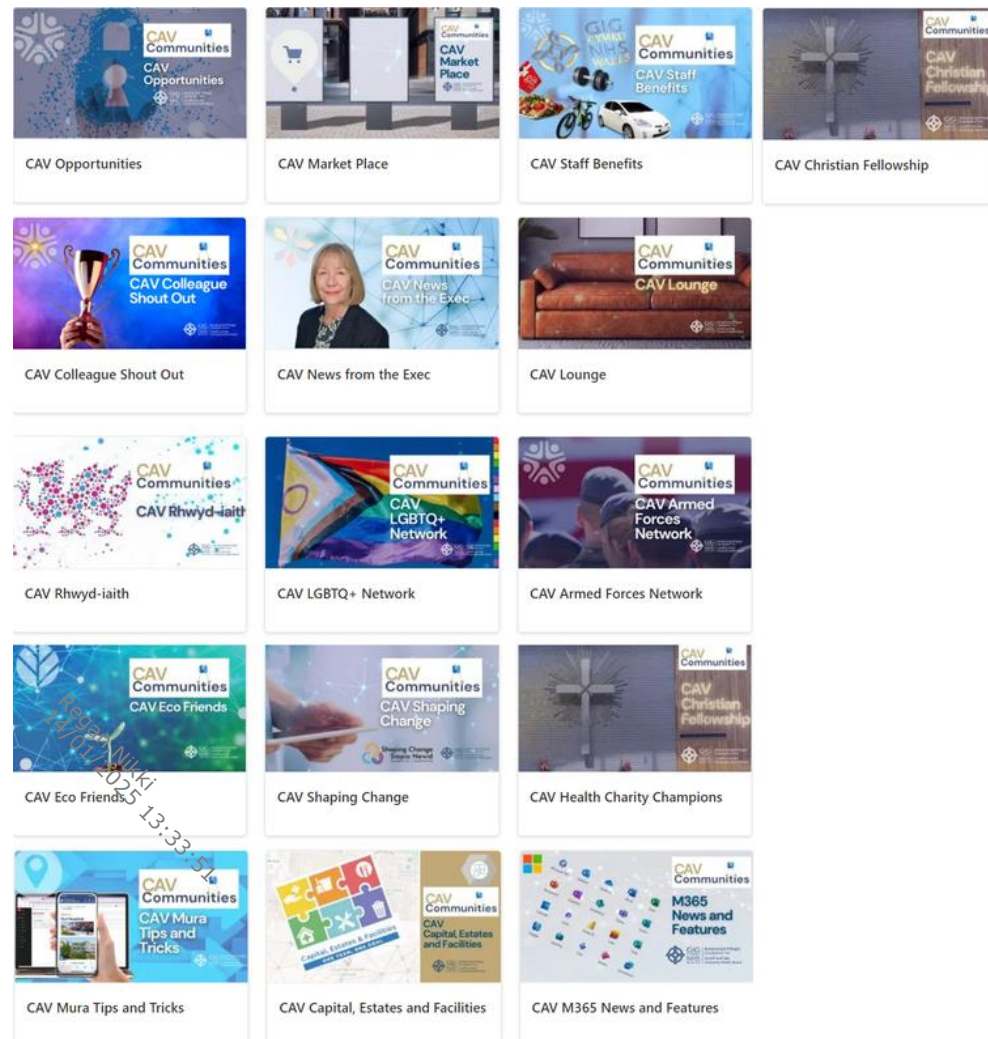
Building healthy routines to combat winter respiratory issues

During the winter months, there is a surge in respiratory-related health problems.

Communicating key trends with the public to reduce demand with evidence-based information for higher impact.

*Demand data provided by Lightfoot and CAVUHB Business Intelligence Team.

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.



Digital and Health Intelligence team enabling all Cardiff and Vale UHB colleagues with access to Viva Engage.

Members • 18,400

'Announcement' setting for key need to know updates, putting the message to the top of colleagues newsfeeds.

Announcement

Mark Smith (Cardiff and Vale UHB - Communication a...)
Dec 6
Seen by 7,197

Update: Important changes to staff drop-in vaccination clinics

Enables subject matter experts across the health board to post updates and have direct engagement with other colleagues for wider awareness.

Tom Porter (Cardiff and Vale UHB - Local Publi...)
Nov 29
1 share **Seen by 5,323**

'Pay as you go' now live for trains across the South Wales Metro network

Hi everyone, thought people might be interested in this - for anyone who uses trains regularly around Cardiff, Newport, the Valleys and the Vale, you can now **tap on and tap off with a credit or debit card** at all stations across the network, in the same way you do on the London Underground.

