

Public People & Culture Committee Meeting

Tue 06 May 2025, 09:00 - 11:00

Virtual - MS Teams

Agenda

09:00 - 09:10
10 min

1. Standing Items

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting - 11.03.2025

Sara Moseley

📄 1.4 Public People & Culture Committee Minutes 11.03.25.pdf (10 pages)

1.5. Action Log following the previous meeting - 11.03.2025

Sara Moseley

📄 1.5 - Action log - following 11.03.25.pdf (2 pages)

1.6. Committee Chairs Actions

Sara Moseley

09:10 - 10:40
90 min

2. Items for Review & Assurance (09:10 - 10:40)

2.1. Staff Story - People Safety

Rachel Gidman

2.2. Board Assurance Framework

Claire Whiles

📄 2.2 BAF Wellbeing.pdf (18 pages)

2.3. Managing Sickness & Availability

Katrina Griffiths

📄 2.3 Improving Attendance at Work Update.pdf (4 pages)

2.4. Key Workforce Performance Indicators

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Lianne Morse

- 2.4 People & Culture Committee KPI Paper Mar-25 Data.pdf (7 pages)
- 2.4a New IPR - Workforce Section Mar-25.pdf (4 pages)

2.5. Health & Safety Update

Robert Warren

- 2.5 HS Update.pdf (4 pages)

2.6. Clinical Board Spotlight - PCIC

Geraldine Johnston / Clare Evans

- 2.6 PC Committee Report - PCIC May 2025 (230425).pdf (9 pages)

10:40 - 10:45 3. Items for Approval (10:40 - 10:45)

5 min

3.1. Policies - Employment Pension Contributions Alternative Payment Policy

Rachel Gidman

- 3.1 people policies report May 2025.pdf (3 pages)
- 3.1a Employer Pension Contributions - Alternative Payment Policy Final.pdf (7 pages)

10:45 - 10:45 4. Items for Information & Noting

0 min

4.1. Health Safety & Fire Risk Register

Robert Warren

- 4.1 Health Safety & Fire RR.pdf (3 pages)
- 4.1a 2025 Health Safety & Fire Risk Registers.pdf (26 pages)

4.2. Annual Chairs Report

Sara Moseley

- 4.2 P&C Committee Annual Report 2024-25.pdf (5 pages)

10:45 - 10:45 5. Any Other Business

0 min

5.1. Supreme Court Ruling - Definition of Sex

10:45 - 10:45 6. Private Agenda Items

0 min

6.1. Cardiff Bus Incident

6.2. SWFRS Prosecution Update

6.3. Cultural Hotspots

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10:45 - 10:45

7. Review & Final Closure

0 min

7.1. Items to be deferred to Board

7.2. To note the date & time of the next meeting: Tuesday 08th July 2025 at 9am via MS Teams

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Draft Minutes of the Public People and Culture Committee
Held On 11th March 2025
Via MS Teams

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

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| Chair: | | |
| Sara Moseley | SM | Independent Member for Third Sector/Committee Chair |
| Present: | | |
| Mike Jones | MJ | Independent Member for Trade Union |
| Susan Lloyd-Selby | SLS | Independent Member for Local Authority |
| Rhian Thomas | RT | Independent Member for Capital & Estates |
| Akmal Hanuk | AH | Independent Member for Local Community |
| In Attendance: | | |
| Joanne Brandon | JB | Director of Communications |
| Claire Beynon | CB | Executive Director of Public Health |
| Lianne Morse | LM | Deputy Director of People & Culture |
| David Thomas | DT | Director of Digital Health & Intelligence |
| Rachel Gidman | RG | Executive Director of People & Culture |
| Matt Phillips | MP | Director of Corporate Governance |
| Richard Skone | RS | Deputy Medical Director |
| Paul Bostock | PB | Chief Operating Officer |
| Mitchell Jones | MJ | Head of Equality & Inclusion |
| Claire Whiles | CW | Assistant Head of Organisational Development |
| Emma Cooke | EC | Executive Director of Therapies & Healthcare Sciences |
| Natasha Goswell | NG | Deputy Executive Nurse Director |
| Jason Roberts | JR | Executive Director of Nursing |
| Robert Warren | RW | Assistant Head of Health & Safety |
| Claire Whiles | CW | Assistant Director of Organisational Development, Wellbeing & Culture |
| Jonathan Pritchard | JP | Assistant Director of People Resourcing |
| Secretariat | | |
| Nikki Regan | NR | Corporate Governance Officer |
| Apologies: | | |
| David Fluck | DF | Executive Medical Director |

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| Item No | Agenda Item | Action |
|---|--|--------|
| P&C 11/03/001 | <p>Welcome & Introductions (click to view)</p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p> | |
| P&C 11/03/002 | <p>Apologies for Absence (click to view)</p> <p>Apologies for absence were noted.</p> | |
| P&C 11/03/003 | <p>Declarations of Interest (click to view)</p> <p>The CC declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.</p> | |
| P&C 11/03/004 | <p>Minutes from meeting on 21st January 2025 (click to view)</p> <p>Some minor amendments were noted.</p> <p>Page 2 – 008 recruitment – action completed? EDPC this hasn't been completed fixed term – will complete offline. Jonathan would update a fixed term post with funding for the duration. NR to amend. Appointment letter.</p> <p>Bariatric pathway – EDPC noted it was highlighted as a risk in H&S. EDPC will update the words offline.</p> <p>The Committee resolved that:</p> <p>a) Following some minor amendments, the draft minutes of the meeting held on 21st January 2025 were agreed to be a true and accurate record of the meeting.</p> | |
| P&C 11/03/005 | <p>Action Log following 21st January 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 11/03/006 | <p>Chair's Actions (click to view)</p> <p>There were no Chair's Actions.</p> | |
| Items for Review & Assurance | | |
| P&C 11/03/007 | <p>Staff Story – Developing a Sustainable Workforce</p> <p>The EDPC introduced the staff story on developing a sustainable workforce highlighting that it was presented by Mark, a consultant intensivist. She thanked Mark for his time and noted that the story was initially lengthy but had been shortened to about 6 minutes for the meeting. The story focuses on how a clinician or consultant managing staff can lead to positive outcomes.</p> <p>The DMD praised Mark's work, noting the improvements in the adult intensive care unit's recruitment and work environment. He emphasized the importance of supporting such initiatives.</p> | |

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| | <p>The CC suggested to formally thank the staff member for his contributions and capturing lessons from his initiatives. Action – thank the staff member from the committee.</p> <p>The EDPC noted that the staff member was asked to share his case study at the senior leadership board to promote good practises.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p> | |
| <p>P&C 11/03/008</p> | <p><u>Board Assurance Framework – Culture</u></p> <p>The ADODWC presented the Board Assurance Framework on Culture and highlighted the following points:</p> <ul style="list-style-type: none"> • The risk scores detailed in the report were initially incorrect but have since been corrected. The impact was 4 resulting in a net risk of 16 • High bureaucracy, low interest, reluctance to engage in change due to system pressures, lack of staff involvement in changes and complexity post pandemic • A decline in patient experience and outcomes, increased sickness absence, retention issues and reports of inequitable experience • Establishing an OD and Culture team, developing a cohesive framework, collaborating with HI West and Professor Michael West for effective measures, launching interim sexual harassment procedure, reviewing staff networks, and providing Welsh language training. • Next steps include working with executive team and clinical boards, evaluating cultural work, localised analysis for staff survey, evidencing listening action and outcomes, and identifying impact measures. <p>The IMLC thanked the team for the presentation and asked how all the actions were going to be communicated to the staff throughout CAV UHB? He raised concerns about the capacity and workload to achieve the agenda, questioning the time frame and team capacity.</p> <p>The IMLA discussed the rapid planning event in detail, focusing on the need for redefining the organization at a corporate and structural level. She mentioned that it wasn't clear how this was being taken forward from a people and culture perspective in terms of the three actions identified within the report. She also highlighted the establishment of a dedicated working group to manage attendance and sought more information on the time scales for training and evaluation of outcomes.</p> <p>The COO discussed the approach to restructuring in detail, emphasizing the potential challenges and the timeline for implementation. He mentioned that the restructuring would likely create some chaos within the organization, causing anxiety and distraction. He estimated that it would take at least a year to get the top-level structures sorted, followed by a step-by-step process to streamline leadership structures and reduce the number of clinical boards. Paul highlighted the importance of being open and honest about the potential disruptions and the need to draft a proper consultation paper, with Leanne supporting the process. He also noted that the restructuring might cause the organization to go slightly backwards before it gets better, but ultimately, it will lead to a more streamlined and efficient structure.</p> | |

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| | <p>The EDF emphasized focusing on sickness, leadership and management, and workforce planning as main efforts.</p> <p>The DCG noted the BAF was helpful in prompting discussions. The committee can take assurance in mandate for change which come from the rapid planning event. There was a process involved with the people within CAV UHB.</p> <p>The ADODCW assured the committee that timeframes were to deliver the training with the initial delivery to commence at the beginning of April 2025.</p> <p>The Committee resolved that:</p> <p>a) The information included within the paper and accepted current risk levels and content for assurance was discussed and noted.</p> | |
| <p>P&C 11/03/009</p> | <p><u>High Level Staff Survey Results 2024</u></p> <p>The ADODCW presented the High-Level Staff Survey Results 2024 and highlighted the following:</p> <ul style="list-style-type: none"> • Participation Rate increased to 26.8% of the organization. • Engagement Score decreased, reflecting current organizational challenges • Slight increase when asked if staff would recommend the UHB to a relative / friend to 60.6% from 58% last year, but still below the 75.1% in 2020 • Sharing dashboard access with clinical boards for local analysis. • Analyzing narrative responses (over 1000 lines) for deeper insights. • Focus group events planned over the next six months to gather more feedback. <p>The CC suggested for this item to come back to the P&C committee.</p> <p>Action – To add the High-Level Staff Survey Results to the Forward Plan.</p> <p>The Committee resolved to:</p> <p>a) To start from a place of transparency, the sharing of the CAVUHB paginated report and cascaded of further reports is recommended to start immediately, through a range of channels including the Executive Team and Board, Trade Union Partners, Clinical Board Triumvirates, Heads of People and Culture and throughout the organisation.</p> | |
| <p>P&C 11/03/013</p> | <p><u>Key Workforce Performance Indicators</u></p> <p>The DDPC presented the Key Workforce Performance Indicators and highlighted the following points:</p> <ul style="list-style-type: none"> • The turnover rate had reduced by over 2% in the last 12 months and is now within the health board target of 7-9% • There has been a 2% reduction in variable pay, indicating an improvement in the reliance on temporary pay. • The cumulative sickness absence rate is currently 6.3%, with the highest reason for absence being stress, anxiety, and depression. The aim is to reduce this to 5% in the next year. <p>The Committee resolved to:</p> | |

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| | a) The Key Workforce Performance Indicators were discussed and noted. | |
| P&C 11/03/014 | <p><u>People & Culture Plan Priorities</u></p> <p>The DDPC presented the People & Culture Plan Priorities and highlighted the following:</p> <ul style="list-style-type: none"> • Sickness Action Plans were developed for all clinical boards and corporate areas, focusing on short-term and long-term absence. • Sickness Panels were Implemented to review reasons for absence and provide intervention and support. • Reduction Targets aim to reduce cumulative sickness from 6.3% to 5%, with a longer-term goal of 2%. • Focused intervention on stress & anxiety through Occupational Health, Employee Well-being, and Staff Experience teams. • Refocusing policy training to ensure managers use discretion appropriately and progress through policies effectively. • Improvement plans for the nursing rostering and plans to implement a unified medical rostering system. <p>The IMTU asked to be reminded what our current percentage for LTS? He was aware of the work being done to assist people coming back to work and asked how helpful managers were in redeploying people within their own workplace on lighter duties.</p> <p>The DDPC would share the percentage LTS within the chat of this committee. In terms of redeployment, this would always be the advice to managers from the P&C team is to allow reasonable adjustments such as amended duties.</p> <p>The IMCE discussed long-term sickness in the context of identifying anxiety and stress hotspots and cross-referencing them with the need for improved leadership and line management skills. They inquired about the sophistication of the analysis in identifying these hotspots and prioritizing areas needing better leadership skills.</p> <p>The EDN contributed to the discussion on the people & culture plan priorities by emphasizing the specific challenges faced by nursing staff, particularly ward sisters. They highlighted the difficulty in managing sickness due to the lack of supervisory roles and the need for ward sisters to manage large teams while also working on the production line. He mentioned ongoing conversations with the COO about supporting ward sisters to focus on their managerial roles.</p> <p>The Committee resolved that:</p> <p>a) The People & Culture Plan Priorities were discussed and noted.</p> | |
| P&C 11/03/015 | <p><u>Health & Safety Update</u></p> <p>The ADHS presented the Health & Safety Update & highlighted the following points:</p> <ul style="list-style-type: none"> • 73 RIDDOR incident rates to date • Notable increase in incidents in January, February, and March, which needed further investigation. • Overall improvement in health & safety training compliance over the last four years. • Fire training compliance had dropped but efforts were being made to address this. | |

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| | <ul style="list-style-type: none"> • Seven fire incidents reported this year, slightly above the previous two years with the latest incident on 20.02.25, believed to be smoking-related • Due to changes in the Fire and Rescue Service's response to automatic fire alarms, business case exemptions were submitted. • UHW and UHL would not be included in the new response approach due to 24/7 cover. • Awaiting final clarification on submissions, with some agreements in principle already received. <p>The EDPC mentioned that clinicians were required to complete a significant number of mandatory modules, with some being asked to do up to 30 modules. She highlighted the need to review this requirement to ensure it was accurate and realistic, especially given the busy schedules of clinicians. She noted that there was a Welsh Government consultation underway to review mandatory and statutory training requirements.</p> <p>The Committee resolved that:</p> <p>a) The Health & Safety Update was discussed and noted.</p> | |
| <p>P&C 11/03/016</p> | <p><u>Workforce Controls & Assurances</u></p> <p>The DDPC & DDF presented on the workforce controls & assurances and highlighted the following:</p> <ul style="list-style-type: none"> • The executive team established a PMO group in mid-January to enhance scrutiny and ensure consistent decision-making for agency, bank, and overtime requests, as well as vacancy approvals. • The PMO meets twice daily to review requests, with a daily executive review meeting to escalate issues. • Monitoring of medical bank usage through a weekly dashboard, showing a slight reduction in requests since the PMO's implementation (about 8%). • Compliance with the rate card is at 100%, and the bank fill rate is above 90%. • Significant reduction in agency usage, with current agency workers mainly in the mental health clinical board due to national shortages. • Waiting List Initiatives dashboard reviewed weekly, ensuring requests are appropriate and linked to true activity • Reduction in the number of vacancies advertised, with turnover rates decreasing. • Increase in staff in post, particularly in nursing, midwifery, and medical roles, leading to a decrease in variable and agency pay • Implementation of a nursing workforce hub, resulting in a 25% reduction in total bank, agency, and overtime hours used. • Consistent approach to managing risk across the health board, with data triangulated with the safer staffing dashboard. • Marked reduction in overtime and agency usage, with a focus on maintaining control and sustainability. • Targeted recruitment of staff directly to the bank, reducing reliance on agency healthcare support workers. • Estimated £2m reduction in total staffing variable pay bill if current trends continue through March. <p>These measures aim to improve workforce management, reduce costs, and ensure safe staffing levels across the organization.</p> | |

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| | <p>The ADPR mentioned that two years ago, the organization was spending £500k on agency healthcare support workers, which has now been reduced to almost nothing, with most of the staffing needs being met through the staff bank.</p> <p>The Committee resolved to:</p> <p>a) The contents of the report were noted and be assured that the appropriate level of scrutiny will continue.</p> | |
| <p>P&C 11/03/017</p> | <p><u>Workforce Growth (focus on Corporate)</u></p> <p>The ADPR presented the Workforce Growth and highlighted the following:</p> <ul style="list-style-type: none"> • The report was updated to included Feb 2020 – 2025 • Focused on the corporate areas which had seen a growth of 251 WTEs across all of the AfC and VSM pay bands (31% increase) • Breakdown by Pay Band: <ul style="list-style-type: none"> ○ Band 7: 40% increase ○ Band 8A: 72% increase (39 posts) ○ Band 2: 31% reduction ○ Band 9 and VSM: Reduction of three posts • Breakdown by Staff Group: <ul style="list-style-type: none"> ○ Admin Clerical: 171 whole time equivalents (28% increase) ○ Nursing Midwifery: 33 roles increase ○ Growth by Department: <ul style="list-style-type: none"> ○ Digital and Health Intelligence: 50 staff (44% growth) ○ Director of Public Health: 33 whole time equivalents (471% increase due to TUPE transfer) ○ People and Culture: Slight reduction by two whole time equivalents • Band 7 and above saw an increase of 122 whole time equivalents • Digital Health and Intelligence saw an increase of 32 posts • Public Health saw an increase due to transfer into CAV UHB <p>The IMLA focused on the need to understand how clinical boards were spending money on posts when they don't have the money. She raised concerns about the scrutiny process and the need for feedback on how these decisions were made.</p> <p>The DDF discussed the good data provided by the ADPR in detail, emphasizing its importance in understanding the workforce growth and its implications. He highlighted that the growth seen in the workforce, even outside of new services that have moved in and been truly funded, has not been matched by an allocation uplift from Welsh Government. This discrepancy is a driver of the deficit faced by the organization. He mentioned the need to benchmark the workforce against other organizations to understand if Cardiff and Vale UHB was out of kilter or not.</p> <p>The CC mentioned that the IMs were keen to understand what productivity measures were used in detail during the discussion about workforce growth. She highlighted the need for clarity on how productivity is measured and whether the same measures are being used as those presented by Welsh Government.</p> <p>The COO discussed the workforce growth in detail during the meeting, specifically addressing the increase in posts within the corporate functions and the overall workforce growth. He emphasized that the growth was not due to clinical boards hiring people at their discretion but rather due to</p> | |

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| | <p>decisions made by the board to increase the establishment for specific projects and objectives. He mentioned examples such as the Ockenden and Stroke business cases, which were approved by the board without a funding source, contributing to the increase in headcount. He also highlighted that the clinical boards cannot hire people without going through a process and that new posts must come to the scrutiny panel.</p> <p>The IMLC emphasized the importance of understanding the financial implications of workforce growth and how it contributes to the deficit. He highlighted the need for a more granular analysis of the year-by-year increases, especially considering the impact of COVID-19. He raised concerns about the governance process for approving new posts and how efficiency savings are being utilized to fill the gap. He stressed the importance of having a clear procedure and understanding the reasons behind the increases in workforce numbers. He also mentioned the need for detailed information on the efficiency savings and how they are being used to address the financial deficit.</p> <p>The CC suggested it would be helpful to circulate how the assurances are put in place. Action – complete this outside of the committee.</p> <p>The EDPC mentioned the organization's growth over the last five years in detail during the discussion on workforce growth. She noted that the UHB had become too large and required redesign. This redesign would incorporate all areas and portfolios, not just clinical boards. She emphasized the need to align transformational efforts and digitalization with the structural review to centralize resources and improve efficiency.</p> <p>The Committee resolved that:</p> <p>a) The Workforce Growth was discussed and noted.</p> | |
| <p>P&C 11/03/018</p> | <p><u>People Policies Report – Equality Policy</u></p> <p>Committee approved.</p> <p>The Committee Resolved that:</p> <p>a) The Equality Policy was approved.</p> | |
| <p>P&C 11/03/019</p> | <p><u>Health & Safety Policies - Manual Handling Policy</u></p> <p>Committee approved.</p> <p>The Committee Resolved that:</p> <p>a) The Manual Handling Policy was approved.</p> | |
| <p>P&C 11/03/020</p> | <p><u>Annual Equality Report</u></p> <p>The HEI highlighted the following points on the annual equality report:</p> <ul style="list-style-type: none"> • The report included profiles and photographs of staff, showcasing the diverse workforce and their contributions. • It detailed various initiatives and accomplishments in promoting equality and inclusion within the organization. • The report was part of the organization's legal requirement to publish annual equality data and demonstrate compliance with the Equality Act. • There was ongoing work to review staff networks and ensure they were effectively supporting the organization's equality objectives. • Anti-Racist Action Plan: The report includes updates on the anti-racist action plan and its impact on the workforce. | |

