

Public People & Culture Committee Meeting

Tue 25 November 2025, 09:00 - 11:15

Virtual - MS Teams

Agenda

09:00 - 09:05 **1. Standing Items (09:00 - 09:05)**
5 min

1.1. Welcome, Introduction & Apologies

Clive Curtis

1.2. Declarations of Interest

Clive Curtis

1.3. Minutes from the previous meeting - 14.10.2025

Clive Curtis

 1.3 Draft P&C Public Mins 14.10.2025.pdf (13 pages)

1.4. Action log following the previous meeting - 14.10.2025

Clive Curtis

 1.4 P&C PUBLIC Central Action Log 25.11.25.pdf (1 pages)

1.5. Committee Chairs Actions

Clive Curtis

09:05 - 10:55 **2. Items for Review & Assurance (09:05 - 10:55)**
110 min

2.1. Staff Story

Rachel Gidman


2.2. Board Assurance Framework - Wellbeing

Claire Whiles

 2.2 BAF Paper November 2025 - Wellbeing Final.pdf (7 pages)

2.3. People & Culture Plan Refresh

Rachel Gidman

 2.3 P&C Plan Refresh - approach.pdf (4 pages)

2.4. Key Performance Indicators

Lianne Morse

 2.4 People & Culture Committee KPI Paper Nov-25 Data.pdf (14 pages)

 2.4a New IPR - Workforce Section Oct-25.pdf (4 pages)

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2.5. Sickness Absence

Lianne Morse

- 2.5 P&C Paper - Improving Attendance at Work Update - Stress, Anxiety and Depression.pdf (7 pages)

2.6. Health & Safety including Tracker

Robert Warren

- 2.6 HS Update Report.pdf (3 pages)

2.7. Medical & Dental Deep Dive

Michael Stephens / Martyn Capel

- 2.7 Medical and Dental Deep Dive V2 Nov 25.pdf (15 pages)

2.8. Clinical Board Spotlight - Mental Health

Matt Temby / Ceri Dixon

- 2.8 Mental Health P&C Committee November 2025.pdf (15 pages)

10:55 - 11:05 3. Items for Approval (10:55 - 11:05)

10 min

3.1. Health & Safety Policies

Robert Warren

3.2. All Wales Flexible Working Policy

Rachel Pressley

- 3.2 people policies report Nov 2025.pdf (2 pages)
- 3.2a All Wales Flexible Working Policy 10_2025.pdf (20 pages)

11:05 - 11:10 4. Items for Noting & Information (11:05 - 11:10)

5 min

4.1. Digital Communications & Analytics

Joanne Brandon

- 4.1 CAV Communities via Viva Engage - One year review (1).pdf (13 pages)

11:10 - 11:10 5. Any Other Business

0 min

Clive Curtis

11:10 - 11:10 6. Private Agenda

0 min

6.1. People & Culture Updates

11:10 - 11:10 7. Review & Final Closure

0 min

7.1. Items to be deferred to Board

Clive Curtis

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7.2. To note the date & time of the next meeting: Tuesday 3rd February 2026 at 9am via MS Teams

Clive Curtis

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Draft Minutes of the Public People and Culture Committee
Held On 14th October 2025
Via MS Teams

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

Chair:		
Susan Lloyd-Selby	SLS	Independent Member for Local Authority / Committee Chair
Present:		
Rhian Thomas	RT	Independent Member for Capital & Estates
Clive Curtis	CC	Independent Member for Local Community
In Attendance:		
Lianne Morse	LM	Deputy Director of People & Culture
Rachel Gidman	RG	Executive Director of People & Culture
Claire Whiles	CW	Assistant Head of Organisational Development
Robert Warren	RW	Assistant Head of Health & Safety
Jonathan Pritchard	JR	Assistant Director of People Resourcing
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Temby	MT	Managing Director of University Hospital of Llandough
Lucy Jugessur	LJ	Deputy Head of Internal Audit
Frankie Thomas	FT	Head of Corporate Governance
Mitchell Jones	MJ	Head of Equality & Inclusion
Mike Bond	MB	Director of Workforce and Financial Performance – Medicine CB
Nikola Creasy	NC	Clinical Director for Workforce, Well-being & Compassionate Leadership – Medicine CB
Louise Halliday-Jones	LHJ	Senior People & Culture Business Partner – Medicine CB
Ceri Richards-Taylor	CRT	Interim Deputy Director of Nursing – Medicine CB
Observer:		
Daniel Burke	DB	Graduate Management Trainee
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Paul Bostock	PB	Chief Operating Officer
Claire Beynon	CB	Executive Director of Public Health
David Fluck	DF	Executive Medical Director
Matt Phillips	MP	Director of Corporate Governance

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Item no	Agenda Item	Action
P&C 14/10/1.1	<p>Welcome & Introductions (click to view)</p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p>	
P&C 14/10/1.2	<p>Apologies for Absence (click to view)</p> <p>Apologies for absence were noted.</p>	
P&C 14/10/1.3	<p>Declarations of Interest (click to view)</p> <p>No declarations of interest were noted.</p>	
P&C 14/10/1.4	<p>Minutes from meeting on 08th July 2025 (click to view)</p> <p>The minutes were agreed to be a true reflection of the meeting on 08th July 2025 (following some minor amendments)</p> <p>The CC requested use the initials rather the abbreviation of job title / independent members.</p> <p>The Committee resolved that:</p> <p>a) The draft minutes of the meeting held on 08th July 2025 were agreed to be a true and accurate record of the meeting.</p>	
P&C 14/10/1.5	<p>Action Log following 08th July 2025 Meeting (click to view)</p> <p>All actions were accepted.</p> <p>The Committee resolved that:</p> <p>a) The Action Log was discussed and noted.</p>	
P&C 14/10/1.6	<p>Chair's Actions (click to view)</p> <p>The chair's action was noted when the Committee Chair – Susan Lloyd-Selby (SLS) stated that the Welsh language annual report was covered by a chair's action because it needed to be agreed by the end of September, and this was taken outside of committee.</p>	
Items for Review & Assurance		
P&C 14/10/2.1	<p>Staff Story</p> <p>The Executive Director of People & Culture, Rachel Gidman (RG) introduced the staff story as an awareness and educational piece focused on "speaking up safely" and confidentially raising concerns, with Nikki Regan (a connector) and Claire Wiles (Assistant Head of Organisational Development) presenting.</p> <p>The Corporate Governance Officer – Nikki Regan (NR) explained the role of connectors, noting there was a broad range across the health board, and discussed how response time can influence who staff choose to approach. She shared examples of supporting colleagues and the learning curve involved.</p>	

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	<p>The Head of Corporate Governance – Francesca Thomas (FT) added that there are about 20 connectors, mainly from clinical areas, and highlighted the need for more connectors from corporate teams. She described recent actions to address this gap.</p> <p>The Independent Member for Capital & Estates – Rhian Thomas (RT) asked about themes or hotspots emerging from the support provided.</p> <p>NR responded that leadership and management were initially the top themes, but recent data shows a more even spread. NR offered to provide a report on themes to the committee in the future.</p> <p>Action – to provide a future report on themes raised via connectors for the committee to review.</p> <p>SLS suggested aligning the timing of such a report with staff survey results to identify correlations between survey feedback and connector themes. The committee expressed appreciation for the work of connectors and emphasized the importance of creating a psychologically safe environment, especially given organizational pressures.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 14/10/2.2</p>	<p><u>Board Assurance Framework - Culture</u></p> <p>The Assistant Head of Organisation Development – Claire Whiles (CW) presented the Board Assurance Framework with a focus on Culture and highlighted the following:</p> <ul style="list-style-type: none"> • It is important as a foundation for safe, high-quality care and a strategic risk area. Previous committee discussions were referenced on culture, well-being, and psychological safety, and emphasized the need to align interventions and leadership behaviours to improve culture. • Progress was seen in staff survey results (e.g., increased feelings of safety to raise concerns), the use of the Working Confidence platform, and improvements in retention, but ongoing challenges were noted with trust in organizational action and increased employee relations cases. • Psychological safety, leadership and accountability, and staff survey participation, were highlighted as targeted engagement efforts and the need for visible leadership. • The next steps were outlined, including aligning initiatives, building shared ownership, and developing a cultural dashboard, and the committee was invited to help shift from listening to acting on results. • Claire answered questions about data triangulation and maturity, acknowledging improvements but identifying gaps in people analytics and plans to develop a cultural dashboard with university support. • She also addressed questions about underrepresented groups, referencing work on the workforce race equality standard, strategic equality plans, and ongoing efforts to better understand and support these groups. <p>RT noted the significant amount of work being undertaken and questioned how mature the organization is in evaluating and triangulating different sources of data. They asked whether the data provides a good understanding of challenges, what needs to be improved, and how progress or deterioration is identified. She referenced CW's earlier point about data measurement and</p>	

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expressed curiosity about the UHBs progress and maturity in handling these aspects.

CW stated that CAV UHB WAs improving in terms of data maturity, mentioning that the retention lead has started to draw together aspects of the data, allowing comparison of starter, stay, and exit surveys alongside staff survey questions and people services reports. She explained that while current work with different teams sits in isolation, the aspiration is to pull together a cultural picture dashboard for the organization. She noted that building this dashboard will require specific data analytics skills and that they are working with local universities to scope out postgraduate student placements to support this development. She indicated that the organization was more aligned than ever in bringing data together, but acknowledged that they are not fully there yet, though there are encouraging signs.

The Independent Member for Local Community – Clive Curtis (CC) acknowledged that a lot of work has been done but emphasized there is still a long way to go, appreciating the recognition of ongoing challenges. He referenced the report, highlighting that the confidence gap remains, particularly for underrepresented groups who disproportionately report lower psychological safety.

CW stated they have a plan in place and are working closely with Professor Emmanuel and Welsh Government to address issues for colleagues from the global majority. She noted they do not get statistics to the same extent for other underrepresented groups. She recognized there was a lot of work to be done in understanding the experiences of underrepresented groups across the organization, including the complexity that intersectionality brings.

The Head of Equality & Inclusion – Mitchell Jones (MJ) mentioned that to better understand the experiences of underrepresented groups, they conducted a "Your Career, Your Voice" survey. The survey aimed to identify barriers to career progression for underrepresented groups, particularly those from ethnically diverse communities and women in the workforce. He confirmed that this work is being undertaken to better understand these experiences

The Director of Communications, Arts & Health Charity – Joanne Brandon (JB) noted that underrepresentation can also be due to digital exclusion, not just characteristics or demographics. She explained they have been using every channel and opportunity available to reach people who do not have or use email and computer access, including Viva Engage and Teams. She emphasized that the most trusted person remains the line manager, so they are encouraging face-to-face communications to support those reasons why people might not fill in the staff survey.

Action – to develop a cultural picture dashboard, with support from local universities and postgraduate students, aiming for placements in 2026.

The Committee resolved that:

- a) The assurance provided on the Culture BAF risk was noted, particularly around psychological safety, leadership, Theatres Together Improvement Plan, and the upcoming staff survey.
- b) Whether the current assurance level (reasonable) is adequate and highlight any additional areas for deep dive in future reports.
- c) The planned next steps was endorsed recognising the importance of sustained focus given national and sector-wide lessons on cultural

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	<p>risk:</p> <ul style="list-style-type: none"> – Full launch of Work In Confidence and connectors network (Q3 2025/26) – Quarterly psychological safety pulse survey (from Q4 2025/26) – Re-launch of leadership programmes and development of leadership/management framework (Q3–Q4 2025/26) – Drive participation in NHS Wales Staff Survey (August - Oct 2025) to enable robust cultural insights – Develop culture dashboard integrating staff survey, ER, speaking up and OD data (by Dec 2025) 	
<p>P&C 14/10//2.3</p>	<p><u>Key Performance Indicators / Health & Safety</u></p> <p>The Deputy Director of People & Culture – Lianne Morse (LM) presented and highlighted the following points:</p> <ul style="list-style-type: none"> • Agency Reduction - the journey on agency reduction since 2023 was part of the workforce sustainability program. • Significant reductions in both registered nurse and medical agency costs (about 70% reduction in 2023). • CAV UHB is on track to meet the Welsh Government enabling action to reduce agency costs by a further 30% from the previous year's outturn. • Staff in Post - Reported a reduction in staff in post from February to August, mainly due to the vacancy freeze and enhanced scrutiny. • Noted an increase from August to September (31 whole time equivalents), attributed to new registered nurse streamliners, therapists, and AHPs joining from the summer cohort. • Turnover – has seen a significant reduction over the last two years due to various interventions. • Confirmed that the improvement in turnover is being maintained month on month. • Cumulative Sickness - the target for year-end sickness is 5.5%, but the current rate is 6.41% and not improving. • Anticipated that the target will not be met, especially with winter ahead. • Identified mental health as the main reason for long-term sickness, with stress being a significant factor in both short and long-term absence. • Committed to bringing a more detailed sickness absence report to the November meeting for fuller discussion. <p>RG mentioned they are linking in with public health colleagues to explore the complexity of disease and illness within Wales and its reflection in the workforce. She stated that, in addition to current detailed work, they will continue to do more in this area and are working closely with the Executive Director of Public Health and the team to look at the CAV population.</p> <p>The Assistant Director of Health, Safety & Fire – Robert Warren (RW) highlighted the following:</p> <ul style="list-style-type: none"> • RIDDOR Reporting - significant workplace incidents were reported to the HSE. • Shared KPIs for each clinical board, based on historical performance (excluding COVID years). • Noted last year's reports were 78 (a significant reduction), but this year is trending back toward 100. • Stated more work is needed in the next 6 months to manage this. • Training Compliance • Reported significant improvement in health and safety training compliance since COVID. 	

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- Highlighted ongoing issues with violence and aggression module compliance (still some red areas).
- Noted fire safety training compliance is dropping, partly due to staff absence in the fire team and new fire response duties.
- Working with Rachel to improve fire safety compliance, including switching some training to Teams.
- **General Health & Safety Update**
- Submitted a separate paper for general health and safety updates.
- Reported a spike in fire-related incidents (9 so far), mainly due to smoking and improper kitchen equipment use.
- Working with clinical boards and teams to address these behavioral issues.
- Announced a non-smoking enforcement group and upcoming enforcement officer on site (initially at UHW, then UHL), with a six-month bedding-in period before issuing penalties.
- Collaborating with Public Health Wales and local authority on smoking enforcement.
- **Plus Size Patient Pathway**
- Engaging with clinical teams to develop a pathway for plus size patients, with health and safety support.
- **Medical Gases**
- Addressing issues with transferring patients without proper storage/securing of medical gas cylinders; driving use of brackets for safety. 53:50 54:04
- **Health & Safety Culture Plan**
- Reported 80% completion rate on the three-year health and safety culture plan, noting progress but acknowledging ongoing work.

RG stated that the decline in fire safety compliance is concerning and emphasized the need to be stronger in this area to ensure safety for employees, patients, and visitors. She said she would speak with the COO (Paul Bostock) and clinical boards to support this, noting that corporate cannot do it all and that people need to undertake the training. She mentioned that out-of-committee conversations have taken place regarding bariatric patients and oxygen cylinder transfers, but progress has not been at the desired pace. She noted that Rob and the team are keen to be involved but cannot lead, and that a paper may be referred to the Quality and Safety Committee to highlight the risks.

LM explained that there was an increase in values-based appraisal (VBA) compliance, getting close to the target, when executive review meetings emphasized their importance. She noted that in recent months, other priorities have overtaken these conversations, leading to a decrease in compliance. The plan is to refocus on appraisals in executive meetings to monitor and improve compliance.

The AHOD stated they are ensuring the importance of values-based appraisals (VBAs) is communicated through leadership and management development programs, induction, and bespoke VBA training. She added that some departments have proactively requested refreshers and support, indicating engagement to help people have these conversations.

The Managing Director of University Hospital Llandough – Matt Temby (MT) mentioned that it is important to focus on values-based appraisals (VBAs) during operational weekly meetings and that he will discuss this with Paul to ensure there is weekly attention on progress, reminding clinical boards about it.

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	<p>Action – LM to bring a more detailed sickness absence report to the November meeting.</p> <p>Action – LM to provide future committee updates on progress and actions for underrepresented groups including global majority, LGBTQ+ and disability.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> a) The Key Performance Indicators & Health & Safety was discussed and noted. 	
<p>P&C 14/10/2.4</p>	<p><u>Strategic Equality Plan / Workforce Race Equality Standard (WRES)</u></p> <p>The Head of Equality & Inclusion – Mitchell Jones (MJ) gave an update and highlighted the following:</p> <ol style="list-style-type: none"> 1. Strategic Equality Plan (SEP): <ul style="list-style-type: none"> a) The SEP is a statutory requirement structured around four objectives: respect, communication and engagement, accessibility, and data. b) Progress has been made in improving data reporting, engaging positively with campaigns and training, and receiving stakeholder feedback. c) Welsh Government feedback highlighted limited assurance on patient experience, which is an area to be addressed in the next report [1 2. Workforce Race Equality Standard (WRES): <ul style="list-style-type: none"> d) The WRES aims to ensure that Black, Asian, and minority ethnic staff have equal access to career opportunities and fair treatment. e) The 2025 iteration of the WRES report shows a rise in ethnic diversity within the organization, with diverse staff growing from 14.5% to 16%. f) Significant gaps remain in senior leadership and board representation, with ethnically diverse staff underrepresented at these levels. g) There are concerns about the undeclared ethnicity rates, which are higher than the NHS Wales average 3. Challenges and Focus Areas: <ul style="list-style-type: none"> h) Significant barriers to progression exist beyond Band 5, and ethnically diverse candidates are half as likely to be appointed after shortlisting. i) A task and finish group has been established to address representation and progression issues. j) The organization is undertaking a data deep dive and a career progression survey to understand the lived experiences of staff and identify barriers to career progression <p>SLS noted that the gender pay gap had increased slightly, although not back to pre-COVID levels, and asked when the deep dive would be completed to understand why this was happening.</p> <p>MJ c responded that they are aiming for December or January to complete the deep dive, and that the survey undertaken will help understand the reasons behind the gap.</p> <p>RG thanked the Graduate Management Trainee - Daniel Burke (DB) for his impactful analytical work on the report, including the gender pay gap. She also highlighted that the career progression barrier is being examined, noting that HEIW started an educational leadership programme for global majority staff, but it begins at band 7. She mentioned that only Velindre in Wales showed a similar barrier at this level and that they are trying to influence HEIW to address this, as the first cohort has just started.</p> <p>CC expressed appreciation for the honesty in addressing issues regarding staff progression and related challenges. He asked if the terms of reference (ToR) for</p>	

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	<p>the task and finish group could be shared with committee members. He also inquired about the percentage of global majority members in the group.</p> <p>MJ responded that the ToR could be shared and confirmed there is representation from ethnically diverse staff, though the exact percentage was not provided. It was agreed that this information could be provided outside of committee.</p> <p>SLS noted there are a significant number of important suggestions in the report regarding the way forward and acknowledged that there was not enough time to discuss all of them in the committee meeting. She sought clarification on the best way to ensure these suggestions are taken forward and asked RG for advice on this. Susan emphasized the need for more information so the committee can consider its role in supporting this work and requested that this be brought back at an appropriate time.</p> <p>The EDPC agreed that more information is needed for the committee to consider its role and confirmed they will bring this back at an appropriate time.</p> <p>Action – for the results and analysis of the gender pay gap deep dive to come back to the committee next year once the information is available and has been analysed.</p> <p>Action – to share the terms of reference and group composition for the workforce race equality task and finish group with committee members.</p> <p>The Committee resolved to:</p> <ol style="list-style-type: none"> a) The feedback received from Welsh Government was noted and the assurance provided regarding the Health Board’s approach to workforce race equality. b) The Health Board’s continued efforts to strengthen patient experience reporting was endorsed, gender pay gap analysis, and representation at all levels. 	
<p>P&C 14/10/2.5</p>	<p><u>Admin & Clerical Staff Workforce Growth</u></p> <p>The ADPR presented and highlighted the following:</p> <ul style="list-style-type: none"> • The initial reported increase in admin & clerical staff was due to a coding error, where facility supervisors were misclassified; after correction, the actual increase was 67 whole time equivalents over 12 months. • Corporate services: increase of 31 WTE, including digital roles funded by Welsh Government for electronic prescribing and Windows 11 rollout. • People and culture: increase due to TUPE transfer of the Medacs team, resulting in cost savings and reinvestment in needed posts. • Public health: increase from TUPE transfer and additional Welsh Government investment in smoking cessation. • Surgery clinical board: increase of 21 WTE, mainly from filling long-standing vacancies, external funding to reduce waiting lists, and some data coding errors. • Despite staff number increases, the substantive pay bill trend was only slightly up, with peaks explained by pay awards and superannuation payments. • Many new posts were externally funded or filled existing vacancies, so did not impact the health board’s financial run rate. 	

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	<ul style="list-style-type: none"> • Actions to control growth included: voluntary release scheme, ongoing structure reviews, deep dive meetings, enhanced vacancy scrutiny, and a significant reduction in posts advertised due to recruitment freezes. • Most externally funded or temporary posts are time-limited and managed to avoid future cost pressures, with appointments made only for the duration of available funding. • A comprehensive review of structures across corporate and clinical boards has been completed, with visuals now available to support future redesign and operating model work. <p>RG emphasized that every role in the organization is valued and that scrutiny is being applied to all 18,000 staff roles, balancing quality and safety with financial constraints. She clarified that the focus on admin staff in the meeting was a deep dive, not a reflection of lesser value. She noted it is difficult for clinical boards to release staff due to the lack of an operating model, which impacts the ability to approve voluntary early release (VER) applications. She stated that VERS is always available for staff and will be used more during organizational change or redesign. She has asked the team to provide a breakdown of VER requests, approvals, and financial implications, which will be brought to the next committee meeting as part of an update.</p> <p>SLS explained the committee's interest in more information on admin and clerical staff growth was due to the appearance of significant increases, and they wanted to understand the drivers and distribution of this growth across the organization. She noted it was helpful to learn that a data cleansing issue had contributed to the reported figures. She asked whether externally funded posts would impact the reduction of these numbers over the next 12 months. She also inquired if any temporary posts would become permanent or if a percentage of them would end, seeking clarification on the sustainability of these roles</p> <p>JP noted if we know the funding is recurrent, we will make it a substantive post.</p> <p>RG mentioned that a team were looking at fixed-term contracts, especially since contracts over two years may result in more employment rights, and that they are working closely with finance to review external posts and assess the need to support them. She also noted that scrutiny at the executive vacancy panel now includes questioning the necessity of these posts and associated risks. She stated that previously, no one was maintaining a visual of the organizational structures, so the team, led by Jonathan, worked with clinical boards to visualize all structures. This visualization has been completed and provided to those involved in potential redesign, to help determine what an effective operating model would look like. She added that the starting point is complete, and they are now working with the discovery phase on the redesign of the organization.</p> <p>Action - To provide a split of VER applications (requested, supported, financial impact) at the next committee meeting.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper was discussed and accepted as assurance.</p>	
<p>P&C 14/10/2016</p> <p>Chilcott, Rachel 24/10/2016 16:08:24</p>	<p>Clinical Board Spotlight - Medicine</p> <p>The Medicine Clinical Board joined the committee meeting.</p>	

The Director of Workforce & Financial Performance - Mike Bond (MB) introduced the Medicine Clinical Board team to the Committee – Senior People & Culture Business Partner - Louise Halliday-Jones (LHJ) Interim Deputy Director of Nursing - Ceri Richards-Taylor - (CRT) Clinical Director for Workforce, Well-being & Compassionate Leadership - Nikola Creasey – (NC)

MB presented and highlighted the following points:

- The Medicine Clinical Board comprises of three main service groups: Emergency and Acute Medicine (including the emergency unit and acute beds at UHW and Llandough), Integrated Medicine (general medicine, diabetes, endocrinology), and Specialised Medicine (gastroenterology, cancer work, planned care, community services).
- The board focused on working closely with primary and community services to keep people out of hospital unless specialist intervention is needed and highlighted the high volume of emergency cases handled annually.
- The patient flow: acute assessment, short stay wards, and the importance of early intervention and minimizing unnecessary admissions were detailed. The need to change the model of care to better manage complex and frail patients was discussed.
- The board's specialties included: gerontology, respiratory, endocrine, diabetes, stroke (with recent improvements in acute and rehab services), gastroenterology (including endoscopy and mobile theatre use), dermatology, rheumatology, cystic fibrosis, and Welsh gender services.
- The strategic drivers were outlined: Shaping Our Future Wellbeing, Six Goals for Emergency Nursing Care, Cancer Standards, Get It Right First Time (GIRFT), and the need for standardization and evidence-based practice. The importance of home-first approaches and reducing length of stay were highlighted.
- The focus on productivity was highlighted along with, financial challenges, and using resources effectively, such as reducing ambulance handover times (W-45 target) and improving patient pathways.
- The vision for future service delivery was discussed: splitting acute assessment for non-complex/frail patients, developing frail pathways, integrating with therapy and social services, and preventing long hospital stays. He stressed the importance of left-shift (community care), partnership working, and acting for the future to deliver financial balance and empower the workforce.
- The need for workforce design based on risk and future service models was summarised, and the ongoing interim management structure review.
- The board's commitment to compassionate leadership, staff well-being, and culture change was emphasised, with plans to roll out civility and well-being initiatives across the board.

LHJ presented and highlighted the following:

- Integrated Medicine is the largest directorate area with 973 whole time equivalents, and the largest staff groups were nursing and additional clinical services (mainly healthcare support workers).
- She showed a pie chart and pay band "Christmas tree" to illustrate workforce distribution, highlighting predominance of band 5s and band 2s.
- The age profile was discussed, emphasizing the proportion of staff over 51 and its importance for long-term workforce planning and retirement.
- Retirement age trends were highlighted, noting a dip and subsequent increase, possibly due to external factors like cost of living, and

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highlighted that admin and clerical staff have the highest average retirement age.

- Sickness absence was covered alongside identifying anxiety, stress, depression (mainly personal stress), cough/cold/flu, and gastro problems as the top three reasons. An increase in sickness over winter was anticipated.
- LHJ handed over to CD for VBAs (values-based appraisals), noting the board was below target compliance and that improvement trajectories have been set.
- Job planning statistics were referenced, and NC was invited to discuss ongoing efforts to improve job plan quality, accuracy, and consistency.
- Achievements were highlighted in relation to the people and culture plan, including a complete establishment review, weekly medical workforce planning group, and management structure/portfolio review.
- The arrival of 17 student streamliners was highlighted, low turnover (which aids retention but can limit career progression), and engagement initiatives such as senior team walkarounds, local partnership forums, championing Welsh language, promoting well-being services, and communication challenges with frontline staff.
- Actions from the previous staff survey were mentioned, a Medicine Clinical Board focus group, and ongoing flu vaccine promotion.
- the spread and scale of successful retention was confirmed and well-being initiatives across the board, including competency packs and the new Elevate programme for band 7s.
- The new preceptorship programme for band 5 nurses was noted and the restorative clinical supervision programme, with plans to embed these further.

NC highlighted the following points:

- Efforts to improve job planning, highlighting ongoing work with Katya and the team to increase job plan sign-off rates and focus on quality, accuracy, consistency, and equity of job plans.
- They emphasized the significance of their new leadership role, noting that prioritizing a Clinical Director for Workforce Well-being and Leadership demonstrates the board's commitment to staff well-being, sustainable workforce, and compassionate leadership.
- They outlined plans to deliver "Civility Saves Lives" training and awareness across the clinical board as a preventative measure, not just in response to existing issues.
- The importance of leadership modelling desired culture and behaviours was stressed, breaking down hierarchy, and fostering shared humanity, including reflective rounds similar to Schwartz rounds.
- Plans for compassionate leadership workshops, expanding debrief and peer support models from the emergency unit, and developing senior leader well-being packages.
- The Staff Survey Focus Group was noted and the intention to share and join up well-being and culture initiatives across the board.
- Enthusiasm for collaboration and avoiding duplication with corporate well-being efforts was expressed, responding positively to Rachel's suggestion for close working.

CD highlighted the following points:

- The stay survey in the emergency department, explaining it was implemented to understand why staff were considering leaving and to intervene before exit. They noted the survey led to actionable feedback, resulting in a significant drop in attrition and plans to expand the approach across the clinical board.
- The VBA's were addressed (values-based appraisals), stating the board's compliance is below the 85% target. Ceri described how

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	<p>directorates have been asked for improvement trajectories and emphasized the importance of VBAs for staff retention and engagement.</p> <ul style="list-style-type: none"> • Ceri highlighted the importance of the flu vaccine, referencing Public Health Wales data on expected peaks and describing efforts to promote vaccination among staff. • They described the role of well-being champions, especially during winter, and the use of the employee well-being service and Canopy for staff support. • Ceri summarized achievements in emergency and acute medicine, including robust induction programs, well-being champions, and engagement activities like care packages for staff on special occasions, which improved team morale and retention. • They mentioned the use of debriefs after difficult incidents and the introduction of competency packs for each clinical band to clarify roles and foster belonging. • Ceri noted that band 7 staff had been a “forgotten entity” and described the new Elevate programme for band 7s, covering clinical and management skills, with the first cohort starting soon. • They confirmed full engagement with the new preceptorship programme for band 5 nurses and the restorative clinical supervision programme, with plans to embed these further across all registered nurse teams. • Ceri supported the plan to move quickly to the final slides due to time constraints and agreed to focus on key future actions. <p>The CC thanked the team for all their hard work and directed any questions to be fed through to the Medicine CB team.</p> <p>The Committee Resolved that:</p> <ul style="list-style-type: none"> • The Clinical Board spotlight on Medicine Clinical Board was noted. 	
<p>P&C 14/10/3.1</p>	<p><u>EDI Reports for Approval</u></p> <p>Gender Pay Gap Report</p> <p>The MJ noted there has been a slight increase in the gender pay gap and stated they are undertaking a deep dive to understand the reasons for this change. He confirmed that the final version of the report will be translated into Welsh and professionally designed before publication.</p> <p>MJ acknowledged that the inclusion ambassador for gender at board level has recently left the organisation and confirmed this will need to be updated.</p> <p>RG added that the board may need to regroup on board-level champions for protected characteristics due to recent changes, and agreed this should be discussed at board level.</p> <p>Action - To share updated list of board-level inclusion ambassadors/champions for protected characteristics.</p> <p>The Committee Resolved that:</p> <p>a) The content of the Gender Pay Gap Report 2025 for publication on the Health Board's website, as per legislative requirement was approved.</p>	
<p>P&C 14/10/3.2</p>	<p><u>Policies</u></p> <p>All Wales anti sexual harassment Policy was noted and approved.</p>	

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	<p>The Head of People Assurance & Experience – Rachel Pressley (RP) presented the All-Wales anti sexual harassment policy and requested formal adoption by the UHB, as well as rescinding the interim procedure.</p> <p>The committee confirmed they were happy to note and endorse the policy.</p> <p>The Committee resolved to:</p> <ul style="list-style-type: none"> a) The development and approval of the All-Wales Anti-Sexual Harassment Policy, and to formally adopt it on behalf of the Health Board was noted b) The proposed next steps to develop supporting toolkits and continued training to enable effective implementation was endorsed c) The Health Board’s interim Sexual Misconduct Procedure was agreed to be rescinded. 	
P&C 14/10/5	<u>Any Other Business</u>	
	<u>Private Agenda</u>	
	<u>Review & Final Closure</u>	

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PUBLIC PEOPLE & CULTURE

Minute Reference	Agenda Title	Agreed Action	Executive Lead	Action Lead	Date Assigned	Date for Review	Status	Comments
P&C 14/10/2.1	Staff Story – Work in Confidence	To provide a future report on themes raised via connectors for the committee to review.	Rachel Gidman	Claire Whiles	14.10.2025	17.02.2026	Complete – added to the forward plan for Feb 2026	
P&C 14/10/2.2	Board Assurance Framework – Culture	To develop a cultural picture dashboard, with support from local universities and postgraduate students, aiming for placements in 2026.	Rachel Gidman	Claire Whiles	14.10.2025	24.03.2026	Complete – added to the forward plan for March 2026	
P&C 14/10/2.3	Sickness Absence	To bring a more detailed sickness absence report to the November meeting.	Rachel Gidman	Lianne Morse	14.10.2025	25.11.2025	Complete – added to the forward plan – November 2025	
P&C 14/10/2.3	Key Performance Indicators	To provide future committee updates on progress and actions for underrepresented groups, including global majority, LGBTQ+, and disability.	Rachel Gidman	Lianne Morse	14.10.2025	24.03.2026	Complete – added to the forward plan for March 2026	
P&C 14/10/2.4	Strategic Equality Plan	For the results and analysis of the gender pay gap deep dive to come back to the committee next year once the information is available and has been analysed.	Rachel Gidman	Mitchell Jones	14.10.2025	17.02.2026	Complete – added to the forward plan for Feb 2026	
P&C 14/10/2.4	Strategic Equality Plan	To share the terms of reference and group composition for the workforce race equality task and finish group with committee members.	Rachel Gidman	Mitchell Jones	14.10.2025	14.10.2025	Complete – will share outside of the committee	
P&C 14/10/2.5	Admin & Clerical Workforce Growth	To provide a split of VER applications (requested, supported, financial impact) at the next committee meeting.	Rachel Gidman	Rachel Gidman	14.10.2025	17.02.2026	Complete – added to the forward plan for February 2026	
P&C 14/10/3.1	EDI Reports – Gender Pay Gap Report	To share updated list of board-level inclusion ambassadors/champions for protected characteristics.	Rachel Gidman	Rachel Gidman	14.10.2025	14.10.2025	Complete – will share outside of the committee	

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Report Title:	Board Assurance Framework – Wellbeing	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	25 th November 2025
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director Organisational Development, Wellbeing and Culture		

Main Report

Background and current situation:

Background

Staff wellbeing remains a significant and sustained organisational risk. The cumulative sickness absence rates have shown no improvement, with stress, anxiety and related conditions continuing to account for the majority of absence. The combination of winter pressures, the strategic direction to reduce head count, high service demand, and multiple organisational restructures is heightening strain on staff capacity, morale, and psychological safety.

