

# Public People & Culture Committee

Tue 17 February 2026, 09:00 - 11:05

Virtual - MS Teams

## Agenda

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09:00 - 09:05

### 1. Standing Items

5 min

#### 1.1. Welcome, Introductions & Apologies

*Clive Curtis*

#### 1.2. Declarations of Interest

*Clive Curtis*

#### 1.3. Minutes from the previous meeting - 25th November 2025

*Clive Curtis*

 1.3 - Draft P&C Public Mins 25.11.2025.pdf (10 pages)

#### 1.4. Action log following the previous meeting - 25th November 2025

*Clive Curtis*

 1.4 - P&C action log 17.02.2026.xlsx (10 pages)

#### 1.5. Committees Chairs Actions

*Clive Curtis*

09:05 - 10:35

### 2. Items for Review & Assurance

90 min

#### 2.1. Staff Story

*Rachel Gidman*

#### 2.2. Board Assurance Framework - Workforce

*Jonathan Pritchard*

 2.2 - Workforce Growth and Temporary Spend - P&C Committee - Feb 26.pdf (5 pages)

#### 2.3. Key Performance Indicators

*Lianne Morse / Robert Warren*

 2.3 - People & Culture Committee KPI Paper Feb-26 Final.pdf (14 pages)

#### 2.4. Equity & Inclusion including Staff Networks Review

*Claire Whiles*

 2.4 - People and Culture Committee Staff Network Update Paper February 2026.pdf (10 pages)

#### 2.5. Occupational Health / Wellbeing Services KPI's

*Mark Dunford*

Regan Nikki  
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- 📄 2.5 - P&C Committee EWS February 2026 final.pdf (11 pages)
- 📄 2.5a - Occupational Health Performance KPIs February 2026.pdf (11 pages)

## 2.6. Radon Update

*Robert Warren*

- 📄 2.6 - H&S P&C Committee Covering Report - Radon.pdf (4 pages)

## 2.7. Clinical Board Spotlight - Specialist Services

*Jessica Castle / Cath Twamley*

- 📄 2.7 - SS PC plan presentation Feb 26.pdf (13 pages)

10:35 - 11:05  
30 min

## 3. Items for Approval

### 3.1. Health & Safety Policies

*Robert Warren*

### 3.2. Annual Equality Report

*Claire Whiles*

- 📄 3.2 - Annual Equality Report 2024-2025 Covering Report P&C Committee Feb 2026.pdf (3 pages)
- 📄 3.2a CAVUHB Annual Equality Report 2024-25 Draft P&C Committee Feb 2026.pdf (25 pages)

### 3.3. Putting People First Portfolio Board - Terms of Reference

*Rachel Gidman*

- 📄 3.3 - P&C Portfolio Board ToR cover paper.pdf (3 pages)
- 📄 3.3a - P&C Portfolio Board Terms of Reference approved 26.08.25.pdf (8 pages)
- 📄 3.3b - app 1 P&C Portfolio Board Terms of Reference.pdf (8 pages)
- 📄 3.3c - app 2 People and Culture Portfolio Scope.pdf (1 pages)

### 3.4. All Wales Reserve Forces Mobilisation Policy

*Maisy Provan*

- 📄 3.4 CAV Board Committee Covering Report Template.pdf (2 pages)
- 📄 3.4.a Briefing Paper\_Armed Forces\_People and culture committee.pdf (5 pages)
- 📄 3.4.b 11\_2025 NHS Wales Reserve Forces Training and Mobilisation Policy.pdf (11 pages)

11:05 - 11:05  
0 min

## 4. Items for Information & Noting

11:05 - 11:05  
0 min

## 5. Any Other Business

*Clive Curtis*

11:05 - 11:05  
0 min

## 6. Private agenda items

### 6.1. People & Culture Updates

### 6.2. Employee Relations Cases

11:05 - 11:05

## 7. Review & Final Closure

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0 min

**7.1. Items to be deferred to Board**

**7.2. to note the date &time of next meeting: Tuesday 12th May 2026 at 9am via MS Teams**

Regan Nikki  
17/02/2026 08:05:34

**Draft Minutes of the Public People and Culture Committee**  
**Held On 25<sup>th</sup> November 2025**  
**Via MS Teams**

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

<b>Chair:</b>		
Clive Curtis	CC	Independent Member for Local Community / Committee Chair
<b>Present:</b>		
Rhian Thomas	RT	Independent Member for Capital & Estates
Mike Jones	MJ	Independent Member for Trade Union
<b>In Attendance:</b>		
Lianne Morse	LM	Deputy Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Rachel Gidman	RG	Executive Director of People & Culture
Emma Cooke	EC	Executive Director of AHPs, Health Scientists and Community Services Development
Robert Warren	RW	Assistant Director of Health & Safety
Rachel Pressley	RP	Head of People Assurance & Experience
Matt Temby	MT	Managing Director of University Hospital of Llandough
Tara Robinson	TR	Director of Nursing – Mental Health Clinical Board
Claire Beynon	CB	Executive Director of Public Health
Jason Roberts	JR	Executive Director of Nursing
Ceri Dixon	CD	Senior Business Partner – People Services
Paul Bostock	PB	Chief Operating Officer
Jo Brandon	JB	Director of Communications
Leanne Morris	LM	Head of People Services
Katrina Griffiths	KG	Associate Director of People & Culture
Martyn Capel	MC	Associate Director of Medical Workforce Resourcing
Mike Stephens	MS	Assistant Medical Director
<b>Secretariat:</b>		
Nikki Regan	NR	Corporate Governance Officer
<b>Apologies:</b>		
Susan Lloyd-Selby	SLS	Independent Member for Local Council
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Director of OD, Culture & Wellbeing

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Item no	Agenda Item	Action
P&C 25/11/1.1	<p><a href="#">Welcome, Apologies &amp; Introductions (click to view)</a></p> <p>The Committee Chair (CC) welcomed everyone to the meeting.</p>	
P&C 25/11/1.2	<p><a href="#">Declarations of Interest (click to view)</a></p> <p>No declarations of interest were noted.</p>	
P&C 25/11/1.3	<p><a href="#">Minutes from meeting on 14<sup>th</sup> October 2025 (click to view)</a></p> <p>The minutes were agreed to be a true reflection of the meeting on 14<sup>th</sup> October 2025 (following some minor amendments).</p> <p><b>The Committee resolved that:</b></p> <p>a) The draft minutes of the meeting held on 14<sup>th</sup> October 2025 were agreed to be a true and accurate record of the meeting.</p>	
P&C 25/11/1.4	<p><a href="#">Action Log following 14<sup>th</sup> October 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 25/11/1.5	<p><a href="#">Chair's Actions (click to view)</a></p> <p>There were no chairs actions.</p> <p><b>The committee resolved that:</b></p> <p>a) There were no chairs actions.</p>	
<b>Items for Review &amp; Assurance</b>		
P&C 25/11/2.1	<p><a href="#">Staff Story</a></p> <p>The Executive Director of People &amp; Culture - Rachel Gidman (RG) introduced the staff story, providing context about the corporate parenting charter (2023) in Wales and CAV UHB's responsibility towards young adults brought up in care. CAV UHB submitted a bid to widen access, aiming to go beyond work experience by conducting research with universities and collaborating with local authorities and HEIW, who supported the funding. The featured story was about Chloe, a participant in the "Bright Starts" programme, which supported care-experienced young people. RG noted Chloe's significant personal growth from being initially very reserved to confidently sharing her story.</p> <p>The Director of Nursing for Mental Health - Tara Robinson (TR) praised the staff story, stating she was inspired and expressed interest in learning more about the Bright Starts programme.</p> <p>The UHB Chair - Kirsty Williams expressed strong support, saying she wanted to "cheer" for the initiative, emphasizing the importance of providing opportunities for care-experienced individuals and commending the organisation for fulfilling its civic mission and making a positive impact. She thanked everyone involved for their efforts and highlighted the significance of the scheme.</p>	

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	<p>RG confirmed the programme's broader aims, included involving care-experienced individuals in service design and quality/safety work, and committed to sharing more about the Bright Starts programme and its impact.</p> <p>The committee expressed appreciation for Chloe's story and the programme and noted its inspirational impact and requested that thanks be passed on to Chloe and those involved.</p> <p><b>The Committee resolved that:</b></p> <p>a) The Staff Story was received.</p>	
<p><b>P&amp;C</b> <b>25/11/2.2</b></p>	<p><b><u>Board Assurance Framework – Wellbeing</u></b></p> <p>The Deputy Director of People &amp; Culture - Lianne Morse (LM) provided an update on the Board Assurance Framework and highlighted the following:</p> <ul style="list-style-type: none"> <li>• Staff well-being was a high organisational risk, noting a slight rise in cumulative sickness absence (6.4%) and that the UHB's target of 5.5% would not be achieved.</li> <li>• Stress, anxiety, and depression remained the leading causes of absence, consistent with national trends, and referenced ongoing interventions to support staff.</li> <li>• The need to move from reactive to preventative approaches was noted and emphasized that well-being was everyone's responsibility and mentioned the development of an early warning system to integrate data for leaders.</li> <li>• Efforts to strengthen leadership and management training, collaboration with public health, and the importance of the staff survey to assess changes and support needs were all noted.</li> <li>• The committee was asked to note the sustained risk, endorse the shift to prevention, support data integration for assurance, and request an updated well-being outcomes framework in the next quarter.</li> </ul> <p>The Executive Director of Public Health – Claire Beynon (CB) clarified that the vaccination rate was 37% across the Health Board, which was better than last year, but the aspiration was to reach 60% or higher.</p> <p><b>The Committee resolved that:</b></p> <p>a) The sustained level of risk and the limited improvement to date in absence and staff survey indicators was noted.</p> <p>b) The shift toward a system-wide, preventative model of wellbeing aligned to organisational redesign and leadership development was endorsed.</p> <p>c) The integration of wellbeing, workforce and operational data to strengthen assurance and align with the Culture Dashboard was supported.</p> <p>d) An updated wellbeing outcomes framework by Q1 2026 was requested.</p>	
<p><b>P&amp;C</b> <b>25/11/2.3</b></p>	<p><b><u>People &amp; Culture Plan Refresh</u></b></p> <p>RG highlighted the following points on the People &amp; Culture Plan Refresh:</p> <ul style="list-style-type: none"> <li>• The People and Culture Plan, originally launched in 2022 as a three-year plan, would have its refresh intentionally delayed aligning with the upcoming clinical service plan and organisational redesign work.</li> <li>• Staff engagement on the new or refreshed plan would begin in the new year, with a focus on whether to refresh or fully renew the plan.</li> <li>• Digital, AI, automation, and digital literacy would be more prominent themes in the next plan.</li> </ul>	

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	<ul style="list-style-type: none"> <li>• All current themes remain relevant, with retention and regional working (especially with local authorities) continuing as priorities, and that Welsh language and inclusion will remain golden threads.</li> <li>• The committee was asked to note and support the proposed approach for developing the 2026–2030 People and Culture Plan.</li> </ul> <p>RT stated the People and Culture Plan was a helpful framework for aligning thinking, discussions, topics, and themes over the last few years, and welcomed the methodology of pausing for now. She noted there was good material in the existing plan and asked RG what should be brought forward into the next phase.</p> <p>RG responded that all the themes from the current plan were still relevant, noting the All-Wales strategy runs to 2030 and shared the same themes. She highlighted that retention was added to their plan. She said the next plan would likely continue much of the same work but with a bigger focus on regional working (especially seamless working with local authorities) and on automation and AI. She emphasized that Welsh language and inclusion would remain, but digital aspects and regional working would be more prominent.</p> <p><b>Action – RG to engage with staff in the new year to determine whether to refresh or create a new People and Culture Plan, with a focus on digital, AI, and regional working.</b></p> <p><b>The Committee resolved to:</b></p> <p>a) The proposed approach to developing the People and Culture Plan 2026–2030 was noted and supported.</p>	
<p><b>P&amp;C</b> <b>25/11/2.4</b></p>	<p><u><a href="#">Key Performance Indicators</a></u></p> <p>LM highlighted the following points on the key performance indicators:</p> <ul style="list-style-type: none"> <li>• <b>VBA (Values Based Appraisal):</b> Reviews took place with clinical boards, and all areas were asked for an improvement trajectory to reach 85% by the end of March.</li> <li>• <b>Job Planning:</b> Currently at 77%, with significant work ongoing and further details to be presented by the Associate Director of Medical Workforce Resourcing - Martyn Capel (MC) and the Assistant Medical Director - Mike Stephens (MS).</li> <li>• <b>Workforce Planning Capability:</b> The team was reviewing and improving the education commissioning process, running workshops with clinical boards, and encouraging managers to undertake workforce planning training, including embedding it in the general manager leadership programme.</li> <li>• <b>Employee Relations:</b> There were 51 formal investigations, which was higher than desired. The main issue was the length of time investigations take, not the appropriateness of the cases. The team was looking at investigation training, durations, and options for dedicated investigating officers to speed up the process.</li> </ul> <p>The Independent Member for Trade Union – Mike Jones (MJ) noted there was excellent work going on within the People &amp; Culture teams. He agreed with LM about the need to improve the timeliness of investigations, referencing past success when dedicated investigating officers were employed and suggested revisiting that approach. He stated that prolonged investigations harmed individuals and raised sickness levels within teams, and he expressed full support for efforts to address this issue moving forward.</p> <p>RG stated they would be bringing a proposal regarding the involvement of psychology in supporting tribunals and coroner's courts, referencing the concept of an organisational development (OD) unit and the use of investigators. She</p>	

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	<p>mentioned they were looking at how to redesign some of the services they provide.</p> <p><b>The Committee resolved to:</b></p> <p>a) The contents of the report was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>25/11/2.5</b></p>	<p><u><b>Sickness Absence</b></u></p> <p>KG presented the sickness absence and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The UHB sickness absence target was 5.5%, with September 2025 rate at 6.41%.</li> <li>• Anxiety, stress, depression, and other psychiatric illnesses were identified as the top reason for sickness absence, followed by cough/cold/flu/influenza and gastro-related issues.</li> <li>• Contributing factors included increased workload, operational pressures, personal circumstances, financial pressures, caring responsibilities, and bereavement.</li> <li>• Mental health was highlighted as the clinical board with the highest proportion of absence related to stress, anxiety, and depression (44.86%), and nursing/midwifery registered staff at 37.46%.</li> <li>• Monthly sickness panels were held within clinical boards to identify hotspots and provide targeted interventions.</li> <li>• Enhanced occupational health support was mentioned as well as, fast-track referrals, access to counselling, and training for line managers to recognize and support staff experiencing stress.</li> <li>• Proactive completion of stress risk assessments, introduction of mindfulness sessions, and promotion of flexible working arrangements was described.</li> <li>• Next steps were outlined: continued monitoring, targeted interventions, maintaining sickness panels, further education, guidance on reasonable adjustments, early intervention, and further analysis of causes.</li> </ul> <p>RG acknowledged the increase in mental health issues across the UK and emphasized the importance of supporting and upskilling managers, as they interact with their teams daily and can notice changes in individuals. She highlighted that empowering managers was crucial due to the large workforce.</p> <p><b>The Committee resolved that:</b></p> <p>a) The content of the report was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>25/11/2.6</b></p>	<p><u><b>Health &amp; Safety including Tracker</b></u></p> <p>RW highlighted the following points on the Health &amp; Safety Tracker:</p> <ul style="list-style-type: none"> <li>• A paper on the plus sized patient's pathway was ready to go to the next Quality meeting, aiming to transfer governance of this issue to a clinical risk register.</li> <li>• An incident involving the transfer of a patient with a medical gas cylinder was highlighted, which resulted in staff injury due to improper use of brackets.</li> <li>• Work on the health and safety culture plan was ongoing, which had guided departmental focus and was being integrated with the people and culture plan for the next phase, with collaboration underway to define the future approach.</li> </ul> <p>RG clarified that there were concerns about the plus sized patients pathway, which RW identified as a risk for the organization. She stated it should not be led solely by health and safety but should be part of the quality conversation, and that the related paper was being referred to the Quality Committee for further handling.</p>	