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| | <ul style="list-style-type: none"> • Development of an LGBTQ+ action plan using a co-production approach. • The report featured engaging visuals, including photographs of staff, to highlight the organization's commitment to diversity and inclusion. • CAV UHB will continue to build on the achievements of the "Caring About Inclusion" plan and transition to the "Shaping Our Inclusive Culture" plan, with a focus on further enhancing equality and inclusion. <p>The CC noted there was some beautiful work being completed. She wondered if there could be a focus at a future committee meeting on this work.</p> <p>The Committee resolved that:</p> <p>a) The Annual Equality Report was discussed and noted.</p> | |
| <p>P&C 11/03/021</p> | <p><u>Gender Pay Gap Report</u></p> <p>The HEI highlighted the following points regarding the Gender Pay Gap Report:</p> <ul style="list-style-type: none"> • The gender pay gap as of 2024 was 15.77%, meaning that on average, men are paid 15.77% more than women in the UHB • This was a reduction from the previous year's gap of 17.13%, indicating progress in addressing the disparity. • The gap was primarily due to representation, with men occupying higher-paid roles more frequently than women. • The report included a gap in bonus pay, which was largely attributed to consultant pay structures. • The UK Government would require the publication of a gender pay gap action plan and a menopause action plan, although the specifics of these requirements are not yet clear <p>The IMCE suggested for tangible case studies as everything is in generic terms.</p> <p>The IMLA discussed the gender pay gap report during the meeting, expressing disappointment about the existing gap but acknowledged the reduction from 17.13% in 2023 to 15.77% in 2024. She inquired about how this position compares to other similar-sized health organizations in Wales and the UK.</p> <p>The HEI confirmed he would circulate this information outside of the committee.</p> <p>The HEI noted that the gender pay gap in the organization is primarily due to representation, with men being in higher paid roles. He explained that the gap is calculated based on the average pay of men and women in the organization, and the higher representation of men in senior positions results in a pay gap. He added that the bouses were due to consultant pay.</p> <p>The Committee Resolved that:</p> <p>a) The Gender Pay Gap Report was discussed and noted.</p> | |
| <p>P&C 11/03/022</p> | <p><u>Engagement brief to include Digital Communications & Analytics KPI</u></p> <p>This item was for noting.</p> | |

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| | The Committee Resolved that: a) The engagement brief to include digital communications & analytics KPI was noted. | |
| P&C 11/03/023 | <u>Notices from the Welsh Language Commissioner</u> This item was for noting. | |
| P&C 11/03/024 | Any Other Business | |

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Public Action Log
Following People and Culture Committee Meeting
11th March 2025
(Updated for the Meeting 20th May 2025)

| Minute Ref | Subject | Agreed Actions | Lead | Date | Status/Comments |
|----------------|------------------------------------|--|----------------|------------|--|
| Actions | | | | | |
| 19/11/008 | TRiM Proposal | To prepare and present the TRiM proposal to the P&C committee based on the outcome of the SLB meeting in January 2025. | Claire Whiles | 11.03.2025 | Complete – added to the forward plan for 08.07.2025 |
| 21/01/013 | Staff Networks Review | Review the staff networks and provide an update on their state of health, range, and any gaps. | Claire Whiles | 20.05.2025 | Complete – added to the forward plan for 23.09.2025 |
| 21/01/020 | Digital Communications & Analytics | Review the digital communications analytics paper and bring it back for further discussion at a future meeting. | Joanne Brandon | 11.03.2025 | Complete – added to the forward plan bi-monthly commencing 08.07.2025 |
| 11/03/009 | Staff Survey Results | Add Staff Survey results to the forward plan when further analysis and proposed actions are available | Claire Whiles | 11.03.2025 | Complete – added to the forward plan for 08.07.2025 |
| 11/03/008 | Managing Absence | Provide the Committee with assessments of the impact of more effective absence management measures | Rachel Gidman | 11.03.2025 | Complete – added to the agenda 06.05.2025 |
| 11/03/007 | Staff Story | Formal thanks to be given to Mark Raper | Sara Moseley | 11.03.2025 | Complete |
| 11/03/017 | Staffing Data | Committee to be provided with an assessment of how productivity is measured with reference to the information presented by Welsh Government. Alongside this, continued data on staff numbers and cost. | Andrew Gough | 11.03.2025 | Complete – added to Forward plan |
| | Rapid Planning Event | Provide the Committee with an assessment of the people and culture aspects arising from the rapid planning event | Paul Bostock | 11.03.2025 | Complete – added to the forward plan |

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Actions referred from Board / Committees

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| Report Title: | Board Assurance Framework - Wellbeing | | Agenda Item no. | | |
| Meeting: | People and Culture Committee | Public | x | Meeting Date: | 06 th May 2025 |
| | | Private | | | |
| Status: | Assurance | x | Approval | Information | |
| Lead Executive: | Executive Director of People and Culture | | | | |
| Report Author: | Assistant Director of Organisational Development, Wellbeing and Culture | | | | |

Background and current situation:

Executive Summary

This paper provides an update to the People and Culture Committee on the Health Board's progress in mitigating risks to staff wellbeing identified within the Board Assurance Framework. It highlights developments in Occupational Health, the Employee Wellbeing Service, and broader organisational wellbeing. Key achievements include improving Occupational Health performance, expansion of therapeutic interventions in the Employee Wellbeing Service, and systemic initiatives to embed wellbeing into leadership, culture, and operational practices.

Recognised challenges, including trauma service capacity and sustaining momentum while experiencing financial challenges, are addressed through clear improvement plans. The Committee is asked to note progress, accept the assurance provided, and support ongoing and planned developments to further strengthen staff wellbeing and organisational resilience.

Background and Current Situation

Staff wellbeing remains a key risk on the Board Assurance Framework (BAF) due to continued high service demands, staffing shortages, financial constraints, and wider societal pressures. The organisation continues to work towards embedding a cohesive and strategic approach to staff wellbeing, recognising that improving the experience of our workforce is fundamental to delivering high-quality care.

Contextual Factors Influencing Wellbeing and Culture

The Health Board is currently operating within an increasingly challenging financial context, is currently categorised as requiring 'Targeted Intervention', and needs to take planned and sustained actions to achieve long-term financial and operational sustainability. Evidence from national and international studies highlights the potential impact of financial austerity on staff wellbeing, including increased psychological distress, erosion of trust and morale, heightened financial stress among staff, and challenges in sustaining positive organisational cultures.

Research indicates that financial pressures, if not carefully managed, can contribute to increased burnout, reduced engagement, and ultimately higher turnover, compounding existing risks to patient care and staff experience. Importantly, individuals with protected characteristics — such as those from Black, Asian and Minority Ethnic backgrounds, disabled colleagues, LGBTQ+ colleagues, and those with pre-existing health conditions — are often disproportionately affected by organisational and societal challenges. These groups may experience greater barriers to support, heightened financial vulnerability, or additional workplace stressors during periods of organisational change.

Acknowledging this context is essential to ensure that strategic actions to support staff wellbeing and strengthen organisational culture remain prioritised, inclusive, and impactful during periods of change.

The Committee is reminded that the wellbeing and culture agenda are inextricably linked. Efforts to protect, support, and enhance colleague wellbeing must be fully aligned with the Health Board's culture ambitions, recognising that a healthy organisational culture is both an enabler and an outcome of positive staff wellbeing.

The May 2025 update of the Board Assurance Framework outlines the detail of actions taken over the latest period. This paper will highlight key actions being taken to mitigate against risk, particularly looking at:

1. Developments within Occupational Health, and the collaboration with CTMUHB
2. Progress within the Employee Wellbeing Service (EWS)
3. Organisational Resilience and Wellbeing – developing an integrated approach.

1. Occupational Health

The Occupational Health (OH) Department within Cardiff and Vale UHB is a well-established service with a long history of supporting colleague health and wellbeing. In recent years, however, the department has faced significant challenges, including high levels of staff sickness absence, increased service demand, the introduction of new systems and operating models, staffing vacancies, and changes in leadership. In 2021, to strengthen resilience and address emerging challenges, the OH department entered into a formal collaboration with the OH service at Cwm Taf Morgannwg UHB. Initially, this collaboration focused on the senior leadership level, with one Head of OH and one Deputy overseeing both services across the two Health Boards.

Over the past three years, the collaboration has evolved and matured. Early scepticism among staff has given way to active support and joined-up working, with a notable cultural shift from a “them and us” mindset to a shared “we and us” approach. This transformation has enhanced resilience across the collaborative service, particularly supporting Cardiff and Vale UHB during periods of staffing pressure in the past 12 months.

The collaboration has also enabled more flexible use of occupational health provision, ensuring that resources are prioritised to meet the greatest areas of need across both organisations.

Looking ahead, the appointment of a new Head of Occupational Health in October 2024 provides an opportunity to build further on this progress. A review of the operating model is underway, exploring how the service can strengthen its ability to operate both proactively and reactively, aligned to the Health Board's strategic ambitions and wider teams including Public Health and Infection, Prevention and Control. Closer working with the wider People and Culture Team is also being developed to support the Health Board's work on staff wellbeing and improving staff availability.

Progress and Assurance:

- Sustained collaboration with Cwm Taf Morgannwg UHB. (**Appendix 1**)
- Performance improvements, including:
 - Management referral turnaround times: Doctor 19 days, Nurse 24 days, Physiotherapist 15 days.

- Pre-placement clearance: 87% completed within 7 days (excluding complex cases).
- Physiotherapy self-referral turnaround: 4 days.
- Improved triage process and system.
- Improvement in waiting times for an appointment across all disciplines in Quarter 4, 2024/25. (Doctor / Nurse / Physiotherapist)
- Implementation of daily cross-UHB communication and jointly developed Standard Operating Procedures (SOPs).

Challenges Recognised:

- Staff resistance to change.
- Cultural and governance differences.
- Leavers and new starters across CAVUHB and CTMUHB Occupational Health Departments.
- Introduction of new All-Wales Occupational Health database.
- Welsh Government KPI setting and reporting.

Plans for Improvement:

- Continued staff engagement and involvement to shape future direction.
- Progression towards SEQOHS accreditation*.
- Occupational Health input and presence at Sickness Panels; Managing Attendance at Work training; Induction; Management Development Programmes.
- Review of current operating model to identify opportunities for improvement, e.g. scoping information line for managers.

2. Employee Wellbeing Service (EWS)

The Employee Wellbeing Service (EWS) is a core part of the Health Board's commitment to supporting staff health and wellbeing. Established within the Occupational Health and Wellbeing department under the People and Culture Directorate, the EWS offers a stepped care model of support, focusing on early intervention, psychological wellbeing, and proactive engagement with the workforce.

Over the past five years, the Service has faced unprecedented demand as a result of the Covid-19 pandemic and increasing workplace pressures. Temporary Health Charity funding between 2019 and 2023 allowed the service to grow significantly, introducing new roles such as Assistant Psychological Therapy Practitioners (APTPs), Wellbeing Practitioners, and expanding its counselling and coordination capacity.

In 2024, recognising the vital role of the service, the Health Board successfully transitioned to recurrent core funding, securing the long-term sustainability of EWS provision.

The EWS Offer

- **1-2-1 therapeutic support** including Counselling, Guided Self-Help, and Trauma-Informed Therapy.
- **Rapid Response and Wellbeing Calls** to individuals presenting with emotional distress or risk.
- **Proactive, ward-based and site-based engagement** offering drop-ins and workshops (when capacity allows).
- **Psychoeducational Workshops** on assertiveness, self-care, mindfulness, stress management, and leadership wellbeing.
- **Wellbeing Champion Training and Network:** Over 400 champions trained to support wellbeing at team level.
- **Development of digital pathways** to improve accessibility and efficiency.

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The service is uniquely placed to offer psychologically informed interventions tailored to the workplace context, improving outcomes for both individuals and the organisation. **(Appendix 2: Usage Infographics – EWS)**

EWS Demonstrated Impact:

| Area | Outcomes Achieved |
|-------------------------------------|--|
| Access and Timeliness | Reduction in waiting times for resource appointments from 11 days to 3-5 days; counselling waiting times reduced from 77 days to 20 days, well below Welsh Government targets. |
| Retention and Return to Work | Percentage of staff remaining off work after EWS intervention reduced from 17% to 4%. |
| Service Reach | Over 558 staff accessed 1-2-1 support in the past year; over 471 staff attended wellbeing workshops. |
| Clinical Outcomes | 30–50% clinical improvement recorded (measured via PHQ-9 scores); 90% improvement for Guided Self-Help participants. |
| Risk Management | Rapid risk response systems embedded, with 32% of referrals involving active wellbeing call follow-up for emotional risk management. |
| Preventative Impact | Significant expansion of proactive, preventative workshops and targeted interventions to support at-risk teams. |
| Innovation and Integration | Introduction of new professional roles and a stepped care model, enhancing the range and quality of interventions available. |

Progress and Assurance:

- Expanded therapeutic interventions, including EMDR*, SPRING*, and IPT*.
- Hosted All Wales Employee Wellbeing Network Day.
- Developed new psychoeducational workshops targeting burnout and trauma symptoms based on staff survey results.
- Worked in collaboration with the Recovery and Wellbeing College in the development and delivery of wellbeing programmes.
- Enhanced service data reporting and reviewed service against Matrics Cymru Standards. **(Appendix 3: Matrics Cymru Standards)**

Challenges Recognised:

- Trauma Stress Service (TSS) waiting times: up to 6 months from referral.
- Growing counselling waiting lists, although largely within Welsh Government targets.
- Leavers and new starters within the team.
- Increase in complexity relating to referrals.
- Out-dated referral and reporting systems.

Plans for Improvement:

- Move to Woodland House to foster greater collaboration and joined-up working with wider People and Culture Team. (May 2025)
- Digitisation of service via OPAS to improve efficiency, governance, reporting and user-experience. (Quarter 2 2025/26)
- Development of a 3-year plan for EWS to align with the People and Culture Plan and 'Brilliant Basics'. (Quarter 2 2025/26)
- Focused collaboration with People and Culture to target 'hotspot' areas of high absence. (Quarter 1 2025/26)

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| | |
|---------------|---|
| | Meaning |
| ATP | Assistant Psychological Therapy Practitioner |
| EMDR | Eye Movement Desensitisation and Reprocessing |
| GSH | Guided Self-Help |
| IPT | Interpersonal Psychotherapy |
| PHQ-9 | Patient Health Questionnaire-9 (a clinical outcome measure for depression) |
| SPRING | Structured Psychological Support for Trauma (developed by Traumatic Stress Wales) |

3. Organisational Wellbeing

Current Position:

The UHB recognises that staff wellbeing is not solely the result of individual support services but is significantly influenced by organisational culture, leadership, systems, and working conditions. A range of strategic developments across the UHB are now driving an integrated approach to organisational wellbeing.

Key Developments and Enablers:

| Development | Contribution to Organisational Wellbeing |
|--|--|
| General Manager Development Programme / Ward Manager Development Programme | Builds leadership capability around accountability, decision-making, resilience, and staff support. |
| Staff Survey Analysis and Action Planning | Triangulation of data sources to better target organisational stress points and develop informed action plans. Includes starter, stay and exit data. |
| Managing Attendance at Work Improvement Plan | Embedding a proactive, compassionate approach to health-related absence management. |
| Organisational Development (OD) Framework | Establishes a unified strategic commitment to wellbeing through 'Putting People First'. |
| Workforce Analytics and Intelligence | Integrated data analysis driving proactive interventions in areas of concern. |
| Culture and Leadership Programme Service Reviews | Diagnosing cultural and leadership issues impacting staff wellbeing and targeting improvements. |

Supporting Organisational Resilience: Internationally Educated Nurses and Students

Internationally Educated Nurses (IENs)

Pastoral care for Internationally Educated Nurses (IENs) at Cardiff and Vale UHB is provided through a dedicated and experienced team led by the Lead Nurse and the Assistant Practitioner (AP)/OSCE Lead. Over 550 IENs have been successfully supported through the International recruitment programme and local OSCE and AP pathways.

Support structures include:

- A pastoral team comprising three administrative staff, four OSCE providers, and the ECOD Senior Nurse.
- Ongoing support on the wards and regular "Keeping in Touch" days to aid settling and professional integration.

- Direct communication channels, including dedicated WhatsApp groups for each IEN cohort, offering real-time advice and support.
- Establishment of an Internationally Educated Nurses Community of Practice (CoP) to foster peer support, professional development, and career progression.

Pastoral excellence is recognised at national level, with one IEN receiving a Chief Nursing Officer (CNO) Award in 2023 for their contributions to supporting others. Where additional learning needs are identified, IENs are offered tailored support with a compassionate, strengths-based approach, involving collaboration between Senior Nurse Education leads, Line Managers, and Resourcing Leads. A strong rapport is maintained through the OSCE training period and into practice, with Practice Development Nurses offering localised, ongoing support.

In regional partnership contexts, IENs receive the same high standards of welcome and support, with structured transition planning for moves across Health Boards.

Student Nurses and Allied Health Professionals

The Health Board is committed to ensuring an excellent learning and pastoral experience for all students on placement, recognising the importance of early professional development in creating a resilient future workforce.

Support structures include:

- Face-to-face, classroom-based training tailored to workforce needs, with flexible delivery for clinical areas unable to release staff.
- Creation of extensive resources including Padlet platforms, an ePAD Guide, and a Practice Assessor Handbook to assist students and mentors in practice.
- Annual Lead Practice Assessor updates, promoting peer learning, knowledge sharing, and enhanced student experiences.
- Comprehensive student welcome and induction processes, including a standardised Student Induction Booklet, a Practice Learning Framework, and named Practice Education Facilitators (PEFs) for every placement.

Student voice and partnership working are prioritised through:

- Student Representative meetings forming part of a broader Student Improvement Plan.
- Twice-yearly newsletters providing students and staff with the latest updates, resources, and opportunities.
- Ongoing collaboration with Cardiff University School of Healthcare Sciences and the University of South Wales to address student feedback and concerns.
- Introduction of Restorative Clinical Supervision sessions to provide emotional and professional support to students during placements.
- Implementation of Collaborative Learning in Practice (CLiP) models across trial sites to enhance team-based learning and coaching.

Summary

The Health Board's approach to supporting Internationally Educated Nurses and student nurses reflects a strong commitment to building organisational resilience, inclusion, and wellbeing. These efforts are critical to nurturing the next generation of healthcare professionals, improving retention, and ensuring Cardiff and Vale UHB remains a supportive, compassionate, and attractive place to work and train.

Organisational Resilience and Wellbeing, Challenges Recognised:

- Maintaining momentum in a constrained financial environment.
- Ensuring frontline staff experience tangible benefits from strategic initiatives.
- Broadening leadership development across all levels of the workforce.

Planned Improvements:

- Launch of a People and Culture dashboard integrating staff experience data.
- Embedding wellbeing principles across leadership and management development offers.
- Wellbeing objectives to be established at Board and Executive Level.
- Team-based wellbeing action plans developed with Clinical Boards.
- Embedding prevention and early intervention within the Managing Attendance at Work approach.
- Full implementation of the "Putting People First" OD, Wellbeing, and Culture Framework.
- Scoping expansion of resilience and trauma support initiatives (e.g., TRiM, Wraw, Trauma Support Service, Schwartz Rounds).

Summary

The UHB is transitioning towards a systemic approach to organisational wellbeing, moving beyond isolated initiatives to embed wellbeing into the everyday organisational culture. This will support improved staff engagement, retention, and ultimately, patient care. **(Appendix 4: Action Plan – to follow)**

| Risk | Mitigation |
|--|--|
| Increased psychological distress among staff | Expansion of therapeutic offers, resilience interventions (e.g., TRiM, Wraw) |
| Fragmented data and actions across workforce and wellbeing | Integration through a People and Culture dashboard and co-ordinated surveys |
| Delays in accessing support | Digitisation of EWS and Occupational Health services; review of Trauma Support Service |
| Cultural resistance to change | Focused staff engagement and leadership development initiatives |

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

The wellbeing of our people is critical to the achievement of the UHB's strategic ambitions and operational effectiveness. The actions outlined in this paper provide assurance that robust steps are being taken to mitigate the identified risks around colleague wellbeing. Progress is being made both in terms of direct service provision and more systemic developments aimed at strengthening leadership, culture, and organisational health.

Key issues to bring to the Committee's attention include:

- The need to maintain momentum in embedding wellbeing into operational leadership and management practices.
- The importance of addressing waiting times for trauma-related services through service development and targeted investment.
- The necessity of fully implementing and supporting the "Putting People First" Framework to ensure consistency and alignment across the Health Board.
- The need to recognise and address the potential impact of the current financial climate and workforce sustainability on staff wellbeing and organisational culture, maintaining a proactive and integrated approach to support colleagues through change.
- Ensuring all changes, initiatives, decisions are underpinned by an EHIA.

While significant challenges remain, particularly given the wider financial and societal pressures, the UHB's commitment to supporting staff health and wellbeing is strong, with clear plans in place to drive continuous improvement.