This paper follows last month's Committee focus on Culture. Many of the cultural themes identified, trust, psychological safety, leadership behaviour, and data maturity, are now manifesting as wellbeing risks across the system, highlighting the close interdependence between the two BAF areas.

Feedback from the staff survey, service reviews, and leadership conversations indicates fragility in trust, autonomy, and consistency of behaviour. The organisation's profile in the media, coupled with pressure at senior levels being felt throughout the system, is impacting pride and confidence across the workforce.

Situation

While a range of targeted wellbeing offers remain in place (e.g., Employee Wellbeing Service; Wellbeing and Recovery College; local peer support including Sustaining Resilience at Work, StRaW), these predominantly mitigate acute need rather than addressing systemic causes of stress and burnout.

The Health Board has started work on reframing wellbeing as a system issue rather than a set of services. Occupational Health in collaboration with People and Culture Business Partners and Public Health have recently commenced jointly analysing the health of the Cardiff and Vale population to understand correlations and insights relevant to workforce health, as 70% of UHB staff live in C&V. This approach recognises that staff wellbeing, patient outcomes, and service quality are interdependent. This work also supports the data maturity improvements discussed at the last Committee. In line with the planned Culture Dashboard, wellbeing, workforce, and operational data, including quality and safety data, will be integrated to provide a single, predictive view of organisational health. This responds directly to the Committee's earlier challenge regarding triangulation and insight.

Emerging national and academic evidence reinforces this direction of travel:

- Poor staff wellbeing and burnout correlate strongly with increased patient safety incidents and reduced quality (Hall et al., 2016; Daniels et al., 2022).
- Systemic drivers of "avoidable employee harm" include poorly designed processes, lack of autonomy, and inconsistent leadership behaviour (HPMA/Frontiers in Psychology, 2024).
- Moral distress and moral injury are increasingly recognised in healthcare, particularly in high-pressure and ethically constrained environments (BMA, 2021).

National Context and Alignment

Nationally, the CIPD Health and Wellbeing at Work 2025 report highlights record levels of sickness absence across the UK workforce, averaging 9.4 days per employee, the highest in over 15 years. Mental ill health, stress, and musculoskeletal disorders remain the leading causes of both short- and long-term absence, with public sector organisations disproportionately affected. The report underlines that while more organisations are investing in wellbeing, over a third still adopt reactive rather than preventative strategies.

The findings also highlight the need for a strategic, evidence-based approach linking wellbeing, inclusion, and job design. The focus nationally is shifting toward proactive, system-wide interventions that promote psychological safety, autonomy, and equity, precisely the direction Cardiff and Vale UHB has adopted through its OD, Wellbeing and Culture Framework and trauma-informed leadership work.

Within this context, Cardiff and Vale's partnership between Occupational Health and Public Health reflects emerging national good practice by integrating workforce health with population health insight. This positions the organisation as a system leader in understanding the wider determinants of staff wellbeing and their impact on service quality.

Assessment

Risk description:

Without a systemic shift, there is a growing risk to workforce sustainability, organisational reputation, and quality of care. The wellbeing of staff cannot be maintained through reactive interventions alone.

Key contributing factors:

- Persistent absence and stress-related illness.
- High operational pressure (winter demand, staffing gaps, restructures).
- Variable leadership behaviours and psychological safety.
- Erosion of autonomy and trust within senior and operational teams.
- Public/media scrutiny affecting morale and confidence.
- Moral burden in high-intensity services (EU, Mental Health).
- Lower reported psychological safety among underrepresented groups, as noted in the Culture report, indicating inequitable wellbeing experiences across the workforce.

Current mitigations:

- Employee Wellbeing Service and trauma support pathway.
- Implementation of peer support and debriefing at a local level (e.g. Sustaining Resilience at Work StRaW – Women and Children's Clinical Board; Team Immediate Brief TIM – Emergency unit).
- Targeted wellbeing support for areas undergoing cultural or service review.
- Occupational Health, People Services and Public Health collaboration to identify workforce health patterns.
- Leadership development focused on psychological safety and compassionate performance management.
- Wellbeing work aligned with upcoming cultural actions, including quarterly psychological safety pulse surveys, the connectors network (Speaking up Safely), and leadership framework development (Q3–Q4 2025/26).

Effectiveness of mitigations:

Immediate support remains accessible and valued, but absence data and staff survey results indicate limited impact on systemic drivers of wellbeing risk at this stage.

Evidence of Current Risk Patterns:

Sickness absence remains above the cumulative target of 5.5%, averaging 6.4% year to date, with no sustained downward trend. Long-term sickness accounts for around two-thirds of total absence and has remained steady at approximately 4%, while short-term absence has begun to rise again since summer.

The leading cause of absence continues to be stress, anxiety and depression, accounting for over a third (34.6%) of all FTE days lost, followed by musculoskeletal conditions and gastrointestinal problems. These patterns have remained consistent year on year and mirror the themes identified through the Employee Wellbeing Service, where workload pressure, exposure to distressing events, and team relationship challenges are the most frequent triggers for support.

Findings from the 2024 staff survey continue to provide valuable context, showing persistent themes around workload pressure, trust in organisational action, and inconsistent experiences of psychological safety. These align closely with current absence and wellbeing patterns, reinforcing the systemic nature of the risk.

This triangulation across absence, wellbeing, and experience data reinforces that the issue is systemic and persistent, driven by workload, leadership behaviours, and emotional burden in high-pressure environments rather than by episodic illness or seasonal variation.

Alignment with BAF People Risk:

The themes outlined in this report align directly with the BAF 'People' risk domains of Attract–Recruit–Retain, Culture, and Wellbeing. Several key BAF actions are being delivered as planned this quarter, including the OD, Wellbeing and Culture Framework, the Occupational Health/Public Health collaboration, and delivery of a more trauma-informed Employee Wellbeing Service. Collectively, these interventions aim to shift the Health Board from reactive wellbeing support to proactive, system-level prevention.

Table 1: ummary of Key BAF Linkages and Progress

BAF Link	Progress / Reference in Report	Next Milestone
OD, Wellbeing & Culture Framework (Oct 2025)	Draft launched for local engagement / sense checking	UHB launch Q1 2026
TRiM Proposal	Proposal developed as part of a wider trauma-informed strategy	Wider engagement Q4 2025/26
Integration of data (Culture Dashboard)	In design phase; aligned with wellbeing and workforce datasets	Dashboard draft by Q4 2025/26
Leadership & Management wellbeing focus	Embedded across new leadership frameworks	Q4 2025/26
Population health data analysis	OH + Public Health collaboration underway	Interim findings Q1 2026

Known gaps:

- Inconsistent leadership capability and behaviour management at senior levels.
- Fragmented wellbeing and workforce data, limiting insight and predictive analysis.
- Limited capacity for proactive prevention due to financial and operational constraints.
- Lack of an integrated wellbeing outcomes framework to assess impact over time.
- Current data systems do not yet allow seamless triangulation across wellbeing, culture, and EDI metrics, though progress is being made through exploring university partnerships.

Planned actions / further mitigation:

- Integrate wellbeing, workforce and operational data to identify hotspots and predict risk.
- Use organisational redesign to enhance clarity, autonomy, and team stability.
- Develop prevention and resilience models for high-pressure areas.
- Strengthen behavioural accountability and psychological safety through leadership programmes and alignment with All Wales Leadership and Management competencies.
- Align wellbeing governance to focus on impact, not activity, with clear outcome measures – explore 'Most significant change' evaluation.

- Ensure findings from service reviews, cultural reviews, other explorative work, e.g. the “Your Career, Your Voice” survey, and culture dashboard work inform wellbeing priorities, particularly for underrepresented groups.
- NHS Wales Staff Survey 2025 data accessible Q4 2025.

Trajectory / target state:

To transition from reactive, service-based wellbeing support to a proactive, system-wide approach that prevents avoidable employee harm, mitigates moral injury, and strengthens organisational resilience. Indicators of success will include reduced stress-related absence, improved staff survey metrics for trust and autonomy, and evidence of safer, more sustainable teams in high-pressure areas.

A Wellbeing Outcomes Framework will be developed by Q1 2026 to track progress using absence, engagement and psychological-safety indicators, ensuring consistent measurement across the organisation.

Strategic Partnerships and Future Focus

Sustained improvement in staff wellbeing depends on strong partnership and collaboration across all levels of the UHB. Engagement with trade unions, staff networks, and student and early/late-career colleagues provides vital insight into workforce experience and ensures that interventions are co-produced and inclusive.

The UHB is now extending its focus beyond traditional workplace wellbeing to adopt a population health approach to staff health. This work, developed jointly with Public Health Wales, aims to understand the wider determinants of workforce health (including socio-economic and demographic factors), identify risk patterns, and co-design targeted interventions to improve long-term staff outcomes.

This shift aligns directly with the Public Health Wales priority to reduce avoidable health inequalities, supports the UHB’s Shaping Our Future Wellbeing strategy, and reinforces the link between employee wellbeing and population health outcomes. Recognising our role as one of the region’s largest employers, this approach positions staff health as a public health responsibility as well as an organisational priority.

The organisation continues to align its approach with the Strategic Equality Plan (SEP) and Anti-Racist Action Plan (ARAP), ensuring that action on wellbeing and culture contributes to the broader equality, diversity and inclusion agenda. This includes using equality and health impact assessments (EHAs) to identify and mitigate risks of inequity during periods of organisational change.

Regionally and nationally, Cardiff and Vale UHB is contributing to all-Wales work on staff wellbeing, culture and leadership, and will align with the forthcoming All-Wales Leadership and Management Principles and Competencies once launched. The UHB continues to draw on UK and international research and partnerships to embed evidence-informed, trauma-informed, and compassionate workforce practices.

Engagement across all professional groups, medical and dental, nursing and midwifery, Allied Health Professionals, healthcare scientists, administrative, estates and facilities etc, remains essential to ensure both multidisciplinary coherence and tailored approaches that recognise different pressures. While the direction of travel is towards shared values and system coherence, the approach recognises that wellbeing and leadership interventions will not be “one size fits all.”

The overarching aim remains clear: to create the conditions in which staff are healthy, valued, and supported to deliver fit-for-the-future, high-quality, and compassionate care for the population we serve.

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

The well-being of staff remains a high and systemic risk. Immediate interventions have stabilised acute issues but have not yet delivered measurable improvement in overall wellbeing indicators. The Health Board's direction of travel, to embed prevention, system integration, and leadership accountability, is the right one but will require sustained attention and executive sponsorship.

Close alignment between the Culture and Wellbeing BAF risks will be essential to build a single, coherent view of organisational health. Progress in psychological safety, leadership capability and data integration will be key determinants of future assurance.

While corporate controls and system-level interventions are in place, sustained improvement in staff wellbeing will depend on consistent ownership and accountability at local level. This includes meaningful engagement and consultation with staff on service changes, timely and supportive Organisational Change Processes (OCPs), and the completion of Equality and Health Impact Assessments (EHIA) to identify and mitigate potential inequities. Ensuring these processes are applied consistently across the Health Board is central to maintaining trust, preventing avoidable employee harm, and fulfilling the UHB's duty of care during transformation.

Collective leadership across Clinical Boards and Corporate Directorates will be key to sustaining improvement, ensuring local ownership of both data and delivery.

National trends reflect that high absence levels, mental ill health, and health inequities are not isolated issues but part of a wider UK workforce challenge. The UHB's adoption of a population health approach, grounded in prevention and equity, positions it as a leader in responding to these systemic risks and ensuring that our workforce remains fit for the future.





Recommendation:

People and Culture Committee are asked to:

1. Note the sustained level of risk and the limited improvement to date in absence and staff survey indicators.
2. Endorse the shift toward a system-wide, preventative model of wellbeing aligned to organisational redesign and leadership development.
3. Support integration of wellbeing, workforce and operational data to strengthen assurance and align with the Culture Dashboard.
4. Request an updated wellbeing outcomes framework by Q1 2026.

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

 Putting People First	X	 Providing Outstanding Quality	X
 Delivering in the Right Places	X	 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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

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

Safety: yes – as above

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

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

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

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Appendix 1 – Key National Findings: CIPD Health and Wellbeing at Work Report 2025

Overview

The *CIPD Health and Wellbeing at Work 2025* report presents the most comprehensive UK workforce health data in over a decade. It evidences a sustained increase in sickness absence and reinforces the need for systemic, preventative approaches to employee wellbeing.

Headline Statistics

Measure	CIPD 2025 Finding	Trend / Commentary
Average sickness absence	9.4 days per employee	Highest in 15 years (+3.6 days since 2022). Public sector absence remains significantly higher than private sector.
Top causes of absence	Minor illness (78%), mental ill health (41%), musculoskeletal (31%), stress (28%), caring responsibilities (26%)	Mental health and stress now consistently the top long-term causes across UK sectors.
Mental ill health prevalence	66% of organisations report increased mental health-related absence	Persistent upward trend, linked to workload, cost of living, and work intensity.
Stress-related absence	80% of public sector employers report stress as a top-three cause	Higher than all other sectors; linked to workload pressure and leadership factors.
Preventative approaches	64% of employers have a wellbeing strategy, but only 36% measure impact	Shift from reactive to proactive is inconsistent across UK organisations.
Line management capability	54% cite inconsistent management confidence to support wellbeing	Leadership behaviour and capability remain critical determinants of wellbeing outcomes.

Emerging National Themes

- **Systemic approach:** Wellbeing increasingly framed as an organisational and leadership responsibility, not a discrete HR or service function.
- **Data-driven decision-making:** Growing emphasis on triangulating absence, engagement, and operational data to inform prevention.
- **Trauma and psychological safety:** Increasing awareness of moral distress, vicarious trauma, and the need for psychologically safe cultures.
- **Inclusion and equity:** National focus on addressing health inequities among underrepresented groups, aligning with the Anti-Racist Action Plan (ARAP) and Strategic Equality Plans (SEP).
- **Leadership accountability:** Strong correlation between effective people management, team morale, and reduced absence.

Relevance to Cardiff and Vale UHB

- Confirms local trends in stress, anxiety, and musculoskeletal absence.
- Reinforces the UHB's direction in adopting a systemic, trauma-informed, and population health approach.
- Underlines the importance of leadership development, data integration, and preventative design as key to sustaining improvement.

Source: CIPD (2025). *Health and Wellbeing at Work Report*. Full report available via www.cipd.org.

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Report Title:	People and Culture Plan Refresh		Agenda Item no.	2.3
Meeting:	People and Culture Committee	Public	Meeting Date:	25.11.25
		Private		
Status (please tick one only):	Assurance	x	Approval	Information
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	Head of People Assurance and Experience			

Main Report
Background and current situation:

Background and Intent

The current People & Culture Plan (2022–2025) is approaching the end of its lifecycle. Work has begun to scope the next iteration for 2026–2030. Initial thinking, informed by engagement and national policy, suggested a simplified plan structured around five “People Promises” with associated deliverables.

However, two major strategic developments are now underway:

1. The **Clinical Services Plan** will shape the future delivery model for health and care across Cardiff and Vale.
2. The **Organisation Redesign Programme**, which will set out a future operating model and governance structure to support that service model.

Both will have significant implications for workforce shape, culture, skills, leadership and operating arrangements. It is therefore essential that the refreshed People and Culture Plan is aligned with, and an enabler of, this wider transformation.

The aim is to produce a People & Culture Plan that:

- Enables delivery of the UHB’s long-term strategy, *Shaping Our Future Wellbeing 2025–35*, aligning the workforce, culture and leadership requirements needed to achieve its strategic objectives
- Directly supports the delivery of the Clinical Services Plan and its required workforce model
- Defines the enabling conditions — leadership, culture, skills, workforce design — needed for the new operating model
- Reflects the national direction set out in the Workforce Strategy for Health & Social Care, the National Workforce Implementation Plan and MAG recommendations
- Simplifies and focuses our workforce priorities
- Sets out a clear framework, not a fixed set of deliverables, that can flex as strategic programmes mature

This approach ensures the refreshed Plan does not pre-empt, constrain or fall out of step with the system-wide design work.

Approach

Between now and March 2026, our focus will be on ensuring the refreshed People & Culture Plan develops in step with the emerging Clinical Services Plan and the organisation-wide redesign work. As these programmes begin to clarify the future

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service and operating models, we will use this insight to shape the priorities, structure and emphasis of the People and Culture Plan. Rather than progressing detailed actions at this stage, we will concentrate on socialising and testing a high-level framework that identifies the conditions the organisation needs for success — including leadership, culture, workforce sustainability, digital capability and People Safety — while retaining flexibility to adapt as the strategic direction becomes clearer.

Comprehensive engagement with staff, trade unions, managers and leaders will begin once the Clinical Services Plan direction of travel is sufficiently established, expected from March onwards. This staged approach ensures that the People and Culture Plan becomes an enabler of the broader transformation rather than a parallel or competing piece of work.

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

The refresh of the People and Culture Plan is a critical enabler of the organisation's wider transformation and should be viewed as foundational to delivering *Shaping Our Future Wellbeing*, the Clinical Services Plan and the redesigned operating model. Our ability to implement new service models, improve productivity, and create sustainable clinical pathways will depend on whether we have the leadership, culture, skills, behaviours and workforce structures to support them. It is important that the People and Culture Plan develops alongside the Clinical Services Plan and the redesign work so that it reflects the organisation's future direction and doesn't commit us to a level of detail that may need to change. Taking this phased approach helps us avoid unnecessary work at this stage and ensures that, when the full plan is brought back in March, it will provide a realistic, supportive framework for our workforce and our services.

Recommendation:

The People and Culture Committee is requested to:

- a) note and support the proposed approach to developing the People and Culture Plan 2026–2030

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>	 <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>

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Committee/Group/Exec	Date:
SLT	02.10.25

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Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.4
Meeting:	People & Culture Committee	Public	X	Meeting Date:	25/11/25
		Private			
Status (please tick one only):	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:

Overview

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

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

The paper also gives assurance on workforce risks, provides updates on wider people and culture activity, and highlights specific areas of focus from across the organisation.

The report is structured into six sections to make it easier for the Committee to navigate and focus on areas of interest.

At a Glance – Report Structure

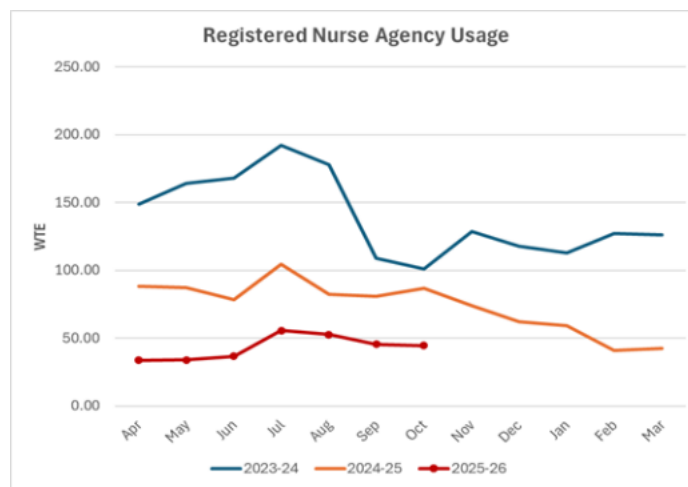
- **Section 1 - KPI Highlights** - Including Welsh Government enabling actions and workforce productivity recommendations with the Ministerial Advisory Group (MAG) Report.
- **Section 2 - People & Culture Priorities** - Update on progress and delivery of the actions.
- **Section 3 – Employee Suspensions** - Overview of current suspension/exclusion cases, duration, reasons, and review processes.
- **Section 4 - Spotlight: Employee Relation (ER)** (*Each month we will focus on a different performance related deliverable*). Overview of current ER cases.
- **Section 5 - Health & Safety Update** – Update of current position.
- **Section 6 - Clinical Board Update** - High-level KPIs and workforce insights from **Mental Health Clinical Board**

Section 1 - KPI Highlights

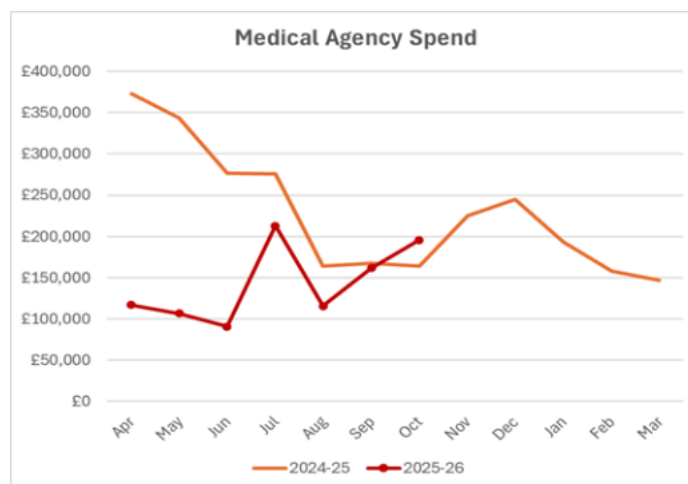
The People and Culture section of the Integrated Performance Report (IPR) provides the UHB position against the key performance indicators (KPIs) as at October 2025. Highlights to bring to the Committee's attention include:

- **Agency Reduction** continues to be a key focus, aligned to the WG Enabling action for 2025/26. The graphs below show an overall reduction for the Nursing and Medical workforce.

Nursing: The graph below highlights a three-year reduction in Registered Nursing agency expenditure, reflecting a steady decline in agency WTE. Current 24/7 agency packages (2 RMNs and 2 HCSWs for a Critical Care/A7 patient and repatriation of a mental health patient) are driving costs but remain significantly lower than previous out-of-area care. Plans are underway to transition both packages to substantive and bank staff, further reducing expenditure.



Medical Agency Spend - Agency Reduction continues to be a key focus of the Medical Workforce Advisory Group (MWAG) aligned to the WG Enabling action for 2025/26. The medical workforce agency position increased from 8 to 9 with a monthly increase in spend of £29,901. This spend is driven by a CAMHS Consultant.



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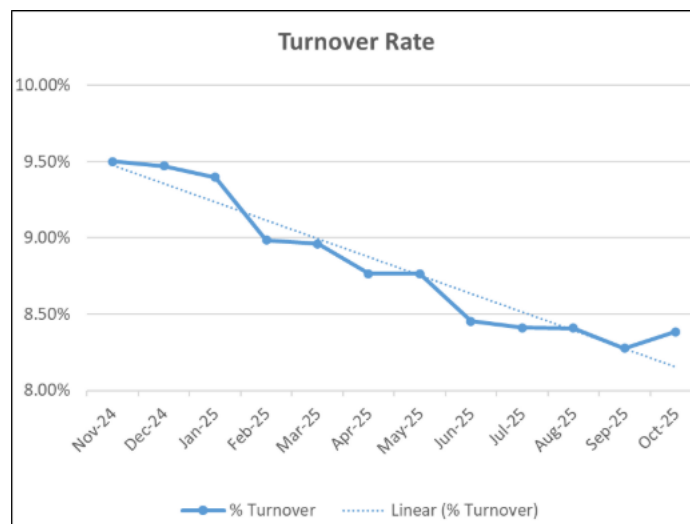
N.B For Medical Agency, in July there were 3 additional agency workers compared to June linked to extra capacity and vacant posts. £52,000 of the July costs are attributed to late submissions of invoices from agencies for work undertaken in May and June 2025.

- **Job Planning** - Improving job planning compliance remains a key priority. The Welsh Government's enabling action requires that over 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025. Progress against this target is monitored fortnightly as part of the agreed Medical & Dental workplan. Compliance peaked in August 2025 at 76.33% but declined to 74.80% in September 2025. The position improved in October 2025, rising to 78%.

To support the continued improvement the Medical Director wrote to Clinical Board Directors and Directorate Clinical Directors on 5 November 2025, following a comprehensive review of all services. A total of 136 unsigned job plans were identified, and Clinical Boards/Directorates were provided with this information. Directors were asked to meet with relevant clinicians over the the next four-week period to progress job plans and sign off. Following this four-week period, any clinicians who still appear on the report with an unsigned job plan — and for whom there is no supporting information explaining the delay — the clinician will be invited, along with their Clinical Director and Service Manager, to meet with the Medical Director and the Job Planning Team. The aim of this meeting will be to understand the barriers to completion and agree a realistic action plan with clear timeframes.

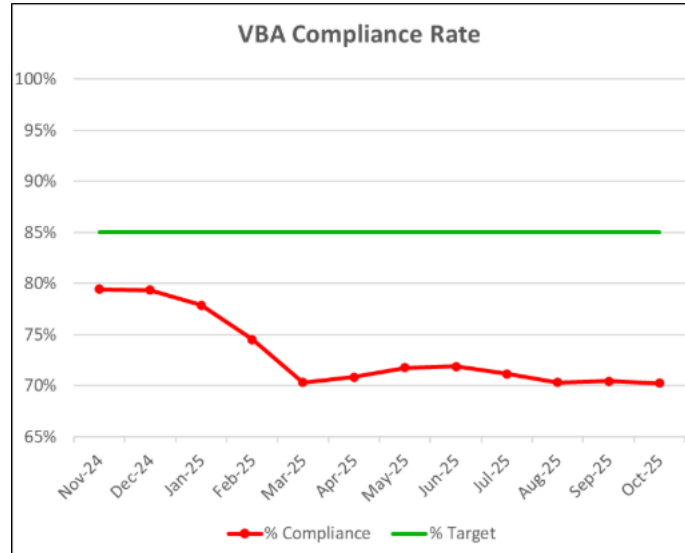


- The Health Board's target for **Turnover** is in the range 7% to 9%. The turnover rate for October 2025 was 8.39%. This represents a reduction in 12 months of 1.11%. The increase in October is the first increase since December 2023, when the turnover rate was 11.76%.



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- The **Values-Based Appraisal** compliance rate remains below the 85% target. At October 2025 the compliance rate was 70.28%. The number of VBAs completed has reduced since November 2024. The importance of having a meaningful appraisal has been raised by the Executive team during the Clinical Board Reviews and Clinical Boards/CEF have been asked for improvement trajectories.



- The **WTE Staff in Post** has fallen from a high of 15,489 WTE in February 2025 to 15,317 WTE at October 2025. The increase since September 2025 reflects the commitment to take new graduate nurses and therapists – which was forecast and approved.

WTE Staff in Post by Staff Group - Nov-24 to Oct-25

Staff Group	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Variance between Nov-24 and Oct-25	Annual Percentage Change
Add Prof Scientific and Technic	585	583	596	598	601	602	598	598	600	601	597	605	20	3.37%
Additional Clinical Services	2971	2957	2971	2995	3035	3010	3007	3007	2990	2969	2943	2918	-53	-1.78%
Administrative and Clerical	2592	2597	2623	2639	2655	2649	2639	2640	2663	2644	2643	2595	3	0.12%
Allied Health Professionals	1300	1297	1288	1276	1269	1270	1266	1267	1258	1268	1263	1301	1	0.07%
Estates and Ancillary	1249	1251	1253	1250	1216	1213	1202	1203	1193	1184	1186	1215	-34	-2.71%
Health care Scientists	592	599	600	599	599	566	565	565	562	554	662	688	-34	-4.06%
Medical and Dental	1137	1139	1146	1152	1157	1158	1159	1160	1150	1139	1162	1190	13	1.17%
Nursing and Midwifery Registered	4884	4887	4925	4948	4970	4950	4945	4944	4901	4897	4929	4965	81	1.66%
Grand Total	15310	15310	15402	15457	15461	15419	15382	15383	15316	15296	15283	15317	8	0.05%

Key: -

Peak
Increase
No Change
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Key:

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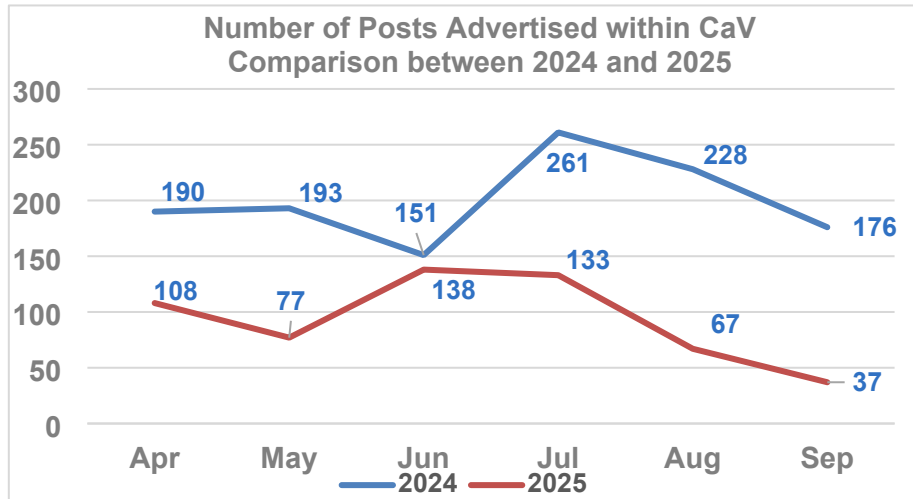
An enhanced vacancy freeze was implemented in August 2025 where the Executives now require each Clinical Board to review vacancies and only submit them to the Executive Vacancy Scrutiny Panel (EVSP) if the posts are service critical and where the risk cannot be mitigated.

The annual recruitment cycle of graduate Nurses, Midwives and Therapists has commenced, it is anticipated that this will increase our current SIP position but start dates have been delayed mitigating the financial risk of being over-established in some areas.

The aim is to reduce the workforce by approx. 350 posts (approx. £4m) by 31st March 2025, whilst monitoring quality and risk closely.

The graph below shows the **number of posts advertised** from **April to September**, comparing the years **2024 (blue line)** and **2025 (red line)**.

In **2024**, there was a dynamic cycle with a strong July peak, while **2025** shows a lower and declining trend in advertised posts, demonstrating reduced recruitment activity and fewer available positions.