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	<p><b>Action – The Bariatric Patient pathway and medical gases paper to be referred to the Quality Committee.</b></p> <p><b>The Committee Resolved that:</b></p> <p>a) The content of the report was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>25/11/2.7</b></p>	<p><b><u>Medical &amp; Dental Deep dive</u></b></p> <p>MC highlighted the following points on the Medical &amp; Dental deep dives:</p> <ul style="list-style-type: none"> <li>• <b>Staffing Levels &amp; Vacancies:</b> Data on whole time equivalent staffing, showed growth trends and current consultant vacancies (52 WTE), with 16 pending starters and a 4.2% vacancy rate. The need to revisit successful past recruitment initiatives was emphasized, including overseas recruitment and working with partners.</li> <li>• <b>Flexible Working Trends:</b> Showed a significant increase (420%) in flexible working applications among resident doctors from 2021 to 2025, impacting operational delivery and variable pay.</li> <li>• <b>Variable Pay &amp; Bank Expenditure:</b> A reduction in bank variable pay was noted (23% lower than prior year, or 10% lower excluding industrial action), with vacant posts being the largest driver of spend.</li> <li>• <b>Waiting List Initiatives (WLI):</b> Increased spend on WLI year-on-year, driven by patient demand, ongoing work to reduce reliance on WLIs, which included increased substantive consultant workforce and exploring in-source models.</li> <li>• <b>Agency Spend:</b> A major reduction in agency spend (66% less than previous year), with only nine active agency workers, mainly in areas with national recruitment challenges (psychiatry, gastro). Discussed ongoing efforts to convert agency roles to substantive posts.</li> </ul> <p>MS highlighted the following points:</p> <ul style="list-style-type: none"> <li>• <b>Job Planning Compliance:</b> Reported job planning at 80% completion, with an additional 10% in process, showing significant improvement over two years. Stressed commitment to reaching and maintaining 90% compliance, and noted improved quality of job plans.</li> <li>• <b>Sickness Absence:</b> Shared that medical staff sickness absence is very low (1.87%), though actual rates may be closer to 3% due to underreporting. Noted that sickness cover spend is about 4.9% of the medical budget.</li> <li>• <b>Statutory &amp; Mandatory Training:</b> Identified underperformance in statutory and mandatory training among medical staff compared to the rest of the organization. Outlined ongoing interventions and referenced national discussions about reducing the number of required modules.</li> <li>• <b>SAS Doctors &amp; Rostering:</b> Mentioned efforts to improve representation and support for SAS doctors, active management of fatigue and fertility requirements, and ongoing work on e-rostering, which may be accelerated by the new resident doctor contract.</li> <li>• <b>New Resident Doctor Contract:</b> Explained that the proposed contract would require job planning for resident doctors, likely driving further adoption of e-rostering and operational changes.</li> <li>• <b>Summary of Performance:</b> Concluded that vacancies and sickness are low, appraisals are over 90%, extra contractual hours are decreasing, but statutory/mandatory training remains the main area needing improvement.</li> </ul> <p>RT acknowledged the presentation of many positive figures in the medical and dental deep dive. She asked about the underreporting of sickness, specifically what was driving the issue.</p>	

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	<p>MS responded that underreporting was historically due to doctors reporting sickness to local supervisors but not to clinical directors or managers, and a culture of covering each other's work without formal reporting unless out-of-hours cover was needed. He noted recent efforts to improve reporting for better support.</p> <p>RT referenced ongoing issues with mandatory training compliance and asked about the realistic ability to change this, noting it as a long-standing cultural legacy issue.</p> <p>MS explained that improvement efforts include simplifying the process, ensuring appropriate modules for each area, and introducing a "stick" approach by linking mandatory training completion to study leave approval. He also mentioned the excessive number of modules and the need to update requirements.</p> <p>RG stated that the team is cleansing mandatory training data to ensure it is appropriate for each doctor, noting that this process is complex due to consultants being grouped together. She mentioned that they are considering the All-Wales approach, but progress is slower than desired, so they may proceed independently. RG highlighted that the statutory requirement for fire training is important due to infrastructure risks and emphasized the need to reframe this work. She asserted that people safety should be framed at the same level as health, quality and safety, and that mandatory training is essential for quality and safety.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The content of the report was discussed and noted.</p>	
<p><b>P&amp;C</b> <b>25/11/2.8</b></p>	<p><b><u>Mental Health Clinical Board Spotlight</u></b></p> <p>The Managing Director UHL - Matt Temby (MT) introduced the Mental Health Clinical Board and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The Mental Health Clinical Board consists of three directorates: adult services, mental health services for older people, and psychology/psychological therapies.</li> <li>• The board was undertaking a large programme to response to WG's mental health strategy and strategic programme requirements.</li> <li>• CAV UHB were working with an external company (36°) to review and support the model of care across both community and hospital-based services.</li> <li>• Secondary care services are mainly based at Llandough Hospital, with a wide range of community services across CAV UHB, highlighting the complexity and spread of services.</li> <li>• A revised governance structure was being implemented, including new groups for people and performance, and finance, to improve engagement and shared planning across directorates.</li> <li>• The performance group focuses on metrics related to people and culture, aiming for better planning and accountability.</li> </ul> <p>The Senior Business People &amp; Culture Business Partner for Mental Health – Ceri Dixon (CD) Ceri Dixon highlighted the following points:</p> <ul style="list-style-type: none"> <li>• Focus on improving staff engagement and communication, including structured feedback and collaboration with staff side.</li> <li>• Undertaking MBTI exercises to enhance individual and team communication preferences.</li> <li>• Promoting staff health and well-being, with deep dives into sickness absence and targeted positive initiatives.</li> <li>• Strengthened governance structure for strategic workforce planning and clearer decision-making frameworks.</li> </ul>	

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- Collaboration with HEIW and others on roles such as CAPS and strategic workforce planning.
- Initiatives to reduce avoidable harm and improve staffing practices, with consistent themes of performance and quality.
- Exploring opportunities to optimize mental health estate and provision for staffing efficiencies.
- Advancing digital improvements and automation in work processes.
- Workforce size is 1,384, with adult services as the largest directorate; focus on consistency, capability, and capacity sharing.
- Majority of workforce are nursing staff and healthcare support workers, with ongoing work on banding and role validation.
- Workforce planning considers current demographics and future needs, aligning with strategic planning.
- Reviewing correlation between employee relations cases and sickness absence, and working with safeguarding colleagues to improve investigation processes.
- Introducing avoidable harm conversations and checklists to ensure appropriate actions in employee relations cases.
- Enhancing welfare support for staff undergoing processes, and maximizing use of digital database systems for data analysis, including protected characteristics.
- Stress, anxiety, and depression are significant contributors to sickness absence, with focused work to prevent or mitigate these issues.
- Emphasis on early intervention, reasonable adjustments, and wraparound support for staff returning to work.

RG questioned whether the straight line trajectory on the VBA data was helpful, suggesting a need for a more mature representation. She noted that with sickness absence just over 6%, this equates to about 1,000 individuals off sick every day, and asked what assurance exists that actions will be taken to reduce this figure.

CD explained that the culture within the Clinical Board is being examined, emphasizing that it's not just about what actions are taken but how they are implemented. She stated that data is interrogated to identify if certain wards or areas are experiencing issues, and that understanding patient acuity and related factors helps explain increased sickness absence. Weekly planner and tracking provide clear indications of wards and areas under particular stress, allowing for targeted interventions. Conversations are ongoing to implement reasonable or temporary adjustments and provide wraparound support for staff returning to work, in collaboration with colleagues across clinical boards.

MJ highlighted the high headcount (527 staff) off due to cold, cough, flu, and influenza, and asked if the percentage of staff who have taken the flu vaccine is known, suggesting this would correlate with the high number of staff taking sick leave for these reasons.

CD responded that she did not have the information at that moment but would obtain and share the exact figures.

The Director of Nursing for Mental Health Clinical Board - Tara Robinson (TR) – highlighted the following:

- Ward staffing reviews were conducted weekly and monthly, which involved people services and finance, using a live ward dashboard to scrutinize local and temporary staffing levels and reasons for temporary staff use.
- Regular meetings with finance and people services reviewed sickness trends, roster efficiencies, annual leave, headcount, and financial

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positions, aiming to maintain budgets and ensure rosters were signed off in time.

- The introduction of streamliners and the "grow your own" programme has helped reduce temporary staffing and improve care quality, with staff progressing from healthcare support worker to band 5 roles.
- Staff side colleagues lead initiatives to connect with ward and community areas, sharing challenges and opportunities, and supported staff through preventative measures and post-incident meetings.
- The nursing team promoted interprofessional training opportunities, not just limited to nursing.
- There were ongoing efforts to improve flu vaccine promotion and uptake.
- The Clinical Board held shared learning events with the recovery college and people with lived experience to embed learning from incidents and good practice and is expanding recovery college activities.
- Challenges included the recruitment freeze, prioritizing posts for safety, adapting to recent changes in the clinical board, work-related stress, reports of poor behaviour, variable communication, and overdue inspections.
- Next steps would focus on embedding governance, improved communication, workforce reshaping, stabilizing staffing, re-establishing the Partnership Forum, and ongoing work with external partners on the model of care.
- Good news included staff recognition awards, significant investment in staff training, and recognition of high-quality care in specific teams.

PB thanked the Mental Health Clinical Board (MHCB) and informed the committee about the significant change and turbulence within the board, noting that the team is leading a major workforce redesign process with many moving parts. He highlighted that there are long-standing and cultural issues being addressed, with the support of 36 Degrees, and commended the team for tackling difficult challenges. He cautioned that as these issues are managed, there might be a temporary spike in sickness and employee relations cases but emphasized that this is part of the necessary process and praised the hard work being done by the MHCB. He wanted to set this context for the committee, acknowledging the bumpy period but expressing confidence that things will improve due to the team's efforts.

The UHB Chair expressed gratitude for the opportunity to visit facilities at Llandough (HYC) on 24.11.25 and meet staff and patients. She acknowledged the significant amount of activity underway and asked about the timescales for the various pieces of work, noting that some are ongoing while others are more discrete. She questioned whether metrics have been set to measure progress and impact, specifically how the board will know that all activities are delivering results for patients and staff. She referenced flow issues at Llandough (UHL), highlighting the challenging decisions clinicians face regarding discharge and the impact on patient admissions. She asked how the board will measure the impact of these activities.

TR responded that there are a number of different metrics being used, including those related to flow (such as outliers), staff experience (like the staff survey), sickness rates, VBA compliance, and qualitative feedback from staff. She mentioned that scheduled walkabouts with all services, both community and inpatient, are planned because the current metrics tend to focus on inpatient services, and the board wants to ensure a broader perspective. She emphasized the importance of gathering feedback through these walkabouts and working with staff side and people services to provide detailed plans and evidence of progress.

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	<p>RG shared that she was recently asked how culture is measured formally and has been researching this nationally and UK-wide. She found that many organizations use staff surveys but discovered that WAST was doing notable work in this area. She planned to visit WAST to learn about their approach and intends to cascade these findings throughout the organization to improve how cultural signals are identified and escalated.</p> <p>CB raised a question about the long waits for addiction services and asked what plans are in place to address this issue.</p> <p>MT explained that they are prioritising vacancies for addiction services because they recognise there is a real challenge with waiting times. He mentioned that this was discussed with the Adult Directorate. He expressed hope that with increased leadership focus and prioritisation of vacancies, they can start to turn around some of the waiting times.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Mental Health Clinical Board spotlight was discussed and noted.</p>	
<p><b>P&amp;C</b> 25/11/3.2</p>	<p><u>Policies</u></p> <p><b>All Wales Flexible Working Policy</b></p> <p>RP stated that the flexible working policy has been in place for a while, but there is a small amendment regarding the timescales for appeals, which now need to be completed within two months to comply with legislation. She noted that the committee has been asked to adopt this amended version of the policy.</p> <p><b>The Committee resolved to:</b></p> <p>a) The All-Wales Flexible Working Policy was approved.</p>	
<p><b>P&amp;C</b> 25/11/4.1</p>	<p><u>Digital Communications &amp; Analytics</u></p> <p>This paper was for noting.</p> <p><b>The Committee Resolved that:</b></p> <p>a) The Digital Communications &amp; Analytics was noted.</p>	
<p><b>P&amp;C</b> 25/11/5.1</p>	<p><u>Private Agenda</u></p>	
<p><b>P&amp;C</b> 25/11/6.1</p>	<p><u>Review &amp; Final Closure</u></p>	

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MEETING

PEOPLE & CULTURE

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**Title**

Work in Confidence

Board Assurance Framework – Culture

Key Performance Indicators

Strategic Equality Plan

Admin & Clerical Workforce Growth

Health & Safety including Tracker

People & Culture Plan Refresh

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**Minute Reference**

P&C 14/10/2.1

P&C 14/10/2.2

P&C 14/10/2.3

P&C 14/10/2.4

P&C 14/10/2.5

P&C 25/11/2.6

P&C 25/11/2.3

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## Agreed Action

review.

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

Progress and actions for underrepresented groups, including global majority, LGBTQ+, and disability required in KPIs

For the results and analysis of the gender pay gap deep dive to come back to the committee next year once the information is available and has been analysed

To provide a split of VER applications (requested, supported, financial impact) at the next committee meeting. To bring detailed information on Band 9 growth and overall workforce growth.

The Bariatric Patient pathway and medical gases paper to be referred to the Quality Committee.

Engagement with staff in the New Year to determine whether to refresh or create a new People and Culture Plan, with a focus on digital, AI, and regional working.

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**Executive Lead**

Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture);#63

Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture);#63

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Action Lead

Claire Whiles (Cardiff and Vale UHB - Assistant Director of OD, Wellbeing and Culture)

Claire Whiles (Cardiff and Vale UHB - Assistant Director of OD, Wellbeing and Culture)

Lianne Morse (Cardiff and Vale UHB - People & Culture);#151

Mitchell Jones (Cardiff and Vale UHB - Corporate Management);#377

Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture);#63

Robert Warren (Cardiff and Vale UHB - Health And Safety Department);#362

Rachel Gidman (Cardiff and Vale UHB - Executive Director of People and Culture);#63

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Date Assigned	Date for Review	Action Status
14. 10. 2025	12. 05. 2026	ON FORWARD PLAN
14. 10. 2025	12. 05. 2026	ON FORWARD PLAN
14. 10. 2025	12. 05. 2026	ON FORWARD PLAN
14. 10. 2025	12. 05. 2026	ON FORWARD PLAN
14. 10. 2025	12. 05. 2026	ON FORWARD PLAN
25. 11. 2025	17. 02. 2026	ON FORWARD PLAN
25. 11. 2025	12. 05. 2026	ON FORWARD PLAN

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**Action Update**

This has been added to the forward plan for May 2026

Complete and added to the forward plan for May 2026.

This has been added to the forward plan for May 2026

added to the forward plan for May 2026.

Added to the forward plan for February 2026

This was referred to the quality meeting and added to the forward plan for January 20th Quality meeting.

added to the forward plan for May 2026

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**Comments**

Added to the agenda for May 2026

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Item Type	Path
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo
Item	sites/CAV_Corporate Governance/Lists/CAV Public Board Committee Action Lo

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Report Title:	Board Assurance Framework – Workforce			Agenda Item no.	
Meeting:	People and Culture Committee			Meeting Date:	17 February 2026
Status (please tick one only):	Assurance	x	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's (UHB) annual budget is £2.25bn and of this, 47% is spent on staffing costs. The total pay bill comprises both substantive and temporary staff (variable pay) with the latter representing 5.7%.

Over the past few years there has been a concerted effort to reduce both substantive and temporary pay spend. This paper provides an analysis of the progress to date and provides assurance that utilising temporary staff in the most efficient and cost-effective way will remain a priority for the UHB.

#### Reduction in Substantive Staff

The Executive Board implemented several performance management measures to reduce the growth in workforce. These included a recruitment freeze, a vacancy scrutiny panel, a voluntary early release scheme (VERS) and the review of structures when opportunities arose.

The following table illustrates that over the past 12 months; workforce has reduced by 192 WTE and this is despite the commencement of all the graduate Nurses and Allied Health Professions during the autumn of 2025.

