

# Public People & Culture Committee

Tue 14 October 2025, 09:00 - 11:10

Virtual - MS Teams

## Agenda

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### 09:00 - 09:05 **1. Standing Items**

5 min

#### **1.1. Welcome & Introductions**

*Susan Lloyd-Selby*

#### **1.2. Apologies for Absence**

*Susan Lloyd-Selby*

#### **1.3. Declarations of Interest**

*Susan Lloyd-Selby*

#### **1.4. Minutes from previous meeting - 08th July 2025**

*Susan Lloyd-Selby*

 1.4 - Public P&C Mins 08.07.25.pdf (10 pages)

#### **1.5. Action log following the previous meeting - 08th July 2025**

*Susan Lloyd-Selby*

 1.5 - Action log - following 08.07.2025.pdf (2 pages)

#### **1.6. Committee Chairs Actions**

*Susan Lloyd-Selby*

### 09:05 - 10:50 **2. Items for Review & Assurance (09:05 - 10:50)**

105 min

#### **2.1. Staff Story**

*Rachel Gidman*


10 Minutes

#### **2.2. Board Assurance Framework - Culture**


*Claire Whiles*

10 Minutes

 2.2 - P&C Committee BAF Paper September 2025 - Culture.pdf (4 pages)

 2.2a - Appendix 1(a) Optimising Ops Programme.pdf (1 pages)

 2.2b - Appendix 1(b) Elev8 Programme Draft.pdf (2 pages)

 2.2c - Appendix 2 STATT Course Evaluation CAVUHB.pdf (13 pages)

 2.2d - Appendix 3 Staff Survey Key Dates and Engagement Plan.pdf (1 pages)

#### **2.3. Key Workforce Performance Indicators / Health & Safety**

*Lianne Morse / Robert Warren*

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- 📄 2.3 - People & Culture Committee KPI Paper Aug-25 Data (1).pdf (11 pages)
- 📄 2.3 - New IPR - Workforce Section Aug-25.pdf (4 pages)

## 2.4. Strategic Equality Plan / Workforce Race Equality Standard (WRES)

*Mitchell Jones*

5 Minutes

- 📄 2.4 - SEP and WRES Paper - P&C Committee - 14.10.2025.pdf (4 pages)
- 📄 2.4a - Appendix 1 - WRES Organisational Report - CAVUHB (2025).pdf (16 pages)
- 📄 2.4b Appendix 1 - CAVUHB End-of-Year Policy Assurance Assessment Return 2025.pdf (4 pages)

## 2.5. Admin & Clerical Staff Workforce Growth

*Jonathan Pritchard*

- 📄 2.5 - A and C Workforce.pdf (5 pages)

## 2.6. Clinical Board Spotlight - Medicine

*Louise Halliday-Jones / Ceri Richards-Taylor / Mike Bond / Nikola Creasey*

30 Minutes

## 10:50 - 11:00 3. Items for Approval (10:50 - 11:00)

10 min

### 3.1. EDI Reports for Approval

*Mitchell Jones*

#### 3.1.1. Gender Pay Gap Report

10 Minutes

- 📄 3.1 - Gender Pay Gap Paper - P&C Committee - 14.10.2025.pdf (4 pages)
- 📄 3.1a - Appendix 1 - Gender Pay Gap Report 2025.pdf (9 pages)

#### 3.2. Policies: All Wales Anti Sexual Harassment Policy

*Rachel Pressley*

5 Minutes

- 📄 3.2 - people policies report Sept 2025.pdf (3 pages)
- 📄 3.2a - NHS Wales Anti-sexual Harassment Policy Final 14.8.2025.pdf (34 pages)
- 📄 3.2b - EQIA Sexual Harassment Policy - All Wales Final.pdf (30 pages)

## 11:00 - 11:00 4. Items for Information & Noting

0 min

### 4.1. Health & Safety Risk Register

*Rachael Sykes*

## 11:00 - 11:00 5. Any Other Business

0 min

*Susan Lloyd-Selby*

## 11:00 - 11:00 6. Private Agenda Items

0 min

## 6.1. People & Culture Updates

## 11:00 - 11:00 7. Review & Final Closure

0 min

### 7.1. Items to be deferred to Board

*Susan Lloyd-Selby*

### 7.2. To note the date & time of the next meeting: Tuesday 25th November 2025 at 9am via MS Teams

*Susan Lloyd-Selby*

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**Draft Minutes of the Public People and Culture Committee**  
**Held On 08<sup>th</sup> July 2025**  
**Via MS Teams**

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

<b>Chair:</b>		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
<b>Present:</b>		
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
Clive Curtis	CC	Independent Member for Local Community
<b>In Attendance:</b>		
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
Rachel Gidman	RG	Executive Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Claire Whiles	CW	Assistant Head of Organisational Development
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	JR	Assistant Director of People Resourcing
David Fluck	DF	Executive Medical Director
Clare Wade	CW	Director of Nursing – Surgical Clinical Board
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Temby	MT	Managing Director of Planned Care
<b>Observer:</b>		
Bevan Howells	BH	Graduate Management Trainee
Liz Rees	LR	People Assurance & Experience Manager
<b>Secretariat:</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies:</b>		
Mitchell Jones	MJ	Head of Equality & Inclusion
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Paul Bostock	PB	Chief Operating Officer

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Item no	Agenda Item	Action
P&C 25/07/1.1	<p><a href="#">Welcome &amp; Introductions (click to view)</a></p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p> <p>Welcomed Clive Curtis to the committee as his first meeting as an independent member.</p>	
P&C 25/07/1.2	<p><a href="#">Apologies for Absence (click to view)</a></p> <p>Apologies for absence were noted.</p>	
P&C 25/07/1.3	<p><a href="#">Declarations of Interest (click to view)</a></p> <p>The CC declared an interest as a panel Chair of the Health &amp; Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.</p>	
P&C 25/07/1.4	<p><a href="#">Minutes from meeting on 06<sup>th</sup> May 2025 (click to view)</a></p> <p>The minutes were agreed to be a true reflection of the meeting on 06<sup>th</sup> May 2025 (following some minor amendments)</p> <p><b>The Committee resolved that:</b></p> <p>a) The draft minutes of the meeting held on 06<sup>th</sup> May 2025 were agreed to be a true and accurate record of the meeting.</p>	
P&C 25/07/1.5	<p><a href="#">Action Log following 06<sup>th</sup> May 2025 Meeting (click to view)</a></p> <p>All actions were accepted.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Action Log was discussed and noted.</p>	
P&C 25/07/1.6	<p><a href="#">Chair's Actions (click to view)</a></p> <p>There were no Chair's Actions.</p>	
<b>Items for Review &amp; Assurance</b>		
P&C 25/07/2.1	<p><a href="#">Staff Story – Belonging</a></p> <p>The EDPC introduced the staff story which focused on a staff member from the All-Wales Medical Genomics Service (AWMGS). She explained that the staff story was from an employee named Nima, who works as a project manager in the AWMGS. She highlighted that the story emphasized the importance of employees feeling that they belong in the organization. She mentioned that the story would be relevant to the subsequent papers on speaking up safely and psychological safety, as it highlighted components crucial for people feeling that they belong in an organization.</p> <p>The IMCE reflected on the importance of having a fair and flexible working policy and emphasized the need for it to be applied consistently throughout CAV UHB. She asked what safeguards were in place to ensure that the flexible working policy is applied fairly and consistently across CAV UHB.</p> <p>The EDPC acknowledged that it was crucial to be fair and consistent with all policies, including the flexible working policy. She mentioned that the staff survey showed areas where people did not feel fairness was applied. She stated that while she could not give assurance that the policy is applied</p>	

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	<p>continuously, the HR profession reinforces fairness through training. She highlighted the importance of having conversations when the policy is not being applied positively and noted that flexible working requests are becoming more common.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Staff Story was received.</p>	
<p><b>P&amp;C</b> <b>25/07/2.2</b></p>	<p><u><b>Board Assurance Framework – Workforce</b></u></p> <p>The ADPR highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Changes to the UHB workforce over the last 12 months, noting an increase of 437 whole-time equivalent staff, with significant increases in nursing and medical staff.</li> <li>• An additional 287 nursing staff and additional 80 staff in medical &amp; dental</li> <li>• Workforce peaked in February 2025 with 15489 WTE staff but has since seen a reduction to 15408 as of May 2025</li> <li>• Increase on WTE nursing staff and the premium reduction in agency nursing staff resulted in £12.2m savings (74% reduction in premium cost agency over two years)</li> <li>• A high number of staff joined the bank and leave the agencies</li> <li>• Biggest challenge was to achieve the balance between substantive and temporary staff as the current position showed CAV UHB had more graduate nurses than vacancies</li> <li>• A review would be done to determine the optimum vacancy factor</li> <li>• A survey was conducted on graduate nurses and approx. 90-95% would recommend CAV UHB a great place to work</li> <li>• CAV UHB lose approx. 25-30 nurses per month in turnover</li> <li>• CAV UHB had an increase in medical staff (80), and this had an impact on agency spend (£2.5m reduction)</li> <li>• The financial challenge, with the workforce representing 48% of the annual budget and a target cost reduction of £11 million for 2025-26.</li> <li>• Aim to reduce up to 800 WTE over 3 years</li> </ul> <p>The IMTU asked about the aim of reducing whole-time equivalent (WTE) numbers and whether the opportunity for staff to reduce their hours, which was previously offered, was being considered this time around. He mentioned that this approach had worked previously and inquired if it was being considered again.</p> <p>The ADPR acknowledged that the opportunity for staff to reduce their hours is part of the flexible working policy. He mentioned that staff can always ask their managers if they could reduce their hours or work differently.</p> <p>The IMLA asked about the target reduction of 800 WTE over three years and noted that clinical boards were identifying opportunities and financial targets. He inquired if there were any specific targets set for this year and the timescales for the clinical boards to identify these opportunities.</p> <p>The EDPC explained that the clinical boards had not identified a specific number for the target reduction. She mentioned that she was holding posts at the scrutiny panel and being more directive in their check reviews to get a definitive number. She emphasized the importance of having a robust plan around the reduction and mentioned that if there isn't one, they would have to hold the vacancies</p>	

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The IMLA noted this would put significant pressure into next year and it would be helpful to see continuous reports on this matter.

The EDPC noted that it is a dilemma to reduce the workforce when so many beds were open. She emphasized that the pressures operationally make it challenging and that the restructure and redesign of the organization would help with the reduction.

The END thanked the ADPR for the paper, noting that it clearly set out the position. He mentioned that it is an overall positive nursing story considering where they were 3-4 years ago. Jason appreciated that it had cost a lot more because substantive staff are paid more but emphasized that it is now a safer workforce providing better quality of care. He mentioned that they are currently scoping what it looks like to take them down to a 90-95% substantive fill rate. He highlighted that they would be over established due to a considerable number of students graduating, and there is a political context where they could potentially start to see new graduate nurses unemployed and not have jobs for them.

The IMCE asked for more context on the growth in the admin and clerical staff group, noting that the paper did not provide a rationale or explanation for this increase. She mentioned that in the past, the explanation for growth in admin and clerical staff was due to directly funded programs requiring more admin staff. She was curious about the reasons for the current growth in the context of trying to reduce the workforce by 800 staff.

The ADPR mentioned that he had presented a particular template to the exec review, which would be used over a 12-month period to show the workforce numbers by WTE. This template would show the peak and indicate that there should be a reduction, allowing for closer performance management. He was certain that the admin and clerical staff group had seen a reduction over the last three months. He emphasized the need to keep a focus on this and ensure that each clinical board is aware of what they should be doing.

The IMTU asked how many Voluntary Early Release Scheme (VERS) applications had been received to date, how many had been approved, and from which areas the applications were coming. He was interested in categorizing the applications by nursing, ancillary, admin, and clerical staff.

The CC suggested for this to be answered outside of the committee.

The EMD noted that the medical workforce had grown significantly, with an increase of 32 whole-time equivalent consultants, which would likely cost about £4m. He wondered what the growth in the medical workforce was and which areas had grown. He emphasized the need for more focus on where the growth is and what has driven these posts.

The DDPC noted that this information could be discussed in the medical and dental work plan meetings. She mentioned that the growth was 32 consultants, and these positions had gone through the appropriate scrutiny.

The IMLC asked about the enhanced scrutiny of vacancy requests and how it balances the need for cost reductions with the potential impact on service delivery and staff workload.

The CC suggested that the discussion about the enhanced scrutiny of vacancy requests be taken outside of the committee meeting. She asked why there was a deanery gap and highlighted the gap in consultant psychiatrists.

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	<p><b>Action – A detailed paper to be done on the medical &amp; dental workforce to be added to the forward plan.</b></p> <p><b>The Committee resolved that:</b></p> <p>a) The information included within the paper was discussed &amp; noted and accepted as assurance.</p>	
<p><b>P&amp;C 25/07/2.3</b></p>	<p><u><b>Speaking Up Safely</b></u></p> <p>The DCG discussed the "Speaking Up Safely" initiative in detail, explaining that it is a framework to enable colleagues to raise concerns anonymously. He highlighted the importance of trust in the system and the process, which is why they procured the "Work in Confidence" system. This system guarantees anonymity and is staffed by volunteers from across the organization, known as connectors. These connectors help individuals raise issues and connect them with the appropriate resources. Matt also mentioned that the system is used as a first point of contact for various questions, not just concerns. He provided insights into the initial data from the system, noting that while it is early to draw conclusions, the numbers are in line with expectations. He emphasized the importance of the soft aspects, such as the relationship between connectors and the HR team, and the goal of integrating this data into the quality management system to enhance organizational quality and safety.</p> <p><b>The Committee resolved to:</b></p> <p>a) The Speaking Up Safely item was noted.</p>	
<p><b>P&amp;C 25/07/2.4</b></p>	<p><u><b>Psychological Safety</b></u></p> <p>The ADODWC gave an update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• CAV UHB were looking at how we learn and deliver better quality for our patients</li> <li>• It is important for staff to raise concerns, share ideas and make mistakes without the fear of negative consequences</li> <li>• The benefits of a psychologically safe environment include better patient safety, reduced stress and improved organisational resilience</li> <li>• 60% of staff felt safe to raise concerns but only 44.4% believed that action would be taken</li> <li>• Speaking up safely / WIC, sexual harassment procedures and the culture leadership programmes were key enablers for psychological safety</li> <li>• Plans include creating cultural safety zones, supporting team growth, and improving leadership and management training.</li> <li>• CAV UHB need to strive for continuous evaluation and metrics to measure the impact of these interventions</li> <li>• There is often a misconception that psychological safety and accountability work against each other, but CAV UHB want high standards and develop both of these areas.</li> </ul> <p>The EMD raised a concern about cultural hotspots within the UHB and inquired about how the psychological safety program could support these specific areas. He acknowledged that while the program covers the entire organization, there were areas where psychological safety was not at the desired level. He questioned whether the program should follow initial interventions or be part of the primary intervention strategy.</p> <p>The ADODWC responded by emphasizing the importance of starting with creating safe spaces for conversations right from the beginning. She mentioned that they were looking at capturing levels of psychological safety within teams more effectively and that targeted interventions would be prioritized for areas with identified needs.</p>	

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	<p>The MDPC asked about early engagement with clinical boards to promote a psychologically safe environment while maintaining high standards. He noted that there was ongoing work in leadership and management capability but suggested that there might be an opportunity for early work with clinical board leadership teams to promote psychological safety and high standards simultaneously.</p> <p>The DDPC acknowledged all Wales employment policies, with particular emphasis on anti-sexual harassment measures, and drew the committee's attention to the disciplinary policy, which is currently under review. She explained that the organization consistently implements just culture principles, utilising disciplinary action only as a final measure. The all-Wales policy is being assessed within this framework, and there will be ongoing efforts with leaders and managers to effectively integrate these policies into the organizational culture.</p> <p>The EDPC noted that when discussing organizational development, it often involved behaviours and dialogue. She emphasized that as a board, they need to role model this behaviour. She mentioned that interventions come at different points, but the starting conversation should be around the table, focusing on the dialogue and behaviours of individuals.</p> <p>The CC emphasized the importance of not losing sight of areas where there have been interventions. She mentioned the need to follow up and ensure that there is a change in culture, which should be clearly communicated as a statement of intent and commitment to the organization.</p> <p><b>Action – discussion on how we don't lose sight of the areas where they have been interventions. We need to follow up and clearly communicate to the UHB.</b></p> <p><b>The Committee resolved to:</b></p> <p>a) The Psychological Safety was noted.</p>	
<p><b>P&amp;C</b> <b>25/07/2.5</b></p>	<p><u><b>Annual Health &amp; Safety Report</b></u></p> <p>The ADHSF presented and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• The importance of having structured policies and procedures were emphasised to underpin roles, responsibilities, and accountability, which ultimately contribute to employee safety.</li> <li>• There were eight regulatory inspections by Southwest Fire and Rescue Service over the last reporting period, with only minor contraventions identified. The inspectors were satisfied with the control measures in place, particularly at the Children's Hospital for Wales.</li> <li>• There was a significant decrease in serious incidents, with a nearly 20% reduction compared to the previous year. However, nearly 90% of these incidents were due to over seven-day absences, which remained a concern.</li> <li>• There was an increase in training compliance, except for fire safety training, which faced some challenges. The team looked to implement a different approach to improve fire safety training compliance.</li> <li>• The significant investment in the fire safety team's competence, will help the UHB stay ahead of new regulations expected to come into Wales.</li> </ul> <p>The IMCE commented that it was helpful to have a point of reflection on health and safety and acknowledged the value of the annual report as a snapshot in time. She expressed curiosity about where improvements had been made over the period that the ADHSF had been in role (about four years), asking</p>	

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	<p>specifically about areas of improvement, ongoing concerns, and anticipated future hotspots for health and safety focus.</p> <p>The ADHSF responded that there was more structure around health and safety, referencing the management system and report structure (IMS 1 to 20), which helps clinical boards manage health and safety more effectively. He noted improved communication and greater engagement in the operational health and safety group, with the EDPC chairing and exception reports bringing more input from clinical boards. He highlighted increased scrutiny on significant and serious incidents, with monthly reviews of every RIDDOR and other incidents with potential for serious harm. He identified communication as an ongoing challenge, especially in reaching all 18,000 staff with clear, concise messaging, despite good work from the communications team. He concluded that these changes have led to better focus and management, but acknowledged communication remains a key area for continued improvement.</p> <p>The EDPC complimented the comments made by the ADHSF and emphasised improved engagement around people safety and highlighted the MDPC operational involvement as making a significant difference. She stated that H&amp;S was a regulatory area that was a top concern, especially regarding fire risk assessments, and praised the Head of Fire leadership and flexibility in training to improve compliance. She mentioned that she and the CEO asked the ADHSF and the team to act as an internal regulator, using their perspective to anticipate what external regulators might find, which has led to positive changes. She expressed a desire to shift perceptions of health and safety from being a "dry subject" to being seen as foundational for employee safety, equating its importance to quality and safety for patients. She praised the ADHSF diligence, leadership, and the strength of his reshaped team.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Annual Health &amp; Safety Report was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>25/07/2.6</b></p>	<p><u><a href="#">Health &amp; Safety Update / Regulatory Tracker</a></u></p> <p>The ADHSF highlighted that there was nothing further to add to the papers that were already shared.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Health &amp; Safety Update / Regulatory Tracker was noted.</p>	
<p><b>P&amp;C</b> <b>25/07/2.7</b></p>	<p><u><a href="#">Key Workforce Performance Indicators</a></u></p> <p>The DDPC presented detailed slides on the key workforce performance indicators focusing on trends over the last 12 months and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Consultant and specialty doctor job planning were highlighted, noting a Welsh Government target of 90% compliance by end of September and current progress at 70%, with improvement since February</li> <li>• Retention improvements, especially among healthcare support workers (down from 14-15% to just over 9%), but noted some staff groups (admin/clerical, allied health professionals) remain above the 7-9% target.</li> <li>• some staff groups (healthcare scientists, medical/dental, nursing/midwifery) were below the target, and that improved nurse retention (now losing as few as 9 per month) was not fully forecasted in workforce modelling.</li> <li>• Staff in post by group were referenced, noting a slight reduction since February but a large influx of registered nurses expected in coming months.</li> </ul>	

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	<ul style="list-style-type: none"> <li>Sickness absence trends showed the current year was below previous years, and if this continued, it would positively impact the cumulative 5.5% target.</li> </ul> <p>The EMD stated that a lot of good work had been done by all clinical boards on job planning, with progress varying between boards, and that 70% compliance was a good milestone but there was still a way to go. He mentioned that the annual review and sign-off process was in place and expressed confidence that the 90% target would be reached by the end of September. He added that job planning was only part of the work plan, and they are also looking to bring in a rostering system for resident doctors to better manage absences and rota gaps, especially with more less-than-full-time working. He referenced ongoing work to improve mandatory training compliance for the medical workforce.</p> <p>The IMLA raised a concern about absence due to anxiety, stress, and depression, noting it as the primary reason for absence. She asked about the impact of targeted interventions and whether the trend is improving, steady, or worsening.</p> <p>The DDPC responded that it was too early to determine the impact from the data, but there has been an improvement in long-term sickness cases for psychological reasons. She said more data over three months would clarify if interventions are making a difference.</p> <p>The EDPC added that this is a top reason for sickness across Wales and that public health and health education bodies are working on broader solutions, with updates to be shared as the work develops.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Key Workforce Performance Indicators was noted.</p>	
<p><b>P&amp;C</b> <b>25/07/2.8</b></p>	<p><b><u>Clinical Board Spotlight – Surgical Clinical Board</u></b></p> <p>The DNSCB presented on and highlighted the following:</p> <ul style="list-style-type: none"> <li>9 directorates, regional and super-regional service delivery, and services across multiple hospital sites and community settings.</li> <li>The key strategic drivers include Shaping Our Future Wellbeing, cancer standards, GIRFT standards, and the ministerial advisory group report’s 29 recommendations.</li> <li>Shared activity data: 31,500+ procedures in 2024/25 (excluding radiology and obstetrics), high volume of emergency and planned care.</li> <li>The workforce profile: 2,564 staff, largest groups in perioperative care, majority in Band 5 and Band 2, age distribution, and concerns about upcoming retirements in admin/clerical roles.</li> <li>Biggest workforce sits under nursing followed by the additional clinical services (HCSW)</li> <li>Age profile ranged with the largest age group sat at 36-40 which showed we wouldn’t see a large drop off of retirement age</li> <li>Recruitment of younger staff and early career development</li> <li>Average retirement age has increased to just over 62</li> <li>Data was provided on sickness absence (noting winter spikes), VBA compliance (noting areas of high and low compliance), and job planning (noting recent improvements and new clinical directors).</li> <li>Introduction of patient flow managers.</li> <li>Opening of the surgical hub at Llandough and enhanced recovery unit at UHL.</li> <li>The first cataract list went ahead in UHL on 03.07.25 and consultants have asked to increase the numbers on the lists</li> </ul>	

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- 24 new student streamliners joining theatres in September.
- **Emphasized communication and engagement:**
- Use of Facebook and Viva Engage for staff updates and recognition.
- Monthly bespoke training sessions for all staff groups.
- Promotion of leadership and digital readiness (nursing dashboard, Copilot adoption).
- Focus was given to the Theatres Together project
- The Staff survey revealed concerns about theatre culture with the culture review having 66 recommendations
- The staff survey showed there wasn't a place for them to use free text so theatres undertook their own survey
- A culture review was undertaken by Helen Luton & Emma Cooke and this report was shared with us and the theatre staff in May 2025
- Actions: Dedicated leadership team, project management structure, staff engagement (face-to-face, QR code feedback), and focus on foundational improvements (e.g., changing room security, WHO checklist, cleaning SOPs).
- Current challenges showed a new leadership team formation
- Vacancy approval and workforce redesign pressures continued but planned to have a fully established theatre suite of staff by September 2025
- CAV UHB recruited 25 internationally educated nurses and now work as part of the theatre team
- Nursing staff were upskilled to help give a high level of care in UHL with anaesthetic support
- Low VBA and staff survey engagement in some areas.
- Sickness absence for last year had varied through the year and spiked during the winter months and reached a absent rate of 7.5% in December 2024
- Reduced trade union visibility and senior staff sickness.
- **Good news stories:**
- Staff recognition events (Surgery Star Awards, Children's Hospital 10-year celebration).
- External awards and professorships.
- Positive media coverage (BBC Saving Lives, staff profiles).

The CC thanked the team for the insightful presentation. She commended the focus on culture & communication.

The IMLA thanked the DNSCB for the detailed and interesting presentation, referencing the staff survey, challenges, and the review of theatres. She acknowledged the issues raised and the steps taken to address them. She asked Claire for her sense or feeling about morale across the directorate, and whether the steps the organisation has taken to address the challenges in theatres are increasing staff trust in the organisation. She wanted to know if staff trust was improving because of the actions taken.

The DNSCB explained that three months prior, morale was quite low, with staff waiting for the theatre report to be released amid press coverage. She described a two-week period when the report was released to staff, the clinical board, and the press simultaneously. During this time, the leadership team, which included executives, invested significant time meeting with staff. Initially, staff were unhappy and felt the report did not fully represent their environment, though they acknowledged the report reflected their own feedback. Over the two weeks, as staff engaged in multiple open sessions, there was a visible shift, where staff began to generate ideas and became more motivated to change things. She reported a "huge shift" in main theatres, with

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	<p>staff now more engaged, coming forward with ideas, and using new feedback mechanisms (like QR codes). Staff started to express that they feel more supported and trusting of each other, and that the environment feels different and improved. She emphasized the importance of ongoing open dialogue, co-production of solutions with staff, and continued leadership engagement, including changes in theatre management and involving staff in recruitment processes to further build trust.</p> <p>The EDN noted that it was mentioned around the environment of theatres had improved due to full establishment. A full established team is better for safety &amp; staff morale.</p> <p><b>The Committee resolved to:</b></p> <p>a) The position and actions being progressed across the Clinical Board was noted.</p>	
<p><b>P&amp;C</b> <b>25/07/3.1</b></p>	<p><b><u>Social Partnership Duty Annual Report</u></b></p> <p>The HPAE explained that the Social Partnership and Public Procurement Act places a legal duty on public bodies to work in meaningful partnership with recognised trade unions. This includes seeking consensus or compromise with trade unions when setting well-being objectives or making strategic decisions presented and highlighted the following points:</p> <ul style="list-style-type: none"> <li>• CAV UHB must consult early with trade unions, providing sufficient time and information for proper engagement and response. There is also a requirement to report annually to the Social Partnership Council, showing compliance with the duty.</li> <li>• The report's purpose is to provide the annual update on compliance. It must be agreed with trade unions, or if not agreed, the reasons must be explained. Rachel confirmed that this year's report was agreed with the unions.</li> <li>• The approach was summarised over the last year, noting it was underpinned by the partnership and recognition agreement. Key activities included strategic engagement, formal engagement structures (such as the Local Partnership Forum), and dedicated lead representative roles.</li> <li>• A strengthened focus on key areas like quality, policy, and environment, with increased facility time and new deputy roles for sustainability.</li> <li>• The partnership and recognition agreement was due for review to ensure full alignment with the duty, and this will be a focus for the coming year.</li> <li>• The committee were asked to approve the report prior to submission to the Social Partnership Council.</li> </ul> <p><b>The Committee resolved that:</b></p> <p>a) The Social Partnership Duty Annual Report was approved</p>	
<p><b>P&amp;C</b> <b>25/07/4.1</b></p>	<p><b><u>Digital Communications &amp; Analytics</u></b></p> <p>This item was noted.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Digital Communications &amp; Analytics was noted.</p>	
<p><b>P&amp;C 25/07/5</b></p>	<p><b><u>Any Other Business</u></b></p>	

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**Public Action Log**  
**Following People and Culture Committee Meeting**  
**08<sup>th</sup> July 2025**  
(Updated for the Meeting 23<sup>rd</sup> September 2025)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
<b>Actions</b>					
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	<b>Complete – added to the forward plan for 23.09.2025</b>
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	<b>Complete – added to the forward plan for 23.09.2025</b>
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	<b>Complete – added to Forward plan 23.09.2025-</b>
	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	<b>Complete – added to the forward plan – 23.09.2025</b>
	Medical Workforce Growth Analysis	Bring a future paper to the committee with a detailed analysis of the medical and dental workforce, including areas of growth, consultant job planning, Deanery gaps, and recruitment challenges in psychiatry	Lianne Morse / David Fluck	08.07.2025	<b>Complete – added to the forward plan – 03.02.2026</b>
11/03/008	Occupational Health	Claire Whiles to work with the Public Health team on aligning some of the public health priorities with the Board Assurance Framework and to provide a timed action plan update to the committee	Claire Whiles	06.05.2025	<b>Complete – added to the forward plan for 23.09.2025</b>

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	Vacancy Scrutiny Process Explanation	Circulate information to the committee explaining the enhanced scrutiny process for vacancy requests and how it balances cost reduction with service delivery and staff workload	??	08.07.2025	
	Psychological Safety Progress Reporting	Provide future papers and reports to the committee on progress and evaluation of psychological safety interventions, including metrics and impact assessment	Claire Whiles	08.07.2025	<b>Complete – added to the forward plan – 03.02.2026</b>
	Sickness Absence	Report back to the committee on the impact of well being prevention interventions on sickness absence due to anxiety, stress and depression	Lianne Morse	08.07.2025	<b>Complete – added to the forward plan – 25.11.2025</b>
<b>Actions referred from Board / Committees</b>					

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Report Title:	Board Assurance Framework – Culture	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	14 October 2025
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director Organisational Development, Wellbeing and Culture		

## Main Report

### Background and current situation:

#### Background

A compassionate and inclusive culture underpins CAVUHB's ability to deliver safe, high-quality care and retain staff.

#### Key cultural risk drivers:

- Perceptions of bureaucracy and low trust
- Change fatigue and operational pressures
- Inconsistent leadership behaviours and staff voice
- Financial constraints affecting OD investment

#### Mitigations are embedded in the People & Culture Plan, including:

- Culture & Leadership Programme and OD support to teams
- Staff survey action plans and Staff Assemblies
- Speaking Up Safely platform (Work in Confidence) and Sexual Safety procedure
- Leadership development aligned with compassionate leadership pledge and "brilliant basics"

National reviews (Francis Report, East Kent Maternity Review) and studies from Audit Wales and McKinsey highlight that toxic workplace behaviours, lack of psychological safety, and poor leadership behaviours are leading predictors of burnout, attrition, and patient harm. These findings underscore why we take an integrated approach to culture and wellbeing, and why this remains a key strategic risk for the Board.

#### Situation

This paper provides the quarterly update on the Culture element of the People BAF risk.

- It follows the March 2025 culture report (overview of programmes) and May 2025 wellbeing report (OH/EWS deep dive).
- Today's paper provides assurance around two critical cultural enablers:
  - Psychological safety and speaking up
  - Leadership behaviours and accountability
- It also references hotspot work in Theatres (Theatres Together Improvement Plan) and the upcoming NHS Wales Staff Survey launch as live assurance examples.
- The Committee is asked to note progress, discuss assurance level, and advise on any additional areas for future focus.

#### Assessment of Assurance

#### Current Position – Key Indicators

- **Staff Survey 2024:**
  - 60% feel safe to raise concerns (up from 58% in 2023)
  - 44.4% trust the organisation to act on concerns (up from 42%)
  - 67.6% feel their manager listens/supports them (+2.5pp)
  - Reports of bullying reduced marginally vs 2023

- **ER Cases/Respect & Resolution:** The number of formal disciplinary investigations currently stands at **50**, representing an increase from **41** in May. In addition, there are **19 active requests for Formal Resolution** in line with the Respect and Resolution Policy
- **Speaking Up Safely (Work in Confidence):** 36 conversations raised since soft launch (1/12/24 – 1/9/25); top 3 categories are Leadership and Management; Bullying and Harassment; Organisational Culture (Values and behaviours).
- **Retention:** Improvement of 1.62% since August 2024, aligning with improved staff voice measures.

Our modest improvements align with national findings that cultural change takes sustained leadership focus. Conversely, national reports consistently warn that if cultures drift towards silence or toxicity, burnout and disengagement increase sharply. This evidence reinforces the importance of our targeted interventions in hotspots such as Theatres and our upcoming staff survey participation drive, to ensure all staff feel safe to speak up and engaged in shaping improvement.

## Deep Dive 1 – Psychological Safety and Speaking Up

### What do we have in place:

- Soft launch of Work In Confidence; connectors trained and responding; Sexual Safety procedure implemented.
- Listening forums (Staff Assemblies, Moments that Matter Rounds, Ask Suzanne, Leadership Listening Walk-arounds) and cultural assessments informing local OD work.

### Assurance evidence:

- Staff survey shows modest but positive improvements on psychological safety metrics.
- Early feedback from Work In Confidence: staff value anonymity and quicker response times; cases are being resolved locally.
- Professional standards (GMC/NMC) emphasise psychological safety; embedding aligns with legal and duty of quality requirements.

### Gaps:

- Confidence gap remains: fewer than half trust the organisation to act; underrepresented groups disproportionately report lower levels of safety.
- Pockets of low trust/change fatigue in areas – inconsistent employee experience.

### Hotspot Assurance – Theatres Service Review / Theatres Together Improvement Plan:

Targeted OD and culture support in areas such as Theatres have highlighted low psychological safety and the risks of silence. A focused and structured Service Review included facilitated team sessions, interviews and leadership support, resulting in a comprehensive report and development of the Theatres Together Improvement Plan.