Section 2 – People & Culture Priorities

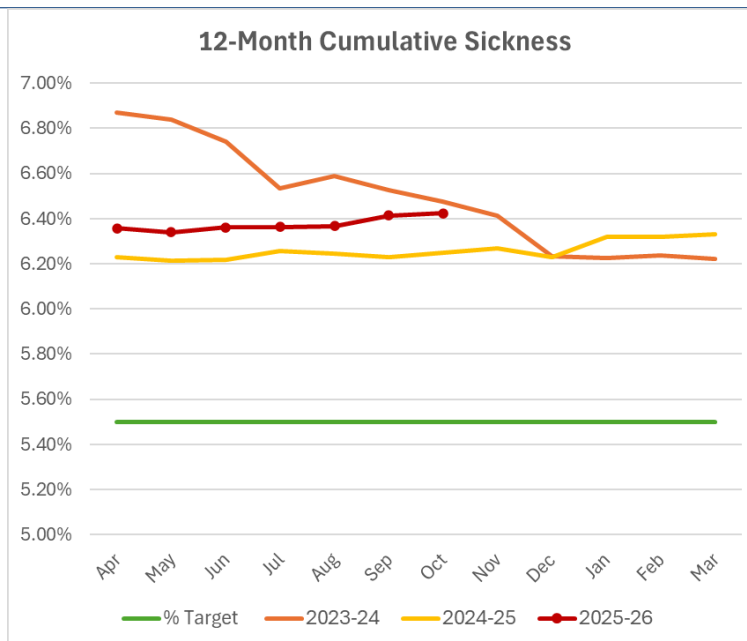
Improving Wellbeing and Attendance

The graph shows the 12-month cumulative sickness rates over the past three years. The target for 2025/26 is 5.5%, while the rate in October 2025 was 6.42%. Despite the interventions and support provided, the target will not be met this year.

The primary reason for absence continues to be anxiety, stress, and depression with a cumulative rate of 34.60%. Targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance. The Committee will receive a detailed report into this absence reason in the November meeting.

The second highest reason for sickness is Cold, Cough, Flu – Influenza with a cumulative rate of 10.43%. Over 60% of our staff have received the Flu Vaccine.

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- Since the launch of the new **Managing Attendance at Work** training in April 2025, 258 managers have attended, supporting a more consistent and proactive approach to attendance management across the UHB.
- Targeted interventions have been implemented in hotspot areas across Clinical Boards to address short-term sickness and prevent escalation into long-term absence. These efforts have led to significant reductions in sickness rates in several areas, including:
 - **East 8 (Medicine):** Sickness absence reduced from 19.20% in October 2024 to 4.18% in September 2025.
 - **Oak Ward (Mental Health):** Sickness absence reduced from 11.13% in October 2024 to 5.29% in September 2025.
- Focused support for stress, and anxiety-related absence has been implemented across some Clinical Boards, led by the People Services Team. Early intervention and tailored support have contributed to reductions in both the number of cases and days lost:
 - **Surgery Clinical Board:** Average days lost due to stress and anxiety decreased from 937 in March 2025 to 666 in September 2025.

Management and Leadership Development

Leadership and management remain a key priority for 2025/26. Recent developments include:

- **Launch of Optimising Ops:** A programme for General Managers and Band 8Cs, designed to equip them with essential skills and knowledge for effective operational management and leadership, with regional participation included.
- **Launch of Elev8:** A multi-disciplinary development programme for Band 7 clinical managers, providing tools, insights, and confidence to manage clinical environments and support the organisational strategy.
- **New Head of Leadership and Development:** Appointed in September, this role will ensure a sustainable focus on key leadership and management priorities across the UHB.

Building Workforce Planning Expertise

Workforce Planning

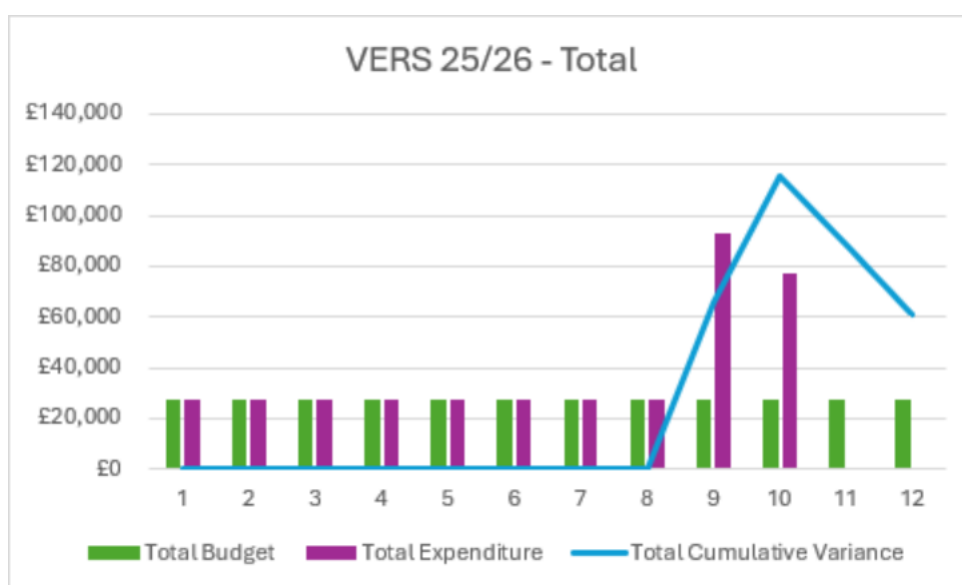
- A series of Education Commissioning Workshops have been delivered across the Health Board to launch this year's process. The Health Board received positive feedback from HEIW following the submission in March 2025, which has been shared across the Wales Workforce Planning Network.
- Every opportunity is being taken to remind managers to complete the HEIW Strategic Workforce Planning On-line training, including prior to attending Education Commissioning Workshops and relevant management and leadership programmes.
- HEIW have agreed to extend the workforce planning resource funding as part of the implementation of the Strategic Mental Health Workforce Plan up to end of March 2026, following a progress update of key achievements to date provided by the Health Board.

Voluntary Early Release Update

Following a recent review, a decision was made to close this year's VERS campaign due to the limited opportunity to realise in-year savings over the remaining months of the financial year. Since the campaign began, 206 applications were received, of which 17 have been progressed.

The final 5 applications are now being processed, with their outcomes as follows:

Category	Amount (£)
Total compensatory costs (one off)	£159,564
Recurrent Annual saving 26/27 onwards	£328,529
Cost Pressure in year (25/26) assuming contract end date of November / December	£61,060



The total cumulative financial implications of all 17 VERS applications are as follows:

Category	Amount (£)
Total compensatory costs (one off) for all VERS to date	£460,676
Recurrent Annual saving 26/27 onwards for all VERS to date	£722,150
Cost Pressure in year (25/26) taking all VERS into account to date	£165,361

Next steps

The centralised process used in this round of VERS has proven time-consuming and has raised expectations that we are not always able to meet. Going forward, the scheme will adopt a more targeted, locally managed approach.

Key changes:

- Future use of VERS will primarily focus on areas undergoing organisational change or planned workforce reductions.
- Applications will be submitted via line managers and must be supported by the Clinical Board before being passed to the People and Culture Team for processing. A dedicated application form is being developed for this purpose.
- Individual applications outside of a defined change process will still be accepted in line with policy but should follow the local management route for initial consideration and endorsement.

This revised approach ensures the scheme is used strategically, with clearer expectations and stronger alignment to local workforce plans and financial priorities.

Section 3 – Suspensions

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

The UHB currently has eight staff suspended or excluded from work due to allegations that may constitute gross misconduct.

Four of these cases are subject to ongoing criminal investigations, and all internal processes are on hold pending the outcome of the external investigation. Of these four cases:

- One individual has been suspended for six months.
- One individual has been suspended for three months.
- The remaining two individuals have been suspended or excluded for less than one month.

Three cases previously subject to criminal investigations have now concluded. Internal processes, which were initially on hold pending the outcome of the external investigation, have now commenced. Of these three cases:

- Two individuals have been suspended for four months, with investigations being conducted under the All-Wales Disciplinary Policy and Procedure. These investigations are nearing completion.

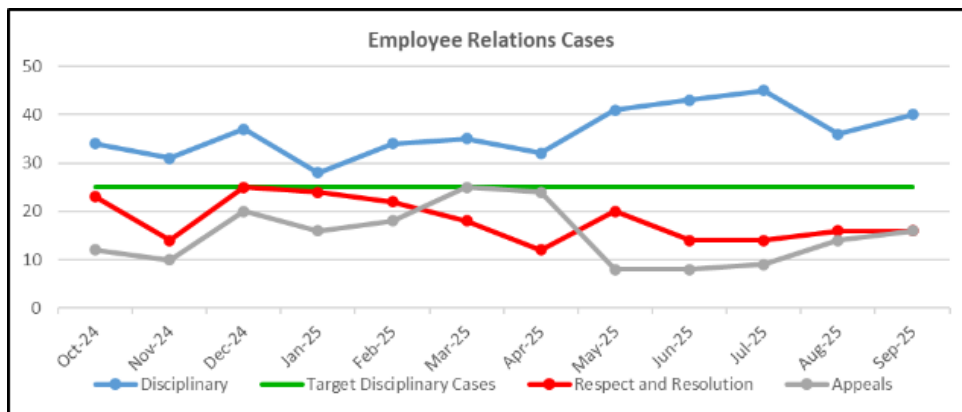
- One individual has been excluded for three months, with an investigation being undertaken in accordance with the Upholding Professional Standards in Wales Procedure. The investigation is ongoing.

The remaining case involves one staff member who has been excluded for four months. The internal process, initially paused due to external proceedings involving multiple professional agencies, has now commenced and is being conducted under the Upholding Professional Standards in Wales Procedure. The investigation remains ongoing.

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

Section 4 – Spotlight – Employee Relations

The graph below illustrates employee relations cases from October 2024 to September 2025. Over the past 12 months, formal disciplinary cases have increased, rising from 35 in October 2024 to 40 in September 2025. In contrast, formal Respect and Resolution cases have decreased, from 23 in October 2024 to 15 in September 2025.



Summary - As of 4 November 2025, there were 51 formal investigations. Of these, 44 are being managed under the All-Wales Disciplinary Policy and Procedure, and the remaining 7 under the Upholding Professional Standards in Wales Procedure.

Current Cases:

CLINICAL BOARD	Total
C&W	5
CD&T	4
CE&F	8
MEDICINE	4
MENTAL HEALTH	10
PCIC	0
SPECIALIST	8
SURGERY	12
All WALES GENOMICS	0
Corporate	0
Total	51
Staff Group	Total
Add Prof Scientific and Technic	1

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Administrative and Clerical	5
Additional Clinical Services	3
Allied Health Professional	2
Unregistered Nursing	7
Estates and Ancillary	8
Nursing and Midwifery Registered	18
Medical and Dental	7
Total	51

Duration of formal investigation/disciplinary hearings:

Duration Category (Months)	No of Cases
0-3	27
3-6	11
6-12	11
>12	2
Total	51

Appeals

There are currently 18 active appeals: seven related to Respect and Resolution cases, one to a Sickness Dismissal, four to Injury Allowance, five to Flexible Working, and one to an Employment Break.

Respect and Resolution Cases

There are currently 19 requests for formal resolution under the Respect and Resolution Policy. Of these, 11 have had a formal resolution meeting and are now either awaiting outcomes or undergoing further investigation.

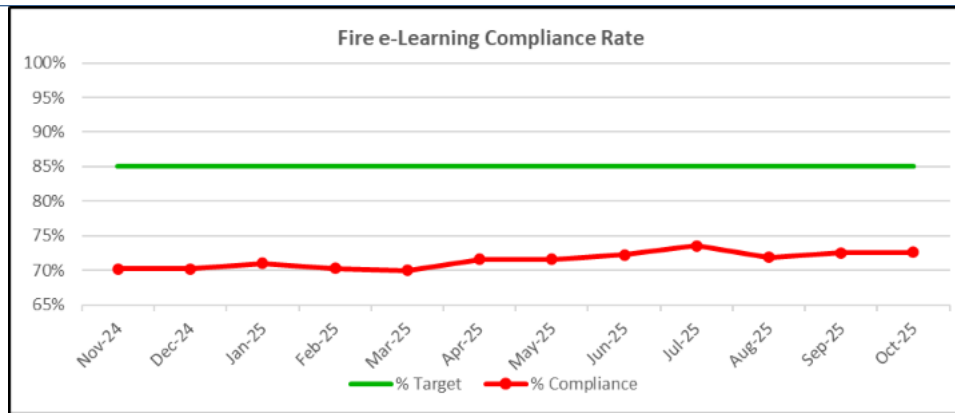
Continuous Improvement:

- Change Management - A Task and Finish Group has been established to review and enhance the Managing Change Toolkit. The aim is to ensure managers have easy access to relevant resources and that staff are fully informed about the support available during periods of organisational change.
- The Avoidable Employee Harm Task and Finish Group has been reviewed and reinstated. Its purpose is to examine potential harm to colleagues undergoing formal processes, with initial focus on harm related to formal disciplinary investigations.

Section 5 – Health & Safety

Whilst the overall statutory and mandatory e-learning compliance rate is almost at target for October 2025 (82.24%), the compliance rate for **Fire e-Learning Compliance** continues to be lower than target; at 72.60% for October 2025.

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RIDDOR Incidents FYTD

	Apr	May	Jun	Jul	Aug	Sep	Oct	Total	KPI
CEF	3	0	4	3	0	0	2	12	17
Medicine	1	3	2	3	0	3	0	12	10
Mental Health	2	0	1	1	3	1	0	8	13
Specialist	1	2	1	0	2	2	0	8	13
PCIC	0	1	0	0	0	0	0	1	0
Surgical	0	2	2	0	0	0	1	5	8
C&W	0	0	0	0	0	2	0	2	5
Total	7	8	10	7	5	8	3	48	66

A total of 48 RIDDOR-reportable incidents have been recorded year-to-date across all Clinical Boards. While this remains below the cumulative KPI of 66, linear projections suggest a year-end total of 82, exceeding the KPI. This mirrors trends seen during COVID, which were lower than non-COVID years, excluding last year.

October has shown a notable reduction, consistent with trends observed in previous years.

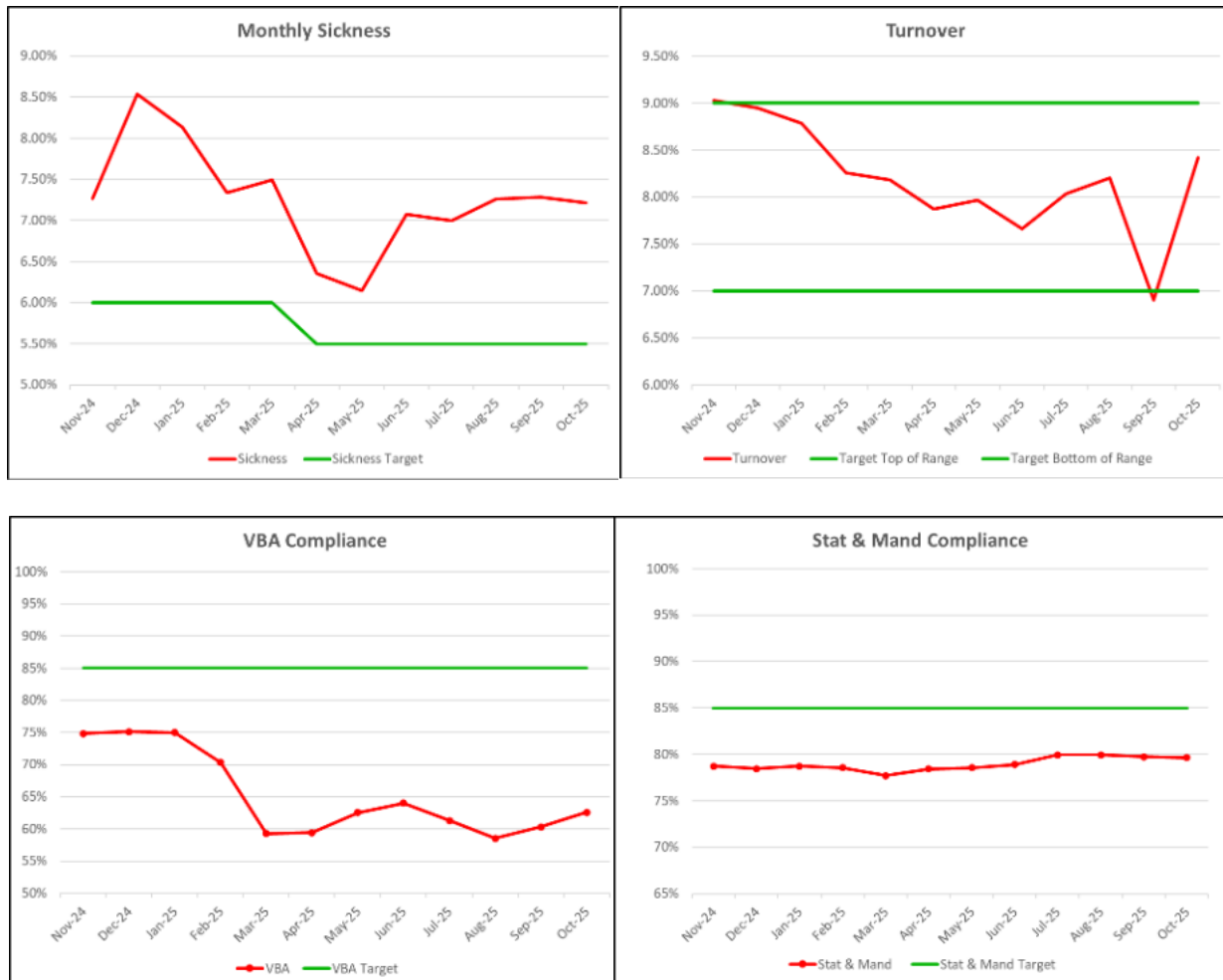
H&S Training Compliance

The completion KPI for all courses is 85%. Traffic lights indicate monthly changes: red for a decrease, amber for no change, and green for an improvement

001 Cardiff and Vale University LHB	88.89%	71.61%	64.13%	90.70%	81.60%	45.73%	43.37%	63.49%	72.17%	87.14%
Clinical Board - start of July 2025	Manual Handling - E Learning	Manual Handling - Objects - Classroom	Manual Handling - Patients - Classroom	Violence and Aggression Module A - E Learning	Violence and Aggression Module B - E Learning	Violence and Aggression - Module C - Classroom	Violence and Aggression - Module C+ - Classroom	Violence and Aggression - Module D - Classroom	Fire Safety Training	Health, Safety and Welfare - E Learning
001 All Wales Genomics Service	94.66%	91.72%		96.63%	92.52%	75.45%			86.24%	94.10%
001 Capital, Estates & Facilities	95.85%	79.48%	85.23%	96.96%	92.57%	0.00%		47.50%	79.89%	93.78%
001 Children & Women Clinical Board	89.81%	57.81%	56.21%	91.58%	83.23%	47.54%	34.48%		74.22%	88.30%
001 Clinical Diagnostics & Therapeutics Clinical Board	91.50%	58.70%	74.64%	93.56%	86.31%	50.95%			73.38%	88.06%
001 Corporate Executives	89.44%	42.86%	49.06%	92.99%	84.66%	51.37%			74.67%	88.32%
001 Medicine Clinical Board	85.99%	75.00%	60.42%	87.14%	76.24%	35.88%	31.26%		67.45%	84.42%
001 Mental Health Clinical Board	87.95%	50.00%	47.75%	93.41%	77.46%	38.26%		64.73%	68.55%	87.51%
001 Primary, Community Intermediate Care Clinical Board	89.04%	66.10%	66.21%	90.64%	82.77%	47.71%			74.62%	86.85%
001 Specialist Services Clinical Board	88.29%	67.96%	72.87%	89.36%	81.79%	54.99%	62.80%		71.09%	87.39%
001 Surgical Services Clinical Board	83.59%	53.06%	64.77%	83.87%	76.66%	38.24%	57.69%		67.54%	81.80%

Section 6 – Clinical Board Update – Mental Health Clinical Board.

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



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




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

Recommendation:

The People & Culture Committee is requested to:

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

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

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

		Long term		Integr ation		Collabor ation		Inv olv em ent	
--	--	-----------	--	--------------	--	----------------	--	----------------	--

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](#)

<p>Yes – (<i>please provide complete d QIA document</i>)</p> <p>Chilcott, Rachel 21/11/2025 16:08:24</p>		<p>No – (<i>Please provide reasoning, e.g. not required</i>)</p>	<p>The majority of categories carry some workforce-related risks or implications, and these are addressed within the body of this report through updates on KPIs, key priorities, suspensions, and specific programme areas. Where marked "No" (Socio-Economic and Decarbonisation), the paper itself does not introduce new risks, though broader workforce activity may have indirect benefits. References to relevant sections are included below.</p>
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Impact Assessment:

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

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

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

Decarbonisation: Yes/No

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

Welsh Language: Yes/No

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

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

Committee/Group/Exec

Date:

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Nov-24; the rates have fallen from 9.50% at Nov-24 to 8.39% in Oct-25 UHB wide. The turnover rate for Oct-25 rose by comparison with Sep-25. Despite this there has been a net 1.11% decrease, which represents 159 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.</p>	October 2025	
Sickness Absence	<p>The monthly sickness rate for Oct-25 was 6.49%. The 12-month cumulative rate has risen slightly during the past year and is 6.42% at Oct-25 (an increase of 0.17% by comparison with the 12-month cumulative rate at Oct-24).</p>	October 2025	
Statutory and Mandatory Training	<p>The overall compliance rates fell for Oct-25 to 82.24%, 2.76% below the overall target. The compliance for All Wales Genomics Service and Capital, Estates & Facilities are above the 85% target; and Clinical Diagnostics & Therapeutics, Corporate Executives, Children & Women's, PCIC and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has risen to 72.60% at Aug-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	October 2025	
Values Based Appraisal	<p>VBA compliance has fallen marginally for Oct-25, to 70.28%. Capital, Estates & Facilities remains the only Clinical Board that has achieved the 85% target rate%.</p>	October 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p> <p>Suspensions - Four members of staff have been suspended/excluded for three months:</p> <ul style="list-style-type: none"> · Two cases remain subject to ongoing Criminal Investigations. · One case was subject to a Criminal Investigation which has now concluded; an internal investigation is currently being undertaken in accordance with the All Wales Disciplinary Policy and Procedure and is nearing completion. · One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure. 	October 2025	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. A target of 90% was set for completion of a job plan, to have been achieved by Sep-25. At Oct-25 77.13% of clinicians have a signed off job plan.	October 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal fell slightly to 84.32% for Oct-25, below the 85% target.	October 2025	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 5 WTE, to 15,341.99 WTE at Oct-25. Between Feb-25 and Aug-25 there had been a reduction of 211 WTE, which has been achieved through the implementation of a vacancy freeze from Jan-25. The increase since Sep-25 reflects the commitment to take new graduate nurses and therapists. The vacancy freeze will continue until Mar-26, with the intention to further reduce staffing levels.	October 2025	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Dec-24 the percentage was 7.60% of the total spend on pay, but in Oct-25 had fallen to 6.21%. It must however be borne in mind that the total pay bill is increasing. There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	October 2025	
Staff Winter Vaccination Programme	The winter flu vaccination programme for 2025-26 commenced in Sep-25; the vaccination rate at Oct-25 was 36.40%, against a target of 75%.	October 2025	
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for Nov-24 was 0.38% of the total spend on pay and was 0.33% at Oct-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	October 2025	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	<p>The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 64.0 days. The figure for Cardiff & Vale uHB for Sep-25 was 107 days.</p> <p>This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.</p>	October 2025	
Time to Shortlist	<p>The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 7.4 days. The figure for Cardiff & Vale uHB for Aug-25 was 12 days.</p>	October 2025	
Exit Questionnaire Completion	<p>At Sep-25 the return rate of exit questionnaires was 26%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Dec-25.</p>	September 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	<p>The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Oct-25 the rate was 0.60%, by comparison with a nominal 5% target. ESR position data continues to be validated.</p>	October 2025	
Provision of EDI Data in ESR	<p>This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.</p> <p>At Oct-25 35.19% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	October 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.62% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Oct-25 6.52% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	October 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend					
					May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
36.	Percentage of sickness absence rate of staff (In-month)	October 2025	5.50%	6.49%	5.60%	6.25%	6.37%	6.20%	6.55%	6.49%
37.	Percentage of sickness absence rate of staff (12-month cumulative)	October 2025	5.50%	6.42%	6.34%	6.36%	6.36%	6.37%	6.41%	6.42%
38.	Staff turnover	October 2025	7%-9%	8.39%	8.76%	8.45%	8.41%	8.41%	8.28%	8.39%
39.	Agency spend as a percentage of the total pay bill.	October 2025	12-month reduction trend	0.33%	0.39%	0.41%	0.79%	0.39%	0.54%	0.33%
40.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months	October 2025	85%	71.15%	72.59%	72.68%	72.04%	71.26%	71.33%	71.15%

Chilcott, Rachel
21/11/2025 16:08:24



Report Title:	Improving Attendance at Work Update – Stress, Anxiety, Depression, Other Psychiatric Illnesses			Agenda Item no.	2.5
Meeting:	People and Culture Committee	Public	X	Meeting Date:	25.11.25
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Associate Director of People & Culture				

Main Report

Background and current situation:

In 2025/26 our emphasis will be on getting the *Brilliant Basics* right, ensuring a strong foundation with a focus around three key themes:

- **Improving Wellbeing and Attendance** - targeted action to reduce staff absence and increase workforce availability by proactively supporting employee health and wellbeing
- **Management and Leadership Development** – support our managers to manage well
- **Build Workforce Planning Expertise** - ensuring that senior leaders are trained in workforce planning principles, enabling strategic decision-making across all departments.

In relation to Improving Wellbeing and Attendance, the UHB has set a sickness absence target of <5.5% for 2025-26, with measures being put in place to support the achievement of this goal. The cumulative position for September 2025 was 6.41%.

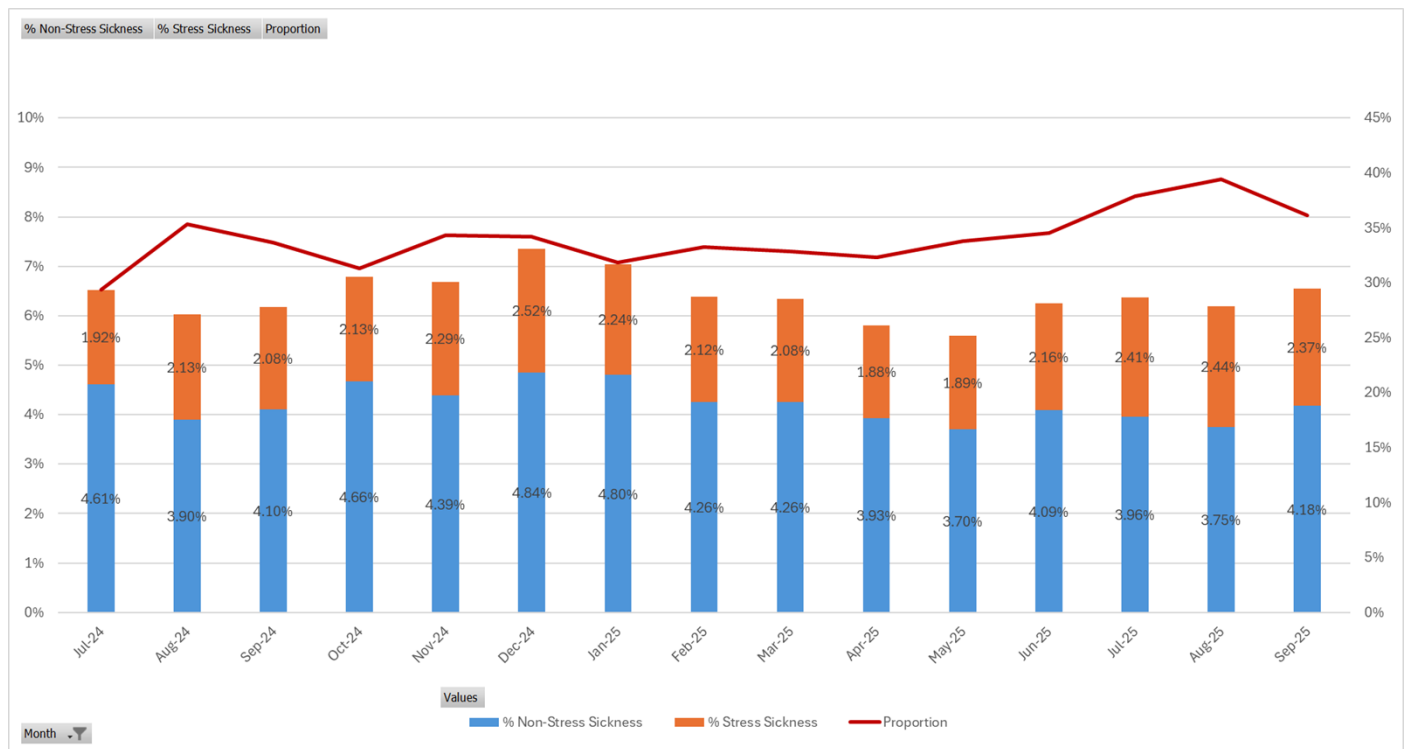
Sickness absence remains one of the most significant and complex workforce challenges across NHS organisations. Within Cardiff and Vale UHB, a multi-disciplinary team (MDT) approach has been adopted, bringing together People Services, Wellbeing, Organisational Development (OD) & Culture, Employee Wellbeing and Occupational Health to drive improvements in wellbeing and attendance. Each Clinical/Service Board have also developed an individual, detailed and targeted action plan to reduce sickness absence in their respective areas.

This report provides an overview of sickness related to Anxiety, Stress, Depression and Other Psychiatric Illnesses within the University Health Board (UHB), highlighting recent trends, underlying causes, and the actions taken to address this important issue. The well-being of our workforce is paramount, and managing stress and anxiety is crucial for sustaining staff morale, productivity, and the delivery of high-quality patient care.

Over the past 12 months, the UHB has observed a notable increase in sickness absence attributed to Anxiety/stress/depression/other psychiatric illnesses and it continues to be the top reason for sickness with a cumulative rate of 34.41% (September 2025). Contributing factors may include increased workloads, operational pressures, staffing shortages, and the ongoing impact of organisational change.

Recent engagement surveys and focus groups indicate that many staff members feel overwhelmed due to workload intensity, insufficient breaks, and a lack of perceived support. High rates of stress-related absence have contributed to increased pressure on remaining staff, potentially creating a cycle of further stress and burnout.

Proportion of total sickness attributed to Anxiety/Stress/Depression/Other Psychiatric Illnesses:



The stacked columns show the monthly trend in absence related to Anxiety/Stress/Depression/Other Psychiatric Illnesses compared to all other absence. The proportion trendline shows the monthly sickness rate for Anxiety/Stress/Depression/Other Psychiatric Illnesses compared to all other absence.

The proportion of stress-related sickness absence relative to total sickness absence has shown a gradual upward trend, indicating a growing share of stress-related health issues among staff.

The proportion of sickness attributed to Anxiety/Stress/Depression/Other Psychiatric Illnesses rose from 29.4% in July 2024 to a high of 39.4% in August 2025, before slightly declining to 36.1% in September and 36.0% in October 2025.