	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	12-Month Change
Row Labels	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	WTE	
Add Prof Scientific and Tech	596	598	601	602	598	598	600	601	597	605	605	604	8
Additional Clinical Services	2971	2995	3035	3010	3007	3007	2990	2969	2943	2918	2898	2875	-97
Administrative and Clerical	2623	2639	2655	2649	2639	2640	2663	2644	2643	2595	2582	2573	-50
Allied Health Professionals	1288	1276	1269	1270	1266	1267	1258	1268	1283	1301	1307	1302	14
Estates and Ancillary	1253	1250	1216	1213	1202	1203	1193	1184	1185	1215	1210	1198	-55
Healthcare Scientists	600	599	559	566	565	565	562	554	562	568	571	572	-29
Medical and Dental	1146	1152	1157	1158	1159	1160	1150	1139	1152	1150	1150	1151	6
Nursing and Midwifery Reg	4925	4948	4970	4950	4945	4944	4901	4897	4929	4965	4959	4945	21
Students	34	32	27	28	26	26	24	23	17	25	25	25	-9
<b>Grand Total</b>	<b>15436</b>	<b>15489</b>	<b>15488</b>	<b>15447</b>	<b>15408</b>	<b>15410</b>	<b>15339</b>	<b>15279</b>	<b>15310</b>	<b>15342</b>	<b>15306</b>	<b>15244</b>	<b>-192</b>

<b>Key:</b>
Increase
No Change
Decrease

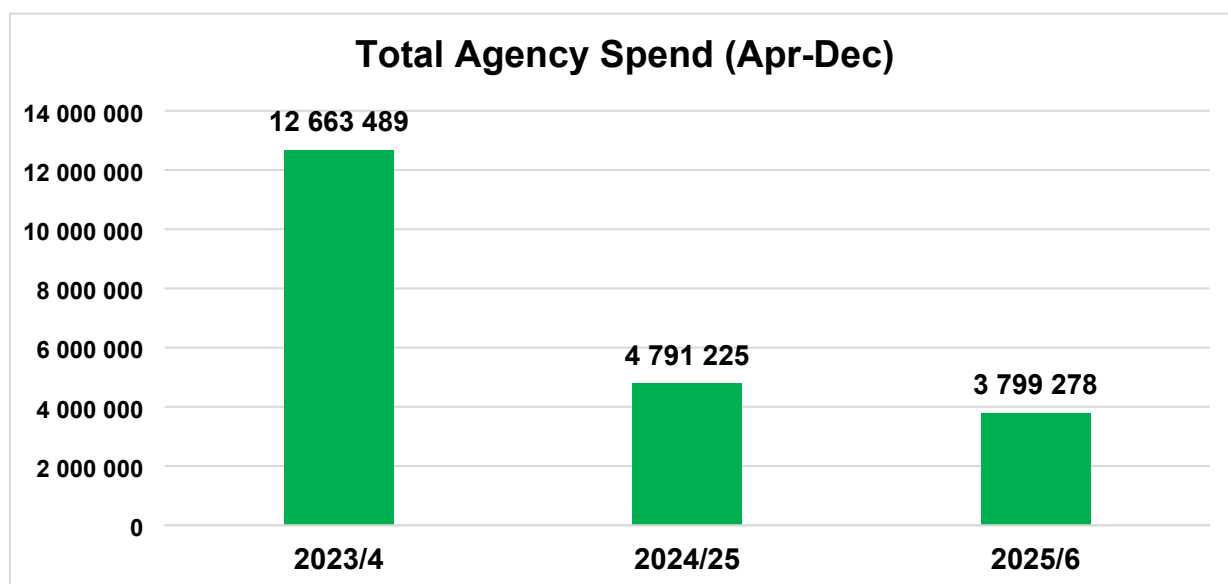
#### Reduction in the Cost of Variable Pay

Variable pay comprises agency, overtime and bank shifts and is utilised to address short term workforce gaps in key services. As the cost of agency shifts is usually the most expensive workforce cost, a long-term strategic plan was implemented a few years ago to review and reduce its use and also employ cheaper alternatives. This included the following measures:

- The implementation of Health Roster which provided comprehensive data to enable the identification of inefficiencies in the use of workforce.
- The implementation of rules and constraints in the use of agency staff.
- Communications to agency workers to inform them that the UHB would be significantly reducing its use of agency staff.
- Successful recruitment campaigns to attract agency staff to the UHB's Staff Bank.
- The development of a workforce dashboard that provides live data on ward staffing to enable deployment of staff where it is needed most..
- Continuous monitoring and performance management of the utilisation of agency.

## Agency

The following graph demonstrates how effective these actions were in reducing the expenditure of Agency over the past couple of years:



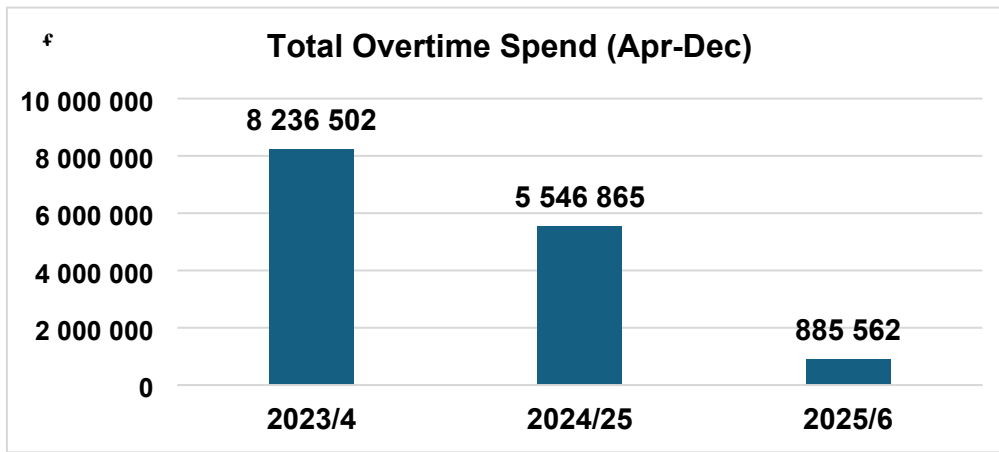
## Overtime

The overtime that was paid to staff was a further challenge the UHB had to address due to the high cost compared to working additional hours as 'bank work'. Under the Agenda for Change' regulations, overtime can be paid to staff from Bands 2-7 for hours who work in excess of 37.5 hours per week. The rate of overtime varies depending on when the hours are worked however it is either at 'time plus half' or 'double time'.

Many staff across the UHB have the benefit of being given the opportunity to work overtime at an enhanced rate of pay to supplement their salary. Many departments rely on the deployment of overtime as part of its employment model as in some circumstances, it can be a cheaper alternative to employing additional staff on a substantive basis.

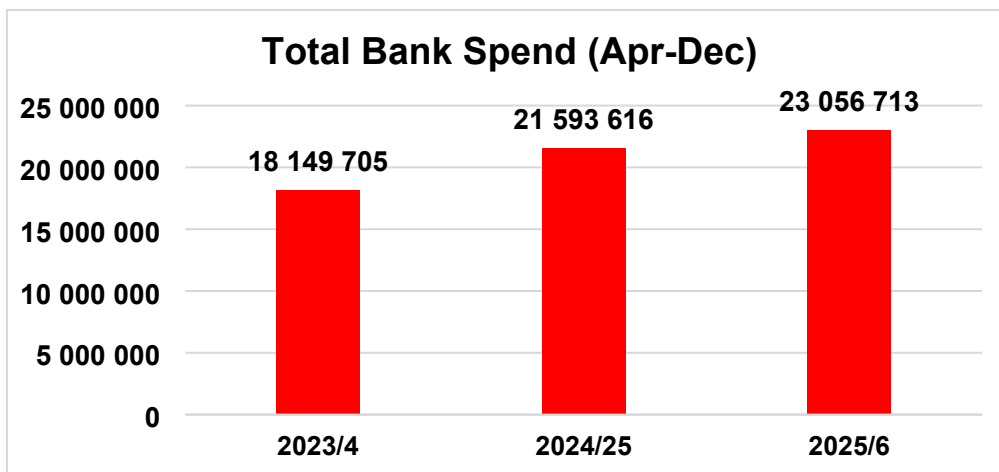
An executive decision was made within the last 2 years to prohibit the use of overtime and replace it with the offer of 'bank' hours which would be paid at plain time plus enhancements for unsocial hours where applicable. Initially, this was rejected by many staff however, over a short period of time, the vast majority participated in bank work as it still provided an opportunity to supplement their salaries.

This initiative was very successful in reducing the spend on overtime significantly over the past two years and is now almost a tenth of what it was as the graph on the next page demonstrates:

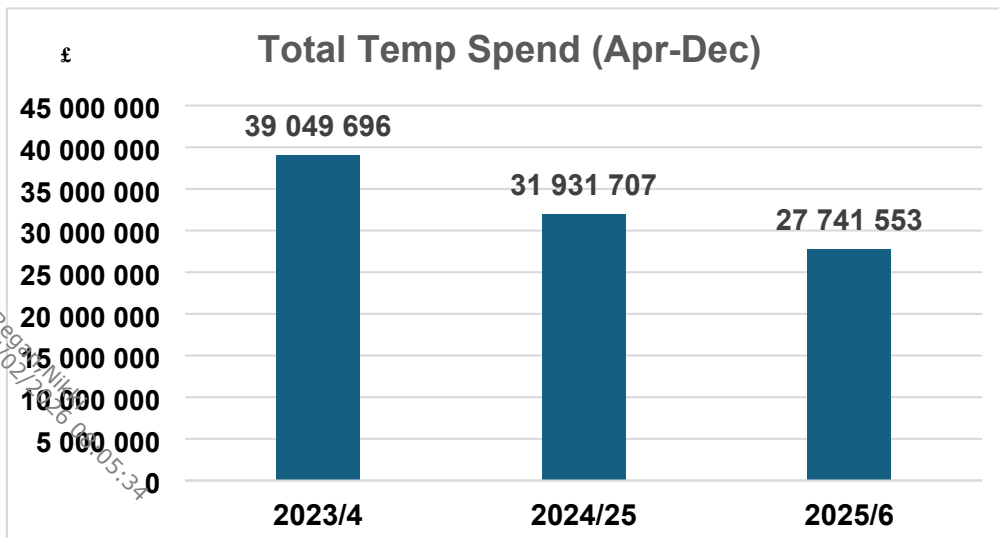


### Bank

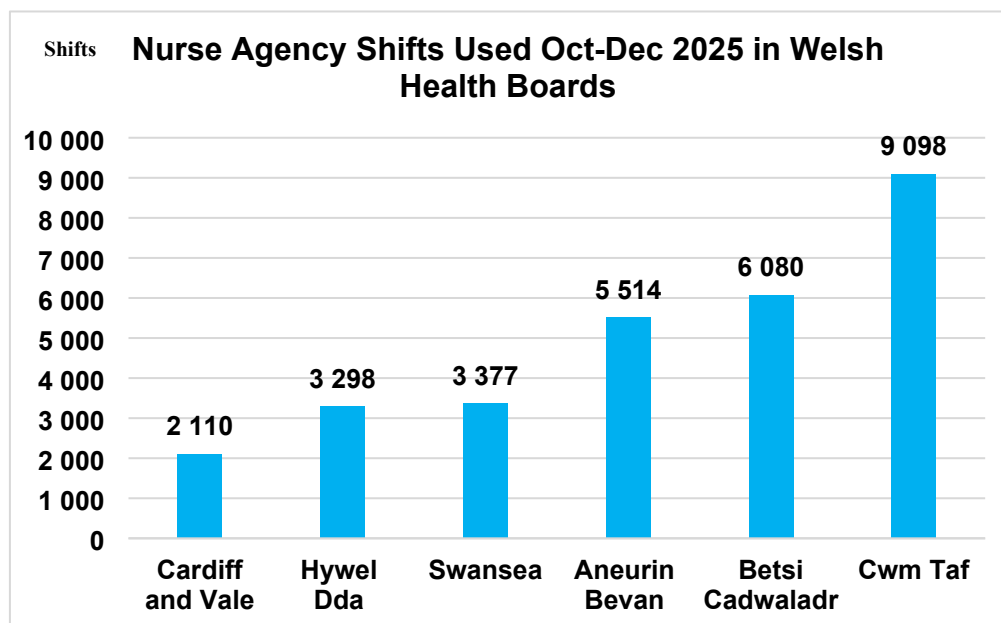
The next graph shows the changes in the utilisation of bank shifts, although it shows an increase, this was expected as the aim was to replace overtime and agency with the bank as the cheaper alternative.



To provide an overview of the changes to the total spend on variable pay, the graph below demonstrates the spend on agency, overtime and bank combined. The strategic plan to reduce variable pay has resulted in a reduction in £11.3m



The graph below provides a comparison of how the Cardiff and Vale UHB are performing compared to other similar sized health Boards in Wales with regard to their use of nursing agency shifts. It is apparent that the UHB's aim to reduce its agency spend has been very successful in reducing its reliance on agency as well as significantly reducing the cost.



### Next Steps

The UHB will continue to face unprecedented financial challenges over the coming years, and it is essential that workforce costs, in particular, variable pay is managed closely to ensure that any temporary staffing needs are deployed in the most cost-effective manner. Excellent progress has been demonstrated over the past few years, and this will be maintained in addition to identifying any other opportunities to make further efficiencies.

### 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

1. Reduce health inequalities	x	6. Have a planned care system where demand and capacity are in balance	
2. Deliver outcomes that matter to people	x	7. Be a great place to work and learn	x
3. All take responsibility for improving our health and wellbeing	x	8. Work better together with partners to deliver care and support across care sectors, making best use of our people and technology	x
4. Offer services that deliver the population health our citizens are entitled to expect	x	9. Reduce harm, waste and variation sustainably making best use of the resources available to us	x

5. Have an unplanned (emergency) care system that provides the right care, in the right place, first time		10. Excel at teaching, research, innovation and improvement and provide an environment where innovation thrives	x
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**Five Ways of Working (Sustainable Development Principles) considered**  
*Please tick as relevant*

P r e v e n t i o n	x	Long term	x	Integration	Collaboration	x	Involvement	x
--	---	-----------	---	-------------	---------------	---	-------------	---

**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:

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Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	/02/26
Status (please tick one only):		Private			
Lead Executive Title:	Assurance	X	Approval	Information	
Report Author (Title):	Executive Director of People and Culture				
Main Report	Deputy Director of People & Culture				

Background and current situation:

**Overview**

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

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

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

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

**At a Glance – Report Structure**

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

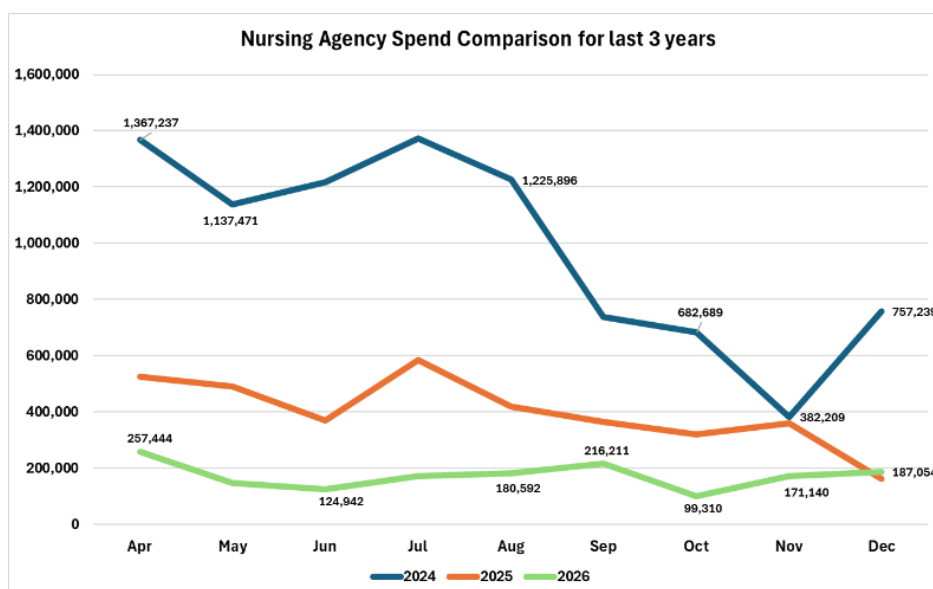
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## Section 1 - KPI Highlights

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

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

**Nursing:** The graphs below highlight a three-year reduction in Registered Nursing agency expenditure, reflecting a steady decline in agency WTE, along with agency usage. There is currently extra capacity open beyond the amount originally expected to be required for winter, which is increasing the amount of temporary staffing, including agency staff.



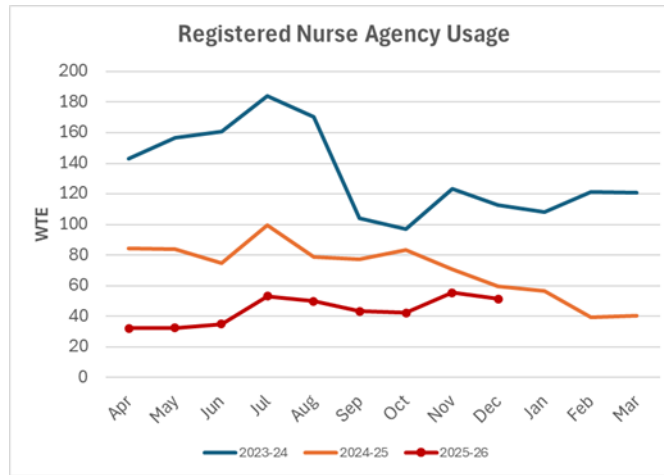
There has been an increase in the number of specialist packages of care delivered across the UHB, including the repatriation of an out-of-area patient back to Hafan y Coed.

Agency packages of care are authorised by Clinical Boards and the Deputy Executive Director of Nursing and are transitioned to bank staff provision wherever possible and in a timely manner.