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Conclusion

Significant progress is being made across wellbeing services, leadership, and organisational development, with clear plans to further strengthen a culture of prevention, early intervention, and support. Recognised challenges remain, but the foundations for a more resilient and engaged workforce are being firmly established focusing on getting the 'brilliant basics' right. Continued alignment of wellbeing and culture plans will be critical in navigating the ongoing financial challenges, ensuring that the Health Board maintains its commitment to putting people first while delivering sustainable, high-quality care.

Recommendation:

The ~~Board/Committee~~ (*delete as appropriate*) are requested to:

- a) **Note** the progress and ongoing challenges outlined.
- b) **Accept** the assurance provided regarding actions underway.
- c) **Support** the planned improvements to continue strengthening staff wellbeing and organisational resilience.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>



Putting People First

1. Prioritises staff wellbeing and organisational culture as fundamental enablers of compassionate, high-quality care.
2. Strengthens leadership, management, and team practices to create supportive, inclusive, and psychologically safe working environments.
3. Recognises staff experience as inseparable from patient experience, supporting a healthier, more engaged workforce.

Click the objective above to view more detail.



Providing Outstanding Quality

1. Supports improved staff wellbeing, reducing burnout and emotional exhaustion, which is linked to safer, higher-quality patient care.
2. Embeds resilience and trauma support (e.g., TRiM, Wraw) to protect colleagues' ability to consistently deliver high standards of service.
3. Strengthens governance and monitoring through digitisation (e.g., OPAS, EWS KPIs), ensuring services are evidence-based and high-performing.

Click the objective above to view more detail.



Delivering in the Right Places

1. Promotes flexible, accessible wellbeing support services, ensuring colleagues across all clinical and non-clinical areas can access help when needed.
2. Integrates wellbeing into operational and management practice at local, team, and organisational levels, not just through centralised offers.

2. Embeds collaboration across Occupational Health, Employee Wellbeing, OD, and wider People and Culture services to deliver joined-up support.



Acting for the Future

1. Builds future organisational resilience by embedding wellbeing and cultural improvement into leadership development and workforce strategies.
2. Uses proactive, preventative approaches (e.g., early intervention in attendance management) to support sustainability of the workforce.
3. Aligns with the ambition to be an employer of choice, investing in the conditions needed to attract, retain, and develop a talented, diverse workforce over the long term.

Click the objective above to view more detail.

Click the objective above to view more detail.

Five Ways of Working (Sustainable Development Principles) considered

| | | | | | | | | | |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|
| Prevention | x | Long term | x | Integration | x | Collaboration | x | Involvement | x |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|

Quality Impact Assessment Completed?

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

Impact Assessment:

Risk: /No (delete as appropriate)

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

Safety: /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

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)
Financial proposals in development.

Workforce: No

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

Legal: No

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

Reputational: Yes

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) Risk of not addressing risk to wellbeing.

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| | |
|--|-------|
| Socio Economic: Yes/No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance / GOV.WALES | |
| <i>The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail. (If this has been addressed in the main body of the report, please confirm)</i> | |
| Equality and Health: No | |
| <i>Equality Health Impact Assessments (EHIA) are typically undertaking when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so. (If this has been addressed in the main body of the report, please confirm)</i> | |
| Decarbonisation: Yes | |
| <p><i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.</i></p> <p><i>These include:</i></p> <ul style="list-style-type: none"> • <i>A focus upon preventing ill health in our population</i> • <i>Saving energy or increasing throughput.</i> • <i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i> • <i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i> • <i>Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i> • <i>Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i> <p><i>Does the subject matter of your paper risk any of the above not being achieved?</i></p> | |
| Welsh Language: Yes | |
| <p><i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i></p> <ul style="list-style-type: none"> • <i>More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i> • <i>Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</i> • <i>Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</i> • <i>Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?</i> <p><i>Does the subject matter of your paper risk any of the above not being achieved?</i></p> | |
| Approval/Scrutiny Route (please note anywhere else this paper has been before): | |
| Committee/Group/Exec | Date: |
| | |

Appendix 1: Occupational Health Collaboration Highlight Report

This appendix provides an overview of the Occupational Health collaboration performance, challenges, and next steps, supporting the Health Board's wellbeing objectives.

1. Overview of Collaborative Working

- Daily cross-UHB communication established.
- Joint development of Standard Operating Procedures (SOPs) and vaccine delivery instructions.
- Weekly data check-ins to monitor staffing and trends.
- Active participation in All-Wales Task and Finish Groups to standardise approaches.

Case Management

CAV UHB



1.2. Pre-Placement Clearance

CAV UHB



2. Performance Data

| Measure | Performance |
|---|-------------------|
| Doctor Management Referral Turnaround | 19 calendar days |
| Nurse Management Referral Turnaround | 24 calendar days |
| Physiotherapist Management Referral Turnaround | 15 calendar days |
| Pre-Placement Clearance (excluding complex cases) | 87% within 7 days |
| Physiotherapy Self-Referral Turnaround | 4 calendar days |

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3. Achievements and Improvements

- Shared best practices leading to improved service delivery.
- Increased consistency in KPIs and weekly performance reporting.
- Stronger leadership model introduced to promote collective responsibility.

4. Challenges Identified

- Initial staff resistance to change.
- Cultural and governance differences across UHBs.
- Need for harmonised procedures to reduce operational confusion.
- Requirement to engage broader stakeholders more effectively.

5. Opportunities for Further Development

- Further embedding of collaboration across wider teams.
- Strengthening partnership with People Services to reduce sickness absence.
- Enhancing joint vaccination programmes to protect staff.
- Deepening engagement with Public Health and Infection Control teams.
- Scoping a fully comprehensive regional Occupational Health service model.

6. Next Steps

- Continued staff engagement and action planning based on feedback.
- Preparation for SEQOHS* Accreditation:
 - Step 1 planned for June 2025.
- Development of Health Surveillance Project Initiation Document.
- Exploring migration to a single OPAS database for unified case management (target: Quarter 3, 2025/26).

** SEQOHS accreditation is recognised as the benchmark for a Safe Effective Quality Occupational Health Service and provides assurance that the accredited occupational health provider:*

- *Understands the occupational health needs of the organisation they are delivering services for*
- *Has had the value of its outputs independently assessed and validated*
- *Has staff who are professionally qualified and trained for the work they undertake.*
- *Are qualified to act as a 'competent person', as defined by the HSE, to advise on protecting the health of employees and supporting those with disabilities in work.*
- *Treat the employees of the clients they see professionally and with respect.*

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Appendix 2: ESW Infographics – 1-2-1 Support 2024





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EMPLOYEE WELLBEING SERVICE JANUARY 2025



GIG
CYMRU
NHS
WALES

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

DURING JANUARY 2025 WE SUPPORTED STAFF IN
A VARIETY OF WAYS:



DURING JANUARY
WE RECEIVED:



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EMPLOYEE WELLBEING SERVICE FEBRUARY 2025



**DURING FEBRUARY 2025 WE SUPPORTED STAFF
IN A VARIETY OF WAYS:**



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

 **13**
WELLBEING CALLS

 **30** RESOURCE
APPOINTMENTS

 **137**
COUNSELLING
SESSIONS

 **8** GUIDED
SELF HELP
SESSIONS

 **60**
WORKSHOP
ATTENDEES

 **10** DNA'D
APPOINTMENTS

**DURING FEBRUARY
WE RECEIVED:**

39
STAFF
REFERRALS



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Appendix 3: A review of the service against the 'Metrics Cymru Standards'

- Psychological Standards to deliver and improve services on a measurable basis.
EWS uses pre/post questionnaire scores and feedback from survey results
- Psychological therapy: Standards for services to understand and improve workforce management:
We use our EWS feedback survey to improve this area
- Psychological therapists: The definition and competence at different levels of proficiency:
All our therapists are either BACP/UKCP/BPS Accredited
- Supervision Standards: To deliver and requirements to receive supervision:
All our EWS staff receive appropriate supervision (including admin staff as we are aware of vicarious trauma)
- Training: Training standards for therapy and supervision provision Audit and data collection Data collection requirements.
During 2024 2 people were trained IPT and 2 people training in SPRING.
AmAT Project ongoing.
- The evidence tables: Evidence for the application of psychological therapy for different conditions.
GSH, Counselling, SPRING, IPT, EMDR.

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Appendix 4: Action Plan – to follow as part of presentation

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| | | | | | |
|--|--|---------|----------|-----------------|----------|
| Report Title: | Improving Attendance at Work Update | | | Agenda Item no. | 2.3 |
| Meeting: | People & Culture Committee | Public | X | Meeting Date: | 06.05.25 |
| | | 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.

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

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 January 2025 was 6.32%

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. A high level action plan has been developed, and a task and finish group has been established to oversee its implementation. Each Clinical/Service Board have also developed an individual, detailed and targeted action plan to reduce sickness absence in their respective areas.

The following actions have been taken forward:

- The Managing Attendance at Work training has been revised and relaunched with 2 sessions per month available. One session is reserved for the Clinical Boards to identify targeted hot spot areas. The training focuses on 3 key areas:
 - Understanding and implementing the attendance policy
 - Effective conversations around attendance
 - Making reasonable adjustments to support staff
- A digitalised version of the training is in development as well as a digital module-based refresher training.
- Work is ongoing to ensure all absence is accurately recorded on the ESR/HealthRoster system. A specific piece of work is being undertaken to improve the recording of absence for medical staff.
- Each Clinical/Service Board are running monthly sickness panels to monitor attendance at work. These panels are chaired by a senior member of the Clinical Board. Terms of Reference and a standardised Agenda have been developed for these sickness panels to ensure consistency.
- Sickness absence will be reviewed at monthly Executive Reviews and a standardised data set has been developed to support the reviews.
- A draft OD, Wellbeing, and Culture framework has been developed and is currently out for consultation and feedback. This framework aims to support managers in key areas, including:

- Staff retention
 - Team cohesion and performance
 - Cultural improvement
 - Staff engagement and wellbeing
 - Management and leadership development
- Efforts are being made to reduce workplace incidents by improving safety training and awareness. Ongoing RIDDOR performance is still well under what was reported for the last financial year. Six incidents reported since the last IPR submission taking the total to 65 this financial YTD. Maintaining this performance will result in ~70 for the year as opposed to 96 that were reported last year.

The total number of Long-Term Sickness Cases reported from ESR at the end of December 2024 was 615. As of 24th April 2025, the People Services Team were reporting 450 Long Term Sickness cases, which is a reduction of 165 cases.

The number of employees on long-term sick leave over 12 months has also reduced. In January 2025, there were 27 cases over 12 months. This has been reduced by 11 with support in place for the remaining 16.

Clinical/Service Board Updates

All Clinical/Service Boards have individual actions plans in place, an overview of some of these actions are identified below:

The Mental Health Clinical Board identified 4 'hot spot areas' with high volumes of agency/overtime/bank use. A deep dive into the sickness rates identified that Alder, Oak, Beech and Cedar wards had cumulative sickness rates of over 6.00%. All actions listed above have been implemented and additional sickness panels are taking place. All ward managers will attend the re-launched sickness training and Lead Nurses are attending the wards to support with ensuring return to work meetings are undertaken.

The Specialist Services Clinical Board have identified Critical Care as an area of focus. In addition to monthly Sickness Panels across the Clinical Board, there is focus on improving return to work meeting compliance. A specific process has been developed for Critical Care to ensure return to work meetings are undertaken.

Capital, Estates and Facilities have introduced monthly sickness panels to monitor attendance and discuss all long-term sickness and any frequent short-term sickness. Catering and Housekeeping have been identified as 'hot spot' areas and additional monitoring is in place. Through the above Panels, identify where there are specific training needs in relation to managing sickness absence and provide targeted interventions/training. In addition to Managing Attendance, specific actions are in place for recruitment and retention to support.

Medicine Clinical Board identified 3 'hot spot areas' with high volumes of agency/overtime/bank. A deep dive into the sickness rates identified that the Emergency Unit, Assessment Unit and MEAU had cumulative sickness rates of over 8.00%. All actions listed above have been implemented and additional sickness panels are taking place as well as 'appraise and support' meetings to follow up on any actions identified during the sickness panels.

Regular updates will be provided to the Committee as we progress through the year to show progress against the overall sickness absence target.

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> |
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Five Ways of Working (Sustainable Development Principles) considered

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

| | | | | |
|------------|-----------|-------------|---------------|-------------|
| Prevention | Long term | Integration | Collaboration | Involvement |
|------------|-----------|-------------|---------------|-------------|

Quality Impact Assessment Completed?:

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

| | | |
|---|--|--------------|
| Yes – (please provide completed QIA document) | No – (Please provide reasoning, e.g. not required) | Comment here |
|---|--|--------------|

Impact Assessment:

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

Risk: Yes/No

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

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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.
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- Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.
- Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.
- Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.

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

Welsh Language: Yes/No

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

Committee/Group/Exec

Date:

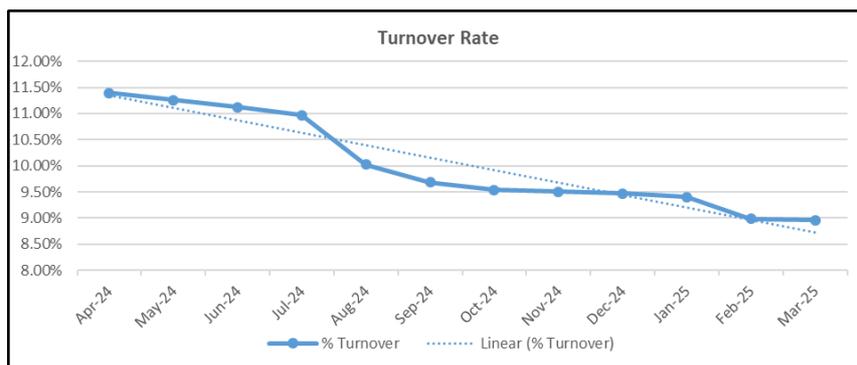
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| | | | | | |
|--|--|---------|----------|-----------------|----------|
| Report Title: | Key Workforce Performance Indicators | | | Agenda Item no. | 2.3 |
| Meeting: | People & Culture Committee | Public | X | Meeting Date: | 21/01/25 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | X | Approval | Information | |
| Lead Executive Title: | Executive Director of People and Culture | | | | |
| Report Author (Title): | Deputy Director of People & Culture | | | | |

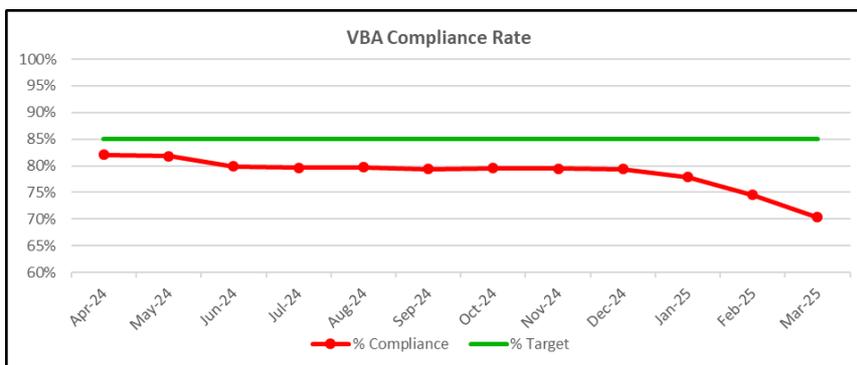
Main Report
Background and current situation:

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

- Although the rate of reduction has slowed, **Turnover** continues to reduce; the rate for Mar-25 was 8.96%. This represents a reduction in 12 months of over 2%. The rate at Jan-25 is the lowest since May 2020, when the turnover rate was 9.06%.

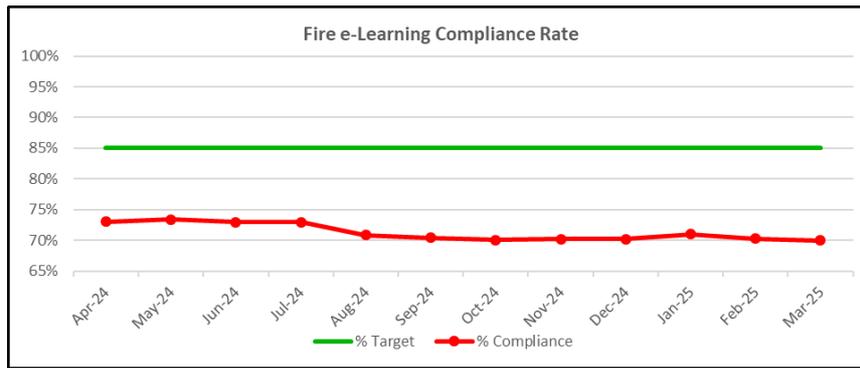


- Values-Based Appraisal** compliance rates have fallen significantly over the past 3 months to 70% compliance.

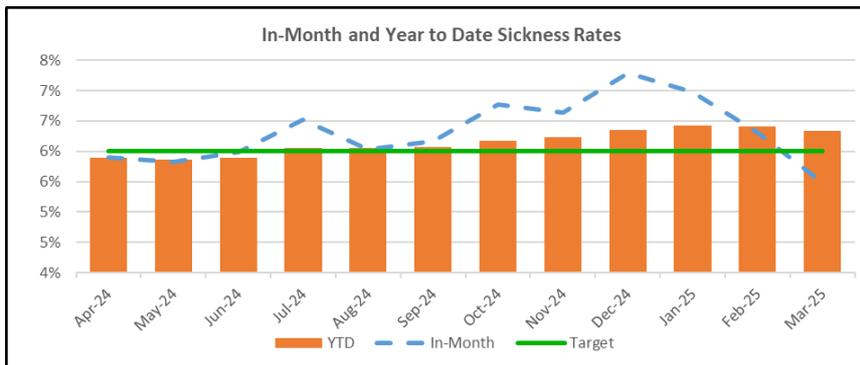


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- **Fire e-Learning Compliance** continues to be significantly lower than target; at 70.02% for Mar-25.



- The 12-month cumulative **Sickness** rate at Mar-25 was 6.33%, 0.33% above target.



April Update

In March 2025, we advised the Committee that 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.

Going forward, the narrative in this report will focus primarily on these three priorities, though other other key performance elements will continue to be reported as well.

Improving Wellbeing and Attendance:

- An action plan is currently in place, and a task and finish group has been established and meets monthly to oversee its implementation.
- The organisation has set a cumulative sickness absence target of 5.5% for 2025-26. The in-month position for March has improved, having peaked at 7.29% in December 2024, as a result of winter illnesses. The cumulative rate in March continues to be in the 6.33% region, we will continue to monitor the improvement on a monthly basis.
- Clinical/Service Boards are running monthly Sickness Panels to monitor attendance at work. These panels are Chaired by a senior member of the Clinical Board. Terms of Reference and a standardised Agenda has been developed for the Sickness Panels to ensure consistency.
- Managing Attendance at Work training has been re-launched with additional dates available for 'hot spot' areas. The three key areas of focus for the training are:
 - Understanding and implementing the attendance policy
 - Effective conversations around attendance
 - Making reasonable adjustments to support staff

- A specific piece of work is being undertaken to improve the recording of sickness absence for the Medical & Dental workforce and formal communication is being prepared that will be sent to the Clinical Boards by the Medical Director.

Management and Leadership Development

- A comprehensive review of existing management development materials and training will be completed by the end of April 2025, this will identify any gaps in provision.
- The OD Team has connected with Trusts in NHS England to gain insights on the implementation, embedding and evaluation of the Culture and Leadership Programme. Meetings are taking place during April 2025.
- Collaboration with Health Education and Improvement Wales (HEIW) and Professor Michael West is ongoing to integrate compassionate leadership principles into leadership development initiatives. Work is also being undertaken to establish measurable outcomes for compassionate leadership based on the key principles.
- Efforts are being made to localise the Compassionate Leadership Pledge and embed it within the organisation. Options for bringing this to life, including the potential development of an accreditation system, are being explored.
- Work is currently being completed to finalise a General Manager Development Programme. A success profile has been created and further conversations with the Operations Team will finalise content and structure.
- Sexual Harassment awareness training commenced for managers in April 2025 following the launch of the Sexual Harassment Procedure
- The Assistant Director of OD and Culture is preparing a paper which will outline development for managers related to supporting and improving employee wellbeing. This will bring together development in areas including TRiM; StRaW; i-act; REACTMH and provide an options appraisal for discussion.
- A development programme for Ward Sisters is being created to clarify and develop management and leadership competencies and capabilities.