The table below shows the cumulative percentage of absence attributed to (S10) Anxiety/stress/depression/other psychiatric illnesses for the period November 2024 to October 2025 broken down by Clinical Board, Corporate Executives and Capital Estates and Facilities:

Clinical Board	Cumulative %	% of Absence Attributed to S10
Mental Health	7.26%	44.86%
All Wales Genomics Service	4.52%	41.60%
Corporate Executives	4.28%	41.14%
Children & Women	6.33%	40.06%
Primary, Community Intermediate Care	6.78%	36.15%
Specialist Services	6.78%	35.06%
Medicine	7.18%	31.83%
Surgical Services	6.58%	31.35%
Capital, Estates & Facilities	8.78%	28.96%
Clinical Diagnostics & Therapeutics	4.79%	28.13%
Grand Total	6.42%	34.60%

The table below shows the cumulative percentage of absence attributed to (S10) Anxiety/stress/depression/other psychiatric illnesses for the period November 2024 to October 2025 broken down by Staff Group:

Staff Group	Cumulative %	% of Absence Attributed to S10
Add Prof Scientific and Technic	3.85%	43.55%
Nursing and Midwifery Registered	6.76%	37.46%
Administrative and Clerical	5.87%	37.04%
Additional Clinical Services	9.15%	34.04%
Healthcare Scientists	4.28%	31.88%
Medical and Dental	1.87%	31.43%
Estates and Ancillary	9.00%	28.12%
Allied Health Professionals	3.63%	25.91%
Grand Total	6.42%	34.60%

The CIPD's 2025 Health and Wellbeing at work report has reported an increase in sickness absence across the UK. Average absence levels have increased to 9.4 days per employee per year, compared with 7.8 days in 2023 and 5.8 days in 2022.

The report stated that Mental ill health is the top cause of long-term absence (41% of respondents citing it within top three causes). Mental ill health is the second main cause of short-term absence (29%), with stress a major cause of both short- and long-term sickness absence (26% and 28%, respectively). Heavy workloads are the top cause of stress-related absence (41%) and non-work related factors such as relationships, family and financial concerns are also significant contributors to stress. The report also found that line manager confidence and competence in managing absence is one of the strongest predictors of effective outcomes and quicker returns to work.

Source: CIPD and Simplyhealth (2025) Health and Wellbeing at Work: Survey Report 2025. London: Chartered Institute of Personnel and Development. Available at: www.cipd.org

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

Actions Taken by the UHB to address absence related to Anxiety, Stress, Depression and Other Psychiatric Illnesses:

In March 2025, sickness panels were mandated across all Clinical Boards within Cardiff and Vale UHB as part of the organisational target to improve attendance management. The focus on these sickness panels are determined by 'hot spot' areas, either in relation to overall sickness rates or where specific targeted intervention is required, such as high levels of sickness absence attributed to one reason ie stress, anxiety, depression, other psychiatric illness. Other actions include:

- **Enhanced Occupational Health Support:** The UHB has expanded access to occupational health services, including fast-track referrals for staff experiencing stress and anxiety, and access to counselling and mental health support.
- **Manager Training:** Line managers have received additional training to recognise the signs of stress and to support staff appropriately, including guidance on reasonable adjustments and confidential conversations. Since the launch of the new Managing Attendance at Work training which was launched in April 2025, a total of 258 managers have attended the training to date, supporting a more consistent and proactive approach to attendance management across the UHB.

- **Well-being Initiatives:** A range of well-being programmes have been introduced, such as mindfulness sessions, resilience workshops, and online resources for self-care and stress management.
- **Flexible Working:** Flexible working arrangements have been promoted and, where possible, implemented to help staff manage work-life balance and reduce stressors.
- **Regular Communication:** The UHB has increased communication around available support services and encouraged an open culture where staff can discuss mental health without stigma.
- **Monitoring and Review:** Absence trends are tracked closely, and departments with higher rates of stress-related sickness are receiving targeted support from the People and Culture team.
- **People Services Team identifying cases of stress and anxiety across the UHB and working closely with line managers to ensure appropriate support is offered.** This initiative ensures staff are aware of and can easily access the support they need. As part of this approach, a tailored wellbeing letter is issued to affected staff, outlining the full range of support available, including:
 - A comprehensive guide for staff seeking mental health support.
 - Signposting to internal and external wellbeing resources.
 - Access to staff support networks, including those aligned with equality, diversity, and inclusion.

Targeted interventions have been implemented in hotspot areas across Clinical Boards to support the management of short-term sickness and prevent escalation into long-term absence. These efforts have led to significant reductions in sickness rates in several areas, including:

- **East 8 (Medicine):** Sickness absence reduced from 19.20% in October 2024 to 4.98% in September 2025.
- **Oak Ward (Mental Health):** Sickness absence reduced from 11.13% in October 2024 to 6.37% in September 2025.

Focused support on stress and anxiety-related absence has been in place across some Clinical Boards, with a proactive approach led by the People Services Team. Early intervention and tailored support have contributed to a reduction in both the number of cases and days lost due to stress and anxiety:

- In the Surgery Clinical Board, average days lost due to stress and anxiety decreased from 937 days in March 2025 to 666 days in September 2025

Since July, the People Services Team has delivered stress and anxiety-focused workshops in hotspot areas across the Clinical Board. These have led to notable reductions in stress-related absences. For example:

- East 6 (Medicine Clinical Board) saw a decrease from 5.53% in July to 1.23% in September. The overall sickness rate reduced from 16.01% to 4.22%.
- East 7 (Medicine) from 4.95% to 0% over the same period. The overall sickness rate reduced from 18.08% to 7.19%.
- SSSU Theatres (Surgery) saw a decrease from 4.46% in July compared to 1.94% in September. The overall sickness rate reduced from 9.58% to 4.22%
- Theatre Scrub UHW (Surgery), cases dropped from 4.69% to 3.29% over the same period. The overall sickness rates reduced from 11.72% to 4.77%.

Within the Mental Health Clinical Board, they have developed further psychological support. A lead Psychologist provides on-ward support sessions for staff following traumatic patient incidents, offering targeted interventions as needed. This is being explored within other clinical boards also.

A focused review of Datix-reported incidents linked to staff sickness absence has been undertaken to ensure accurate coding and appropriate management. Focus work has been undertaken to ensure managers understand the importance of precise incident recording to:

- Enable the Health & Safety Department to identify patterns and implement preventative measures.
- Ensure compliance with RIDDOR reporting requirements where applicable.

Despite all interventions and improvements in some areas, unfortunately overall the figure for Anxiety/Stress/Depression/Other Psychiatric Illnesses is still increasing within the UHB.

Next Steps:

- Continue to monitor stress and anxiety related absences and provide targeted interventions.
- Maintain sickness panels in hotspot areas and extend them to departments with emerging issues.
- Regularly review and adapt action plans for each Clinical/Service Board, focusing on stress-related absence.
- Further education and awareness across the UHB of mental health issues.
- Evaluate the effectiveness of current interventions and adapt them based on staff feedback and absence data.
- Work with department leads to identify additional pressures and implement bespoke support where necessary.
- Promote a culture of well-being and open dialogue about mental health across the UHB.
- Provide ongoing guidance on reasonable adjustments, confidential conversations, and early intervention for stress-related issues.
- Further analysis on the cause of Anxiety, Stress, Depression, Other Psychiatric Illness related absences i.e work related, personal, family, financial, carers responsibilities to provide additional support in these areas.
- Continue to promote flexible working arrangements wherever possible to help staff manage work-life balance and reduce stressors.

Addressing stress and anxiety related sickness remains a priority for the UHB. The actions taken to date have laid a foundation for supporting staff well-being, but continued vigilance and adaptation are required to reduce sickness rates and foster a supportive working environment.

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	
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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: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

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

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

(If this has been addressed in the main body of the report, please confirm)

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

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

(If this has been addressed in the main body of the report, please confirm)

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

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

Committee/Group/Exec

Date:

*Chilcott, Rachel
21/11/2025 16:08:24*

Report Title:	Health and Safety Update			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	X	Meeting Date:	25/11/2025
		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

To update the Board on the status of risk management related to the care of plus-size (bariatric) patients across the University Health Board (UHB), and to seek direction on ownership and resolution of the issue.

Following on from the last meeting, a paper has been written for the Quality & Safety meeting to transfer governance of this risk to a suitable clinical risk register.

Transfer of patients and medical gas

Background

A recent incident occurred during the transfer of a patient where a medical oxygen cylinder was placed unsecured on a slide sheet alongside the patient. During movement of the bed, the cylinder fell and caused a significant injury to a staff member, resulting in a fractured toe and an absence exceeding seven days. The incident has been formally reported to the Health and Safety Executive under RIDDOR and reviewed as a Serious Incident (SIR) by the Clinical Board and Health and Safety.

There is currently no clear understanding of how widespread this practice is across the University Health Board (UHB), raising concerns about consistency and safety in patient transfer procedures involving medical gas.

Current Situation

The risks posed to patients, staff, and visitors from improper handling of medical gas cylinders during transfers include:

- Loss of containment from a pressurised vessel, potentially resulting in:
 - High-velocity impact from a dislodged cylinder
 - Oxygen enrichment of the surrounding environment
 - Increased risk of ignition
- Physical injury to staff, particularly from falling cylinders weighing 3.5kg or more
- Failure to deliver essential medical gas to patients during transit

The recommended safe practice is to secure cylinders using a dedicated bracket attached to the bed. However, the extent of bracket usage across UHB sites is currently unknown.

This issue has been escalated to the Medical Gas Safety Group, which is actively reviewing procedures in collaboration with clinical leads. Additionally, the Operational Health and Safety Group

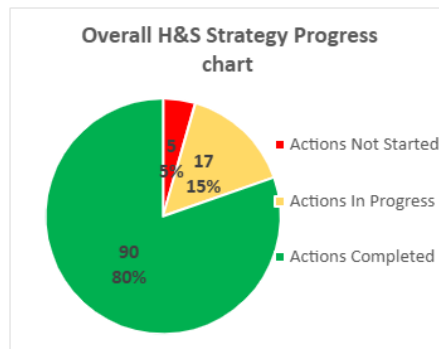
has tasked Clinical Boards with identifying areas where cylinder brackets are not in use and reporting back to inform a system-wide response.

Health and Safety Culture plan

Background

The Health and Safety Culture Plan was developed to deliver a structured and prioritised framework that supports the Health Board's overarching health and safety aims and objectives. The plan was informed by the findings of an independent external review conducted in 2021, alongside insights gathered during a comprehensive departmental workshop. It was intentionally designed to be ambitious, driving meaningful cultural and operational change across the organisation.

Tracker sets							
Title	Total Group	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Actions Not Started	5	0	2	2	0	1	0
Actions In Progress	17	4	3	2	6	0	2
Actions Completed	90	26	16	8	7	6	27
Total actions	112	30	21	12	13	7	29



Current Situation

Since the plan's inception, substantial progress has been made. The department has implemented a range of new and enhanced processes that have strengthened health and safety governance and operational practice across the UHB. As of this reporting period, approximately 80% of the identified actions have been completed. The remaining actions are being actively progressed, with continued focus on embedding sustainable improvements and ensuring alignment with strategic objectives.

The Committee is asked to:

1. Acknowledge progress made to date, with 80% of actions completed.
2. Support completion of remaining actions

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

The Health and Safety department continue to work with the Clinical/Service Boards to drive improvements in all elements of Health, Safety and Fire.

Recommendation:

The Committee is requested to:

- a) Note the content of the update report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	X	Long term		Integration		Collaboration		Involvement	
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Quality Impact Assessment Completed?:

Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

Yes – <i>(please provide completed QIA document)</i>		No – <i>(Please provide reasoning, e.g. not required)</i>		Comment here
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Impact Assessment:

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

Risk: No <i>The report is an appraisal of previous year's performance for noting only</i>
Safety: No <i>The report is an appraisal of previous year's performance for noting only</i>
Financial: No
Workforce: No
Legal: No
Reputational: No
Socio Economic: No
Equality and Health: No
Decarbonisation: No

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

Committee/Group/Exec	Date:
People & Culture Committee	25.11.2025

*Prepared by Rachel
25/11/2025 16:08:24*

Report Title:	Medical & Dental Workforce Deep Dive			Agenda Item no.	2.7
Meeting:	People & Culture Committee	Public		Meeting Date:	25.11.25
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	X
Lead Executive:	David Fluck, Medical Director Rachel Gidman, Executive Director of People and Culture				
Report Author (Title):	Mike Stephens – Assistant Medical Director for Workforce Martyn Capel – Associate Director for Medical Workforce				

Main Report

Background and current situation:

Background

This report provides a comprehensive overview of the four strategic objectives that the Medical and Dental Workplan priorities for 25/26 has been built on. They are:

1. **Assurance that our medical workforce is being deployed effectively and delivering high quality care;**
2. **Medical Workforce feel valued, developed, supported & engaged;**
3. **Effective attraction, recruitment, selection & induction for the medical workforce;**
4. **Efficient and robust system for performance management and supporting doctors in difficulty.**

The strategic priorities are aligned to the UHBs Shaping our Future Wellbeing (SOFW) Strategy and the People and Culture Plan, with an aim of building the highest quality medical workforce, which is constantly developing and delivering efficient and effective care.

The report examines trends in Medical and Dental staff in post over the past five years, alongside financial data relating to Bank, Waiting List Initiative (WLI), and Agency spend. Workforce deployment and utilisation are explored through the lens of Job Planning, while contractual frameworks such as the Welsh Resident Doctor Contract and the SAS Charter are reviewed for their operational and strategic implications.

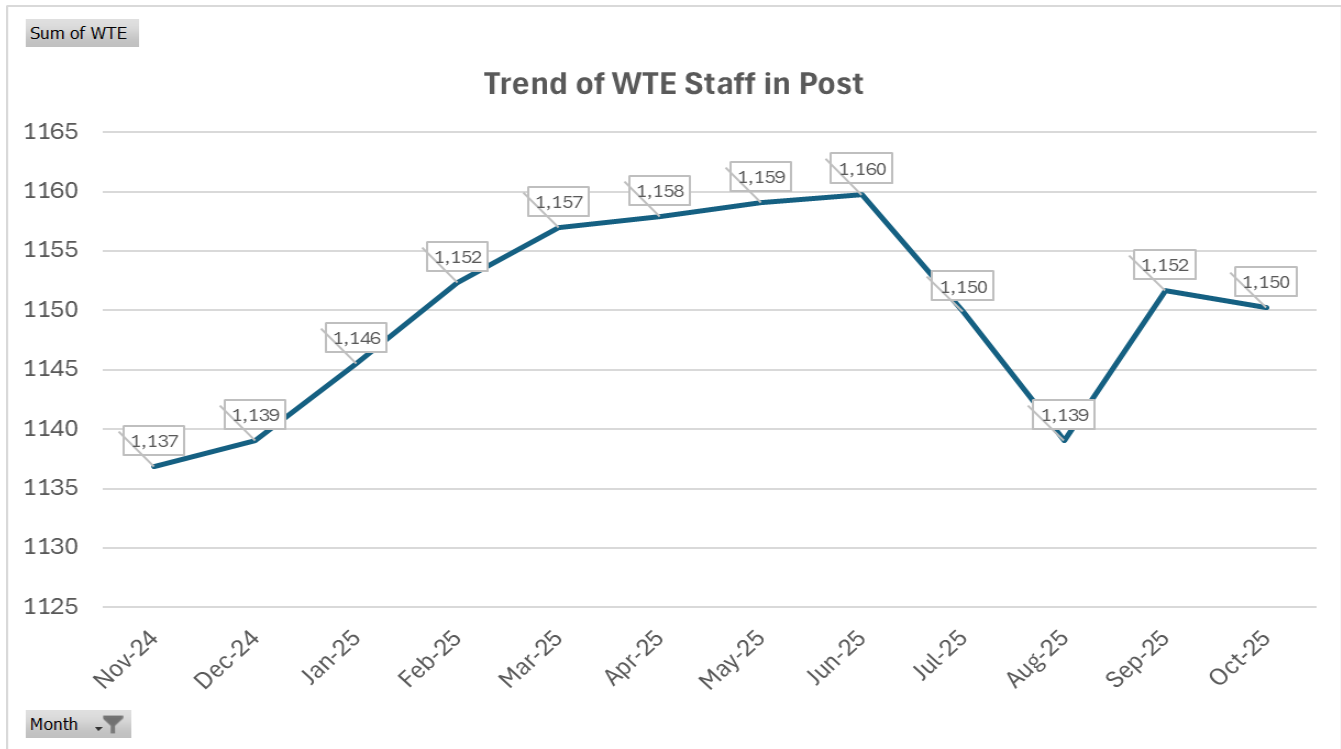
The report also considers wellbeing and working conditions through the Fatigue and Facilities Charter and the management of sickness absence. A summary of current recruitment challenges is included, with a focus on hard-to-fill posts. Finally, the report assesses the implementation and impact of a unified E-Rostering system for the UHB.

Each of these elements is discussed in further detail in the sections that follow.

Medical & Dental Staff in Post from 2020 to date

The table below contains the number of Medical & Dental staff employed by Cardiff & Vale UHB over the past 5 years, broken down by grade and specialty with a supporting trend line displaying our last 12-month position.

Please note that Resident Doctors are employed by the Single Lead Employer (SLE) in NWSSP and are therefore excluded from the table below. The Resident Doctor data is shown separately below.



Breakdown by Grade as at Oct-25

Grade	WTE
Consultants	810
Speciality Doctors (SAS)	95
Resident Doctors	207
Other medical grades	38

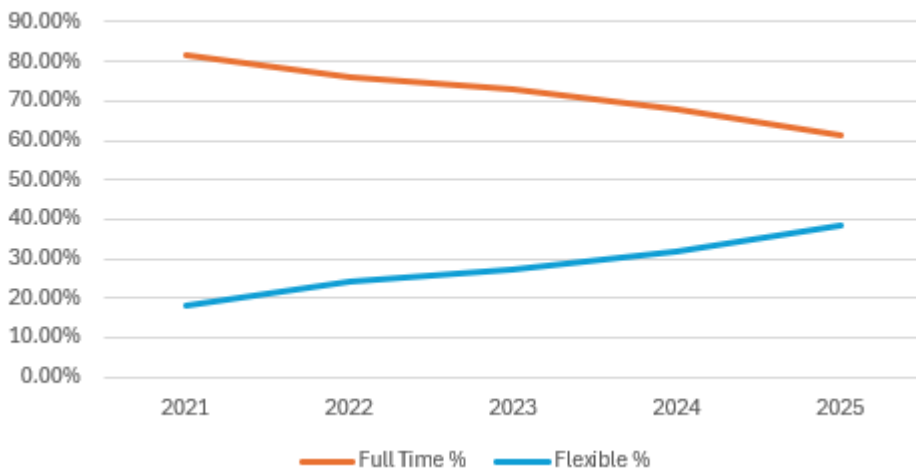
Single Lead Employer (NWSSP) – Resident Doctors

Doctors previously employed under local arrangements began transitioning to the Single Lead Employer model in 2021, starting with Foundation Year 1 and progressing through to Registrar level. This transition established an All-Wales Single Lead Employer for resident doctors, with local Health Boards continuing to act as hosts for training programme rotations.

SLE	2021	2022	2023	2024	2025
Full Time	364	629	617	580	541
Full Time %	81.80%	75.78%	72.93%	67.92%	61.38%
Part Time	81	201	229	274	341
Part Time %	18.20%	24.22%	27.07%	32.08%	38.62%
Total	445	830	846	854	882

Flexible Working (Less than full time – LTFT) position

Full Time vs Flexible Working



Between 2021 & 2025 there has been an increase of 420% in the number of resident doctors choosing flexible working, which has impacted negatively on our reliance on temporary pay (bank) and the need to recruit locally employed Doctors (LEDs).

Medical & Dental Staff Bank

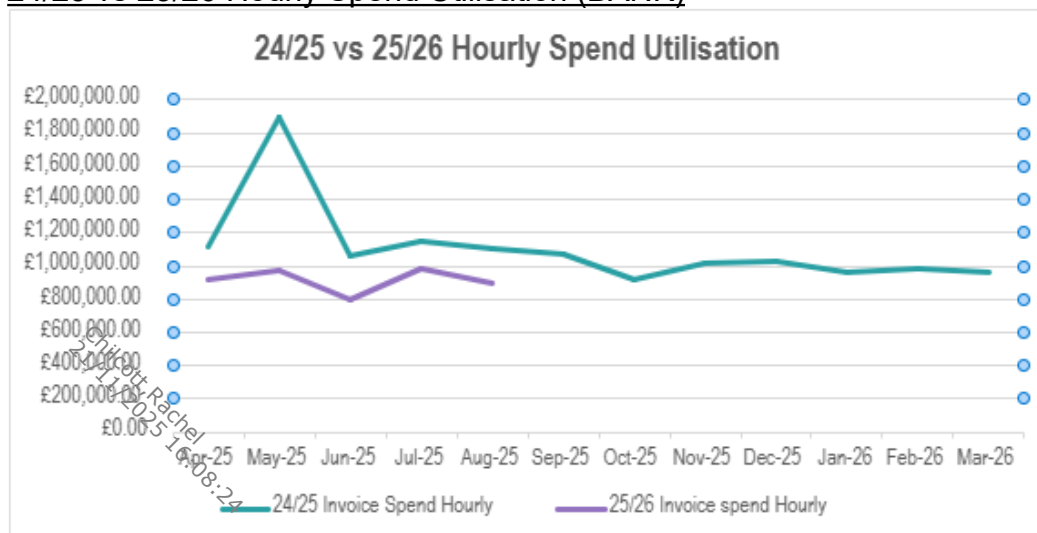
Implementation of Bank Hours Rate Cards

In September/October 2023 the UHB implemented a standardised bank rate card to aid a transparent framework for managing costs and expectations across medical staffing engagements. The rate card implementation has ensured consistency in pricing, alignment with budgetary controls, and supports equitable treatment across staff supporting additional duty hours via the medical and dental staff bank.

Although the introduction of the rate card was recognised as creating a cost pressure during its first year, compliance has been exceptionally strong. With the exception of just three shifts, totalling 36 hours (worked in 2023), we have achieved 100% adherence to the agreed rates, with no breaches recorded.

Bank Expenditure

24/25 vs 25/26 Hourly Spend Utilisation (BANK)

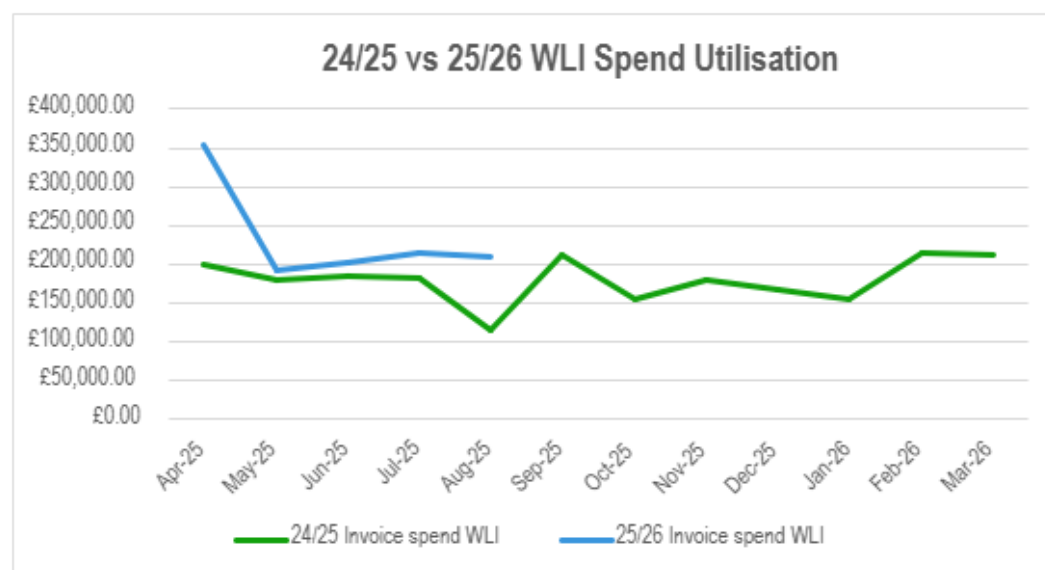


Average reduction in expenditure year on year is £117K per month

Top 5 Reasons for Spend (NON WLI) - BANK

Vacant Post	£1,651,550.84
Extra Capacity	£393,606.10
Sickness- Short Term	£360,189.29
Restricted Duties - Other	£266,005.42
Less Than Full Time (LTFT)	£237,092.30

24/25 vs 25/26 WLI Spend Utilisation (BANK)

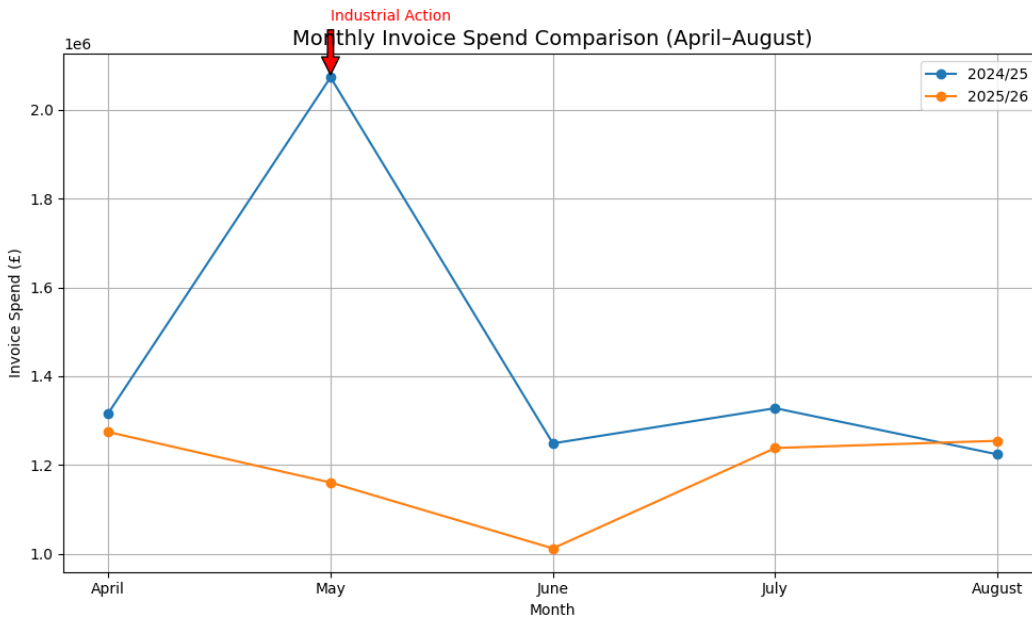


Top 5 WLI Reasons for Spend

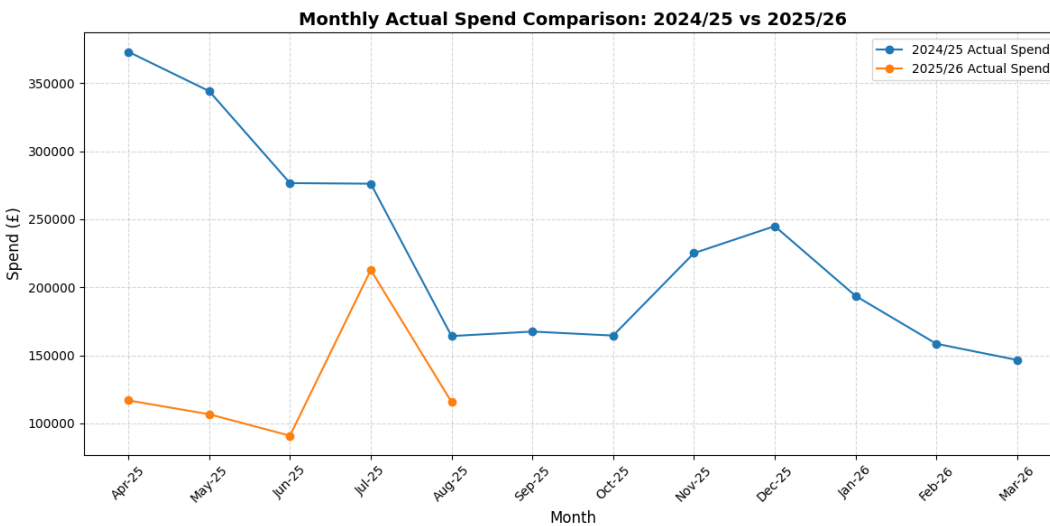
WLI - Planned Care	£299,312.98
WLI - Reporting	£267,454.00
WLI - Cancer	£227,874.57
WLI - TAVI	£13,822.00
WLI - Emergency	£8,258.50

Chilcott, Rachel
21/11/2025 16:08:24

24/25 vs 25/26 Hourly & WLI Spend Utilisation (COMBINED)



Agency Expenditure



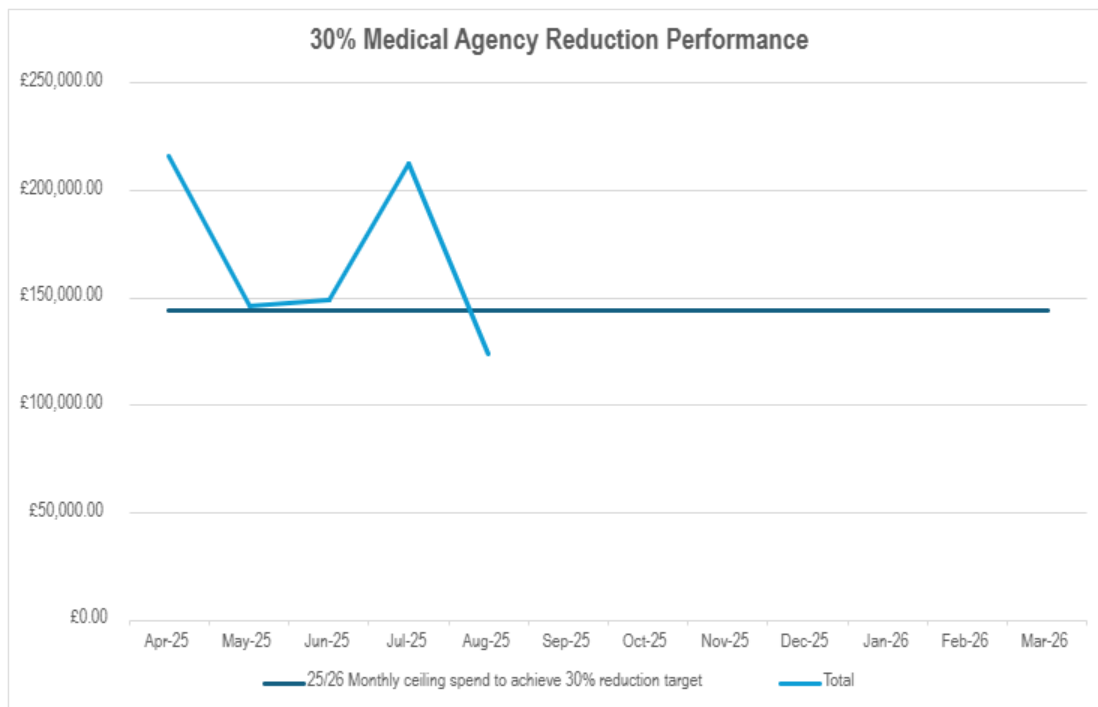
The graph above illustrates a comparative analysis of agency monthly actual spend between financial years 2024/25 and 2025/26. The 2024/25 data shows a steady decline in expenditure, starting at £373,027 in April and tapering to £146,563 by March, delivering a consistent reduction in costs over the year.

In contrast, the 2025/26 data (available up to August) begins with significantly lower monthly spend, ranging from £116,829 in April to £90,919 in June, before an increase to £212,689 in July. Whilst July spend was higher than previous months, the additional increase was caused by late timesheet submissions from May and June to the value of £51,882. August returned to lower at £115,651. Despite the July anomaly, the overall spend in 2025/26 remains well below the previous year.

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The Welsh Government has set additional workforce productivity measures ‘enabling actions’ for NHS Wales, one of these targets is to reduce agency expenditure by 30% compared to the previous financial year.