**Impact:** Staff report greater confidence to raise concerns and improved communication; early data indicates an increase in near-miss reporting, suggesting staff are more willing to speak up. Learning from Theatres is informing wider rollout of psychological safety approaches across other teams.

Independent studies (e.g., McKinsey 2022) also show that psychological safety is directly correlated with reduced burnout and improved team performance. The early positive signals from our Work in Confidence platform and listening work give assurance that we are addressing a known national risk factor locally.

## Deep Dive 2 – Leadership Behaviours and Accountability

### What do we have in place:

- Compassionate Leadership Pledge signed by Board; pilot leadership programme with HEIW evaluated; “brilliant basics” priorities developed at Dec 2024 Rapid Planning Event.

- Leadership programmes paused and reviewed for alignment; relaunch scheduled September 2025 – Optimising Ops (Band 8C and 8B Programme); Elev8 (Clinical Management and Leadership, Band 7, Multi-Professional). (**Appendix 1: Programme Outlines**)

#### Assurance evidence:

- Pilot evaluation of HEIW Funded Programme:
  - 100% participants report increased confidence levels in their leadership practice following completion of the course;
  - Attendee understanding greatly or considerably increased in the following areas: Self awareness; Self-Management; Teams; Team of Teams (leading at a system/organisational level) (**Appendix 2: Course Evaluation**)
  - 100% believe course could improve staff wellbeing and retention.
- Culture and Leadership Programme / Staff survey:
  - Culture and Leadership Programme feedback - perception of leaders and managers remains mixed / inconsistent, especially perceptions of more 'senior' level managers/leaders;
  - Staff survey 2024 seen improvements across the areas of compassionate leadership (improvement of 2.5%); and Line Management (improvement of 2.3%)

#### Gaps:

- Variation between teams; inconsistent modelling of behaviours.
- Lack of organisation-wide leadership standards; framework in development.

#### Forward Look – NHS Wales Staff Survey 2025

The NHS Wales Staff Survey launches 6 October 2025. This is a key opportunity to strengthen assurance:

Increasing participation will provide more robust insight into cultural risk and progress, especially in hotspot areas like Theatres. Targeted engagement plans aim to ensure all staff groups, including those without digital access, or those whose first language is Welsh, can contribute. This data will directly inform future BAF culture updates and interventions. (Appendix 3: Staff Survey Key Dates and Engagement Plan)

#### Overall Assurance Picture

- Controls are embedded and showing early positive impact (improvements in survey metrics, uptake of speaking-up channels, hotspot interventions).
- Assurance is reasonable: we have evidence of progress, but trust and leadership behaviour remain variable; future survey data and development of an enhanced people and culture dashboard will strengthen assurance.

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

National reviews across the NHS (Francis, East Kent, NHS Staff Survey) and recent high-profile investigations in other sectors (Met Police, Welsh Fire & Rescue Service, WRU) all highlight the same risks: unchecked poor behaviours, cultures of silence, and lack of accountability lead to harm, burnout, attrition and significant reputational damage.

Our local data and hotspot work (e.g., Theatres) confirm we face similar cultural challenges. However, the Committee can take reasonable assurance that controls are in place and evolving: speaking-up mechanisms are expanding, leadership behaviours are being addressed, and the forthcoming NHS Wales Staff Survey will provide fresh insight to target further action.

Sustained focus is needed, and learning from national and cross-sector reports underlines the importance of early intervention, visible leadership, and transparent reporting. The Board's oversight remains critical to ensuring we maintain momentum and address remaining gaps.





#### Recommendation:

**People and Culture Committee are asked to:**

1. NOTE the assurance provided on the Culture BAF risk, particularly around psychological safety, leadership, Theatres Together Improvement Plan, and the upcoming staff survey.
2. DISCUSS whether the current assurance level (reasonable) is adequate and highlight any additional areas for deep dive in future reports.
3. ENDORSE the planned next steps recognising the importance of sustained focus given national and sector-wide lessons on cultural risk:
  - Full launch of Work In Confidence and connectors network (Q3 2025/26)
  - Quarterly psychological safety pulse survey (from Q4 2025/26)
  - Re-launch of leadership programmes and development of leadership/management framework (Q3–Q4 2025/26)
  - Drive participation in NHS Wales Staff Survey (August - Oct 2025) to enable robust cultural insights
  - Develop culture dashboard integrating staff survey, ER, speaking up and OD data (by Dec 2025)

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*

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

**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

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

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

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

Safety: yes – as above

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

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

Legal: yes – Strategic Equality Objectives; Welsh Language Standards

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

Socio Economic: yes – impact on local community; Strategic Equality Objectives

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

Decarbonisation: Yes – opportunity to gather ideas on how to improve at a local level

**Approval/Scrutiny Route:**

Committee/Group/Exec      Date:

# Optimising Ops

A leadership and management programme to equip senior operational managers with the essential skills and capabilities needed to navigate complex operational environments effectively.



This programme has been collaboratively developed to equip operational managers with essential skills and knowledge for effective management and leadership in an operational environment. It is a 10-month rolling programme, consisting of one face-to-face module per month, with occasional action learning sets.

The programme is designed to:

- Strengthen leadership and management skills across operational roles.
- Align operational delivery with Cardiff & Vale UHB's strategic priorities, including the Shaping Our Future Wellbeing Strategy.
- Support transformation and resilience in response to current challenges such as financial pressures, workforce sustainability, and service recovery - ensuring that operational improvements directly benefit patient outcomes

## Module 1

### Introduction and Role Clarity

- Define the scope and expectations of the GM role
- Reflect on personal readiness and transition requirements
- Align role clarity with strategic delivery

## Module 2

### Personal Effectiveness & Resilience

- Apply resilience strategies in high-pressure environments
- Use coaching techniques to support team wellbeing
- Establish a personal development baseline

## Module 3

### Strategic & Operational Delivery

- Integrate financial and performance data into strategic decisions
- Lead operational delivery aligned to IMTP
- Use data to drive quality improvement

## Module 4

### Strategic Workforce Planning

- Design workforce plans that meet future service needs
- Apply redesign principles to improve sustainability
- Align workforce strategy with operational goals

## Module 5

### Action Learning Set & Reflection

- Apply learning to real-world challenges
- Strengthen peer support networks
- Reflect on growth and development

## Module 6

### Managing Change Successfully

- Lead change using structured methodologies
- Engage stakeholders compassionately
- Navigate uncertainty with confidence

## Module 7

### People, Culture & Leadership

- Build inclusive and compassionate cultures
- Coach for performance and development
- Embed UHB values in leadership practice

## Module 8

### Resonant Leadership

- Lead performance and behavioural conversations with compassion
- Apply equity and inclusion principles
- Build psychological safety

## Module 9

### Revisit: Personal Effectiveness & Resilience

- Evaluate personal growth and development
- Identify future development needs
- Celebrate progress and resilience

## Module 10

### Presentation, Reflections: What Next?

- Present individual development journeys
- Share insights and commitments
- Celebrate achievements

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## Elev8 – 1: Clinical Managers Programme

**Purpose:** The Elev8 – 1 Clinical Management Programme is a structured, multi-day development initiative designed to enhance the knowledge and skills of Band 7 clinical managers across professions. It provides participants with the confidence, insight, and practical tools needed to lead compassionate, accountable, and improvement-focused teams.

The programme is aligned with the organisation’s strategic priorities, including workforce wellbeing, inclusive management, quality improvement, digital capability, and data-driven decision-making. It recognises the pivotal role Band 7 managers play in shaping culture, navigating complexity, and ensuring safe, effective care within dynamic clinical settings.

Combining theory, practical application, and peer learning, the programme aims to:

- Strengthen management identity and communication
- Build confidence in people management and HR processes
- Promote inclusive, values-based management aligned with NHS and Welsh Government priorities
- Develop digital and data literacy to support workforce planning and governance
- Equip leaders to drive change and lead service improvement

**Structure:** The programme is delivered over seven full-day modules, each focusing on a core management domain. Sessions are interactive and grounded in real-world clinical challenges, with a strong emphasis on practical tools, reflective practice, and peer collaboration.

<p style="text-align: center;"><b><u>Day 1 – Putting People First</u></b></p> <ul style="list-style-type: none"> <li>• Focus on strategy, organisational priorities, accountability, values, and behaviours.</li> <li>• Introduces compassionate management, psychological safety, and skills for having difficult conversations.</li> </ul>	<p style="text-align: center;"><b><u>Day 4 – Providing Outstanding Quality / Delivering in the Right Places</u></b></p> <ul style="list-style-type: none"> <li>• Risk, safety, and governance responsibilities, practical risk assessments, legal safeguards, and preparing for inspections.</li> <li>• Emphasis on patient experience and compassionate responses.</li> </ul>
<p style="text-align: center;"><b><u>Day 2 – Putting People First</u></b></p> <ul style="list-style-type: none"> <li>• Practical skills for managing HR cases, initial assessments, and equity, diversity, and inclusion.</li> <li>• Includes legal duties, wellbeing responsibilities, and inclusive recruitment practices.</li> </ul>	<p style="text-align: center;"><b><u>Day 5 – Providing Outstanding Quality / Delivering in the Right Places</u></b></p> <ul style="list-style-type: none"> <li>• Turning incident findings into improvement actions, building a learning culture, human factors awareness, and using analytics to identify risks and improvement opportunities.</li> </ul>
<p style="text-align: center;"><b><u>Day 3 – Providing Outstanding Quality / Delivering in the Right Places</u></b></p> <ul style="list-style-type: none"> <li>• Covers budgeting, cost improvement plans, procurement, rostering, and using workforce data to improve efficiency while safeguarding patient outcomes.</li> </ul>	<p style="text-align: center;"><b><u>Day 6 - Providing outstanding quality / Acting for the future</u></b></p> <ul style="list-style-type: none"> <li>• Turning incident findings into improvement actions, building a learning culture, human factors awareness, and using analytics to identify risks and improvement opportunities.</li> </ul>

**Day 7 - Delivering in the right places / Acting for the future**

- Motivation, influencing
- Workforce redesign, supporting learners and preceptorship
- Final presentations.

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# **COURSE FEEDBACK**

**The STATT Course**

**Cardiff and Vale University Health Board**

**25-27 March, 2025**

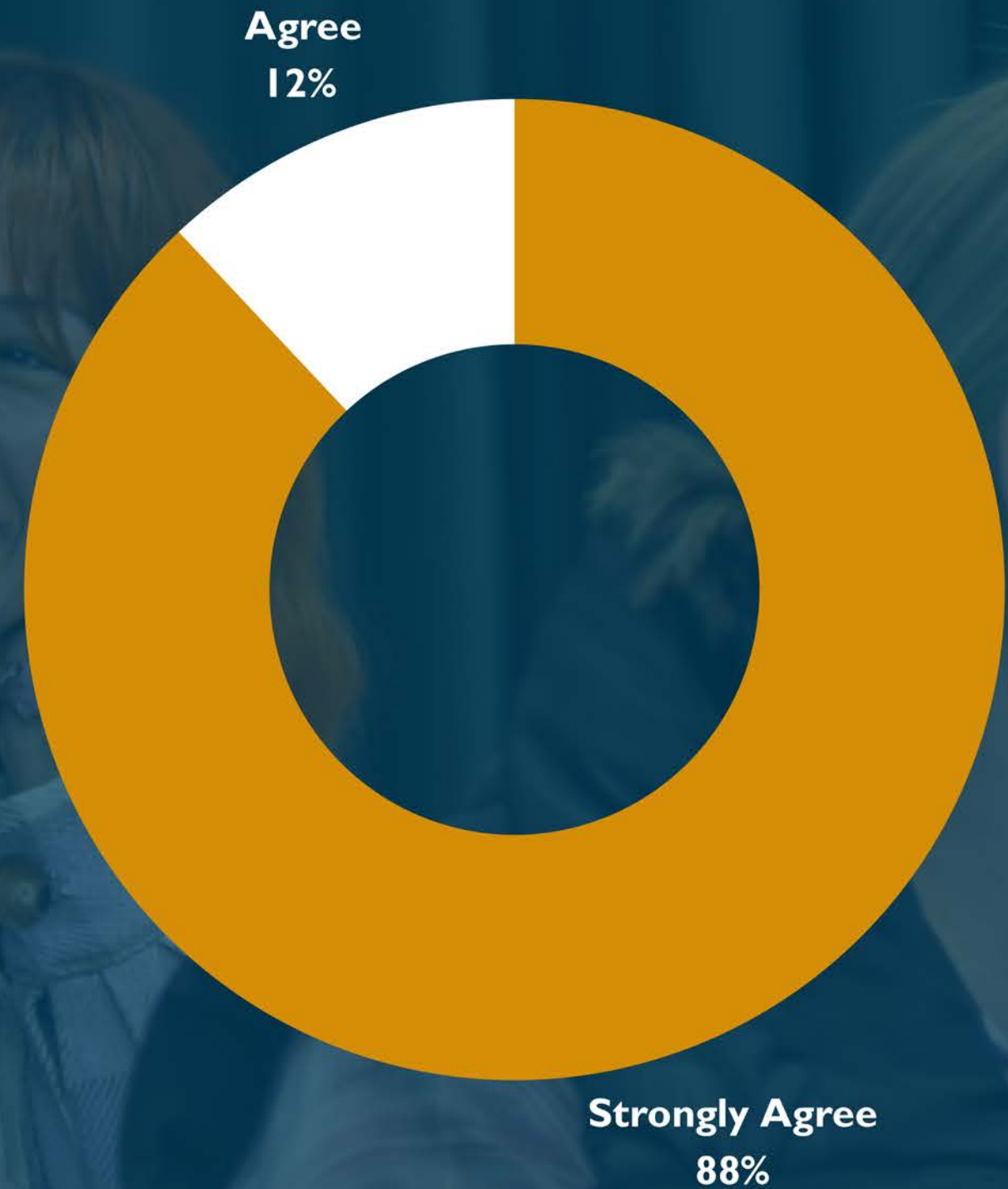
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TRAINING

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# Feedback statement

“ I was engaged with the course overall.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



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## Q: Can you expand as to how or why?

“The learning facilitators were all able to conduct an inclusive learning, continually asking questions and ensuring that the right learning message was delivered correctly, the activities were perfect examples to put in place all the new learning outcomes to consolidate them in practice”

“It was innovative, inclusive, interesting, informative and entirely relevant to my job role and my current needs”

“So varied, engaging, activities were awesome”

“So many opportunities to be involved and learn”

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**“I’m so unbelievably grateful for a wonderful week and the best training of my career!”**

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# Feedback statement

“ I found the course content impactful.”

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree



Strongly Agree  
100%

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# Q: Can you expand as to how or why?

“It was tailored to our working settings and the learning facilitators were excellent into ensuring we could relate the course content into our own professional practice”

“It highlighted lots of areas of improvement for my organisation and exposed a lot of professional traits that I would like to improve”

“A very inspirational and informative course with an incredible amount of useful that’s very transferable”

“It was so engaging and insightful and thought provoking”

**“Great content delivered in such an engaging way, not a reflector but I didn’t want to lose any of the learning through going back to busy work environment so following each day I took time out to reflect and write what happened, the theory, the model, the acronyms and how I can use them in the work place”**

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# Q: To what extent did the course increase your understanding of the following:

● 1 - Not at all   ● 2 - Slightly   ● 3 - Moderately   ● 4 - Considerably   ● 5 - Greatly

Wellbeing

Collaboration

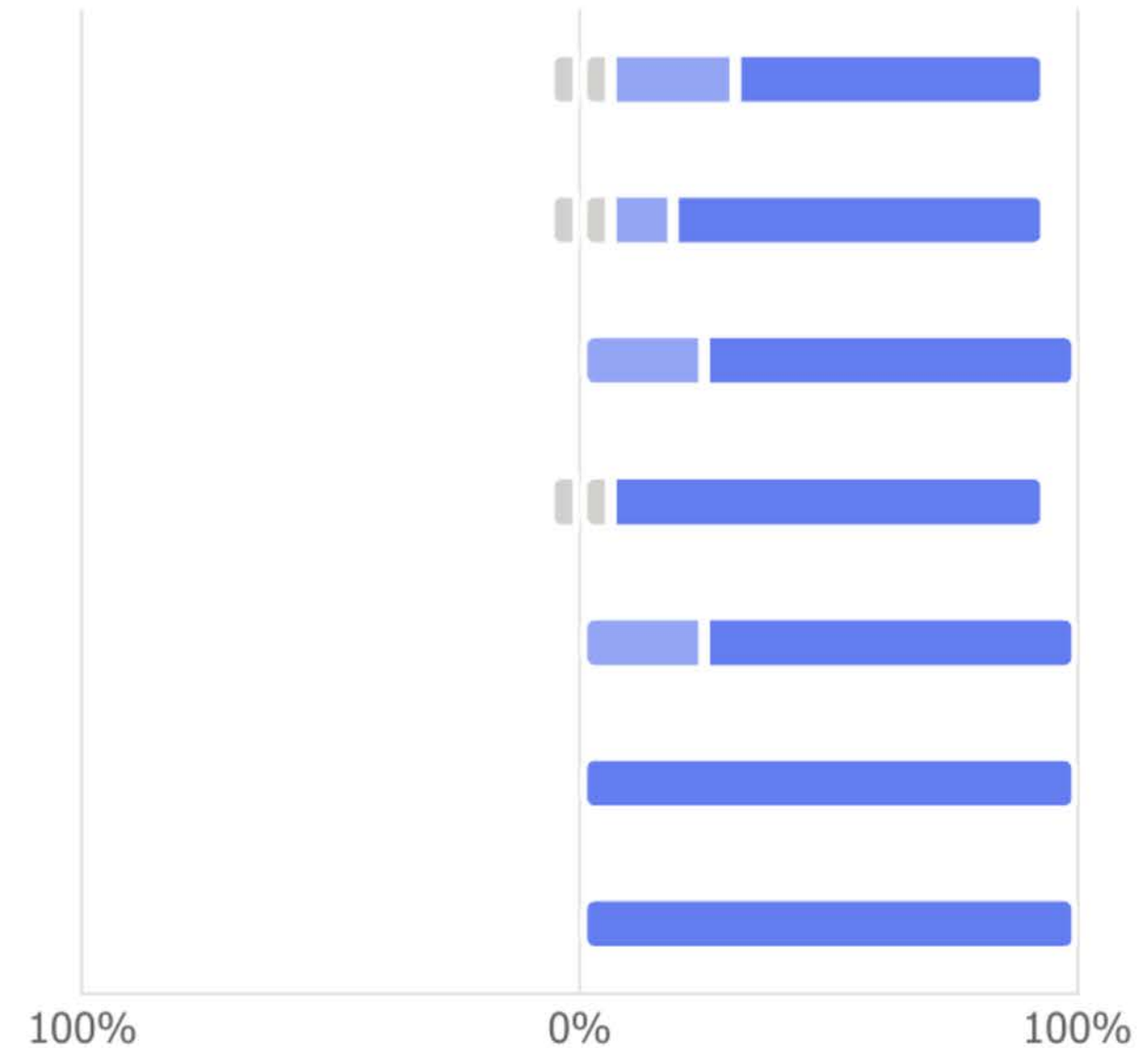
Communication

Self-Awareness

Self-Management

Teams

Team of Teams



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**“Amazing course, amazing energy, well structured , welcoming, friendly automatically created a psychologically safe space, thank you”**

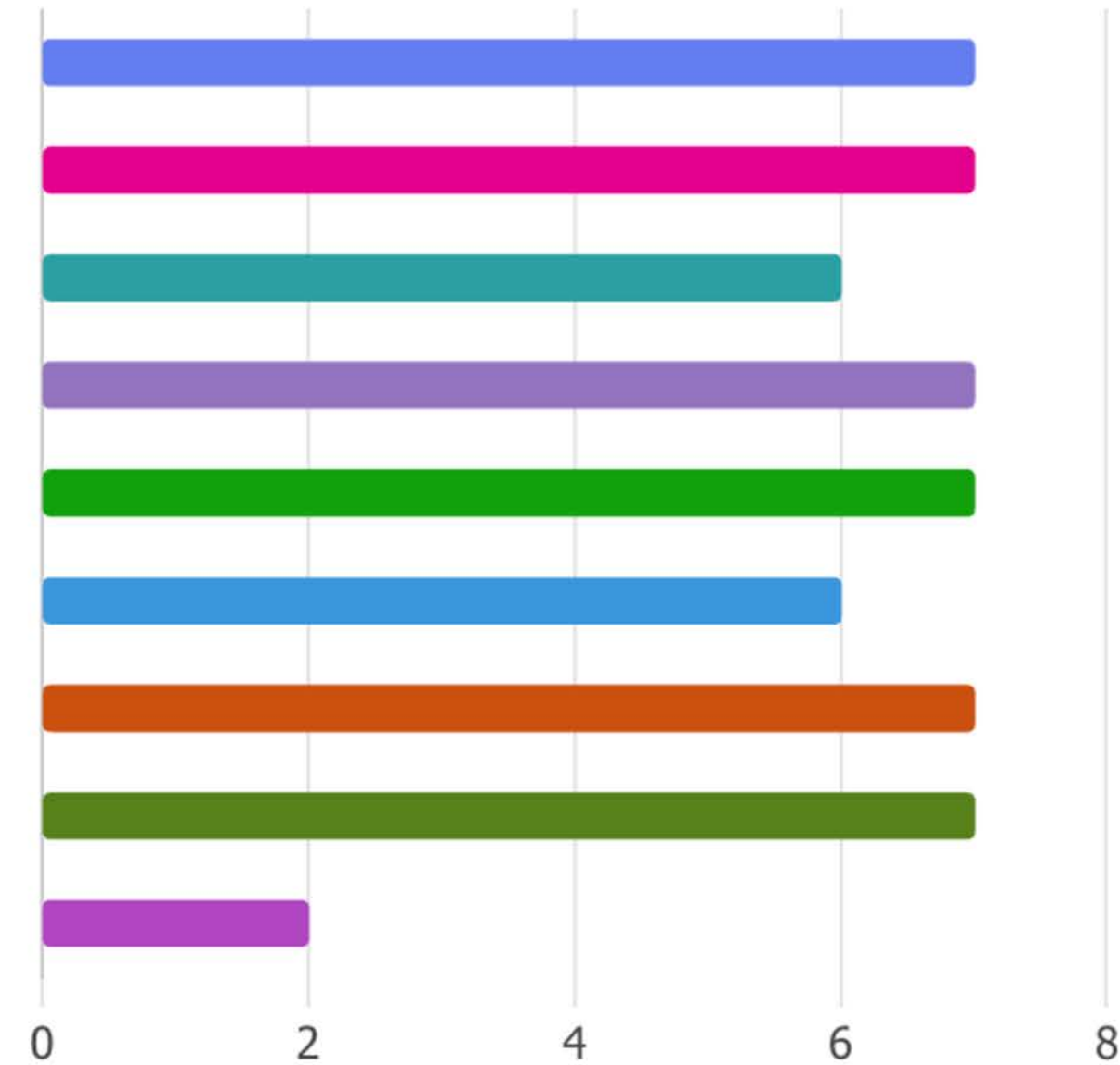
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# Q: Which tools have you acquired as a result of this course to enable you to think differently about leadership?

- Psychological Safety 7
- Emotional Intelligence 7
- Communication Strategies 6
- Team of Teams approach 7
- Self-management tools 7
- Innovative problem solving 6
- Empowered to endorse change 7
- Understanding of leadership styles 7
- Other 2



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# Q: To what extent do you think the content of this course will contribute to your confidence levels in your leadership practice?

- 5 - Greatly increased confidence
- 4 - Increased confidence
- 3 - Same confidence
- 2 - Reduced confidence
- 1 - Greatly reduced confidence



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**Q: Do you think that leadership skills improving as a result of this course could improve staff wellbeing and retention?**

- Yes
- No



**Yes  
100%**

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**“It was phenomenal thank you so much,  
this should be compulsory for all NHS  
employees to attend at least once”**

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# TAKE POINT TRAINING

Beyond the ordinary

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### Appendix 3: Staff Survey Key Dates and Engagement Plan

High survey participation is critical to strengthening assurance on culture and staff experience. This plan outlines how we will maximise reach and inclusion across the UHB.

#### Key Dates

Date	Milestone	Notes
04 Aug 2025	Start of HEIW's 8-week comms plan	Run up to launch
06 Oct 2025	Survey Launch	Survey open for 8 weeks
01 Dec 2025	Survey closes (electronic)	
05 Dec 2025	Survey closes (paper)	
02 Dec 2025	Penultimate closing response rates shared	Shared with NHS Organisations
22 Dec 2025	IQVIA shares quantitative data file	Shared with HEIW
30 Jan 2026	Access to quantitative survey data	Dashboard available for NHS Orgs
27 Feb 2026	Access to qualitative survey data	Dashboard available for NHS Orgs
30 Apr 2026	Publication of National Findings Report	HEIW website

#### Communication and Engagement Plan

Phase / Dates	Purpose / Key Message	Channels & Assets
04 Aug – 17 Aug 2025 Phase 1: Coming Soon	Raise awareness that the survey is approaching.	HEIW digital assets, email signatures, posters, Teams backgrounds, digital screens
18 Aug – 07 Sep 2025 Phase 2: Launch Date	Promote official launch date.	SharePoint, staff email, weekly staff update, CAV Communities (Viva Engage)
08 Sep – 29 Sep 2025 Phase 3: 4-Week Countdown	Maintain momentum and build anticipation.	Screensavers, intranet banners, Ask Suzanne sessions
06 Oct – 01 Dec 2025 Phase 4: Launch	Drive maximum participation and inclusion.	Roadshows (incl. weekends/nights), TU support, Radio Glamorgan, Rookwood Sound, display screens, posters, ESR

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Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	14/10/25
		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:

**Overview**

This report, presented in a revised structure to improve consistency and clarity, provides the People and Culture Committee with an update on key workforce performance indicators and progress against People and Culture’s three main priorities for 2025/26:

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

The paper also gives assurance on workforce risks, provides updates on wider people and culture activity, and highlights specific areas of focus from across the organisation. The report is structured into six sections to make it easier for the Committee to navigate and focus on areas of interest.

**At a Glance – Report Structure**

- **Section 1 - KPI Highlights** - Including Welsh Government enabling actions and workforce productivity recommendations with the Ministerial Advisory Group (MAG) Report.
- **Section 2 - People & Culture Priorities** - Update on progress and delivery of the actions.
- **Section 3 – Employee Suspensions** - Overview of current suspension/exclusion cases, duration, reasons, and review processes.
- **Section 4 - Spotlight: Work in Confidence and Speaking Up Safely** (*Each month we will focus on a different performance related deliverable*). Summary of activity reported through staff voice mechanisms to provide assurance on safe reporting and speaking up.
- **Section 5 - Health & Safety Update** - Update on current position
- **Section 6 - Clinical Board Update** - Please note that this section is not included in the current report, due to the postponement of the Clinical Board/CEF Spotlight to the next meeting. Going forward, this section will provide high-level KPIs and workforce insights from the Clinical Board/CEF in attendance.

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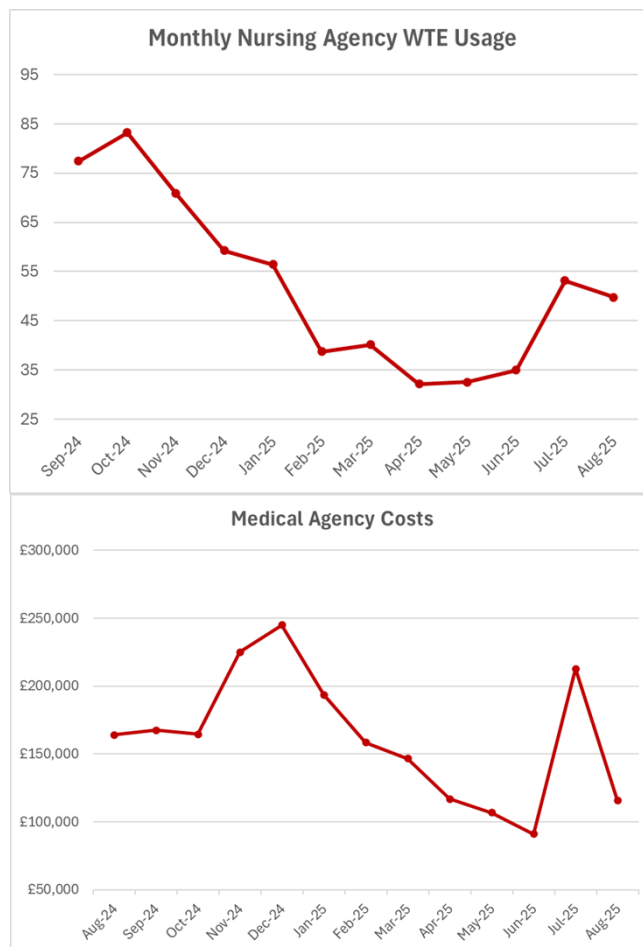
## Section 1 - KPI Highlights

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

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

Nursing - There is a decrease in use of agency in August despite school holidays, annual leave etc, demonstrating improved management of the roster. The agency package for one patient who is moving between Critical Care and A7 continues at 2 RMNs and 2 HCSWs 24/7, this is all being delivered via an on-contract agency but is driving up costs.

Medical and Dental agency expenditure decreased by £97,037.66 between July 25 and August 25, supported by a reduction of five agency workers. Year-to-date (Months 1–5), our agency spend continues to track below the equivalent period in 2024/25.



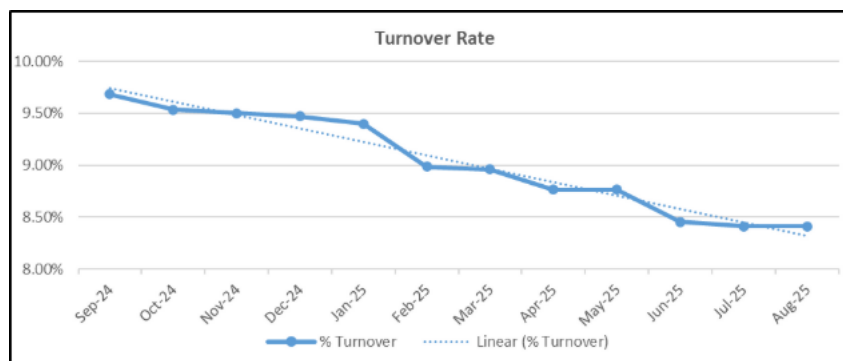
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N.B There was a significant increase in July due to levels of annual leave as well as increased sickness absence. There was also a requirement for an additional nursing agency

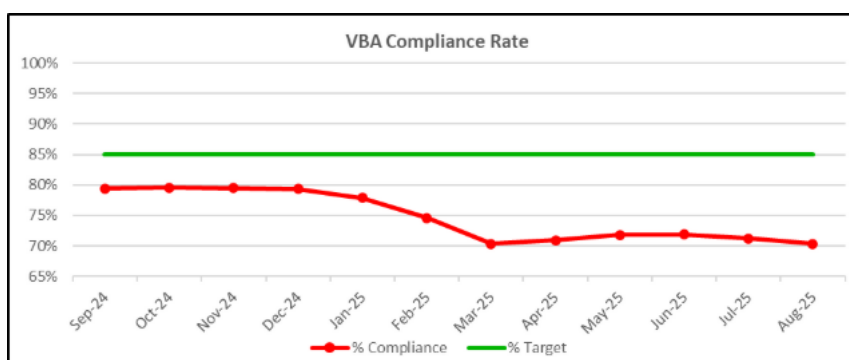
care package in Medicine Clinical Board. For Medical Agency, in July there were 3 additional agency workers compared to June linked to extra capacity and vacant posts. £52,000 of the July costs are attributed to late submissions of invoices from agencies for work undertaken in May and June 2025.



- Improving job planning compliance is a key priority. The WG enabling action is to **ensure > 90% of all Consultants have an agreed job plan in place at all times by 30 September 2025**. The plan to improve the position is monitored on a fortnightly basis as part of the agreed Medical & Dental workplan. Compliance has increased from 65.88% in March 2025 to 76.33% in August 25. Approximately 120 job plans need to be completed to meet the target.
- The Health Board's target for **Turnover** is in the range 7% to 9%. The turnover rate for August 2025 was 8.41%. This represents a reduction in 12 months of 1.62%. The rate at August 2025 is the lowest since May 2020, when the turnover rate was 9.06%.



- The **Values-Based Appraisal** compliance rate remains below the 85% target. At August 2025 the compliance rate was 70.35%.



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- The **WTE Staff in Post** has fallen from a high of 15,489 WTE in February 2025 to 15,279 WTE at August 2025. This is as a consequence of a vacancy freeze implemented in January 2025 to stop the continuous growth we have seen over the last few years, part of a workforce reduction strategy to ensure that our workforce is affordable and sustainable in the future.