Building Workforce Planning Expertise:

- A programme of work for 2025/26 is being finalised for building workforce planning capability and expertise across the Health Board. This will include short term resource planning, i.e. improving efficiency of our current workforce resource, developing operational workforce planning capability across the Health Board to support the IMTP planning process and managers accessing foundation level workforce planning training.
- The Education Commissioning Return and narrative was approved by Health Board and submitted to HEIW on 31st March 2025.
- Five managers from mental health have completed the Mental Health Operational Workforce Planning Training, which is being delivered by Skills for Health & HEIW and a community of practice has been established.
- Work is continuing to improve the accuracy of our workforce data, in particular the vacancies that are reported through ESR. This is an essential part of workforce planning.

Other P&C matters to be reported:

- The People Resourcing Team attended the British HR Awards and won the 'Recruitment Initiative of the Year' award and were 'Highly Commended' in the 'Diversity and Inclusion Initiative of the Year' category for the development and implementation of their Widening Access framework.
- The Medical & Dental Staffbank, currently managed by Medacs Healthcare, will transition to the Health Board on June 2nd. The existing Medacs team will be integrated into Cardiff & Vale

- The Health Board has received confirmation from Dysgu Cymraeg Caerdydd that the Welsh Language learning opportunities will continue to be funded for the next financial year, including an additional offering of a ten-week Welsh Language taster course to build on the skills individuals will gain as part of the Welcome to Welsh course.

Suspensions

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

- 1 has been suspended for 8 months. This is due to a Criminal Investigation which has now concluded, and an internal investigation is being undertaken in line with the All Wales Disciplinary Policy and Procedure. The investigation is close to conclusion.
- 1 has been suspended for 5 months. This is due to the internal process being put on hold due to external proceedings with multi-professional agencies. The internal process has commenced, and an investigation has been undertaken in line with the All Wales Disciplinary Policy. It is anticipated that the investigation is close to conclusion.
- Of the remaining 3 cases, 1 has been suspended for 3 months and 2 for 1 month. All 3 cases are due to Criminal Investigations which are currently ongoing.

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

Health, Safety and Fire Update April 2024

- **Serious Incident Rate** - Despite a disappointing final quarter, the year-end number of RIDDOR's resulted in a circa 20% decrease over 2023/2024. The final figure was 78 based on reporting date to HSE.

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|---------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| CEF | 1 | 2 | 3 | 0 | 1 | 1 | 1 | 1 | 4 | 2 | 1 | 2 | 19 |
| C&W | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 7 |
| Medicine | 0 | 1 | 0 | 0 | 1 | 2 | 1 | 1 | 0 | 2 | 2 | 1 | 11 |
| Specialist | 2 | 1 | 1 | 2 | 1 | 0 | 3 | 0 | 0 | 2 | 1 | 1 | 14 |
| Surgical | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 2 | 2 | 9 |
| Mental Health | 1 | 1 | 1 | 0 | 0 | 3 | 1 | 1 | 0 | 0 | 2 | 3 | 13 |
| AWMGS | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| CD&T | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 0 | 3 |
| Executive | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 |
| Total | 5 | 6 | 6 | 4 | 4 | 10 | 6 | 5 | 5 | 8 | 9 | 10 | 78 |

The purpose of RIDDOR to ensure that the most serious workplace accidents, injuries, and dangerous occurrences are reported to the HSE, the >7 day category allows for them to be notified of serious injuries that may not be covered by a specific injury such as death, amputation, loss or reduction of sight etc.

On viewing the table below, it is clear that there is a vastly disproportionate reporting of the >7-day absence with only 4 being due to a specified injury. This has been an ever-concerning trend for the organisation and is being looked at as part of a larger attendance/absence project led by People Services with input from H&S.

| | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Total |
|----------------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-------|
| Dangerous Occurrence | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| Injury > 7 days | 5 | 6 | 6 | 3 | 4 | 9 | 4 | 3 | 4 | 7 | 9 | 10 | 70 |
| Injury to a member of the public | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 |
| Specified Injury | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 4 |

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

| | Apr-24 | Jan-25 | Mar-25 | Change |
|-----------------------------------|--------|--------|--------|--------|
| Manual Handling - E Learning | 89.56% | 89.33% | 89.27% | -0.23% |
| Manual Handling Objects Classroom | 69.11% | 74.71% | 74.89% | 5.60% |
| Manual Handling Patients | 60.65% | 61.07% | 61.57% | 0.42% |
| V & A Module A | 87.76% | 88.53% | 88.88% | 0.77% |
| V & A Module B | 76.10% | 78.62% | 79.46% | 2.52% |
| V & A Module C | 44.38% | 45.02% | 45.44% | 0.64% |
| V & A Module C+- Control | 31.82% | 34.84% | 37.40% | 3.02% |
| V & A Module D | 54.86% | 62.61% | 60.31% | 7.75% |
| Fire Safety | 72.82% | 70.98% | 70.02% | -1.84% |
| Health, Safety & Welfare | 87.04% | 87.63% | 87.69% | 0.59% |

- Case Management** - Seven custodial sentences were secured against V&A perpetrators in 2024/2025.
- Fire** - There were 8 fire incidents in financial year 2025/2025, the last one occurred on 27th March 2025. A smoking vehicle was discovered on the second storey of the low level multi-storey carpark opposite the Emergency Unit.

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

Our approach

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

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

Please note that there is no Clinical Board spotlight for this meeting.

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.

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|------------|--|-----------|--|-------------|--|---------------|--|-------------|
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- A focus upon preventing ill health in our population*
- Saving energy or increasing throughput.*
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Does the subject matter of your paper risk any of the above not being achieved?

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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 Apr-24; the rates have fallen from 11.39% at Apr-24 to 8.96% in Feb-25 UHB wide. This is a net 2.43% decrease, which represents 358 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> | March 2025 | |
| Sickness Absence | <p>The monthly sickness rate for Mar-25 was 5.49%. The 12-month cumulative rate has settled over the past year, and is 6.33% at Mar-25 (an increase of 0.11% by comparison with the rate at Mar-24).</p> | March 2025 | |
| Statutory and Mandatory Training | <p>The overall compliance rates fell marginally for Mar-25 to 81.83%, 3.17% below the overall target. The compliance for Capital, Estates & Facilities, All-Wales Genomics Services, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; and Children & Women's, PCIC and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has fallen again, to 70.02% for Mar-25. The compliance for all of the Clinical Boards is below the 85% compliance target.</p> | March 2025 | |
| Values Based Appraisal | <p>VBA compliance has fallen for Mar-25 to 70.35%, the lowest rate in 12 months. None of the Clinical Boards have exceeded the 85% target rate%.</p> | March 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> | March 2025 | |

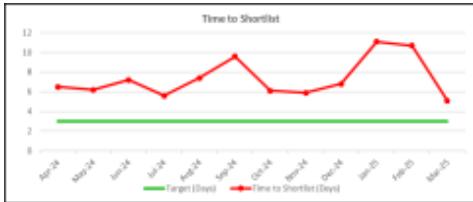
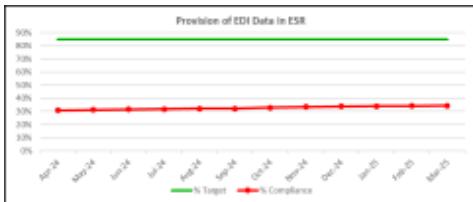
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| Priority | Performance Summary | Reported Period | Data |
|--|---|-----------------|---|
| Job Plans | The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 48.45% have an agreed job plan that has been signed off within the past 12 months, and a further 17.05% have an agreed job plan that was last reviewed and signed off before Apr-24. | March 2025 | <p>The chart shows a target of 80% for job plan compliance. The percentage of job plans agreed has fluctuated between 40% and 60% over the period. The overall compliance rate has generally stayed below the target, ending at approximately 48% in March 2025.</p> |
| Medical Appraisals | The rate of compliance with Medical Appraisal rose slightly to 84.37% for Mar-25, slightly below the 85% target. | March 2025 | <p>The chart shows a target of 85% for medical appraisal compliance. The actual compliance rate has fluctuated around the target, ending at 84.37% in March 2025, which is slightly below the target.</p> |
| Staff in Post | The overall Health Board Staffing Numbers have increased in the last 12 months by 467 WTE, to 15,488.03 WTE at Mar-25. This is marginally lower than at Feb-25, which was the highest number in the past 12 months. As can be seen the increase is in staff employed on permanent contracts; the numbers shown as employed on a fixed-term temporary basis has remained steady during the past 12 months. | March 2025 | <p>The chart displays staffing trends. Total employed staffing (WTE) has shown an overall upward trend from around 14,800 in Jan-24 to 15,488 in Mar-25. Permanent staff numbers (left axis) have increased significantly, while fixed-term temporary staff numbers (right axis) have remained relatively stable.</p> |
| 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 Apr-24 the percentage was 7.60% of the total spend on pay, but in Mar-25 had fallen to 6.85%. 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. | March 2025 | <p>The chart shows a clear downward trend in the proportion of the total pay bill attributable to variable pay, starting at approximately 7.6% in Apr-24 and falling to 6.85% in Mar-25.</p> |
| Staff Winter Vaccination Programme | The winter vaccination programme for 2024-25 commenced in Oct-24. By the end of Mar-25 35.28% of staff have received the flu vaccine, and 28.29% of staff have received the COVID-19 vaccine. | March 2025 | <p>The chart shows vaccination progress. The 2024-25 COVID-19 vaccination rate (orange line) has reached 28.29% by March 2025. The 2024-25 Flu vaccination rate (yellow line) has reached 35.28% by March 2025.</p> |
| Agency Spend as % of Total Pay Bill | The proportion of the total pay bill attributed to Agency has fallen for Mar-25, after having risen in the previous 2 months. At Apr-24 the percentage was 0.91% of the total spend on pay, and has fallen to 0.17% at Mar-25. It must however be borne in mind that the total pay bill is increasing. | March 2025 | <p>The chart shows a significant decrease in agency spend as a percentage of the total pay bill, dropping from 0.91% in Apr-24 to 0.17% in Mar-25.</p> |

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| Priority | Performance Summary | Reported Period | Data |
|---|--|-----------------|---|
| Time to Hire | The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 81.3 days. The figure for Cardiff & Vale uHB for Mar-25 was 94.5 days. | March 2025 |  |
| Time to Shortlist | The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 9.1 days. The figure for Cardiff & Vale uHB for Mar-25 was 5.1 days. | March 2025 |  |
| Exit Questionnaire Completion | The People Resourcing Team commenced a new process in Sep-23 whereby staff leavers received a direct email inviting them to complete an exit questionnaire, in the hope of seeing an improvement in the return rate, to a target of 30%. At Nov-24 the return rate was 25%. | November 2024 |  |
| Nursing & Midwifery Band 5 & 6 Vacancy Rates | The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Mar-25 the rate was 2.47%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data. | March 2025 |  |
| Provision of EDI Data in ESR | This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At Mar-25 34.46% have recorded all of their EDI data. Country of Birth has the poorest compliance rate. | March 2025 |  |
| Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR | This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 47% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At Mar-25 6.56% of staff have identified their Welsh Skills as between level 2 and level 5. | March 2025 |  |

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| No. | Performance Measure | Reported Period | Performance Standard | In Month Performance | Trend | | | | | | | | | | | | |
|--------|---|-----------------|--------------------------|----------------------|---|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| 36. | Percentage of sickness absence rate of staff | March 2025 | 6% | 5.49% | <table border="1"> <thead> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> </thead> <tbody> <tr> <td>6.78%</td> <td>6.64%</td> <td>7.29%</td> <td>6.97%</td> <td>6.31%</td> <td>5.49%</td> </tr> </tbody> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 6.78% | 6.64% | 7.29% | 6.97% | 6.31% | 5.49% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | | | |
| 6.78% | 6.64% | 7.29% | 6.97% | 6.31% | 5.49% | | | | | | | | | | | | |
| 37. | Staff turnover | March 2025 | 7%-9% | 8.96% | <table border="1"> <thead> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> </thead> <tbody> <tr> <td>9.54%</td> <td>9.50%</td> <td>9.47%</td> <td>9.40%</td> <td>8.98%</td> <td>8.96%</td> </tr> </tbody> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 9.54% | 9.50% | 9.47% | 9.40% | 8.98% | 8.96% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | | | |
| 9.54% | 9.50% | 9.47% | 9.40% | 8.98% | 8.96% | | | | | | | | | | | | |
| 38. | Agency spend as a percentage of the total pay bill. | March 2025 | 12 month reduction trend | 0.17% | <table border="1"> <thead> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> </thead> <tbody> <tr> <td>0.45%</td> <td>0.38%</td> <td>0.41%</td> <td>0.63%</td> <td>0.63%</td> <td>0.17%</td> </tr> </tbody> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 0.45% | 0.38% | 0.41% | 0.63% | 0.63% | 0.17% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | | | |
| 0.45% | 0.38% | 0.41% | 0.63% | 0.63% | 0.17% | | | | | | | | | | | | |
| 39. | Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training) | March 2025 | 85% | 71.19% | <table border="1"> <thead> <tr> <th>Oct-24</th> <th>Nov-24</th> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> </tr> </thead> <tbody> <tr> <td>79.44%</td> <td>79.40%</td> <td>79.30%</td> <td>78.28%</td> <td>75.12%</td> <td>71.19%</td> </tr> </tbody> </table> | Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | 79.44% | 79.40% | 79.30% | 78.28% | 75.12% | 71.19% |
| Oct-24 | Nov-24 | Dec-24 | Jan-25 | Feb-25 | Mar-25 | | | | | | | | | | | | |
| 79.44% | 79.40% | 79.30% | 78.28% | 75.12% | 71.19% | | | | | | | | | | | | |

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| | | | | | |
|--|---|----------|---|-----------------|------------|
| Report Title: | Health & Safety Update | | | Agenda Item no. | 2.5 |
| Meeting: | People & Culture Committee | Public | X | Meeting Date: | 06/05/2025 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | Approval | | Information | X |
| Lead Executive Title: | Executive Director of People and Culture | | | | |
| Report Author (Title): | Assistant Director of Health, Safety and Fire | | | | |

Main Report

Background and current situation:

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

Background

On 07/04/2025, South Wales Fire and Rescue service introduced a significant change to their approach to responding to automatic fire signals (AFA's). The driver for this was the extremely high number of false alarms that they attend each year; in 2023/2024 they attended 5,983 actuations where there was no fire, this accounted for 31.5% of total incidents attended.

As of 7th April 2025, they now only attend sites on a confirmed fire and whilst the UHB supports the need for a reduction in unwanted fire signals, given the nature of the service that some facilities support, 7 business case exemptions were submitted and approved by SWFRS where it was determined there was an intolerable risk.

These sites are:

- Barry Community Hospital
- Cardiff Royal Infirmary
- AWMGS – Cardiff Edge
- St Davids
- Maelfa
- Rookwood
- St Mary's Pharmacy Unit

Current Situation

There has been no change to fire safety procedures for the exempted locations, for other sites with an automatic fire response, procedures were updated and agreed prior to implementation on 7th April and roles and responsibilities clearly identified to respond to alarm activations both during and outside of normal working hours.

Plus Size Patient Pathway

This risk has previously been brought to this committee but as yet, remains unresolved.

Background

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

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

Current Situation

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

Health & Safety Culture Plan

Background

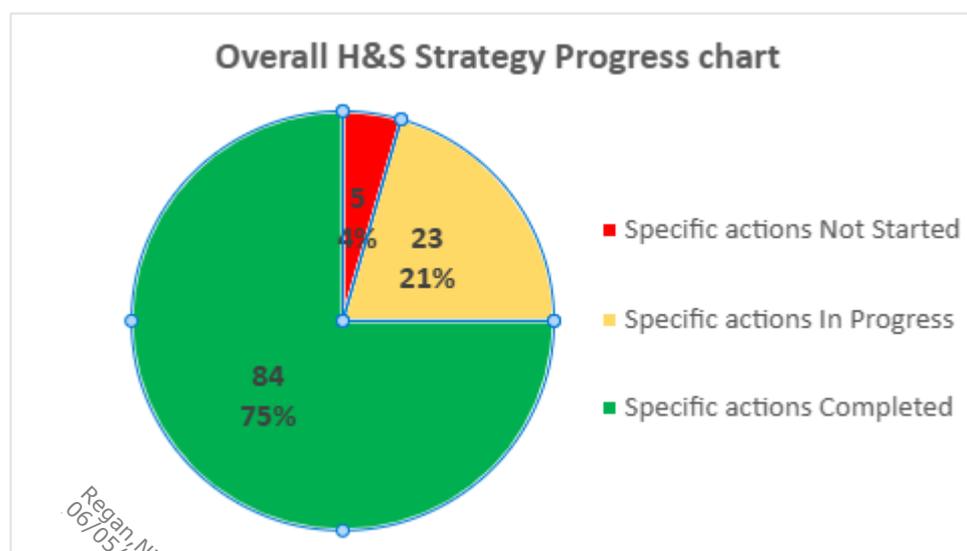
One of the findings from the NWSSP Audit on the Health and Safety Culture Plan was to ensure that the People & Culture Committee had oversight of the plan progress. It was developed to provide a structured, prioritised approach to underpin Cardiff and Vale University Health Board's health and safety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

Current Situation

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

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

| Tracker sets | | | | | |
|------------------------------|-------------|---------|---------|---------|---------|
| Title | Total Group | Theme 1 | Theme 2 | Theme 3 | Theme 4 |
| Specific actions Not Started | 5 | 0 | 2 | 2 | 1 |
| Specific actions In Progress | 23 | 5 | 3 | 3 | 2 |
| Specific actions Completed | 84 | 25 | 16 | 7 | 16 |
| Total specific actions | 112 | 30 | 21 | 12 | 17 |



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

Assurance

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

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

Recommendation:

The Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

| | | | | | | | | | |
|------------|---|-----------|---|-------------|--|---------------|--|-------------|--|
| Prevention | X | Long term | X | Integration | | Collaboration | | Involvement | |
|------------|---|-----------|---|-------------|--|---------------|--|-------------|--|

Quality Impact Assessment Completed?:

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

| | | | | |
|---|--|--|--|--------------|
| Yes – (please provide completed QIA document) | | No – (Please provide reasoning, e.g. not required) | | Comment here |
|---|--|--|--|--------------|

Impact Assessment:

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

Risk: No

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

Safety: No

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

Financial: No

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

Workforce: No

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

Legal: No

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

Reputational: No

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

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

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

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

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

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

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

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

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

| Committee/Group/Exec | Date: |
|------------------------------|------------|
| People and Culture Committee | 06/05/2025 |

| | | | | | |
|--|--|----------|---|-----------------|-------------|
| Report Title: | Primary, Community & Intermediate Care Clinical Board – People & Culture Report | | | Agenda Item no. | |
| Meeting: | People & Culture Committee | Public | x | Meeting Date: | 06 May 2025 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | Approval | | Information | x |
| Lead Executive Title: | Chief Operating Officer | | | | |
| Report Author (Title): | Director of Operations Primary Care, Director of Operations Community Care PCIC Clinical Board Head of People & Culture PCIC Clinical Board | | | | |

Main Report

Background and current situation:

The purpose of this report is to provide an overview to the committee on the People & Culture related activities and actions being progressed across the Primary, Community & Intermediate Care Clinical Board.

Strategic Context:

Primary Care is at the heart of our communities and is about those services which provide the first point of care, day or night, for more than 90% of people's contact with the NHS in Wales. Primary Care coordinates care for the individual, providing access for people to the wide range of services in the local community to help meet their health and wellbeing needs and to specialist care when required.

Primary, Community, Intermediate Care (PCIC) Clinical Board is responsible for the following on behalf of the UHB:

- Commissioning access to high quality primary care services, which include General Medical Services (GPs), General Dental Services, Community Optometry Services, and Community Pharmacy Services to support the delivery of high quality, responsive and sustainable services to meet local need.
- The provision of Community & Intermediate care services the population, delivered across Cluster, Locality and Pan Cluster (Regional models of working) footprints, aligned to two Local Authorities (Cardiff Council and Vale of Glamorgan Council).

As a Board we have a direct relationship with the National Programme for Primary Care and Strategic Programme for Primary Care Team, to influence, engage and deliver the Primary Care Model for Wales, ensuring delivery of the ministerial strategic priorities through building community capacity.

Strategically, the landscape of Primary and Community Care is changing significantly with an increasing focus on population health and prevention at place based, neighborhood (cluster) care levels, which aligns with the strategic shift and intent of the UHB to move from an organisation shaped around illness and injury, to one focused on prevention on keeping people well within their communities.