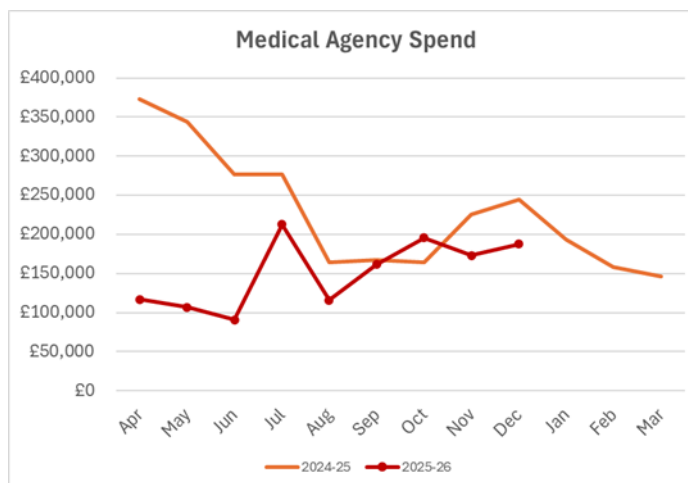
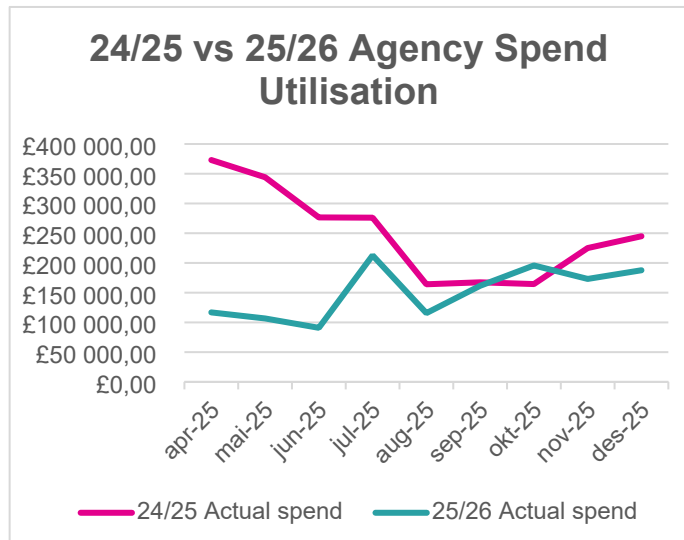
All iterations of the Nursing Hub ceased in November 2025, with authorisation reverting to Clinical Board Directors of Nursing. The use of agency staffing continues to be closely monitored.

The Scheme of Delegation for nights and weekends remains unchanged, with Executive authorisation required.

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**Medical & Dental** - As mentioned, agency reduction continues to be a key focus of the Medical Workforce Advisory Group (MWAG) aligned to the WG Enabling action for 25/26. To date we have delivered a reduction of 50% on annual agency expenditure compared to the same period within 24/25 and currently on plan to meet the 30% reduction set by Welsh Government for 25/26.



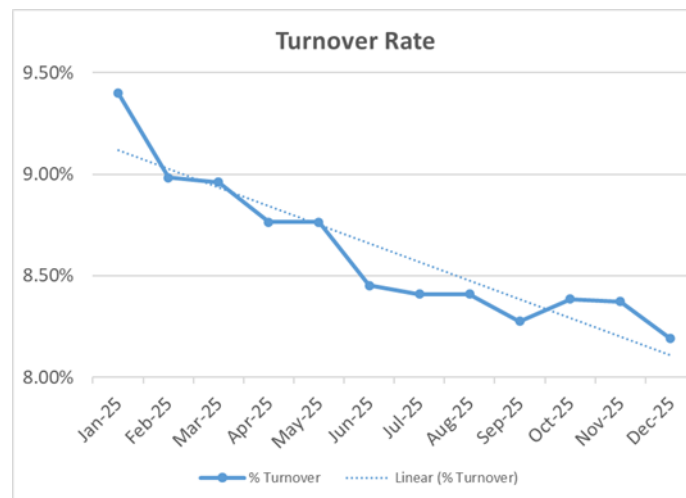
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N.B For Medical Agency, in July there were 3 additional agency workers compared to June linked to extra capacity and vacant posts. £52,000 of the July costs are attributed to late submissions of invoices from agencies for work undertaken in May and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

- Job Planning** – Management teams continue to prioritise job planning, with targeted attention on areas showing lower levels of compliance. Following recent communication from the Medical Director, compliance is steadily progressing toward the Welsh Government’s 90% target, with the current rate at 82%, a 6% improvement since the previous submission. A further increase of 8% is required to reach 90% compliance – this equates to approx. 80 clinicians. The quality of job plan content has also noticeably strengthened. Our focus now is to maintain this positive momentum, achieving the 90% target while sustaining the high standard of job plan content.

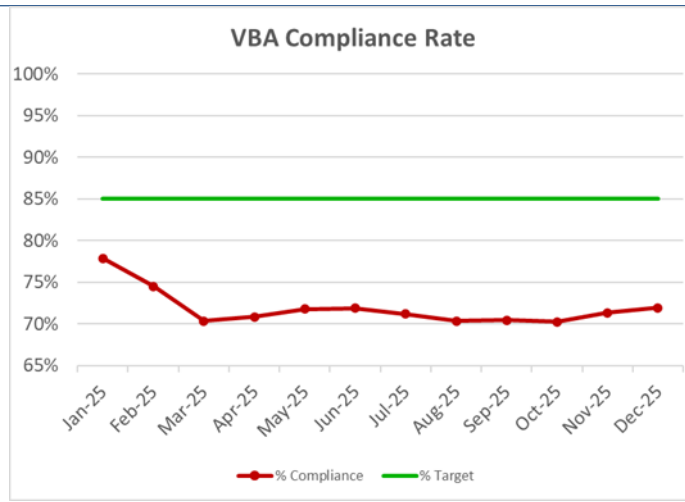


- The Health Board’s target for **Turnover** is in the range 7% to 9%. The turnover rate for December 2025 was 8.19%. This represents a reduction in 12 months of 1.21%.



- The **Values-Based Appraisal** compliance rate remains below the 85% target. At December 2025 the compliance rate was 71.93%. The upload of HCSW VBAs has been completed and will be reflected in the figures for February 2026 and should result in a significant increase in compliance rates. The importance of having a meaningful appraisal has been raised by the Executive team during the Clinical Board Reviews and Clinical Boards/CEF have been asked for improvement trajectories.

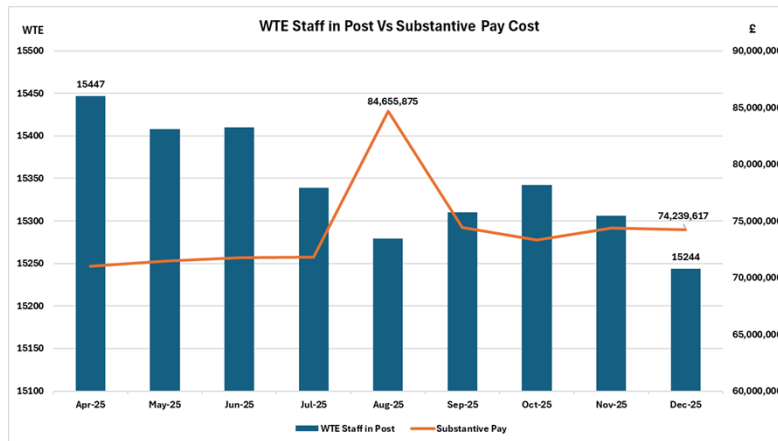
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- The **WTE Staff in Post** has fallen from a high of 15,489 WTE in February 2025 to 15,244 WTE at December 2025. The increases during September and October 2025 reflects the commitment to take new graduate nurses and therapists – which was forecast and approved.

Staff Group	WTE												12-Month Change
	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	
Add Prof Scientific and Technic	596	598	601	602	598	598	600	601	597	605	605	604	8
Additional Clinical Services	2971	2995	3035	3010	3007	3007	2990	2969	2943	2918	2898	2875	-97
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Nursing and Midwifery Registered	4925	4948	4970	4950	4945	4944	4901	4897	4929	4965	4959	4945	21
Students	34	32	27	28	26	26	24	23	17	25	25	25	-9
<b>Grand Total</b>	<b>15436</b>	<b>15489</b>	<b>15488</b>	<b>15447</b>	<b>15408</b>	<b>15410</b>	<b>15339</b>	<b>15279</b>	<b>15310</b>	<b>15342</b>	<b>15306</b>	<b>15244</b>	<b>-192</b>

Reduction from Jan- Dec 25 was 192 WTE (whole time equivalent)



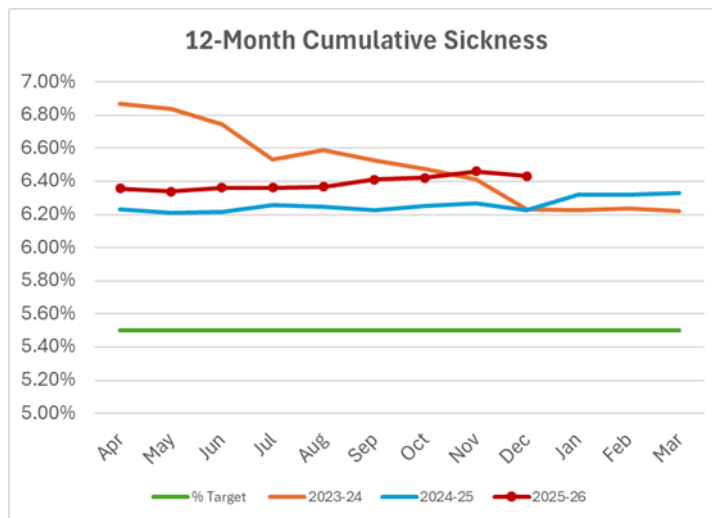
The WTE substantive staff in post peaked at 15,447 in April of this financial year and was at its lowest level in December 2025. The total pay spend for substantive staff over this period has stayed relatively stable – the increase in cost in August is due to the payment of the pay award and arrears for the previous 4 months.

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## Section 2 – People & Culture Priorities

### Improving Wellbeing and Attendance

The graph below shows the 12-month cumulative sickness rates over the past three years. The target for 25/26 is <5.5% The monthly sickness rate for Dec-25 was 6.70%. The 12-month cumulative rate has risen slightly during the past year and is 6.43% at Dec-25 (an increase of 0.20% by comparison with the 12-month cumulative rate at Dec-24



The primary reason for absence continues to be Anxiety, Stress and Depression with a cumulative rate of 34.90% – targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance.

The second highest reason for sickness is Cold, Cough, Flu – Influenza with a cumulative rate of 10.26%. 63.4% of our staff have received the Flu Vaccine.

A bespoke piece of work relating to population health is currently being undertaken, and further information will be provided shortly. Approximately 70% of our workforce live within Cardiff and the Vale.

**Culture – Position and Next Steps Approach being considered:**

- Development of a coherent, non-punitive approach to culture assurance aligned to quality, safety, and wellbeing is underway.
- Early engagement signal Staff survey participation has increased from 22% to 35% (6070 responses); with full results and release of reports due 23<sup>rd</sup> February 2026.
- Staff voice at the centre Culture assurance will be rooted in staff experience rather than Managerial self-assessment, with partnership safeguards.
- Methodical delivery – this is the review of the Staff Health and Wellbeing Model. A Programme Initiation Document (PID) will be developed to define scope, governance, sequencing, and risk.

**Next steps (Q1/Q2)**

Engagement to agree culture definition and behaviours; develop dashboard concept; pilot cultural safety zones; return with assurance view.

**Management and Leadership Development**

Leadership and management remain a key priority for 2025/26. Updates to include:

- **Continuation of Optimising Ops Programme:** A programme for General Managers and Band 8Cs, designed to equip them with essential skills and knowledge for effective operational management and leadership, with regional participation included. Including delegates from ABUHB, recent modules have focused on Workforce Planning, Finance and Budgets, and Planning.
- **Leadership and Management Development Audit:** Terms of Reference for an internal audit of Leadership and Management Development will commence end of January 2026.

### Staff Health and Wellbeing

A scoping exercise has been agreed to review the UHB’s current staff health and wellbeing model / approach. A review of the current model will involve national benchmarking and research into a trauma informed approach, listening activities with staff groups, and partnership working with TU colleagues.

Progress with the collaborative model within Occupational Health services has had a significant, positive impact upon KPIs within the service. Further detail on this is reported in the OH & EWS KPI Paper.

### Building Workforce Planning Expertise

#### Workforce Planning

- A Strategic Workforce Planning session was delivered on 13 January 2026 as part of the General Manager Optimising Operations Leadership programme. This was delivered in an integrated approach, co-presented by Operational/Service and Workforce Planning colleagues.
- Following a series of Education Commissioning Workshops delivered in October 2025 to launch this year’s process, work continues to review the Clinical Board and Professional submissions, the first draft of which will be provided to HEIW by 31 January 2026. The Health Board aims to improve its submission again this year with improved engagement and submission. This follows the receipt of positive feedback from HEIW following the submission in March 2025, which has been shared across the Wales Workforce Planning Network.

HEIW have recently agreed to fund the training for three People & Culture Senior Business Partners to complete the Chartered Institute of Personnel and Development Strategic Workforce Planning Programme

### Voluntary Early Release Update

Further to the recent decision to close this year’s VERS campaign due to the limited opportunity to realise in-year savings over the remaining months of the financial year, four further applications have been received. Since the campaign began, 210 applications were received, of which 21 have progressed.

The most recent 4 applications are now being processed, with their outcomes as follows:

Category	Amount (£)
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Regan Nikki  
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Total compensatory Payment costs (to individual)	£227,786
<b>Total Compensatory Payment including 15% on costs</b>	<b>£266,893</b>
<b>(Benefit)/Pressure in 25/26</b>	<b>£225,303</b>
<b>Recurrent Saving from 26/27 onwards</b>	<b>-£249,541</b>

The total cumulative financial implications of all 21 VERS considered in 2025/26 including 17 approved previously:

Category	Amount (£)
Total compensatory Payment costs (to individual)	<b>£688,462</b>
<b>Total Compensatory Payment including 15% on costs</b>	<b>£744,498</b>
<b>(Benefit)/Pressure in 25/26</b>	<b>£396,588</b>
<b>Recurrent Saving from 26/27 onwards</b>	<b>-£971,691</b>

### Next steps

**Assurance** - Measures have been put in place to ensure the posts related to VERS are removed from the system and therefore show as a reduction in head count.

### Section 3 – Suspensions

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

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

Two cases involve individuals who have been suspended for six months. Of these:

- One individual was initially subject to an external criminal investigation, and as a result, the internal process was placed on hold. The external investigation has now concluded, and the internal process has formally commenced. The matter is being investigated in accordance with the All Wales Disciplinary Policy and Procedure, and the investigation is nearing completion.
- One individual is being investigated in accordance with the Upholding Professional Standards in Wales (UPSW) Procedure. The investigation is currently on hold due to concerns raised under the Formal Respect and Resolution Policy.

Five cases involve individuals who have been suspended/excluded for less than two months. Of these:

- Two cases are currently subject to ongoing external criminal investigations, and all internal processes are on hold pending the outcome of those investigations.
- One case is being managed and investigated in accordance with the All Wales Disciplinary Policy and Procedure and is ongoing.
- Two cases are being managed and investigated in accordance with the Upholding Professional Standards in Wales Procedure and are ongoing.

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

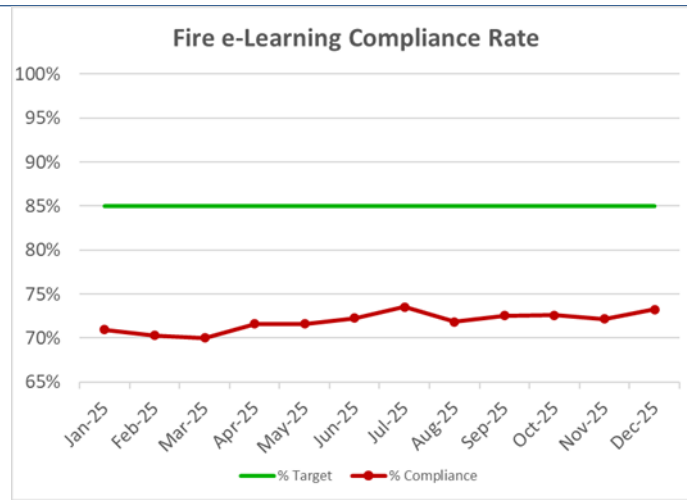
#### **Section 4 – Spotlight – Education**

Three new Clinical Manager Development Programmes are in development and will launch in Q1 2026/27:

- Initi8 for Band 6 Deputy Clinical Managers/Team Leaders; Co-ordin8 Shift Management Programme for Band 5 nurses taking charge of a ward area; and Activ8 for Senior Clinical Managers working at Band 8.
- ECOD continues to deliver the Regional OSCE Training Centre for Mental Health, with 35 internationally educated Mental Health nurses successfully completing the OSCE programme in 2025 (from CAV UHB and BC UHB). A further 10 nurses from Betsi Cadwaladr University Health Board and Powys Teaching Health Board will undertake the programme in February.
- 23 manager information sessions were delivered to support the Band 2–3 validation process, with associated education and competency programmes currently under development.
- 28 Healthcare Support Workers (HCSW) are currently being supported through the Flexible Undergraduate Programme; 20 have completed the programme and joined the organisation as Registered Nurses. In addition, 252 HCSW attended induction during 2025.
- 32 Restorative Clinical Supervisors have been trained across the UHB, delivering 187 group supervision sessions in 2025. The Education Team also delivers the national Train-the-Trainer programme.
- Joint working with NWSSP has enabled the establishment of 9 education contracts, with 433 nurses, midwives, AHPs and HCS staff undertaking funded academic education.
- 1,350 nursing and midwifery students were supported in practice by UHB Practice Education Facilitators, alongside 808 practice assessors and supervisors trained to undertake their roles

#### **Section 5 – Health & Safety**

Whilst the overall statutory and mandatory e-learning compliance rate is almost at target for December 2025 (82.42%), the compliance rate for **Fire e-Learning Compliance** continues to be lower than target; at 73.24% for December 2025.