WTE Staff in Post by Staff Group - August 2024 to July 2025

Staff Group	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Variance between Aug-24 and Jul-25	Annual Percentage Growth
Nursing and Midwifery Registered	4642	4721	4903	4884	4887	4925	4948	4970	4950	4945	4944	4901	259	5.58%
Administrative and Clerical	2560	2585	2587	2592	2597	2623	2639	2655	2649	2639	2640	2663	102	3.98%
Medical and Dental	1097	1106	1128	1137	1139	1146	1152	1157	1158	1159	1160	1150	53	4.83%
Additional Clinical Services	2951	2968	2955	2971	2957	2971	2995	3035	3010	3007	3007	2990	39	1.32%
Add Prof Scientific and Technic	574	581	580	585	583	596	598	601	602	598	598	600	26	4.53%
Students	10	16	25	28	30	34	32	27	18	26	26	24	14	140.00%
Healthcare Scientists	575	587	584	592	599	600	599	559	566	565	565	562	-13	-2.26%
Estates and Ancillary	1243	1236	1247	1249	1251	1253	1250	1216	1213	1202	1203	1193	-51	-4.10%
Allied Health Professionals	1317	1342	1295	1300	1297	1288	1276	1269	1270	1266	1267	1258	-59	-4.48%
Grand Total	14970	15143	15304	15337	15340	15436	15489	15488	15437	15408	15410	15339	370	2.47%

Key:

- Peak
- Increase
- No Change
- Decrease

An enhanced vacancy freeze was implemented in August 2025 where the Executives now require each Clinical Board Director of Operations to apply a higher level of scrutiny and then present in person any vacancies, they feel are service critical and where the risk cannot be mitigated.

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

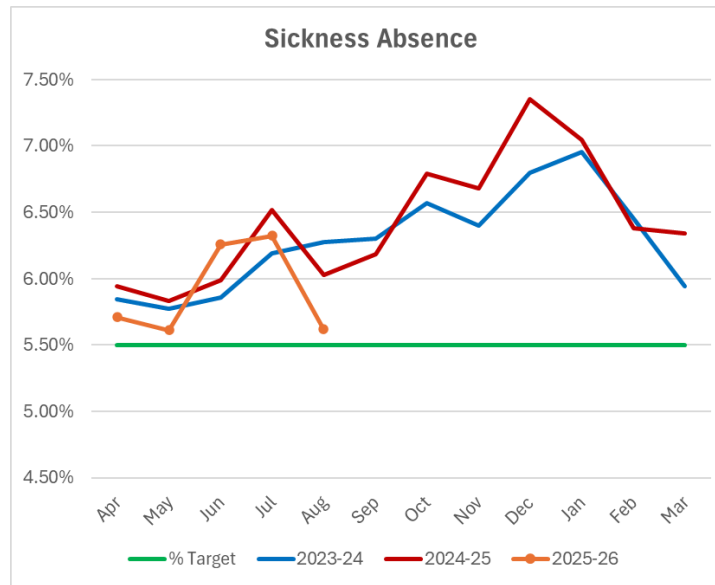
The aim is to reduce the workforce by approx. 350 posts (approx. £4m) by 31/03/25, whilst monitoring quality and risk closely.

## Section 2 – People & Culture Priorities

### Improving Wellbeing and Attendance

- The monthly sickness rate for August 2025 was 5.62%, a reduction from 6.32% in July 2025. The 12-month cumulative rate has risen slightly during the past year and is 6.37% at August 2025 (an increase of 0.12% by comparison with the rate at Jul-2024).
- Primary reason for absence is Anxiety, Stress and Depression – targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.
- Cough, Cold, Influenza is the second highest reason for sickness. Targeted promotion of the flu vaccine is taking place across the Health Board.
- Revised *Managing Attendance at Work* Policy Training and supporting materials earlier in the year relaunched, and a digital refresher module is in development.

- Sickness absence episodes are being managed robustly by managers supported by People Services, Occupational Health and Employee Wellbeing Services.



N.B. the absence rate for the most recent month is subject to revision. Due to the enhancement date cut off for nursing staff whose absence is managed using HealthRoster the absence for the first 2 weeks only of the previous month has been imported into ESR. It is common to see an increase of circa 0.50%-0.75% when the data is refreshed.

### Management and Leadership Development

- The Senior Leadership Programme for Band 8C operational managers is launching 26<sup>th</sup> September.
- The OD team continues to support leadership development, team effectiveness, and staff experience improvements across the Health Board, including work to build healthy, high-performing and Career Coaching workshops.
- Staff Survey – Clinical Board representatives to present action plans and progress at the next Focus Group (September 2025). The team are actively promoting the launch of the 2025 survey on 6th October through engagement activity across sites.

### Building Workforce Planning Expertise

#### Workforce Planning

- A Strategic Workforce Planning SharePoint Site has been developed and communicated across the Health Board.
- As part of the launch of the SharePoint Site, we have requested all managers complete the HEIW Strategic Workforce Planning On-line training and will weave this requirement into other leadership and management programmes.

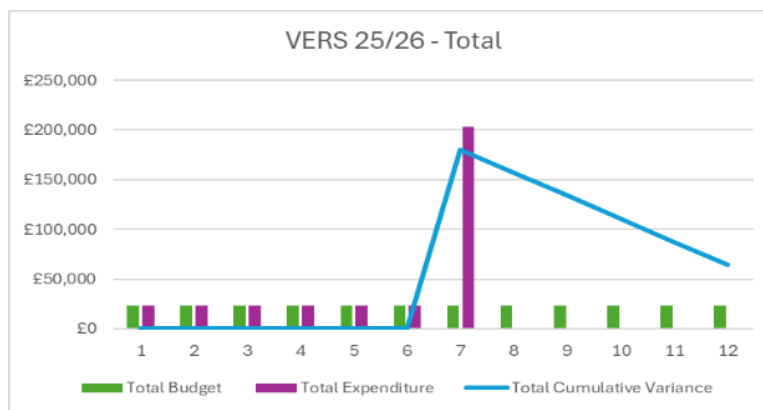
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- A Strategic Mental Health Workforce Plan Workforce Group has been established within Mental Health Clinical Board, with the first meeting taking place in September 2025.
- A paper was presented to Management Executive Meeting outlining graduate recruitment progress and highlighting risks for some professions in 2025/26 and 2026/27.

### Voluntary Early Release Update

Since the relaunch of the VERS scheme earlier this year, we've received 206 applications to date, with 12 applications being approved. Total financial implications of all VERS approved to date are:

Category	Amount (£)
Total compensatory costs (one off)	£301,112
Recurrent Annual saving 26/27 onwards	£393,621
Cost Pressure in year (25/26) assuming contract end date of 30/09	£104,301



### Section 3 – Suspensions

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

The UHB currently has 7 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct.

- One member of staff has been suspended for four months due to an ongoing Criminal Investigation.
- Four members of staff have been suspended/excluded for three months:
  - Two cases remain subject to ongoing Criminal Investigations.
  - One case was subject to a Criminal Investigation which has now concluded; an internal investigation is currently being undertaken in accordance with the All Wales Disciplinary Policy and Procedure and is nearing completion.

- One case is under formal investigation in accordance with the Upholding Professional Standard in Wales procedure.

- Of the remaining two cases, one member of staff has been excluded for two months and one member of staff for one month. Both are due to ongoing Criminal Investigations.

All cases are subject to monthly review to ensure that suspension/ exclusion remains the appropriate course of action.

#### Section 4 – Spotlight – Work in Confidence Conversation - ‘Speaking Up Safely’

The following activity, reported through Work in Confidence between December 2024 and September 2025, provides assurance on staff voice and the effectiveness of safe reporting mechanisms, and highlights themes found in the reports made: -

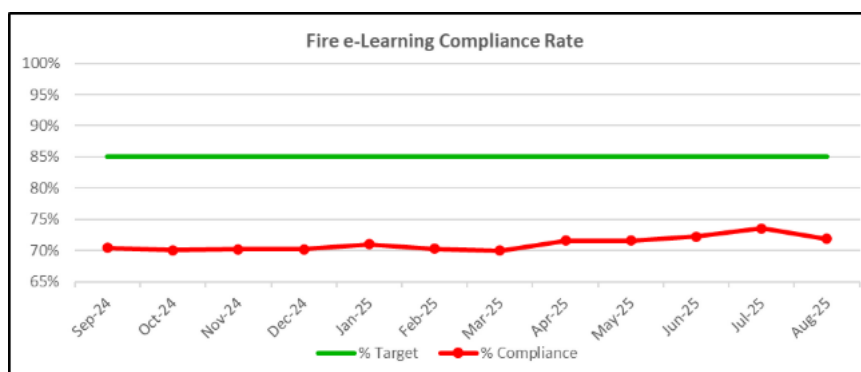
- 22 New user accounts registered
- 36 Raised conversations
- 12 Open conversations
- 24 Closed conversations
- 2 Days average time to first response

Conversations started by category: -

- 9 Leadership and management
- 7 Bullying and harassment
- 7 Organisational culture
- 6 General/ other
- 4 Patient safety
- 2 Health and wellbeing
- 1 Health and safety

#### Section 5 – Health & Safety

- Whilst the overall statutory and mandatory e-learning compliance rate is almost at target for August2025 (82.54%), the compliance rate for **Fire e-Learning Compliance** continues to be lower than target; at 71.85% for August 2025.



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## Riddors by Clinical Board by Month Year To Date

Figures taken as reported to HSE date

	Apr	May	Jun	Jul	Aug	Sep	Total	KPI
AWMGS	0	0	0	0	0	0	0	0
CEF	3	0	4	3	0	0	10	17
Medicine	1	3	2	3	0	1	10	10
Mental Healt	2	0	1	1	3	0	7	13
Specialist	1	2	1	0	2	1	7	13
PCIC	0	1	0	0	0	0	1	0
Surgical	0	2	2	0	0	0	4	8
CD&T	0	0	0	0	0	0	0	3
Executives	0	0	0	0	0	0	0	0
Children and Women	0	0	0	0	0	1	1	5
<b>Total</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>5</b>	<b>3</b>	<b>40</b>	<b>69</b>

**H&S training compliance is currently at 85%.** The traffic lights indicate the monthly change, red indicates a decrease amber no change and green an improvement.

001 Cardiff and Vale University LHB	89.26%	74.43%	64.44%	90.88%	81.77%	46.17%	42.08%	64.27%	71.96%	87.49%
Clinical Board - start of July 2025	Manual Handling - E Learning	Manual Handling - Objects - Classroom	Manual Handling - Patients - Classroom	Violence and Aggression Module A - E Learning	Violence and Aggression Module B - E Learning	Violence and Aggression - Module C - Classroom	Violence and Aggression - Module C+ - Classroom	Violence and Aggression - Module D Classroom	Fire Safety Training	Health, Safety and Welfare - E Learning
001 All Wales Genomics Service	93.80%	92.86%		96.06%	93.15%	78.90%			85.63%	94.08%
001 Capital, Estates & Facilities	96.40%	84.50%	90.91%	97.85%	91.51%	0.00%		44.74%	81.11%	95.71%
001 Children & Women Clinical Board	89.94%	58.66%	57.33%	91.62%	83.41%	47.52%	33.98%		73.69%	88.78%
001 Clinical Diagnostics & Therapeutics Clinical Board	91.84%	61.08%	75.75%	93.56%	86.32%	52.84%			71.75%	88.73%
001 Corporate Executives	90.51%	42.86%	46.43%	93.33%	85.58%	48.00%			76.69%	89.19%
001 Medicine Clinical Board	86.58%	75.00%	60.28%	87.15%	76.96%	35.79%	29.00%		69.40%	84.39%
001 Mental Health Clinical Board	88.35%	33.33%	48.08%	93.79%	77.59%	41.09%		65.70%	66.18%	87.59%
001 Primary, Community Intermediate Care Clinical Board	89.98%	82.14%	65.80%	91.10%	83.54%	48.58%			75.68%	86.82%
001 Specialist Services Clinical Board	88.39%	65.53%	73.09%	89.13%	81.48%	53.76%	62.53%		71.63%	87.44%
001 Surgical Services Clinical Board	83.78%	53.47%	64.86%	84.19%	76.59%	39.08%	57.69%		65.75%	81.49%

## Section 6 – Clinical Board Update

There is no Clinical Board KPI update provided in this report, due to the postponement of the next meeting.

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

This report provides the People and Culture Committee with assurance on key workforce performance measures and progress against the organisation's People and Culture priorities. Regular reporting in this format strengthens governance by enabling the Committee to monitor workforce risks, scrutinise performance trends, and ensure accountability for delivery against agreed objectives. At the same time, it highlights the direct

impact of our workforce agenda on the wellbeing, development and engagement of our staff, recognising that a supported and skilled workforce is fundamental to delivering safe, high-quality care for patients. The revised structure is designed to give greater clarity and consistency, while ensuring the Committee can focus on areas of assurance and areas requiring further attention





**Recommendation:**

The People & Culture Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

<p>Yes – <b>(please provide completed QIA document)</b></p> <p><i>Regan Nikki 13/10/2025 10:52:03</i></p>	<p>No – <b>(Please provide reasoning, e.g. not required)</b></p>	<p>x</p> <p>The majority of categories carry some workforce-related risks or implications, and these are addressed within the body of this report through updates on KPIs, key priorities, suspensions, and specific programme areas. Where marked "No" (Socio-Economic and Decarbonisation), the paper itself does not introduce new risks, though broader workforce activity may have indirect benefits. References to relevant</p>
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sections are included below.

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

**Risk: Yes/No**

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

**Safety: Yes/No**

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

**Financial: Yes/No**

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

**Workforce: Yes/No**

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

**Legal: Yes/No**

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

**Reputational: Yes/No**

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

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

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

**Decarbonisation: Yes/No**

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

**Welsh Language: Yes/No**

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

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

Committee/Group/Exec

Date:

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
<b>Turnover</b>	<p>The overall trend is downwards since Sep-24; the rates have fallen from 9.68% at Sep-24 to 8.41% in Aug-25 UHB wide. This is a net 1.27% decrease, which represents 180 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>	August 2025	
<b>Sickness Absence</b>	<p>The monthly sickness rate for Aug-25 was 5.62%. The 12-month cumulative rate has risen slightly during the past year and is 6.37% at Aug-25 (an increase of 0.12% by comparison with the rate at Jul-24).</p>	August 2025	
<b>Statutory and Mandatory Training</b>	<p>The overall compliance rates fell for Aug-25 to 82.54%, 2.46% below the overall target. The compliance for Capital, Estates &amp; Facilities, All Wales Genomics Service and Corporate Executives are above the 85% target; and Clinical Diagnostics &amp; Therapeutics, Children &amp; Women's, PCIC and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has fallen to 71.85% at Aug-25. Other than for All Wales Genomics Service the compliance for all of the Clinical Boards is below the 85% compliance target.</p>	August 2025	
<b>Values Based Appraisal</b>	<p>VBA compliance has fallen again for Aug-25, to 70.35%. Capital, Estates &amp; Facilities is the only Clinical Board that has achieved the 85% target rate%.</p>	August 2025	
<b>Employee Relations</b>	<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>	August 2025	

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Priority	Performance Summary	Reported Period	Data
<b>Job Plans</b>	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 76.33% have a signed off job plan, against a target of 90% to be achieved by Sep-25.	August 2025	
<b>Medical Appraisals</b>	The rate of compliance with Medical Appraisal rose slightly to 85.23% for Aug-25, and remains just above the 85% target.	August 2025	
<b>Staff in Post</b>	The overall Health Board Staffing Numbers have increased in the last 12 months by 135 WTE, to 15,278.51 WTE at Aug-25. There has however been a reduction of 211 WTE since Feb-25, which has been achieved through the implementation of a vacancy freeze from Jan-25. The vacancy freeze will continue until Mar-26, with the intention to further reduce staffing levels.	August 2025	
<b>Variable Pay (Bank, Agency, Overtime..)</b>	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Sep-24 the percentage was 7.98% of the total spend on pay, but in Aug-25 had fallen to 6.16%. 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.	August 2025	
<b>Staff Winter Vaccination Programme</b>	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.  The winter flu vaccination programme for 2025-26 commenced in Sep-25; it is expected that uptake data will be included in the next report.		
<b>Agency Spend as % of Total Pay Bill</b>	The proportion of the total pay bill attributed to Agency for Sep-24 was 0.57% of the total spend on pay and was 0.39% at Aug-25. The percentage has however risen since Mar-25. It must also be borne in mind that the total pay bill is increasing.	August 2025	

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Priority	Performance Summary	Reported Period	Data
<b>Time to Hire</b>	<p>The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales monthly average is 62.1 days. The figure for Cardiff &amp; Vale uHB for Aug-25 was 103.9 days.</p> <p>This change is due to the vacancy freeze implemented in Jan-25, which will continue until Mar-26.</p>	August 2025	
<b>Time to Shortlist</b>	<p>The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.6 days. The figure for Cardiff &amp; Vale uHB for Aug-25 was 9.4 days.</p>	August 2025	
<b>Exit Questionnaire Completion</b>	<p>At Jun-25 the return rate of exit questionnaires was 21%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Sep-25.</p>	June 2025	
<b>Nursing &amp; Midwifery Band 5 &amp; 6 Vacancy Rates</b>	<p>The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At Aug-25 the rate was 2.04%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.</p>	August 2025	
<b>Provision of EDI Data in ESR</b>	<p>This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR.</p> <p>At Aug-25 35.99% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.</p>	August 2025	
<b>Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR</b>	<p>This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 46.81% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this.</p> <p>At Aug-25 6.57% of staff have identified their Welsh Skills as between level 2 and level 5.</p>	August 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend												
36.	Percentage of sickness absence rate of staff	August 2025	5.50%	<b>5.62%</b>	<table border="1"> <thead> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> </thead> <tbody> <tr> <td>6.34%</td> <td>5.81%</td> <td>5.61%</td> <td>6.26%</td> <td>6.32%</td> <td>5.62%</td> </tr> </tbody> </table>	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	6.34%	5.81%	5.61%	6.26%	6.32%	5.62%
Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25												
6.34%	5.81%	5.61%	6.26%	6.32%	5.62%												
37.	Staff turnover	August 2025	7%-9%	<b>8.41%</b>	<table border="1"> <thead> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> </thead> <tbody> <tr> <td>8.96%</td> <td>8.76%</td> <td>8.76%</td> <td>8.45%</td> <td>8.41%</td> <td>8.41%</td> </tr> </tbody> </table>	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	8.96%	8.76%	8.76%	8.45%	8.41%	8.41%
Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25												
8.96%	8.76%	8.76%	8.45%	8.41%	8.41%												
38.	Agency spend as a percentage of the total pay bill.	August 2025	12-month reduction trend	<b>0.39%</b>	<table border="1"> <thead> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> </thead> <tbody> <tr> <td>0.17%</td> <td>0.39%</td> <td>0.39%</td> <td>0.41%</td> <td>0.79%</td> <td>0.39%</td> </tr> </tbody> </table>	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	0.17%	0.39%	0.39%	0.41%	0.79%	0.39%
Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25												
0.17%	0.39%	0.39%	0.41%	0.79%	0.39%												
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)	August 2025	85%	<b>71.26%</b>	<table border="1"> <thead> <tr> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> <th>Jun-25</th> <th>Jul-25</th> <th>Aug-25</th> </tr> </thead> <tbody> <tr> <td>71.19%</td> <td>71.71%</td> <td>72.59%</td> <td>72.68%</td> <td>72.04%</td> <td>71.26%</td> </tr> </tbody> </table>	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	71.19%	71.71%	72.59%	72.68%	72.04%	71.26%
Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25												
71.19%	71.71%	72.59%	72.68%	72.04%	71.26%												

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Report Title:	Strategic Equality Plan / Workforce Race Equality Standards (WRES)			Agenda Item No:	2.4
Meeting:	People & Culture Committee	Public	X	Meeting Date:	14 <sup>th</sup> October 2025
		Private			
Status (please only tick one)	Assurance	X	Approval	Information/Noting	
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity and Inclusion				

## Main Report

### Background and Current Situation:

This report provides an update on Cardiff and Vale University Health Board's progress against two key equality frameworks: the Strategic Equality Plan (SEP) and the Workforce Race Equality Standard (WRES). These frameworks underpin the organisation's commitment to equity, inclusion, and transparency across both workforce and service delivery.

Following a meeting with the Welsh Government on 15<sup>th</sup> September 2025, officials commended the Health Board for its data-driven methodology and strategic direction, particularly in relation to the Workforce Race Equality Standard (WRES). The discussion reaffirmed the organisation's dedication to advancing workforce race equality through evidence-based initiatives. Nonetheless, WRES data indicates that substantial progress remains necessary to achieve genuine racial equality within the workforce.

### Strategic Equality Plan (SEP)

The SEP is a statutory requirement under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. It sets out how public bodies in Wales meet the Public Sector Equality Duty to eliminate discrimination, advance equality of opportunity, and foster good relations.

Cardiff and Vale UHB's SEP is structured around four objectives: Respect, Communication and Engagement, Accessibility, and Data. The Health Board has made strong progress in delivering against these objectives, including:

- Increased reporting of equality and Welsh language data via ESR.
- Positive engagement with campaigns and training to foster an inclusive culture.
- Improved stakeholder engagement and feedback mechanisms.

However, the SEP return focused primarily on workforce data, with limited assurance on patient experience outcomes. Welsh Government has requested clearer evidence of impact, improved data collection for patient experience, and assurance on compliance with the Accessible Communication Standards (2013). The Health Board has committed to addressing these gaps in future submissions.

The Gender Pay Gap was noted as having increased, without an accompanying action plan. A data deep dive is underway, including analysis from the "Your Career, Your Voice" survey, to inform targeted actions.

Welsh Government is currently reviewing the SEP reporting mechanism, with a revised framework expected by April 2026. There will be no requirement to report in October 2025.

## Workforce Race Equality Standard (WRES) 2025

WRES was introduced in NHS Wales as part of the Anti-Racist Wales Action Plan. It aims to ensure that Black, Asian and Minority Ethnic staff have equal access to career opportunities and fair treatment in the workplace. The framework includes twelve indicators covering representation, development, disciplinary processes, and organisational culture.

The 2025 WRES report for Cardiff and Vale UHB highlights:

- An increase in the ethnic diversity of our workforce (now 16% from ethnically diverse communities).
- Persistent disparities in progression, with minoritised staff half as likely to be appointed after shortlisting.
- Early signs of improvement in progression beyond Band 5 and reduced experiences of harassment and discrimination.
- A staff survey response rate of 26.8%, with 12% of responses from ethnically diverse staff.

The Health Board is actively analysing recruitment and progression data and has established a WRES Task and Finish Group to support governance reform and collaborative action.

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

The Health Board's continued progress in embedding equity and inclusion is encouraging, and the positive endorsement from Welsh Government reinforces the value of our data-led approach. However, to maintain momentum and ensure meaningful impact, the following considerations are recommended for Committee attention:

#### **Strategic Integration of SEP and WRES**

There is an opportunity to better align SEP and WRES actions, ensuring that workforce and service equity are addressed in a unified and coherent manner. This includes harmonising reporting cycles, impact measures, and governance oversight.

#### **Strengthening Leadership Accountability**

A lack of ethnic minority representation at Executive and Board level and ambiguity around ownership of key equality areas (e.g. patient experience, communication standards) highlight the need for clearer leadership roles and accountability structures.

#### **Enhancing Data Confidence and Transparency**

While data quality has improved, gaps remain — particularly around undeclared ethnicity at senior levels and incomplete recruitment data. The Committee should support efforts to improve data completeness and visibility, especially where it informs strategic decisions.

#### **Supporting Workforce Development and Progression**

The WRES data continues to show barriers to progression beyond Band 5. The Committee should consider how talent development programmes, such as "Stepping into Leadership," can be scaled and embedded across the organisation.

#### **Embedding Inclusive Practice in Patient Experience**

SEP returns have been workforce-focused, with limited assurance on patient experience. The Committee should champion the integration of equality monitoring into patient feedback systems and support the establishment of a task and finish group to lead this work.

#### **Preparing for Future Reporting Frameworks**

With Welsh Government reviewing the SEP reporting mechanism, the Committee should ensure

the Health Board is well-positioned to influence and adapt to the revised framework expected in April 2026.

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

Appendix 1 – WRES Report 2025





**Recommendations:**

The Committee is requested to:

- a) Note the feedback received from Welsh Government and the assurance provided regarding the Health Board’s approach to workforce race equality.
- b) Endorse the Health Board’s continued efforts to strengthen patient experience reporting, gender pay gap analysis, and representation at all levels.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please place an “x” in the below boxes where relevant – *Click each item for further information.*

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

**Five Waves of Working (Sustainable Development Principles) considered:**

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

Prevention	Long Term	X	Integration	X	Collaboration	X	Involvement	X
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**Quality Impact Assessment Completed?**

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

Yes (please include the complete QIA document)	No (please provide reasoning e.g. not required)	X	Not required for this work. An EHIA has previously been completed for the SEP.
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**Impact Assessment**

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

Risk: Yes

Risks have been identified in relation to underrepresentation at senior levels, incomplete patient experience data, and compliance with legislation and national strategy. These are addressed in the main body of the report and are being mitigated through governance reviews, data improvement plans, and the establishment of task and finish groups.

Safety: No

Financial: Yes	
While no immediate financial implications are outlined, future actions—such as recruitment, training expansion, and data system improvements—may require resource allocation. These considerations are being factored into planning discussions.	
Workforce: Yes	
The WRES report highlights disparities in recruitment and progression, particularly beyond Band 5. Actions underway include data analysis, targeted development programmes, and governance reform. These are detailed in the main report.	
Legal: Yes	
The SEP is a statutory requirement under the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011. WRES is aligned with the Anti-Racist Wales Action Plan. Compliance with these frameworks is essential and is being actively monitored.	
Reputational: Yes	
The Health Board's commitment to transparency and improvement has been positively recognised by Welsh Government. However, reputational risks remain if gaps in representation, data quality, or compliance are not addressed.	
Socio Economic: Yes - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="https://www.gov.wales/socio-economic-duty-guidance">https://www.gov.wales/socio-economic-duty-guidance</a></i>	
The SEP and WRES frameworks aim to reduce inequality of outcome, particularly for minoritised and socio-economically disadvantaged groups. Strategic decisions—such as targeted recruitment and inclusive service design—support this duty.	
Equality & Health: Yes	
The SEP and WRES are equality-focused frameworks. An Equality Health Impact Assessment (EHIA) was completed as part of the overarching SEP, but may be required for future policy or service changes arising from this work.	
Decarbonisation: No	
Welsh Language: Yes	
The SEP includes actions to improve Welsh language data reporting and compliance with the “More than just words” strategy. Continued focus is needed to ensure bilingual accessibility and equitable care for Welsh-speaking patients.	
<b>Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)</b>	
Name of Committee/Group/Exec	Date:

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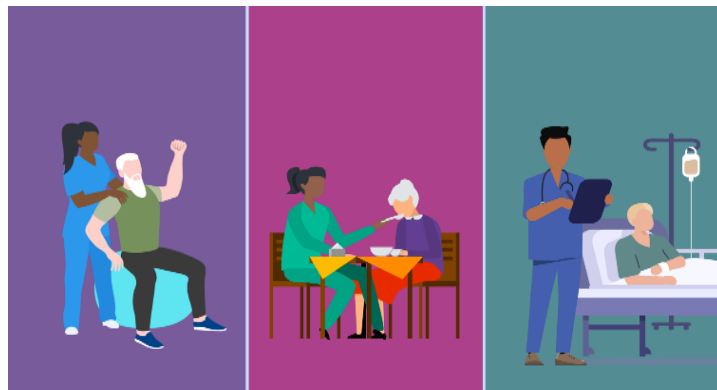
## Safon Cydraddoldeb Hil y Gweithlu (SCHG)

Gweithlu cynhwysol sy'n darparu'r gofal gorau

## Workforce Race Equality Standard (WRES)

An inclusive workforce provides the best care

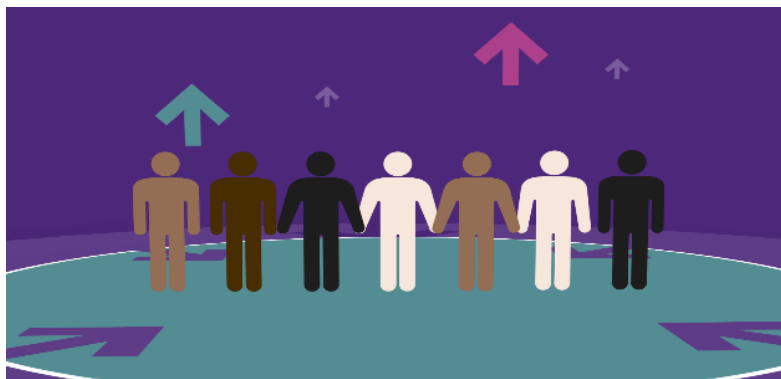
# The Workforce Race Equality Standard for Wales



WORKFORCE RACE EQUALITY STANDARD ORGANISATIONAL REPORT

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

**2025**



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**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

**Foreword**

In response to the Anti-racist Wales Action Plan (ArWAP), an agreed action was to implement the Workforce Race Equality Standard (WRES) in order to ensure employees from Black, Asian and Minority Ethnic backgrounds have equal access to career opportunities and receive fair treatment in the workplace. The inaugural dataset was published last year, and local data reported back to each organisation.

There are twelve WRES indicators structured around the themes of representation, development, disciplinary equality, and institutional culture. Six of the indicators focus on workforce data, five are derived from the NHS Wales Staff Survey, and one indicator focuses on Board representation. The WRES highlights any differences between the experience and treatment of White staff and ethnic minority staff with a view to closing those gaps through the development and implementation of action plans focused upon continuous improvement over time. Following publication of that initial report, there have been biannual meetings with organisational leads in order to identify evidence-based actions that need to be implemented. Additionally, each organisation has shared their strategic equality plans that outline the practical approach needed to continuously improve their respective organisation with regard to workforce race equality.

All of that information has been used in this report, which shows the detail for the workforce in Cardiff and Vale University Health Board (CVUHB), tracking change since the 2024 dataset. It also references the content of the strategic equality plans to identify if actions have been taken to address areas of identified racial inequality. This iterative cycle of improvement is one which is a core part of the work of each organisation, and it is our ambition that the WRES report is a vital dataset that helps drive strategic action and accountability for change in CVUHB.

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

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KEY FINDINGS WRES 2025

**CARDIFF AND VALE UNIVERSITY HEALTH BOARD**

	<b>CVUHB</b>	<b>NHS Wales</b>
Undeclared ethnicity rate overall (%)	11.7%	<b>9.9%</b>
Undeclared ethnicity number Band 8 +	57	<b>526</b>
Full appointment data available (Ind 5)	no	<b>incomplete</b>
Staff survey completion rate	26.8%	<b>21.9%</b>
% staff survey response from BME staff	12.0%	<b>9.2%</b>
% BME staff	16.0%	<b>10.6%</b>
Ind 1: Board representation (difference between workforce and Board)	-16.0%	-6.7%
Ind 2: ESP representation (difference between workforce and ESP)	-11.2%	-7.8%
Ind 2: Disparity ratio lower to middle	2	<b>1.65</b>
Ind 2: Disparity ratio middle to upper	2.17	<b>1.71</b>
Ind 2: Disparity ratio upper to senior	1.16	<b>1.13</b>
Ind 3: Perception of equal progression opportunity (% difference BME vs White)	-8.2%	-5.6%
Ind 5: Equitable likelihood ratio of appointment (All roles)	0.51	<b>0.49</b>
Ind 5: Equitable likelihood ratio of appointment Non-clinical	0.44	<b>0.38</b>
Ind 5: Equitable likelihood ratio of appointment Clinical	0.53	<b>0.47</b>
Ind 5: Equitable likelihood ratio of appointment Medical	no data	<b>0.63</b>
Ind 6: Equitable likelihood ratio of accessing non-mandatory training	1	<b>0.96</b>
Ind 8: Equitable likelihood of entering formal disciplinary process	0.8	<b>0.88</b>
Ind 9: Equitable likelihood of entering local capability process	1.07	<b>2.22</b>
Ind 10: Experience harassment from patients/public (% difference BME vs White)	0.8%	<b>2.7%</b>
Ind 11: Experience harassment from colleagues (% difference BME vs White)	4.1%	<b>3.1%</b>
Ind 12: Experience discrimination from managers (% difference BME vs White)	6.2%	<b>4.6%</b>

**Colour rating explanation:**

**Green** = at least 10% improvement from 2024

**Red** = at least 10% worsening from 2024

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## Introduction

This second WRES data report requires the organisations employing these staff to report against eleven indicators of race equality. The data is presented to enable leaders to identify the primary foci of necessary action to reverse inequity. Rather than simply addressing an overarching metric like a pay gap, the data looks at the component factors that result in such inequalities. The indicators cover the four core domains which comprise this workforce experience:

- Representation and leadership (5 indicators)
- Professional development and training (2 indicators, one is not reported in 2025)
- Disciplinary and capability (2 indicators)
- Discrimination, bullying and harassment (3 indicators).

In Cardiff and Vale University Health Board (CVUHB), this report highlights the following data:

- 1. inequitable progression of ethnic minority staff to senior grades**
- 2. reduced likelihood of ethnic minority staff being appointed after shortlisting**
- 3. absence of ethnic minority board membership**
- 4. persisting poor levels of declaration of ethnicity, especially by senior staff**

The data presented in this report serve both as a catalyst for improvement and a driver of transformation. Improving productivity requires a workforce that have a sense of engagement, agency, wellbeing and goodwill towards their workplace and colleagues. It is the job of leaders at all levels to ensure that inclusion is not just talked about as an aspiration, but is actively targeted by positive action.

The indicators are presented at the organisational level and benchmarked against the national (all-Wales) context. This approach is intended to help organisations prioritise areas of greatest need while situating their progress within a broader comparative framework.