The Senior Management Team have been operating with several interim roles since early 2024 and it is anticipated that this interim structure will continue in line with the organisations restructure, however PCIC had already began preparations of this shift, completing a realignment of business unit functions, reducing the number of operational business units from 7 to 6 to deliver:

- Improved service portfolio alignment, and efficiencies through combining structures.
- Increased resilience in the high risk/high profile service areas.
- Increased District Nursing workforce agility and standardisation across Cardiff region.
- Reduced silo working in areas of Health Inclusion & Health Protection.

- Improved consistency, leading to greater equity in delivery of Cluster based services across the Cardiff region.

The following diagram outlines the core functions of each Business Unit:

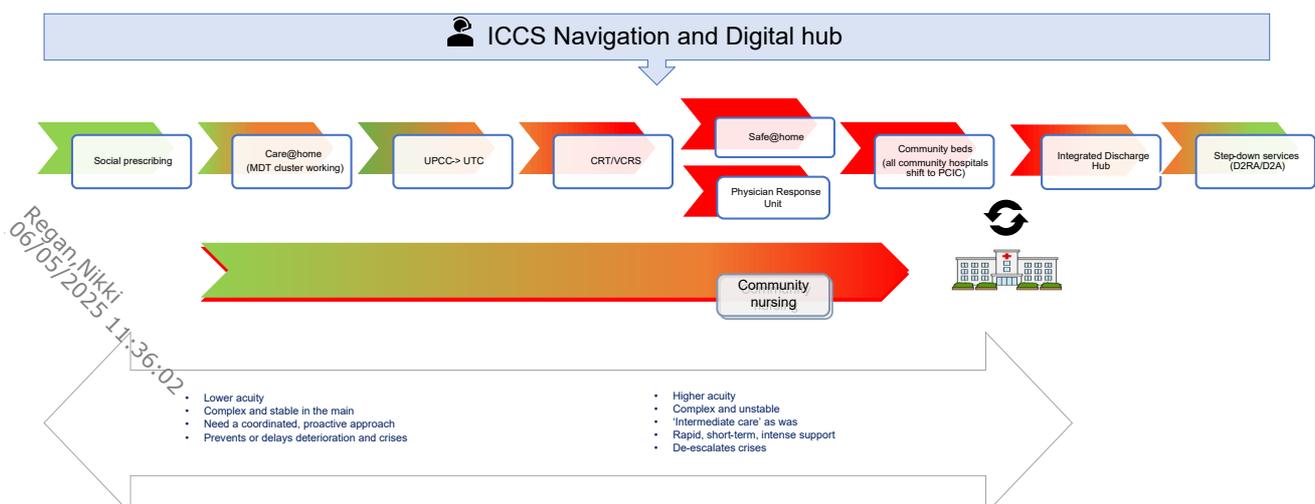
PCIC Clinical Board Core Functions & Business Unit



In addition, the Board has been developing phase 1 of an Integrated Community Care System (ICCS). Phase 1 is an Enhanced Community Care model, working in partnership and across our system, in response to increased demands faced through growth and need for local services. Influenced by Clusters and Community Teams and working with secondary care, the model aims to navigate patients to the right part of our system which best meets their needs, through integrated teams and services which have the capability to respond quickly, reducing unnecessary conveyance to hospital and subsequent admission when their needs can be met through these enhanced capabilities. The emerging design of the operating model is described below:



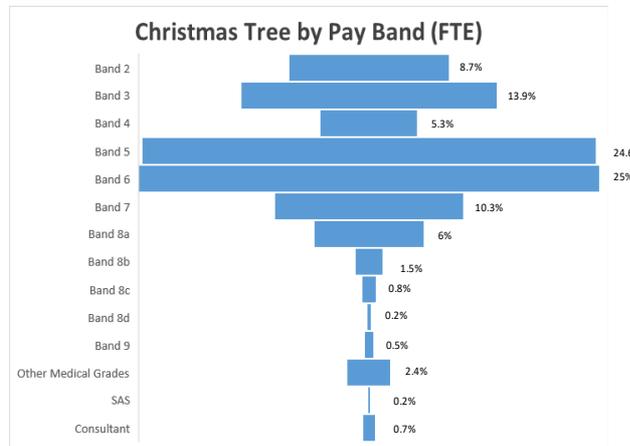
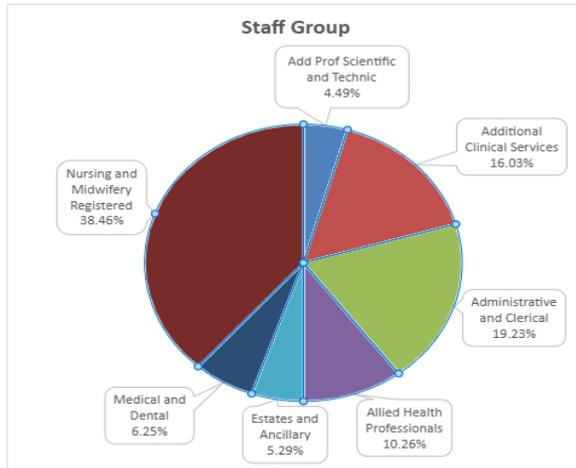
@home: building an integrated community care system PHASE 1



As a Clinical Board, we recognise the opportunity this strategic shift represents for our population and our people and we are realigning our operational plan to maximise the role and influence of Primary Care.

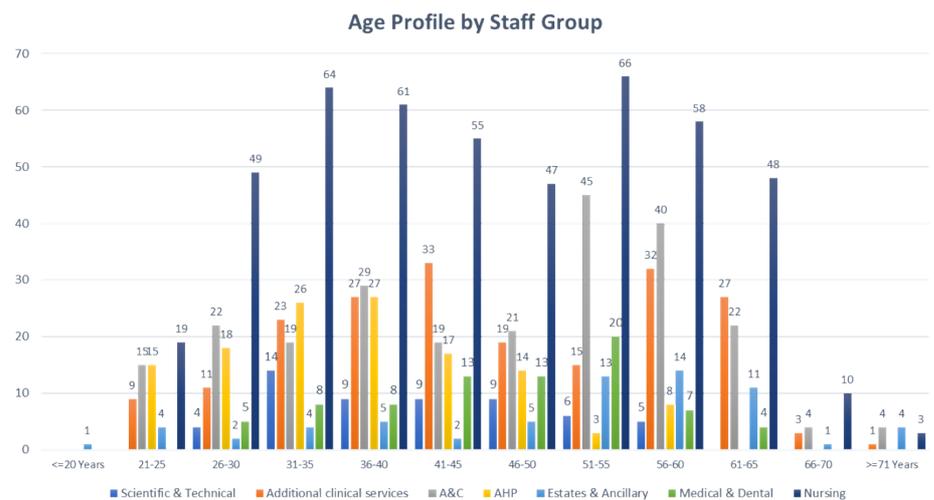
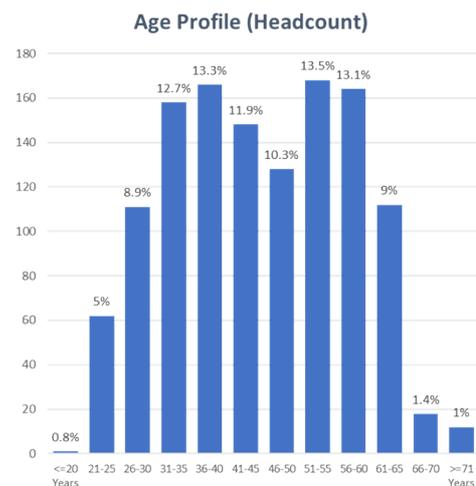
People & Culture Plan: Key Demographics

The Clinical Board currently has a headcount workforce of 1,248/FTE workforce: 947.8. Our largest workforce group is Nursing & Midwifery.

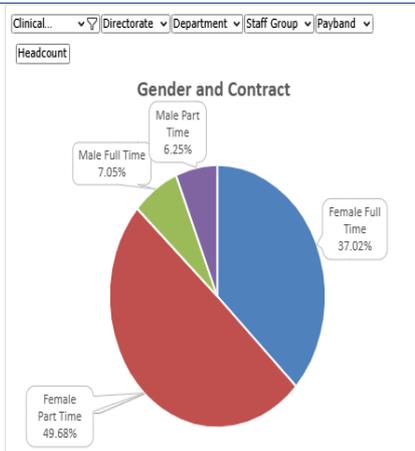


Our workforce demographics have largely remained consistent across the clinical board:

- Our largest workforce at Band 5 and 6, which is consistent with our workforce profile and services provided.
- 25% of our workforce currently aged 55yrs+above, which is made up of the following staff groups:
 - 39% Nursing,
 - 23% A&C,
 - 21% Additional Clinical Services,
 - 10% Estates & Ancillary,
 - 4% Medical & Dental



- Specific areas where a disproportionate level of retirements from the nursing workforce is expected include district nursing, wound care nursing and the bladder and bowel team.
- Majority of the workforce are female (86%), with a larger proportion working less than full time hours.



The profile of Primary Care Service provision is as follows (as at 1st January 2025):

- 55 GP Practices
- 61 NHS Dental premises
- 59 Optometry premises
- 102 Community Pharmacy outlets.

As independent businesses, we have limited access to workforce information, except for General Medical Services (GMS) who are required to use the Wales National Workforce Reporting System to record key workforce information (as part of the conditions of accessing the All-Wales General Medical Practice Indemnity (GMPI) scheme). Community Pharmacy contractors will be required to provide workforce intelligence, and in time we anticipate this will be a requirement of all contractors (subject to further contract negotiation and reform). This will further increase our understanding of the shape of the Primary Care workforce and further areas of action as part of the Strategic Workforce Plan for Primary Care, including Pharmacy & Dental.

We do know that:

- The General Practice Nurse workforce is aging, and there is an emerging risk that administrative staff/roles are becoming more challenging to fill/retain.
- Within Community Pharmacy, the continued investment in the education and development for pharmacy teams continues to increase the skills and capabilities of the workforce and the provision of Common Ailment and Independent Prescribing services.
- The Optometry profession is moving towards the provision of higher clinical pathways of care in communities, maximising the skills within the optometry and dispensing optician workforce, reducing demand on traditional hospital-based eye services.
- The dental reform programme has shifted a focus from activity to prevention and use of the wider dental workforce team skills.

People & Culture Plan: Clinical Board Key Performance Indicators

Absence – Current Position 6.29%

The CB Sickness has been above CB target, both in month and cumulatively over the last 12months.

Monthly Sickness panels are in place to support local management of both long- and short-term sickness across the CB, with action plans owned by the Business Unit areas.

Turnover – Current Position 10.61%

The CB is following the UHB reduction trend over the last 12 months (12.75% Feb24). Higher % of turnover in line with our staffing profile; *Nursing, Administrative, Additional Clinical Services (HCSWs), Pharmacy roles.*

VBA – Current Position 75.37% Compliance

The CB is currently within UHB VBA target range (75-85% compliance), however as a CB we continue to strive to achieve the target of 85%. Performance is monitored through Business Unit Reviews.

Statutory & Mandatory Training – Current Position of 83.97% Compliance

The CB consistently maintains a high % of compliance against the 85% target. Lower compliance areas noted within Community Specialist service areas and Medical & Dental grade roles. Performance is regularly monitored through Business Unit Reviews, Health & Safety and QSE with actions identified and progressed.

Welsh Language Skills – Current Position of 68.55% have skills recorded on ESR

Over the past 12 months, we have promoted and continue to promote the requirement to ensure our language skills are recorded within staff members profiles. We have seen a 30% increase since 2023 (38%).

People & Culture Plan: Clinical Board Cultural Hotspots/OD Priorities

We have identified our key hotspot areas through integrating our insights on high levels of absenteeism, turnover, employee relations matters and feedback. These can be found below.

| CAV247 | |
|------------|--|
| Main issue | Culture, Turnover, frequent ER matters |
| Impact | Sustainability of service to patients |
| Context | 24/7 service. High locum/bank workforce Skills, knowledge & experience gap (junior senior workforce) |
| Actions: | Data collection Staff feedback (via drop-in sessions) Action plan being developed |

| Department of Sexual Health | |
|-----------------------------|---|
| Main issue(s): | Culture, Turnover |
| Impact: | Sustainability of service to patients |
| Context: | High demand for service Frustrations between Nursing & Medical workforce team |
| Actions: | Data collection Staff forum Action plan developed and implemented Cultural Survey to be undertaken |

| HMP | |
|----------------|--|
| Main issue(s): | Culture, Turnover, Retention |
| Impact: | Sustainability of service to patients |
| Context | Remand prison setting High turnover of men/patients Working within a secure setting Different value base to HMPS Skill/capacity of management team |
| Actions: | Affina Team Development Journey with Leadership Team Visioning sessions with Staff |

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Culture & OD sessions between UHB/HMPS Teams
Health Needs Assessment completed to inform workforce plan

Culture is often cited as a challenge; With the support of the OD team and our Lead Trade Union representative we have initiated programmes of work to address these priorities with a goal to reduce the risks associated with these services and teams, leading to a more stable and engaged workforce.

People & Culture Plan: Staff Survey Action Plan

Working with Business Unit Leads to analyse the results of the 2023 survey, our top 5 areas of action were developed.

| No. | Theme | Issue | Action | Progress |
|-----|----------------------|--|---|--|
| 1. | Employee Engagement | Low levels of employee voice in decision making and suggesting improvements within own working area. | Staff side and People and culture drop-in session arranged for 9th January to further understand issues. | Further drop-in sessions are being arranged. |
| 2. | Negative Experiences | MSK highlighted multiple times as an issue. | Ensure all line managers have or will be receiving managing attendance training. Liaise with Employee Well-being to look at promoting MSK offering to community staff. Analyse sickness absence and health and safety data to assess whether there are particular issues in any areas. | People services have been asked collate data. HOPC has met with Employee Well-being, further meeting arranged. Managers have been asked what actions they already take in their areas. |
| 3. | Negative Experiences | Staff feel pressure to attend work when unwell / staff reported work related stress as an issue | Ensure all line managers have or will be receiving managing attendance training. Liaise with Employee Well-being to look at promoting MSK offering to community staff. Analyse sickness absence and health and safety data to assess whether there are particular issues in any areas. | People services have been asked collate data. HOPC has met with Employee Well-being, further meeting arranged. Managers have been asked what actions they already take in their areas. |
| 4. | Negative Experiences | Unwanted behaviour of a sexual nature. | Sexual Safety Awareness training to be developed . PCIC clinical board to support the roll out programme to ensure our managers attend. To be discussed as part of the VBA process. Identify through the results areas where managers need additional support/training to manage concerns along with ensuring awareness of support for staff and promotion of speaking up safely. Concerns around unwanted behaviour of a sexual nature to be part of the QSE agenda, as necessary. | Sexual Safety Awareness Training for managers being developed with a roll out plan by PS team. Specific training for investigating officers to allow us to conduct better investigations when concerns arise. |
| 5. | Burnout | The role is emotionally draining | Scope the areas and staff group where this is highlighted as concern. Staff to be offered to speak to PCIC/PS/Union about why they find the role emotionally draining/what can we do to make that better. Identify additional support for teamleaders which will help them to support staff and enable them to make positive changes/better support staff. | |

By comparing the results from the 2023 and 2024 surveys, we anticipate maintaining our focus on these areas over the next 12 months, however we will increase the number of local staff forums held to explore low response rates, and to deep dive into areas where an increase in the negative score index has been noted (recommend as a place to work, involvement in decisions, management of a concern).

People & Culture Plan: Areas of good practice:

Over the last year the Clinical Board has focused on the following areas as part of our people plan:

- Development of a standardised induction– This evolved following an audit into Primary Care aimed to support the development and transition of people to roles within Primary Care. We are looking to expand this across the whole of PCIC.
- Compendium of Primary Care roles - Created to assist contractor services in understanding and maximising the skills of the multi-professional and whole workforce teams.
- Succession planning in the General Practice Nurse (GPN) workforce - Facilitate the development of the future workforce through implementing the All-Wales GPN Trainee Scheme – Shortlisted for NHS sustainability Awards in the category ‘Acting as One Team’ which celebrates collaborative efforts to meet sustainability goals.
- Business Unit Reviews – Enhanced approach to monitoring key business unit performance indicators
- Embedding the Health & Safety plan into Business units
- Digital Transformation - Deployment of new capabilities:
 - Healthy IO (Wound Care) App to support wound care management
 - Integrated Booking App between Primary Care teams and HB delivered services

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- Enhanced Community Care – Introduction of a multi-agency team within Safe@Home. The team have been shortlisted for the Advancing Healthcare Awards.

Next steps: Our strategic workforce plan priorities

We acknowledge the need to plan for our aging workforce and population, understanding that our employees will have varying needs and expectations, as well as competing care priorities at different stages of their lives. As we move forward, we will explore rostering opportunities to enhance the agility and flexibility of our workforce across Primary & Community care, aligning to increased working across 7/7 and a 24/7 models of care.

Sustainable Primary Care is key to delivering a Healthier Wales, however with many shared workforce challenges within the UHB and contractor services, our plans must seek to ensure we are developing a sustainable supply of the skills required within primary and community care, to maintain core services, but with an increased focus on developing education and training required as we deliver more care closer to home through multiprofessional and multi-agency teams.

A non-clinical training needs analysis conducted in September 2024 identified that ‘personally coping with change in a Primary Care setting’ is one of the most significant education and training needs. This presents multiple workforce challenges, as the inability to cope can have far-reaching effects on mental health and well-being, increased absence rates and place additional pressure on colleagues covering absences. This issue is not limited to non-clinical roles. In environments such as the Department of Sexual Health, CAV Health Inclusion Service, HMP Cardiff, and 111p2 where staff regularly respond to patients/service users with more complex and intense needs. It is crucial that our current and future workforce possess sufficient skills to meet these needs, while also being supported in maintaining their own mental health.

In line with the need to have a more affordable and sustainable workforce, our areas of workforce reshaping include:

- Community Nursing - Responding to the All-Wales Community Nursing Specification, and preparing for the introduction of the Registered Nurse Associate role and Enhanced Community Care model development
- Community Resource Teams – As part of right sizing our services in line with our Enhanced Community Care model
- CAV247 - to achieve a single point of access and consistency in triage as part of an integrated model of enhanced community care.
- HMP Cardiff – Workforce plan revised in line with the Health Needs Assessment to deliver an integrated multi-disciplinary team. This will include the introduction of a Post Registration pharmacist programme within HMP Cardiff, in partnership with Primary Care to increase sustainability of this role.
- Department of Sexual Health – To review prudent use of skills against needs and demands of a tier 3 sexual health service model.
- Health Inclusion - Introduction of rotational roles to increase sustainability and agility of discrete services to share and develop the workforce.
- Development of non-clinical apprenticeships across the Clinical Board; CAV247, Clinical Board management functions
- Digital Transformation – Identify areas where co-pilot will support reshaping, and deployment of telehealth capabilities to increase capacity of clinical teams (Safe@Home).

To support us with delivery we will continue to:

- Embed the Health & Safety plan, with a focus on Health Surveillance and increased training compliance

- Use of monthly meeting between Head of Primary Care and Directors of Operations to review priorities and target hot spot areas
- Continued use of Local Partnership forum to share and collaborate
- Maximise the role of education through combining our small education resource and Primary care Academy
- Increase employee engagement and communication through introducing 'ask SMT' forums, encouraging regularly communication and open dialogues
- Support the development of our Leadership team through a series of leadership sessions

Areas to note:

We are starting preparatory work in readiness for the Health Board restructure of Clinical Boards. An initial away day has been planned with PCIC and Mental Health Clinical Board Senior Management Teams to understand more about each other's business and to start to identify our common priorities.

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

Assurance is provided through:

- Executive Review Meetings
- Clinical Board Senior Management Team and Operational Leadership Team Meetings
- Business Unit Reviews
- Health & Safety Operational Group Meetings
- Local Partnership forums

Recommendation:

The Committee is requested to:

- Note the position and actions being progressed across the Clinical Board

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

| | | | | | | | | | |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|
| Prevention | x | Long term | X | Integration | X | Collaboration | X | Involvement | x |
|------------|---|-----------|---|-------------|---|---------------|---|-------------|---|

Quality Impact Assessment Completed?:

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

| Yes – (please provide completed QIA document) | No – (Please provide reasoning, e.g. not required) | x | Comment here |
|--|--|---|--------------|
| Impact Assessment: <i>Please state yes or no for each category. If yes please provide further details.</i> | | | |
| Risk: No | | | |
| Safety: No | | | |
| Financial: No | | | |
| Workforce: No | | | |
| Legal: No | | | |
| Reputational: No | | | |
| Socio Economic: No | | | |
| Equality and Health: No | | | |
| Decarbonisation: No | | | |
| Welsh Language: No | | | |
| Approval/Scrutiny Route (please note anywhere else this paper has been before): | | | |
| Committee/Group/Exec | Date: | | |
| | | | |

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| | | | | | |
|--|--|----------|-----------------|---------------|-------------|
| Report Title: | People Policies Report | | Agenda Item no. | 3.1 | |
| Meeting: | People and Culture Committee | Public | x | Meeting Date: | 20 May 2025 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | Approval | x | Information | |
| Lead Executive: | Executive Director of People and Culture | | | | |
| Report Author (Title): | Head of People Assurance and Experience | | | | |

Main Report

Background and current situation:

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

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

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

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

- **Employer Pension Contributions Alternative Payment Policy**

This model Policy has been developed on an All-Wales basis and has been referenced in the All-Wales Pensions Flexibilities Policy.