### RIDDOR Incidents FYTD

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total	KPI
CEF	3	0	4	3	0	0	2	2	2	2	18	17
Specialist	1	2	1	0	2	2	0	0	0	2	10	13
Medicine	1	3	2	3	0	3	0	0	1	0	13	10
Mental Health	2	0	1	1	2	1	0	0	1	0	8	13
PCIC	0	1	0	0	0	0	0	0	0	0	1	0
Surgical	0	2	2	0	0	0	1	0	0	0	5	8
C&W	0	0	0	0	0	2	0	0	0	0	2	5
<b>Total</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>57</b>	<b>66</b>

A total of 57 RIDDOR-reportable incidents have been recorded year-to-date across all clinical boards. While this remains below the cumulative KPI of 66, linear extrapolation suggests a projected year-end total of 72, which would exceed the total KPI but would be an improvement on 2025/2025. In previous years we have seen higher reporting in the last three months of the year.

As with previous years we report only a small number of specified injuries to staff with approximately 90% being as a result of >7-day absence, this is approximately 20% higher than the full UK average.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Total
Injury > 7 days	6	6	8	6	4	8	2	2	4	2	48
Injury to a member of the public, taken directly to the hospital or injured on hospital grounds	0	1	1	1	0	0	0	0	0	0	3
Specified Injury	1	1	1	0	0	0	1	0	0	2	6
<b>Total</b>	<b>7</b>	<b>8</b>	<b>10</b>	<b>7</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>4</b>	<b>4</b>	<b>57</b>

### H&S Training Compliance

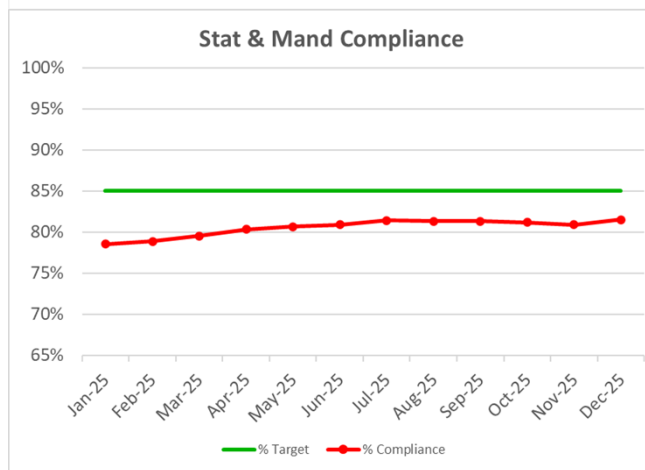
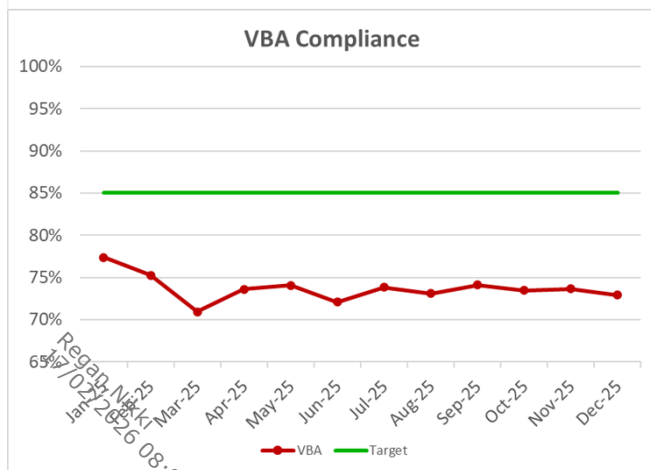
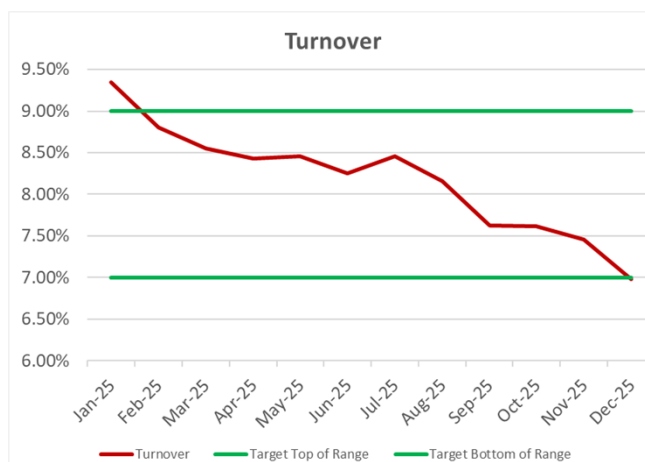
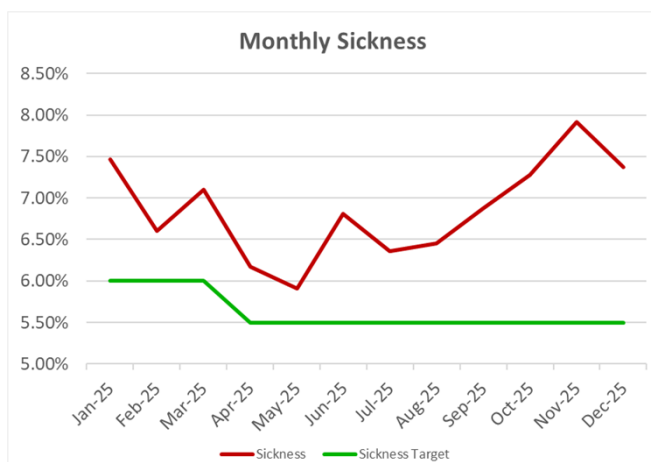
The completion KPI for all courses is 85%. Traffic lights indicate monthly changes: red for a decrease, amber for no change, and green for an improvement

001 Cardiff and Vale University LHB	89.21%	71.79%	64.25%	91.40%	81.64%	45.93%	37.93%	63.57%	73.00%	87.13%
Clinical Board - start of January 2026	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	95.42%	91.44%		96.50%	91.84%	78.99%			90.30%	92.99%
001 Capital, Estates & Facilities	96.96%	81.47%	89.77%	97.60%	91.95%	9.09%		35.90%	80.16%	92.58%
001 Children & Women Clinical Board	89.96%	63.16%	56.94%	92.21%	83.67%	51.30%	43.97%		72.86%	88.27%
001 Clinical Diagnostics & Therapeutics Clinical Board	93.13%	64.24%	77.91%	95.06%	87.15%	51.21%			73.70%	89.05%
001 Corporate Executives	88.93%	44.44%	52.08%	92.81%	85.96%	53.73%			73.42%	88.08%
001 Medicine Clinical Board	85.48%	23.97%	57.63%	88.02%	69.31%	29.27%	29.25%		70.24%	84.46%
001 Mental Health Clinical Board	87.55%	62.50%	50.27%	93.96%	77.28%	32.82%		65.73%	69.12%	87.04%
001 Primary, Community Intermediate Care Clinical Board	89.20%	78.95%	65.25%	91.88%	84.52%	48.94%			75.21%	87.35%
001 Specialist Services Clinical Board	87.89%	63.23%	72.34%	89.19%	80.04%	51.92%	61.20%		71.85%	86.06%
001 Surgical Services Clinical Board	84.24%	55.79%	66.67%	84.60%	76.67%	38.56%	53.85%		70.28%	82.76%

As an initiative to improve compliance, a fire training course has been trialed on Teams which meets the requirements of face-to-face training. The trial continues weekly and will be reviewed after a month to assess adequacy. Delegates are capped at 30 and courses are available for booking on ESR.

### Section 6 – Clinical Board Update – Specialist Services Clinical Board.

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



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

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





**Recommendation:**

The People & Culture Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

		Long term		Integr ation		Collabor ation		Inv olv em ent	
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Quality Impact Assessment Completed?:

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

Yes –  
**(please provide complete QIA)**

No – **(Please provide reasoning, e.g. not required)**

The majority of categories carry some workforce-related risks or implications, and these are addressed

<p><b>document</b> )</p>			<p>within the body of this report through updates on KPIs, key priorities, suspensions, and specific programme areas. Where marked “No” (Socio-Economic and Decarbonisation), the paper itself does not introduce new risks, though broader workforce activity may have indirect benefits. References to relevant sections are included below.</p>
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**Impact Assessment:**  
*Please state yes or no for each category. If yes please provide further details.*

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

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

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

Decarbonisation: Yes/No

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

Welsh Language: Yes/No

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

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

Committee/Group/Exec	Date:

Regan, Nikki  
17/02/2025 08:05:34

Report Title:	Staff Networks within Cardiff and Vale UHB			Agenda Item no.	2.4
Meeting:	People and Culture Committee	Public	X	Meeting Date:	17 February 2026
		Private			
Status (please tick one only):	Assurance	Approval		Information	x
Lead Executive Title:	Executive Director of People & Culture				
Report Author (Title):	Equity and Inclusion Manager				

## Main Report

### Background and current situation:

#### Staff Network Progress Report

#### Purpose

This paper provides an update on the current position of Cardiff and Vale University Health Board's Staff Networks, outlines the challenges affecting their effectiveness, and seeks endorsement for the proposed governance review and formal relaunch of all networks in **April 2026**.

#### Background

Staff Networks are critical mechanisms for strengthening organisational culture and delivering equity and inclusion. They amplify the voices of underrepresented colleagues, improve organisational intelligence, and support compliance with statutory equality duties. Effective Staff Networks contribute to improved staff experience, retention and culturally competent care, supporting both workforce sustainability and patient outcomes.

Feedback from existing networks indicates that limited resources and lack of structural support have impeded effectiveness. Network leads have requested direct support from the Equity & Inclusion Team and expressed interest in a coordinated relaunch supported by refreshed communications and improved governance.

#### Current Challenges

A cross-network review has highlighted several systemic challenges:

- **Limited Awareness:** Staff are unclear about the purpose and benefits of networks.
- **Resource Constraints:** Lack of dedicated time and administrative support restricts activity.
- **Inconsistent Governance:** Terms of Reference vary significantly and do not align with current organisational priorities.
- **Declining Engagement:** Several networks are inactive or unable to maintain committee structures.

These challenges have impacted network sustainability and limited their ability to influence organisational culture effectively. Collectively, these challenges limit the networks' credibility, reach, and ability to influence decision-making at scale.

#### Adborth Advisory Group: Governance Integration

Adborth is proposed as a standing advisory forum providing insight and lived experience to senior leaders across all equality mandates. It will act as a formal advisory body, feeding directly into

existing People & Culture and executive governance routes rather than operating as a standalone forum.

### **Membership**

- Representatives from each Staff Network
- Colleagues from a range of roles, pay bands and protected characteristics
- Staff with relevant expertise or lived experience

### **Purpose**

- Provide thematic insight to inform strategic decisions
- Support Equality Impact Assessments
- Strengthen leadership accountability
- Ensure lived experience is integral to service and workforce design

This structure also offers a leadership development opportunity for staff who may not typically have access to senior-level forums.

### **Key Focus Areas for Relunched Networks**

The relunched networks will prioritise:

1. **Advocacy** for underrepresented or marginalised groups
2. **Raising awareness** and developing cultural competence
3. **Inclusive engagement** that promotes belonging and psychological safety

Network activity will directly support organisational priorities, including SEP and WRES commitments.

### **Strategic Opportunities**

#### **Alignment of SEP, WRES and Workforce Equity Priorities**

There is a clear opportunity to create a more cohesive approach by:

- Harmonising reporting cycles
- Aligning outcome measures
- Strengthening governance oversight

This will ensure workforce and service equity are progressed in a unified and systematic manner, and will reduce duplication, improve the quality of assurance to Welsh Government, and provide clearer lines of accountability.

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

Persistent disparities remain in progression pathways, particularly for ethnic minority colleagues beyond Band 5. Active involvement in networks and the Adborth Group can support:

- Increased access to leadership insight and organisational learning
- Strengthened pathways into programmes such as *Stepping into Leadership*
- Succession planning for more diverse future leadership

#### **Data, Insight and Transparency**

Networks will support improved data confidence by:

- Providing contextual insight and lived-experience interpretation
- Contributing to thematic reviews of workforce data
- Informing targeted interventions and policy changes

This will enhance transparency and support better-informed decision making.

## Monitor and Evaluate

- Establish metrics to assess network impact, including:
  - Membership numbers and engagement levels.
  - Contributions to organisational policies and initiatives.
  - Feedback from staff on the networks' effectiveness.
- Regularly review network activities and provide feedback and support for continuous improvement.
- Oversight and evaluation will sit with the Equity & Inclusion Team, reporting annually to the People & Culture Committee.

## Cultural Competence and Inclusive Practice

Networks will play a central role in strengthening inclusive practice by:

- Sharing lived experiences and case studies
- Supporting staff learning and cultural awareness
- Informing training, communication standards and service delivery

This aligns with the organisation's goals for equitable, culturally sensitive care.

## Staff Network Relaunch Plan (2025–2026)

Network Name	Planned Activity	Target Completion Date
One Voice Staff Network	ToR review, leadership recruitment, pre-launch comms	Jan–Mar 2026
LGBTQ+ Staff Network	Refresh membership, clarify roles, align with Adborth governance	Jan–Mar 2026
AccessAbility Network	Re-establish steering group, accessibility-focused relaunch	Feb–Mar 2026
Rhwyd-Iaith - Welsh Language Network	Strengthen role in promoting Welsh language standards	Feb–Mar 2026

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

Staff Networks are an important mechanism for staff voice, workforce equity and organisational learning. However, the current position is inconsistent, with variability in governance, capacity and impact limiting their effectiveness and the assurance they provide to senior leaders. In the context of significant operational and financial pressure, it is essential that engagement mechanisms are purposeful, well-governed and aligned to organisational priorities rather than reliant on informal arrangements or individual goodwill.

This paper sets out a proportionate and pragmatic approach to strengthening Staff Networks through a governance review, standardised Terms of Reference and a planned relaunch in April 2026. This allows sufficient time to reset expectations, rebuild confidence and ensure the foundations are in place for sustainable operation. The establishment of the Adborth Advisory Group provides a formal route for lived experience and thematic insight to inform senior-level decision-making, strengthening accountability and reducing the risk of tokenistic or fragmented engagement.

The Committee is asked to support this shift towards a more consistent, structured and sustainable model for Staff Networks, recognising their role in improving workforce experience, strengthening organisational culture and supporting the delivery of safe, equitable and high-quality care, while providing clearer assurance to the Board and Welsh Government.

**Appendices (please list any appendices that will accompany this report (do not embed))**

- Appendix 1 – Draft Staff Network Terms of Reference
- Appendix 2 – Draft Adborth Advisory Group Terms of Reference

**Recommendation:**





The People & Culture Board is asked to:

1. Note the challenges currently faced by Staff Networks.
2. Support the proposed governance review and standardised Terms of Reference.
3. Endorse the formal relaunch of all staff networks in April 2026.
4. Support the establishment of the Adborth Advisory Group as a mechanism for senior-level insight, accountability, and staff voice.
5. Promote staff participation by encouraging line managers to enable release time for network engagement.

Strengthening the governance, purpose and visibility of Staff Networks will significantly advance the Health Board’s equity, inclusion and workforce wellbeing ambitions. The proposed relaunch and the establishment of the Adborth Advisory Group represent a key step in embedding lived experience, improving cultural competence, and enabling staff to influence organisational decision-making. Adborth will complement, not replace, formal staff engagement, consultation or partnership arrangements.

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

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

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

**Five Ways of Working (Sustainable Development Principles) considered**  
*Please place an “X” in the below boxes as relevant*

P r e v e n t i o n		Long term	X	Integration	X	Collaboration	X	Involvement	X
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**Quality Impact Assessment Completed?:**  
Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: [Quality Impact Assessment Information](#)

Yes – (please provide completed QIA document)	X	No – (Please provide reasoning, e.g. not required)	X	Comment here
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**Impact Assessment:**  
Please state yes or no for each category. If yes please provide further details.

Risk: Yes/~~No~~

Risks have been identified in relation to the potential underrepresentation of diverse groups within the Staff Networks. To mitigate this, the relaunch communications campaign and membership sign-up process will be promoted widely across all organisational communication channels.