The theory of change for strategic planning requires goals to be set, with specific outcomes, actions to achieve those outcomes and metrics to track progress. The WRES dataset is central to that process, and we look forward to continuing to work with leadership in CVUHB to deliver an inclusive workplace that provides best quality care for patients and public.

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## Methodology

### Data collection

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

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

Data collection was as of October 2024 for the staff survey derived indicators and April 2025 for the other indicators.

### Data analyses

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

We have identified and corrected minor errors in the previously published version of this report. These issues do not affect the overall findings or recommended actions. They relate to data transcription and assignment errors from the 2024 dataset, and have no impact on the conclusions of the report.

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

Following last year’s baseline data, we have moved away from showing RAG-rated data in favour of showing changes from the 2024 data in order to highlight trends, both positive and negative.

### Data caveats

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

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

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

We have not published data for indicator 7, since the mandate for all NHS staff to complete the anti-racist training programme was only available for part of the last year.

For indicators 8 and 9, the calculation uses a review of the period April 2024 to April 2025.

The results in this report are as at **31<sup>st</sup> March 2025**, and revisions were permitted up to 31<sup>st</sup> May 2025.

### Terminology

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

'ESP' refers to Executive and Senior Posts.

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## RACE COMPOSITION OF CVUHB (AND NHS WALES)

Ethnicity	Headcount	%
Asian	1,596	9.1%
Black	492	2.8%
Mixed & Other	723	4.1%
White	12,680	72.3%
Unknown	2,048	11.7%
<b>Total</b>	<b>17,539</b>	<b>100.0%</b>

### CVUHB

Ethnicity	Headcount	%
Asian	6,721	5.9%
Black	2,097	1.8%
Mixed & Other	3,261	2.9%
White	90,583	79.5%
Unknown	11,309	9.9%
<b>Total</b>	<b>113,971</b>	<b>100.0%</b>

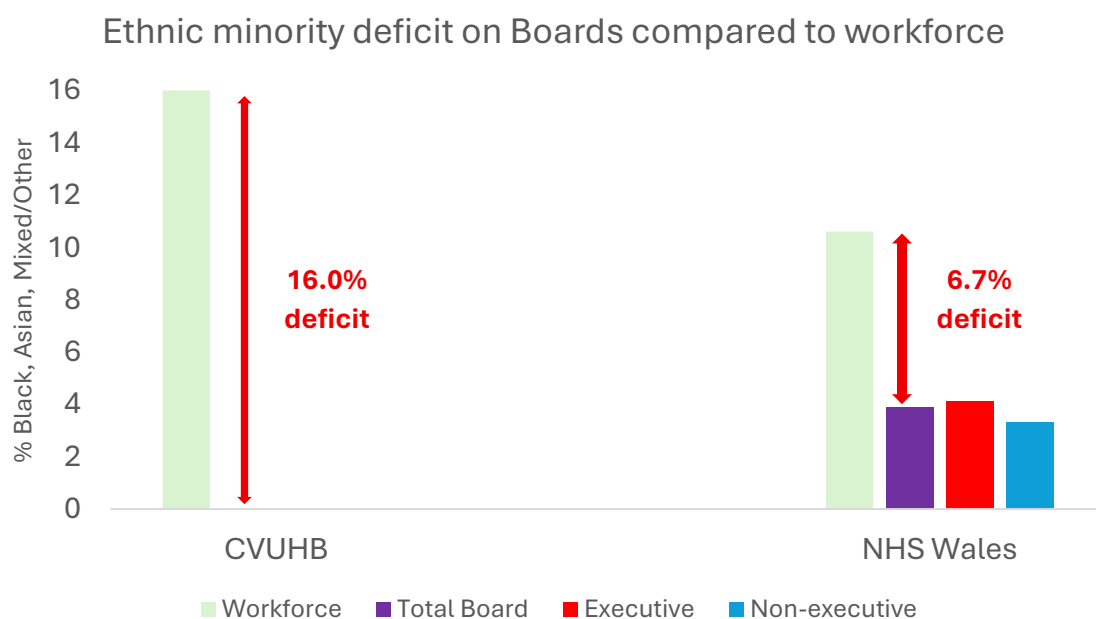
### NHS Wales

#### DATA TREND AND SUMMARY

There has been an increase of minoritised workforce from 14.5% to 16.0% (a 10.3% increment)

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

#### DATA DISPLAY 1



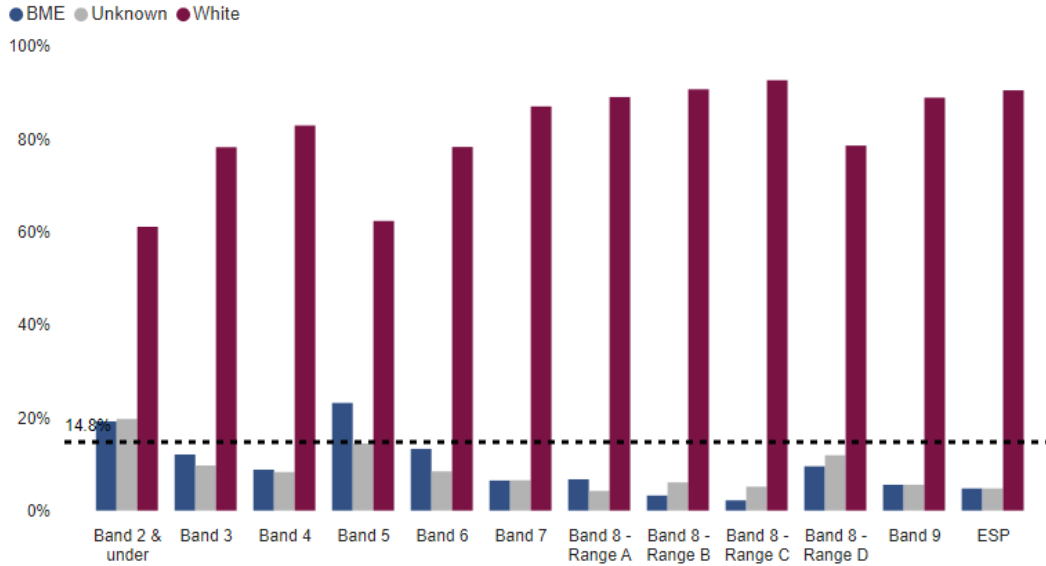
#### DATA TREND AND SUMMARY 1

1. There are zero ethnic minority Board members in CVUHB – reduced from last year
2. The deficit between workforce has increased, in part related to the increase in ethnic minority workforce (from 14.5% to 16%)
3. Rates of non-declared ethnicity on the board have fallen to 0 from 5.3%

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

DATA DISPLAY 2.1



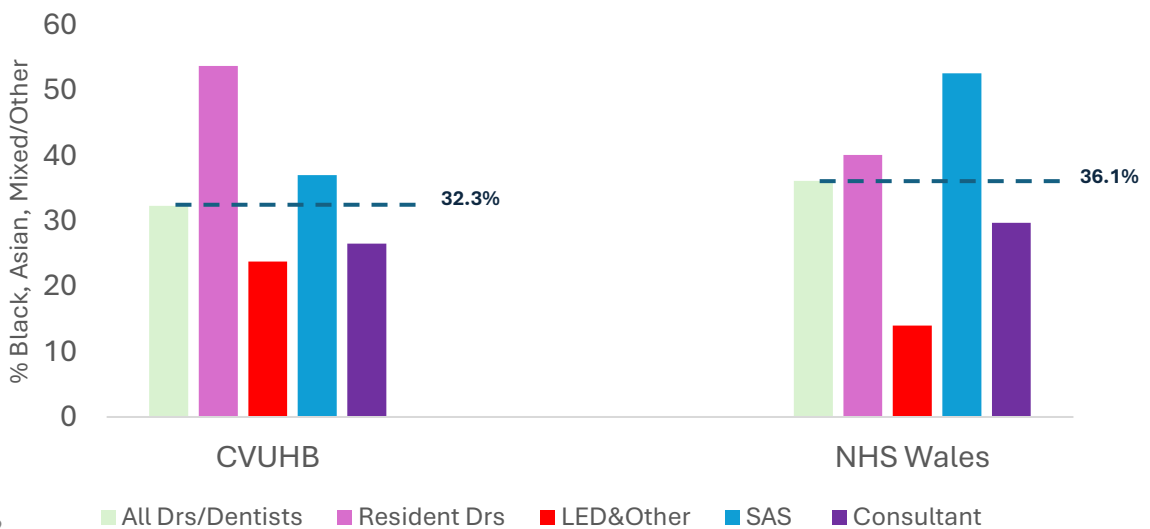
14.8% dotted line reflects % of staff on AfC bands (not doctors and dentists)

DATA TREND AND SUMMARY 2.1

- Ethnic minority staff under-represented above Band 5 – unchanged from last year
- Percentage minoritised staff above Band 5 has risen from 9.0% in 2024 to 9.8%
- There is one ethnic minority staff member at ESP level in CVUHB, representing a deficit of 11.2% compared to workforce percentage of Asian, Black and Mixed/Other staff.
- 11.7% staff have no declared ethnicity, similar to 2024 – throughout all Bands.

DATA DISPLAY 2.2

Ethnic minority distribution for Medical & Dental staff



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**DATA TREND AND SUMMARY 2.2**

1. Ethnic minority doctors and dentists are under-represented at Consultant grade (also LED/Other)

**DATA DISPLAY 2.3**

	DISPARITY RATIO		
	Lower – Middle	Middle – Upper	Upper – Senior
CVUHB	<b>2.00</b> (1.87)	<b>2.17</b> (2.66)	<b>1.16</b> (0.83)
NHS Wales	<b>1.65</b> (1.51)	<b>1.71</b> (1.81)	<b>1.13</b> (0.77)

The disparity ratio is a reflection of staff representation across pay bands, comparing Black and ethnic minority with White staff. ‘Lower bands’ refer to band 5 and below, ‘Middle’ bands 6 and 7, ‘Upper’ bands 8a to 9, and ‘Senior’ relates to ESPs. A ratio of 1 reflects parity of progression, and values higher than ‘1’ reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

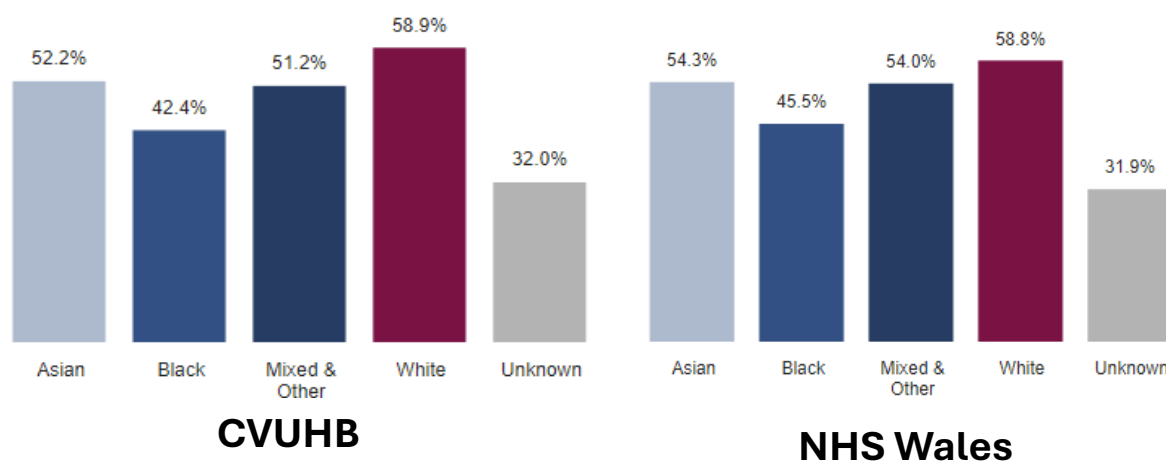
**DATA TREND AND SUMMARY 2.3**

The disparity ratio is little changed from 2024, reflecting a persisting inequality in the progression process in CVUHB (and NHS Wales as a whole)

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

**Based on staff survey: response rate 26.8%**

**DATA DISPLAY 3.1**

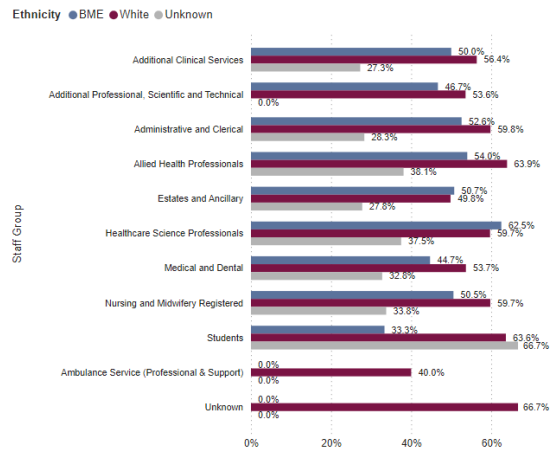
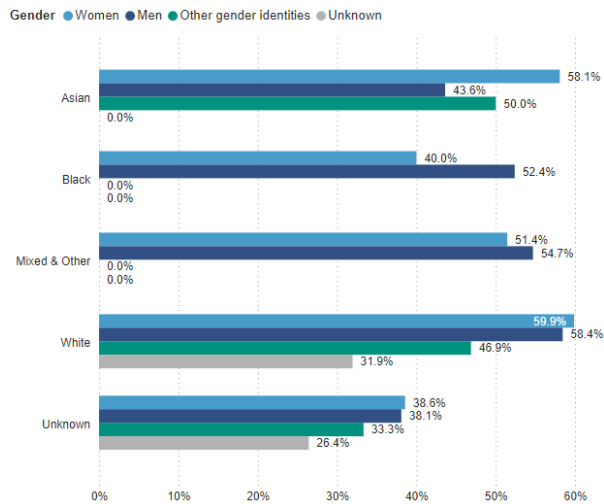


**DATA TREND AND SUMMARY 3.1**

White staff and ethnic minority staff in roughly equal proportion feel that CVUHB provides equitable promotion opportunities. This is slightly improved from last year. It is notable that staff who don't declare ethnicity are the most likely to feel this inequality.

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**DATA DISPLAY 3.2**



**DATA TREND AND SUMMARY 3.2**

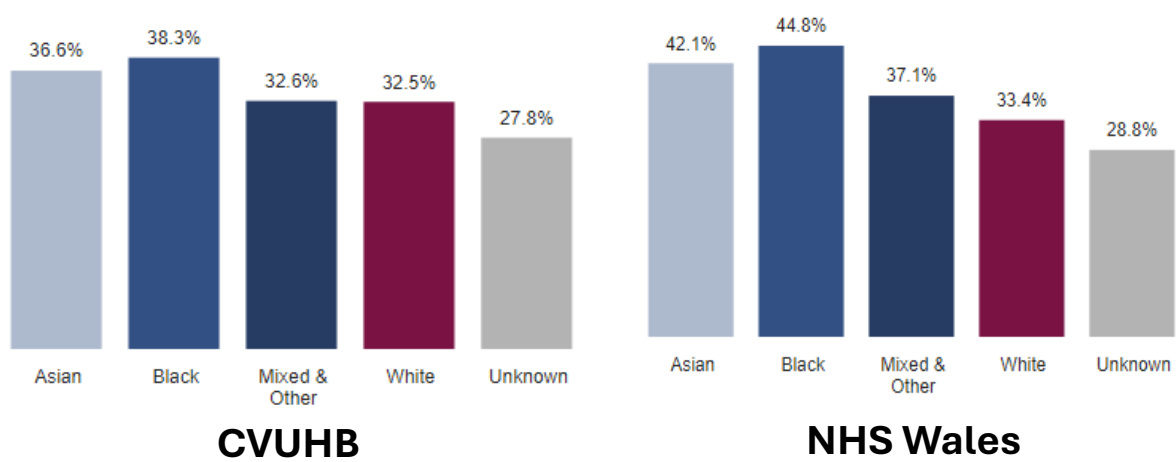
There is no consistent gender trend with regard to this inequality. Ethnic minority clinical staff (nurses and midwives, doctors and dentists) tend to report this inequality disproportionately.

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

Based on staff survey: response rate 26.8%

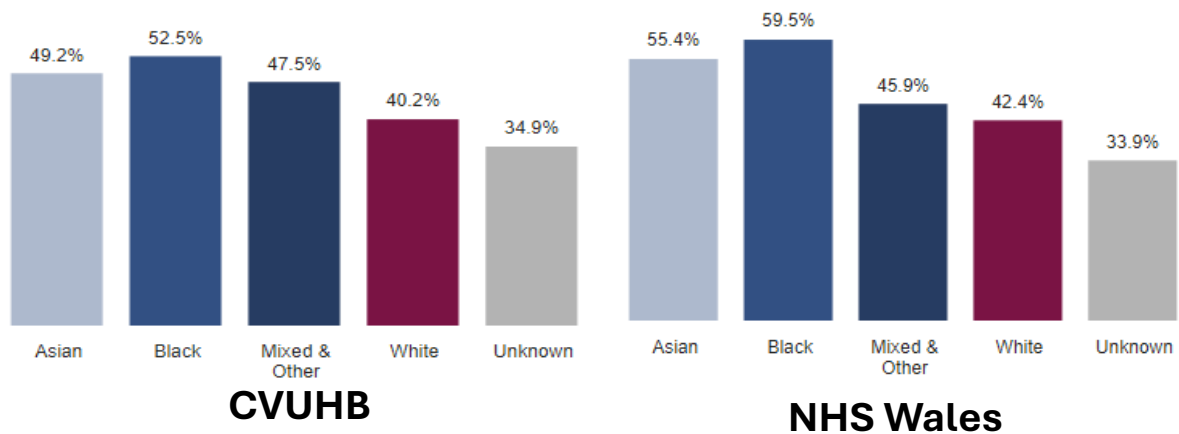
**DATA DISPLAY 4**

a) Have sought progression



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b) Considering future progression



DATA TREND AND SUMMARY 4

There is general trend for ethnic minority staff to more commonly report having sought a progression in CVUHB.

Similarly, in terms of planning future progression opportunities, Black, Asian and Mixed/Other staff were more likely than White counterparts to be considering this.

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

DATA DISPLAY 5

	CVUHB	NHS Wales
All roles	<b>0.51</b> (0.68)	<b>0.49</b> (0.57)
Non-clinical roles	<b>0.44</b> (0.66)	<b>0.38</b> (0.47)
Clinical roles	<b>0.53</b> (0.66)	<b>0.47</b> (0.58)
Medical roles	<b>NA</b> (NA)	<b>0.63</b> (0.57)
Asian	<b>0.48</b> (0.58)	<b>0.53</b> (0.58)
Black	<b>0.49</b> (0.68)	<b>0.35</b> (0.48)
Mixed/Other	<b>0.74</b> (0.90)	<b>0.75</b> (0.82)

The likelihood ratio is a reflection of Black, Asian and Mixed/Other applicants being appointed after shortlisting compared to White peers. A ratio of 1 reflects parity of appointment process, and values lower than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below (NA = not available)

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*DATA TREND AND SUMMARY 5*

1. Minoritised staff are half as likely to be appointed after shortlisting compared to White applicants – this has got worse since 2024
2. This appointment inequity is seen in clinical and non-clinical jobs
3. The trend in the last year in CVUHB has seen this inequality grow for all ethnic minority groups

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

*DATA DISPLAY 6*

Likelihood ratio overall	
<b>CVUHB</b> (%BME : %White)	<b>1.00</b> (93.4% : 93.1%)
<b>NHS Wales</b> (%BME : %White)	<b>0.96</b> (91.3% : 95.6%)

*DATA TREND AND SUMMARY 6*

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

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

*DATA DISPLAY 8*

Likelihood ratio overall	
<b>CVUHB</b>	<b>0.80</b> (1.36)
<b>NHS Wales</b>	<b>0.88</b> (1.07)

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

*DATA TREND AND SUMMARY 8*

There is no racial inequality in referral into the formal disciplinary process in CVUHB

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

*DATA DISPLAY 9*

Likelihood ratio overall		Staff Group	2023/2024	2024/2025	Change
<b>CVUHB</b>	<b>1.07</b> (2.09)	Additional Clinical Services		1.40	
<b>NHS Wales</b>	<b>2.22</b> (3.46)	Administrative and Clerical	7.75	3.68	-4.07 ▼
		Allied Health Professionals	0.00	0.00	0
		Healthcare Scientists		0.00	
		Nursing and Midwifery Registered	0.96	0.80	-0.16 ▼
		<b>Total</b>	<b>2.09</b>	<b>1.07</b>	<b>-1.02 ▼</b>

A ratio of 1 reflects parity of application of disciplinary process, and values greater than '1' reflect inequality, with a disadvantage for BME staff. Data from 2024 shown in parentheses below

*DATA TREND AND SUMMARY 9*

1. The previously observed inequality that saw ethnic minority staff more likely to enter the capability process in CVUHB has normalised since 2024 overall
2. However, this disproportionality persists for non-clinical (admin and clerical) posts.

Regan, Nikki  
13/10/2025 10:52:03

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

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

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

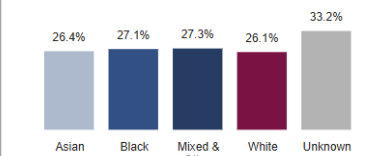
Based on staff survey: response rate 26.8%

DATA DISPLAY 10-12

CVUHB

WRES Indicator 10: 2024: Cardiff and Vale University Health Board

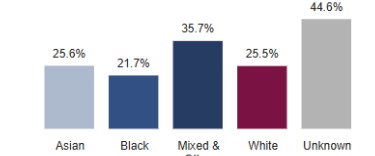
Percentage of staff by ethnicity experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.1%	26.4%	-0.7 pp ▼
Black	36.6%	27.1%	-9.5 pp ▼
Mixed & Other	35.0%	27.3%	-7.6 pp ▼
White	28.8%	26.1%	-2.7 pp ▼
Unknown	33.5%	33.2%	-0.4 pp ▼

WRES Indicator 11: 2024: Cardiff and Vale University Health Board

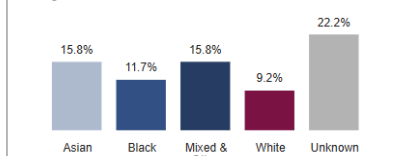
Percentage of staff by ethnicity experiencing harassment, bullying or abuse from staff in last 12 months



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.6%	25.6%	-2.0 pp ▼
Black	22.0%	21.7%	-0.3 pp ▼
Mixed & Other	36.9%	35.7%	-1.2 pp ▼
White	29.5%	25.5%	-4.0 pp ▼
Unknown	52.8%	44.6%	-8.2 pp ▼

WRES Indicator 12: 2024: Cardiff and Vale University Health Board

Percentage of staff by ethnicity personally experiencing discrimination at work from either manager/team leader or other colleagues

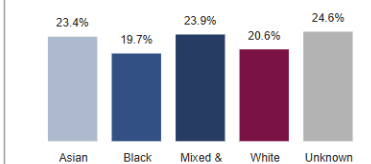


Ethnicity	2023	2024	2024 vs. 2023
Asian	21.5%	15.8%	-5.7 pp ▼
Black	26.8%	11.7%	-15.2 pp ▼
Mixed & Other	20.4%	15.8%	-4.6 pp ▼
White	9.4%	9.2%	-0.2 pp ▼
Unknown	24.8%	22.2%	-2.7 pp ▼

NHS Wales

WRES Indicator 10: 2024: NHS Wales

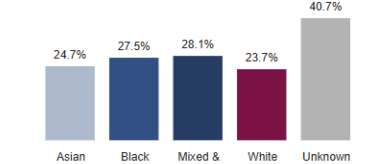
Percentage of staff by ethnicity experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months



Ethnicity	2023	2024	2024 vs. 2023
Asian	26.1%	23.4%	-2.7 pp ▼
Black	22.3%	19.7%	-2.6 pp ▼
Mixed & Other	25.9%	23.9%	-2.0 pp ▼
White	23.4%	20.6%	-2.8 pp ▼
Unknown	27.7%	24.6%	-3.1 pp ▼

WRES Indicator 11: 2024: NHS Wales

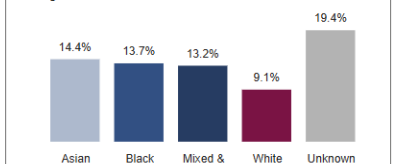
Percentage of staff by ethnicity experiencing harassment, bullying or abuse from staff in last 12 months



Ethnicity	2023	2024	2024 vs. 2023
Asian	27.5%	24.7%	-2.8 pp ▼
Black	22.8%	27.5%	+4.8 pp ▲
Mixed & Other	32.9%	28.1%	-4.7 pp ▼
White	26.6%	23.7%	-2.9 pp ▼
Unknown	41.2%	40.7%	-0.5 pp ▼

WRES Indicator 12: 2024: NHS Wales

Percentage of staff by ethnicity personally experiencing discrimination at work from either manager/team leader or other colleagues



Ethnicity	2023	2024	2024 vs. 2023
Asian	17.3%	14.4%	-2.9 pp ▼
Black	22.7%	13.7%	-9.0 pp ▼
Mixed & Other	16.7%	13.2%	-3.5 pp ▼
White	9.2%	9.1%	-0.1 pp ▼
Unknown	18.8%	19.4%	+0.6 pp ▲

DATA TREND AND SUMMARY 10-12

There has been a reduction in the experience of bullying and harassment of staff from both public and peers in CVUHB. Black, Asian and Mixed/Other staff are more likely than White peers to experience discrimination from team leaders, but the extent of this has reduced since last year. Additionally, it is notable that staff who did not declare ethnicity also report bullying, harassment and discrimination.

Regan Nikki  
13/10/2025 10:52:03

## Conclusions and Next Steps

In the complex setting of modern healthcare and the 21<sup>st</sup> century workplace, embracing inclusion is more than a choice, it's a strategic imperative to meet the needs of Wales in 2025. The data shared in this report reflects the complexity of race inequality in CVUHB and the NHS in Wales. But while it is easy to talk about the importance of equality and inclusion, the history of continued inequity is testament to how difficult it has been to translate that ambition into practical policies and sustained change.

In the course of engagement with CVUHB, two areas of work were highlighted:

- Supporting ethnic minority staff to progress beyond Band 5, and develop a talent pipeline of staff internally
- Targeting specific regions of Cardiff with higher minoritised populations to provide support for new applicants – some of this involved working with community leaders

The WRES data for this area shows that:

- The bottleneck for progression remains at Band 5, but there is a small early sign of progress with a fractional increase in the percentage of minoritised staff above Band 5 rising from 9.0% in 2024 to 9.8%
- There has been an approximately 10% increase in ethnic minority workforce (from 14.5 to 16.0%) – but it is not clear what proportion of these are from international recruitment compared to coming from Cardiff itself

Additional notable data findings:

- The disparity ratios, reflection of likelihood of minoritised staff in higher positions in CVUHB have not improved
- Additionally the data on appointment for shortlisting shows a regression since last year
- There remain no ethnic minority staff on the Board at CVUHB
- Undeclared ethnicity rates remain high at 11.7%

Where there are positive areas of progress in the last year are:

- Staff survey metrics, specifically with regard to experience of bullying, harassment and discrimination.
- The report of being discriminated against by a team leader has improved overall, albeit still more often experienced by minoritised staff
- There has been a notable rise in staff survey response rate, with over a quarter of the workforce completing the survey.

In addition, during the WRES implementation discussions, there was mention of establishing a task and finish group to report to the People and Culture part of the executive. Coordinating policy work with Board level action on the health board's WRES actions and the strategic equality plans is key to channel progress into effective actions and an accountability framework.

At a time of rapid change and pressure in the NHS, standing still is not an option. And bringing international staff into discriminatory systems is neither morally just nor cost-effective. Having read this report, the ambition is that it will trigger a deep consideration of how effective – or not – current plans are likely to be in actually disrupting the data.

It is hoped that this data analysis triggers development of a set of implementable actions which will form the basis of what is submitted in the Strategic Equality Plan (SEP) return. Following receipt of this report, we look forward to having our next meeting in September to discuss these actions and frame that subsequent mid-year SEP return. Working in this collaborative way is intended to make the process unitary, simpler and more effective.

The Health Board may want to disaggregate the data to see whether some of the above metrics (especially around capability processes and appointments) have arisen from a single site where focussed action is needed. This sort of curiosity about the data and staff experience is an often effective way to quickly improve conditions, based on feedback from other organisations. The potential role of a staff network in this context is important.

The ambitions of delivering workforce equality in Wales will see the work of the WRES continue. We have, for the last two years, reported by race and gender in an attempt to help understand the impact of staff adverse experience in the commonest themes of discrimination. Future work will deepen this form of intersectional analysis in order to drive inclusion in health and social care in Wales. The goal of workforce equality is important in its own right, but is also vital in the mission to improve health outcomes for the whole population of Wales.

Regan Nikki  
13/10/2025 10:52:03

## RAG status report for Policy Assurance Assessment - Strategic Equality Plan. Delivery for the period 1 October 24 to 31 March 2025

Health Board / Trust	Cardiff and Vale UHB
Reviewed by	Rebecca Gorman
Date of review	07/06/2025

### Guidance to RAG rating

<b>Red</b>	Lack of progress made and improvements needed urgently.
<b>Amber</b>	Progress identified but there is scope for further improvement.
<b>Green</b>	Strong progress made and there is a clear plan for sustainable improvement

Measure: The steps taken to fulfil your equality objectives in the SEP this period.	Red	Amber	Green
• Steps have been taken to fulfil equality objectives in the SEP this period.		✓	
• Actions to address the risks to delivery are appropriate and achievable.			✓
Measure: Eliminating discrimination and promoting equality of opportunity.	Red	Amber	Green
• Steps have been taken to eliminate discrimination and promote equality of opportunity.			✓
• Actions to address the risks to delivery are appropriate and achievable.			✓
Measure: Progress made against national action plans	Red	Amber	Green
• Progress has been made against national action plans (ARWAP, LGBTQ etc).		✓	
• Actions to address the risks to delivery are appropriate and achievable.			✓
Measure: Information obtained that demonstrates achieving the equality objectives in the SEP and what does it indicate.	Red	Amber	Green
• Information obtained demonstrates achieving the equality objectives in the SEP.		✓	
• There is sufficient understanding of what this information indicates.			
Measure: Action to be taken as a result of the information gathered.	Red	Amber	Green
• Appropriate actions have been identified to be taken as a result of the information gathered.	✓		

Regan Nikk  
13/10/2025 10:53:03

• The speed of implementing the key priority areas is appropriate.	✓		
• Actions to address the risks to delivery are appropriate and achievable.			✓
<b>Measure: Feedback from stakeholders of the progress made</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>
• Feedback from stakeholders of the progress made		✓	
• There is adequate engagement and feedback from stakeholders of the progress made			✓
• Actions to address the risks to delivery are appropriate and achievable.		✓	
<b>Measure: Equality objectives prioritised during the next reporting period.</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>
• Equality objectives have been sufficiently and proportionally prioritised during the next reporting period.			✓
• The speed of implementing the key priority areas is appropriate.	✓		
• Actions to address the risks to delivery are appropriate and achievable.		✓	

<b>Overall RAG status</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>
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Progress against Equality Objectives		✓	
Actions to address the risks to delivery are appropriate and achievable.		✓	

<b>Comments</b>
<p>We note the evidence in the return focusses primarily on the workforce and not on patient experience. Therefore, we have not been able to seek assurance against all areas.</p> <p>It is good to note a broad range of campaigns and training which seek to foster an inclusive culture supported by completion rates on mandatory training, is this the anti-racism training or something else? Also positive to see awareness raising materials being shared and vehicles for network engagement being established.</p> <p>We note the increase in gender pay gap and we would like to understand the outcome of your analysis and the identified actions in the next reporting period.</p> <p>Again, is it positive to note the push to improve equality monitoring and Welsh language have yielded an increase in reporting through ESR for the workforce. We would like to understand the work underway to improve data collection for patients and see this captured in this return (we will cross check with Patient</p>

Regan Nika  
13/10/2025 11:57 AM

Experience team on this occasion and ahead of our discussion). What has been the impact of the intervention and steps you have taken fulfil your equality objectives?

Great to hear about the initiatives implemented to eliminate discrimination and the reach this had to for young care leavers, those facing homelessness, the work with the probation service and ethnically diverse communities. What was the impact on of these schemes?

It is unclear what actions have been taken to date, in response to the ARWAP and the LGBTQ+ plans. No evidence has been provided against your identified actions from the WRES year 1 analysis, which we had asked that you include in this return. A Task and Finish group has been set up, but there are no details on timelines, work remit, membership, or reporting lines. But it is positive that targets for action have been set (on progression pipelines) – but no details are discussed. In essence, no actions are cited to tackle the targets.

We are pleased to note the Health Boards support for the work to broaden the All-Wales Accessible Communications standards. But note that currently within this report we were seeking assurance on the All-Wales Standards for Accessible Communication for People with Sensory Loss 2013, which NHS organisations continue to have duty to strive to meet as part of your commitment to equalities, and to the Duty of Quality. We will seek this assurance when we meet to discuss.

It is positive to note improved disclosure rates and to note recognition data which requires improvements. It is unclear how the evidence gathered demonstrates the organisation is achieving its SEP objectives? And we will also need to see the equality components of patient experience return as above in order to seek assurance of progress.