The arrangements set out in the All-Wales Flexibilities Policy, Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth and which in turn can support individuals to managing their level of [annual allowance \(AA\)](#). However, individuals who are under the Normal Pension Age (NPA) for their NHS Pension Scheme Membership are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way to manage any annual allowance liability/charge.

Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established within the All-Wales Flexible Pensions Policy to support such individuals with the facility to apply, on an annual basis, to receive their employer pension contributions as an alternative payment whilst they are opted out of the NHS Pension Scheme.

The Employer Pension Contributions Alternative Payment Policy is the means by which the individual can apply to receive their employer pension contributions as an alternative payment whilst they are opted out of the NHS Pension Scheme

This provision is open to all staff who can demonstrate that they are/will be impacted by the annual allowance in any financial year and who are:

- unable to manage their pension growth through accessing the partial retirement provisions; or

- unable to reduce their level of pensionable pay without an impact on their clinical activity.

A copy of the Policy is attached as Appendix 1.

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

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

Recommendation:

The People and Culture Committee is requested to:

- Formally adopt the Employer Pension Contributions Alternative Payment Policy and
- Rescind the previous Employer Pension Contributions Alternative Payment Policy

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

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

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

| | | | | | | | | | |
|------------|--|-----------|--|-------------|--|---------------|--|-------------|--|
| Prevention | | Long term | | Integration | | Collaboration | | Involvement | |
|------------|--|-----------|--|-------------|--|---------------|--|-------------|--|

Impact Assessment:

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

Risk: Yes/No

Safety: Yes/No

Financial: Yes/No

Workforce: Yes/No

Legal: Yes/No

Reputational: Yes/No

Socio Economic: Yes/No

| | |
|---|----------|
| Equality and Health: Yes/No | |
| NHS Wales is committed to treating all people equally and with respect irrespective of their age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion or belief, sex, or sexual orientation. The NHS Wales Job Evaluation Policy has been subject to an Equality Impact Assessment | |
| Decarbonisation: Yes/No | |
| no | |
| Approval/Scrutiny Route: | |
| Committee/Group/Exec | Date: |
| P&C Cmte | 22.08.25 |
| | |
| | |

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Employer Pension Contributions Alternative Payment Policy

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1. Introduction

The arrangements set out in the All-Wales Flexibilities Policy, Section 7 Flexible Pensions provide mechanisms which can support members of the NHS Pension Scheme to manage their pension growth and which in turn can support individuals to managing their level of [annual allowance \(AA\)](#). However, individuals who are under the Normal Pension Age (NPA) for their NHS Pension Scheme Membership are not able to manage their pension growth in this way and they may seek to reduce their pensionable pay through a reduction in their clinical activity as a way to manage any annual allowance liability/charge.

Maintaining clinical activity is critical for NHS Wales services and a specific facility has been established on within the All-Wales Flexible Pensions Policy to support such individuals with the facility to apply, on an annual basis, to receive their employer pension contributions as an alternative payment whilst they are opted out of the NHS Pension Scheme.

This model policy does not form part of any employee’s contract of employment unless formally adopted by the employing organisation.

This provision is open to all staff who can demonstrate that they are/will be impacted by the annual allowance in any financial year and who are:

- unable to manage their pension growth through accessing the partial retirement provisions; or

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- unable to reduce their level of pensionable pay without an impact on their clinical activity.

An Alternative Payment will be granted within a financial/tax year in place of the employer pension contributions which ordinarily would have been paid to the employee within that year. At the end of the year individuals will need to reassess their position and if they can still demonstrate that they have a reasonable expectation of being impacted by an annual allowance charge they will need to submit a further application. If individuals determine that there will be no reasonable expectation of an annual allowance liability in the next financial/tax year, then individuals may choose to re-join the NHS Pension Scheme.

Providing an Alternative Payment may be considered appropriate to recognise the fact that clinical staff who have specifically opted out of the NHS Pension Scheme due to a pension tax issue will not get the full value of benefits from their employer's pension contribution in comparison to other colleagues. Accordingly recycling the employer pension contribution as an alternative payment provides a mechanism to restructure an employee's total reward package in order to maintain its value.

2. Opting out of the scheme

Whilst the provision for an alternative payment has been made available across NHS Wales, employers have a specific obligation to ensure that employees are not incentivised to leave the NHS Pension Scheme.

Employers view being a member of the NHS Pension Scheme as being in the best financial interests of most NHS employees and so as a first step employers should explore whether any adjustments can be made to working arrangements/patterns which enable employees to save for their retirement i.e. remain within the NHS Pension Scheme whilst addressing service delivery/retention needs.

Where no adjustments or changes can be made to an employee's working arrangements the facility for employees to apply for an alternative payment has been put in place to specifically support staff, who are or maybe affected by pension taxation issues with an additional choice as to when tax is paid i.e. from their current earnings.

3. Key points for employees to consider

- Independent Financial advice

Employees must take independent financial advice before opting out of the NHS Pension Scheme. Employees will need advice to understand the optimum value of pension they should earn during the year and the precise point they may consider opting out and re-joining the scheme. Employees who opt out of the NHS Pension Scheme should also be aware that they will pay more income tax on their salary due to paying lower or no pension contributions in a financial year. This should be considered in conjunction with the value of pension gained and any benefit from lower annual allowance tax charges. NHS Employers have compiled a list of organisations which are able to give advice and guidance on pension tax issues which can be accessed via this [link](#).

- Family protection benefits

Employers should ensure employees are aware that they will not be covered for death in service and ill-health benefits provided by the NHS Pension Scheme during the part of the year in which they are not an active member of the scheme. If an employee were to pass away or retire due to ill health during a period where the employee had opted out of the

scheme a lower level of benefits would be payable. Further information is available on the NHS Pensions website. Individuals who access this provision may therefore wish to consider setting up separate cover away from the NHS Pension Scheme.

➤ Reduction in pension growth

For members of the 1995/2008 NHS Pension Scheme, benefits are calculated based on service and whole-time equivalent final pensionable pay. Opting out of the scheme may reduce service, but not necessarily final pensionable pay, meaning pension growth will be restricted but perhaps not entirely/to the full extent the member may be expecting. For members of the 2015 Scheme benefits are calculated based on actual earnings, so the restriction in pension growth would be more pronounced.

4. How the recycling of the employer contributions works

4.1 Employer contribution rate

The employer contribution rate increased in April 2019 to 20.6 per cent and again in April 2024 to 23.7% of pensionable pay from 14.3 per cent, plus a 0.08 per cent scheme administration levy.

The government agreed to provide funding for employers to initially cover this increase in cost. A funding arrangement has been put in place where the additional 9.4 per cent being is paid directly by the UK Government to NHS Pension Scheme.

Neither Welsh Government nor employers have access to this additional 9.4 per cent of contributions. Accordingly employers can only offer the alternative payment based on 14.38 per cent employer contributions level.

The level of alternative payment provided to employees will be kept under review to ensure it takes into account any changes to the employer contribution rate and funding arrangements.

4.2 National insurance contributions

The payment of additional salary in lieu of scheme membership will lead to an increase in the cost of the employer National Insurance contributions (NICs) payable in respect of the individual. This increase is approximately equal to 13.8 per cent of the value of any additional salary payments and should be taken into consideration when calculating the amount to an employee in order to keep this cost-neutral.

4.3 Example of employer pension contribution recycling

The table below illustrates how employers can pay up to 14.38 per cent of an individual's pensionable pay to an employee as additional salary on a roughly cost-neutral basis, taking into account the increase in employer NICs.

| | Member of the NHS Pension Scheme | Employee who has opted out receiving Alternative Payment |
|--|---|---|
| Pensionable earnings | £100,000 | £100,000 |
| Amount paid to NHS Pensions from the employer (14.38%) | £14,380 | £0 |
| Additional Employer NICs* | £0 | £1,744 |

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| | | |
|---|-----------------|-----------------|
| Gross amount paid to employee in lieu of pension as Alternative Payment | £0 | £12,636 |
| Total employer cost | £114,380 | £114,380 |

**In this simplified example, we have calculated the NI based on the 2023/24 NI regime with an increase in employer NICs based on a flat rate of 13.8 per cent. In reality, employer NICs are only payable in respect of earnings above the secondary threshold and so the correct value of the employer NICs would be slightly lower than shown in the example. Please see the HMRC website for more information.*

4.4 Status of the alternative payment

The alternative payment will not form part of base salary and would not be included in the calculation of any overtime, or other entitlements.

Although not forming part of base salary, the alternative payment will increase the amount paid each month. It will also impact on the following:

- a. The amount of holiday and sick pay. Such calculations will include an element to reflect the alternative payment.
- b. The amount of any redundancy pay calculation, but only in so far as any statutory cap. Where an individual's weekly pay is higher than any statutory cap applicable at the point of redundancy, then the alternative payment will not be included in the calculation.
- c. Income for the purposes of the tapered annual allowance may be higher than before and so the annual allowance may reduce for any pension savings already built up in the tax year. This means individuals may be entitled to a lower amount of tax relief on their pension contributions.

The alternative payment will be paid in equal monthly instalments in arrears. Payments will be subject to deduction for income tax and national insurance contributions. In deciding on the alternative payment, individuals may wish to consider whether it would be financially beneficial to receive the alternative payment (subject to income tax and national insurance contributions) as compared with paying an additional pension tax charge by staying in the NHS Scheme and also consider the effect on pension benefits and growth by staying in the Scheme versus opting out. Employees who are considering opting out of the NHS Pension Scheme are therefore strongly encouraged to obtain their own independent financial advice.

5. Alternative Payment Application Process

5.1. In order to make a request under this policy employees must comply with all of the following:

- be in the employment of an NHS Wales Health Board, NHS Trust, or Special Health Authority.
- be an active member of an NHS Pension Scheme at the point of application
- be able to evidence that they have a reasonable expectation of an AA tax charge for the respective financial year

As indicated above individuals must be reasonably expecting a tax charge for the financial year for which they are making an application for the alternative payment. Given that any AA tax charge will not be confirmed until after the end of the tax year (saving statements are issued in the October following the end of the respective tax year) an assessment must be made to provide a best estimate to evidence the likelihood of an AA tax charge arising. The

[NHS Employers Annual Allowance Ready Reckoner](#) may be used to provide an indication of the likelihood of an AA charge.

5.2. Individuals are responsible for obtaining whatever advice is necessary for them to make an informed decision, including where appropriate (though not limited to) professional advice from an accountant or independent financial advisor, guidance from the NHS pension scheme ([Member hub | NHSBSA](#)), information from reputable sources such as professional organisations and unions, HM Revenue & Customs.

5.3 As noted in paragraph 4.1 the alternative payment that will be paid will be the sum equivalent to the Employer's Contribution (amount that the Health Board/Trust would pay into the NHS Pension Scheme in the financial year if the applicant were still a member of that NHS Pension Scheme) net of the employer's National Insurance contributions, maintaining cost neutrality to the NHS. This will be paid as a supplement to salary and so will be subject to income tax.

5.4 Meeting the criteria as set out in paragraph 5.1, does not automatically mean that applications for the payment of employer contributions will be approved. The approval process as set out in section 8 will consider all applications as set against the individual submission and the need for each outcome to be clearly recorded as to the reason for its approval or rejection.

6. Application process and evidence requirements

6.1 The section below provides guidance for individuals on the information required to support an application:

a. Retrospective Evidence that you are or would be affected by the AA. This will usually be in the form of acceptable documentary evidence from NHS Business Services Authority confirming the annual increase in your NHS pension benefits and acceptable documentary evidence confirming that you may be subject to an annual allowance tax charge e.g from the [NHS Employers Annual Allowance Ready Reckoner](#) (note that where individuals are subject to the tapered annual allowance this may take the form of proof of earnings from all income sources);

b. Prospective Evidence that you will be affected will typically be in the form of pension/pay modelling data using evidence from sources contained within 5.1 & 5.2 taking into account, for example, incremental pay progression and changes in working patterns and/or proof of projected income from multiple sources in the relevant financial year.

7. Process for applications

7.1 Application for an alternative payment should be made on the application form attached to this policy. All applications should be accompanied by a completed opt out form (SD502) which will be retained with the application pending a decision. The opt out form will only be sent to payroll once an application has been approved.

7.2 The application will be verified by employing organisations to determine whether applicants meet the eligibility criteria.

7.3 If eligible, payroll will calculate the amount of the alternative payment and notify the applicant of this.

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8. Approval

8.1 Each Health Board/Trust/SHA will be required to establish a decision-making panel with clear accountability to the Chief Executive and Director of Workforce and OD. The Panel will be under a duty to take into account the eligibility criteria defined in this policy in approving or rejecting applications and must record the justification for each decision.

8.2 The panel will meet regularly so that all applications can be considered, and a decision made within ten working days of receipt of completed application forms, appropriate supporting evidence and completed opt out forms. The Panel will report outcomes to the Chief Executive and Director of Workforce and OD on a regular basis.

8.3 If the application is accepted, the employee will be issued a letter confirming this payment (which will be for the financial year), within five working days of the panel's decision. The Health Board/Trust/SHA will notify payroll that the application has been approved and submit the opt out form (SD502).

9. Implementation

9.1 Where an application has been successful, the applicant's opt out of the NHS Pension Scheme(s) will be activated by the employer. The alternative payment will be paid to the employee on a monthly basis.

9.2 Any changes to terms of employment will continue as agreed by the Health Board/Trust/SHA and the continuance of the alternative payment will be subject to the Health Board/Trust/SHA's over-riding legal duties. The alternative payment will apply to an individual's current role only. In the event that an individual in receipt of the payment changes roles, then the continuation of the alternative payment will be at the absolute discretion of the Health Board/Trust/SHA, although not unreasonably withheld. If individuals subsequently choose to reduce sessions/working hours while in receipt of the alternative payment, this will automatically trigger a review to assess ongoing eligibility.

9.3 For individuals who are in receipt of an alternative payment, this will only be for the duration of the financial year within which the AA charge would have been incurred and will therefore cease at the end of the financial year i.e. 31st March. At this point, the alternative payment will cease and individuals should determine whether they wish to be re-enrolled into the NHS Pension Scheme and make the necessary arrangements. If they choose not to re-join at this point they will remain outside of the NHS Pension Scheme until the next date for auto enrolment at which point they will be automatically re-enrolled, providing they meet the necessary auto re-enrolment requirements. An opt out can then be submitted if desired.

9.4 Where the individual considers that they would be affected by an AA charge in the subsequent financial year a new alternative payment application can be made.

10. Desktop Appeals Process

Where a Panel decision is in dispute this will be referred to the Director of Workforce & OD for a final decision and there is no further right of appeal and no right to raise a grievance under the Respect & Resolution policy about the process or outcome.

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APPLICATION FOR AN ALTERNATIVE PAYMENT

Please complete in full and forward to the Director of Workforce & OD

| | |
|--------------------------------------|--|
| Name: | |
| Post: | |
| Payroll Number: | |
| National Insurance Number: | |
| SD Number for Pension Scheme: | |

The alternative payment will start from 1st of the month in the next available payroll period. Please specify which date (note: this should be the 1st of the month, and should be the same as the date given in the opt out form)

Declaration:

I confirm that I have taken the necessary steps to obtain appropriate advice in respect of my voluntary decision to opt out of the NHS Pension Scheme and understand the consequences of opting out of the NHS Pension Scheme on further and future pension savings and accrual.

I have attached evidence that I have a reasonable expectation of exceeding the Annual Allowance for pension growth in the current financial year and that this breach is likely to generate a tax charge

I confirm that to the best of my knowledge the information I have provided on this form is correct, including information I have provided to HMRC and/or NHSBA

I confirm that I understand that opting out of the NHS Pension Scheme will mean I will not benefit from active members provisions including ill health retirement benefits and death in service benefits.

Name.....

SignatureDate

 Authorised byDate.....

(Chair of Panel)

Authorised byDate.....

(Director of Workforce & OD)

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| | | | | | |
|--|---|---------|----------|-----------------|------------|
| Report Title: | Health, Safety and Fire Risk Register | | | Agenda Item no. | 4.1 |
| Meeting: | People & Culture Committee | Public | X | Meeting Date: | 11/03/2025 |
| | | Private | | | |
| Status <i>(please tick one only):</i> | Assurance | X | Approval | Information | |
| Lead Executive Title: | Executive Director People and Culture | | | | |
| Report Author (Title): | Assistant Director of Health, Safety and Fire | | | | |

Main Report

Background and current situation:

Background

In line with section 3.5 of the Risk Management and Board Assurance Framework Strategy 2019-22 the Health and Safety department are required to compile and review risk registers which covers the management of identified strategic and operational risks that have the potential to impact upon the delivery of strategic objectives in both Health and Safety and Fire Safety.

Situation

Health and Safety Risk Register

The Health and Safety Risk Register tab was reviewed in January 2025. Tabs have been added for completed risks that have met the target risk rating, this is to demonstrate risks that have previously been identified and mitigated.

There is one highest scoring risk at a rating of 16

- Failure to have adequate systems in place to safely handle bariatric patients.

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

Current Situation

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

The next highest risk is 12

- Failure to implement a suitable and sufficient occupational exposure monitoring programme

Health Surveillance

Occupational health surveillance is conducted at CAVUHB however, potential gaps in the process have been identified. Standard Operating Procedures have been agreed by occupational health at an All Wales level and are being rolled out at CAVUHB. It is a joint initiative between H&S and Occupational Health.

Fire Safety Risk Register

The Head of Health and Safety (UHB Fire Safety Manager) and Senior Fire Safety Advisor conducted a review of the fire safety tab in March 2025

Significant improvement work has taken place in within the UHW tunnel area both in terms of physical environment and the illicit dumping of waste and storage of unwanted items. This has resulted in a risk reduction of the amount of combustible material within the tunnel areas of UHW to a rating of 10.

The two remaining highest rated risks are:

- 16 - Corridors and circulation spaces being used as bed stores
- 16 - Pending SWFRS prosecution

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

The fire safety team is working with clinical areas, procurement, security and waste through the tunnel safety group to improve the environmental condition of corridors and circulation spaces.

Recommendation:

The Committee is requested to:

Note the findings of the highest identified risks and the actions in place to reduce the risk rating.

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. | X |
| 3.  Delivering in the Right Places Click the objective above to view more detail. | 4.  Acting for the Future Click the objective above to view more detail. | |

Five Ways of Working (Sustainable Development Principles) considered

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

| | | | | | | | | | |
|------------|---|-----------|---|-------------|--|---------------|---|-------------|---|
| Prevention | X | Long term | X | Integration | | Collaboration | X | Involvement | X |
|------------|---|-----------|---|-------------|--|---------------|---|-------------|---|

Quality Impact Assessment Completed?:

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

| | | | | |
|---|--|--|--|--------------|
| Yes – (please provide completed QIA document) | | No – (Please provide reasoning, e.g. not required) | | Comment here |
|---|--|--|--|--------------|

Impact Assessment:

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

Risk: Yes/No

Yes – Regulatory prosecution with the potential to lead to a substantial fine and damage to UHB reputation. External legal team working closely with UHB on the matter.

Safety: Yes/No

Yes – Risks being worked through with mitigation.

Financial: Yes/No

Yes – Potential of fine.