There is also a risk that networks may become inactive or operate ineffectively if not appropriately structured and supported. This has been addressed within the revised Terms of Reference, which embed clear expectations for leadership roles and encourage members to undertake formal responsibilities to ensure professionalism and adherence to agreed governance arrangements.

Additionally, there is a recognised risk of over-reliance on a small number of individuals for consultation, which may lead to perceptions of tokenism. The establishment of the Adborth Advisory Group will support broader, more representative engagement and ensure diverse voices inform organisational decision-making.

Safety: ~~Yes~~ /No

No direct safety impacts have been identified

Financial: Yes/~~No~~

To effectively deliver awareness-raising activities and ensure network visibility, resource allocation may be required. These implications are being considered as part of ongoing planning and prioritisation discussions.

Workforce: Yes/~~No~~

Participation in staff networks may result in short periods of absence from routine duties. Appropriate arrangements for cover will need to be made, and staff attendance should be agreed in advance with line managers to ensure minimal operational disruption.

Legal: ~~Yes~~ /No

No direct legal risks have been identified. However, well-functioning Staff Networks contribute positively to meeting statutory duties, including those set out under the Public Sector Equality Duty within the Equality Act 2010.

Reputational: Yes/~~No~~

Staff Networks can have a significant impact on the Health Board's reputation. The Health Board's commitment to transparency and continuous improvement has already been recognised by Welsh Government. Strengthened and well-governed networks, alongside the Adborth Advisory Group, will enhance organisational trust, inclusion and belonging

Socio Economic: <del>Yes</del> /No - Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="https://gov.wales/socio-economic-duty-guidance">The Socio-economic Duty: guidance   GOV.WALES</a> ( <a href="https://gov.wales/socio-economic-duty-guidance">https://gov.wales/socio-economic-duty-guidance</a> )	
No direct socio-economic impacts have been identified. However, effective networks may indirectly support organisational performance through improved workforce experience and retention	
Equality and Health: Yes/No -	
The relaunch of the Staff Networks, supported by revised Terms of Reference and the creation of the Adborth Advisory Group, will require a refreshed Equality and Health Impact Assessment (EHIA) to ensure all impacts are fully considered.	
Decarbonisation: <del>Yes</del> /No	
There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:	
<ul style="list-style-type: none"> <li>• A focus upon preventing ill health in our population</li> <li>• Saving energy or increasing throughput.</li> <li>• Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.</li> <li>• Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.</li> <li>• Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</li> <li>• Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</li> </ul>	
Does the subject matter of your paper risk any of the above not being achieved?	
Welsh Language: Yes/ <del>No</del>	
Consideration should be given to potential impact on the Welsh language, including the following key aspects:	
<ul style="list-style-type: none"> <li>• <b>More than just words:</b> Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</li> <li>• <b>Accessibility and compliance:</b> Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</li> <li>• <b>Patient understanding and safety:</b> Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</li> <li>• <b>Staffing and resources:</b> Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?</li> </ul>	
Does the subject matter of your paper risk any of the above not being achieved? No	
Approval/Scrutiny Route (please note anywhere else this paper has been before):	
Committee/Group/Exec	Date:

Regen, Nikki  
17/02/2025 08:05:34

## Appendix 1

# Terms of Reference Template

[Network Name]

### 1. Purpose and Objectives

The purpose of this network is to:

- Provide a safe, supportive space for staff to share experiences, influence policy, and promote inclusion.
- Strengthen existing staff networks and ensure alignment with the organisation's Strategic Equality Plan (SEP) and priorities.
- Contribute to organisational equity and inclusion goals through advocacy, awareness, and engagement, including via Adborth, the fluid advisory group.

### 2. Scope

The network will focus on:

- Systemic advocacy on matters affecting underrepresented groups, focused on organisational culture, policy, and practice rather than individual employment cases.\*
- Raising awareness and promoting cultural competence.
- Engagement activities that foster inclusion and belonging.

### 3. Governance Structure

Each network will have:

- Chair/Co-Chair: Voluntary role, elected annually.
- Senior Leadership Representative: Provides strategic alignment.
- Secretary/Coordinator: Handles administration and communication.

Reporting:

- Bi-annual reports to the People and Culture Committee.

Regen Wikia  
17/02/2025 05:13

- Annual summary to the Board via the Annual Equality Report.

#### 4. Membership

- Eligibility: Open to all staff who identify with or support the network's purpose.
- Inclusivity: Membership is open to staff who identify with or actively support the network's purpose.
  - Networks may agree specific spaces or agenda items that are closed to allies where this supports psychological safety.
  - Allies are expected to participate in a listening and learning capacity, respecting the purpose and boundaries of the network.
- Registration: Members sign up via the internal platform (e.g., intranet form).

Expectations:

- Participate in meetings/events.
- Respect confidentiality and diversity of views.

#### 5. Annual Activities

Each network will create an Annual Action Plan aligned with organisational priorities.

Suggested activities:

- Awareness campaigns (e.g., Pride Month, Black History Month).
- Providing feedback on organisational policies and people practices through agreed consultation routes.
- Training and development sessions (e.g., cultural competence, allyship).
- Community engagement and external collaboration.
- Networking events and quarterly meetings.

#### 6. Decision-Making

- Consensus-Based: Decisions made collectively during scheduled meetings.
- Voting: For major decisions (e.g., leadership roles), a simple majority vote applies.
- Escalation: Issues beyond the network's remit are escalated to the Equity & Inclusion Team.

#### 7. Monitoring and Evaluation

KPIs:

- Membership growth.
- Event participation rates.
- Member feedback.
- Contributions to policy changes.
- Annual Report: Summarise achievements, challenges, and recommendations.
- Evaluation: Annual member surveys and impact assessments.

#### 8. Alignment with Strategic Equality Plan

Networks will:

- Align objectives with SEP priorities (e.g., reducing inequalities, and improving representation).

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- Provide input into Equality Health Impact Assessments.
- Act as consultative bodies for organisational change initiatives.
- Support Adborth, the fluid advisory group.

Feedback Loop: Insights from networks inform HR strategy, workforce planning, and cultural development.

*\* The network does not provide individual case representation, grievance support, or employment advice. Such matters remain the responsibility of line management, HR and recognised Trade Unions.*

## Appendix 2

# Adborth Advisory Group

## Equity and Inclusion Advisory Terms of Reference (ToR)

### 1. Purpose

The Adborth Advisory Group (AAG) is established to provide strategic insight and lived experience perspectives to inform senior-level decision-making, particularly in relation to workforce equity priorities, including WRES, and other agreed equity and inclusion objectives. The group serves as a consultative panel, ensuring that diverse voices influence the development and implementation of inclusive workforce policies and practices.

### 2. Scope

The Adborth Advisory Group may be engaged by senior leaders and corporate teams to provide advisory input on workstreams with strategic implications for workforce equity, diversity and inclusion. AAG will engage with workstreams that have strategic implications for workforce equality, diversity, and inclusion.

### 3. Composition

- Members will be drawn from across the organisation, representing a wide range of protected characteristics under the Equality Act 2010.
- The group will include individuals from various grades, roles, and professional disciplines, ensuring a rich diversity of thought and experience.
- Membership will be fluid, allowing for rotation and inclusion of individuals whose lived experiences are most relevant to the topic under review.

Participation is voluntary and does not confer representative or negotiating authority on behalf of any group

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## 5. Function

- The group will review specific pieces of work that are under consideration at senior leadership level.
- Members will provide critical insight and lived experience feedback to help identify potential impacts, risks, and opportunities related to equity and inclusion.
- The group will not hold decision-making powers, but its contributions will be influential in shaping strategic direction and policy development.
- The group will not consider individual employment cases, grievances or personal complaints.

## 6. Operation

- Meetings will be convened in alignment with key decision-making timelines to ensure timely input.
- A designated facilitator or chair will lead discussions, ensuring inclusive participation and effective documentation of insights.
- Outputs from the group will be shared with relevant senior leadership teams and decision-makers.
- A feedback mechanism will be established to communicate how the group's input has influenced decisions and outcomes.
- Requests for AAG input will be coordinated through the Equity & Inclusion Team to ensure clarity of purpose and proportional use of members' time.

## 7. Principles

The Adborth Advisory Group will operate under the following guiding principles:

- **Respect and Psychological Safety:** Members will be supported to share openly and respectfully.
- **Equity of Voice:** All contributions are valued equally, regardless of grade or role.
- **Confidentiality and Trust:** Sensitive information and personal experiences will be treated with care and discretion.
- **Transparency and Accountability:** Senior leaders will commit to considering and responding to the group's input.

## 8. Review and Evaluation

The operation of the Adborth Advisory Group will be reviewed annually to ensure effectiveness, relevance, and alignment with organisational goals.

Findings from the annual review will be reported to the People & Culture Committee

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2.5 Report Title:	An update on Employee Wellbeing Service performance.		Agenda Item No:	2.5	
Meeting:	People & Culture Committee	Public	X	Meeting Date: 17 <sup>th</sup> February 2026	
		Private			
Status (please only tick one)	Assurance	X	Approval	Information/Noting	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author(s) Title:	Deputy Head of Occupational Health Head of Occupational Health				

**Main Report**  
Background and Current Situation:

**1. Background and Current Service Model**

The Employee Wellbeing Service (EWS) provides a range of therapeutic and psychological wellbeing interventions for employees experiencing mild to moderate mental health concerns. The service operates on a stepped care model (Matrics Cymru, Welsh Government, 2017), enabling staff to access the right level of support at the right time.

All staff are able to self-refer and will initially receive a Resource Appointment, which provides an opportunity to explore both workrelated and personal concerns with an EWS practitioner. Following assessment, individuals may be offered:

- Oneto-one counselling, provided by counsellors trained in EMDR, Interpersonal Psychotherapy (IPT), or SPRING - Spring is an internet-based software programme for the treatment of people who have experienced traumatic incidents.
- Referral into Trauma Stress Services where Post-Traumatic Stress Disorder (PTSD) is suspected following exposure to workrelated- trauma.
- Guided SelfHelp approaches, including Cognitive Behavioural Therapy (CBT) based interventions.
- Access to psychoeducational group sessions, such as Compassion & SelfCare, Menopause Awareness / Menopause and Diet (in partnership with Dietetics), and Stress Risk Assessment for Managers.

Where referral forms identify an individual as “at risk”, the team prioritises a rapid wellbeing call from a suitably qualified practitioner.

EWS also provides team/department drop-in sessions following incidents and maintains wider wellbeing functions through:

- Recruitment, training, and support of a network of 400+ Wellbeing Champions
- Publication of a monthly Wellbeing Newsletter
- Oversight and maintenance of wellbeing resources on the staff SharePoint system

**2. Current Challenges**

**2.1 Administrative and Clerical Capacity**

The Employee Wellbeing Service has experienced a period of reduced administrative capacity, which has affected the timeliness of routine activity reporting.

Service delivery, clinical safety and data capture have been maintained throughout this period, and the issue is recognised and being addressed to restore administrative resilience.

There has been no impact on the provision of therapeutic or psychological support to staff.

## 2.2 Trauma Stress Service Waiting Times

Waiting times for Trauma Stress Service initial assessments have increased, with current waits of approximately six months.

This reflects increasing demand related to workplace trauma exposure and system-wide capacity pressures. Waiting times continue to be monitored, with mitigating actions considered as part of wider organisational and service-level planning.

Despite known operational pressures, the Employee Wellbeing Service has continued to make strong and measurable progress across a number of key areas:

- **Digital readiness and systems modernisation**  
OPAS licences have been secured, workflows mapped, and clinical templates reviewed in preparation for planned go-live in April 2026.
- **Accreditation and quality assurance**  
All counsellors have achieved BACP accreditation, strengthening clinical governance and quality assurance.
- **Service stability and infrastructure**  
The service has successfully relocated from Denbigh House (UHW) to Woodland House, supporting continuity and resilience.
- **Governance and partnership arrangements**  
Service Level Agreements for partner organisations accessing EWS counselling have been clarified, strengthening oversight and consistency.
- **Data, reporting and insight**  
Quarterly wellbeing dashboards continue to be produced (Appendix \*\*), alongside bespoke datasets and reports on request, including analysis of referral reasons (Jan–Sept 2025) (Appendix \*\*).
- **Capability building and system contribution**  
Progress has been made against the Health & Safety Action Plan, including delivery of senior manager training. The service continues to contribute to NHS Wales All-Wales Wellbeing Networks, and specialist capability has been enhanced through Bluestar training, enabling delivery of pre-trial therapy.

## 4. Current Review of the Employee Wellbeing Service (CAVUHB)

Cardiff and Vale UHB has initiated an Assistant Director led review of staff health and wellbeing arrangements, to be undertaken collaboratively with the Head of Occupational Health and key stakeholders linked to the Employee Wellbeing Service.

This review follows discussions at Management Executive regarding the strategic direction of staff wellbeing and the broader staff health and wellbeing model within the organisation.

The review is in an early exploratory phase and aims to ensure that the UHB's approach to staff health and wellbeing remains:

- **Sustainable**
- **Impactful**
- **Equitable**
- **Responsive** to evolving workforce needs

At this stage:

- No decisions have been made
- No preferred model has been identified
- No immediate changes are planned

The review will draw on:

- National benchmarking
- Local engagement
- Evidencebased research
- Staff and stakeholder coproduction

Once formal engagement begins, it is anticipated that a 12 week period will be required to develop and present potential options.

Importantly, this work is not a reflection on the performance of the Employee Wellbeing Service or other wellbeing functions. The focus is on identifying the most effective and sustainable structure for supporting staff health and wellbeing over the long term, in line with evolving workforce needs.

## **5. Key Priorities for 2026**

Aligned with ongoing operational delivery and the broader organisational review, EWS has identified the following key priorities for 2026.

### **5.1 Implementation of Electronic Processes and Clinical Records**

Transition to fully digital clinical records and workflows using the OPAS system, with go-live planned for April 2026 following completion of process mapping and template review.

### **5.2 Development of an Occupational Health & EWS Data and Systems Lead Role**

This will enhance analytical capability, outcomes reporting and governance across both Occupational Health and the Employee Wellbeing Service.

### **5.3 Supporting the Review of the EWS Model**

The service will actively support the Assistant Director of OD, Wellbeing and Culture in reviewing the EWS operational model, ensuring it is:

- Sustainable
- Trauma informed
- Appropriate for current workforce challenges

### **5.4 Review and Modernisation of Staff Intranet Wellbeing Resources**

This includes:

- Developing a clear and accessible inventory of resources
- Updating site structure and usability
- Enhancing visibility through Viva Engage and other communication channels

## **6. Summary**

The Employee Wellbeing Service continues to deliver essential psychological and wellbeing support to staff across Cardiff and Vale UHB, while managing known operational pressures. The current organisational review provides an opportunity to strengthen the strategic approach to wellbeing, while the service's 2026 priorities will support digital transformation, improved reporting, and greater visibility of support available to staff.

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

### **1. Overall assurance**

The Employee Wellbeing Service is delivering safe, high-quality psychological and wellbeing support to staff and remains clinically sound and operationally stable.

Core therapeutic and trauma-informed services continue to be delivered effectively, with no concerns identified regarding clinical safety or quality. Progress has been made across digital readiness, accreditation, governance and reporting, providing assurance on service maturity and direction.

## **2. Context the Committee should note**

The service is operating in a high-demand environment, with increasing complexity linked to workforce mental health needs and trauma exposure.

Temporary administrative capacity pressures have affected the timeliness of routine reporting but have not impacted service delivery, safety or data integrity and are being addressed.

Waiting times for Trauma Stress Service assessments have increased to approximately six months, reflecting system-wide demand and capacity pressures rather than service performance.

A strategic review of staff health and wellbeing arrangements has commenced; this is exploratory, with no preferred model or immediate changes proposed.

## **3. System insight and shared dependencies**

Outcomes for staff wellbeing are influenced by wider system factors beyond the Employee Wellbeing Service alone, including:

- organisational capacity to respond to trauma exposure
- alignment between Occupational Health, EWS and wider wellbeing pathways
- digital readiness and data capability
- upstream management behaviours and early intervention

The ongoing organisational review provides an opportunity to strengthen integration, clarity and governance across staff health and wellbeing functions.

## **4. Forward focus and line of sight**

Key priorities for 2026 include delivery of electronic clinical records via OPAS (April 2026), strengthening data and reporting capability, restoring administrative resilience, and modernising wellbeing resources.

The Committee is asked to maintain oversight of both counselling and Trauma Stress Service waiting times and the broader staff wellbeing review as options develop.

No unfunded or ungoverned service changes are implied; any future proposals will return through appropriate governance with evidence, options and impact assessment.

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

**Appendix 1 – Dashboard Report Jan-Sep 2025**

**Appendix 2 – Report on referral reasons Jan-Sept 2025**

## **Recommendations:**

The Committee is asked to:

### **1. Receive assurance on delivery of core Employee Wellbeing Services**

Note that the Employee Wellbeing Service continues to deliver safe, high-quality psychological and wellbeing support, with no concerns regarding clinical safety or quality, while managing known demand and capacity pressures.