Although some action is described within other elements of the return those elements do not describe action taken as a result of the information gathered to demonstrate impact.

Regan, Nikki  
13/10/2025 10:52:03

Regan Nikki  
13/10/2025 10:52:03

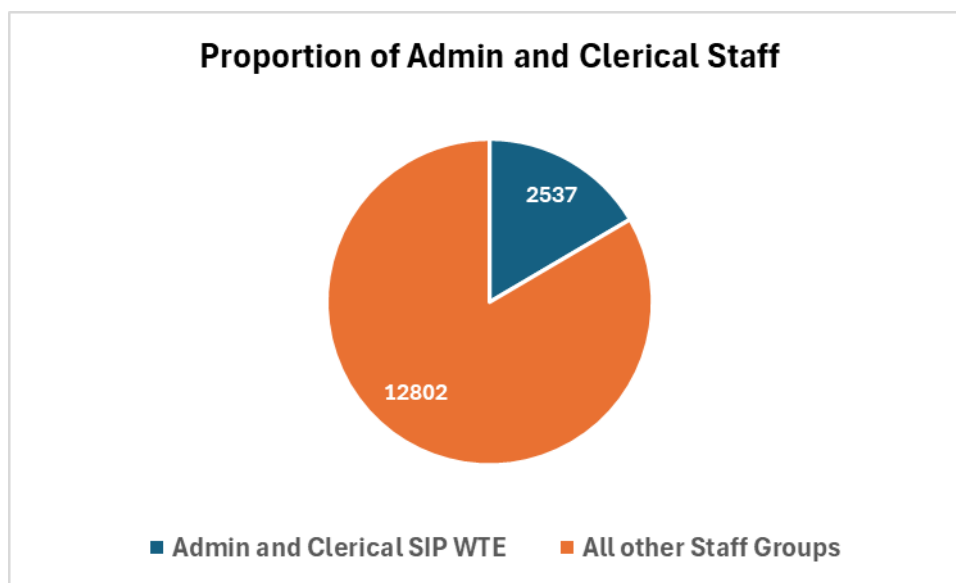
Report Title:	Board Assurance Framework – Workforce	Agenda Item no.	2.5
Meeting:	People and Culture Committee	Meeting Date:	14 October 2025
Status <i>(please tick one only):</i>	Assurance	<input checked="" type="checkbox"/>	Approval
			Information
Lead Executive:	Executive Director of People and Culture		
Report Author (Title):	Assistant Director People Resourcing		

## Main Report

### Background and current situation:

#### Background

Cardiff and Vale University Health Board (UHB) is one of the largest employers in Wales currently employing just under 18,300 staff (15,339 WTE) and of these, 2,537 are employed in Admin and Clerical roles representing almost 20% of the total workforce.



'Admin and Clerical' (A&C) covers a broad category of staff including secretarial, receptionists, IT, Finance, HR, senior management, counsellors, clinical delivery posts in Public Health and Executives.

On reviewing the workforce numbers, there was originally a reported growth of 102 WTE in post for A&C staff over the past 12 months to July 2025. However, following closer analysis and data cleansing, this has been corrected to 67 WTE. The reason for this anomaly was due to 35 WTE Housekeeping Supervisors being re-banded and mistakenly changed from the 'Facilities' staff group to Admin and Clerical'. This has now been rectified.

The following table illustrates the Clinical Boards and Services where the increase has occurred:

## Admin and Clerical Staff in Post WTE by Clinical Board

	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	12 Month Variance
All Wales Genomics	90	96	94	93	91	92	95	91	92	91	91	87	-3
Children and Women	236	236	235	239	240	241	244	240	241	242	241	238	2
Clinical Diagnostics and Therapeutics	410	410	411	414	417	424	428	420	421	422	422	425	15
Corporate Services	705	717	716	718	716	716	716	721	715	714	714	736	31
Medicine	190	193	192	193	192	190	192	189	189	186	186	190	0
Mental Health	137	138	145	144	144	144	146	146	143	141	141	140	3
PCIC	187	187	187	185	186	186	188	189	185	183	183	180	-7
Specialist Services	237	236	241	239	239	248	249	248	248	245	245	242	5
Surgical Services	278	279	276	277	281	292	294	293	292	291	291	299	21
UHB Overall	2470	2492	2497	2502	2506	2533	2552	2537	2526	2515	2514	2537	67

### Areas of Growth

The largest growth occurred in Corporate Services with an increase of 31 WTE then Surgical Services increasing by 21 WTE and Clinical Diagnostics and Therapeutics which saw a growth of 15 WTE.

Only the All-Wales Genomics Service and Primary Care saw a decrease of 10 A&C roles in total.

Within Corporate Services, there were 3 areas which saw an increase in their A&C staff:

**Digital and Health Intelligence** - as part of the Digital Foundations work and national IT programmes such as Electronic Prescribing and Medicines Administration (EPMA), there has been investment in 15 WTE additional support roles, some of which has been funded by Welsh Government and DHCW. Additionally, the Windows 11 device replacement programme has also seen a fixed term increase of IT support staff. The IT service desk has grown to reflect the increased user-base.

**People and Culture** – there has been an increase of 14 WTE posts within this service over the past 12 months however, 8 WTE are due to the TUPE transfer of Medacs Healthcare staff into the department. This provided a saving to the UHB of £300k which was reinvested in additional Business Partner roles to support the Clinical Boards, Leadership and Management and Equality, Diversity and Inclusion. All these areas had been identified as under resourced following previous cuts to the department.

**Public Health** saw an increase of 5 WTE posts from Public Health Wales which was also because of a TUPE transfer. This was cost neutral to the UHB as the associated funds were also transferred along with Welsh government funded posts relating to smoking cessation.

**Surgical Services** was the only Board that saw a large increase in its A&C staffing which went up by 21 WTE. However, apart from 1 WTE post which was a cost pressure, the other additional posts are because of the following:

- Long standing funded vacancies that were recruited to.
- External funding to reduce waiting lists.
- Transfer of posts into the Clinical Board.
- Incorrect data due to miscoding of role
- Temporary secondments in management structure which end on 1 September 2025.

Regan Maki  
13/10/2025 10:52:03

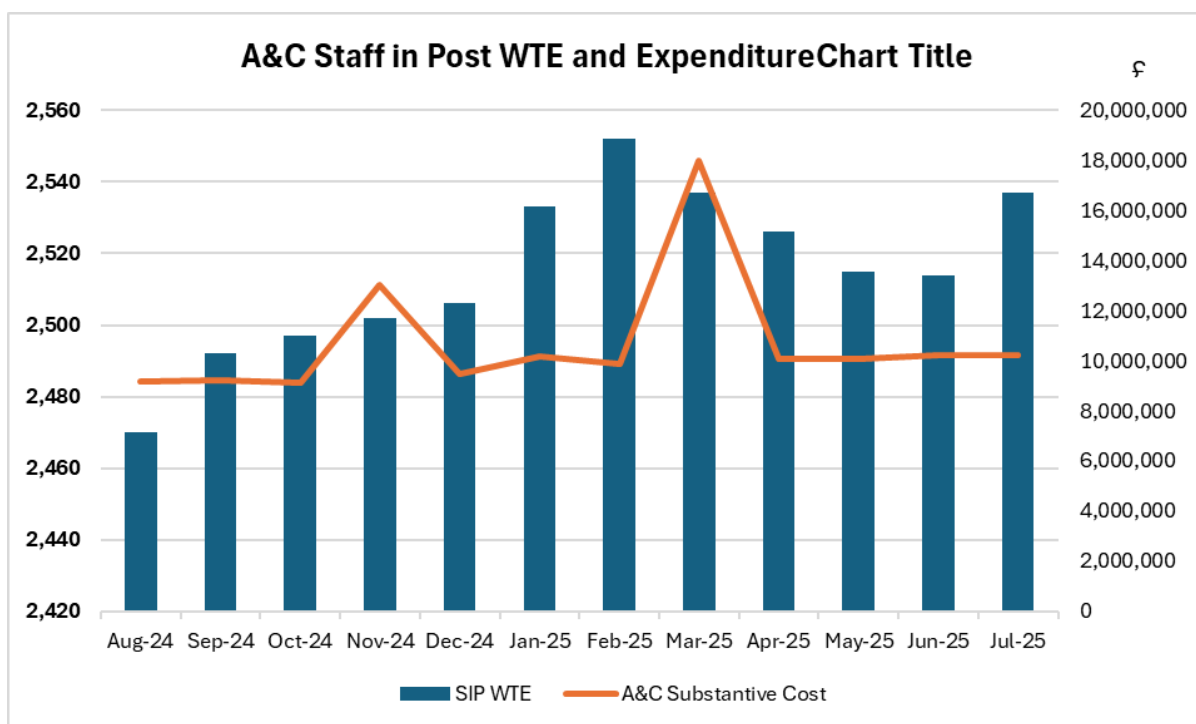
## Changes to the WTE Staff in Post by Pay Band

The largest increase in admin and clerical staff were for Band 7's which increased by 21 WTE of which, 17 WTE of these were in Corporate Services. There was also an increase of 15 WTE for both Band 4 and Band 5 within the UHB but these were generally evenly distributed across the Clinical Boards.

The cost of employing these additional 67 WTE for a full 12 months including employer's costs would be in the region of £3.4m. However, this would not be the true saving if these additional posts were not appointed as the UHB employed many of these staff for the following reasons:

- Some of these staff were TUPE transferred into the UHB along with the funding.
- Many of the additional posts are externally funded and so if the staff were not employed, the income would not have been received.
- A number of the additional staff employed were not into new posts but existing posts that were vacant.

The following graph plots the growth of workforce against the cost of employing the posts. There are two sharp increases in cost illustrated in the graph below however, these are not related to the workforce numbers but to the annual pay award and back pay in November 2024 and then the end of year superannuation top up that is fully reimbursed to the UHB by the Welsh Government.



	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25
SIP WTE	2,470	2,492	2,497	2,502	2,506	2,533	2,552	2,537	2,526	2,515	2,514	2,537
A&C Substantive Cost (£)	9,152,054	9,213,111	9,132,176	13,040,102	9,471,571	10,178,092	9,892,465	17,994,335	10,080,204	10,087,007	10,240,647	10,235,330

## The UHB's Response to the Risk

The Health Board has implemented measures to enable the reduction in its workforce by up to 800 WTE over the next 3 years. These include the following:

- Promotion of the Voluntary Early Release Scheme (VERS) where staff can apply to end their employment for up to 12 month's salary in return for their post being disestablished.

- A recruitment freeze was implemented from 1 August 2025 and any exceptions must go to the Executives for authorisation.
- A comprehensive review of structures across the UHB both in Clinical Boards and Corporate will be undertaken over the next quarter.
- A series of 'Deep Dive' meetings were held for the Executives to meet the Clinical Board Management Teams to review actions being taken to reduce costs. A series of Workforce metric templates were developed to ensure consistency of reporting across all Boards and to monitor progress.
- Additional scrutiny on managing sickness absence will reduce the need for temporary staffing costs.
- Maximising the capabilities of Allocate Health Rostering system to utilise the data and ensure that staff are deployed in the most effective and efficient manner.
- Cessation of paying enhanced overtime rates by substituting with plain time bank rates.

**Next Steps**

The UHB is facing unprecedented financial challenges with the need to respond to increasing demand for its services whilst simultaneously reducing the cost of its workforce. All appropriate opportunities will be explored to achieve this aim while being cognisant that there needs to be a fine balance in ensuring services are safe and effective, staff wellbeing is not compromised and the need to provide services in the most efficient and effective way.

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

'Workforce remains on the Board Assurance Framework for the valid reason that it is an essential component to the UHB providing high quality services to its patients as well as supporting our existing staff to do their jobs well and have a healthy work life balance.

The BAF enables a focus on the risks associated with the workforce and the need to balance the provision of the UHB's services along with the requirement to deliver significant workforce savings. This report provides an overview of some of the work currently being undertaken and planned to address risks and serves to provide assurance to the committee.

**Recommendation:**

**People and Culture Committee as asked to:**

NOTE and discuss the information included within the paper and accept as assurance.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

*Please tick as relevant*



Putting People First

Click the objective above to view more detail.





Providing Outstanding Quality

2.

Click the objective above to view more detail.

Resan Nikki  
13/10/2025 10:12:03

 <p><b>Delivering in the Right Places</b></p> <p>3.</p> <p>Click the objective above to view more detail.</p>	 <p><b>Acting for the Future</b></p> <p>4.</p> <p>Click the objective above to view more detail.</p>	
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**Five Ways of Working (Sustainable Development Principles) considered**

*Please tick as relevant*

Prevention	<input checked="" type="checkbox"/>	Long term	<input checked="" type="checkbox"/>	Integration		Collaboration	<input checked="" type="checkbox"/>	Involvement	<input checked="" type="checkbox"/>
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**Impact Assessment:**

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

Risk: yes – inability to recruit staff to key professions and roles will impact on ability to deliver patient care.

Safety: yes – as above

Financial: yes – impact on premium agency costs

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

Legal: yes – working to safe staffing levels

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

Socio Economic: yes – impact on local community

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

Decarbonisation: No

**Approval/Scrutiny Route:**

Committee/Group /Exec

Date:

Regan Nikki  
13/10/2025 10:52:03

Report Title:	Gender Pay Gap Report			Agenda Item No:	3,1
Meeting:	People & Culture Committee	Public	X	Meeting Date:	14 <sup>th</sup> October 2025
		Private			
Status (please only tick one)	Assurance	Approval	X	Information/Noting	
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity and Inclusion				

### Main Report

#### Background and Current Situation:

Cardiff and Vale University Health Board (CAVUHB) is committed to ensuring fair and equitable treatment for all staff, with equal access to reward, recognition, and career development opportunities. The Gender Pay Gap (GPG) legislation requires all employers with 250 or more staff to publish annual calculations showing the pay gap between male and female employees.

As of 31<sup>st</sup> March 2025, CAVUHB employed 18,375 staff, with 75.68% female and 24.32% male. The workforce spans a wide range of roles and pay bands. The gender pay gap at CAVUHB is primarily driven by the distribution of men and women across different grades and roles. Although women make up the majority of the workforce, their proportional representation in senior roles is lower than in lower graded roles. Additionally, higher male representation in Medical & Dental roles and certain senior bands contributes to the overall pay gap.

This year, Cardiff and Vale University Health Board has reported a slight increase in the mean gender pay gap, rising to 16.7% from last year's all-time low. While the overall gap remains below pre-pandemic levels, this change is notable and requires further investigation. The reasons for this increase are complex and may be influenced by several factors. One area under particular scrutiny is the impact of pay awards.

To better understand the causes behind this year's increase, the Equity & Inclusion Team is undertaking a deep dive into the data. This includes a detailed analysis of pay awards and their distribution, as well as the findings from the "Your Career, Your Voice" staff survey. The survey was designed to capture staff experiences of career progression, including any differences based on gender.

Through this data-driven approach, the Health Board aims to identify any underlying trends or disproportionate impacts. The findings from this analysis will inform future actions and help ensure that the Health Board makes progress towards closing the gender pay gap.

#### Executive Director Opinion & Key Issues to bring to the attention of the Committee (delete as appropriate)

The main driver of the pay gap in CAVUHB is the lower proportional representation of women in senior roles, despite their majority in the overall workforce. Male overrepresentation in Medical & Dental roles and higher bands also contributes.

The bonus pay gap refers to Clinical Excellence Awards (CEA) and Commitment Awards for Consultants. These awards are disproportionately received by male Consultants, reflecting longer tenures and higher rewarded specialities, as well as national trends in the NHS. This results in a higher percentage of bonus pay going to men (74.46%) compared to women (24.54%).

The final version of the Gender Pay Gap Report will be translated into Welsh and sent to Medical Illustration to ensure the document is professionally presented prior to publication.

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

Appendix 1 – Gender Pay Gap Report 2025





**Recommendations:**

The Committee is requested to:

- (a) Approve the content of the Gender Pay Gap Report 2025 for publication on the Health Board’s website, as per legislative requirement.

**Link to Strategic Objectives of Shaping our Future Wellbeing:**

Please place an “x” in the below boxes where relevant – *Click each item for further information.*

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

**Five Waves of Working (Sustainable Development Principles) considered:**

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

Prevention		Long Term	X	Integration	X	Collaboration	X	Involvement	X
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**Quality Impact Assessment Completed?**

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

Yes (please include the complete QIA document)		No (please provide reasoning e.g. not required)	X	Not required for this report.
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**Impact Assessment**

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

Risk: Yes

<p>Having a gender pay gap presents several risks to the organisation. These include reputational risk, potential legal challenges, and the risk of failing to attract and retain talented staff. Not taking steps to reduce the gap could undermine staff morale, perpetuate inequality, and damage the Health Board's reputation as an inclusive employer.</p>	
<p>Safety: No</p>	
<p>Financial: Yes</p> <p>There are financial implications associated with the Gender Pay Gap. Failing to address the gap may result in increased staff turnover, recruitment costs, and potential loss of productivity. The report considers these implications and outlines actions to mitigate them, such as promoting flexible working and fair progression processes.</p>	
<p>Workforce: Yes</p> <p>The Gender Pay Gap has significant workforce implications. It can affect staff morale, engagement, and progression opportunities, particularly for female staff. The Health Board's data-driven approach, including the "Your Career, Your Voice" survey and ongoing analysis by the Equity &amp; Inclusion Team, aims to identify and address these issues.</p>	
<p>Legal: Yes</p> <p>Legal risks may arise if the organisation fails to take reasonable steps to address the gap, particularly in relation to the Equality Act 2010.</p>	
<p>Reputational: Yes</p> <p>A persistent gender pay gap poses reputational risks, potentially affecting the Health Board's standing as an inclusive and fair employer. Proactive publication of the report, transparent analysis, and clear actions to address the gap help to mitigate these risks.</p>	
<p>Socio Economic: Yes - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="https://www.gov.wales/socio-economic-duty-guidance">https://www.gov.wales/socio-economic-duty-guidance</a></i></p> <p>The proposals within this report support the Socio-Economic Duty by encouraging better decision-making and aiming for more equal outcomes. Strategic actions, such as improving progression processes and promoting flexible working, are designed to reduce inequality of outcome for staff who may suffer socio-economic disadvantage.</p>	
<p>Equality &amp; Health: Yes</p> <p>An Equality Health Impact Assessment (EHIA) was undertaken as part of the Health Board's Strategic Equality Plan (SEP). One of the key workstreams under the SEP's 'Data' objective is the analysis and monitoring of pay gaps, including the Gender Pay Gap.</p>	
<p>Decarbonisation: No</p>	
<p>Welsh Language: No</p>	
<p><b>Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)</b></p>	
<p>Name of Committee/Group/Exec</p>	<p>Date:</p>

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**GIG**  
CYMRU  
**NHS**  
WALES

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

# **Cardiff and Vale University Health Board**

## **Gender Pay Gap Report 2025**

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## Introduction

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

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

On 31<sup>st</sup> March 2025 we employed 18,375 staff as defined by the gender pay reporting guidelines, of which 75.68% were female and 24.32% male. These staff are engaged in a wide variety of activities and cover several different grades and pay scales. There are 7 more male employees in Band 1 roles compared to females and more male employees in Medical & Dental and 'Other' roles. However, female employees make up the majority of the staff on Bands 2 to 9 (barring Band 8d), which accounts for over 92% of the total workforce.

*Table 1 (Establishment)*

Pay Band	Female Headcount	% of the organisation	Male Headcount	% of the organisation	Total
Band 1	16	0.09%	23	0.13%	39
Band 2	2333	12.70%	1151	6.26%	3484
Band 3	1325	7.21%	481	2.62%	1806
Band 4	1197	6.51%	259	1.41%	1456
Band 5	2981	16.22%	569	3.10%	3550
Band 6	2894	15.75%	532	2.90%	3426
Band 7	1649	8.97%	387	2.11%	2036
Band 8a	525	2.86%	168	0.91%	693
Band 8b	197	1.07%	75	0.41%	272
Band 8c	88	0.48%	56	0.30%	144
Band 8d	24	0.13%	24	0.13%	48
Band 9	22	0.12%	14	0.08%	36

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Med and dental	632	3.44%	708	3.85%	1340
Other	24	0.13%	21	0.11%	45
Total	13907	75.68%	4468	24.32%	18375

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

### **What is the gender pay gap?**

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

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

#### **What is our pay gap?**

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

*Table 2 (Overall pay for all staff)*

Gender	Avg. Hourly Rate	Median Hourly Rate
Male	26.1431	19.3796
Female	21.7694	19.3818
Difference	4.3737	-0.0022
Pay Gap %	16.7299	-0.0111

### **Yearly Comparison of our Mean Pay Gap**

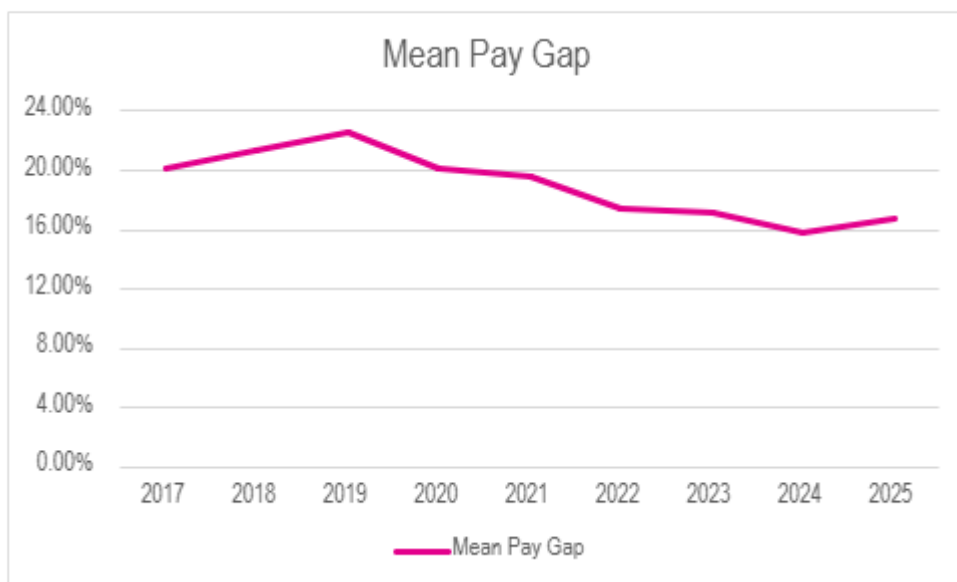
We first started reporting our Gender Pay Gap in 2017. Initially there was an increase in the Gender Pay Gap up to and including 2019; however, since 2020 the gap has steadily decreased to an all-time low in 2024; however, this year we are reporting an increase of around 1%, with our mean pay gap being 16.7%. While 2024 was our lowest figure to date we have seen an increase in 2025, but this is still far below the pre covid status quo. We will continue to monitor and work on reducing our pay gap further over the coming year, while undertaking further analysis to fully understand the rise.

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Table 3 (Gender Pay Gap History)

Year	Mean Pay Gap
2017	20.16%
2018	21.34%
2019	22.60%
2020	20.12%
2021	19.59%
2022	17.49%
2023	17.13%
2024	15.76%
2025	16.73%

Table 4( Gender pay gap trends)



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

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

Understanding the pay gap

In Cardiff and Vale University Health Board, one of the primary reasons the Gender Pay Gap exists is because of the makeup of our workforce. Although there are more women than men in senior roles, the proportion of women relative to men in these roles is less than is

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seen in the lower graded roles throughout the Health Board. Essentially, although there are significantly more women within our workforce, the proportionality of women relative to men is lower in senior roles in comparison to the lower graded roles.

This can be demonstrated through application rates for Band 7's, 8a's and 8b's. These are not representative of the gender split of the banding below, this then leads to diminishing female representation at higher bands. This representation difference compared to financial reward is the main driver of our agenda for change pay gap. Organisationally this is also impacted by the far higher male representation in the medical and dental field, combined with the field's own inherent national pay gap further creates a disparity in averages.

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

*Table 5 (Employee distribution)*

Number of employees | Q1 = Low, Q4 = High

Quartile	Female	Male	Female %	Male %
1	3054.00	1173.00	72.25	27.75
2	3241.00	1019.00	76.08	23.92
3	3678.00	814.00	81.88	18.12
4	3164.00	1371.00	69.77	30.23

Because of gender ratios across professions, NHS medical and dental staff disproportionately affect the gender pay gap. Without their influence, the gap would fall close to zero. The remaining gap (around 3 to 3.5%) is mainly driven by two factors:

- High male representation in the Administrative and Clerical field at Band 6 and above.
- The proportion of men at Band 8a and above across most clinical fields.

### **Gender Pay Gap Context**

Overall, the Health Board's gender pay gap compares well with the NHS England and BMA *Mend the Gap* reports, including the 2024 updates. While some specialities remain 'male-dominated' with higher pay, Cardiff's position as a metropolitan city supports strong recruitment and retention of female medics. This helps the Health Board maintain a smaller gap than many comparable organisations.

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

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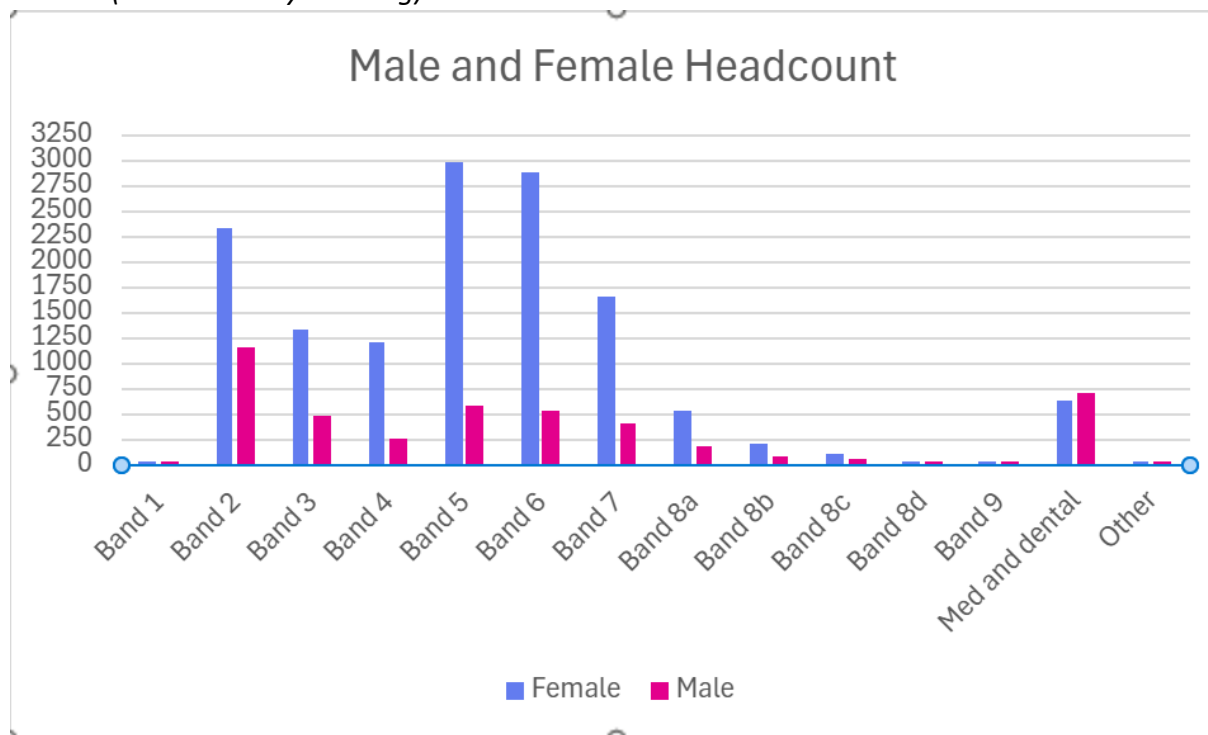
Over the past two years, the organisation has seen a shift in male representation across pay quartiles. Male representation has decreased in Quartile 1 but increased in Quartiles 2 and 3, moving closer to being representative of the overall workforce. Around 30% of growth in these areas has been among male colleagues, in bands that have traditionally had only about 15% male representation.

This change is reducing the long-standing counterbalance, where male overrepresentation in Quartile 4 was offset by male overrepresentation in Quartile 1. Growth has been particularly visible in nursing and additional clinical services, with smaller decreases among Allied Health Professionals (AHPs) and healthcare scientists.

At the same time, there has been a modest increase in the proportion of women in Quartile 4 (Agenda for Change roles), though this shift is limited by the availability of posts at that level.

Overall, more balanced representation across the quartiles is a positive development. However, progress needs to continue consistently across all four quartiles to avoid re-establishing new inequalities.

Table 6 (Headcount by banding)



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Table 7 (Percentage male and female representation by band)

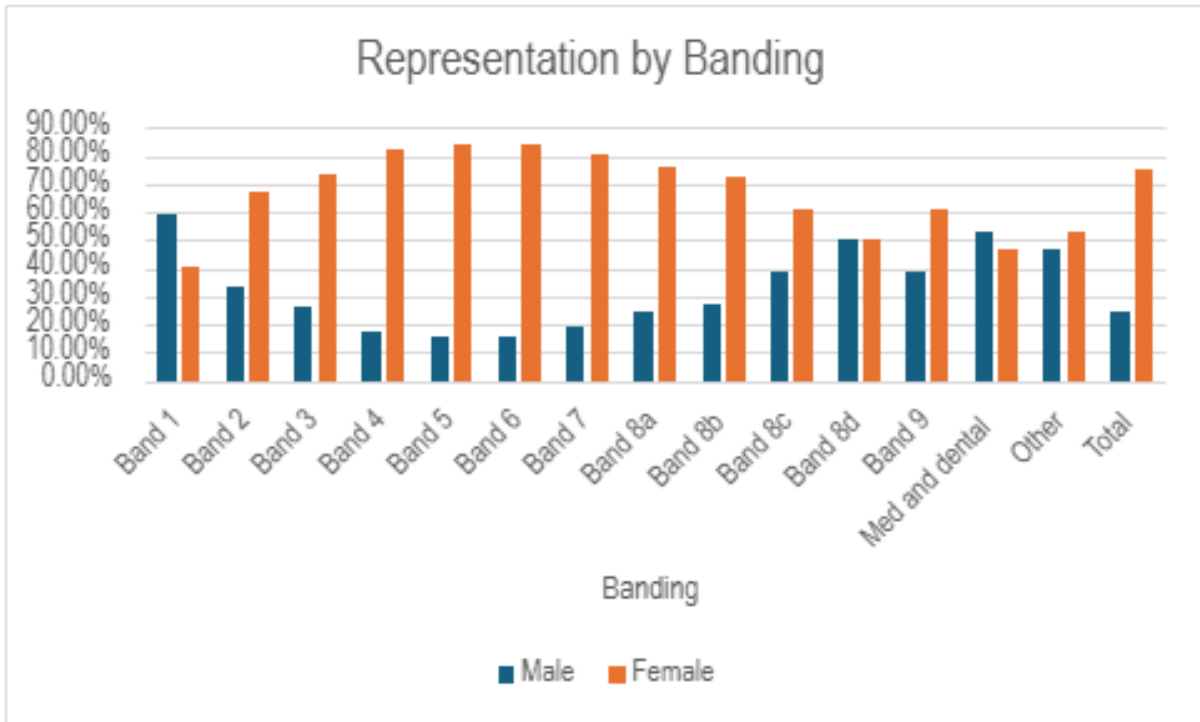
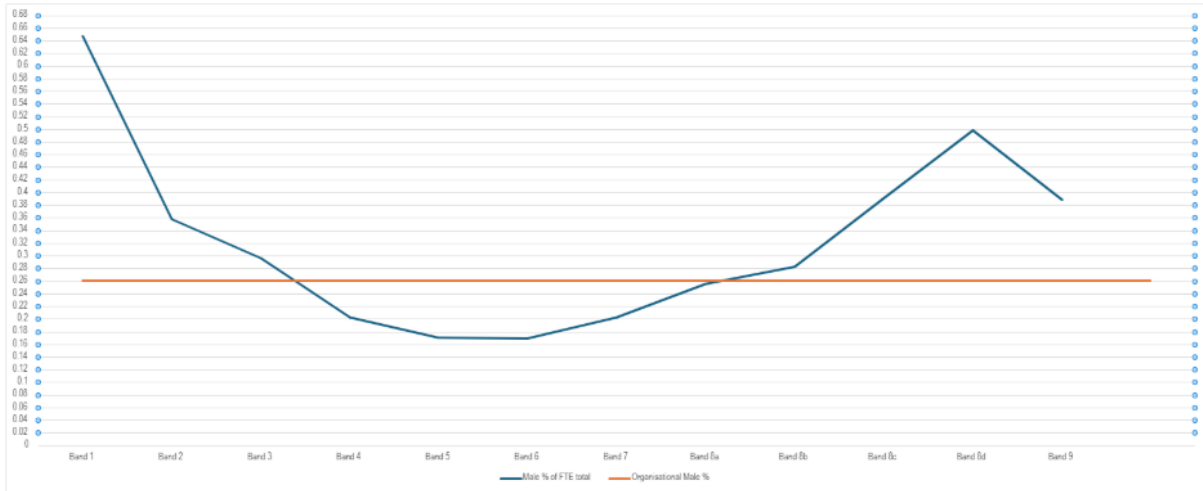


Table 8 (Banding percentage trends of Male representation)



### Understanding the bonus pay gap

Bonus pay is defined as remuneration relating to profit sharing, productivity, performance, incentive or commission for the period 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.