Workforce: Yes/No

No

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|---|------------|
| Legal: Yes/No | |
| Yes – Prosecution in process. | |
| Reputational: Yes/No | |
| Yes – Dependent on outcome of trial | |
| Socio Economic: Yes/No | |
| No | |
| Equality and Health: Yes/No | |
| No | |
| Decarbonisation: Yes/No | |
| No | |
| Approval/Scrutiny Route <i>(please note anywhere else this paper has been before):</i> | |
| Committee/Group/Exec | Date: |
| People and Culture Committee | 11/03/2025 |
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H&S Risk Register

| Date | Reason for Review | Team Members |
|------------|---|---------------------------------------|
| 29.03.2022 | Full review of H&S Risk Register to incorporate external H&S review. | R Warren, R Daniel, R Sykes |
| 26.08.2022 | Ref: 2.2. Update certification of the training team in manual handling and V&A. Target risk rating has been met. | R Warren, R Daniel, R Sykes |
| 21.03.2023 | Review of H&S Tab. | R Warren, R Daniel, R Sykes |
| 30.11.2023 | Review of H&S Tab. Main change is the risk reduction for 2.9, change management process | R Warren, R Daniel, R Sykes |
| 05.03.2024 | Addition of requirement to implement a suitable and sufficient Health Surveillance process | R Warren |
| 10.07.2024 | H&S Advisor review and update of risk scoring | R Warren, R Daniel, R Sykes, J Davies |
| 09.01.2025 | H&S Advisor update. New risk added: Failure to implement a suitable and sufficient occupational exposure monitoring programme. The health surveillance risk is covered in the P&C RR and so was removed to the completed tab. | R Warren, R Daniel, R Sykes, J Davies |

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Fire Risk Register

| Date | Reason for Review | Team Members |
|-------------|---|---------------------|
| 01.09.2023 | Full review of Fire Risk Register as a result of the appointment of a new Senior Fire Safety Advisor. | R Warren, R Paxford |
| 03.10.2023 | Progress of actions updated | R Warren |
| 03.01.2024 | Progress of actions updated | R Warren, R Paxford |
| 02.07.2024 | Bary cause and effect target risk rating met. | R Warren, R Paxford |
| 10.07.2024 | Fire Advisor review and update of risk scoring | R Warren, R Paxford |
| 04.03.2025 | Review | R Warren |
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RISK REGISTER TEMPLATE:

Health & Safety Department

CLINICAL BOARD:

DIRECTORATE:

| Risk Ref. | Strategic Objective | Date risk added | Risk | Exec Lead | Initial Risk Rating | | | Controls | Assurances | Current Risk rating | | | Gaps in Control | Gaps in assurance | Actions | Who | When | Target Risk rating | | | Date of next review | Assurance Committee |
|-----------|---------------------|-----------------|--|------------------------------|---------------------|------------|-------|--|---|---------------------|------------|-------|---|--|--|---------------------------|------------|--------------------|------------|-------|---------------------|---------------------|
| | | | | | Consequence | Likelihood | Total | | | Consequence | Likelihood | Total | | | | | | Consequence | Likelihood | Total | | |
| 1,1 | | 29.03.2022 | Failure of Management of H&S to ensure comprehensive range of Policies covering legislation. | Director of People & Culture | 3 | 5 | 15 | A competently staffed health and safety department. Access to legislation. Network of All Wales policies library. Project lead identified within the Health and Safety team to complete gap analysis of policies and procedures against UHB H&S management system in line with ISO 45001. Development of a register of safety legislation to provide gap analysis and ensure any changes or new legislation incorporated into policies and procedures. | Suite of policies approved and monitored by the H&S Committee. Key policies and procedures exist. | 3 | 3 | 9 | Management system is in its infancy. Gap analysis has identified some shortfalls. Time bound action in line with H&S culture plan to complete. | Gaps identified, some additional procedures required. | H&S department to maintain a register of policies and procedures. Status of register to be submitted at least annually to H&S Committee. | Dir of People and Culture | 01-jun-25 | 3 | 1 | 3 | | |
| 1,2 | | 29.03.2022 | Failure to communicate relevant health and safety policies, procedures and information to all staff. | Director of People & Culture | 4 | 5 | 20 | All health and safety policies shared on the intranet. Policies are written by key, competent personnel and circulated for comment prior to approval. Managers health and safety course is offered. Mandatory training for key risks such as fire, manual handling and personal safety. | Compliance to training monitored at Operational Group level. H&S Dashboard published and circulated on a monthly basis which includes training compliance. All current health and safety policies and procedures are on health and safety Share Point site. | 4 | 2 | 8 | Line managers failing to implement policies and bring to knowledge of staff at risk. No robust mechanism currently exists to cascade new and updated policies to employees. | Potential for employees not to have an understanding of the latest policies and procedures. | Introduce a new and updated policies dashboard for roll out alongside or in the current dashboard. | Head of Health and Safety | 01-apr-25 | 4 | 1 | 4 | | |
| 1,3 | | 29.03.2022 | Failure of manager to maintain suitable and sufficient Risk Assessments . | Director of People & Culture | 4 | 5 | 20 | Risk management policy and risk assessment training. Risk quantification and escalation criteria established. Risk management and control is a key agenda item discussed in both Local and Operational H&S Groups. Risk management is part of the managers H&S training course. | Comprehensive Risk Assessment and Risk Register Procedure. | 4 | 2 | 8 | Management system audit schedule is now in place. Audits commenced from October 2023. | Significant progress and improvements have been made since the audit programme commenced. Verification to be provided as the audit schedule matures. | Extend the formal audit schedule and training to wider H&S department / advisers. | Head of Health and Safety | 01-jun-25 | 4 | 1 | 4 | | |
| 1,4 | | 29.03.2022 | Managers failure to undertake their health and safety role. | Director of People & Culture | 4 | 3 | 12 | Local H&S Groups. Staff group inspection, H&S adviser link to each CB. Managers health and safety course is offered and following this course delegates are given the opportunity for one of the health & safety team to visit their area, undertake a gap analysis and provide on-going support. | Processes exist for the training of managers in their H&S responsibilities | 4 | 2 | 8 | Improved monitoring and support of health and safety management arrangements post Managers H&S training. | Managers health and safety training is not mandatory. | Promotion of Health and Safety managerial responsibilities through the H&S Culture plan and management system audit programme. | Head of Health and Safety | 31.12.2025 | 4 | 1 | 4 | | |

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| 1,6 | 29.03.2022 | Failure of clinical/service boards to consider H&S aspects in regular meeting format at local level. | Director of People & Culture | 3 | 3 | 9 | H&S advisers are aligned to each of the clinical and service boards and attend the board H&S meetings. All Clinical and Service Boards have established health and safety meetings that meet at least 4 times a year. | A competently staffed health and safety department provide advice and support. Templates in place for clinical board H&S meeting ToR's. Exception reports now embedded for the Operational H&S Group. The H&S management system audits provide assurance in this metric. | 3 | 1 | 3 | None | None | None | Head of Health and Safety | 30.06.2024 | 3 | 1 | 3 | Target risk rating has been met. |
| 1,7 | 29.03.2022 | Failure to implement a H&S management system 4.1.7. This is a UHB wide risk | Director of People & Culture | 4 | 4 | 16 | It is not feasible to implement a uniform H&S Management system however, a system is embedded within the H&S department and processes are being rolled out and utilised across the UHB. | Assurance is being provided by: Annual H&S management system reviews for each clinical/service board. Management system audits. The UHB RACI. Structured meeting templates/exception reports. | 4 | 2 | 8 | Further H&S Management system processes to follow including the directorate annual H&S plans. | Further verification needed over the course of 2024/2025. | Continue to embed the H&S Management system audit programme. | Head of Health and Safety | 30.06.2025 | 4 | 1 | 4 | |
| 1,8 | 29.03.2022 | Unclear understanding of roles, responsibilities and accountabilities with regards to H&S across the UHB. RLB Review 4.1.2, 4.1.5, 4.1.6, 4.2.2 | Director of People & Culture | 4 | 4 | 16 | Current policies and procedures are in place and provide some guidance | Current policies and procedures provide some guidance around roles and responsibilities | 4 | 2 | 8 | No definitive RACI Matrix in place. 21/03/2023 - Responsibilities matrix completed, approved and rolled out to Clinical/Service boards. | Full matrix around policies and procedures in draft. | Establish a Health Board wide H&S RACI matrix, update policy and roll out to the wider organisation. | Head of Health and Safety | 31.12.2024 | 4 | 1 | 4 | |
| 1,9 | 29.03.2022 | Lack of demonstratable independency between H&S and Operational maintenance | Chief Executive | 4 | 5 | 20 | Current policies and procedures provide some guidance | Change of structure and policy ownership. H&S roles within CEF have been changed to compliance. Key Health and safety policies such as contractor control and PTW being moved to H&S ownership. | 4 | 2 | 8 | Some policies are yet to be brought across. This will be identified and completed with the RACI (Line 16). 21/03/2023 - Gap has reduced, close partnership working between departments and policy ownership has started with Contractor Management. | Both CEF and H&S management are working closely to eliminate any perceived lack of independency. | Complete RACI and formally transfer policy ownership. | Head of H&S and Heads of Compliance and Estates and Facilities | 31.12.2024 | 4 | 1 | 4 | |
| 2 | 29.03.2022 | Failure of a proactive approach to H&S. RLB Review 4.2.2. This is a UHB wide risk | Director of People & Culture | 4 | 4 | 16 | Proactive initiatives implemented including comprehensive H&S management system audits and structured workplace inspections. Monthly serious incident reviews conducted from which lessons from losses are formulated and communicated via Ops H&S Group, H&S Committee and the H&S Dashboard. H&S Management system reviews also implemented. | Audit actions are tracked for completion. Monthly dashboard contains a specific Lesson's from Losses slide. Directorate H&S plans being developed for 2024/25. | 4 | 2 | 8 | A more comprehensive suite of KPI's need to be implemented and communicated. | A more comprehensive suite of KPI's need to be implemented and communicated. | A more comprehensive suite of KPI's need to be communicated. H&S plan compliance to be reviewed at 2024 financial year. | Head of Health and Safety | 30.04.2025 | 4 | 1 | 4 | |

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| 2,1 | 29.03.2022 | Failure of H&S department to provide an adequate system to assist lone workers. | Director of People & Culture | 4 | 4 | 16 | Local management assisted by Personal Safety specialists to establish appropriate risk assessment for justification of allocating devices. Circumstances may permit device sharing. Procedures to monitor lone-working are promoted including - periodically visiting and observing people working alone, determining which jobs and locations require working in pairs and pre-agreed intervals of regular contact. | Regular lone worker device user compliance reports submitted to Health and Safety Committee. Devices are monitored for consistent use which is highlighted on the monthly H&S dashboard. Low number of recorded lone worker incidents. | 4 | 2 | 8 | Neccesity to renew contract ~3 yearly has the potential to leave gaps in lone worker device usage. 22/03/2023 - Contract signed in January 2024 | Programme managed by case management team. Contract renewal commences six months from the end of previous contract. Potential for gaps in local procedures for assessing the allocation of lone worker devices. | Continued review of device usage to identify gaps in clinical board management. | Case Manager Personal Safety Advisor | 01.01.2025 | 4 | 1 | 4 | | |
| 2,3 | | Failure to have adequate systems in place to safely manage bariatric patients. | | 4 | 4 | 16 | H&S manage the equipment and fire aspect of bariatric patient care. | Manual Handling Adviser and fire team have worked with Medicine Clinical Board to assess best practice. | 4 | 4 | 16 | Work on this had commenced prior to COVID and was being led by medicine. Ownership of this process is currently unclear. | Ownership of this process is unclear. Further work required | Determine ownership of the bariatric patient pathway and provide support as appropriate | Head of Health and Safety | 31/07/2024 | 4 | 1 | 4 | | |
| 2,4 | 29.03.2022 | Failure to ensure DSEAR compliance to regulations which requires areas of potential explosives to be assessed and appropriate control measures are put in place. | | 4 | 4 | 16 | Specific DSEAR compliance and risk assessment training was undertaken by H&S adviser. A DSEAR guidance document and 2-part risk assessment has been compiled and circulated. Key areas have been identified and some DSEAR risk assessments carried out. | | 4 | 3 | 12 | Identification of further areas requiring DSEAR assessments needs to be extracted from the fire risk assessment information. | Unable to fully verify through current audit programme | Establish a multi disciplined approach with H&S and Fire Safety jointly taking the lead to support area/process owners. | Head of Health and Safety | 31.12.2024 | 4 | 1 | 4 | | |
| 2,5 | 29.03.2022 | H&S department risk of incorrect use of DSE and/or poorly designed workstations or work environments leading to musculoskeletal disorders. | Director of People & Culture | 3 | 3 | 9 | Display Screen Equipment (DSE) and Eye Test Procedure. DSE risk assessment form and guidance documentation. The completion of the risk assessment is a management responsibility with DSE users required to assist with the assessment. E-learning training package through ESR. DSE is part of the managers H&S training course. | Identification process implemented for DSE users and specialist advice available. | 3 | 2 | 6 | No robust process in place to ensure compliance with standard in ensuring assessments are completed. | Potential gaps exist for home working. | Add requirement to conduct assessments to VBA's. Add DSE RA requirement to management system audit programme. | Head of Health and Safety | 31.12.2024 | 3 | 1 | 3 | | |
| 2,6 | 29.03.2022 | Failure to establish mechanism for delivery of training and refresher training in the use of evacuation chairs and mats. | Director of People & Culture | 4 | 4 | 16 | ALBAC Mat training provided to Heli-pad porters in 2021 and response agreement in place. Fire evacuation chair training conducted by in house Fire Advisor group. Ferno and Evac. | ALBAC Mat training provided to Heli-pad porters in 2021 and response agreement in place. Records are kept by clinical/service boards. | 4 | 1 | 4 | None | None | None | Head of Health and Safety | 30.06.2024 | 4 | 1 | 4 | | Target risk rating has been met. |
| 2,7 | Respin NMS 06/05/2023 11:36:00 | Failure to implement a system for the control of high risk maintenance work outside of CEF. This includes contractor control. | Director of People & Culture | 4 | 4 | 16 | All work of this nature is performed by contractors outside of CEF. Permit system in place for contractor work of specified high risk areas. Permit system communicated through contractor control policy, procedures and induction process. Contractor monitoring system is in place. | Low number of recorded incidents. Audit programme is now in place to verify that clinical boards are adhering to the contractor control procedure. | 4 | 2 | 8 | Full UHB awareness of contractor control process. Enhance non-estates departments to same standard as estates contractor control. | Further verification required with compliance with standard. | Continue audit programme and improve awareness of relevant standards and procedures. | | 30.06.2024 | 4 | 1 | 4 | | |

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|-----|------------|---|------------------------------|---|---|----|---|--|---|---|----|--|---|--|---------------------------|------------|---|---|---|--|--|
| 2,9 | 29.03.2022 | Failure to implement a change management process | Director of People & Culture | 4 | 4 | 16 | Some policies and procedures in place that would be pertinent for assessing potential risks for any planned changes. Major changes such as new builds or ward moves are covered by a robust comprehensive change process using project management and the involvement of all key stakeholders | No change management issues have been identified as failings with regards to incident investigations | 4 | 2 | 8 | No singular recognised change management system in place however, all key H&S policies exist to cover work activities. | Further verification required through the H&S management audit programme. | Continue with management system audit schedule. | Head of Health and Safety | 31.03.2025 | 4 | 1 | 4 | | |
| 30 | 09.01.2025 | Failure to implement a suitable and sufficient occupational exposure monitoring programme | Director of People & Culture | 3 | 5 | 15 | Standard Operating Procedures exist for occupational monitoring e.g. air, HAVS and Noise risks. Known areas that require monitoring are currently being scheduled, some monitoring has been conducted. | Management system audit question set is in place and has been in use since March 2024. | 3 | 4 | 12 | Clinical boards to review local monitoring requirements as part of the 2025 Annual H&S plans. | Unable to verify that all areas are covered by a suitable monitoring programme. | Revise monitoring SOP's and formulate a robust monitoring programme. | Head of Health and Safety | 31.07.2025 | 3 | 1 | 3 | | |

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RISK REGISTER TEMPLATE:
 CLINICAL BOARD:
 RISK REGISTER TEMPLATE:
 CLINICAL BOARD:
 DIRECTORATE:

Health & Safety (Fire)

| Risk Ref. | Strategic Objective | Date risk added | Risk | Exec Lead | Initial Risk Rating | | | Controls | Assurances | Current Risk rating | | | Gaps in Control | Gaps in assurance | Actions | Who | When | Target Risk rating | | | Date of next review | Assurance Committee |
|-----------|---------------------|-----------------|---|--------------------------------------|---------------------|------------|-------|---|--|---------------------|------------|-------|---|---|---|---|----------|--------------------|------------|-------|--|---------------------|
| | | | | | Consequence | Likelihood | Total | | | Consequence | Likelihood | Total | | | | | | Consequence | Likelihood | Total | | |
| F3 | | | <p>Risk: Combustible storage in corridors and circulation spaces.</p> <p>Impact:All corridor and circulation spaces are to be kept sterile with limited fire loading. Should a fire occur within these spaces the consequences can quickly make escape routes untenable.</p> | Exec Dir responsible for fire safety | 4 | 4 | 16 | Remove all combustible storage from corridors and circulation spaces or at the very least store waste in lockable metal bins. | Lockable metal containers to be used for to store combustible items in corridor and circulation spaces. Post COVID this risk remains at the current level. | 4 | 3 | 12 | It is clear that in many cases regular weekly checks instigated by the Service Board DFSM and carried out by the Department Lead for fire and/or the local fire warden is not being carried out as an embedded fire / health and safety action. | To date lockable metal containers are being sourced to replace wooden containers however, there is no structured plan in place to change as fitted items. This issue is identified during FRA's | Progress changeout of containers as soon as reasonably practicable. Fire team to continue to identify when conducting FRA's | UHB Service Board DFSM. | On-going | 3 | 2 | 6 | | |
| F4 | | | <p>Risk: Bed storage in corridors and circulation spaces.</p> <p>Impact:All corridor and circulation spaces are to be kept clear. Should an emergency evacuation take place bed transfer patients will not have a clear escape route and these refuge areas will be unavailable leading to limited staff resources to become overwhelmed</p> | Exec Dir responsible for fire safety | 4 | 4 | 16 | Remove all bed storage on a daily basis for repair and distribution else where. Fire risk is only prevalent where a mattress is fitted. | Process exists for the removal of Medstrom Beds to be removed and taken for safe keeping to the dedicated bed store located below and adjacent to Cardigan House. Post COVID this risk remains at the current level. | 4 | 4 | 16 | Behaviours - Correct procedures for the removal of beds not being followed. Beds are being left in corridors and other escape routes. Uncertainty exists over the process for trolleys. | Behaviours - Correct procedures for the removal of beds not being followed. Beds are being left in corridors and other escape routes. | Embedd correct procedures to all staff, in particular the clinical teams. Determine the process for the disposal/removal of trolley's. Medstrom defective bed procedure in draft. | Clinical board directors of ops / Claire Salisbury Head of Procurement. Head of H&S | On-going | 4 | 2 | 8 | | |
| F5 | | | <p>Risk: Lack of staff training and awareness on fire safety and the evacuation procedures, including the movement of high dependency and bariatric patients and vertical evacuation.</p> <p>Impact: The risk is that in the event of a fire relevant staff will not act correctly in accordance with our fire procedures allowing the fire to develop and patients not been evacuated safely in a timely manner.</p> | Exec Dir responsible for fire safety | 4 | 3 | 12 | Suitable training is available as follows: 1. Regular training sessions provided at various locations 2. Attendance of fire adviser at department training days 3. Following specific requests from departments train the trainer sessions have been provided in order for the training to be delivered in small groups on the ward 5. Train the trainer sessions to be provided for the evacuation chairs. | Training records and attendance records. Evidence of staff responding appropriately in a real incident. 21/03/2023 - Practical training provided to Helipad porters for Albac mats and classroom video training provided to clinical staff. Mechanism required for ferno chairs. | 4 | 2 | 8 | Currently a training gap for evacuation chairs. Some directorates have sourced their own from approved providers. | No specific training plan in place. | Fire team to receive Evac chair train the trainer training which in turn will be rolled out to clinical/service boards. Ferno chairs will be covered under the same process. | Head of H&S / Senior fire safety officer | On-going | 4 | 1 | 4 | 01/12/2021 21/03/2023 - Target risk rating reduced to 4 | |
| F6 | | | <p>Risk: The risk of a fire starting in the tunnels of UHW is high due to high level of combustible waste and uncontrolled access.</p> <p>Impact: The consequences would be severe due to a number of outstanding fire safety actions as identified in current fire risk assessments that include; defective fire resisting doors, lift shutters not connected, dampers not working, smoke clearance no longer fit for purpose. Other implications include potential loss of supply of medical gasses/electricity and other services.</p> | Exec Dir responsible for fire safety | 5 | 5 | 25 | Tunnels have a robust TDSI system to restrict access. Some operational procedures exist such as traffic management/PTW/Signage and a cleaning regime is in place. | Tunnel Safety Group has been reinstated post COVID-19. Some operational procedures exist such as traffic management/PTW/Signage. Significant upgrade in Q1 2024 to area from EU to B block lifts including complete emptying of UHW tunnel system of illicit waste and stored materials. DFSM Group now meeting and tunnels are included in discussions. | 5 | 2 | 10 | Further verification required to ensure ongoing cleanliness of area. | Behaviours - Requirement to embedd correct behaviours into clinical staff around the illicit dumping of waste. | Monitor the tunnels to manage illicit waste build up. Requirement to review and communicate processes around bed and trolley management. Fire RA due in August 2024. | Head of H&S/Estates and Facilities Manager. Head of H&S, procurement. | Ongoing | 4 | 2 | 8 | | |