### **2. Maintain oversight of access and waiting times across wellbeing pathways**

Maintain Committee oversight of Trauma Stress Service waiting times (currently ~6 months) and emerging pressures within counselling pathways, ensuring staff can access timely and equitable support.

**3. Support progression of digital transformation through OPAS (Go-Live April 2026)**

Support implementation of electronic clinical records and workflows as a key enabler of improved governance, reporting and insight across wellbeing pathways.

**4. Support development of enhanced data and reporting capability**

Endorse the development of a dedicated Occupational Health & EWS Data and Systems Lead role to strengthen analytical capability, outcomes reporting and organisational assurance.

**5. Maintain oversight of the organisational review of staff health and wellbeing**

Note that the review is exploratory and not performance-related, and request future updates as options develop through appropriate governance.

**6. Note actions to restore administrative resilience**

Note the actions underway to stabilise administrative capacity, recognising this as an enabling factor for reporting and operational resilience rather than a driver of service quality.

**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.	<input checked="" type="checkbox"/>	 Putting People First	2.	<input checked="" type="checkbox"/>	 Providing Outstanding Quality
3.	<input checked="" type="checkbox"/>	 Delivering in the Right Places	4.	<input checked="" type="checkbox"/>	 Acting for the Future

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

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

Prevention	<input checked="" type="checkbox"/>	Long Term	<input checked="" type="checkbox"/>	Integration	<input type="checkbox"/>	Collaboration	<input checked="" type="checkbox"/>	Involvement	<input type="checkbox"/>
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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)	<input type="checkbox"/>	No (please provide reasoning e.g. not required)	<input checked="" type="checkbox"/>	This report provides assurance on current service delivery and oversight of known pressures. It does not propose changes to service models, clinical pathways, or standards of care. Any future proposals arising from the staff health and wellbeing review would be subject to appropriate Quality Impact Assessment
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				through established governance routes.
<b>Impact Assessment</b>				
Please place an "x" in the below boxes where relevant				
Risk: Yes/ <del>No</del> (delete as appropriate)				
Risks relating to service demand, access (including waiting times), administrative resilience and system capacity are described within the main body of the report, alongside mitigations and governance arrangements. No additional risk assessment is required at this stage.				
Safety: <del>Yes</del> /No				
This paper does not propose changes to clinical practice or service delivery. Core therapeutic and trauma-informed services continue to be delivered safely, with no concerns identified regarding clinical quality or staff safety.				
Financial: <del>Yes</del> /No				
This paper does not commit the organisation to new expenditure or service expansion. Any future proposals arising from the staff wellbeing review would return through appropriate governance with financial appraisal.				
Workforce: <del>Yes</del> /No				
The paper does not propose workforce changes, role redesign or changes to terms and conditions. Workforce pressures are described as context only.				
Legal: <del>Yes</del> /No				
No new legal duties, contractual changes or statutory compliance requirements arise from this paper. Existing professional and regulatory standards remain in place.				
Reputational: Yes/ <del>No</del>				
Staff wellbeing services operate in a sensitive area with potential reputational implications. These are recognised within the report and mitigated through transparency, governance, and Committee oversight of access, demand and service review.				
Socio Economic: <del>Yes</del> /No - <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>				
This paper does not set new strategic objectives or redesign services. Any future service changes would consider socio-economic impact as part of the appropriate assessment process.				
Equality & Health: <del>Yes</del> /No				
This is an assurance and update paper and does not introduce or change services, policies or eligibility criteria. An Equality and Health Impact Assessment would be undertaken if future service changes are proposed.				
Decarbonisation: <del>Yes</del> /No				
<p><i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.</i></p> <p><i>These include:</i></p> <ul style="list-style-type: none"> <li>• <i>A focus upon preventing ill health in our population</i></li> <li>• <i>Saving energy or increasing throughput.</i></li> <li>• <i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i></li> <li>• <i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i></li> <li>• <i>Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i></li> <li>• <i>Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i></li> </ul>				
Does the subject matter of your paper risk any of the above not being achieved? No				

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No changes to service delivery models, locations or activity levels are proposed that would impact carbon emissions.	
Welsh Language: <del>Yes</del> /No	
<p><i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i></p> <ul style="list-style-type: none"> <li>• <b>More than just words:</b> <i>Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i></li> <li>• <b>Accessibility and compliance:</b> <i>Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</i></li> <li>• <b>Patient understanding and safety:</b> <i>Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</i></li> <li>• <b>Staffing and resources:</b> <i>Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?</i></li> </ul> <p><i>Does the subject matter of your paper risk any of the above not being achieved? No</i></p> <p>This paper does not introduce changes to staff-facing or patient-facing communications. Existing Welsh language standards remain in place.</p>	
<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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# EMPLOYEE WELLBEING SERVICE

## JANUARY - DECEMBER 2025



OVER THE LAST 12 MONTHS WE DELIVERED WELLBEING WORKSHOPS, TRAINING AND DROP-IN'S TO MORE THAN 526 EMPLOYEES INCLUDING:

 **15** COMPASSION & SELF-CARE

 **30** MENOPAUSE CAFÉ & MENOPAUSE AWARENESS

 **34** INTRODUCTION TO ASSERTIVENESS

 **119** SUPPORT FOR MANAGERS

 **20** STRESS RISK ASSESSMENT FOR MANAGERS

 **77** WELLBEING CHAMPION TRAINING

 **11** INTRODUCTION TO MINDFULNESS

 **136** WELLBEING FOR NEWLY QUALIFIED NURSES

IN THE LAST 12 MONTHS WE SUPPORTED OVER

**467**  
STAFF




**437** RESOURCE APPOINTMENTS ATTENDED

**365** REFERRED FOR COUNSELLING

**38** REFERRED FOR GUIDED SELF-HELP

NEED SUPPORT?

 [EMPLOYEE.WELLBEING@WALES.NHS.UK](mailto:EMPLOYEE.WELLBEING@WALES.NHS.UK)

 02921 836 988



# CAV UHB Employee Wellbeing Service

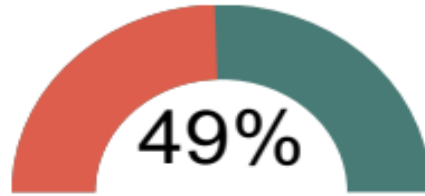
## Reasons for referral data Jan-Sept 2025

Reasons for referral given (Total referrals: 340)						
Non-work related			Work related?	Work-related reasons		
Stress <b>243</b>	Anxiety <b>242</b>	Low mood <b>196</b>	YES <b>167</b> (49%)	Demands <b>85</b>	Work relationships <b>60</b>	Job role <b>44</b>
Self esteem <b>124</b>	Depression <b>117</b>	Work <b>115</b>		Support <b>40</b>	Control <b>37</b>	Trauma incidents <b>36</b>
Trauma <b>89</b>	Relationship problems <b>73</b>	Financial <b>70</b>		Change <b>25</b>	Formal proceedings <b>20</b>	OTHER: 'New job', 'W-L Balance' <b>27</b>
Bereavement <b>63</b>	Menopause <b>42</b>	Abuse <b>22</b>				
Eating problems <b>21</b>	Carer's responsibility <b>17</b>	COVID <b>3</b>				
Addictions <b>3</b>	OTHER: Pregnancy, family responsibilities, ADHD/Neurodiversity <b>24</b>					

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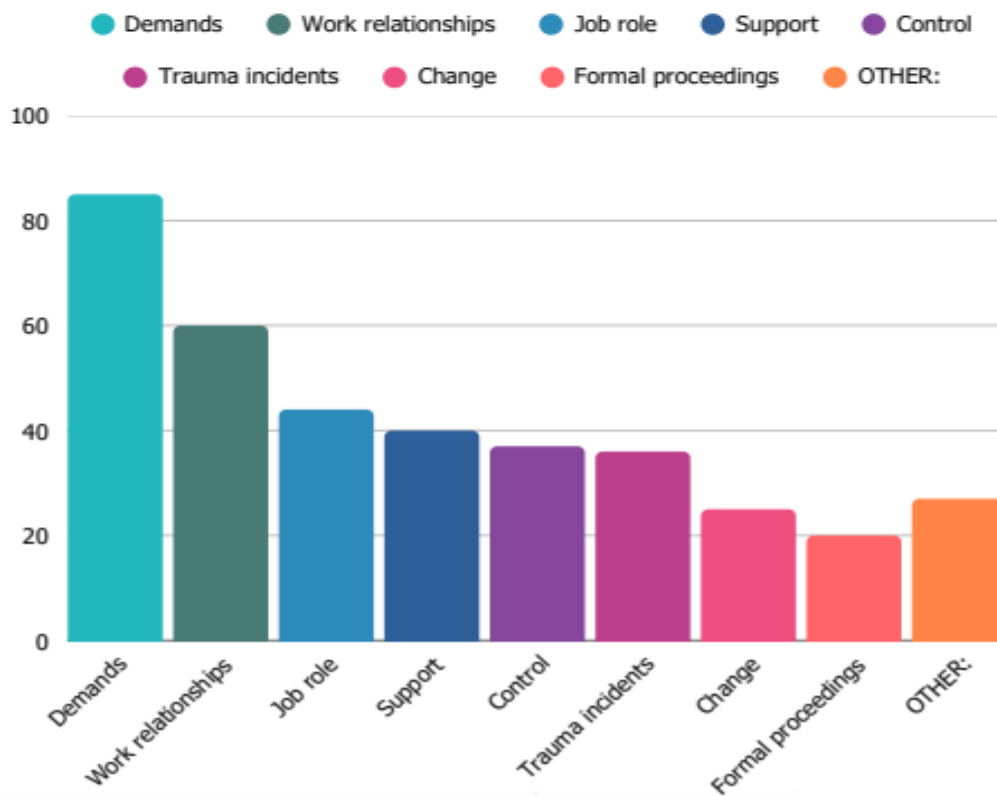
# CAV UHB Employee Wellbeing Service

## Reasons for referral data Jan-Sept 2025



### Key statistics for work-related reasons for referral

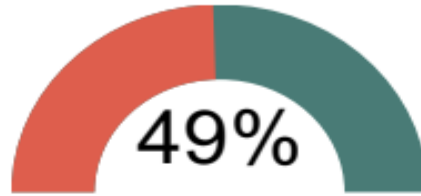
- 49% of referrals are wholly or partially due to work-related issues (Total: 167/340)
- The six most common work-related reasons given are Demands (50%), Work relationships (35%) and Job role (26%)
- Recurring reasons given in the 'Other' category include 'New job' and 'Work-Life Balance'



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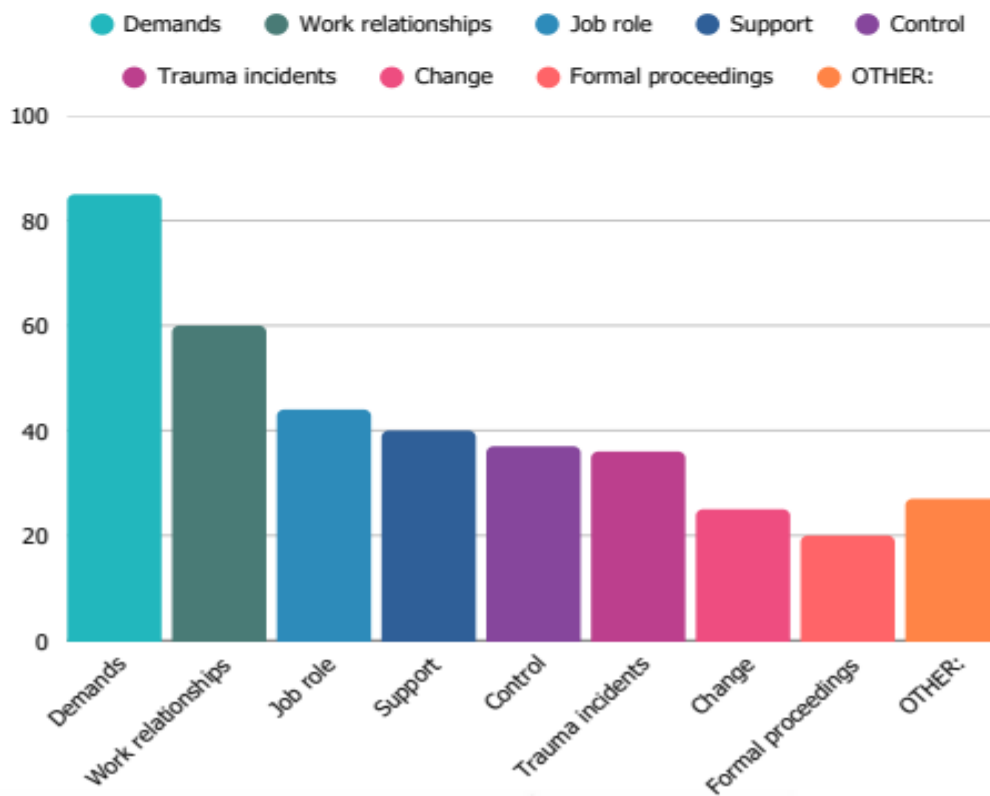
# CAV UHB Employee Wellbeing Service

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- 49% of referrals are wholly or partially due to work-related issues (Total: 167/340)
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Report Title:	An Update on Occupational Health Service Performance.			Agenda Item No:	
Meeting:	People and Culture Committee	Public	X	Meeting Date:	17 February 2026
		Private			
Status (please only tick one)	Assurance	X	Approval	Information/Noting	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author Title:	Head of Occupational Health and Employee Wellbeing				

## Main Report

### Background and Current Situation:

#### 1. Situation

Occupational Health (OH) plays a critical role in enabling Cardiff and Vale University Health Board (CAVUHB) to maintain a healthy, safe, and productive workforce. The service contributes directly to organisational resilience, attendance, workforce retention, risk management, and the delivery of safe and sustainable patient care.

Since November 2021, CAV UHB has delivered Occupational Health services through a formal collaborative working arrangement with Cwm Taf Morgannwg University Health Board (CTM UHB). This collaboration relates exclusively to Occupational Health, pooling clinical expertise, leadership, and governance to strengthen service sustainability across both organisations. The partnership was reviewed in February 2023 and subsequently extended, with further phases of collaborative development now underway.

This paper provides the People & Culture Committee with assurance, performance reporting, emerging organisational insights, and a forward look regarding the future development of the Occupational Health Service, including areas of opportunity and risk.

#### 2. Background and Strategic Context

Occupational Health is a specialised clinical discipline, operating at the intersection of health, work, and organisational performance. It delivers statutory functions, supports safe deployment of staff, and underpins attendance management and workforce wellbeing.

##### 2.1 Rising Demand and Complexity

Demand for Occupational Health support has increased both pre- and post-pandemic, driven by:

- increasing incidence of mental health and musculoskeletal (MSK) conditions
- greater organisational expectations around attendance management, reasonable adjustments, and workplace safety
- workforce expansion
- regulatory and legislative change
- heightened focus on wellbeing and prevention

These pressures have challenged service capacity, making collaborative and preventative approaches essential.

##### 2.2 Purpose of the Collaborative Model

The CAV-CTM collaborative arrangement is the first of its kind in NHS Wales, designed to:

- maximise use of scarce clinical expertise

- provide consistent clinical governance across both Boards
- enhance service resilience and reduce single-point dependency
- share demand, specialist resource and leadership
- align with wider NHS Wales priorities around sustainability and efficiency

This collaboration continues to attract interest from other Health Boards and Welsh Government.

### 2.3 Service Level Agreement (SLA) Commitment

In addition to CAV UHB delivery, the Occupational Health service provides commissioned OH support to other NHS organisations and partners under formal SLAs. This generates income that supports service sustainability and workforce stability, but also represents a material element of total demand requiring active capacity planning. SLA activity is monitored through collaborative OH governance to ensure CAV UHB statutory and operational requirements remain protected.

### 3. Assurance on Occupational Health Service Performance

Performance across core OH functions remains strong and improving, despite significant workforce pressures and rising demand.