Show 10 previous comments

You and 40 others

SA Sylvester Agwu (Cardiff and Vale UHB - Phoenix Community) Dec 6
This is great news. Thank you for the information Tom

RD Rachael Daniel (Cardiff and Vale UHB - Health & Safety) Dec 3
Thanks Tom, how does this affect railcards?

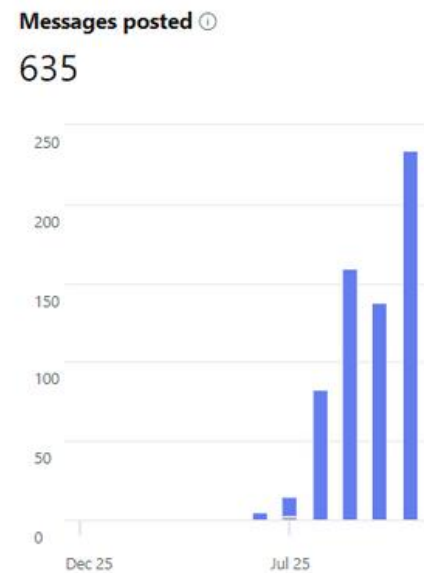
Tom Porter (Cardiff and Vale UHB - Local Public Health Team) Dec 4
Rachael Daniel (Cardiff and Vale UHB - Health & Safety)
Unfortunately you can't currently apply a railcard to a pay as you go journey, so you'd need to continue to use your railcard with a normal paper/e-ticket as now



CAV Colleague Shout Out community is the most well used, with a growing number of messages added organically month on month.

Since launching in June there have been **635 posts** with **over 397,000 views** and **1,092 reactions**.

The tone is highly positive with commendations posted by colleagues about colleagues from across the organisation and responses from different teams.



Regan, Nikki
14/01/2025 13:33:51

TB Theresa Blackwell (Cardiff and Vale UHB - PC...
Dec 10, 2024 Seen by 2,418

Shout out to the Barry District Nursing teams who have been busy donating gifts for the Age Cymru Christmas Appeal. These were dropped off yesterday and will make a difference to Age Cymru clients over the festive period. It's great to see colleagues from PCIC teams coming together to support the community through charitable giving.



👍👍👍 You and 35 others

Liz Vaughan (Cardiff and Vale UHB - ...
Dec 19, 2024 Seen by 1,450

Fantastic to see a multicultural holiday celebration today in Lakeside wing - well done Vicky and team



👍👍 You and 35 others

SM Sara Moseley (Cardiff and Vale UHB - Headquarters) Mon at 10:55 AM
What a joyous photo. We are so fortunate in attracting brilliant people from across the world to live and work here.

SC Sandra Coles (Cardiff and Vale UHB - Temporary Staffi...
Dec 12, 2024 Seen by 3,807

Big shout out to the Staff Bank for winning the Teamwork Award at the People & Culture Staff Recognition Awards, it is a privilege to head up such a great team, well done all!



👍👍👍 You and 50 others

❤️ 1

Celebrating Colleagues

19/12/2024

The dedicated staff caring for patients this Christmas Day

When you're tucking into your turkey with all the trimmings, please spare a thought for all those looking after the most sick, injured and vulnerable in Cardiff and the Vale of Glamorgan



WalesOnline

The dedicated NHS staff who will be on duty on Christmas Day

Deepa says Christmas Day reminds her how special it is to be a nurse (Image: Cardiff and Vale UHB.)

Andy will be working on Christmas Day before getting home to his family (Image: Cardiff and Vale UHB.)

Jamie Arfon Price
Amazing ladies at UHW helped deliver my son and looked after my wife this morning. Nadolig Llawen!!!

1w Like Reply Hide

Suzy Sparkle
Merry Christmas and a big thanks for your care

Views *i*
25,305

Reach *i*
15,092

Interactions *i*
191

Link clicks *i*
106

Regan, Nikki
14/01/2025 13:33:53

31/12/2024

Cardiff and Vale UHB colleagues recognised in the New Year's Honours List

Four colleagues have received recognition for their work in healthcare in the King's New Year's Honours List for 2025.



WalesOnline

The full list of Welsh people in the King's New Year's Honours list 2025

Nursing
Times

Samantha Jeremiah
Professor Yousef fitted my ICD 5 years ago ultimately saving my life 🙏 many congratulations

Views *i*
46,910

Reach *i*
24,105

Interactions *i*
826

Link clicks *i*
4