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| F7 | | Risk: Propping fire resisting doors open. Impact: Uncontrolled spread of fire and smoke in the event of a fire. | Exec Dir responsible for fire safety | 3 | 4 | 12 | This is communicated at all F2F mandatory fire safety training sessions. Majority of fire doors on circulation routes utilise hold open devices and thus do not necessitate the use of illicit wedges. These automatically close on activation of the fire alarm. Fire Warden training has been reintroduced for identified individuals. | Fire training records, provide assurance for those staff who have completed mandatory training. Any propped fire doors are identified during FRA's. | 3 | 2 | 6 | Overall staff fire training compliance is at 70% | Difficult to ensure that staff uphold the issues identified on the mandatory training. Fire doors are occasionally picked up during FRA inspections. | Increase mandatory training attendance to ensure more staff get the message. Also encourage Service Board DFSM's to give clear guidance to their senior managers at service board meetings held monthly. | Service Board DFSM /All staff | Ongoing | 3 | 1 | 3 | |
| F10 | | Risk: The fire compartmentation in substantial areas of the UHB is damaged, defective and/or missing. Impact: Failure to restrict the spread of smoke and flames in the event of a fire. | Exec Dir responsible for estates | 4 | 4 | 16 | A rolling programme will be carried out at all sites when these sub standard installs are identified | A new 4 year contract for survey's and remedial work is currently out to tender. | 4 | 3 | 12 | Identification of deficiencies now formalised and a schedule has been produced to address the key areas | Work will continue as previous in this area to identify and address remedial actions. | Management of Schedule | Estates Building Project Officer | On-going | 4 | 2 | 8 | 01.01.2027 |
| F11 | | Risk: The fire compartmentation in substantial areas of the UHB is breached, defective and/or missing in terms of IM&T cable installations. Impact: Failure to restrict the spread of smoke and flames in the event of a fire. | Exec Dir responsible for Estates | 4 | 4 | 16 | A rolling programme of remedial work is being carried out all sites to address the deficiencies in compartmentation. | IM&T have an approved competent contractor and process in place to fire stop. | 4 | 3 | 12 | Processes are now in place for new work. | Processes are now in place for new work however, some gaps in compliance are being identified by the rolling programme | Continue the rolling inspection programme. Main theatres UHW currently undergoing survey for upgrade to compartmentation. 02/07/2024. | Im&T / Estates Compliance | On-going | 4 | 2 | 8 | 01.01.2027 |
| F14 | | South Wales Fire Service are prosecuting the UHB associated with EN EN3/21 for alleged non-compliance with Articles 8 of the FSO. Risk is that the UHB may loose the trial and be found guilty resulting in significant fine and loss of reputation. | Exec Dir responsible for fire safety | 4 | 5 | 20 | External legal team engaged and formulating the defence. | It is not possible to predict the outcome of the trial | 4 | 4 | 16 | Unknown | Unknown | Continue to work with legal team. | CEO / Exec director for H&S/Head of H&SSenior HYC Managers | On-going | 4 | 1 | 4 | |
| F15 | | Firefighter and fire evacuation Lifts are not being serviced or maintained in accordance with current standards | Exec Dir responsible for Estates | 3 | 3 | 9 | Currently all UHB lifts are being maintained and serviced to passenger lift standard only. | Lifts are in place by design to assist in the emergency evacuation. | 3 | 3 | 9 | An up to date asset list required to determine the exact locations and efficacy of all lifts | Confirmation is required that these lifts are being serviced and maintained to correct standards | Compliance team to confirm current status. As a matter of priority an independent lift engineer is to be tasked with surveying all UHB lifts to identify the type and status. Once this survey is complete the UHB will be able to determine costs to reinstate firefighting and bed evacuation lifts. In the interim a team of porters have been trained to use rescue mats and will attend all emergency evacuation incidents that require vertical evacuation of patients who are unable to | Tony Ward | 31.12.2024 | 3 | 2 | 6 | |
| F16 | 21.03.2023 | Failure to implement Deputy Fire Safety Managers and associated meetings. Impact - Failure to manage fire safety at an operational level. | Exec Dir responsible for fire safety | 4 | 3 | 12 | Fire safety group re-introduced, membership identified and clinical boards have identified Deputy fire safety manager's for each Directorate. | Updated Fire Safety Policy and management arrangements document implemented. | 4 | 2 | 8 | Requirement to identify DFSM's for clinical/service boards. | Forum not fully embedded into the fire safety management system. 02/07/2024 | Continue to develop the assurance process through the DFSM meetings and action log. | Senior fire safety advisor/Head of H&S. | 31.12.2024 | 4 | 1 | 4 | |

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RISK REGISTER TEMPLATE:

Health & Safety Department

CLINICAL BOARD:

DIRECTORATE:

| Risk Ref. | Strategic Objective | Date risk added | Risk | Exec Lead | Initial Risk Rating | | | Controls | Assurances | Current Risk rating | | | Gaps in Control | Gaps in assurance | Actions | Who | When | Target Risk rating | | | Date of next review | Assurance Committee |
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| | | | | | Consequence | Likelihood | Total | | | Consequence | Likelihood | Total | | | | | | Consequence | Likelihood | Total | | |
| 1,5 | | 29.03.2022 | H&S Staff not meeting their mandatory training requirement. | Director of People & Culture | 3 | 3 | 9 | Mandatory training offered both e-learning and tutor led. Mandatory May & Nov. | Compliance monitored through line management and VBA's. | 3 | 1 | 3 | None | None | Individual KPI's to be developed and discussed during staff VBA's. Current compliance rate at 100% for department. Risk to remain on register to assure ongoing compliance. | Head of Health and Safety | 31.12.2023 | 3 | 1 | 3 | | Target risk rating met |

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**RISK REGISTER TEMPLATE:
 CLINICAL BOARD:
 RISK REGISTER TEMPLATE:
 CLINICAL BOARD:
 DIRECTORATE:**

| Risk Ref. | Strategic Objective | Date risk added | Risk | Exec Lead |
|-----------|---------------------|-----------------|---|--------------------------------------|
| | | | | |
| F1 | | | <p>Risk/Issue: Failure of emergency lighting in the event of a fire.</p> <p>Impact: Possibly compromising peoples escape.</p> | Exec Dir responsible for Estates |
| F2 | | | <p>Risk: South Wales Fire Service have reduced their response to a single appliance attending at normal road speed on activation of the fire alarm and detection system. This response applies between the hours of 0600 to 2000.</p> <p>Impact: This reduced response could result in increased fire and smoke damage and life risk.</p> | Exec Dir responsible for fire safety |

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| F8 | | | <p>Risk: Patients starting fires deliberately with ignition sources or from discarded smoking material. Impact: Possible injury to both patients and staff and risk of prosecution by the Fire Service for breaching Enforcement Notices.</p> | <p>Exec Dir responsible for fire safety</p> |
| F9 | | | <p>Risk: The fire alarm system at Barry Community Hospital and UHL has been extended and altered many times over the past 10 years. The fire service has highlighted this as an issue. Impact: This will have an effect on speed of evacuation and issues around response times by the fire service in the event of an emergency</p> | <p>Exec Dir responsible for Estates</p> |

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| F12 | | | <p>Risk: An independent survey of the fire compartmentation at St David's Hospital has identified that due to the number of breaches on all floors it is not suitable and sufficient.</p> <p>Impact: The risk is that in the event of a fire it will not be contained within either the room, sub-compartment or compartment in line with the fire strategy.</p> | Exec Dir responsible for Estates |
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| F13 | | | <p>Risk/Issue: Suspension of all tutor led fire safety training due to the National Emergency</p> <p>Impact: Growing evidence that staff become unaware of safety procedures in the event of an emergency. See F7 above too.</p> | Exec Dir responsible for fire safety |
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Health & Safety (Fire)

| Initial Risk Rating | | | Controls | Assurances | Current Risk rating | |
|---------------------|------------|-------|--|---|---------------------|------------|
| Consequence | Likelihood | Total | | | Consequence | Likelihood |
| 4 | 3 | 12 | The Health Board has engaged a contractor to test the emergency lighting system in accordance with HTM 06 01 Part B and BS 5266. The contract includes inspecting, testing and carrying out all remedial works identified. | 3+1+1 contract in place for testing and inspecting of Emergency lighting system with a full remediation and repair package including Inspection records to enable an auditable trail. | 4 | 1 |
| 4 | 4 | 16 | Clear instruction communicated via the intranet informing staff they must contact switchboard on 3333 to confirm there is a fire before the Fire Brigade will respond with full pre-determined attendance. This information is relayed to all staff who attend any form of face to face fire safety training sessions. | Education through face to face fire safety training sessions and intranet corporate communications advice | 4 | 1 |

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| 3 | 4 | 12 | <p>Mental Health - Provision of electronic lighter in garden smoking shelter and metal detectors are used to help ensure lighters are not brought onto the wards. Regular inspections of the bedrooms are carried out to make sure there is no smoking in patients rooms. Design and materials of construction in HYC reduce the likelihood of a fire taking hold, only combustible material brought in by the patient would be a risk. Additional checks and procedures in place within mental health to control ignition sources such as body scanners.</p> <p>Control of Ignition Sources procedure implemented in mental health.</p> | <p>Action plan previously agreed with Fire Service now embedded and no further issues have occurred.</p> <p>21/03/2023 - UHB is being prosecuted by SWFRS for alleged contraventions to fire safety order 2005. 03/01/2024 - HYC has been smoke free since 01/12/2023.</p> | 3 | 3 |
| 3 | 3 | 9 | <p>Five year service contract is in place to ensure the alarm and detection system is regularly maintained/ Service contract includes the statutory testing and inspecting of the system in line with legislative requirements and in accordance with HTM 05 03 Pt B and BS 5839.</p> | <p>Statutory testing records. Fire alarm system will alert individuals to evacuate in the event of a fire.</p> | 3 | 3 |

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| 4 | 4 | 16 | Compartmentation survey and all remedial works identified are now completed | Works were completed under an agreed schedule | 4 | 1 |
|---|---|----|---|---|---|---|

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| 4 | 4 | 16 | All H&S courses are now back up to capacity face to face training. | Face to face fire training has now commenced post COVID and UHB training compliance is at 73%. Fire safety weeks have been held for the last 3 years where significant numbers of staff have been trained. | 4 | 2 |
|---|---|----|--|--|---|---|

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| ing | Gaps in Control | Gaps in assurance | Actions |
|-------|--|--|---|
| Total | | | |
| 4 | Testing and inspection is ongoing / remedials once identified are carried out on a rolling programme | None as remediation and repair package is now fully imbedded | Complete and implement the remediation and repair package |
| 4 | This system has been in operation for a number of years with no negative recorded impact on fire safety. | | The suggested impact in D11 has not materialised. SWFRS continue to provide good coverage for any call out situation. |

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| 9 | Mental Health are moving to a no smoking environment in the autumn of 2023 | Not currently a non-smoking environment. | None |
| 9 | Barry hospital system is at its capacity and requires additional Nodes to be installed. | Cause and effect and re-addressing of all panels required at Barry and UHL | Cause and effect and re-addressing of all panels is in progress. 03/01/2024 - Cause and effect and re-zoning of BCH should be completed by the end of this financial year. |

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| 4 | None | None | Sign off now required |
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| 8 | None. | Fire training compliance figures are at 73% and rising. | Face to Face drop in Fire Safety training week to be scheduled for early 2024. |
|---|-------|---|--|

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| Who | When | Target Risk rating | | | Date of next review | Assurance Committee |
|--|---------------------------------------|--------------------|------------|-------|---------------------|--|
| | | Consequence | Likelihood | Total | | |
| Project manager electrical | Contract control review by 01/02/2022 | 4 | 1 | 4 | 01.12.2021 | Target risk rating has been met. Head of H&S 21/03/2023 |
| Senior fire safety officer / Head of H&S | On-going | 4 | 1 | 4 | 31.12.2023 | Target risk rating has been met. Head of H&S 21/03/2023 |

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| Service Board DFSM | Ongoing | 3 | 1 | 3 | 03/01/2024 - HYC has been smoke free since 01/12/2023. Risk to remain on register to assure ongoing compliance. | Target risk rating has been met. 03/01/2024 |
| CEF Compliance manager | On-going | 3 | 1 | 3 | 01.04.2024 | Cause and effect has been completed, target risk rating has been met. 02/7/2024 |

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| Head of Capital projects / Senior fire safety officer | 01/05/2021 | 4 | 1 | 4 | 01.12.2021 | Target risk rating has been met. Head of H&S 21/03/2023 |
|---|------------|---|---|---|------------|--|

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|----------------------|----------|---|---|---|--|--|
| LED/Fire safety team | On-going | 4 | 2 | 8 | 01/12/2021 21/03/2023 Face to face fire training has now commenced post COVID and UHB training compliance is at 73% | Target risk rating has been met. Head of H&S 03/10/2023 |
|----------------------|----------|---|---|---|--|--|

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Caerdydd a'r Fro
Cardiff and Vale
University Health Board

Annual Report of the People & Culture Committee 2024/25

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1.0 Introduction

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

2.0 Membership

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

3.0 Meetings & Attendance

The Committee met six times during the period 1 April 2024 to 31 March 2025. This is in line with its Terms of Reference.

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

The People & Culture Committee achieved an attendance rate of 93.32% (80% is considered to be an acceptable attendance rate) during the period 1st April 2024 to 31st March 2025 as set out below:

| Attendance | 09.05.2024 | 09.07.2024 | 10.09.2024 | 19.11.2024 | 21.01.2025 | 12.03.2025 | Attendance Percentage |
|-------------------|------------|------------|------------|------------|------------|------------|-----------------------|
| Sara Moseley | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| Akmal Hanuk | ✓ | ✓ | ✓ | ✓ | X | ✓ | 83.33% |
| Rhian Thomas | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| Mike Jones | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| Susan Lloyd-Selby | ✓ | ✓ | ✓ | X | ✓ | ✓ | 83.33% |
| Rachel Gidman | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| Paul Bostock | ✓ | ✓ | ✓ | X | ✓ | ✓ | 83.33% |
| Claire Beynon | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | 100.00% |
| Matt Phillips | X | ✓ | ✓ | ✓ | ✓ | ✓ | 83.33% |
| Total | | | | | | | 93% |

4.0 Terms of Reference and Workplan

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

5.0 Work Undertaken

During the financial year 2024/25, the Committee reviewed the key items at its meetings as set out in this Report.

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

- Specialist Services
- People & Culture Team
- Surgical Clinical Board
- Mental Health Clinical Board
- Primary Care & Intermediate Care (PCIC) Clinical Board

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

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

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Staff Story

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

- Staff Retention
- Widening Access (returning to practise)
- International Nurses
- Staff Survey
- Staff Sickness
- Developing a Sustainable Workforce

High Level Staff Survey Results 2024

- Participation Rate increased to 26.8% of the organization.
- Engagement Score decreased, reflecting current organizational challenges
- Slight increase when asked if staff would recommend the UHB to a relative / friend to 60.6% from 58% last year, but still below the 75.1% in 2020
- Sharing dashboard access with clinical boards for local analysis.
- Analysing narrative responses (over 1000 lines) for deeper insights.
- Focus group events planned over the next six months to gather more feedback.

Key Workforce Performance Indicators

The following points regarding Key Workforce Performance Indicators were highlighted during 2024/25:

- The workforce grew since 2019, but the growth ceased in Jan / Feb 2024 (CAV workforce has since reduced by 100 WTE). This focus led to reduced spending on agency spend staff, especially in previously high-cost areas.
- Data from August showed a reduction in staff turnover reduced to 10.03%
- The VBA percentage remained at 79-80%.
- Retention Rates: There was a significant improvement in retention rates over the last four months, with the current rate being the lowest since June 2020. Specific improvements were noted in nursing and midwifery, estates and ancillary, and healthcare support workers
- Sickness Absence: Although there was a decrease, sickness absence remained higher than desired. The People Services team, was aligned with clinical boards to support managers and colleagues with sickness absence
- Disciplinary Investigations: There was a rise in formal disciplinary investigations, attributed to cases taking longer to resolve. Efforts were made to close cases quickly, with an expectation of reduced numbers in the coming months
- Variable Pay and Agency Use: There was a significant month-on-month reduction in variable pay and agency use, achieved through filling long-standing vacancies on a permanent basis, particularly in medical & dental workforce and registered nursing
- Staff turnover continued to reduce which indicated positive retention efforts
- CAV UHB use significantly less agency staff compared to other HB's in NHS Wales.
- Sickness absence remained at 6%
- The increase in sickness absence was due to the winter months and would expect to see a reduction from February onwards

Health and Safety Update

The Health & Safety sub-committee ceased during 2024/25 and now report into the People & Culture committee. During 2024/25 the following Health & Safety points were highlighted to the People & Culture committee:

- The Tunnels at UHW were cleared of all items following focused work
- A planned 5-year program was being out in place to replace the drainage in UHW
- An incident was highlighted which involved a staff member cutting their finger on plastic teeth while using cling film, resulting in over three weeks of lost time.

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- 52 RIDDOR entries in the financial year and estimated for 70 for 2024/25
- The current year shows a reduction in red incidents (those reportable to the Health and Safety Executive) compared to the previous financial year.
- The H&S team moved from Denbigh House (UHW) to Woodlands House
- 6 custodial sentences with one relating to sexually inappropriate behaviour
- Hate Crime at HYC – An incident of racially aggravated public order at the emergency unit resulted in an 18-week imprisonment.
- Racially aggravated public order offence at A&E, UHW – sentences to 18 weeks imprisonment
- Restorative justice is being used more frequently, empowering victims and ensuring perpetrators understand the impact of their actions.
- The lone worker device refresh program has been completed ahead of time, avoiding financial penalties.
- Manual Handling advisor continued to support all staff including community
- The bariatric patient pathway is being improved in collaboration with the Director of Nursing within the Medicine Clinical Board.
- A meeting with Cardiff Bus was scheduled to discuss the findings from the recent incident.
- A Health and Safety Executive safety alert regarding laboratory staff exposure to biological agents has been issued, with clinical boards asked to provide reassurance on their processes.
- Six fire incidents have occurred year-to-date, with measures in place to address cooking-related incidents and unwanted fire signals.

Board Assurance Framework

The committee rotates the focus on the Board Assurance Framework between recruitment, culture & wellbeing.

Other matters of business discussed during the year, included: -

- Job planning Process
- Staff Retention (including exit interviews)
- Long Term Sickness (LTS) Update
- Speaking Up Safely (Work in Confidence System)
- Sexual Safety Update
- Digital Communications & Analytics
- Notices from the Welsh Language Commissioner
- Primary Care Workforce Plan
- Executive Director of Public Health Update
- Staff Survey Results 2023
- People & Culture Plan Priorities
- Workforce Control & Assurances
- Workforce Growth
- Annual Equality Report
- Gender Pay Gap Report
- Notices from the Welsh Language Commissioner

Policies discussed / approved by the Committee

The following policies were approved at the People & Culture Committee meetings during 2024/25:

- Fire Safety Personal Emergency Evacuation Plan (PEEP) Policy
- No Smoking and Smoke Free Environment Policy
- People Policies Report

All the items discussed were reported to the Board via the formally agreed minutes and Chairs Reports.

Private People & Culture Committee

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May, July, September, November 2024 & January, March 2025

The following topics were discussed during the Private People & Culture Committee meetings during 2024/25:

- Cultural Hotspots – Theatres
- Cultural Hotspots – Cardiology
- Patient Safety Visits
- Employment Cases
- Cardiff Bus Incident – Llandough Hospital (UHL)
- Fire Prosecution
- Clinical Service Review – HSDU
- Cultural Leadership Programme
- Pharmacy Estates Issue
- Oxygen Incident UHW
- NWSSP Audit
- Professional Regulation Overview

6.0 Reporting Responsibilities

7.0 Opinion

The Committee is of the opinion that the draft People & Culture Committee Annual Report 2024/25 is consistent with its role as set out within the Terms of Reference and that there are no matters that the Committee is aware of at this time that have not been disclosed appropriately.

Sara Moseley

Committee Chair

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