All analysis taken with regards to bonus payments only includes Consultants in receipt of Clinical Excellence Awards (CEA) or Commitment Awards. The figures given in table below show recipients of these awards as a percentage of the whole Health Board workforce. The

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gender split is 39.3% female and 60.7% male. This is a marginal improvement on last year's split of 38.8% female and 61.2% male. Further work is needed to understand the implications of this and to continue these improvements. While on a UK level the CEA schemes have been criticised nationally for discriminating against women through speciality choice, less than full time working and self-selection bias. It is notable that most health boards and equivalents, hold a larger but similar figure of circa 65% male recipients. Male Consultants tend to receive disproportionately more financially due to longer tenures and higher rewarded specialities; this means they score in the higher tiers for remuneration.

Table 9 (Bonus pay gap breakdown)

Gender	Employees Paid Bonus	Total Relevant Employees	Percentage of staff receiving a bonus	Percentage of staff awarded from eligible field	Percentage of remuneration awarded
Female	153	13907	1.1%	60.7%	24.54%
Male	237	4468	5.3%	39.3%	74.46%

### Working to close the gender pay gap in CAVUHB

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

Some of the work undertaken includes:

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

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

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

- Promote and encourage agile/flexible working.
- Monitor the number of male and female applicants for jobs, including part time workers.
- Ensure we have an Inclusion Ambassador for gender at Board level and in each of our Clinical and Service Boards.
- Continue to raise awareness through speakers, provision of information such as fact-sheets, and staff education opportunities.

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- Improve the reporting of our work around reducing the Gender Pay Gap through the People & Culture Committee.
- Understand what support is within our gift to work towards a completely fair progression process for Agenda for Change staff.

### Declaration

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

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Report Title:	People Policies Report			Agenda Item no.	3.2
Meeting:	People and Culture Committee	Public	<input checked="" type="checkbox"/>	Meeting Date:	23 September 2025
		Private	<input type="checkbox"/>		
Status <i>(please tick one only):</i>	Assurance	Approval	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
Lead Executive:	Executive Director of People and Culture				
Report Author (Title):	Head of People Assurance and Experience				
Main Report					
Background and current situation:					

The purpose of this paper is to inform the Committee of the development of the new All-Wales Anti-Sexual Harassment Policy, which has been approved by the Welsh Partnership Forum, and to seek endorsement for its adoption by Cardiff and Vale University Health Board. This new policy has been produced on a partnership basis across NHS Wales, reflecting a shared commitment to ensuring that our workplaces are safe, inclusive, and free from harassment. It replaces locally developed procedures, including our interim Sexual Misconduct Procedure which was approved in January 2025.

## Background

The Worker Protection (Amendment of the Equality Act 2010) Act 2023 has placed a new proactive duty on employers to take reasonable steps to prevent sexual harassment in the workplace. In response, NHS Wales has taken collective action to ensure that a consistent approach is adopted across all health organisations. The All-Wales Anti-Sexual Harassment Policy was developed collaboratively through the Welsh Partnership Forum, involving employers and trade union representatives, and was formally approved in September 2025. All health boards and NHS trusts in Wales are now required to adopt the policy in full.

## Key Features of the All-Wales Policy

The All-Wales Policy sets out a clear, zero-tolerance approach to sexual harassment and victimisation. It applies to all those engaged by NHS Wales, including employees, contractors, agency staff, bank workers, students, apprentices, volunteers, job applicants and former employees. The policy provides a standardised definition of sexual harassment and includes detailed descriptions of verbal, non-verbal, physical, coercive and hostile environment harassment, as well as victimisation and third-party harassment. Importantly, it acknowledges the role of power imbalances and the disproportionate impact of sexual harassment on women, minority ethnic staff, disabled staff, and those who identify as LGBTQ+.

The policy establishes a clear framework for how incidents should be reported and managed. It distinguishes between disclosure and formal reporting, recognising that some individuals may wish only to share their experience without immediate action being taken. It requires managers and HR colleagues to respond to disclosures and reports with sensitivity, to carry out an initial management review before determining next steps, and to ensure that appropriate safeguarding, wellbeing and investigative processes are followed. The policy also reinforces the need to provide support to those affected, to protect individuals from victimisation, and to create safe and confidential reporting routes. In addition, the policy requires Executive teams to review sexual safety data regularly and to take preventative steps to address risks in the workplace, such as lone working, alcohol-related events, or workforce cultures where inappropriate "banter" is tolerated.

## Differences from the Local Interim Procedure

In terms of process, both documents emphasise the importance of early disclosure and reporting. However, the All-Wales policy provides a clearer distinction between informal resolution, formal reporting, and disclosure, and introduces a structured “management review” stage to determine the appropriate course of action. It also sets out explicit requirements for managers to follow up with individuals who disclose harassment within a three-month period, to review their wellbeing and check whether any further incidents have occurred.

The All-Wales policy places a stronger emphasis on prevention, with a requirement for risk assessments to be undertaken in areas where there may be particular vulnerabilities, and for managers to consider wider cultural factors that can contribute to sexual harassment. While our local procedure set out detailed processes for Cardiff and Vale specific reporting mechanisms, including the Work in Confidence platform and Datix, the new policy aligns reporting more consistently across NHS Wales, making use of the Speaking Up Safely framework and national reporting standards. The governance arrangements have also been strengthened, with explicit accountability placed on Executive Teams for monitoring sexual safety data and ensuring organisational learning.

A copy of the All-Wales Policy and EHIA are attached as Appendices 1 and 2.

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

The Health Board must now formally adopt the All-Wales Anti-Sexual Harassment Policy and rescind the interim Sexual Misconduct Procedure. To support its implementation we will develop supporting toolkits for People and Culture colleagues, managers, and staff. These toolkits will provide practical guidance on handling disclosures, conducting investigations, and signposting to support, as well as resources for raising awareness and building confidence in reporting. In parallel, training and awareness sessions will continue to be delivered to ensure that all colleagues understand their responsibilities and that managers are equipped to respond appropriately.

### Recommendation:

The People and Culture Committee is requested to:

- Note the development and approval of the All-Wales Anti-Sexual Harassment Policy, and to formally adopt it on behalf of the Health Board
- Endorse the proposed next steps to develop supporting toolkits and continued training to enable effective implementation.
- Rescind the Health Board’s interim Sexual Misconduct Procedure

### Link to Strategic Objectives of Shaping our Future Wellbeing:

Please place an “X” in the below boxes as relevant.

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

## Five Ways of Working (Sustainable Development Principles) considered

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

Prevention	Long term	Integration	Collaboration	Involvement
<b>Impact Assessment:</b>				
<i>Please state yes or no for each category. If yes please provide further details.</i>				
Risk: Yes				
Adoption of a national policy reduces organisational risk by ensuring consistency and compliance with legislation.				
Safety: Yes				
The policy strengthens protections for staff and creates safer working environments.				
Financial: No				
No direct financial impact, though resource will be required for training and toolkit development within existing budgets.				
Workforce: Yes				
The policy has a positive workforce impact by supporting dignity at work and improving staff confidence in reporting concerns.				
Legal: Yes				
Adoption ensures compliance with the Worker Protection (Amendment of the Equality Act 2010) Act 2023 and wider equality legislation.				
Reputational: Yes				
Adopting the policy demonstrates the Health Board's commitment to a safe, respectful workplace and protects organisational reputation.				
Socio Economic: No				
No direct socio-economic impact is anticipated.				
Equality and Health: Yes/No				
The policy has a positive impact by protecting disproportionately affected groups and promoting equity, dignity and inclusion.				
The NHS Wales Anti-Sexual Harassment Policy has been subject to an Equality Impact Assessment				
Decarbonisation: No				
No – there is no impact on carbon reduction.				
Welsh Language: Yes				
The policy will be made available in Welsh and English, supporting compliance with the Welsh Language Standards.				
<b>Approval/Scrutiny Route:</b>				
Committee/Group/Exec		Date:		
P&C Cmte		23.09.25		

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# NHS Wales Anti-sexual Harassment Policy

“We are unwavering in our responsibility to protect the physical and psychological safety of every employee — regardless of role, background, or identity.

This policy reinforces our commitment to listen, to act swiftly and fairly, and to build a culture rooted in respect, inclusivity, and accountability. Everyone has the right to feel safe at work and through this policy, we are determined to make that right a lived reality for all.”

Approved by: Welsh Partnership Forum

Issue date: September 2025

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This policy contains references to sexual misconduct that some colleagues may find distressing.

If you have experienced or feel you may be experiencing unwanted, inappropriate and/or harmful sexual behaviours there are people who can support you. Your local employee wellbeing or occupational health teams can help you get support, and you can find a wide range of support providers in Appendix 4 of this policy.

## 1. INTRODUCTION

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a proactive duty on employers to take reasonable steps to prevent sexual harassment of their employees in the workplace.

Research consistently and regularly tells us that sexism, sexual harassment and sexual assault is happening in every corner of society hour by hour, day by day.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to reporters of harassment and must not be tolerated. NHS Wales is committed to taking all reasonable steps to prevent employees or service users experiencing or witnessing sexual harassment.

It is acknowledged that sexual harassment often occurs where there is a power imbalance, and that people in certain groups may be more vulnerable than others.

Aggravating factors such as abuse of power over a more junior colleague will be considered when decisions about disciplinary action are taken.

Within the workplace, employers have a responsibility to protect all employees from sexual harassment. We are committed to providing a working environment free from sexual harassment and ensuring all staff are treated, and treat others, with dignity and respect. We recognise that sexual harassment can occur both in and outside the workplace, such as on business trips, or at work-related events or social functions, or on social media.

Sexual harassment or victimisation of any member of staff, or anyone they come into contact with during the course of their work, is unlawful and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment of their staff during the course of their employment.

We will take active steps to help prevent the sexual harassment and victimisation of all staff.

Anyone who is a victim of, or witness to, sexual harassment is encouraged to report it in accordance with this policy. This will enable us to take appropriate action and provide support.

Sexual harassment and victimisation may result in disciplinary action up to and including dismissal.

## 2. WHAT IS THIS POLICY FOR?

This policy sets out to:

- Raise awareness and provide guidance for staff to identify behaviours that constitute sexual harassment with the explicit aim of preventing cases of sexual harassment in the first instance.
- Help and encourage reporters of harassment or sexual harassment to ask for help and report the incident safely.

- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Ensure that managers are aware of their duty to take a proactive approach to preventing sexual harassment in the workplace.
- Help managers refer reporters of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

### 3. SCOPE

The Anti-sexual Harassment Policy aims to set out a framework for line managers to deal with any occurrences of sexual harassment or inappropriate behaviour by our staff (which may include consultants, contractors and agency workers) and also by third parties such as customers, suppliers or visitors to our premises.

This policy applies to all employees, officers, consultants, self-employed contractors, casual workers including bank staff and locums, agency workers, apprentices, volunteers and interns. Our obligations and your duties under this policy also extend to job applicants and former employees.

NHS Wales has a duty of care to protect employees from, and prevent incidents of, sexual harassment from individuals within the physical or digital workplace.

### 4. GUIDING PRINCIPLES

- We will support the prevention of sexual harassment and abuse by ensuring everyone has access to relevant information and learning opportunities.
- We will create working environments that are open, safe and do not tolerate inappropriate behaviour.
- We will work actively with groups who are more likely to experience sexual harassment and abuse.
- We will ensure that all sexual safety concerns are taken seriously, treated sensitively and managed appropriately.
- We will support colleagues who experience unwanted, inappropriate and/or harmful sexual behaviours.
- We will clearly communicate and role model appropriate behaviours in line with our values and frameworks.
- We will provide confidential, accessible and non-retaliatory reporting mechanisms for individuals to raise concerns about sexual harassment.
- We will ensure our Executive Teams regularly review data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace

Confidentiality will be maintained as far as possible unless there is a safeguarding or legal concern that needs to be reported and to the extent required to ensure a fair process is followed.

These commitments will apply to everyone in NHS Wales equally and without prejudice.

This policy will be reviewed at regular intervals to monitor and ensure its effectiveness.

## INFORMATION – DEFINITIONS AND TERMINOLOGY

### 5. DEFINITIONS

It is recognised that terminology used in guidance for dealing with incidents of sexual harassment is complex and can be emotive. Terminology can have the effect of pre-judging a case and causing unconscious bias to have an effect.

#### 5.1 Definitions used in this policy of people and roles that may be involved in a sexual harassment report include:

- **Reporter of Harassment** – Recognising that anybody can report sexual harassment, for the purposes of this policy, this term is used to describe the person experiencing sexual harassment. A reporter of harassment can be male, female or non-binary.
- **Individual accused of harassment** – an individual against whom a sexual harassment report has been raised. There is no presumption of guilt against an alleged perpetrator.

#### Human Resources

Your Human Resources (HR) department may be known by a different name. Departments traditionally known as Human Resources (HR) or Personnel may be known by another name in your organisation, such as People and OD (POD), Workforce and OD (WOD), Human Resources (HR), People and Relationship Team, or People Services. In this policy we use the term 'HR or Workforce and OD'.

### 5.2 Sexual Harassment

**Sexual Harassment** refers to unwelcome sexual advances, requests for sexual favours, or other verbal, non-verbal, or physical conduct of a sexual nature that creates an intimidating, hostile, degrading, or offensive environment. Sexual harassment can happen to anyone regardless of their personal characteristics and can equally be carried out by anyone. A single incidence can be enough to constitute sexual harassment, and a person does not need to have previously objected to it.

It also includes treating someone less favourably because they have submitted or refused to submit to unwanted conduct of a sexual nature, or that is related to gender reassignment or sex at any time in the past.

Sexual harassment is defined by the impact of behaviour(s) on an individual or individuals, even if the behaviour was not intended to have the effect of sexual harassment.

Sexual harassment includes any unwelcome behaviour of a sexual nature that directly or indirectly impacts a person's dignity, safety, or ability to participate in an environment. It may involve power dynamics, discrimination, or coercion and can take various forms, such as (but not limited to):

#### 5.2.1 Verbal Harassment

- Sexual remarks, jokes, or comments that are unwelcome or offensive.
- Inappropriate inquiries about someone's personal life, sexual orientation, or body.
- Inappropriate conversations in the workplace, either in one to one or group settings.
- Repeated, unwelcome romantic or sexual propositions.

- Unwelcome sexual advances or suggested behaviour (even if the harasser may perceive this as harmless).

### 5.2.2 Non-Verbal Harassment

- Displaying or sending sexually explicit or suggestive images, messages, or gestures.
- Leering, staring, or making suggestive facial expressions.
- Sending unwelcome messages, sexually explicit or otherwise through digital communication (including emails, text messages, video clips and images sent by mobile phone or posted on the internet).

Non-verbal harassment may constitute offences contrary to section 1 Malicious Communications Act 1988 ('MCA 1988'), section 127 Communications Act 2003 ('CA 2003'), and offences created in Part 10 of the Online Safety Act 2023 ('OSA 2023').

### 5.2.3 Physical Harassment

- Unnecessary or inappropriate physical contact or "horseplay", touching, hugging, pinching, grabbing, pushing or brushing against someone without consent.
- Blocking someone's path or invading personal space in a manner that feels intimidating or uncomfortable.

### 5.2.4 Coercive Sexual Harassment:

- Conditioning employment, promotions, grades, or other opportunities on submission to sexual advances or favours.
- Threatening retaliation or adverse consequences for rejecting such advances.

### 5.2.5 Hostile Environment Harassment

- Conduct that creates an intimidating or hostile atmosphere through persistent, pervasive, or severe sexual behaviour.
- Harassment that interferes with an individual's work, education, or well-being.
- A person may be sexually harassed even if they were not the intended target. For example, a person may be sexually harassed by pornographic images displayed on a colleague's computer in the workplace.

### 5.2.6 Victimization

Victimization includes subjecting a person to a detriment because they have done, or are suspected of doing or intending to do, any of the following protected acts:

- (a) Bringing proceedings under the Equality Act 2010.
- (b) Giving evidence or information in connection with proceedings under the Equality Act 2010.
- (c) Doing any other thing for the purposes of or in connection with the Equality Act 2010.
- (d) Alleging that a person has contravened the Equality Act 2010.

Victimization may include, for example:

- (a) Denying someone an opportunity because it is suspected that they intend to make a complaint about sexual harassment.
- (b) Excluding someone because they have raised a grievance about sexual harassment.
- (c) Failing to promote someone because they accompanied another staff member to a grievance meeting.

(d) Dismissing someone because they gave evidence on behalf of another staff member at an employment tribunal hearing.

Sexual harassment and victimisation are unlawful and will not be tolerated. They may lead to disciplinary action up to and including dismissal if they are committed:

- (a) In a work situation.
- (b) During any situation related to work, such as at a social event with colleagues.
- (c) Against a colleague or other person connected to the organisation outside of a work situation, including on social media.
- (d) Against anyone outside of a work situation where the incident is relevant to the person's suitability to carry out their role.

If any sexual harassment or victimisation of staff occurs, we will take steps to remedy any complaints and to prevent it happening again. These may include updating relevant policies, providing further staff training and taking disciplinary action against the perpetrator where feasible and deemed necessary.

### 5.2.7 Third-party harassment

Third-party harassment occurs where a person is harassed or sexually harassed by someone who does not work for, and who is not an agent of, the same employer, but with whom they have come into contact during the course of their employment. Third-party harassment could include, for example, unwelcome sexual advances from a client, customer or supplier visiting the employer's premises, or where a person is visiting a client, customer or supplier's premises or other location in the course of their employment.

Third-party sexual harassment can result in legal liability and will not be tolerated. The law requires employers to take reasonable steps to prevent sexual harassment by third parties. Although a member of staff cannot bring a claim for third-party harassment alone, it can still result in legal liability for an employer when raised in other types of claims. All staff are encouraged to report any third-party harassment they are a victim of, or witness, in accordance with this policy.

Any sexual harassment by a member of staff against a third party (see above) may lead to disciplinary action up to and including dismissal, for example asking for a patient's number in the course of your work with the intention of contacting them socially would be inappropriate.

We will take active steps to try to prevent third-party sexual harassment of staff.

If we are made aware of any third-party harassment of staff, we will take steps to remedy any complaints and to prevent it happening again. These may include warning the harasser about their behaviour, banning them from our premises, reporting any criminal acts to the police, and sharing information with other branches of the organisation and the harasser's employing organisation.

Offensive behaviour can sometimes be excused as banter or jokes; managers must take a zero-tolerance approach, even when they may face criticism for doing so. Banter can be inoffensive to all those hearing/participating in it at the time but could simultaneously be in violation of expected values and behaviours or another's dignity who may just not be present. This can lead to workplace cultures that are unsafe

If an individual feels that they have been sexually harassed or that they have been impacted by sexual harassment, their feelings are valid, and their complaint must be taken seriously.

Incidents can be considered workplace sexual harassment in circumstances in which the employee is not actually working but that are connected with work, such as work social events.

### 5.3 Criminal Offences

Some forms of sexual harassment may also constitute criminal offences. Sexual violence or assault refers to any sexual act or attempt to obtain a sexual act through coercion, force, or without the explicit consent of the individual. It encompasses a range of behaviours that violate a person's autonomy, dignity, and safety, including but not limited to:

#### 5.3.1 Non-Consensual Physical Acts:

- Rape or attempted rape.
- Sexual touching or groping without consent.
- Use of force, intimidation, or threats to engage in sexual activity.

#### 5.3.2 Sexual Exploitation:

- Taking advantage of another person's sexuality without their consent, including distributing explicit images or videos without permission.
- Coercing someone into sexual acts through manipulation or abuse of power.

#### 5.3.3 Acts Perpetrated on Vulnerable Individuals:

- Sexual acts involving individuals unable to give consent due to intoxication, unconsciousness, or lack of capacity (e.g., age, cognitive impairment, or coercive circumstances).

#### 5.3.4 Verbal Threats or Coercion:

- Threatening harm to compel sexual activity.
- Using blackmail or other forms of manipulation to obtain sexual favours.

Criminal acts of this nature come under the portfolio of your Safeguarding Team.

We strongly encourage any employees who believe that they have been a victim of a criminal act to report the incident to the police. Further advice can be obtained from your local Safeguarding team.

## 6. CONFIDENTIALITY

### 6.1 Confidentiality and Anonymity

Anonymity and confidentiality are two concepts that are often used interchangeably, but they have distinct differences.

- Anonymity refers to the state of being unknown or unidentified.
- Confidentiality refers to the act of keeping information private and secure; sensitive information will not be disclosed to unauthorised individuals.

Anonymity means an individual's identity is concealed; confidentiality means information is secure.

Confidentiality covered by this Procedure will be maintained wherever possible and as far as reasonably practical, subject to legal and statutory safeguarding obligations and duties to protect other people.

As well as statutory requirements, the 'need to know' may encompass sharing of anonymised information for defined purposes such as supervision, formal support, correct processes or best practice. Therefore, confidentiality cannot be guaranteed in every situation.

Details of investigations and complaints must only be disclosed on a 'need to know' basis. Unauthorised disclosure of confidential information may result in disciplinary action, as may any concerns about attempts to influence or intimidate a witness and/or a reporter of harassment.

Confidentiality obligations apply to anyone who is involved including the individual accused of harassment, the reporter of harassment, witnesses and line managers.

The matter should not be discussed with anyone else other than on a 'need to know' basis, and in the context of formal disciplinary proceedings, will normally be limited to:

- the investigating officer
- HR or Workforce and OD colleagues directly involved.
- any relevant witnesses
- the individual accused of the harassment to the extent necessary to enable them to respond.
- safeguarding colleagues
- where represented, Trade Union representatives

This does not mean that support should not or cannot be sought by anyone who is involved, acknowledging that talking about the event may help some people or be essential to their wellbeing, however, this must be done whilst adhering to the confidentiality obligations set out in this section.

Nothing in this Policy will prevent an individual reporting sexual misconduct to the police, professional regulators (such as the GMC or NMC), or any other statutory body. Making a report does not constitute a breach of confidentiality.

Both reporters of harassment and individuals accused of harassment:

- Are free to seek professional support from anyone who would owe them a professional duty of confidentiality (e.g., from their doctor, the services in Appendix A., and similar);
- Can talk to immediate family, on the condition that the people they discuss the situation with agree to maintain confidentiality and that they do not name anyone involved. If family members work together consideration should be given to whether it is appropriate to discuss the situation;
- Cannot discuss it with fellow employees other than the investigating officer, HR or Workforce and OD colleagues directly involved, with their line manager if necessary, and where represented, with Trade Union representatives.

## 7. RISK AND PREVENTION

Managers are expected to consider the likelihood and impact of sexual harassment within their teams. Factors to consider include, but are not limited to the following:

- power imbalances
- job insecurity, for example, use of temporary staffing, agency staff or contractors
- lone/isolated working, night working and working alone with a third party
- the presence of alcohol (work-related social events)
- patient-facing duties
- lack of diversity in the workforce, especially at a senior level
- workers being placed on secondment
- travel to different work locations
- working from home
- attendance at events outside of the usual working environment, for example, training, conferences or work-related social events
- socialising outside work
- social media contact between workers
- the workforce demographic, for example, the risk of sexual harassment may be higher in a same sex dominated workforce
- a male-dominated workforce
- a workplace culture that permits crude / sexist 'banter', or other disrespectful behaviour
- gendered power imbalances (for example, where most junior staff are female and most senior managers / leaders are male)
- an expectation that workers will attend social events / conferences outside of the workplace or stay away from home overnight (particularly if alcohol is being consumed)
- a failure to respond appropriately to previous reports of sexual harassment

- workers that have more than one protected characteristic, for example, disabled people, ethnic minorities and people from the LGBT community are more likely to experience sexual harassment than people who do not have these protected characteristics

There may be risks that only affect one job role or worker - these should still be considered and addressed.

An assessment of the risk should be completed on an annual basis using the existing risk management framework and any identified risks mitigated and recorded.

Managers should ensure staff are aware of reporting mechanisms and managers must refer to this guidance if a staff member raises a complaint of harassment.

## GUIDANCE – WHAT TO DO IF AN INCIDENT OCCURS

### 8. INCIDENTS OF SEXUAL HARASSMENT

All reported incidents of sexual harassment and sexual violence/assault will be investigated promptly, with appropriate actions taken to ensure the safety and rights of those affected.

If you have any questions relating to sexual misconduct, please contact your Safeguarding or HR or Workforce and OD team for advice.

If you feel you are experiencing or have experienced sexual harassment or if you witness sexual harassment or have a concern that another colleague may be experiencing or have experienced sexual harassment it is very important that you take action.

The reporting (or disclosing) of witnessed sexual harassment can be a means of identifying further and more serious allegations.

In all cases where a child under 18 discloses sexual misconduct/assault, or employees hear about sexual misconduct/assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

Where the Executive or Senior Management Team become aware of multiple concerns or complaints of inappropriate behaviour in an area, which may not have been formally reported but give rise to sufficient cause for concern, they may choose to conduct an investigation to understand the alleged behaviours in more detail and to determine if support and interventions are needed. This is intended to ensure the effective resolution of concerns raised and the prevention of future inappropriate behaviours, where identified by the investigation. Undertaking this type of investigation should only be done in consultation with the HR or Workforce and OD team and will involve

agreed terms of reference with the relevant department. If the findings indicate a potential conduct issue, this may lead to a disciplinary process under the relevant Policy.

#### 8.1 If You Experience Sexual Harassment

You may be able to address matters informally if you feel able to do so. The person may not know that their behaviour is unwelcome or upsetting, so a conversation may help them to understand the effects of their behaviour and agree to change it. Should you need it, your local HR or Workforce and OD team can provide support to help you have an informal conversation.

There is no requirement that you attempt to informally challenge the behaviour. It is recognised that there are many situations where this may not be appropriate, safe or indeed something that you feel able to do. If this is too difficult for you, or if the informal approach is not appropriate, or has not been successful, then you are strongly encouraged to speak to someone.

Examples of people you could tell (in no particular order) are:

- A trusted colleague
- A member of your local HR or Workforce and OD team
- A member of your Safeguarding team
- Your manager
- Another senior colleague
- Your Trade Union Representative
- Speaking Up Safely contact/guardian

**This is referred to as ‘disclosure’.** It is vital that the initial response to a disclosure is handled appropriately and with sensitivity.

## What you should NOT do:

- **Ignore or put up with the behaviour**
- **Believe it is your fault**
- **Put yourself in a position where you would be left on your own with the person behaving inappropriately**

## The difference between disclosing and reporting

A disclosure is where someone tells another person about their experience but **makes it explicitly clear that they do not want action to be taken**. A disclosing party should be given time to make an informed choice and support about whether to make a formal report to the organisation (or to the police, or both). Just because a formal report is being made, does not prevent the matter being dealt with on an informal basis where this is requested by the reporter of harassment and/or deemed appropriate by the manager and HR or Workforce and OD advisor.

Whilst managers and HR or Workforce and OD advisors should try to respect the wishes of the individual making the disclosure, a disclosure can lead to formal action being taken by the employer if it is considered that there is a risk to an individual's safety; this will normally be deemed appropriate where the allegation is one of sexual assault, or where it forms part of a series of similar complaints.

In deciding whether it is appropriate to override the reporter of harassment's wishes not to take formal action, the manager should ask:

- Have they considered and exhausted all other possible options such as those already referred to in this guidance?

- What will the impact be of overriding the reporter of harassment's wishes on them?
- What are the potential risks to the reporter of harassment, the reporter of harassment's colleagues and to other third parties if the employer does not take further action?
- Have other complaints been made against the same person?
- What is the likelihood of the matter being resolved by the reporter of harassment without intervention by the employer?

Reporting is the first step in a formal process and is the term used to describe any disclosure of sexual harassment where it is not expressly requested by the reporting individual that no formal action be taken.

## 8.2 Receiving a Disclosure

### The employee who receives the disclosure should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Encourage them to consider reporting their concern** as set out in section 8.3, if it has not already been reported.
- **Make a note as soon as you are able to of any details of the disclosure**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be

notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

- **If the reporter of harassment does not want to take the disclosure any further**, you must respect their wishes unless there is a legal or safeguarding concern which means that further action must be taken. However, it may be that the disclosure has highlighted a need for training in the department or other follow up action, and you should liaise with the relevant manager or HR or Workforce and OD colleague in relation to any training that may need to be provided in the future.

If you need support or advice following the disclosure you could speak to someone in confidence, such as a member of your HR or Workforce and OD team, a member of your Safeguarding team or your own line manager.

The person receiving the disclosure should make every effort to follow up with the reporter of harassment within 3 months of the disclosure to enquire whether that individual requires any wellbeing support. The reporter of harassment should also be asked if any further incidents of harassment have occurred since the initial disclosure. Both the enquiry and response should be securely recorded in a confidential manner as set out above. If the reporter of harassment confirms further harassment has taken place, it may mean in some cases that further action will now become appropriate.

## 8.3 Reporting Incidents

It is recognised that reporting incidents can be a daunting prospect. Concerns of the individual that they may be showing disloyalty by reporting incidents, or that the reporting of an incident may leave the team short staffed, or indeed that they won't be believed often influence whether an individual reports an incident or not.

Our priority is the safety and wellbeing of our employees and we strongly encourage the reporting of any incident of alleged sexual harassment either in the workplace or by a workplace colleague

### 8.3.1 Receiving a Report

The employee who receives the report should:

- **Ensure the employee is safe** - if they are unsafe, or you cannot be assured they are safe or you believe they may be in significant danger of harm, take steps to immediately call the police (if not already informed) and seek advice from your HR or Workforce and OD or safeguarding team as soon as possible.
- **Signpost colleagues to this policy and refer them to support** described in Appendix 4.
- **Make a note as soon as they are able to of any details of the report**, ensuring confidentiality is maintained as set out in section 6. The reporter of harassment should be notified that a note of the report will be made including the date and time, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken.

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Incidents can be reported formally or informally. For informal reporting please see section 8.6.3

### 8.3.2 Reporting Incidents Formally

Incidents can be formally reported verbally or in writing via any of the following:

- To a manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A member of the Safeguarding team

We strongly encourage employees to also report criminal acts to the police, as set out in section 10 of the policy.

If you are unsure what constitutes sexual harassment, but you feel you have experienced or witnessed something you think may be in the scope of this procedure, it is very important that you report it as potential sexual harassment.

You can report anonymously if you do not feel comfortable providing a full report, via the Speaking Up Safely framework.

It is, however, preferable for individuals making a report to identify themselves, as this makes it more likely that reports can be fully and fairly investigated and resolved and contributes to creating an open and trusting culture. It also means the colleague reporting the sexual harassment can be kept informed of the progress of their report. Wherever possible a report of harassment should identify exactly what comment was made/action was taken, by whom, on what date/s this

was, where it occurred and if there were any other witnesses to the alleged harassment.

If a report is made anonymously, the steps in this policy must be followed as closely as possible based on the information provided in the disclosure.

Please note, where a report is made anonymously, but it is possible for the employer to identify the reporter of harassment, the employer will be expected to encourage and support the reporter of harassment to provide more details or come forward for the reasons set out above. This may include trying to establish any concerns the reporter of harassment has that has led to the request for anonymity.

Where a complaint is taken forward on an anonymous basis, please note whilst the employer will take reasonable endeavours to maintain that anonymity, the employer is unable to guarantee absolute anonymity, particularly if any external agencies become involved.

The individual accused of harassment will also need to receive sufficient details of the report in order to properly answer the allegations against them in keeping with the principles of natural justice.

Cases of sexual harassment should be dealt with via the NHS Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure if the allegations are against a doctor or dentist. This includes scenarios where the reporter of harassment is not an employee.

**When a formal complaint of harassment or victimisation is made, an employer should consider what steps need to be taken while the matter is investigated to ensure that:**

- **the reporter of harassment is not subjected to further acts of harassment**
- **the reporter of harassment is not victimised for having made a complaint**
- **any potential adverse impact on the reporter of harassment is minimised.**
- **other workers are safeguarded against similar behaviour, and**
- **there will be no interference with the investigation.**

#### **8.4 Sexual Harassment by a Patient or Third Party**

If a patient behaves in a sexual way towards you, and you feel safe to do so, you should tell them that their behaviour is unacceptable and ask them to stop.

If the patient does not stop the behaviour, or you do not feel safe to challenge the patient or continue with the interaction, you should excuse yourself from the encounter and seek help.

You should make your manager aware immediately and report the incident via DATIX, and seek support if you need it. Please refer to Appendix 4 for information on guidance and support.

Where your complaint is about someone other than an employee, such as a customer, supplier or visitor, we will consider what action may be appropriate to protect you and other staff pending the outcome of the investigation, bearing in mind the reasonable needs of the organisation and the rights of that person. Where

appropriate, we will attempt to discuss the matter with the third party.

We will also consider any request that you make for changes to your own working arrangements during the investigation. For example, you may ask for changes to your duties or working hours to avoid or minimise contact with the alleged harasser. You will not suffer financial detriment.

Managers made aware of sexual harassment by a patient should, as part of any response, conduct a risk assessment of the area and consider any additional steps needed to prevent sexual harassment occurring by a patient. All risk assessments should be securely recorded.

Sexual harassment by someone lacking mental capacity should still be reported, even if that person's actions were not intentional. The focus shifts to the impact of those actions on the victim, not the intent behind them and therefore should still be subject to reporting.

Please see Appendix 4 for BMA guidance on managing discrimination and sexual harassment by patients.