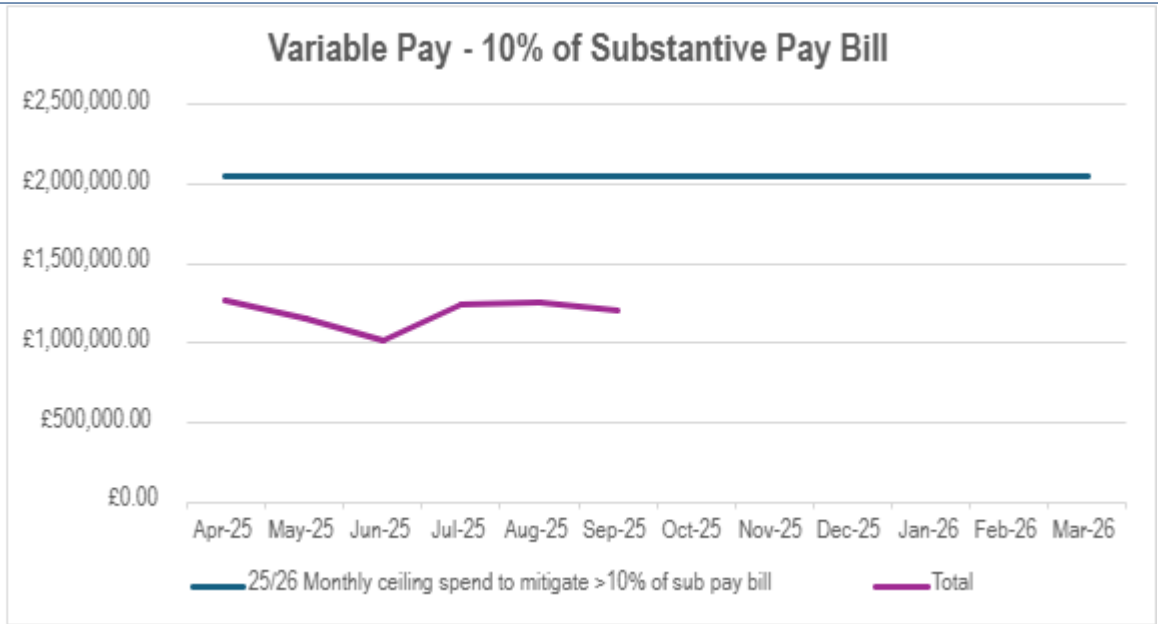
As illustrated below, Month 5 marks the first instance this year where actual spend fell below the 30% ceiling, indicating progress toward the target. However, current projections suggest that we are on course to exceed the target by approximately 17%, equating to an estimated £300,000 overspend. This trajectory highlights the need for immediate intervention and strengthened cost control measures to realign with the mandated reduction.



Top Reasons for Spend – AGENCY

Vacant Post	£409,955.09
Extra Capacity	£99,723.28
Sickness- Short Term	£10,826.86
Maternity Leave	£5,415.38

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Recruitment Summary – Medical & Dental Workforce (September 2024-25)

The UHB uses the ‘Trac’ system for recruitment and selection, the system data has confirmed the following medical & dental recruitment activity over the past 12 months:

Consultant posts offered	86
Non – Consultant posts offered	181

As a comparison, ESR data confirms the following medical & dental appointees who have commenced in post over the past 12-month period: -

Consultant appointments commenced	91
Non-Consultant appointments commenced	201

Note: data will vary between Trac and ESR given that offers and start dates will typically be several months apart.

Hard-to-fill posts

A review of key hard-to-fill posts identified 12 months ago has shown the following progress made in the interim:

HTF post (Sep 2024)	Update (Sep 2025)
Consultant in Immunology 1.0 WTE	Post now filled
Consultant Hematologist (H&T) 1.0 WTE	Post now filled
Consultants in Histopathology 1.4 WTE	0.6 WTE appt made but other sessions have since been vacated resulting in 1.8 HTF vacancies currently
Consultants in Gastroenterology 4.0 WTE	3.0 WTE appts made but further posts have arisen resulting in 1.0 WTE HTF vacancy and 4.7 WTE other vacancies – 2 of which are mid-recruitment

Consultants in Acute Medicine 2.0 WTE	4.7 WTE appts made but further posts have arisen – no longer considered hard-to-fill and remaining vacancies are pending recruitment
Consultants in Adult Psychiatry 3.0 WTE	3.0 WTE appts recently made following decision to advertise at enhanced pay rate but further posts have arisen – overall vacancy figure will reduce from 6 to 3 WTE
Consultant in Old Age Psychiatry 0.8 WTE	Post now filled
Consultant in Neurorehabilitation 1.0 WTE	Hard-to-fill post still vacant
Consultant in Fetal Medicine (O&G) 1.0 WTE	Post partially filled (0.3 WTE) via trial honorary contract arrangement from England Consultant
Consultants in Community Paediatrics 2.0 WTE	1.0 WTE appt recently made; other 1.0 WTE post still vacant
Consultant in PICU 0.5 PICU	0.5 WTE post now filled although other sessions have recently arisen resulting in 0.66 vacancy
Consultant in Urology 1.0 WTE	Post now filled
Clinical Fellows in Anaesthetics 2.0 WTE	Posts now filled
Clinical Fellow in Cardiac Surgery 1.0 WTE	Post appointed and due to start
Clinical Fellows in Emergency Medicine 3.0 WTE	Vacancies remain but recruitment frozen due to overall spend
Specialty Doctors in Adult Psychiatry 4.0 WTE	3.0 WTE posts made via India recruitment initiative, but other vacancies remain although no longer designated hard-to-fill
Clinical Fellow in Paediatric Surgery 1.0 WTE	Post now filled
Clinical Fellow in T&O (Spines) 1.0 WTE	Post now filled

A small number of additional hard-to-fill vacancies have arisen in the interim:

- Consultants in Stroke Medicine 3.0 WTE
- Consultant in Special Care Dentistry 1.0 WTE

The Medical Resourcing Team have progressed several initiatives to ensure progress has been made in addressing the UHB's hard-to-fill vacancies, these include:

Initiative	Outcome
Advertising at enhanced pay point	Successful in securing Consultant appointments in Adult Psychiatry and Histopathology
RPO initiative via Medacs agency	Successful in securing Consultant appointments in PICU and Breast Radiology
All Wales India recruitment initiative	Successful in securing 9 sub-Consultant appointments in Adult Psychiatry, Acute Medicine, Emergency Medicine, and Gastroenterology (NET)
Medical Training Initiative (Royal College sponsorship)	Successful in securing a sub-Consultant appointment in Nephrology

The Medical Resourcing Team have also worked to encourage a few expensive long-term Locum Consultants (Locum Bank & Medacs) into more cost-effective contracted Locum Consultant posts employed directly by the UHB, thereby reducing reliance on expensive temporary medical pay expenditure. This has proved successful in securing Consultant-level posts in Acute Medicine, Gastroenterology, and Breast Surgery.

Additional scrutiny processes currently within the UHB also serves to ensure that departments re-look at their vacancies and determine whether they are all critical to support service delivery in their present format or whether there are opportunities to adjust staffing models and deliver services differently.

Job Planning

Job planning is a professional as well as contractual obligation for consultants and employers. Regular reviews of the efficient and effective use of consultants' time are critical during a period of rapid change in both medical technology and healthcare delivery systems. The challenges currently facing the NHS underline the importance of consultant job planning as a means of organising resources effectively and efficiently in a way which brings mutual benefits to organisations, patients and doctors in the planning and delivery of high-quality patient care.

Prior to 2020, an audit into job planning compliance found that there was 'limited assurance' with only 37% of consultants in the UHB with a valid Job Plan, according to ESR.

It became clear that a cultural shift in job planning was essential. The prevailing narrative needed to evolve into one that was more constructive and empowering. Central to this transformation was a commitment to clearly articulate the benefits for clinicians—promoting transparency, ensuring fairness and equity across specialties, and acknowledging that clinicians can only fulfil one role at a time. The health board's dedication to fair remuneration for work undertaken was a key pillar of this approach. Crucially, job plans must be recognised as a vital tool for protecting the wellbeing of our medical workforce, ensuring that expectations remain realistic and that we do not inadvertently ask the impossible.

Objectives:

1. Improve the health boards compliance rate for consultant job planning to 95%;
2. Introduce and reinforce new and current job planning processes;
3. Act on the recommendations of the internal audit report for consultant job planning.

Solutions:

1. Implement an electronic Job Planning System;
2. Draft and agree a Job Planning Procedure and promote best practice;
3. Use the above solutions to drive compliance and improve assurance.

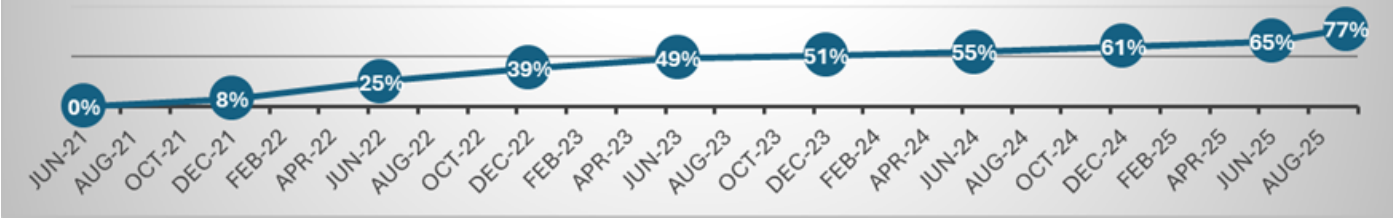
Since its implementation in June 2021, the UHB has seen significant improvement in job planning compliance, with several areas demonstrating outstanding delivery. Nonetheless, these improvements have not been uniformly achieved across all specialties and Clinical Boards.

That said, the model developed by the job planning team has been recognised and promoted as best practice within the organisation and it offers a strong foundation for promoting equity, transparency, and consistency in our job planning approach, aligning with the Amendment to the National Consultant Contract in Wales (2003).

Improvement in compliance 2021 - 2025

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Job Planning Compliance (Since the implementation of eJobPlan)



Current Position - Total Clinicians – 991 rising from 881 in June 2021

- 97% (957) of all clinicians have a job plan (with content) on the e-job plan system (Allocate)
- 77% (765) of all clinicians have a fully signed off job plan
- 62% (610) of all clinicians have fully signed off plans dated within 12 months
- 70% (695) of all clinicians have fully signed off plans dated within 18 months
- 9% (86) are awaiting sign off by clinician or management team

Compliance by Clinical Board

% Compliance Clinical Board	Column											
	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25
All Wales Genomics Service	93.33%	93.33%	93.33%	93.33%	81.25%	6.25%	50.00%	81.25%	100.00%	100.00%	100.00%	100.00%
Children & Women	56.08%	57.14%	52.05%	48.30%	51.35%	56.08%	63.01%	68.28%	75.00%	73.76%	67.13%	77.62%
Clinical Diagnostics & Therapeutics	77.50%	81.25%	78.05%	77.11%	85.54%	85.54%	85.54%	89.16%	91.57%	83.33%	75.56%	66.29%
Medicine	44.89%	49.43%	52.84%	55.43%	59.89%	63.48%	58.66%	61.11%	65.00%	69.83%	71.58%	75.82%
Mental Health	66.67%	75.51%	71.43%	78.43%	72.55%	73.58%	77.36%	69.09%	64.81%	68.52%	66.07%	69.81%
Primary, Community Intermediate Care	100.00%	100.00%	90.00%	70.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	40.00%	80.00%
Specialist Services	54.90%	57.14%	60.38%	66.04%	67.30%	67.68%	66.87%	74.12%	81.55%	82.74%	83.53%	83.53%
Surgical Services	66.25%	70.57%	71.16%	69.66%	66.05%	66.36%	64.63%	70.15%	73.77%	75.30%	76.49%	77.25%
Grand Total	60.57%	64.16%	64.23%	64.69%	65.50%	65.88%	66.26%	70.93%	75.38%	76.33%	74.80%	77.13%

Speciality and Associate Specialist (SAS) Charter

The SAS Doctors and Dentist Charter for Wales were introduced in 2016. The aim of the charter is to demonstrate a commitment to supporting and developing the SAS doctor as a highly valued and vital part of the medical workforce. It sets out both the rights and responsibilities of SAS doctors and the employer with a commitment to support and enable SAS doctors and dentists to realise their full clinical potential and to deliver the best patient care.

To support this Charter a local SAS Tutor was introduced in 2016 and latterly a SAS Advocate was appointed. The responsibility of the Tutor post is to provide leadership for education, training and career progression of all career grade doctors and dentist in UHB and to provide advice on matters relating to SAS Development. The Advocate role provides help and support and be a visible point of contact for SAS doctors in the organisation. Signpost SAS doctors to the relevant departments, colleagues, or information within the organisation as well as, where relevant, trade union representatives to provide support on their health and wellbeing including actions to address concerns raised regarding working relationships. Work with the LNC to ensure a consistent approach to SAS doctors health and wellbeing is adopted across the UHB

In October 2025 a National SAS week took place, this is the first time this event has taken place. Now the event has passed our intention is to ask for feedback and make any changes, improvements as necessary.

There is also a requirement for the UHB to update the Local Negotiating Committee (LNC) on a regular basis with progress against the Charter.

Fatigue & Facilities Charter – Resident Doctors

NHS Wales must be a safe place to work and a safe system of work. Health services operate 24 hours a day, 365 days a year, with teams providing round the clock services in many different environments. Getting the experience of work right within rotas is critical to the educational experience of Resident doctors. Whilst the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2002 and the 'Standards for Hospital Residential Accommodation and Associated Support Facilities' provide specific requirements; these need to be delivered to enable doctors to work effectively whilst minimising occurrences of fatigue. When fatigue and tiredness occur, mechanisms are in place to manage and alleviate this. This is consistent with the aims of "A Healthier Wales" and the emphasis which the quadruple aim places on the health and wellbeing of the health and social care workforce.

The Fatigue and Facilities Charter were developed in partnership by BMA Cymru Wales, NHS Wales Employers and Welsh Government to provide a comprehensive set of standards to be followed, recognising the specific opportunities NHS Wales, an enhanced environment for doctors working in Wales. The standards are designed to address the systemic causes of sleep deprivation and fatigue among doctors. They require Health Boards and Trusts to provide good quality facilities particularly, but not exclusively, for staff working at night and at the end of night shifts.

The charter is collectively owned and has been developed to act as a catalyst for change. Implementation required the joint development of solutions to problems to support and improve the overall experience of doctors. The Local Negotiating Committee was tasked in taking forward the charter's provisions at a local level and monitor local implementation of the standards. To support this, C&V UHB has a nominated representative responsible for maintaining these standards, (Assistant Medical Director for Medical Education). Updates are provided monthly to the Medical Workforce Advisory Group. The Local Negotiating Committee are also provided with regular updates. We have a comprehensive website with all details/information relating to the F&F Charter. The AMD Medical Education completes an annual standard return to HEIW advising the UHB's position using a RAG rating method.

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

The Medical and Dental Workplan for 25/26 has a number of key priorities that have been described in the previous section. There are two priorities on the workplan that we'd like to bring the Committees attention to as work in progress:

Sickness Absence Rates exc. SLE Resident Doctors

The absence rates below are for the Medical and Dental staff employed by the UHB. A programme of work commenced approx. 12 months ago to improve sickness absence recording on ESR (phase 1), a sickness absence rate of 1.87% may be under-reported and this is recognized to be a problem nationally.

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Staff Group	Medical	Dental													
Sum of % Sickness	Month														
Clinical Board	2024 / 11	2024 / 12	2025 / 01	2025 / 02	2025 / 03	2025 / 04	2025 / 05	2025 / 06	2025 / 07	2025 / 08	2025 / 09	2025 / 10	Grand Total		
All Wales Genomics Service	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%		
Children & Women	2.69%	2.92%	3.45%	1.82%	2.70%	2.49%	2.26%	1.97%	1.95%	1.17%	1.29%	2.46%	2.27%		
Clinical Diagnostics & Therapeutics	2.95%	2.63%	0.76%	2.56%	1.68%	2.87%	1.53%	1.80%	1.75%	1.06%	1.21%	2.70%	1.95%		
Corporate Executives	0.20%	0.00%	0.00%	0.62%	0.00%	0.00%	0.00%	4.40%	0.78%	0.00%	0.15%	0.00%	0.48%		
Medicine	1.32%	2.20%	2.04%	1.06%	1.93%	2.40%	1.60%	1.39%	1.62%	1.44%	1.44%	1.92%	1.70%		
Mental Health	4.16%	4.01%	4.08%	4.28%	1.87%	1.41%	1.73%	1.65%	2.90%	2.42%	1.59%	4.91%	2.90%		
Primary, Community Intermediate Care	2.82%	4.20%	4.69%	4.26%	4.54%	3.54%	2.61%	4.31%	4.19%	4.05%	4.43%	5.49%	4.10%		
Specialist Services	2.03%	2.60%	1.83%	0.53%	0.16%	1.10%	1.18%	0.83%	1.24%	2.18%	2.35%	2.53%	1.55%		
Surgical Services	1.67%	1.80%	2.37%	1.63%	0.98%	1.52%	1.88%	2.73%	2.50%	1.32%	0.77%	0.92%	1.67%		
Grand Total	2.02%	2.38%	2.36%	1.59%	1.48%	1.89%	1.70%	1.93%	1.97%	1.55%	1.42%	2.07%	1.87%		

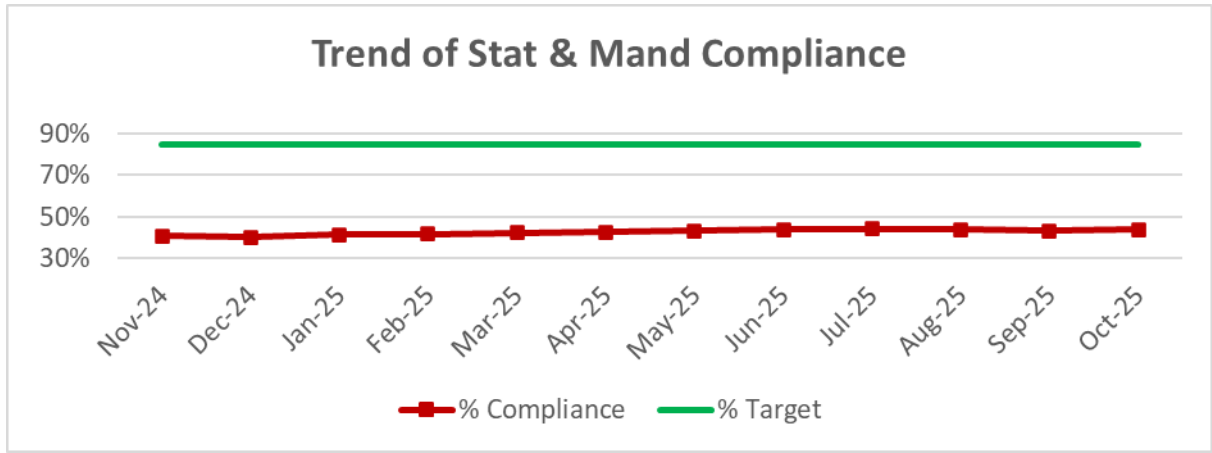
The Medical Resourcing team have engaged with the Clinicals Boards, developed and sent out user guides to make it easier to record absence on ESR. This hasn't been as effective as anticipated so we are currently engaging with Clinical Boards to truly understand the barrier to recording. Phase 2 is to improve the management of sickness absence.

Sickness absence for Resident Doctors employed by SLE-NWSP is reported into the SLE by our UHB (host) and the management of sickness absence is undertaken by the employer. We are working closely with SLE to improve the experience for both the Resident Doctor and the Manager.

Statutory and Mandatory Training – target >85%

Currently the compliance with statutory and mandatory training amongst medical consultants is way below the NHS Wales target of 85% and whilst there are a number of reasons for this, it is felt that requirement to undertake the training has not been embedded into the culture for medical staff. This lack of compliance comes with risks to staff, patients and the UHB.

A scoping exercise has been undertaken to identify all the statutory and mandatory e-learning modules that medical staff are required to undertake as part of their role.



The list of competencies include with their required frequency are:

- Equality and Diversity (3 yearly)
- Fire Safety (annual)
- Infection Prevention and Control (3 yearly)
- Information governance (3 yearly)
- Moving and Handling (only once)
- Resuscitation (3 yearly)
- Safeguarding Adults (3 yearly)

- Safeguarding Children (3 yearly)
- Violence and Aggression (module A and B) (3 yearly)
- Violence and Aggression (module C) (3 yearly)
- Welsh Language (3 yearly)
- Consent (3 yearly)
- Mental Capacity Act (3 yearly)
- Disability Awareness (only once)

Actions moving forward

- To make training easier, we intend to ensure that training in all but one competency can be undertaken on-line. The exception is Violence and Aggression module C which will only be mandated for staff working in high-risk areas such as Emergency Department, Care of the Elderly and Psychiatric Services.
- If staff have received training in any competency outside the UHB, subject to providing the necessary certification, this will be accepted to avoid repetition.
- The total time taken to complete the training amounts to 9 hours (for three years). As such, the time needed to complete the training is well within the core SPA sessions in your job plan.
- To facilitate a change in culture towards Statutory and Mandatory Training, compliance rate(s) will be discussed at annual job plan meetings. Whilst overall compliance should exceed 85%, it has been decided that compliance in three competencies (Fire, Consent and Information Governance) should be 100%.

E-Rostering

The UHB currently operates four separate medical e-rostering systems: HealthRota, MediRota (Rotamap), Momentum (via Bio-Optronics), and CLW (also by MediRota).

As the need for greater visibility of the medical workforce grows—particularly in understanding how staff are allocated to meet patient demand and deliver care—the use of multiple platforms has presented challenges. These include limited oversight of rota fulfilment across both resident and consultant medical staff.

Following an All-Wales procurement process led by NWSSP, RLDatix (Allocate) has been awarded the All-Wales contract for a unified e-rostering solution. This framework will enable the UHB to directly call off the contract at a local level, subject to agreement on local commercial terms.

The People & Culture team are currently engaging with RLDatix (Allocate) to agree on the next steps and to assess the feasibility of interoperability with our existing Medical Bank technology (Patchwork), with the aim of enhancing operational efficiency. While this option is being explored, all localised procurement activity must be paused to ensure a unified system is implemented across the entire UHB.

If we can contract with RLDatix the system will be available from 1st February 2025 and if the Welsh Resident Doctor contract is accepted by BMA members, there will be a requirement for all Resident Doctors to be on the e-rostering system by August 2026.

Alignment to National Programs

As a UHB we ensure that our workplan is aligned to both local and national priorities, we are represented on the Medical and Dental Business Group (MDBG), Community Dental Business Group (CDBG) and the Workforce Partnership Forum (WPF) and Committee. We are also involved in national programmes of work involving development of an All-Wales Job Planning Policy,

implementing consistent GP Out of Hours Terms & Conditions and Welsh Resident Contract Reform (WRDC).

Welsh Resident Doctor Contract (WRDC)

Welsh Government, NHS Wales Employers and BMA Welsh resident doctors committee agreed to enter contract negotiations in 2024, building based on previous negotiations conducted between 2020 and 2022. These talks commenced in early 2025 based on a mandate provided by the Cabinet Secretary for Health and Social Care.

The agreed aims of the negotiations were:

- To improve the recruitment, retention, motivation, and engagement of resident doctors and dentists to make Wales the preferred destination for medical and dental training.
- To ensure high-quality care by enabling employers and staff to meet shared responsibilities to patients, while maintaining competitiveness with other UK and international training programmes.
- To develop an equitable and progressive pay structure aligned with skills, experience, and Welsh Government longer term commitments to pay restoration.
- To provide clear entitlements to protected study time, modernise terms and conditions to support well-being and patient safety, and ensure affordability and return on investment in line with *A Healthier Wales* and the Workforce Strategy.

The initial phase of talks considered the current contractual landscape in the UK, the availability of necessary information for further contract reform discussions, and lessons learned from past contract reform processes. From here, detailed discussion was held on all areas of the terms and conditions, with particular focus on the working week, balancing training and clinical duties, the pay structure and pay system.

The latest update is the cabinet secretary has approved the framework. The BMA started a four-week roadshow from 6th October. The referendum then opens at the end of November for two weeks and closes on 15th December. We will find out within a few days if the new contract has been accepted.





The first employers' workshop took place on 26th September and as a UHB we have started to review our resident doctors' rotas in preparation.

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

Recommendation:

The People & Culture Committee is asked to **note** the content of the Medical and Dental Deep Dive report.

Link to Strategic Objectives of Shaping our Future Wellbeing: Please tick as relevant

 Putting People First	X	 Providing Outstanding Quality	
 Delivering in the Right Places		 Acting for the Future	X

Five Ways of Working (Sustainable Development Principles) considered
Please tick as relevant

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

Risk: Yes

Safety: Yes/No

Financial: Yes, described in the report

Workforce: Yes

Workforce impact is described throughout this report

Legal: Yes

Reputational: Yes

Socio Economic: n/a

Equality and Health: n/a

Decarbonisation: n/a

Approval/Scrutiny Route:

Committee/Group/
Exec

Date:

Strategy & Delivery

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GIG
CYMRU
NHS
WALES

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



Shaping Our Future

Workforce

Mental Health Clinical Board

People and Culture Committee

November 2025

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Background & Context

Mental Health Clinical Board comprises of 3 Directorates which include:

- Adult Services
- Mental Health Services for Older People
- Psychology and Psychological Therapies

The Clinical Board is undertaking an ambitious improvement programme in line with the Welsh Government's Mental Health and Wellbeing Strategy (2025-2035) and is working with colleagues in HEIW to produce a workforce plan for Mental Health Services aiming to contribute to the delivery of an inclusive, engaged, sustainable and flexible mental health workforce across Health and Social Care in Wales.

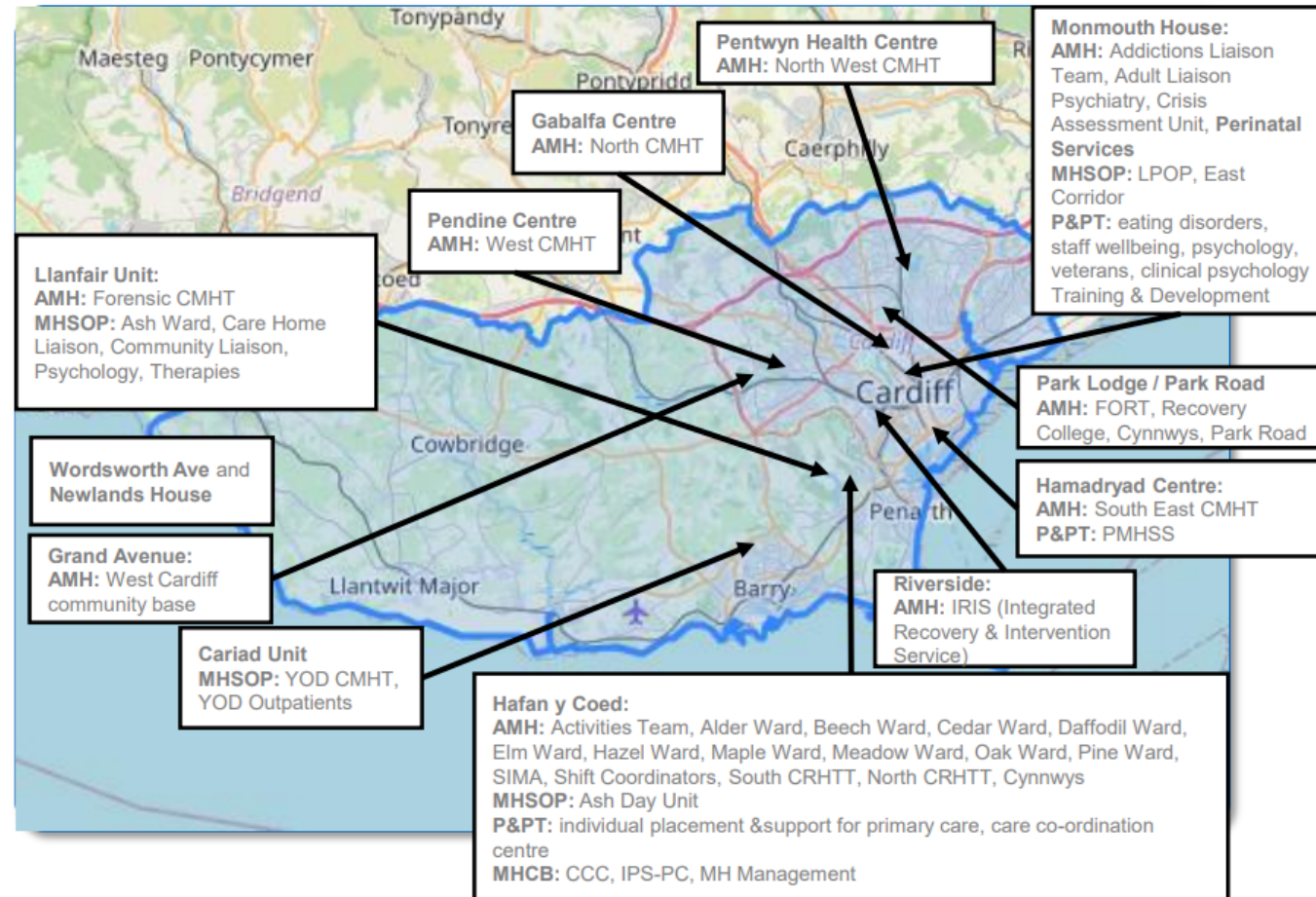
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Mental Health Clinical Board

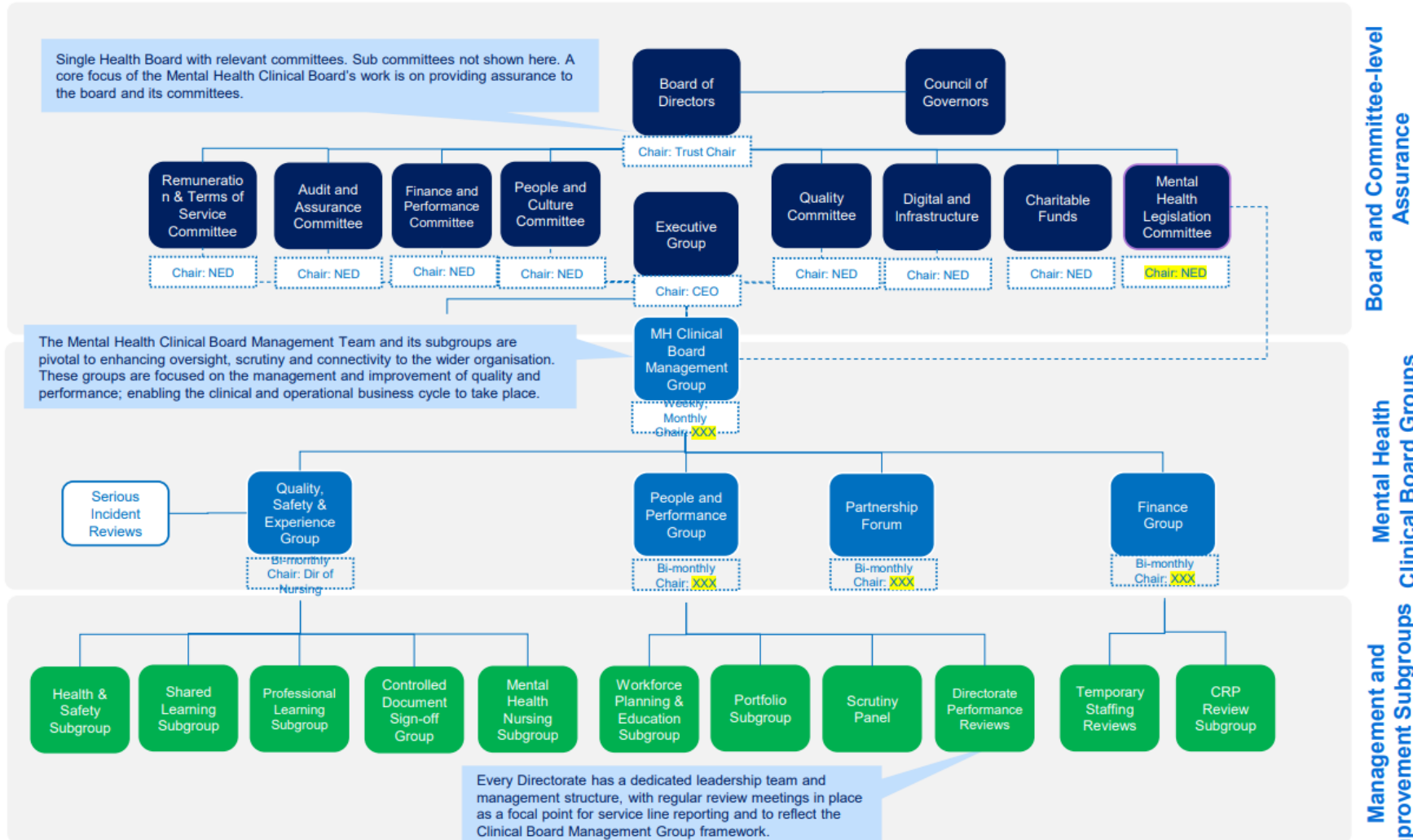
Map of services







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Interim Governance Structure



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Putting People First	Providing Outstanding Quality	Delivering in the Right Places	Acting for the Future
<p>Improve the way we engage and communicate with staff.</p> <p>Promote Health and Wellbeing of staff. Sickness Panels, training, VBAs</p> <p>Temporary Operating Model and Governance arrangements.</p> <p>Build an affordable, sustainable integrated workforce through strategic and whole system workforce planning. Implementation of new roles such as CAAPs.</p> <p>Increase the diversity of workforce to meet the population needs. Engagement with Diverse Cymru and Shared Lives programme.</p> <p>Focus on prevention (monitored and evaluated through PROMs and PREMS).</p> <p><i>Chilcott, Rachel 21/11/2025 16:08:24</i></p> 	<p>Identify significant areas of avoidable harm and develop plans to eradicate. Development of Stable and Severe service.</p> <p>Development of staffing establishments, [practice and new roles and delivery towards QNWA and CQC standards.</p> <p>Received positive assurance on aspects of inpatient care (Maple Ward).</p> 	<p>Transformation of Mental Health Estate (right place for the right care with the right person). Explore available opportunities for integrated and joined up working.</p> <p>Safe, trauma informed ligature free inpatient environment.</p> <p>Development of Hazel Ward.</p> <p>Providing digitally enabled care.</p> <p>Establishing a University Liaison Service bridging campus support with NHS adult mental health for earlier access and support.</p> 	<p>Delivering within allocated resources, careful consideration of CHC placements, out of area placements.</p> <p>Improve the effectiveness of commissioning.</p> <p>Digital improvements underway, progressing procurement of a single EPR for mental health and community services.</p> <p>We are committed to investing in the training and development of our mental health workforce through the Health Education and Improvement Wales (HEIW) Mental Health Workforce Development Programme.</p> <p>The MHCB is piloting a one-year Certificate in Higher Education (delivered via distance learning) to reduce study time for the HCSW workforce as part of the pre-registration 'Grow Your Own' nursing programme.</p> 



Shaping Our Future

Workforce

Current Workforce

- Our current workforce consists of 1384 WTE staff. Our largest directorate area is Adult Services with 665 WTE.
- The largest proportion of our workforce are Nursing (541 WTE) and Additional Clinical Services which are predominantly HealthCare Support Worker staff (491 WTE)
- We have 57 WTE Medical staff within the Clinical Board

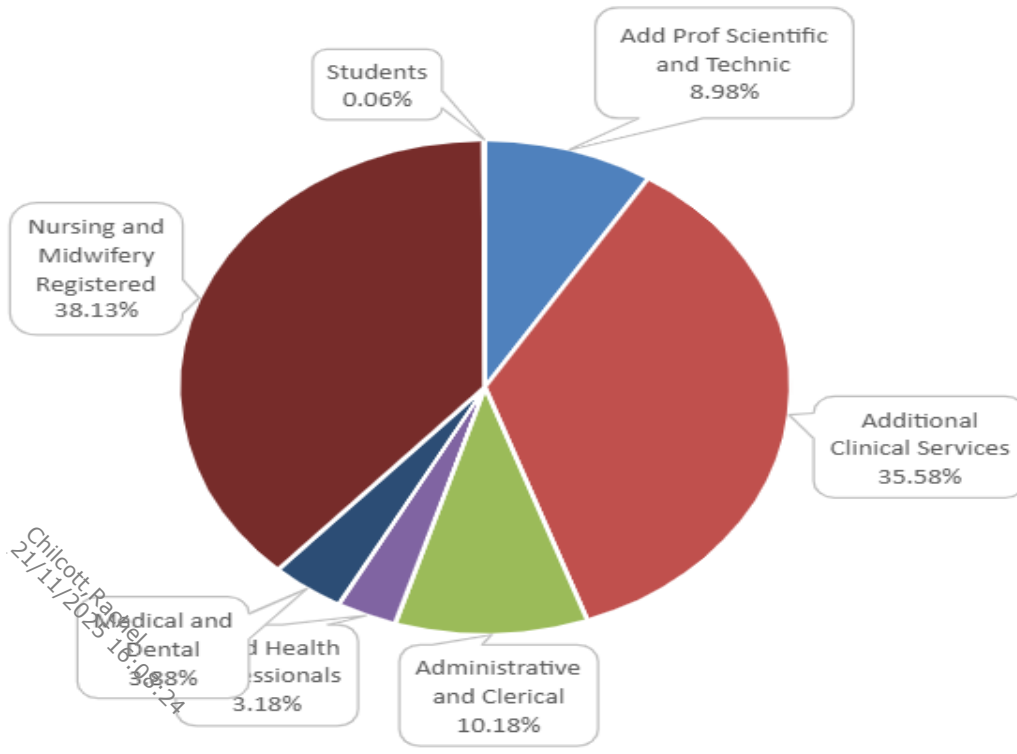
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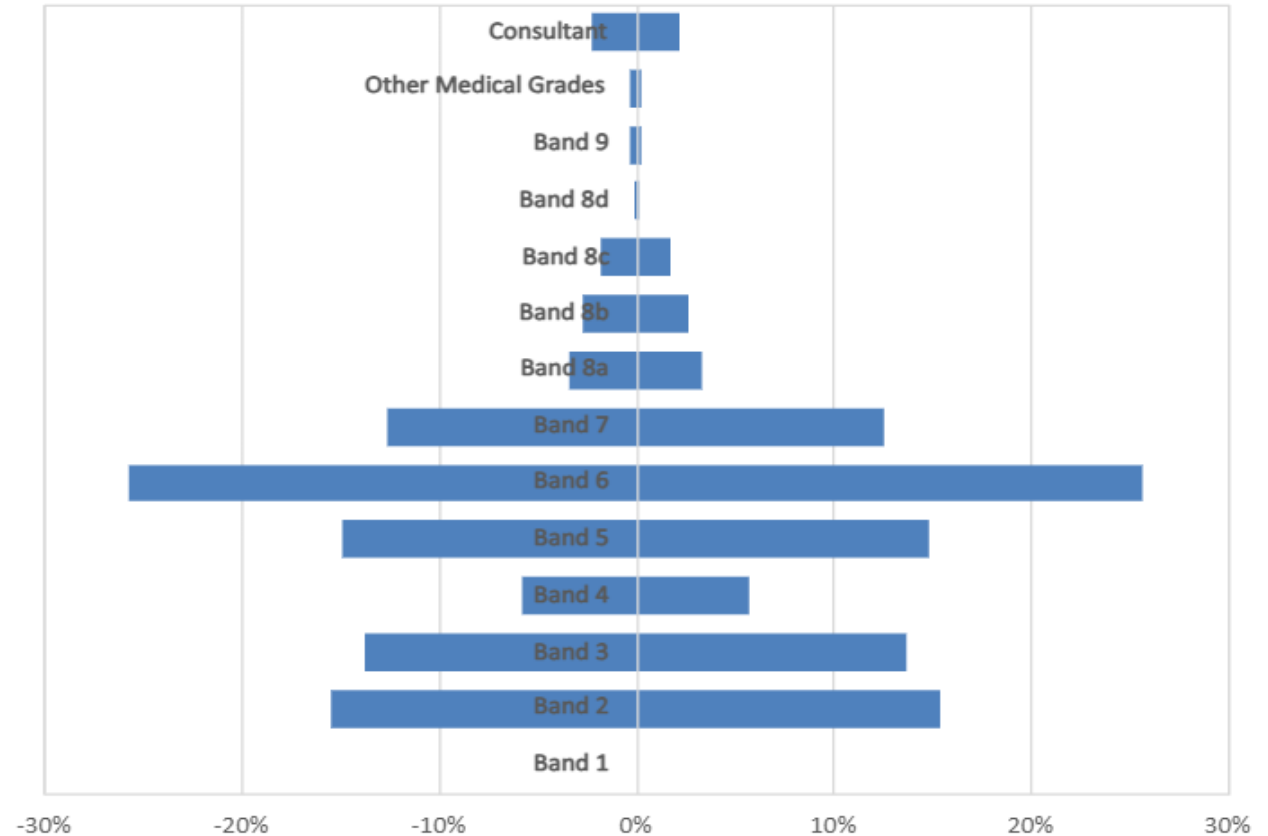


Workforce Shape:

Staff Group



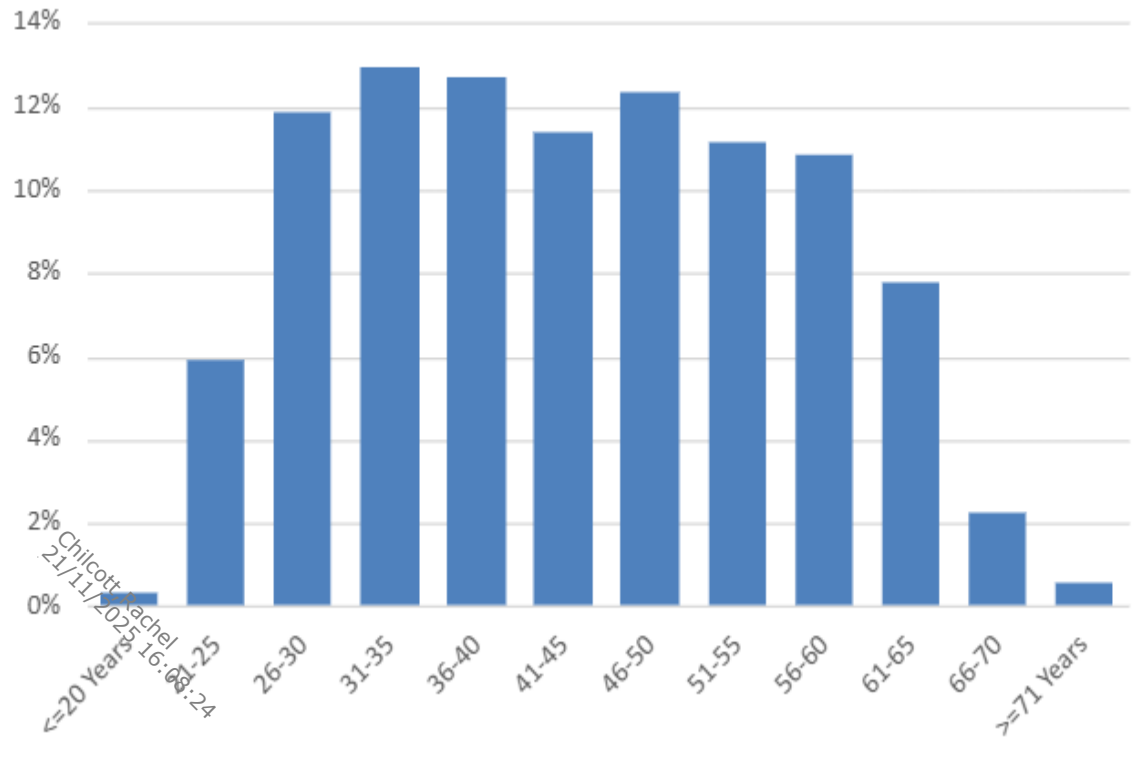
Christmas Tree by Pay Band





Workforce Shape:

Age Profile



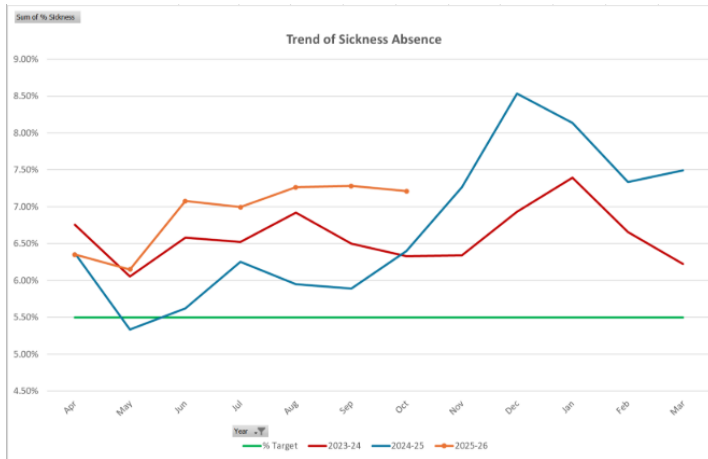
Age Band	Headcount
51-55	175
56-60	170
61-65	122
66-70	35
>=71 Years	9
Grand Total	511



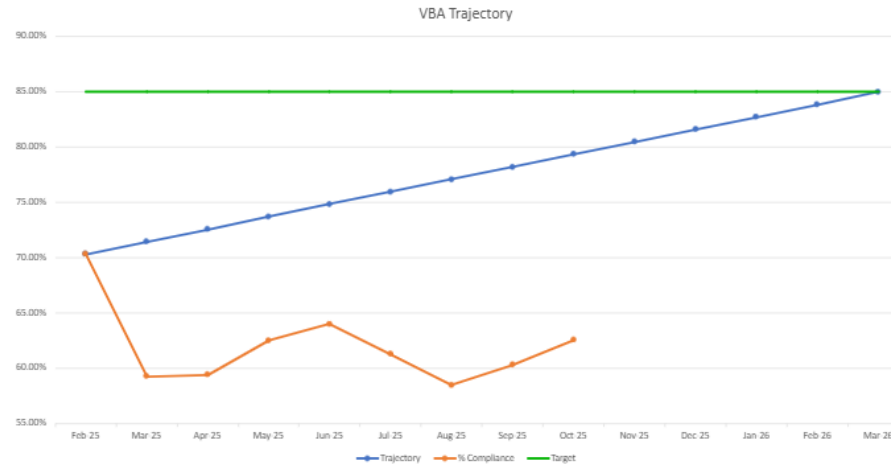


Workforce KPIs - Position October 2025

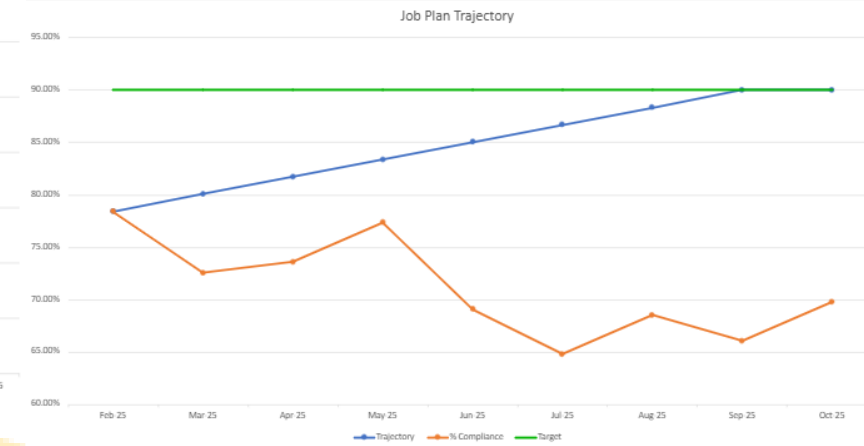
Sickness/Absence



VBA



Job Planning



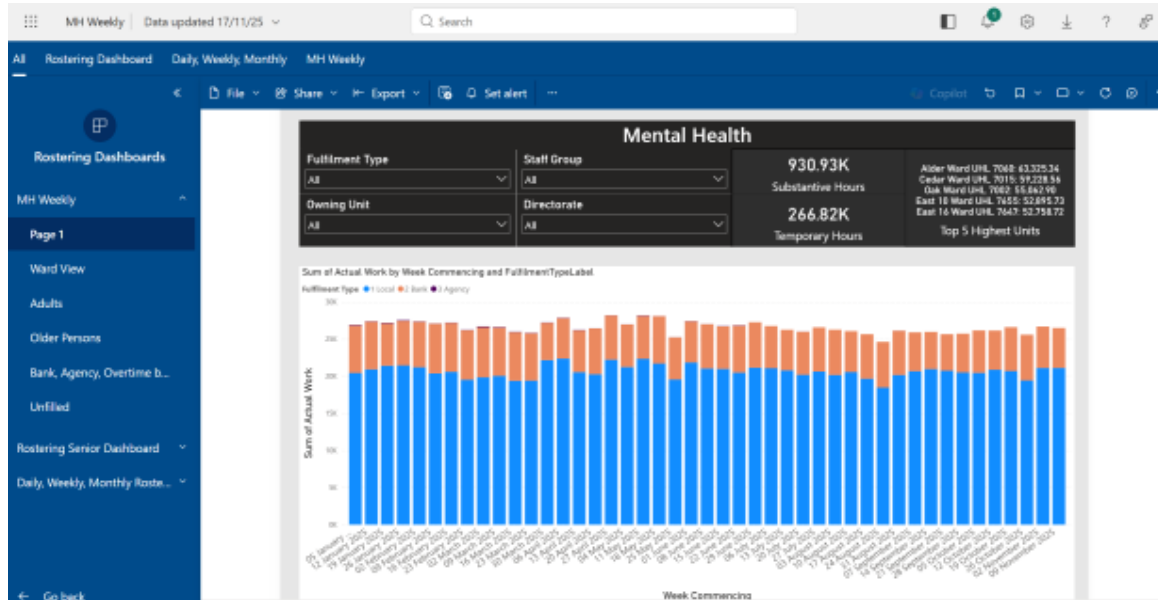
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Absence Reason	Headcount	Abs Occurrences	FTE Days Lost	%
S10 Anxiety/stress/depression/other psychiatric illnesses	352	505	16,557.92	44.86%
S13 Cold, Cough, Flu - Influenza	527	668	3,701.42	10.03%
S25 Gastrointestinal problems	386	498	2,124.15	5.75%





Ward staffing reviews



- Ward level power Bi dashboard reviewed weekly
- Monthly roster reviews with all wards to ensure that wards align budget and rostering practices
- Review of headroom in rosters
- Roster sign off and improved accuracy of payroll
- Tracking live accurate data with wards
- Model now to be copied across other clinical boards
- Supported by finance and e-rostering team
- Supported reduction in rostering costs of £500k year to date

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People and Culture Plan Achievements

Seamless Workforce Models/Workforce Supply and Shape

- Development of Workforce and OD Community of Practice to drive forward capability and capacity in Mental Health Workforce Planning
- Allied Healthcare Professional Pathfinder Projects (Speech and Language Therapy, Art Therapy, Music Therapy, Mental Health Dietetic Support)
- PA Pathfinder in place.
- Validation of ESR/GL to improve understanding of workforce.

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Attract, Recruit and Retain

- 16 student streamliners due to commence in Mental Health between September and November 2025
- 5 x Grow your Own, OU/USW students transitioning from HCSW to Band 5 Nurse roles.
- Recruitment to key roles, recovery College Band 7
- Attendance at Career related events
- [Careers Wales MH project](#)
- MHCB teaching on Cardiff University Nursing programme

Engaged, Motivated and Healthy Workforce

- Partnership working with staff side, “connection visits”
- Active promotion of staff support mechanisms
- Staff Survey - action plan development
- Promotion of Flu Vaccination
- Contribution to Cultural Safety Zone development
- Wellbeing and psychological safety initiatives promoted, CRSS and TIM champions in place. Introduction of Reflective Practice and Schwartz Rounds. Culture of Clinical Supervision throughout MH workforce.
- Extensive interprofessional training opportunities



People and Culture Plan Achievements

Excellent Education and Learning

- Shared Learning Events e.g. Information Sharing & Gathering; Becoming a Trauma Informed Service
- Recovery College Activities
- Lived Experience Reflection sharing
- 300 individuals undertook a range of skills level and postgrad level therapeutic interventions training
 - o 40 individuals completed Solution Focussed Brief Therapy training (10 more scheduled for 25/26)
 - o 42 individuals completed Motivational Interviewing training
 - o 80 individual completed Dialectical Behaviour Therapy (60 intro, 20 enhanced)

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Leadership & Succession

- Secondment Opportunities through changes to Clinical Board.
- 13 Staff have undertaken the HEIW Mental Health Team Manager Development Programme (PG Cert)
- 9 Staff are actively engaging in the HEIW MH Mentorship programme
- Co-lead: HEIW pilot across two AMH wards to foster team collaboration and a culture of psychological safety utilising a non-hierarchical leadership structure.

Building a Digital Ready Workforce

- Enhanced People Analytics training for Leaders
- Development of Weekly staffing dashboard.
- Development of user-friendly SharePoint site





Challenges to Delivery of People and Culture Plan

- Recruitment Freeze – inability to recruit creating pressures and operational impact.
- Changes to Clinical Board Leadership team and leadership capacity challenges.
- Significant absences due to Work Related stress.
- Ongoing challenges with culture (reports of bullying/poor behaviour/low psychological safety, variable communication and slow resolution).
- Variable data quality
- Staffing gaps, overdue inspections, estate defects (meaning higher incidents and staff strain)
- Embedding new governance structure, ensuring roles and decision-making abilities are clearly understood.
- Operational Challenges including inpatient flow, Part 1a assessment timetables, statutory assurance CTP compliance, specialist pathways redesign

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Next Steps

- Embed Governance Structure
- Improved Communication Strategy
- Workforce Reshaping required
- Continuing to stabilise staffing
- Re-establishing Partnership Forum
- Ongoing work with 36 degrees
- Ongoing work with tricordant
- New digital space



Good News Stories

- The annual Mental Health Clinical Board staff recognition awards are due to take place on December 10th
- We are proud to be investing over £80,000 in the training and development of our mental health workforce through the HEIW Mental Health Workforce Development Programme. This initiative, supported by Welsh Government funding, focuses on building skills, leadership, and career pathways to ensure our teams can deliver high-quality, person-centred care. By strengthening education and professional development, we are creating a sustainable workforce equipped to meet the growing mental health needs of our communities

Hamadryad CMHT HiW inspection praised high patient satisfaction, caring and flexible staff, and timely urgent care. The team showed inclusivity, strong leadership, and safe practice with no immediate concerns. Recent improvements—crisis support leaflet, safeguarding training, advocacy awareness, and recruitment progress—reflect a clear commitment to quality and continuous improvement

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Report Title:	People Policies Report			Agenda Item no.	3.2
Meeting:	People and Culture Committee	Public	x	Meeting Date:	25.11.25
		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:

The All-Wales Flexible Working Policy was originally adopted by the People and Culture Committee in January 2024, following its agreement by the Welsh Partnership Forum (WPF) in November 2023. The policy was developed in partnership across NHS Wales in response to a Ministerial commitment to make acceptance of flexible working the default position within the NHS, unless there are clear business reasons to decline.

The All-Wales Policy is a contractual policy that must be adopted without amendment by all Health Boards and Trusts in Wales. Cardiff and Vale UHB was represented in the development of the original policy by members of the People and Culture team and Trade Union colleagues.

A slightly revised version of the All-Wales Flexible Working Policy has now been issued. The amendments ensure legal compliance in relation to appeals and timescales. All organisations have been asked to take the revised version through local governance and implement accordingly.

A copy of the revised Policy has been attached as appendix 1.

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

The purpose of this report is to inform the Committee that a revised version of the All-Wales Flexible Working Policy has been issued and to confirm that Cardiff and Vale University Health Board will implement the updated version through its local governance processes.





Recommendation:

The People and Culture Committee is requested to:

- Adopt the revised All-Wales Flexible Working Policy

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>
 <p>Delivering in the Right Places</p> <p>3.</p> <p>Click the objective above to view more detail.</p>		 <p>Acting for the Future</p> <p>4.</p> <p>Click the objective above to view more detail.</p>

Click the objective above to view more detail.						
Five Ways of Working (Sustainable Development Principles) considered <i>Please place an "X" in the below boxes as relevant</i>						
Prevention		Long term		Integration		Collaboration
						Involvement
Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i>						
Risk: No						
Safety: No						
Financial: yes						
Potential minor positive financial impact through reduced turnover, sickness absence, and recruitment costs						
Workforce: Yes						
Significant positive impact by supporting flexible, inclusive, and sustainable workforce practices						
Legal: Yes						
Ensures compliance with employment legislation relating to flexible working requests and appeals						
Reputational: Yes						
Positive impact by demonstrating commitment to staff wellbeing, fairness, and modern employment practices						
Socio Economic: No						
Positive impact through increased access to employment opportunities for those with caring responsibilities or other constraints						
Equality and Health: Yes/No						
Positive impact by promoting inclusion and removing barriers for underrepresented or disadvantaged groups, such as carers, disabled staff, and women, and by supporting improved work–life balance, reducing stress, and enhancing overall staff wellbeing.						
Decarbonisation: yes						
Indirect positive impact by supporting remote and hybrid working, which may reduce travel-related carbon emissions						
Welsh Language: Yes						
The policy will be made available in Welsh and English, supporting compliance with the Welsh Language Standards.						
Approval/Scrutiny Route:						
Committee/Group/Exec		Date:				
P&C Cmte						

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All Wales Flexible Working Policy

Fforwm Partneriaeth Cymru

Welsh Partnership Forum

GIG Cymru yn
Gweithio mewn Partneriaeth

NHS Wales
Working in Partnership



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Approved by:
Welsh Partnership Forum
Medical and Dental Business Group

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ALL WALES FLEXIBLE WORKING POLICY

1. POLICY STATEMENT

- 1.1** Within NHS Wales we know that to meet the health and care needs of our population effectively it is important to have a workforce which is healthy, engaged and motivated. We are committed to being a great place to work and learn and to the delivery of a quality service, acknowledging that our workforce is are fundamental to our success. We recognise our responsibility to attract, retain, deploy and develop people to maximise their potential. One of the ways of achieving this is to develop and maintain a culture where flexible working is seen as an enabler for effective and efficient provision of services which has benefits for colleagues, patients and the organisation. NHS Wales is committed to promoting and encouraging different ways of working in order to recruit excellent people and retain the wealth of knowledge, skills and experience of its current workforce.
- 1.2** Flexibility in employment helps people to balance work responsibilities with other aspects of their lives and to meet the needs which may arise at different stages of their lives. Key to achieving this is the provision and availability of flexible working opportunities which allow employees to make choices about how and when they wish to work accompanied by policies which support managers to take the time to understand what each person needs.
- 1.3** The [NHS Wales Approach to Flexible Working](#) is set out in statement which was developed and agreed in partnership. The aim of this approach is to support managers to make a cultural shift so that rather than “We can’t do this because...” the question becomes “How can we make this happen”? This means that the default position will be that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons in policy and law to decline it. This Policy sets out the principles underpinning flexible working arrangements that allow people to balance work responsibilities with other aspects of their lives and describes the processes to be followed when making or considering a request.
- 1.4** Flexibility in employment is a key factor in demonstrating NHS Wales commitment to fair and equal treatment in the workplace and in attracting the highest calibre of employees to work for the organisation. Flexible working opportunities should be considered for all employees and made available as far as practicable, regardless of role, shift pattern, team or pay band and should also be considered for employees who work on rotation. It is not sufficient for departments who have a traditional way of working to reject an application for flexible working just because it has not been tried before or because ‘this is how it has always been done’.

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- 1.5 All NHS organisations should proactively encourage and promote opportunities to work flexibly and use the resources available to them e.g., education, management and leadership programmes to advocate for the benefits of flexible working and move towards a culture which accepts it as the norm. Wherever possible, managers should consider how work can be undertaken flexibly and be supportive of flexible working requests from employees to better manage their work life balance, while maintaining service standards.
- 1.6 To support a positive culture of flexible working, organisations will need to consider how they support and encourage open conversations about flexible working. Examples of opportunities to talk about flexible working include at one-to-one line management / supervision meetings, team / departmental meetings, as part of wellbeing conversations, or as part of recruitment, induction, and annual appraisal processes. When advertising a job, employing organisations also need to consider how they promote the right to request flexibility from day one and the availability of flexible working options.
- 1.7 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. An Equality Impact Assessment of this Policy has been completed.

2. SCOPE

The policy applies to all employees of the *NHS organisation* from day one of their employment. However, flexible working arrangements for doctors in training are arranged by and subject to the approval of the Medical Deanery, HEIW.

3. PRINCIPLES

- 3.1 The NHS in Wales is committed to a flexible working culture, which means that a request for flexible working will be approved, and every possible avenue explored to facilitate this, unless there are clear business reasons as set out in this Policy to reject it.

Good flexible working arrangements should balance the needs of the individual with three key organisational factors: patient/service-user experience, service delivery and employee experience. It may not be possible to agree to the exact request, but managers are expected to discuss alternative arrangements with the individual to and ensure that all avenues have been explored before rejecting the request.

- 3.2 All employees should have equal access to flexible working, as far as practicable, regardless of role, shift pattern, team or pay band and all posts can be considered for flexible working. Although it is recognised that some posts may not be suitable for all types of flexible working arrangements in their entirety, managers should consider whether certain elements of the role can be worked flexibly.

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- 3.3** Employees can request to work flexibly from day one of their contractual employment and can make more than one flexible working request per year regardless of the reasons for them.
- 3.4** Employees will be treated fairly when having requests for flexible working considered. Each request for flexible working will be received openly by the appropriate line manager and considered individually on its own merits. Any request for flexible working should be approached on the assumption that it will be granted unless there is a legitimate business reason for refusal. However, consideration should be given to any potential impact on other employees and service delivery, including potential additional costs.
- 3.5** It is important that it is agreed from the outset whether the new working arrangements are permanent or temporary and this must all be documented in writing. Where the arrangement is temporary or for a fixed period, they must be reviewed regularly to ensure the needs of the service and of the individual are still being met.
- 3.6** Employees who are working flexibly will not be treated less favorably in relation to access to training and development opportunities or promotion opportunities.
- 3.7** No form of flexible working will allow employees to work in breach of the Working Time Regulations.
- 3.8** Although there is no limit on the number of requests an employee can make within a 12-month period, employees are asked to not simply re-submit requests that have been rejected without modification and/or a change in circumstances within the department. Instead, they are encouraged to maintain a regular conversation with their manager so that if anything changes both parties are aware and can respond to that change.
- 3.9** Changes to an employee's contract of employment must be confirmed in writing.

4. BENEFITS OF FLEXIBLE WORKING

Flexible working benefits individuals not only in allowing them to balance their personal life with their working life but in enhancing general health and wellbeing.

Individuals that are happier with their balance between life in and out of work are more generally more productive, produce better quality work and are more caring. For managers, flexible working can help retain employees– and holding onto experienced and skilled people is important in maintaining quality and containing costs. Offering flexible hours widens the talent pool, so managers should be able to recruit people with more skills; it can also increase commitment and loyalty of employees and can benefit through reducing levels of absenteeism and stress.

Flexible Working can also support service redesign through the creation of new blended roles and the reshaping and development of existing roles, in consultation with employees. The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for our workforce.

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5. FLEXIBLE WORKING REQUEST PROCESS

- 5.1** There may be a number of reasons why employees may need to adopt a more flexible working arrangement for a short period (i.e., up to 8 weeks) to address a particular issue. Where this is the case, it may be appropriate for the employee and the manager to discuss and agree this informally, particularly where the change has no impact on their other terms and conditions (e.g., pay). However, the outcome of the discussion should be documented and confirmed in writing.