#### **8.5 If You Witness Sexual Harassment**

Employees who witness sexual harassment must take appropriate steps to address it. Depending on the circumstances, this could include:

- Intervening where they feel able to do so.
- Supporting the reporter of harassment to report it or reporting it on their behalf.

- Reporting the incident where they feel there may be a continuing risk if they do not report it.
- Co-operating in any investigation into the incident.

Witnesses of sexual harassment are strongly encouraged to report it and will be protected from victimisation. Please see section 8.3 above.

## **GUIDANCE – HOW TO MANAGE REPORTED CASES**

### **8.6 The Process Following a Report of Sexual Harassment**

**The person who receives the report of sexual harassment must notify their local HR or Workforce and OD and safeguarding teams as soon as possible.**

See Flowchart (Appendix 2)

#### **8.6.1 Management Review (initial assessment)**

The person making a complaint of sexual harassment should be asked if they would prefer a woman or man to interview them. Not everyone will be comfortable making a disclosure of this nature to someone from the opposite sex.

**The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under section 5 safeguarding regulations are required.**

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

This may involve:

- the individual (or team) with whom the report has been raised.
- an individual(s) with appropriate subject matter expertise
- the relevant HR or Workforce and OD officer/manager for that area.
- any other relevant individual deemed able to provide advice (e.g., Safeguarding colleagues).

See separate Management Review (initial assessment) guidance for further information

**Following the management review (initial assessment), the following actions, which are not mutually exclusive may be considered as next steps:**

- Further fact finding.
- Commissioning of a formal investigation under the NHS Wales Disciplinary Policy or the Upholding Professional Standards in Wales Procedure (UPSW) if the individual accused of harassment is a doctor or dentist.
- An informal resolution process (see section 8.6.3)
- If allegations could amount to criminal proceedings following a management review (initial assessment), notifying the police and/or other relevant agencies, including the individual accused of harassment's employers if their employer is not NHS Wales, or any regulatory bodies such as the NMC, may be deemed necessary. Please note, notifications to the police should only be made where required by Safeguarding rather than as a matter of practice for all sexual harassment allegations.

### 8.6.2 Suspension/moving an individual from their normal place of work

Where reporter of harassments and individuals accused of harassment work together a risk assessment will be undertaken, and it may be necessary to discuss temporary changes to working arrangements. It is not normal practice to move a reporter of harassment as a first step, unless they have requested this, and normal practice should be to move individuals accused of harassment wherever possible and necessary. This does not pre-judge the allegations in any way, it is simply with a view to furthering the organisation's legal obligations under the Worker Protection Act.

Please see All Wales Disciplinary Policy/ Upholding Professional Standards in Wales Procedure (UPSW) for more information.

### 8.6.3 Reporting Incidents Informally

Incidents can be informally reported verbally or in writing via any of the following:

- A manager
- A member of the local HR or Workforce and OD team
- Speaking Up Safely contact/guardian (including via anonymous reporting platform/telephone/email hotline or your organisation's equivalent)
- A local Trade Union representative

State that you want to informally report an incident.

### 8.6.4 If the Reporter of harassment Requests that the Matter be Resolved Informally

**The person receiving the informal report** should listen to the reporter of harassment and work out how best they can help them to resolve the issue informally and in a way with which the reporter of harassment is most comfortable having considered the following actions:

- Discussing ways to approach the issue directly with the individual accused of harassment.
- Supporting the reporter of harassment in raising the issue with the individual accused of harassment by accompanying them in any discussion or helping them to set out their thoughts in writing.
- Raising the matter informally with the individual accused of harassment on the reporter of harassment's behalf.
- Obtaining advice on how best to resolve the issue and/or assistance in doing so from other sources either internally such as from the local HR or Workforce and OD team or externally from sources such as ACAS.
- Arranging mediation by a trained mediator between the reporter of harassment and the individual accused of harassment. In these circumstances, the manager and HR or Workforce and OD advisor (in conjunction with safeguarding advice) must consider whether this type of resolution is appropriate. If so, an independently facilitated conversation will be arranged in line with the All-Wales Respect and Resolution Policy.
- Obtaining advice on or assistance in dealing with issues relating to particular protected characteristics, such as from a charity with expertise relating to a particular disability.
- Obtaining counselling or support for the individual

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It is important that a record of the following is kept:

- The details of the report/incident.
- A record of any discussion held with the individual accused of harassment.
- A record of any follow up actions.
- A reflections document completed.
- Any further training needs identified.

**The manager** must schedule a follow-up conversation with the reporter of harassment to check if any further incidents of harassment have occurred and whether any further support is required.

It is recognised that an informal solution may not be appropriate or may not work in many cases. For example, any informal solution is unlikely to be appropriate in more serious cases, or to work in cases where the alleged harasser is unlikely to accept that they have done anything wrong.

The reporter of harassment can make the matter formal at any stage if they wish to.

### 8.6.5 Investigating Formally Reported Incidents

Protecting the reporter of sexual harassment must be paramount.

- Investigators of allegations of sexual harassment will take particular care about the relevance and intrusiveness of questions required to investigate these matters. This includes taking great care when asking questions of a personal nature.

- Greater flexibility may be applied to the reporter of harassment's right to be accompanied to meetings related to investigating the complaint, particularly by a friend or family member (in a supportive capacity), in addition to the usual right to be accompanied by a trade union representative or work colleague.
- The reporter of harassment and individual accused of harassment should be provided with a single point of contact throughout the process wherever possible.
- These contacts should keep both parties separately and appropriately updated and ensure that they have access to support as required.
- Terms of Reference should be clearly written, containing wherever possible the specifics of the allegation; i.e., what was allegedly said/done/when/where (and where no anonymity applies) to whom.
- Timescales for each stage of the process will be provided. If timescales cannot be met, all parties will be informed of the delay and the reasons given as far as possible.

NHS Wales organisations will ensure that any allegations of potential sexual harassment are managed swiftly and in line with this policy.

Experiencing sexual harassment is extremely distressing and can be life changing. It's also distressing and a serious matter for an employee to be accused of sexual harassment. NHS Wales organisations will not presume the accusation is either true or false prior to a fair and thorough investigation.

Sexual harassment cases will sometimes only be evidenced by the reporter of harassment's word against that of the individual accused of harassment. This should not prevent the reporter of

harassment from speaking up. NHS Wales is committed to treating all complaints fairly.

Care must be taken to ensure no action is taken that could be perceived as punishing any person who raises a complaint in good faith.

Please see the All-Wales Disciplinary Policy/UPSW for more details on the Investigation stage of a process.

### 8.6.6 Actions Following an Investigation

The outcomes of the investigation will follow the relevant NHS Wales Policy. However, where there is a finding that on the balance of probabilities, the alleged sexual harassment did occur, but does not result in dismissal, the employer will normally be expected to consider if there should be a requirement for the perpetrator to attend anti-harassment training (either individually or as part of departmental training); this may be combined with another sanction. Any decision makers will also need to risk assess the likelihood of the harassment re-occurring (and any measures that could prevent this) when determining what sanction to apply.

NHS Wales recognises that in some cases it may be appropriate to signpost perpetrators to specialist services if they genuinely want to change their behaviour – this should be agreed on a case-by-case basis.

When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor

within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.

To provide assurance that the matter has been addressed appropriately; where a complaint has been upheld the organisation may share some aspects of an investigation and/or their outcomes; including any action that has been taken to prevent a similar event happening again with the reporter of harassment. This will be considered on a case-by-case basis and advice should be sought from your local HR or Workforce and OD team. Any sharing of information must be compliant with relevant data protection laws and align to your organisation's Information Governance policy.

Whether or not your complaint is upheld, we will consider how best to manage the ongoing working relationship between you and the person concerned. It may be appropriate to arrange some form of mediation or counselling, or to change the duties, working location or reporting lines of one or both parties.

Employees who raise a report of sexual harassment in good faith (whether founded or not) will always be supported, and this should include offering adjustments to the usual witness protocol.

This may include (and not limited to):

- Adjustments to normal process in the disciplinary hearing.
- Ensuring that we take a sensitive approach when cross examining a reporter of sexual harassment, including avoiding where possible the individual accused of harassment or their representative directly cross examining the reporter of harassment (subject to the provisions of UPSW).

- Considering submission of questions direct to the chair to ensure there isn't anything that is inappropriate or inappropriately worded.
- Considering the use of partition screens.
- Remote (video) attendance at hearing(s) and only for as long as necessary.

Any staff member who deliberately provides false information in bad faith, or who otherwise acts in bad faith as part of an investigation, may be subject to action under the All-Wales Disciplinary Procedure/Upholding Professional Standards in Wales. However, you will not be disciplined or treated detrimentally because your complaint has not been upheld.

If an individual has genuine cause to believe that an allegation made against them is false or vexatious, this should be clearly communicated during the management review/initial assessment stage and any subsequent stages in that particular case.

### 8.6.7 Non-Employees

Employees who are seconded or deployed to another organisation will be supported by NHS Wales to report sexual harassment in accordance with this policy or a similar policy provided by the host organisation.

NHS Wales also has a duty of care to protect individuals employed by other organisations and third parties, such as suppliers or visitors, from sexual harassment (as defined in section 5) from any individual in the workplace.

If employees are subject to sexual harassment from individuals not employed by NHS Wales, this will be taken no less seriously. In these circumstances NHS Wales will:

- not tolerate any conduct – on its premises or within any environment – that may be defined as sexual harassment.
- report any allegation to their employer or representative without delay and take appropriate steps to ensure the safety of those involved. This should be reported in the same way as if the individual accused of harassment were an NHS Wales employee.
- following the receipt of allegations of sexual harassment, take action, which may involve taking management action and/or commencing a management review (initial assessment) under the organisation's disciplinary policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

If secondees who fall within the scope of this policy are found to be in breach of this procedure after an investigation, please follow the All-Wales Secondment Policy.

NHS Wales expects any third-party organisation that deploys employees or representatives to work in or with NHS Wales to engage with any investigation relating to sexual harassment and take appropriate action and/or provide appropriate support in respect of findings in relation to the employee or representative.

### 8.7 Providing Support

NHS Wales recognises that reporting sexual harassment takes courage and can be extremely stressful. Any individual raising a concern or complaint is to be given reassurance and support throughout the process. This support may also need to be extended to any employees who have witnessed sexual harassment.

As well as providing opportunities to talk, HR or Workforce and OD teams should signpost employees to relevant services such as Occupational Health (OH) or local employee wellbeing service where available. Also see sources of support in Appendix 4 below.

Incidents of sexual harassment can have long-term impacts on those who directly experience them as well as their friends and family. A reporter of harassment may need adjustments to support them to fulfil their role and workload, especially while any investigation is ongoing. The reporter of harassment should have a conversation with their line manager (or nominated person, which may include an occupational health professional) to review matters such as their current working arrangements and consider whether any additional support is needed, for example, by using the Flexible Working or Special Leave Policies.

Where concerns regarding attendance and/or capability of the reporter of harassment may be connected to a sexual harassment incident, adjustments to the attendance and/or capability process will be considered by the individual's line manager with advice from the local HR or Workforce and OD team. Any adjustments should be recorded and reviewed every 2 weeks, documented and shared with the relevant parties such as the individual and/or their line manager and their trade union representative.

If sickness absence is caused by sexual harassment at work, advice on this can be provided by your local HR or Workforce and OD team.

### **8.8 Victimisation, including when no further action is taken**

NHS Wales does not tolerate harassment or victimisation of anyone reporting sexual harassment and will not tolerate any attempt to persuade or force an employee to not raise their

concerns. 'Victimisation' is when someone is treated less favourably as a result of being involved with a discrimination or harassment complaint and is unlawful under the Equality Act.

NHS Wales will uphold its duty of care to ensure colleagues are fully supported when reporting sexual harassment, whether their complaint is upheld or not.

Any retaliation and victimisation of an individual raising a report or acting as a witness should be reported to a line manager or your local HR or Workforce and OD team and will be addressed. This may result in action being taken under the Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist.

## **9. REPORTING TO STATUTORY REGULATORS**

NHS Wales organisations reserve the right and may be obliged to report an employee holding a professional registration of any description to their relevant statutory regulator (for example, Nursing and Midwifery Council, General Medical Council, The Health and Care Professions Council, the Law Society) in accordance with their relevant professional codes of conduct.

The designated employees for ensuring that NHS Wales organisations make an appropriate referral will be the relevant local HR or Workforce and OD team. HR or Workforce and OD teams may take advice from a range of individuals including the most senior professional of the profession within NHS Wales Organisations for example, Chief Nursing Officer and/or Chief Medical Officer before making a formal referral.

When making a referral, HR or Workforce and OD teams will do this in accordance with local organisation professional registration policy.

## 10. POLICE INVOLVEMENT

A disclosure of sexual harassment may allege a criminal act. If it is suspected that a criminal act has taken place, please contact your local Safeguarding team as soon as possible.

Where possible, a conversation with the reporter of harassment to discuss their wish for police involvement should precede any referral. If you believe there is a danger to safety and/or life, you should call the police on 999 immediately.

The Police may prosecute without victim involvement, particularly if there is corroborative evidence.

NHS Wales HR or Workforce and OD teams routinely work with Safeguarding teams using safeguarding policies to review each case on a case-by-case basis and consider the need for escalation to relevant authorities, including the police, and referrals are made where there is concern that the allegations may constitute a criminal act. The organisation will ensure that matters are referred to the wider authorities such as the relevant Local Authority Designated Officer and/or the relevant Local Authority Safeguarding Team where appropriate.

Where an internal investigation is taking place, the HR or Workforce and OD team will consult with the police at agreed intervals about concurrent investigation processes to ensure the criminal investigation/process is not prejudiced.

Reporters of harassment can report sexual harassment to the police directly. They may express a wish that they do not want to prosecute, or they wish to report and think about prosecution later. These are matters that must be discussed with the police directly.

## 11. EQUALITY INCLUDING WELSH LANGUAGE

Please refer to the completed Equality Impact Assessment undertaken at the time this policy was ratified.

## 12. APPENDICES

Appendix 1: How to Respond to a Disclosure of Sexual misconduct

Appendix 2: Draft Sexual Safety Incident Flowchart

Appendix 3: Roles and Responsibilities

Appendix 4: Further Information and Support

## 13. REFERENCES

Sexual harassment and harassment at work technical guidance. Available at: [The Equality and Human Rights Commission \(2024\) Sexual harassment and Harassment at Work technical Guidance](#)

2020 Sexual harassment survey commissioned by the Government Equalities Office. Available at:

[2020 sexual Harassment Survey \(Government Equalities Office\)](#)

NHS England Sexual Misconduct Policy. Available at:

[NHS England Sexual Misconduct Policy](#)

ACAS sexual harassment guidance. Available at:

[ACAS sexual harassment guidance:](#)

Surviving in Scrubs 'Surviving Healthcare' report. Available at:

[Surviving In Scrubs 'Surviving Healthcare' Report](#)

BMA Sexual Misconduct at Work guidance. Available at:

[Sexual misconduct at work](#)

## Appendix 1: How to Respond to a Disclosure of Sexual Harassment

Any employee or worker could be given a disclosure of sexual harassment.

Ask the individual how they want to be supported. Do not make assumptions and do not dictate what will or must happen. Let the individual tell you what they need.

If you believe someone is in danger, dial 999.

Many people feel a loss of control, so empowering them and validating their experience is vital to minimise trauma.

It is crucial to handle the conversation respectfully and supportively. Your role is to listen to the person sharing their experience and agree on the next steps to take.

Your role is not to provide counselling, clinical advice or offer retribution against the perpetrator.

You should:

- ensure they are safe
- actively listen (without having any distractions such as your phone)
- believe and validate them
- respect confidentiality but ensure they understand you may need to share information or example if a safeguarding or legal concern is outlined

• safely signpost them to support (and reporting options if they haven't reported already)

## Safety of the Employee

- if they are unsafe or you cannot be assured that they are safe and you believe they may be in danger of harm, take steps to immediately call the police (if not already informed) and seek immediate advice from your local HR or Workforce and OD team.
- where there are any safeguarding concerns (for example if there is a concern that someone is being co-coerced or controlled or where there are mental capacity concerns), you or your local HR or Workforce and OD team must contact your Safeguarding team to request an urgent discussion about employee safeguarding.
- consider any action that you or another appropriate person could take to help ensure the immediate safety of the reporter of harassment. For example, if the incident occurred in NHS Wales premises, consider and discuss with the reporter of harassment and an appropriate manager if an alternative work location would be appropriate. If the individual accused of harassment is a visitor and remains on site, you may need to contact security, and if the individual accused of harassment is an employee, you must contact your HR or Workforce and OD team for advice to co-ordinate escorting the individual accused of harassment from the building.

### You should NOT:

- push for details
- make assumptions
- ask why they did not say anything sooner
- be judgemental or criticise their choices
- express criticism or disbelief
- look disinterested (think about your body language)

- tell them what to do
- talk about your own experiences
- provide counselling yourself
- share their information with others unless they explicitly give you permission to do so, or there are safeguarding or legal concerns
- ask why they did not run away or fight back
- play down or minimise their experience and the significance of what they are sharing.

Signpost colleagues to this policy and:

- refer them to the support described in Appendix 4
- encourage them to report their concern as set out in section 8.3 above, if it has not already been reported
- make a note as soon as you can of any details of the disclosure, ensuring confidentiality is maintained. The reporter of harassment should be notified that you will make a note of the disclosure including the date and time the disclosure was made, who it was made to, what was disclosed (as much information as possible) and what immediate actions were taken

If the reporter of harassment does not want to take the disclosure any further, you must respect their wishes. However, if you need support or advice following the disclosure you could speak to someone in confidence, such as your local HR or Workforce and OD team or your own line manager

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# Responding to Reports of Sexual Harassment Flowchart

Regan, Nikki  
13/10/2025 10:52:03

# 1

# DISCLOSURE

An individual discloses that they are a victim of or have witnessed sexual harassment or sexual misconduct

ENSURE THE PERSON IS SAFE

Does the person want to report the incident(s)?

Yes

No

Informal Action

Go to 2

Are there safeguarding issues?  
**If you believe someone is in danger, dial 999**  
 For guidance, signpost colleagues to your sexual harassment intranet resources.

! Even if the individual does not want to report, there may be safeguarding issues that require the disclosure to be reported.  
**Ask your Safeguarding team for advice.**

! Remember: Incidents can be reported at a later date.  
**There is no time limit to report.**  
 Concerns can be reported anonymously via the Speaking Up Safely platform.  
 Please refer to the Anti-Sexual Harassment Policy and your sexual harassment intranet resources.

**Informal Action** can take place without an investigation.  
 The person receiving the informal report should listen to the complainant to understand how best they can help them.  
 To resolve the issue informally and in a way with which the complainant is most comfortable having considered the actions listed in section 8.6.3 of the policy.  
 Informal action may not be appropriate or may not work in many cases.

Regan, Nikki  
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The individual is supported to formally report the incident(s)

# 2 REPORT

Protecting the person who raised the complaint or who is the victim of sexual harassment should be paramount.

- Incidents can be formally reported to:
- Your manager
  - A member of your local HR or Workforce and OD team
  - Your Speaking Up Safely contact/guardian
  - A member of your Safeguarding team

The alleged perpetrator also needs to be treated fairly and offered support in line with policy and the law.

In some cases, more immediate action may need to be taken, such as suspending or moving the alleged perpetrator. A member of your local HR or Workforce and OD team will be able to advise investigating managers on the appropriate course of action.

Remember:  
Colleagues can also report completely anonymously.  
See your local Speaking Up Safely information.

Go to **3**

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The local HR or Workforce and OD team will inform the local Safeguarding team to assess whether further actions under Section 5 safeguarding regulations are required.

The local HR or Workforce and OD team will support the manager to conduct a management review (initial assessment) of the report.

### Management Review (Initial Assessment)

# 3

# NEXT STEPS

No Further Action

Reports of sexual harassment will be managed swiftly, confidentially and in line with the appropriate organisational policies and procedures.  
(The result of the management review could be that no further action is taken).

Police Investigation

In some cases, a Police investigation must take place.  
Your safeguarding team will provide advice in these cases.

Investigation

If deemed appropriate, a formal investigation is commissioned.

**!**  
The person who raised the complaint will be appropriately informed of developments throughout the process.

FORMAL ACTION

Formal action will normally follow the process in the All Wales Disciplinary Policy or Upholding Professional Standards in Wales Procedure (UPSW) if the allegations are against a doctor or dentist

INFORMAL ACTION

Informal action on a case by case basis in line with the relevant policy.

COMPLAINT NOT UPHeld

Signpost to support, and advice and guidance in the All Wales Anti-Sexual Harassment Policy and sexual harassment intranet resources.

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## Appendix 3 – Roles and Responsibilities

Overall responsibility for policy implementation and review rests with the Chief Executive Officer (CEO).

The CEO shall delegate operational responsibility to the Executive Director of HR or Workforce and OD. All NHS Wales Directors will demonstrate due diligence in respect of the Worker Protection (Amendment of Equality Act 2010) and be responsible for policy implementation at all other NHS Wales premises.

To support cultural development the **Organisation** will take the following actions:

- ensure the Executive Team regularly reviews data relating to sexual misconduct and that lessons are learnt and changes in practice are made to improve sexual safety in the workplace.
- ensure all colleagues are aware of issues relating to sexual harassment, the Anti-sexual harassment Policy and how to deal with reports and disclosures appropriately.
- actively work to prevent sexual harassment in the workplace
- encourage managers to ask about an individual employee's working relationships and environment within their line manager/employee relationship 1:1 meetings.
- ensure a named member of the Executive Team has responsibility for sexual safety.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **The Safeguarding Team** will:

- offer guidance to employees and managers on the interpretation of this procedure in respect of cases of violence against women, domestic abuse or sexual violence.

- provide advice and support to employees affected by violence against women, domestic abuse or sexual violence.
- provide advice and support to managers who suspect an employee may be experiencing affected by violence against women, domestic abuse or sexual violence.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure that procedures and guidance relating to Violence Against Women, Domestic Abuse and Sexual Violence are up to date and available for managers and employees.

Safeguarding managers must be made aware of all allegations of sexual assault or domestic abuse by an employee and if appropriate, a decision will be made in line with current guidance and legislation about what steps will be taken.

In all cases where a child under 18 discloses a sexual assault, or employees hear about a sexual assault of someone under 18, a Child at Risk Report must be made based on Wales Safeguarding Procedures (2019).

To support our commitment to a safe workplace and culture all **employees** should:

- Ensure they understand what sexual harassment is.
- Be aware of how their behaviour can affect others and model appropriate behaviour.
- challenge inappropriate behaviour, if possible and where it can be done safely, and report it.
- promote a culture that fosters openness and transparency and does not tolerate unwanted, harmful and/or inappropriate sexual behaviours, upholding the values and behaviours/core principles of NHS Wales and the local organisation.

- report incidents of sexual harassment when witnessed, or support those who have experienced sexual harassment by reporting it.
- co-operate fully in any investigation.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure they have completed all appropriate Statutory and Mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- familiarise themselves with and adhere to the principles set out in this policy.

In addition to their responsibilities as employees (listed above), **line managers** should:

- provide appropriate support and/or signpost support to those who disclose or report sexual harassment.
- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure their employees have completed all appropriate statutory and mandatory training modules, including Violence Against Women, Domestic Abuse and Sexual Violence and Treat Me Fairly.
- report an incident to HR or Workforce and OD colleagues where relevant and in line with this policy.
- be proactive in putting into place any reasonable adjustments including completion of the sexual safety risk assessment, individual wellness action plans and stress risk assessments where necessary.
- be available to support the investigation if appropriate.
- be responsible for creating a culture where employees feel safe to work, raise concerns and feel listened to.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- provide support to an individual accused of harassment and/or signpost them to support.
- be a role model for promoting equal and professional behaviours in the workplace.
- be aware there may be a need to report an instance of sexual harassment, bearing in mind confidentiality and the wishes of the reporter of harassment should it need to be discussed anonymously with the Head of HR or Workforce and OD and/or Head of Safeguarding.
- ensure that a person is not victimised for making or being involved in a complaint of sexual harassment.

In addition to their responsibilities as employees (listed above), the **HR or Workforce and OD team** will:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- ensure that there are clear processes in place for responding to complaints of sexual harassment or assault and clearly communicate them.
- offer guidance to employees and managers on the interpretation of this policy and any accompanying guidance
- ensure information and training is available to support the effective implementation of this policy.
- monitor and evaluate the effectiveness of this policy.
- provide specialist advice at all stages of a complaint being raised for the reporter of harassment, line manager, individual accused of harassment and in the event of a formal investigation, the case/ commissioning manager, the investigating officer and disciplinary panel hearing.

- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- signpost colleagues to the appropriate support.

Local operational HR or Workforce and OD colleagues will act as key contacts for individuals who raise complaints of sexual harassment.

Senior HR or Workforce and OD managers will work closely with the safeguarding colleagues and other departments/agencies as appropriate.

In addition to their responsibilities as employees (listed above), **Trade Union/staff side Representatives** should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- signpost to this policy, explain the procedures for reporting and the potential routes and outcomes, and assist with the reporting process where appropriate.
- explain the options for support both internally and externally during and after the process.
- maintain confidentiality as far as possible and reasonably practicable unless there is a safeguarding or legal concern that needs to be reported.
- provide support to their members through informal and formal processes.
- work with NHS organisations to promote and deliver training and awareness programs that prevent sexual harassment in the workplace.
- work proactively with management to monitor and address workplace culture issues that may contribute to a hostile environment.

When representing members who are accused of sexual harassment, Trade Unions are expected neither to condone or

defend such actions; nor ignore or refuse outright to hear or assist a member accused of such actions.

Representatives must be careful not to presume guilt or ignore the obligation to advise the member and ensure a fair hearing.

In addition to their responsibilities as employees and managers (listed above), individuals in a **leadership position** (often noted as 'position of power') should:

- undertake training to ensure they understand what sexual harassment is and their role in eliminating this in the workplace.
- be aware of the potential power imbalance that can increase the vulnerability of some employees.
- never take advantage of their position to coerce employees into performing sexual favours.
- maintain confidentiality as far as possible and reasonably practical unless there is a safeguarding or legal concern that needs to be reported.
- ensure no colleague is subjected to inappropriate behaviours including jokes and banter.
- be aware of the vulnerabilities of women and minority groups who may be at greater risk of sexual harassment. This includes individuals with protected characteristics such as but not limited to gender, race, sexuality, gender identity, religion and disability which may increase the risk of experiencing sexual harassment.
- identify potential risk factors and take prompt, reasonable action to minimise those risks.

In addition to their responsibilities as employees, managers and people in positions of leadership (listed above), **Executive Team members** will:

- conduct regular reviews of internal data and ensure appropriate actions are taken in areas of concern.
- influence organisational culture and set organisational priorities relating to sexual harassment.
- support the development of the leadership community to support the operation of this procedure.

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## Appendix 4: Further Information and Support

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence. Live Fear Free operate 24/7, offer support through the Welsh language, have access to Language Line and use Sign Live to support deaf survivors. 0808 80 10 800

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

**Local Occupational Health and Wellbeing Services** provide a range of services to help employees stay well both at home and at work

### **Trade Union representatives**

Provide advice and support to their members when they have issues at work.

[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#) provides information, specialist support and therapy to anyone aged 13 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

[ACAS](#): helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

[Rights of Women](#): have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

[Surviving in scrubs](#): provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

[Sexual Assault Referral Centres](#) (SARC) offers confidential medical and practical support to people who have recently been raped or sexually assaulted.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[UK Government Sexual Abuse Support](#) for victims of sexual violence and abuse.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

### [Equality and Human Rights Commission Technical Guidance](#)

[Rights of Women](#): A charity dedicated to providing frontline legal advice to women experiencing all forms of violence against women and girls in England and Wales.

[HCPC Sexual Safety Hub](#): Raising awareness of the impact of sexual misconduct, and helping to improve the sexual safety of

service users, those working within health and social care, and the students and learners on our approved education programmes.

**[BMA Sexual Misconduct at Work Resources](#)**: Information on sexual misconduct and the resources to support you if you have been involved in an incident of sexual misconduct, or if someone is seeking your support.

**[Managing discrimination from patients and their guardians and relatives \(BMA\)](#)**

**[Unison sexual Harassment Guidance](#)**: Guidance and model policy

**[Wales TUC Sexual harassment Toolkit](#)**: Guidance and toolkit

**[National Stalking Helpline](#)** Run by the Suzy Lamplugh Trust, the helpline gives advice and information to people who believe they're being stalked (includes 'Am I being stalked?' tool 0808 802 0300

**[Men's Advice Line](#)** The Helpline for male victims of domestic abuse 0808 801 0327

**[BAWSO \(Black Association Women Step Out\)](#)**: Provides practical prevention, protection and emotional support services to Black minority ethnic (BME) and migrant victims of domestic abuse, sexual violence, female genital mutilation, forced marriage, honour-based violence, modern slavery and human trafficking 0800 7318 147

**[Canopi](#)** Free and confidential mental health support for NHS and social care staff across Wales

**[NHS Wales Guidance for Victims of Violence and Aggression](#)**



## Evidencing Due Regard - Equality Impact Assessment form

These assessments will help to gather and record evidence of due regard to the equality duties. The key purpose to purpose is to provide evidence that the Health Board's decisions are compliant with **statutory requirements for the** Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant. See the Equality Betsi net pages for support.

### Step 1 Complete Part A

#### Section 1

- General Information
- Which Assessments are Required
- Links to BCUHB Values and Strategic Equality Objectives
- Wellbeing of Future Generations

#### Section 2 – Evidence to support assessment

- a. Record of Engagement and Consultation activity
- b. Additional information

Complete Step 2 and 3 if required.

Format as Arial 12 black font.

### Step 2

#### Complete Part B – Equality Impact Assessment (EqIA)

#### Section 1 - Equality Impact

#### Section 2 - Human Rights

#### Section 3 – Armed Forces Due Regard

#### Section 4 - Welsh Language

#### Section 5 - Assurance for Compliance

#### Section 6 – EQIA Action Plan

#### Section 7 – Equality Risks

#### Section 8 – Sign Off

[Guidance]

### Step 3

#### Complete Part C - Socio-economic Impact Assessment (SEIA)

#### Section 1 - Assessment information

#### Section 2 - Impacts on Socio-economic Duty Domain Areas

#### Section 3 – SEIA Action plan

#### Section 4 – Sign Off

[Guidance]

EMAIL COMPLETED ASSESSEMENTS TO: [bcu.equality@wales.nhs.uk](mailto:bcu.equality@wales.nhs.uk)

## Part A – Information on assessment work required

### Section 1 – General information

<b>Title: Sexual misconduct Policy (Draft at 4/2/2025)</b>
<b>Assessment Lead:</b> Jen Dowell-Mulloy
<b>Who has been involved in undertaking this equality assessment:</b> <i>Jen Dowell-Mulloy (EqIA author), Nick Such, (policy author)</i>

<b>Quick guide on what assessments are required:</b> This section will help guide you to which assessments are required for your proposal.			
<b>Types of decision being assessed:</b>	<b>What is being assessed? please tick the one which applies ✓</b>	<b>EQIA Required [Part B]</b>	<b>SEIA Required [Part C]</b>
Strategic policy development with strategic directive and intent, including those developed at Regional Partnership Boards and Public Service Boards which impact on a public bodies functions		✓	✓
Health Board Wide Plans. Medium to long term plans (for example, corporate plans, development plans, service delivery and improvement plans)		✓	✓
Business Case/Capital Involvement/Options Appraisal required		✓	✓



Setting objectives (for example, well-being objectives, equality objectives, Welsh language strategy)		✓	✓
Changes to and development of public services/Closure of Services		✓	✓
Decisions affecting service users, employees or the wider community including (de)commissioning or revised services		✓	✓
Efficiency or saving proposals, e.g., resulting in a change in community facilities, activities, support or employment opportunities		✓	✓
Directorate Financial Planning		✓	✓
Divisional policies and procedures affecting staff		✓	
New policies, procedures or practices that affect service delivery	✓	✓	
Large Scale Public Events		✓	
Major procurement and commissioning decisions		✓	✓
Local implementation of National Strategy/Plans/Legislation (e.g. vaccination programme)		✓	✓
Other – please state (seek advice if not sure what assessments are required)			

Equality Impact Assessment	Socio-economic Impact Assessment
Start date: 12/12/2024 Completed date: 4/2/2024	Start date: DD/MM/YY Completed date: DD/MM/YY
<b>If not undertaking EqIA state reason:</b> (note that EqIA is a requirement of the Health Board to evidence compliance to equality legislation)	<b>If not undertaking SEIA state reason:</b> Decision does not require assessment as not of a strategic nature
Please complete the rest of this section if EQIA / SEIA is required.	
<b>Summary of the purpose and aims of the decision / service / policy / function / change being assessed:</b>	

Regard, Nilam  
13/10/2025 10:52:03

EMAIL COMPLETED ASSESSEMENTS TO: [bcu.equality@wales.nhs.uk](mailto:bcu.equality@wales.nhs.uk)



This is a new All Wales policy that has developed in order to put in place a framework to take a proactive approach in:

- educating the workforce in expected standards of behaviour and in
- providing advice, guidance and support to staff who experience inappropriate behaviour.

The need for this policy has arisen in response to new legislation: The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace. This will strengthen current protections.