5.2 Making the request

Where the employee wishes to apply for a form of flexible working on a permanent or longer-term basis, they should complete a Flexible Working Request Form (Appendix 1) or complete the request on ESR and submit it to their line manager. The employee may wish to have an informal discussion with their manager before submitting a formal request and managers are encouraged to facilitate this when requested to do so. However, the request will not be formally considered until it is put into writing.

The request form must contain the following information: -

- It must be dated and specify the change to working arrangements that they are seeking, and when they would like this change to come into effect.
- Where applicable, the applicant is encouraged to state if they are making the request in relation to the Equality Act 2010, for example, as a reasonable adjustment for a disability, or on return from maternity leave, or when it is for childcare or dependents care.

5.3 Responding to a Request

- 5.3.1** Managers should be aware that there is a legal requirement to consider the application and inform the individual of the outcome within 2 months, this should include any appeal, and should take this into consideration to ensure they have an adequate time frame to give the request due consideration.

- 5.3.2** The manager should arrange to discuss the application with the employee as soon as possible after receiving their request form (this can be in person, by telephone or via MS Teams). This will allow them to get a better understanding of the changes their employee is looking for and how they see things working in practice. The discussion should explore how the proposed working arrangement will work in practice, any potential positive and negative impact it may have on service provision and how it may affect other team members. Employees have the right to be accompanied by a workplace colleague or a trade union representative at this meeting.

If the manager intends to approve the request, this meeting is not a requirement, but it may still be helpful to discuss practical arrangements.

- 5.3.3** Managers must consider whether the request is in relation to a reasonable adjustment related to a disability or another protected characteristic. Employees are encouraged to identify where this is the case. Managers should also consider any health and safety issues that might result from the change and identify ways to mitigate them (e.g., if the working arrangements will mean the employee or their colleagues would become lone

workers). Advice can be sought from People Services/Human Resources/W&OD, Health and Safety and Occupational Health as appropriate.

5.4 Considering the Request

5.4.1 All requests should be approached with a can-do attitude, with the presumption that they will be granted unless it is genuinely not possible to do so for one of the business reasons set out below. The request should be considered carefully and the benefits of implementing the change should be weighed against any costs. In considering the application line managers must ensure that they do not directly or indirectly discriminate against the employee. If there is any doubt about what that might entail, then advice can be sought from the local EDI or People Services/Human Resources/W&OD team.

Once a decision is made the manager should inform the employee in writing using part 3 of the request form or via ESR.

5.4.2 If it is decided to approve the employee's application, or accept it with modifications, a discussion should take place to determine how and when the changes might be best implemented. This may include a trial period. The line manager is responsible for ensuring that NWSSP are notified if there are any changes to pay.

The employee must discuss and agree how they will organise their work and achieve deadlines in conjunction with their manager. Arrangements must be made between the employee and their manager to ensure that they are informed of the employee's current duties and where / how they will be working.

5.4.3 All endeavors must be made to accommodate the request in full or in part, or by providing an alternative. If, after discussing with the employee and considering all of the alternatives available, the manager feels they are unable to support flexible working in a particular post, they should discuss the application with People Services/Human Resources. If following this conversation, they still do not feel able to approve the request and cannot find a mutually agreeable alternative they must meet with the employee to explain this to them and provide written, objectively justified reasons for this and give a clear operational reason why this is not practicable. The manager must provide details of the business grounds for refusing the request and how they apply in this case. The only acceptable reasons are:

- Burden of additional cost.
- Detrimental effect on ability to meet customer/patient needs.
- Inability to reorganise work among existing employees.
- Detrimental impact on quality
- Detrimental impact on performance.
- Detrimental impact on the ability to meet service demands.
- Insufficient work for the periods the employee proposes to work.
- Planned structural changes to the department

5.4.4 There may be occasions when the manager is unsure whether a flexible working arrangement is sustainable, or where there is concern about the possible impact on others in the department. In these cases, the manager may agree to the flexible working arrangements on a temporary or trial basis rather than rejecting the request. Advice should be sought from People Services/Human Resources/W&OD.

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5.5. Escalation Stage

- 5.5.1 This stage should be used if a line manager has not been able to reach agreement on a solution in the exploratory stage. The purpose is to check for other possible solutions including whether the form of flexibility the individual is seeking could be accommodated in a different team, location or role.

If a request for flexible working has not been accommodated, and they no longer feel able to continue to work in that department as they are unable to balance their work / life responsibilities, managers are expected to support the individual in identifying any alternative roles within the organisation which may be more supportive of the individual's circumstances and in line with their request.

- 5.5.2 When a meeting is arranged to discuss the application, or to consider an appeal, and the employee fails to attend it or one further rearranged meeting without good reason, the manager is able to consider that the request is withdrawn. If the manager regards the application as withdrawn, they must inform the employee of this.

5.6 Timescales

When the manager receives the formal request for flexible working this must be considered and decided on within a period of 2 months from first receipt of the request including any appeal. This two-month time limit is a legal requirement and cannot be extended unless mutually agreed by the manager and employee in writing. Managers must be mindful of this 2-month time period when arranging the initial meeting/conversation with the employee to ensure that all applications are dealt with within the required timescales and should be held without unreasonable delay. NHS Wales employees also have the right to request an appeal if their request is turned down. Managers must ensure adequate time remains available for the employee to appeal the decision and receive an outcome within the statutory 2-month time period, unless an extension to time limits is mutually agreed in writing.

5.7 More than one request received at around the same time

It is important that managers consider requests to work flexibly in a fair way but there is no statutory requirement to consider them strictly in the order in which they are received.

If they receive more than one request to work flexibly at around the same time it may not be possible to support all the requests received. The manager must then look closely at the impact supporting the requests would have on the service and the potential impact that refusal would have on each employee before coming to a decision. In deciding how to deal with competing requests, the manager should bear in mind the different legal obligations that apply and can seek advice from the local EDI or People Services/Human Resources/W&OD team.

It will be helpful to have an individual discussion with both (or all) of the applicants to understand the exact nature of their request and to see if any mutually agreeable arrangement can be found.

5.8 Appeals

- 5.8.1 Where the flexible working request is refused, the employee may lodge an appeal within 7 days of being notified of the refusal of their request by contacting their manager's line manager.

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This must be in writing and clearly state the grounds on which they are appealing. These may be:

- Where new information is now available in relation to the request
- Where the employee feels that the application was not handled in line with the policy
- Where the employee may have a proposal that has not been fully considered in relation to a business reason for refusal.

5.8.2 An appeal meeting will be held and the outcome communicated to the employee without unreasonable delay once in receipt of the written appeal but must be concluded no later than 2 months from the date the initial flexible working request was first received by the employer. This will be dealt with impartially by a more senior person than the manager who made the original decision. Employees should be given the opportunity to be accompanied by a trade union representative or work colleague at any appeal meeting. The outcome of the appeals will be communicated in writing without unreasonable delay after the appeal meeting and must be provided within 2 months of first receipt of the initial flexible working request by the employer. This is the end of the procedure and there is no further appeal, although further requests for flexible working can be submitted.

5.9 Review of Flexible Working Arrangements

5.9.1 Before a final decision is reached about whether or not a flexible working arrangement can be supported, it may be beneficial to have an initial trial period of 3 months and to review the arrangement after this period to ensure that it is working for both the employee and the service.

5.9.2 When a flexible working arrangement has been agreed on a temporary basis, it is important to review it at agreed intervals to determine if it should be extended or come to an end at the agreed date.

5.9.3 In all cases, it is recommended that the flexible working arrangement is discussed annually (e.g., at appraisal) to ensure that it is still working for both parties. Where the arrangements are agreed as permanent from the outset or following the recommended three-month trial, it may not always be possible for the employee to resume their previous working arrangements as other colleagues may have been appointed to cover the shortfall created by the flexible working arrangement or service redesign may have taken place. This must be explained to the employee during the initial discussions. However, any request to revert to the former working arrangements should be considered by the manager and agreed where it is possible to do so.

5.9.4 Where the manager believes that the flexible working arrangements are no longer sustainable and need to be changed this may be agreed informally between the manager and the employee as part of the ongoing conversation between them. Where the agreement is to be terminated/changed reasonable notice should be given to enable both parties to make the appropriate transitional arrangements however, wherever possible a meaningful discussion should take place and a mutually agreeable arrangement found.

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6. CORRESPONDENCE

Copies of all correspondence in relation to requests should be kept on the employee's personal file and details of the arrangements agreed should be recorded on ESR to enable monitoring of the flexible working arrangements in place on an organisational level.

7. TERMS AND CONDITIONS CONSIDERATIONS

Listed below are the general terms and conditions which apply to flexible working arrangements. Managers should ensure that they discuss them with employees who are interested in working flexibly to ensure that they understand any potential implications. In addition, employees considering making a request for flexible working should consider the effect of the arrangement on their salary and pension and take advice from the NWSSP Payroll/Pensions Department where necessary.

- **Hours of Duty**
Where flexible working arrangements are put into place the exact hours and how they are worked should be discussed and agreed before the change is put into place.
- **Annual Leave**
Annual leave will be calculated on a pro rata basis, as appropriate
- **Sick Pay**
Sick pay entitlement is pro rata and dependent on length of service. Employees working on any flexible arrangements must report sick in the same way as if they were not working flexibly.
- **Maternity / New parent / Adoption / Shared Parental Leave**
Pay is pro rata (as appropriate) and is dependent on length of service. Following maternity /adoption or shared parental leave an employee may wish to return to work on adjusted working arrangements to accommodate their changed circumstances. The Health Board/Trust has a duty to accommodate this where at all possible. If it is agreed that the employee will return to work on a flexible basis, including changed or reduced hours, for an agreed temporary period this will not affect the employee's right to return to their job under their original contract at the end of the agreed period.
- **Pensions**
Pension contributions will be pro rata for employees working less than full-time hours.
- **Expenses**
All expenses incurred (e.g., subsistence, travelling) will be paid in the same way as for full-time employees. All employees will retain a Health Board/Trust base for the purpose of claiming travel expenses.

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- **Pay**
Salary will be pro rata for employees on less than full-time contracts. Those on Term Time working and seasonal will be paid in 12 equal installments each year.
- **Additional Hours**
If employees work beyond their normal hours (but not outside normal full-time hours) this must be by agreement with the line manager and will be paid at plain time rate or taken as time off in lieu.
- **Policies and Procedures**
Employees working flexibly remain subject to all Policies and Procedures of the Health Board/Trust.

8. OTHER ASSOCIATED DOCUMENTS

This Policy should be read in conjunction with other All Wales and local policies on:

- Managing Attendance at Work
- Retirement
- Special Leave
- Maternity/Adoption /Shared Parental Leave
- Home Working
- Agile Working
- Employment Break

It should also be read in conjunction with:

- ACAS Code of Practice on Flexible Working Requests
- [NHS Wales Flexible Working – briefing and guidance](#)

9. MONITORING AND REVIEW

Each Department will keep a record of all formal applications for Flexible Working and a record of approvals/ rejections and appeals.

Organisations should ensure that data relating to applications for flexible working and outcomes of decisions are recorded and regularly reported through the usual joint partnership and governance structures. This information should be included in an organisation's published annual statutory public sector duty reports. The published information should demonstrate outcomes for flexible working applications disaggregated by each protected characteristic of the Equality Act 2010. In addition, organisations should consider reporting outcomes by occupational group and also by department.

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Appendix 1 – Definitions

Flexible working describes a type of working arrangement which gives a degree of flexibility on how long, where, when and at what times employees work. Flexible working aims to accommodate employee's personal needs and meet their unique requirements.

Agile working is the ability to work in the place and at the time most appropriate for the task in hand. While agile working and flexible working may be similar in how they achieve their aim, for example both approaches may allow an employee to work from home, flexible working focuses on the employee, while agile working is focused on the impacts on the business including performance and productivity. It may be a tool which can supplement or support a Flexible Working arrangement, but it is not a contractual change to an employee's terms and conditions. Agile working offers flexibility for employees that allows them to work in a way that suits them, provided the work happens.

Working remotely is when employees work all or part of their working week at a location remote from their base. This can be at home or elsewhere. Working remotely can be a flexible working arrangement (e.g., if requested by the individual and agreed as a regular, ongoing way of working), but it can also be a form of agile working. Most NHS Organisations have local procedures to enable employees to request to work remotely. If this is not the case the processes set out in this Policy can be applied.

Hybrid working is a mixture of remote working and working from a base.

Types of Flexible Working Covered by this Policy

There are many types of flexible working which employees may be able to apply for. Managers should consider how these options are communicated to all employees at recruitment, induction, and in regular one-to-one meetings. This list is not exhaustive, and organisations will consider other models of flexible working as requested to do so.

Part Time Working

Part-time working is a well-established form of flexible working which means that the employee reduces their contracted working hours below full time (37.5 hours) in order to work less days or shorter days in a pre-arranged, regular pattern. Salary, annual leave and bank holidays are reduced pro rata.

Job Sharing

This is where two employees share the responsibilities, duties and benefits of a single full-time post between them. The combined salary and conditions of service are equivalent to that of a single full-time post and are divided in accordance with the number of hours worked by each job sharer. The principle of job sharing usually reflects an integrated pattern of working, where some of the work may be shared and other tasks distributed evenly to each sharer. The total hours should not normally exceed those of a full-time post.

In the case of job-sharing, if one sharer leaves, the existing job-sharer should be offered the full-time post (where accepted the manager must complete a changes form). If the existing job sharer does not want to work full-time, the vacant hours of the post must be advertised.

Term Time Working

Term time working is a form of part time working where the employee works only during the school terms and is off work during the school holidays. Time off is made up of a combination of annual leave and unpaid leave. Salary is based on the number of weeks in work and is paid in 12 equal instalments. It is calculated on an individual basis to take account of annual leave entitlement based on length of service and any protection arrangements. Salary, annual leave and related benefits are reduced pro rata. and salary is paid in 12 equal instalments.

Seasonal Hours

Employees work their contracted hours over an agreed period, rather than a set number of days. These are often annualised hours but can be bi-annual, quarterly or monthly.

Compressed Hours

Employees are able to work their full contracted hours over a shorter period than is standard.

Contracted hours and pay remain unchanged, but employees are able to have more days or half days off. Examples include a 4½ day week or 9-day fortnight. The non-working day/half day must be mutually agreed and can be flexible to suit the needs of the service.

Voluntary Temporary Reduction in Hours

Employees are able to reduce their contracted hours by between 5 and 50% for a period of no less than 3 months, and no more than one year. At the end of the agreed time, they return to their original contracted hours. Salary/annual leave etc will be reduced pro-rata for the period of the agreement. Employees are advised to contact payroll to determine whether a change in hours will affect their pension entitlements. If the employee wishes to extend this arrangement for longer than 12 months, they are required to submit a new flexible working request.

Flexi-time

Flexi-time is a scheme which allows employees some discretion around the start and end time of the working day, based around core working times. To benefit from this a department would need to have a Flexi-time arrangement in operation (not all departments would be in a position to accommodate this option).

Employees can build up a debit or credit of hours worked within an agreed period (usually 4 weeks) and consolidate the extra hours into a day or half day off. Flexi-time schemes are usually based on detailed, locally agreed procedures which set out:

- the core hours
- limits on early and late working
- the minimum lunch break to be taken
- the maximum number of credit and debit hours which can be accrued
- limits on the number of hours which can be carried over to the next month
- limits on the number of days off allowed in any one period
- limits on the number of employees allowed off at any one time

Flexible and Partial Retirement

There are a number of ways in which an employee can ease themselves into retirement in a flexible way. Details of the types of flexibility available and the processes to be followed are set out in the Retirement Policy.

Staggered Hours

This allows employees to determine their work pattern on a planned weekly basis. Hours can be staggered through the week or on just one or two days, within specified arrival and departure times, on a permanent or temporary basis.

Split Shifts

This allows employees to complete their working hours in two or more separate shifts, e.g., working between 7am – 11am, then returning to work between 4pm and 7pm.

Employment Breaks

An opportunity to leave the workplace for a specific period of time (usually between one and five years) and to return to the same or a similar position inside the organisation at the end of that period. For further details see the All-Wales Employment Break Policy.

Team based / Self Rostering

Team-based rostering starts from the premise that everyone has work-life balance needs and preferences, and that these need to be openly and collectively negotiated, among all those on each ward/team roster, within the constraints of service and financial needs. Self-rostering asks individuals to put their personal requirements into the roster each month, often on a 'first come, first served' basis. Team and Self Rostering are rolled out on a department wide basis. Although it addresses work life balance needs, and the principles of flexible working apply, the request process set out in this Policy will not usually be appropriate for this purpose.

Chilcott, Rachel
21/11/2025 16:08:24

Appendix 2 – Flexible Working Request Form

PART 1 - Employee information	
Name of employee:	
Post:	
Band:	
Employee number:	
Email address:	
Department:	
Service Group:	
Line Manager:	
I would like to make a request to work a flexible working pattern that is different to my current working pattern.	
Requested start date of change:	
I would like this change to be Permanent/Temporary (please delete as appropriate):	Permanent/Temporary* *For a period of.....
Please describe your current working pattern e.g., location/days/hours/ worked etc.:	
Please describe the working pattern you would like to work e.g., days/hours/times worked/at home / in the office etc.	

Childcott, Rachel
21/11/2025 16:08:24

<p>Is your request for flexible working in relation to the Equality Act 2010 e.g. (disability, maternity, caring responsibilities)?</p> <p><i>n.b. You do not have to give this information, but it will help your manager to make a decision on your application.</i></p>	<p>Yes/No</p>
<p>If yes, please provide details:</p>	
Employee signature:	
Date of application:	

NOW PASS THIS APPLICATION TO YOUR LINE MANAGER

PART 2 - Receipt of request	
Date of receipt:	
Line Manager Name (please print)	
Line Manager Title:	
Date meeting/conversation has been arranged for:	

Part 3 - Acceptance or Rejection Form

Either:

Further to the meeting that took place on (Date)

I have considered your request for a new flexible working pattern.

- I am pleased to confirm that I am able to grant your request. With effect from (date). This will be a permanent / temporary change (please delete as appropriate). If temporary to end on (date).

- I am able to accommodate your request as a trial basis with effect from (date) to be reviewed on (date) (usually 3 months).

- I am unable to accommodate your original request. However, I am able to offer the alternative pattern which we have discussed and which you agreed would be suitable to you.

Please set out how the service will be maintained and how any impact on other employees can be mitigated.

Your new working pattern will be as follows:

Chilcott, Rachel
21/11/2025 16:08:24

Or:

I am sorry but I am unable to accommodate your request for the following business ground(s) (please tick):

- The burden of additional costs
- Detrimental effect on ability to meet service user/patient needs
- An inability to reorganise work amongst existing employees
- A detrimental impact on quality
- A detrimental impact on performance
- Detrimental effect on ability to meet service demands
- Insufficient work for the periods the employee proposes to work
- A planned structural change to the department

These grounds apply in the circumstances because (you should explain why any work patterns you may have discussed at the meeting are inappropriate. Please continue on a blank sheet, if necessary, **n.b this section must be completed to describe how the reason selected above applies in this case**)

Start date of new working arrangements (if applicable):	
Line Manager Signature:	
Line Manager Name (in Full):	
Date:	

Childs, Rachel
21/11/2025 16:08:24

Please confirm which applies:

This change in working pattern will be a permanent change to your terms and conditions of employment unless otherwise stated and you have no right in law to revert back to your previous working pattern unless previously agreed.

OR:

This will be a temporary change to your working arrangements and will be until at which time the arrangements will be reviewed.

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

Line Manager Signature:	
-------------------------	--

Line Manager Title (in full):	
-------------------------------	--

Date:	
-------	--

If you accept the change outlined above, please sign and confirm receipt of the decision.

Employee Signature:	
---------------------	--

Date:	
-------	--

To The Employee:

If you are unhappy with the decision, you may appeal against it. Details of the appeal procedure are set out below.

APPEAL PROCESS

Chilcott, Rachel
21/11/2025 16:41:24

If an application for flexible working is turned down, the employee has the right to appeal against the decision. Appeals should be in writing, setting out the grounds for appeal, as soon as possible after receiving notice of the decision to reject the application (within 14 days).

The appeal should be submitted to your line manager's manager and heard by a more senior manager than the one who rejected the original application.

The employee has the right to be accompanied at this meeting and should be given advance notice of when it will take place.

Notes:

Part 1 - to be completed by Employee and forwarded to Line Manager

Part 2 and 3 - to be completed by Line Manager

Form should be returned to the Employee when completed and a copy kept on their personal file.

A PIF must be completed and submitted to NWSSP where there is a change in hours.

Chilcott, Rachel
21/11/2025 16:08:24



GIG
CYMRU
NHS
WALES

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

CAV 
Communities
via Viva Engage

Evaluation Overview – One Year

Chilcott, Rachel
21/11/2025 16:08:24

Evaluation from 26th July 2024 – 25th September 2025

Background

Initial plan presented at SLB for approval on **20th June 2024**.

Internal communications platform and app launched on **26th July 2024**.

All Cardiff and Vale UHB colleagues with M365 licenses automatically added to key community groups for awareness of key information.

Members • 17,375

Over 2,500 Cardiff and Vale UHB colleagues have joined community groups that suit their specific interests.

Lesley Mullan (Cardiff and Vale UHB - Integrated ...) Sep 26 • @1 Seen by 5,165

PRAISE

Praised **Paula Nelson (Cardiff and Vale UHB - Clinical Gerontology)**



Shout out to our fabulous medical secretary in Integrated Medicine, Paula Nelson, for going the extra mile. She is always happy to help others in their time of need. She epitomises the values and behaviours of the organisation and is truly a great asset to our team!

Like Comment Share

👍❤️🌍 Kim Sing (Cardiff and Vale UHB - TB Unit) and 73 others

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.



HV Hayley Valentine (Cardiff and Vale UHB - Critical C...) Sep 25 • Edited • @5 Seen by 3,139

Big well done to the Critical Care Pharmacy Team who have successfully implemented a weekly 'Druggle', focusing on education, good prescribing and sharing good practice!

Congratulations to our Prescribers and Medication Stars of the week 🍷🍷🍷



Love Comment Share

❤️👍🌍 You and 57 others

Show 5 previous comments

Karim Mahmoud (Cardiff and Vale UHB - Critical Care) Sep 28
amazing work from the pharmacy team 🍷🍷

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

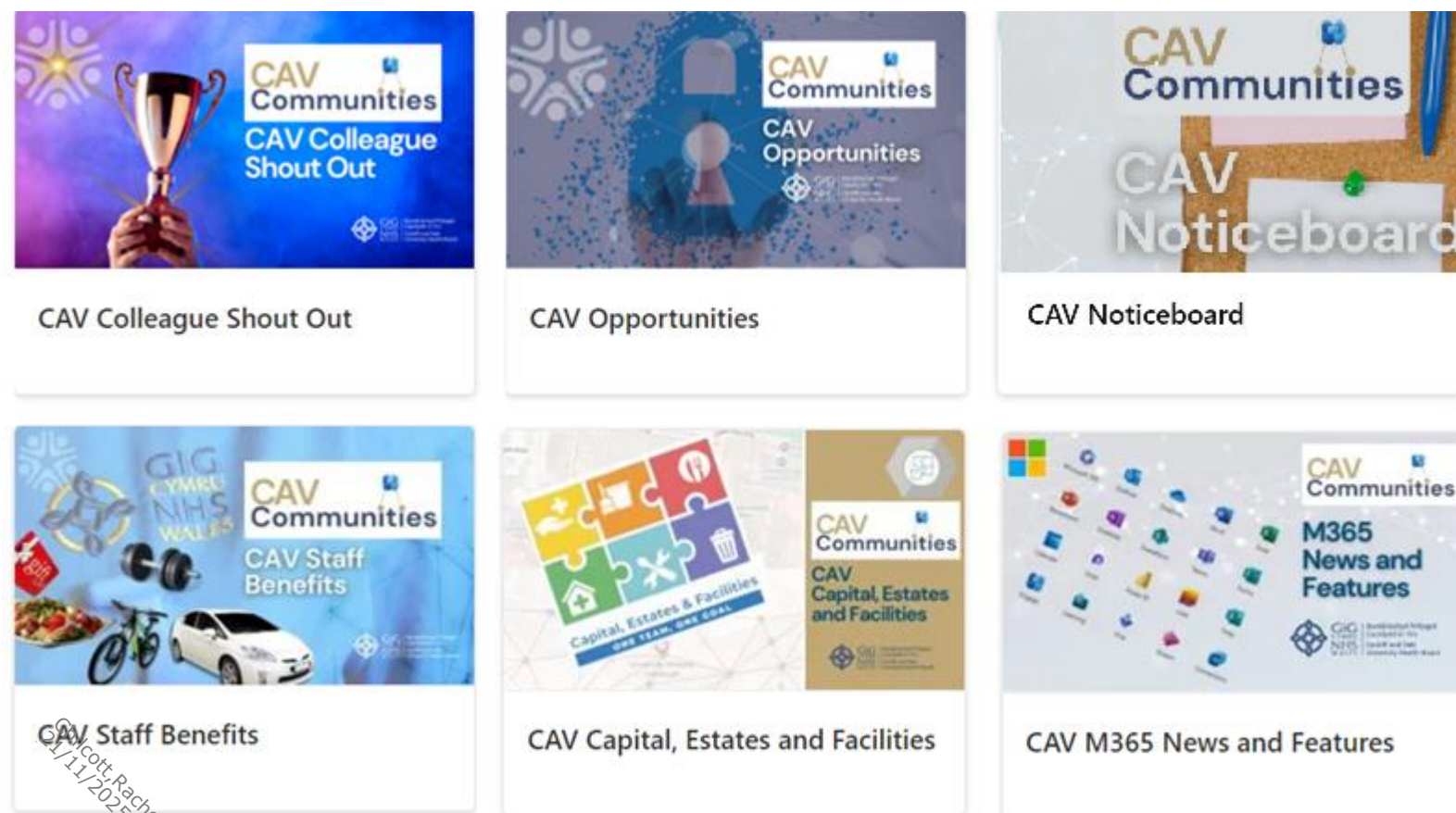
What a joyous photo. We are so fortunate in attracting brilliant people from across the world to live and work here.

Chilcott
21/11/2025 16:08:16

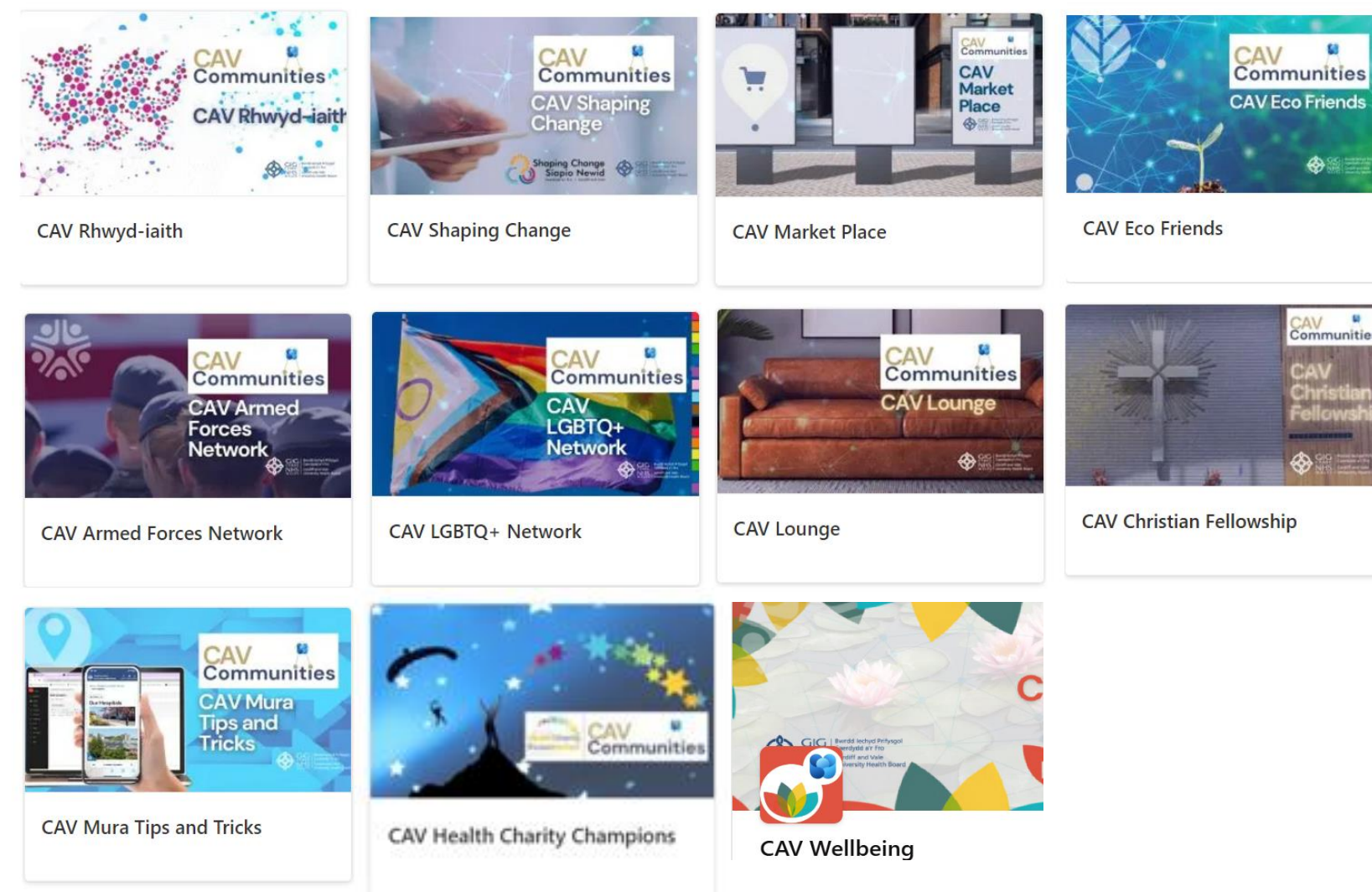
Overview of existing groups

There are currently **22 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.

Groups with all Cardiff and Vale UHB colleagues added



Optional groups for colleagues to join



Groups for specific teams to engage



© Rachel Cott
11/11/2025 16:08:24

Analytics Overview

Total views on posts

Over 2 million (2,737,043)

Total posts

1,362

Total comments on posts

3,556

Reactions/likes on posts

13,476

Chilcott, Rachel
21/11/2025 16:08:24

Analytics

CAV Colleague Shout Out



- **267 posts** by colleagues, with **over 8,500 comments and reactions** on posts.
- **Over 990,000 views** on posts to group.
- **87%** of members in group reached with messaging.