NHS Wales is unequivocal that sexual harassment is unlawful and damaging to victims and must not be tolerated and is committed to taking all reasonable steps to prevent staff members or service users becoming victims of sexual harassment.

The aim of this policy is to provide:

- Information and guidance to deal with cases of sexual misconduct, effectively and sensitively.
- Guidance on the expected standards of behaviour, including information on what are not acceptable behaviours.
- Guidance on safe methods of reporting concerns and incidents and ways of supporting victims of sexual misconduct.



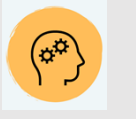
This policy sets out to:

- Raise awareness of what behaviours constitute sexual harassment.
- Help and encourage reporters of harassment of sexual harassment to ask for help and report the incident safely.
- Inform managers and employees of the processes to follow where acts of sexual harassment occur.
- Raise awareness of the serious and harmful impacts of sexual harassment, and the need to deal with cases in a sensitive, supportive, timely and robust manner.
- Help managers refer reporters of harassment of sexual harassment to appropriate support.
- Help employees understand where they can find appropriate support.
- Support the NHS Wales in increasing the reporting of incidents of sexual harassment.

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### Links to BCUHB values

Indicate any values that relate to the decision / service / policy / function / change being assessed. **please tick the one which applies** ✓

				
<b>Put patients first</b>	<b>Work together</b>	<b>Value and respect each other</b>	<b>Learn and innovate</b>	<b>Communicate openly and honestly</b>
✓	✓	✓	✓	✓

### Links to BCUHB Equality Objectives 2020-2024








The health board published the Strategic Equality Plan (SEP) in 2020, for the period 2020-2024. Please indicate which objectives align for this decision / service **Links to BCUHB Equality Objectives** The health board published the Strategic Equality Plan (SEP) in 2024.

Equality Objectives	Tick if decision relates	Any supporting narrative
<b>Achieving equity by...</b>		
A Working in partnership		
B Providing high quality inclusive services		
C Governance and Accountability	✓	
D Being a kind and compassionate organisation	✓	
E Innovation		

### Well-being of Future Generations (WFG)

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Indicate any goals of the WFG Act that are being considered within the decision / service / policy / function / change being assessed.  
please tick the one which applies ✓

 A Prosperous Wales	 A Resilient Wales	 A More Equal Wales	 A Healthier Wales	 A Wales of Cohesive Communities	 A Wales of Vibrant Culture & Thriving Welsh Language	 A Globally Responsible Wales
		✓	✓			

For descriptors of these goals - [Well-being of Future Generations \(Wales\) Act 2015 – The Future Generations Commissioner for Wales](#)

**Is the decision / service / policy / function / change being assessed related to, or influenced by, other Policies or areas of work?**

*It is important to acknowledge how your policy or proposal may affect, or be affected by other policies or areas of work. If you have already completed an EqlA on a previous version of your policy or proposal, please indicate that here.*

WP6 Code of Conduct Policy

WP5 – All Wales Respect and Resolution Policy

WP4A – Procedure for NHS Staff to Raise Concerns

WP9 Disciplinary Policy

All Wales Procedure for Addressing Concerns about Capability, Performance and Conduct of Doctors and Dentists – upholding professional standards

HS02 Protecting Employees from Violence and Aggression v2

WP8 Equality, Diversity and Human Rights Policy

BCUHB WP42 Guidance on Dealing with Hate Incidents and Crimes Against BCUHB Employees

BCUHB People Strategy and Plan

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**Governance Route for this assessment and Executive Sponsor (usually Director level):** please state which Committee / Board will scrutinise and approve this assessment:

All Wales stages:

First stage: Deputy Directors (Workforce & OD) Directors Peer Group

Subsequent Stages:

All Wales Governance Business Committee

Local stages:

- Local Workforce Policy Groups
- Workforce Leadership/Partnership Group (or equivalent)
- Equality and Human Rights Strategic Forums (or equivalent, for information)
- Exec Policy Oversight Group (EPOG) (or equivalent for approval)

## Section 2 - Evidence to support assessment

### a. Record of Engagement and Consultation

The drive towards closer integration of health and social services with improved public engagement is reflected in the aims of [A Healthier Wales](#). This sets out the goal of ensuring citizens are placed at the heart of a whole-system approach to health and social care services and stresses the importance of listening to all voices through continual engagement. We also have a legal duty to engage with people who share protected characteristics and who are socio-economically disadvantaged under the Equality Act 2010. This is particularly important when considering proposals for changes in services that could potentially impact upon people / groups.

Please record here details of any engagement and consultation you have planned / undertaken / or analysed. This may include engagement with patients, carers, communities, stakeholders and staff.

EMAIL COMPLETED ASSESSEMENTS TO: [bcu.equality@wales.nhs.uk](mailto:bcu.equality@wales.nhs.uk)

For further information and help, please contact the Corporate Public Engagement Team - [BCU.GetInvolved@wales.nhs.uk](mailto:BCU.GetInvolved@wales.nhs.uk)

**a. What steps have you taken, or planned in order to engage and consult with people who share protected characteristics and how have you done this? Include consideration for co-design.** Consider internal / external engagement, participatory methods and principles of co-design and co-production:

All Wales group established to share insight and feedback from NHS organisations across Wales. This group includes workforce, equality and trades union representatives.

Within BCUHB, engagement has taken place with:

- Equality Champions
- Staff Equality Networks – including Gender Equality Network
- Workforce and OD meetings
- Betsi internal policy consultation pages
- Trade Unions

**b. Give a summary on how the decision / service / policy / function / change will be shared?** (E.g. dissemination of new policy)

Published on organisations intranet policy pages  
 Linked to workforce, equality and Health and Safety (Violence and Aggression) pages  
 Weekly NHS organisations briefings  
 Any other relevant regular briefings (e.g. Workforce/Equality monthly briefings)  
 Via people and culture meetings, safeguarding meetings etc.

**c. Are there planned arrangements for gathering feedback during implementation of the decision / service / policy / function / change being assessed?**

Ongoing feedback on its implementation via the above groups, and via the all Wales consultation process.

**d. Summarise any emerging themes from the engagement work carried out:**

- Very much needed – to give improved protections to staff experiencing harassment

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- Policy needs to include themes from sexual harassment from patients as well as staff and visitors
- Clear and consistent message on what action to take
- Need to have increased confidence in reporting
- Links to other policies need to be reflected and review – such as respect and resolution and code of conduct
- Greater awareness of issues arising from misogyny and sexual misconduct needed in NHS organisations, and indeed in NHS organisations – significant issues arising from the need for culture change in male-dominated 'traditional/long standing' staff groups

**e. How has the engagement work influenced / or how will the planned engagement influence your work/guide your policy/proposal? Does the engagement work highlight any opportunities to address adverse impacts?**

Yes – ongoing discussion and meeting with All Wales group (see above) has co-produced the policy.

**b. Additional information**

**Evidence to support assessment - your decisions must be based on robust evidence. What evidence base have you used in support?**

Additional evidence may include both quantitative and qualitative information, for example evidenced based research relating to protected characteristics, government research and reports, census and nationally recognised public accessible data sets. BCUHB data such as performance data and employment data may also be appropriate to include. All data and information should be disaggregated by protected characteristics where possible. Please include the source for any information used. Further info on Betsinet: [EqlAs - Equality Impact Assessments \(sharepoint.com\)](#)

At March 2022, the NHS workforce across Wales was 91,492 people.

Over the last six years, "Anxiety / Stress" have been the one of the top most common known reasons for sickness.

Key equality monitoring information: Source: [heiw.nhs.wales/files/nhs-wales-workforce-trends-as-at-31-march-2022/](https://heiw.nhs.wales/files/nhs-wales-workforce-trends-as-at-31-march-2022/)

Responsible: Nikki  
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- Overall, within NHS Wales, 76% of the workforce is female. Every staff group has a higher percentage of females in the workforce than males, except for Medical and Dental where males account for 55%. The staff group with the largest percentage of females is the Nursing and Midwifery workforce where females account for 91%.
- Staff of Black / Asian / Mixed and Other ethnic groups make up 7% of the overall workforce, however, this figure may vary as 12% of staff have not stated or not entered in the ethnic details into their Electronic Staff Record and some entries may have incorrect details.
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown
- Of the staff that have completed this information in ESR, 6% are not of a UK nationality. With 15% of staff having a nationality listed as unknown

Research: A [2021 survey from the BMA](#) reported 56% of women respondents had received unwanted verbal conduct relating to their gender, as did 28% of men respondents. The report also revealed that 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of respondents who were men. Key findings include:

- 91% of women respondents had experienced sexism at work within the past two years
- 84% of all respondents said there was an issue of sexism in the medical profession
- 28% of men respondents said that they have/had more opportunities during training because of their gender, in comparison to 1% of women respondents
- 74% of all respondents think that sexism acts as a barrier to career progression
- 42% of all respondents who witnessed or experienced an issue relating to sexism in the past two years chose not to raise it with anyone
- 61% of women felt they were discouraged to work in a particular specialty because of their gender, with 39% going on to not work in that specialty –
- 70% of women respondents felt that their clinical ability had been doubted or undervalued because of their gender, in comparison to 12% of men –
- 31% of women respondents experienced unwanted physical conduct in the workplace as did 23% of men respondents
- 56% of women respondents had received unwanted verbal conduct relating to their gender as did 28% of men respondents

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Surviving in Scrubs<sup>1</sup> note from research that 42.3% of incidents included sexual harassment and 36.8% included sexism, 20.6% of incidents involved sexual assault, 1.9% rape. 50% of incidents occurred in patient facing environments including hospital wards, theatre, and clinics. Survivors reporting to Surviving in Scrubs have said they want to feel safe to work in a healthcare environment free from sexist discrimination and sexual violence. Prevention of these behaviours is our definitive aim. However, whilst these behaviours still occur, survivors wish to be listened to and to be believed. They urgently need access to a sensitive and safe pathway to report sexual violence that can be anonymous if they wish, to continue to work without the risk of losing their job or future career, and to receive specialist accessible support.

Sexual misconduct is traumatic for the victim, and causes long lasting detrimental impacts that manifest in a range of different ways. Victims report professional, financial and emotion effects of sexual misconduct. Victims often report threats that their careers could be damaged as a result of reporting sexual misconduct. Victims have also reported being blamed for being harassed, or feel that they were punished by being moved to another department or role because they raised a complaint.

The Worker Protection (Amendment of Equality Act 2010) Bill received Royal Assent on 26 October 2023, to become the [Worker Protection \(Amendment of Equality Act 2010\) Act 2023](#). The focus of the act is to place a duty on employers to take reasonable steps to prevent sexual misconduct of their employees in the workplace.

Other information has been looked at in the development of this policy which has included:

**[ACAS](#)**: helpline for anyone experiencing workplace related issues including sexual harassment/misconduct.

**[Rights of Women](#)**: have free legal advice lines for women who have experienced domestic abuse, sexual violence and sexual harassment/misconduct at work.

**[Surviving in scrubs](#)**: provide support, share survivor stories and campaign to end sexism, harassment, and sexual assault in the healthcare workforce.

**[Rape & Sexual Abuse Support Centre \(RASASC\) North Wales](#)** provides information, specialist support and therapy to anyone aged 3 and over who has experienced any kind of sexual abuse or violence either recently or in the past.

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<sup>1</sup> [Surviving Healthcare Report](#)

[Live Fear Free](#) provides help and advice about violence against women and men, domestic abuse and sexual violence.

[Rape Crisis England and Wales](#): 24/7 helpline that can provide immediate support if you have experienced sexual misconduct.

[Galop](#): support LGBT+ people who have experienced abuse and violence

[SurvivorsUK](#): provide support to male and non-binary survivors of sexual violence, providing counselling, practical help and community on your healing journey.

[A list of support services on the Government's website](#): for victims of sexual violence and abuse.

[Victim Support](#): provide specialist help to support victims of crime to cope and move on to the point where they feel they are back on track with their lives.

[NHS help after rape and sexual assault](#): information on the NHS website about where to find support if you have been sexually assaulted, raped or abused.

[Samaritans](#): support for anyone who's struggling to cope, and who needs someone to listen without judgement or pressure.

[Equality and Human Rights Commission Technical Guidance](#)

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## End of Part A

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## Part B – Equality Impact Assessment with Human Rights

### Section 1 - Equality Impact Assessment

<b>Assessment – due regard relating to people / group who share protected characteristics</b>			
This section should record any known or potential impacts for those who share protected characteristics and other key groups. Impacts may be both negative and positive and the assessment will help to identify how different groups may be disproportionately impacted. Include consideration for any intersectional impacts. Evidence can link to Part A. You can copy and paste this tick: ✓			
<b>Age</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
	✓		
Evidence / supporting narrative:			
<p>This policy should help to provide improved protections for staff of all ages across the organisation. Surviving in scrubs report notes:</p> <ul style="list-style-type: none"> <li>• that the youngest age band was more likely to report unwanted physical conduct from senior doctors (19% versus 12% overall) and from patients/relatives (28% versus 18% overall)</li> <li>• The extent to which respondents feel able to raise issues varies by age, with younger doctors (age 26-35) experiencing or witnessing an issue but not reporting it being much higher at 54% compared with 42% overall. Junior doctors were more likely to not report an issue they experienced or witnessed (FY 68%, higher grades 49% versus 42% overall)<sup>2</sup>.</li> </ul> <p>Research indicates that victims of sexual harassment can occur with any age and perpetrators can be of any age.</p> <p>The policy should have a positive impact for protecting staff from harassment.</p>			
Mitigation action if adverse impact found:			

<sup>2</sup> [sexism-in-medicine-bma-report.pdf](#) Page 11



Although no adverse impact is currently identified, further considerations may be required in its implementation for encouraging and creating a culture where younger staff feel able to report an incident they have witnessed. This may link to Active Bystander Programmes and Culture Change work across NHS Wales.

<b>Disability</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
(including long term conditions, mental health, neurodivergence and invisible impairments)	✓		

Evidence / supporting narrative:

There is currently limited information about sexual harassment and disabled NHS staff in Wales, however it is generally accepted that sexual harassment can have an adverse impact on staff mental health and general wellbeing.

A 2015 study in the EU found that 61 per cent of disabled women experiences sexual harassment at work and in education since the age of 15 compared to 54 per cent of non-disabled women.

A survey by the TUC published in 2021 found that nearly 7 in 10 (68 per cent) of disabled women have experienced some form of sexual harassment at work. This compares to around half (52 per cent) of women in general. Younger disabled women<sup>3</sup> are even more likely to have experienced sexual harassment with almost four out of five (78 per cent) reporting being sexually harassed at work.

Data from NHS Employers (England) via the Workforce Disability Equality Standard highlights that disabled staff are more likely to experience harassment, bullying and abuse at work.

We have not currently found any adverse impact of this policy in regards to disabled people. Due to the intersectional nature of harassment of disabled staff, this policy should provide improved protections against sexual harassment.

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation with information to meet the communication needs of people with sensory loss / impairments.

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Sexual Orientation	Positive effect	Negative effect	Neutral
<p>Evidence / supporting narrative:</p> <p>There is currently limited information about sexual harassment and sexual orientation across NHS staff in Wales. ESR systems which record staff sexual orientation has a high percentage of non disclosure which makes it difficult to draw any links with reporting and sexual orientation.</p> <p>Stonewall<sup>3</sup> note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination.</p> <p>It is difficult to draw conclusions if staff deciding not to disclose their sexual orientation is due fear of sexual harassment. There is some international studies that suggest that LGBTQ+ people at high school are more likely to experience sexual harassment compared to heterosexual counterparts and were more likely to report incidences. <sup>4</sup></p> <p>Data* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.</p> <p><b>*2020 Sexual Harassment Survey</b> (<a href="https://publishing.service.gov.uk">publishing.service.gov.uk</a>)</p> <p>The policy should have a positive impact for sexual orientation groups. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.</p>	✓		
<p>Mitigation action if adverse impact found:</p>			

<sup>3</sup> [SHW0020 - Evidence on Sexual harassment in the workplace](#)

<sup>4</sup> [Do Sexual Minorities Face Greater Risk for Sexual Harassment, Ever and at School, in Adolescence?: Findings From a 2019 Cross-Sectional Study of U.S. Adults - Davey M. Smith, Nicole E. Johns, Anita Raj, 2022](#)



Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging LGBTQ+ staff to report incidents.

**Gender Reassignment / Gender identity**

(including non-binary, gender fluid and intersex)

**Positive effect**

**Negative effect**

**Neutral**

✓

Evidence / supporting narrative:

There is currently limited information about sexual harassment and gender identity NHS staff in Wales. ESR systems which record staff equality information does not currently record gender identity.

Stonewall<sup>5</sup> note that sexual harassment in the workplace has the potential to affect everyone. The sexual harassment of LGBT people, or those perceived to be LGBT, often intersect with homophobic, biphobic and transphobic attitudes, abuse and discrimination. Stonewall knows that LGBT people continue to face discrimination, abuse and violence in the workplace. YouGov polling of over 2,000 lesbian, gay and bi people for Stonewall's Gay in Britain (2013) found that one in five lesbian, gay and bi employees had experienced verbal abuse from their colleagues. Additionally, YouGov polling of 871 trans and non-binary people (as part of a over 5,000 LGBT people surveyed for the LGBT in Britain series) for Stonewall's LGBT in Britain: Trans Report, found that one in eight trans employees (12 per cent) have been physically attacked by colleagues or customers in the last year. Furthermore, many LGBT people alter their behaviour or appearance in order to hide or disguise the fact that they are LGBT. For example, half of trans and non-binary people have hidden or disguised the fact that they are LGBT at work because they were afraid of discrimination.

Data\* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

**2020 Sexual Harassment Survey** ([publishing.service.gov.uk](https://publishing.service.gov.uk))

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<sup>5</sup> [SHW0020 - Evidence on Sexual harassment in the workplace](#)



The policy should have a positive impact in regards to transgender, non binary and gender fluid people as it will provide improved protections to anyone experiencing sexual harassment. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity.

Mitigation action if adverse impact found:

Although no adverse impact is currently identified, further considerations may be required in its implementation with encouraging transgender, non binary and gender fluid staff to report incidents.

Sex / Gender	Positive effect	Negative effect	Neutral
	✓		

Evidence / supporting narrative:

This policy should help to provide improved protections for staff for females and males across the organisation.

Surviving in scrubs report was based on mainly female responses (95.9%) and noted that victims and perpetrators can be either sex, however was more likely for a perpetrator to be male and survivors more likely to be female. Stories collated as part of Surviving in Scrubs <sup>6</sup>work highlight:

- systematic and institutional sexism and sexual violence within healthcare in the healthcare workforce.
- significant power imbalance between powerful senior male staff perpetrating sexual violence to junior female staff members in healthcare, in a normalised culture of sexism, entitlement, and the devaluing of women staff.

Data\* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

\***2020 Sexual Harassment Survey** ([publishing.service.gov.uk](https://publishing.service.gov.uk))

<sup>6</sup> [Surviving Healthcare Report](#)

The policy should have a positive impact for sex. The policy states that the sexual misconduct can happen to anyone, regardless of their sex, gender identity, or sexual orientation, and can be carried out by an individual of any background or identity. There is an acknowledgement in the policy of gender power in-balances.

In reporting incidents, a range of options are given. This may be helpful for those who don't wish to report to someone of the same sex or even wish to report anonymously. There is also an inclusion of wording for staff who witness an incident. Witnesses are encouraged to report.

Mitigation action if adverse impact found:

Race (including ethnicity)	Positive effect	Negative effect	Neutral
	✓ overall	✓ Culturally sensitive	

Evidence / supporting narrative:

This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and race across NHS Wales. Data used by NHS England notes that

Data\* shows that more women experience sexual misconduct than men and that black, ethnic minority, disabled and LGBTQ+ people experience sexual harassment and abuse at a disproportionate rate. Intersectional harassment occurs when the harassment relates to one or more protected characteristic.

\***2020 Sexual Harassment Survey** ([publishing.service.gov.uk](https://publishing.service.gov.uk))

There are also links of this policy to the Anti Racist Action Plan for Wales, in which aims to improve experiences of diverse ethnic groups.

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The policy references cultural considerations; “When dealing with a sexual harassment case, cultural sensitivity may be required. This may apply to the reporter of harassment, the perpetrator and any witnesses. Cultural attitudes may be a factor within some cases and these need to be considered in understanding the situation. However, cultural attitudes are not accepted as an excuse or mitigation for sexual harassment.”

Mitigation action if adverse impact found:  
  
Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that ethnically diverse groups feel confident in reporting.

<b>Religion and Belief</b> (including non-belief and Philosophical belief)	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓

Evidence / supporting narrative:  
  
This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and religion across NHS Wales.  
  
Beliefs and cultural beliefs may intersect with sexual harassment and link with the cultural sensitivities as documented above.

Mitigation action if adverse impact found:  
  
Refer to Race section.

<b>Pregnancy and Maternity</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓

Evidence / supporting narrative:

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<p>This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are pregnant or recently given birth across NHS Wales, however the BMA<sup>7</sup> reports that discriminatory behaviours and sexism were reported in terms of pregnancy.</p>			
<p>Mitigation action if adverse impact found:</p> <p>None currently identified.</p>			
<b>Marriage and Civil Partnership</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓
<p>Evidence / supporting narrative:</p> <p>This policy should help to provide improved protections for staff that experience sexual harassment. There is limited information regarding prevalence of sexual harassment and staff who are married or in a civil partnership.</p>			
<p>Mitigation action if adverse impact found:</p> <p>None currently identified.</p>			
<p>Other groups at risk of poorer health outcomes:</p>			
<b>Unpaid Carers</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓
<p>Evidence / supporting narrative:</p> <p>No impacts currently found with regards to staff who are unpaid carers.</p>			

<sup>7</sup> [sexism-in-medicine-bma-report.pdf](#)



Mitigation action if adverse impact found: None currently identified.			
<b>Socio-economically disadvantaged</b>	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓
Evidence / supporting narrative:  This policy should not have any adverse impact in terms of staff who experience socio economic disadvantage.  This assessment acknowledges that staff may feel reluctance to report incidences of sexual harassment (either as the victim or witness) due to the fear of repercussions on their job security and making it difficult to keep working within their team and post. This fear relating to their employment security may be a factor in the confidence to report.  Surviving in Scrubs <sup>8</sup> noted Survivors described feeling fearful, concerned about the risk to their career, humiliation, and repercussions from the perpetrator and their peers. This could be heightened when the perpetrator was in a position of authority or seniority, for example their line manager or supervisor.			
Mitigation action if adverse impact found:  Although no adverse impact is currently identified, further considerations may be required in its implementation in regards to ensuring that staff feel confident in reporting and that this will not impact negatively on their employability, and future progression.			
<b>Other groups / communities of interest - please state</b> Students on placement Volunteers	<b>Positive effect</b>	<b>Negative effect</b>	<b>Neutral</b>
			✓

<sup>8</sup> [Surviving Healthcare Report](#) (page 19)



<p>Explanation:</p> <p>Students and volunteers on placement within the organisation are included within the policy.</p>
<p>Mitigation action if adverse impact found:</p> <p>Although no impact is found, consideration will be needed in the implementation of the policy to ensure that students on placement and volunteers working within the organisation are aware of the policy.</p>
<p><b>Intersectional disadvantages</b> - summary potential impacts – this may include how potential impacts may be more adverse due to the interconnected nature of multiple disadvantages.</p> <p>The policy should have an overall positive impact for anyone who experiences or witnesses an incident of sexual harassment. For people who share a protected characteristic, there may be wider disadvantages and discrimination faced. This policy should be viewed as one aspect of strengthening support and protections for staff who share protected characteristics.</p> <p>Monitoring and implementation of the policy should consider issues around cultural sensitivities, and intersecting issues that may relate to homophobia, transphobic and sexist / misogynist behaviours. Although individuals may feel that other parts of their background and identity may be a factor of the sexual harassment experienced, they may not always wish to disclose this.</p>

## Section 2 – Human Rights Assessment

<p><b>Assessment – based on human rights based approach in health</b></p> <p>Do you think that this policy will have a positive or negative impact on people’s human rights? For more information on Human Rights, see our Betsi pages and additional information the Equality and Human Rights Commission (EHRC) Human Rights Treaty Tracker <a href="https://humanrightstracker.com">https://humanrightstracker.com</a></p>	
<p><b>Here is a list of Human Rights (articles) and UN Conventions that may potentially impact on our patients, carers and staff. Please tick which are relevant to the proposal?</b></p>	Use a tick ✓
<p>Article 2 - Right to life</p>	



Article 3 - Prohibition of inhuman or degrading treatment	
Article 5 - Right to liberty and security	
Article 8 - Right to respect for family and private life	✓
Article 9 - Freedom of thought, conscience and religion	
Article 14 – Prohibition of discrimination	✓
UN Convention on the Rights of the Child	
UN Convention on the Rights of Persons with Disabilities	
UN Convention on the Elimination of All Forms of Discrimination against Women.	✓
UN Principles for Older Persons	
Other articles – <i>please state:</i>	

**Is the proposal aligned to the FREDA principles?** You can copy and paste this tick: ✓

Fairness	Respect	Equality	Dignity	Autonomy
✓	✓	✓	✓	✓

**If any negative impacts are identified, how will this be reduced/addressed?**

### Section 3 – Armed Forces Covenant

All decision makers are required under the Armed Forces Act 2022 to have due regard to the principles of the Armed Forces Covenant. WP7 contains guidance and information to help complete this section. Decision makers should recognise the unique obligations of, and sacrifices made by, the Armed Forces and ensure there are no adverse effects and where possible a positive or increased positive effect on the armed services community. Special provision for Service People may be justified by the effect on such people of membership, or former membership, of the Armed Forces.

<b>Due regard to the Armed Forces Covenant</b> - Factors regarding impact to the Armed Forces community have been considered. You can copy and paste this tick: ✓	<b>Positive impact</b>	<b>Negative impact</b>	<b>Neutral / No impact</b>
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Considering the unique obligations of, and sacrifices made by, the Armed Forces have you identified any potential impacts?			✓
<b>Reasons for your decision</b> (including brief summary that has led you to decide on the level of impact) <b>If any negative impacts have been identified, how will this be reduced/addressed? Include here any special provisions if appropriate.</b>			
<p>No impacts have been currently identified in relation to staff who are veterans and/or part of the armed forces community.</p>			

## Section 4 – Welsh Language

In this section you need to consider the impact, the evidence and any action you are taking for improvement. This is to ensure that the opportunities for people who choose to live their lives and access services through the medium of Welsh are not inferior to what is afforded to those choosing to do so in English, in accordance with the requirement of the Welsh Language Measure 2011.

<b>Welsh Language Impact Assessment</b>	You can copy and paste this tick: ✓	
Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh? For example - delivered bilingually in Welsh & English. e.g. Consider if the proposal increase or decrease the opportunities for people to receive information or access information in Welsh.	Yes	No
	✓	
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:		
No change to current provisions regarding welsh language. The policy includes a statement regarding Welsh Language.		
Will the proposal have an effect on opportunities for persons to use the Welsh language?	Yes	No
	✓	



<p>Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?</p> <p>e.g. Consider if the proposal will alter the linguistic nature of the department. Consider opportunities to develop Welsh language skills within the department?</p>		
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>No change to current provisions regarding welsh language.</p>		
<p>Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration? For example, encouraging new staff and students to take up Welsh language learning opportunities and to appreciate the socio-economic and cultural context of Wales.</p>	<b>Yes</b>	<b>No</b>
		✓
<p>Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:</p> <p>There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.</p>		
<p>Will the proposal increase or reduce the department/division's ability to deliver services through the medium of Welsh?</p> <p><i>e.g. Considerations for the proposal ensuring that people can access services in their preferred language, Welsh or English, and increases or reduces the opportunity for persons to use the Welsh language within the workplace. Consider impacts on the number of Welsh speaking staff within the service and if the proposal increases or reduces the opportunity for staff to improve their Welsh language skills or access training via the medium of Welsh.</i></p>	<b>Yes</b>	<b>No</b>
		✓

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Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:  There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.		
Will the proposal treat the Welsh language no less favourably than the English language?  e.g. Consider how Welsh speakers receive services to the same standard as those who access the same services through the medium of English.	<b>Yes</b>	<b>No</b>
		✓
Provide explanation and evidence to support your answer. What actions will be taken to mitigate any negative impacts or better contribute to positive impacts:  There will not be a change to the current welsh language provision. The policy includes a statement regarding Welsh Language.		

## Section 5 – Summary of assurance for compliance – Public Sector Equality Duty and Human Rights

Equality Legal Duties – summary of compliance	
Has BCUHB given due regard and given consideration for this proposal with the following:	
<b>Eliminating unlawful discrimination, harassment, and victimisation?</b> <i>Unlawful discrimination takes place when people are treated 'less favourably' as a result of having a protected characteristic</i>	Yes
<b>Advancing equality of opportunity between people who share a protected characteristic and those who do not?</b> <i>Making sure that people are treated fairly and given equal access to opportunities and resources</i>	Yes
<b>Fostering good relations between people who share a protected characteristic and those who do not?</b> <i>Creating a cohesive and inclusive environment for all by tackling prejudice and promoting understanding of difference</i>	Yes



<b>Are there any potential Human Rights concerns?</b>	No
<b>Compliance to the Welsh Language requirements?</b>	Yes
<b>Compliance to giving ‘due regard’ to the principles of the Armed Forces Covenant?</b>	Yes
<b>Supporting narrative to support the above responses: <i>This section must be completed</i></b>	
<p>This assessment has considered the impacts of the policy on those who share protected characteristics. The implementation of this policy should help and guide NHS organisations to embed the new legislation –The Worker Protection Act. Although this assessment has not found any significant adverse impacts, it has raised the issue of cultural competency and wider issues of intersectionality in which certain groups may feel low confidence in reporting. This may require wider system work in regarding to creating an inclusive work culture.</p>	
<b>Do you consider the evidence used in this assessment to be robust?</b> If you answer no, address this in the action plan (section 6)	Yes
<b>Has this assessment been subject to scrutiny / been reviewed?</b>	Yes

## Section 6 – EQIA Action Plan and Recommendations

This needs to address negative impacts, which may represent a potential equality risk. All equality risks should be reviewed in line with BCUHB risk management procedures. Include any positive action.

Action identified	Potential Outcomes	Resource implications	Target date	Monitoring arrangements	Lead person/owner

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Considerations for implementation – targeted approaches	Acknowledgement of importance of disseminating policy and raising awareness.	Integrate within comms	2025	Through All Wales working group and organisation equality champions and networks	Nick Such

## Section 7 Equality Risks

This section helps you work out the level of risk posed by any equality related risks identified above. Guidance is available [here](#) on completing this section, which may be helpful if you are not familiar with risk score analysis. If you have not identified any equality risks, please note this in the narrative box below. Examples include retrospective assessments and decisions that treat a protected characteristic unfavourably without objective justification.

Equality Related Risk Assessment Section					
If you have identified an equality risk, please use the table below to work out the risk score. Use the table below to record the highest risk score. If you have a score of 9 and above you <b>should escalate to risk management procedures</b> .					
	Level of risk				
Level of consequence	RARE: 1	UNLIKELY: 2	POSSIBLE: 3	LIKELY: 4	VERY LIKELY:5
1. Negligible	1	2	3	4	5
2. Minor	2	4	6	8	10
3. Moderate	3	6	9	12	15
4. Major	4	8	12	16	20
5. Catastrophic	5	10	15	20	25

<p>If you have identified an equality risk: What is the consequence? Minor 2 What is the likelihood? Possible 3 Risk score = consequence x likelihood</p>	<p>Risk Score = 6</p>
<p>Any narrative relating to risk score:</p> <p>No current significant risk is identified. There is an increased risk if this policy is not in place to meet the statutory requirements of the new legislation.</p>	

## Section 8 – EQIA Sign off

### Name of persons who signed-off this Equality Impact Assessment (see below):

*As per the Health Board's Standing Orders, the Board may agree the delegation of any of their functions, except for those set out within the 'Schedule of Matters Reserved for the Board', to Committees and others. These functions may be carried out by a prescribed Committee, sub-Committee or officer of the Health Board as per the Standing Orders Schedule 1, in accordance with their delegated limits. Strategic decisions must have appropriate sign off. If you are in any doubt as to the correct approving body for a strategic decision, please contact the Office of the Board Secretary.*

**Approval Date:**

**Review Date:**

### Project Lead Sign-off

I confirm that this Equality Impact Assessment has been carried out in accordance with Betsi Cadwaladr University Health Board's WP7 Procedure for assessment work for evidencing Due Regard for: Equality Impact, Socio economic Impact, Human rights, Welsh Language

### Equality Team Sign-off

**(required when both EQIA and SEIA is required)**  
I confirm that I have reviewed this Equality Impact Assessment and I am assured that it contains sufficient evidence and rigour to be considered by the decision-making committee.

### Committee Chair Sign-off

I confirm that this Equality Impact Assessment represents evidence that we (The Health Board), in making this decision, have given due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

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<p>requirements and Armed Forces Covenant.</p> <p>Signed: Nick Such (Project Lead)</p>	<p>Signed: Jen Dowell-Mulloy (Equality and Inclusion Manager)</p>	<p>2. Advance equality of opportunity between people who share a protected characteristic and those who do not.</p> <p>3. Foster good relations between people who share a protected characteristic and those who do not.</p> <p>Signed: (Committee Chair)</p>
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End of Part B. Part C not required.

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End of assessment

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