Member activity

Community members

18,052

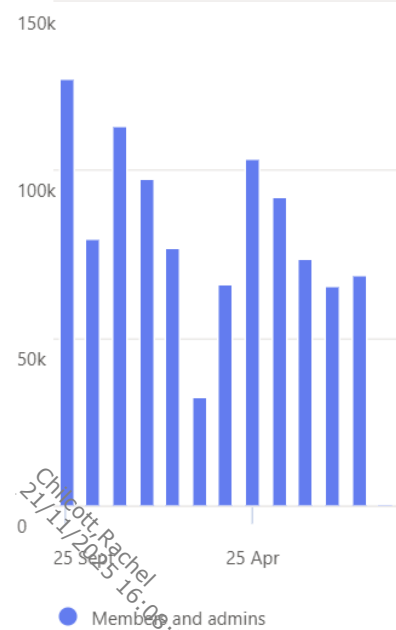
Total members

87%

Members reached

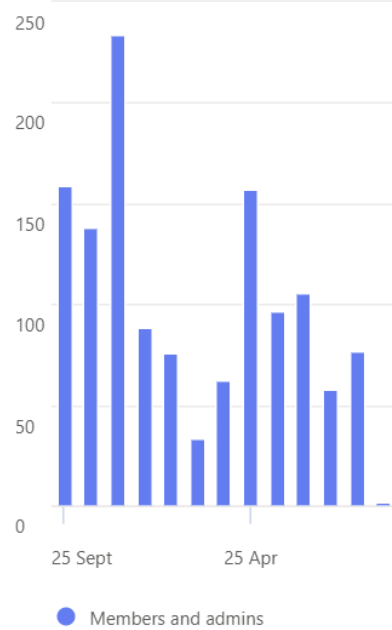
Views on posts

996,718



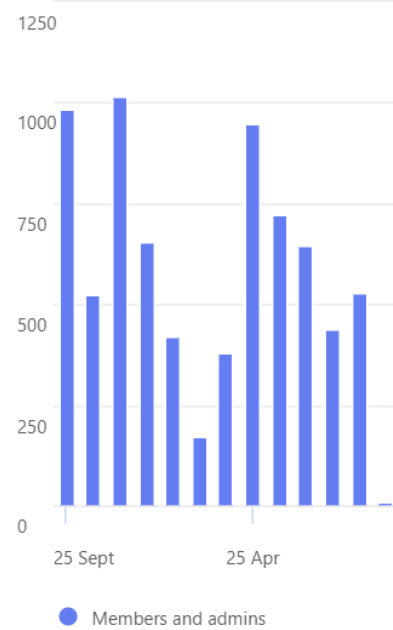
Messages posted

1,287



Reactions on messages

7,436



Stats over 12-month period: 25th September 2024 – 25th September 2025

Top three posts

Jade Smitherman (Cardiff and Vale UHB - Pleural ...) Seen by 8,212
 Sep 6, 2024

Ward B7.

A shout out to the ward team for arrnaging a wedding on the ward at very short notice. It was a beautiful ceremony.

Thank Comment Share You and 139 others

Show 14 previous comments

Jack Axford (Cardiff and Vale UHB - Radiology) Sep 12, 2024
 Ahhh Congratulations to all involved. Well done B7 ❤️x

Andrea Rich (Cardiff and Vale UHB - Palliative Care) Sep 16, 2024
 Well done B7 !

Damian Winstone (Cardiff and Vale UHB - Security...) Seen by 7,115
 Apr 23

Security were nominated for a GREATix Award by Rebecca Williams. They were nominated for the following reason/s:

An incident occurred outside the main entrance to the Children's Hospital . A young lady was in an emotional state and was stopping the flow of traffic by siting in the road . This young lady was obviously vulnerable and needing help. Many people were in attendance and security had been called . Two security staff attended and continued dealing with the ongoing situation. I witnessed the most kind and caring interaction between the security staff towards this distraught young lady in a very venerable state . They spoke calmly to her and encouraged her to allow them to help her . The compassion they showed this young lady was remarkable . I was so impressed with the way these two gentlemen conducted themselves . Huge thanks and a well deserved shout out to the two members of security staff on that day .

Thank Comment Share You and 177 others

Show 10 previous comments

Alyson Clemow (Cardiff and Vale UHB - Medicine) Seen by 6,757 ...
 Nov 13, 2024 • Edited • @1

Dionne Wood (Cardiff and Vale UHB - Ward Receptionist). Emma O'Leary and I would like to give a big shout out and thank you to Dionne who is extremely helpful and goes out of her way in every situation to make a difference. She is a real asset to the stroke service.

Thank Comment Share You and 37 others

Show 12 previous comments

Amy Joyce (Cardiff and Vale UHB - Occupational Therapy) Nov 20, 2024
 I couldn't agree more, and not only that Dionne greets anyone onto the ward with a smile!!

1 reply

Vicki Burrell (Cardiff and Vale UHB - Shaping Change) Nov 21, 2024
 Completely agree!

Thank Comment Share

1 reply

Analytics

CAV Opportunities



- **331 posts** by colleagues, with **over 2,000 comments and reactions** to posts.
- **Over 559,000 views** on posts to group.
- **85%** of members in group reached with messaging.

Member activity

Community members

18,061

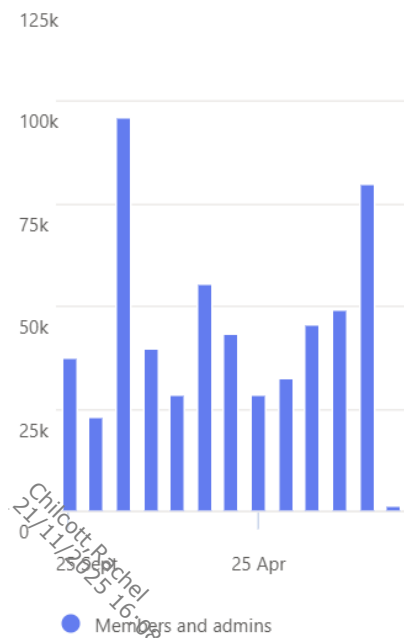
Total members

83%

Members reached

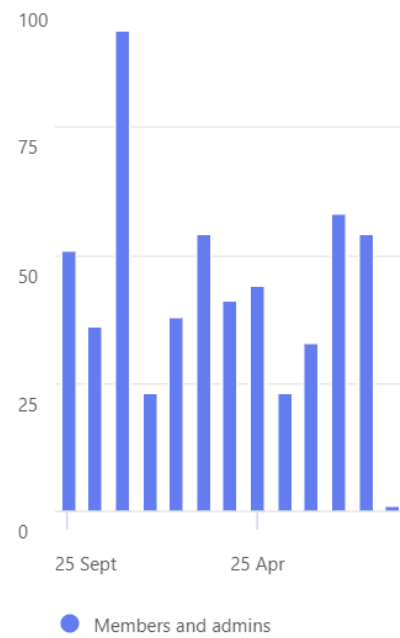
Views on posts

559,917



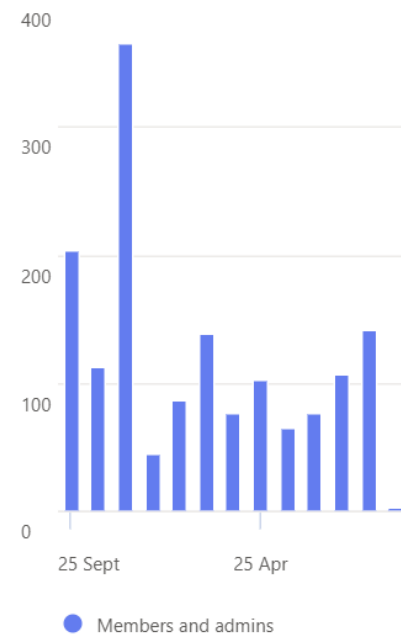
Messages posted

550



Reactions on messages

1,524



Stats over 12-month period: 25th September 2024 – 25th September 2025

Top three posts

Announcement posted in CAV Opportunities

Jenny Seal (Cardiff and Vale UHB - Communications And E...)
Dec 5, 2024

Seen by 8,792

⚠️ Due to the yellow weather warning, the Urban Markets will now be held inside the Sports and Social Club at UHW.

There will be plenty of stalls to browse, a local brass band and choir, plus hot food, mince pies and drinks to keep you warm.

See you there! ⚠️

Announcement posted in CAV Opportunities

Mark Smith (Cardiff and Vale UHB - Communication and E...)
Jan 7

Seen by 8,789

Flu and COVID-19 vaccinations at UHW antenatal clinic

Health Board colleagues who have not yet received their winter flu and COVID-19 vaccination can access them in the antenatal clinic at UHW this week.

Teams will be on hand to administer both vaccines to staff in the reception area of the clinic on January 7-10 from 9.30am-midday, alongside their work offering RSV vaccinations to pregnant women.

Announcement posted in CAV Opportunities

Martin Stanton (Cardiff and Vale UHB - M365 DH&I)
Dec 5, 2024

Seen by 8,616

Following on from the **M365 Digital Skills Training Hours** posted yesterday - we have listened to your feedback and created a **Video on Demand** page covering a wide range of M365 Applications and Products. Access these videos from your office PC, your home PC or even your mobile phone, anytime, anywhere. [M365 VIDEO ON DEMAND](#)



M365 VIDEO ON DEMAND

Sharpen and develop your Microsoft 365 and Copilot for Microsoft 365 digital skills with pre-recorded training available on demand. Gain deeper knowledge of Microsoft products so you can make the most of them. Videos on Demand

nhs.wales365.sharepoint.com

Like Comment Share

You and 56 others

Show 7 previous comments

Candice Morgan (Cardiff and Vale UHB - Primary And Intermediate Care) Dec 5, 2024
Thanks Martin. This is helpful.

Like Comment Share

SW Sheila Williams (Cardiff and Vale UHB - Primary, Community & Intermediate Care) Dec 6, 2024
Thanks Martin - of great help and very useful

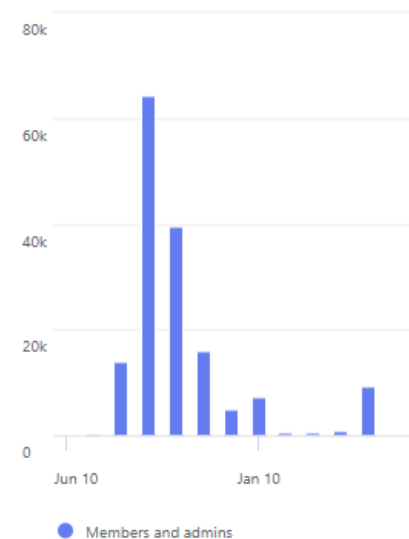
Analytics

Executive Visibility and Engagement

- Over 100 posts from Executives, with over 900 comments and reactions to posts.
- Over 158,000 views on posts from Executives

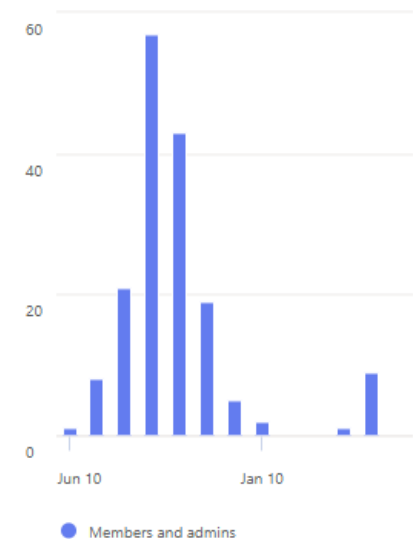
Views on posts

157,941



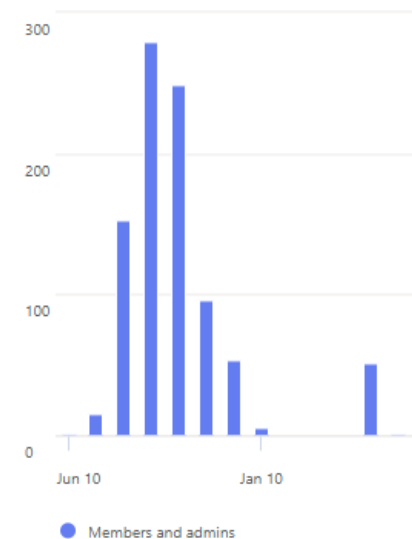
Messages posted

166



Reactions on messages

905



Chilcott, Rachel
21/11/2025 16:08:24

Stats over 12-month period: 25th September 2024 – 25th September 2025

Top three posts

JR Jason Roberts (Cardiff and Vale UHB - Corporate Nursing)
Sep 20, 2024
1 share · Seen by 5,143

I had my free heart check by CAV Heart Failure team yesterday ❤️. Shout out to Cheryl Jerret, a student nurse, seconded by CAV, due to register in 2025



Show 11 previous comments

👍❤️ You and 46 others

AB Annette Blackmore (Cardiff and Vale UHB - Haematology) Sep 23, 2024
This was an excellent idea. In future, would it be possible to organise on a saturday or an evening for the people who work week days 09.00 - 17.00?

👍 9

NT Nerys Thomas (Cardiff and Vale UHB - Cardiology) Sep 20, 2024
Thank You Cheryl, you were such an asset yesterday. Good luck with rest of your training.

👍 6

JR Jason Roberts (Cardiff and Vale UHB - Corporate ...)
Sep 18, 2024
Seen by 3,228

It was a pleasure welcoming Nicola Ranger, President of the RCN and Helen Whyley, Head of RCN Wales to Cardiff & Vale. Speaking to staff to identify how the RCN can support nurses into the future



👍 Bblynn Yotingco (Cardiff and Vale UHB - Main Theatre Uhw) and 14 others

NG Natasha Goswell (Cardiff and Vale UHB - Corporat...)
May 21
Seen by 3,015

Was so lovely to meet some of our amazing practice educator/practice development nurses yesterday (Tues 20th May) and hear about all they do. It's such an important role to help nurture new nursing graduates and develop our existing nurses to realise their potential and thrive in our departments. Thank you and look forward to spending some more time with you 😊#cardiffnurses❤️



❤️ Love Comment Share
👍❤️ You and 26 others

Show 1 previous comment

Jenna McLaren (Cardiff and Vale UHB - ECOD) May 23
Thank you so much for coming to meet the team, we are looking forward to working together 😊

Key successes

Problem solving

Colleagues have used the platform to ask questions for thoughts or answers, where colleagues have commented to help each other out.

JJ Jennifer Jukes (Cardiff and Vale UHB - Occupationa...
Mar 4

QUESTION

How do we link up pages with an accordion?

Richard Mansell (Cardiff and Vale UHB - Medical Resourcing & Systems)
Aug 2
Just created a test page and seems to be working great. Thank you

<https://cavuhb.nhs.wales/staff-information/people-and-culture-teams/medical-resourcing-systems/testing/>

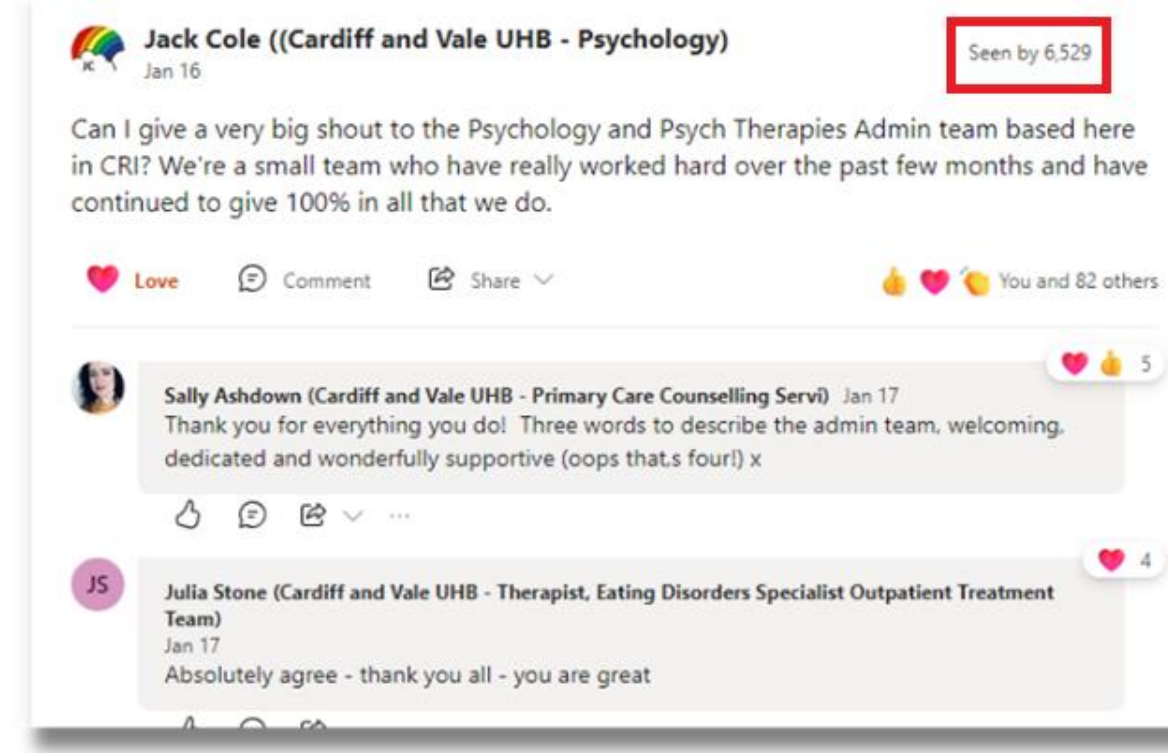
Jenny Seal (Cardiff and Vale UHB - Communications And Engagement)
Aug 2
Fabulous! I feel like this is what Viva Engage was made for.

Sybil Cott, Rachel
21/11/2025 16:08:24

Recognition

The most popular channel to date is CAV Colleague Shout Out which gives colleagues a channel to post praise for other colleagues.

Engagement is growing organically and voluntarily, with colleagues from a wide range of services increasingly using the group.



Jack Cole ((Cardiff and Vale UHB - Psychology) Jan 16
Can I give a very big shout to the Psychology and Psych Therapies Admin team based here in CRI? We're a small team who have really worked hard over the past few months and have continued to give 100% in all that we do.

Sally Ashdown (Cardiff and Vale UHB - Primary Care Counselling Servi) Jan 17
Thank you for everything you do! Three words to describe the admin team, welcoming, dedicated and wonderfully supportive (oops that's four!) x

Julia Stone (Cardiff and Vale UHB - Therapist, Eating Disorders Specialist Outpatient Treatment Team) Jan 17
Absolutely agree - thank you all - you are great

Awareness & Engagement

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

Trends

Colleagues using the CAV Colleague Shout Out community to draw attention to their team or service, rather than to an individual.


These posts are seen more widely and generate the most engagement.

Posted in CAV Colleague Shout Out

 **Janet Gibbs (Cardiff and Vale UHB - Physiotherapy)**
Jan 29 • Edited • @1

Shout out for the excellent work done by the Prepare Well Orthopaedic Prehabilitation Service- nice to get recognition at the Senedd!


Seen by 3,352


 **Jack Cole ((Cardiff and Vale UHB - Psychology)**
Jan 16


Can I give a very big shout to the Psychology and Psych Therapies Admin team based here in CRI? We're a small team who have really worked hard over the past few months and have continued to give 100% in all that we do.

Love Comment Share

You and 82 others

 **Sally Ashdown (Cardiff and Vale UHB - Primary Care Counselling Servi)** Jan 17
Thank you for everything you do! Three words to describe the admin team, welcoming, dedicated and wonderfully supportive (oops thats four!) x

 **Julia Stone (Cardiff and Vale UHB - Therapist, Eating Disorders Specialist Outpatient Treatment Team)**
Jan 17
Absolutely agree - thank you all - you are great

 **Brooke Clark (Cardiff and Vale UHB - Community)**
Jan 21 • Edited

A big shout out to the Safe at Home Service who are celebrating their 1 Year Anniversary since launch. The team have been working extremely hard, in collaboration with the Welsh Ambulance Service, Local Authorities and existing services such as Community Nursing and CRT/VCRS to keep people out of hospital and have been very successful in doing so. Well done team, you are doing amazing! 🎉🎉

Seen by 4,722

The Capital, Estates and Facilities team are using their channel well to post informational site updates and content that celebrates the people behind this important work.

 **Geoff Walsh (Cardiff and Vale UHB - CAPITAL ESTATES AN...**
Feb 5

Seen by 3,043

Good luck Steve

Sadly for CEF yesterday was a time to wish our friend and colleague Steve Gardiner all the very best as he moves from CAV to Cwm Taf Morgannwg to take up the role as Assistant Director of Facilities. Steve has been the Deputy Director of Capital Estates and Facilities since January 2021 and has made a significant contribution to the Service Board and the wider HB. Steve has been the ultimate professional, quietly spoken but that certainly didn't mean he couldn't get his point across and he was well respected across the UHB.

From a personal perspective Steve has supported me throughout his time with CEF and ensured that if he felt he didn't agree with me or that I'd been harsh in my views, he would let me know, in his calm and respectful manner.

The teams held a little farewell to wish wish him well in his new role, good luck Steve



Love Comment Share

You and 41 others

Cliffcott, Rachel
11/11/2025 16:08:24

Opportunities

Announcement alerts to all staff

Using the 'Announcement' setting for posts puts the message to the top of newsfeeds.

Those in the group are notified of the announcement immediately via Teams notification, mobile push, and Viva Engage inbox.

Email notifications will be sent after 2 hours if announcement has not been read in other channels.

Announcement setting only available to be used by group admins.

Provides a new way to quickly get key need to know or urgent messages to colleagues.



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

Update: Important changes to staff drop-in vaccination clinics

Visible leadership

Provides a platform to set expectations and examples of best practice for colleagues, and an open and honest approach for senior leaders to engage with a large workforce.

SR Suzanne Rankin (Cardiff and Vale UHB - Executives)
Oct 17, 2024
Seen by 2,228

Thank you to the vaccination team who provided a pop-up clinic at Woodland House today. As you can see I had both my winter respiratory vaccinations; covid in one arm and flu in the other - no pain, no problem and as you can see still smiling afterwards. Get your winter protection at the next pop-up clinic all details at link [Flu and COVID-19 vaccine drop-in clinics - new dates added \(sharepoint.com\)](#) This really is the best way to protect yourself, your friends and family, your colleagues and of course patients.



Show 1 previous comment

- WM Wayne Mathers (Cardiff and Vale UHB - Clinical Coding)** Oct 18, 2024
A big thank you to vaccination team who provided a pop-up clinic in the boardroom @ UHL on 7th October where I had my 'flu and covid jabs.
- Mark Dunford (Cardiff and Vale UHB - Occupational Health)** Oct 18, 2024
It is amazing to see the multiple opportunities in location for our staff to receive their Flu Vaccination. Huge credit to the Vaccination Team and all those supporting the programme.

Good news stories with the public

Content shared in CAV Colleague Shout Out has been used to share updates about achievements on our social media channels and website where appropriate.

Provides a new way for the Communications team to hear good news that we may not otherwise hear about, and share this with the public.

Viva Engage

Rhiannydd Poynter (Cardiff and Vale UHB - Informatics/C...
Oct 2 · @1
Seen by 2,691

PRAISE
Praised **Rhian Greenlade (Cardiff and Vale UHB - Child Health)**

RG

Our very own "Guardian Angel" Rhian Greenlade was recognised at the 2024 WellChild Awards in London on Monday, and rightly so! Rhian works tirelessly to make sure children with complex needs have the smoothest transition possible from hospital to home, and always with a smile 😊

CONGRATULATIONS RHIAN!



Social media

Cardiff and Vale University Health Board
4 October at 16:02 · 🌐

Rhian Greenslade, the WellChild Discharge Liaison Nurse for Children with Complex Health Needs at the Noah's Ark Children's Hospital for Wales, has been named as a winner in the prestigious national 2024 **WellChild - the national charity for sick children** Awards. 🏆 🌟

The awards, organised by the national charity for seriously ill children WellChild, were presented at a ceremony on Monday in London and attended by WellChild Patron, Prince Harry. Rhian was recognised with the ... See more

Boost this post to reach up to 2043 more people if you spend £35. **Boost post**

Noah's Ark Children's Hospital Charity and 315 others
57 comments 11 shares

Next steps

Raise awareness of notification options

An issue that has been highlighted by staff is the amount of email notifications received from the platform when a user posts, or being added to groups they do not believe are relevant to their role.

All groups include details of how to mute groups and how colleagues can change their notification settings to prevent this, but further communications is planned as a reminder and to further raise awareness of this to improve user experience.

Email Notification Preferences

[There is the option to change your notification settings here.](#) This allows you to turn off emails, or to be notified by email when there are updates to the CAV Communities you join.

On the ground App awareness

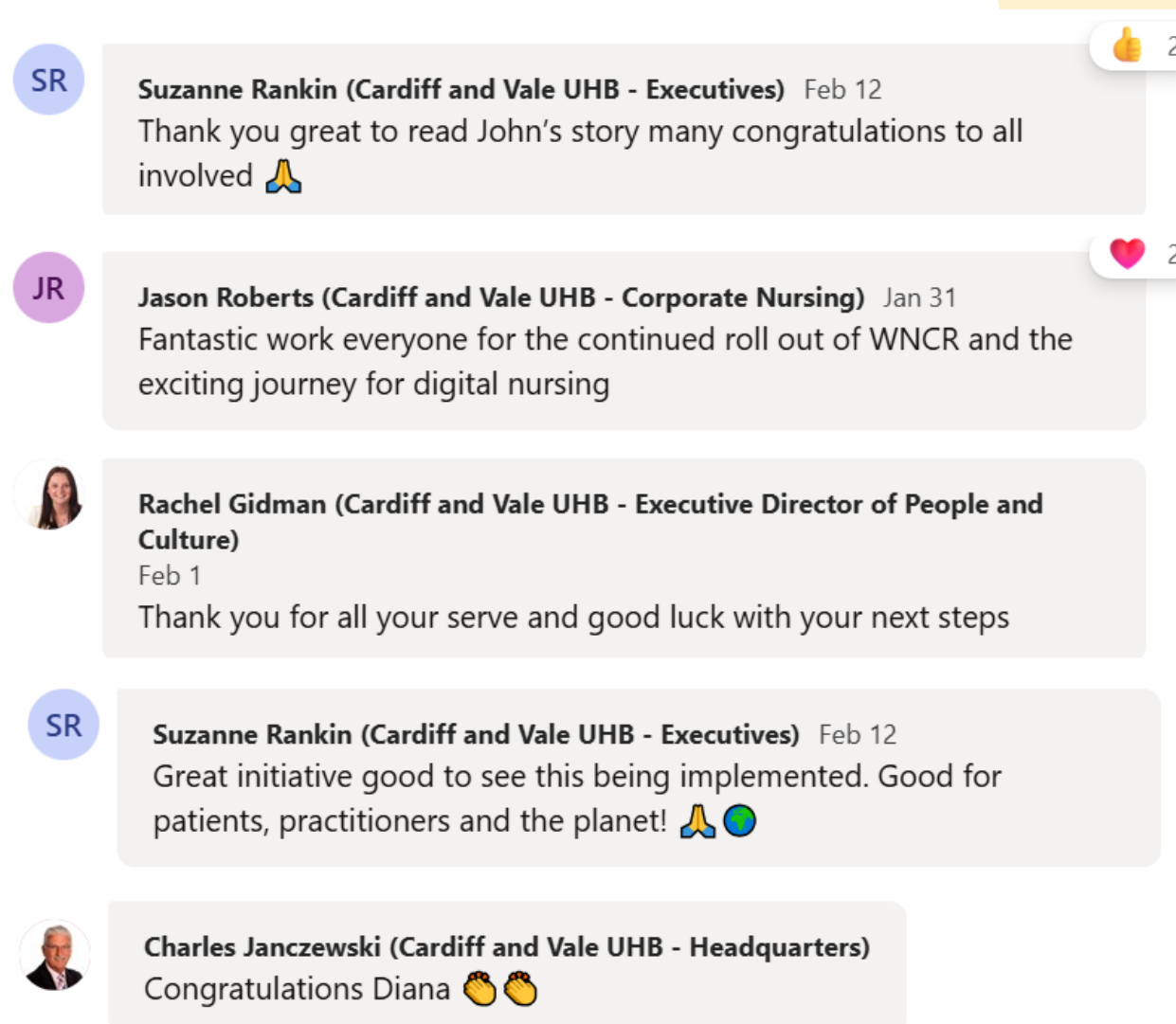
We are aware there are colleagues who do not use desktops as part of their role and of licensing issues for M365. We are working with analytics colleagues at CAVUHB who are looking to identify these colleagues and resolve this.

We plan to encourage those who do have licenses but don't access desktops in their roles that they can access and engage on CAV Communities using the app version with on-the-ground engagement.

Further Executive engagement

Executives commenting and engaging on staff posts has seen a direct positive impact on the overall engagement of those posts.

For Executives to consider all opportunities to post updates for staff awareness including own video messages where appropriate, and to continue engaging on posts from staff to support the Putting People First objective of making people feel valued.



The screenshot shows five posts from various executives:

- Suzanne Rankin (Cardiff and Vale UHB - Executives)** Feb 12: Thank you great to read John's story many congratulations to all involved 🙏 (2 thumbs up)
- Jason Roberts (Cardiff and Vale UHB - Corporate Nursing)** Jan 31: Fantastic work everyone for the continued roll out of WNCR and the exciting journey for digital nursing (2 hearts)
- Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture)** Feb 1: Thank you for all your serve and good luck with your next steps
- Suzanne Rankin (Cardiff and Vale UHB - Executives)** Feb 12: Great initiative good to see this being implemented. Good for patients, practitioners and the planet! 🙏🌍
- Charles Janczewski (Cardiff and Vale UHB - Headquarters)**: Congratulations Diana 🙏🙏

Expand Community Groups

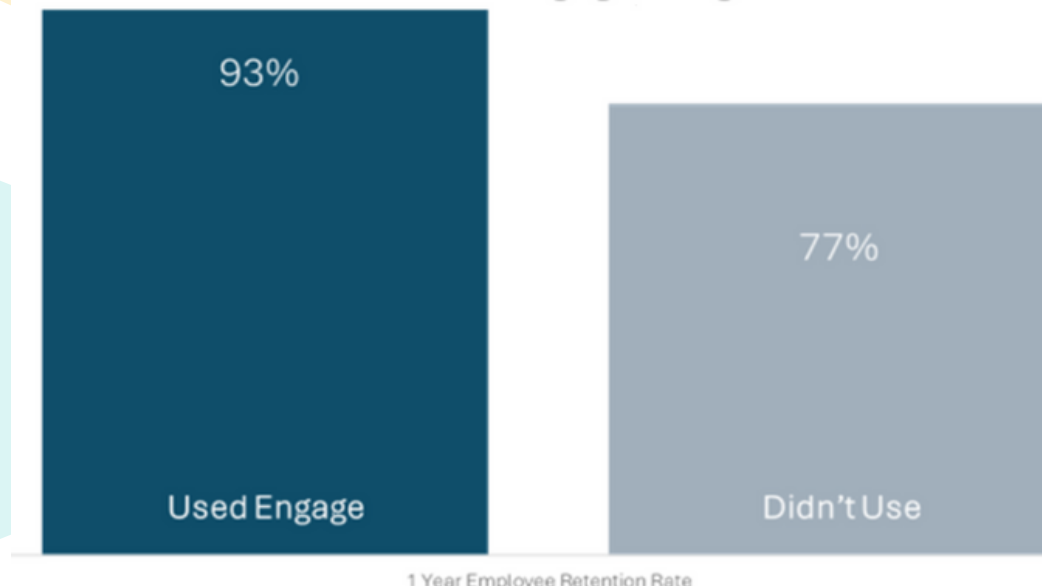
Community groups are set up based on requests and whether these topic meet the aim of the platform which focusses on engagement.

We will continue to review requests to create online communities that benefit our staff and meet their interests.

Request to set up a new CAV Community

Please complete this form to let us know a bit more about the aim of the CAV community and how you would use it.

One Year Employee Retention by Viva Engage Usage



Retention Source: Microsoft Tech Community [Link here](#)

Aligns to strategic objectives

Putting People First

Sharing learning and ideas to build relationships across services.

Enables users to praise and recognise colleagues

Fosters a culture of inclusion and belonging.



- CAV Colleague Shout Out
- CAV LGBTQ+ Network
- CAV Rhwyd-iaith
- CAV Staff Benefits



Providing Outstanding Quality

Develops the Health Board's approach to continuous quality to improvement and makes the best use of the Health Board's resources – people, access and money.

Enables colleagues with a space to share achievements and information about their team or department



- CAV Market Place
- CAV Updates from Capital, Estates and Facilities
- CAV Colleague Shout Out

Delivering in the Right Places

Supports digital maturity enabling the Health Board's workforce to connect and communicate.



- CAV Mura Tips and Tricks
- CAV Shaping Change
- CAV M365 News
- CAV Opportunities

Acting for the Future

Promotes collaboration in reducing the Health Board's carbon emissions and environmental priorities.



- CAV Eco Friends
- CAV Market Place





Thank you / questions