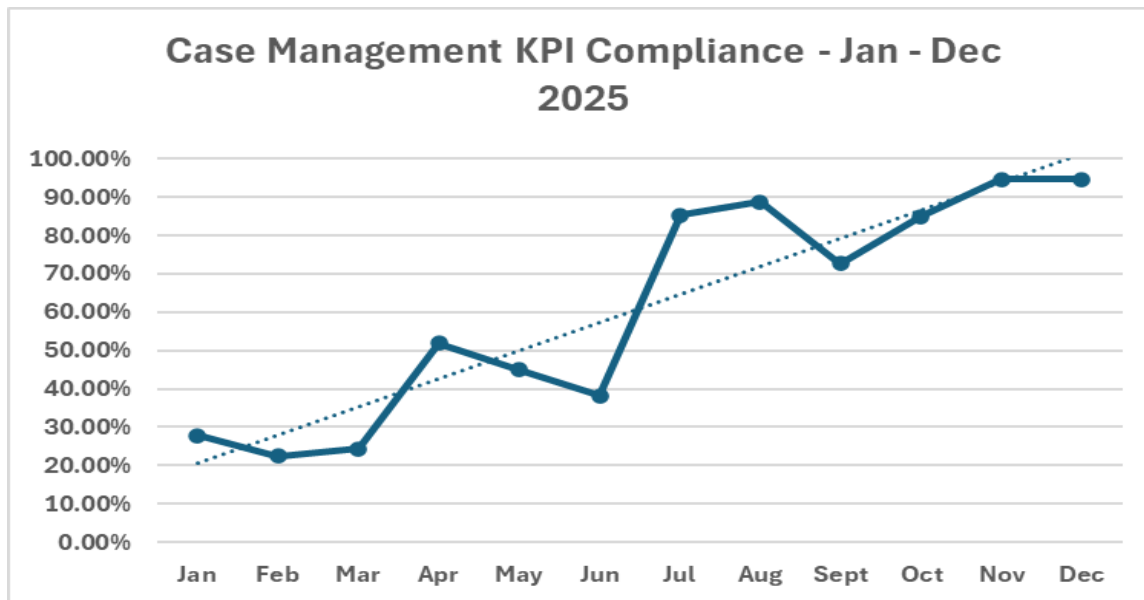
#### 3.1 Case Management (KPI: 29 Calendar Days)

The service triages referrals to one of three clinical pathways:

- Occupational Health Practitioner (Doctor)
- Occupational Health Advisor (Nurse)
- Occupational Health Physiotherapist

#### Performance:

- **87%** compliance across the last **six months**
- **95%** in **each** of the most recent **two months**



This represents a sustained upward trajectory, with improved resilience and throughput across clinical teams.

#### Impact:

Timely case management supports:

- early intervention
- appropriate workplace adjustments
- faster problem resolution

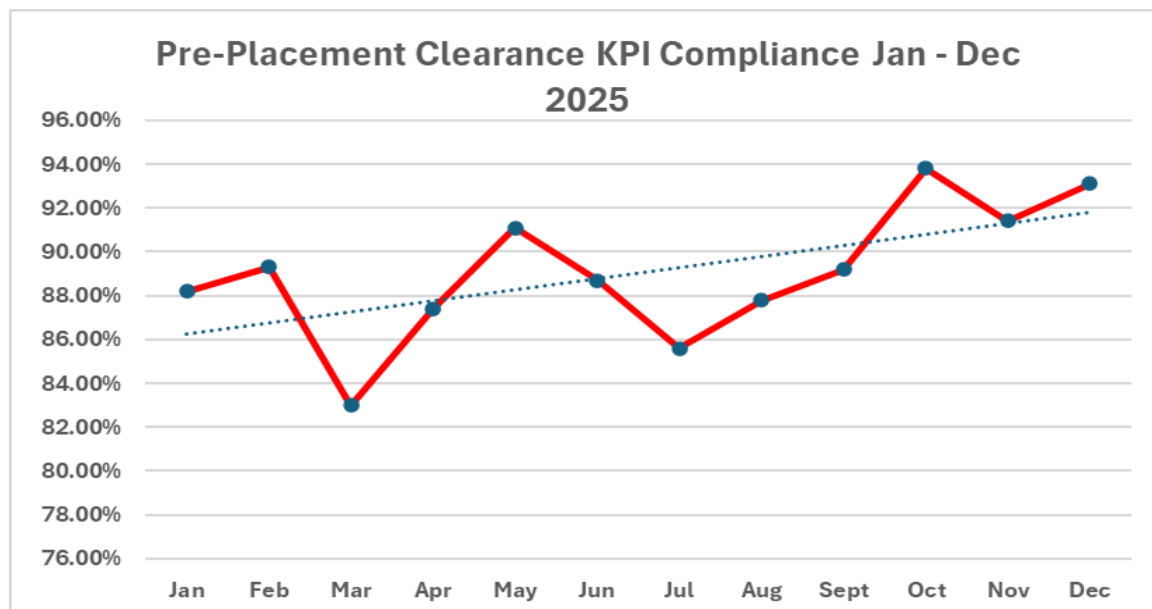
- reduced duration and impact of sickness absence
- improved manager confidence and staff experience

### 3.2 Pre-Placement Clearance (KPI: 7 Calendar Days)

Pre-placement assessments ensure that new starters are medically fit, any health issues are identified early, and adjustments can be discussed promptly.

#### Performance:

- **90%** compliance over the last **six months**
- **91%** then **93%** over the most recent two months



#### Impact:

- faster onboarding processes
- fewer delays to start dates
- improved deployment and patient safety
- reduced risk of early sickness absence

### 3.3 Physiotherapy Self-Referral (KPI: 14 Calendar Days)

The Physiotherapy Self-Referral service supports early MSK intervention. Although system limitations restricted data capture, robust data is available for the past four months.

#### Performance:

- **98%** average compliance

#### Impact:

- rapid access reduces MSK symptoms escalating to long-term absence
- supports staff to remain at work
- enhances recovery times and productivity
- positively impacts workforce morale and experience

## 4. Organisational Insight and System Learning

Analysis of referrals, sickness panels, and manager engagement highlights several themes influencing sickness absence trends and operational outcomes.

### 4.1 Confidence in Attendance Conversations

Despite the framework provided by the All Wales Managing Attendance at Work Policy, many managers demonstrate:

- reduced confidence in holding supportive but challenging conversations
- increased reliance on discretion within the policy to avoid difficult discussions
- inconsistent application of policy thresholds

This contributes to:

- delayed intervention
- prolonged absence
- increased referrals that could have been prevented
- poorer outcomes for staff and services

#### **4.2 Referral Quality and Context**

Many referrals lack essential contextual detail, such as:

- operational and service constraints
- adjustments attempted, available, or not feasible
- team dynamics, workloads, or safety concerns

This can lead to advice that appears weighted toward the staff member's experience, without reflecting service realities.

#### **4.3 System Improvement Through OPAS G2**

The introduction of OPAS G2 (Oct 2023) has delivered a step change in referral management.

Key benefits include:

- triage functionality enabling 'return for clarification'
- improved referral quality
- targeted educational feedback
- more accurate and realistic OH advice
- greater alignment between staff needs and service capacity

#### **4.4 Sickness Panels as a Learning Mechanism**

Joint sickness panels with People Services continue to:

- promote consistent policy application
- support managers with complex cases
- enhance organisational understanding of attendance management
- embed learning and best practice

These insights reinforce the need for strengthened managerial capability and earlier access to advice.

### **5. Risks, Dependencies and Forward Look**

#### **5.1 Key Risks**

i. **Attendance Management Capability**

Inconsistent application of policy risks avoidable delays, prolonged absence, and unnecessary referrals.

ii. **OH Workforce Capacity & Resilience**

Pressures include:

- a. significant periods of OH staff sickness
- b. expanding service requirements

**Competing Strategic Priorities**

Delivering:

- a. SEQOHS accreditation
- b. a strengthened health surveillance programme
- c. a broadened role in staff vaccination programmes

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iv. **Strategic/Reputational Considerations**

As the service evolves, potential future enhancements to OH provision (e.g. rapid access pathways) must consider:

- a. affordability
- b. equity
- c. public and political perception
- d. alignment with NHS values

v. **Service Level Agreement Commitments**

SLA activity sustains OH financially but adds demand, so risk is balancing this with CAV UHB statutory and operational requirements. This is mitigated through joint oversight, active capacity planning and prioritisation to protect core delivery.

## **5.2 Forward Look and Mitigation**

### **Early Manager Support Offer**

A key development opportunity is the creation of a rapid-access, pre-referral advice line for managers. This would:

- offer anonymised guidance
- enable early intervention
- prevent avoidable absence
- reduce escalation
- increase manager capability and confidence

### **Pilot:**

Capacity modelling is underway with a view to a 3 to 6-month pilot across the collaborative OH service.

### **Maintaining Core Service Resilience**

Focus will continue on:

- protecting statutory and priority elements of OH
- monitoring KPIs closely
- applying clinical prioritisation where needed
- maintaining performance during periods of team sickness or surge demand

### **SEQOHS and Health Surveillance**

- Preparatory work for SEQOHS accreditation continues.
- A revamped, robust health surveillance programme is being designed.

Both require careful phasing to avoid destabilising core functions.

### **Staff Vaccination Offer (with Public Health & Immunisation Teams)**

OH will continue contributing to a strengthened workforce vaccination approach aligned to:

- infection prevention
- health protection
- sickness reduction

### **Future Service Models**

Further consideration will be required regarding:

- investment needs
- UK/international benchmarking
- funding routes
- ethical and equity considerations
- communication and public perception

No decisions will be made without governance, evidence, and engagement.

### Overall assurance

- The Occupational Health service is stable, resilient, and performing well within the CAV–CTM collaborative model, which continues to deliver clear benefits (shared expertise, consistent governance, reduced single-point risk).
- KPIs are strong and improving, and statutory/core functions are protected through prioritisation and clinical triage.

### Context the Committee should note

- OH is delivering in a high-demand, higher-complexity environment (notably MSK and mental health).
- Current performance is being achieved alongside externally commissioned/SLA activity and internal workforce pressures. Capacity should not be read as spare headroom.

### System insight and shared dependencies

- Outcomes depend on upstream management behaviours:
  - Manager capability/confidence to hold supportive, challenging attendance conversations.
  - Referral quality and context (what's been tried; what's feasible/not feasible).
  - Early intervention to prevent escalation.
- OPAS triage and sickness panels are improving referral quality and policy consistency.

Bottom line: OH performance is system performance; improvement requires collective ownership beyond OH.

### Forward focus and line of sight

- Risks are actively managed (manager capability, OH workforce resilience, SEQOHS, enhanced health surveillance, vaccination collaboration) with a phased, proportionate approach to protect core services.
- Proposal to pilot rapid-access, pre-referral advice for managers (3–6 months) will return with evaluation through required governance.
- No unfunded or ungoverned expansion is implied; any future enhancements will come back with evidence, options, affordability and equity considerations.

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

### Appendix 1 – Additional KPI Data Comparing 2021/22 to 2025

#### Recommendations:

#### Recommendations to the People & Culture Committee

The Committee is asked to:

1. **Note** the continued delivery and development of the Occupational Health collaborative model (CAV–CTM).
2. **Receive assurance** on strong and improving performance across case management, pre-placement, and physiotherapy pathways.
3. **Acknowledge** the emerging themes relating to manager capability and referral quality and the steps being taken to address these.
4. **Note** the positive impact of OPAS and sickness panels in improving referral quality and management consistency.
5. **Support** ongoing work with People Services and OD to strengthen manager capability in attendance management.

Regan Nikki  
17/02/2025 08:43

6. **Support in principle** the development and piloting of a rapid-access, pre-referral sickness management support offer for managers (capacity-dependent).
7. **Note** the risks relating to service capacity, SEQOHS, health surveillance and vaccination expansion, and the mitigations in place.
8. **Request** a future update on:
  - performance
  - SEQOHS progress
  - health surveillance rollout
  - vaccination collaboration
  - pilot outcomes and impact

**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	2.  Providing Outstanding Quality
3.  Delivering in the Right Places	4.  Acting for the Future

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

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

Prevention	x	Long Term	x	Integration		Collaboration	x	Involvement	
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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	This is an assurance and performance update, with no new policy, service change or decision, and only in-principle support for a future pilot.
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**Impact Assessment**

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

Risk: Yes/ <del>No</del> (delete as appropriate)
This has been addressed in the paper: <ul style="list-style-type: none"> <li>• Risks relating to capacity, capability and delivery are explicitly described in Section 5</li> <li>• Mitigations and governance are set out</li> <li>• No additional risk assessment is required at this stage</li> </ul>
Safety: <del>Yes</del> /No <ul style="list-style-type: none"> <li>• This paper does not propose changes to clinical practice or patient-facing services</li> <li>• Core statutory OH functions are being protected</li> <li>• Any future service changes would undergo appropriate safety review</li> </ul>
Financial: <del>Yes</del> /No <ul style="list-style-type: none"> <li>• This paper does not commit to new expenditure</li> <li>• SLA income and demand are described for context only</li> <li>• Any future proposals with financial implications would return through appropriate governance and appraisal</li> </ul>
Workforce: <del>Yes</del> /No <ul style="list-style-type: none"> <li>• No workforce change, role redesign or terms and conditions impact is proposed</li> <li>• Workforce pressures are described as context, not as a proposal</li> </ul>

<ul style="list-style-type: none"> <li>Any future workforce changes would be subject to consultation and assessment</li> </ul>
Legal: <del>Yes</del> /No
<ul style="list-style-type: none"> <li>No new legal duties, contracts or changes to statutory compliance are introduced</li> <li>Existing statutory OH responsibilities remain unchanged</li> <li>Any future contractual or service changes would be legally reviewed</li> </ul>
Reputational: Yes/ <del>No</del>
<ul style="list-style-type: none"> <li>OH operates in a sensitive area with staff, union and public interest</li> <li>Reputational considerations are explicitly acknowledged in the paper (e.g. equity, affordability, perception)</li> <li>Risks are mitigated through governance, transparency and phased development</li> </ul>
Socio Economic: <del>Yes</del> /No - <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>
<ul style="list-style-type: none"> <li>This paper does not set new objectives or redesign services</li> <li>It does not alter access or eligibility</li> <li>Any future service development would consider socio-economic impact as appropriate</li> </ul>
Equality & Health: <del>Yes</del> /No
<ul style="list-style-type: none"> <li>This paper is an update and assurance report</li> <li>It does not introduce or change a policy, service or pathway</li> <li>EHIA would be undertaken if future service changes are proposed</li> </ul>
Decarbonisation: <del>Yes</del> /No
<p><i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB.</i></p> <p><i>These include:</i></p> <ul style="list-style-type: none"> <li><i>A focus upon preventing ill health in our population</i></li> <li><i>Saving energy or increasing throughput.</i></li> <li><i>Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions</i></li> <li><i>Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated follow ups to reduce unnecessary outpatient appointments.</i></li> <li><i>Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</i></li> <li><i>Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</i></li> </ul> <p><i>Does the subject matter of your paper risk any of the above not being achieved? No</i></p> <ul style="list-style-type: none"> <li><i>No change to service delivery model or setting is proposed</i></li> <li><i>No material impact on carbon footprint identified</i></li> </ul>
Welsh Language: <del>Yes</del> /No
<p><i>Consideration should be given to potential impact on the Welsh language, including the following key aspects:</i></p> <ul style="list-style-type: none"> <li><b><i>More than just words:</i></b> <i>Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?</i></li> <li><b><i>Accessibility and compliance:</i></b> <i>Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.</i></li> <li><b><i>Patient understanding and safety:</i></b> <i>Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?</i></li> <li><b><i>Staffing and resources:</i></b> <i>Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?</i></li> </ul>

Does the subject matter of your paper risk any of the above not being achieved? No

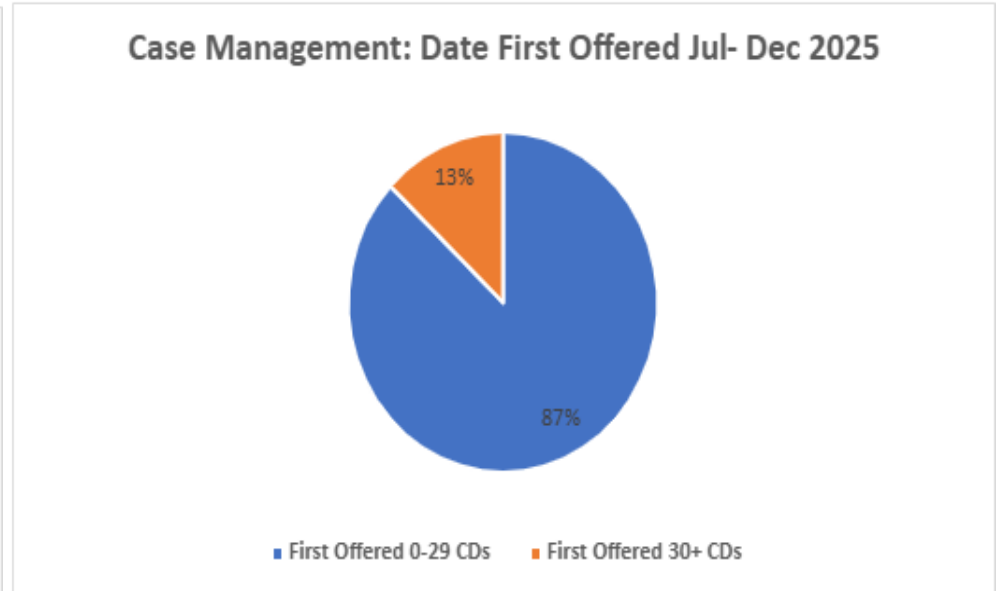
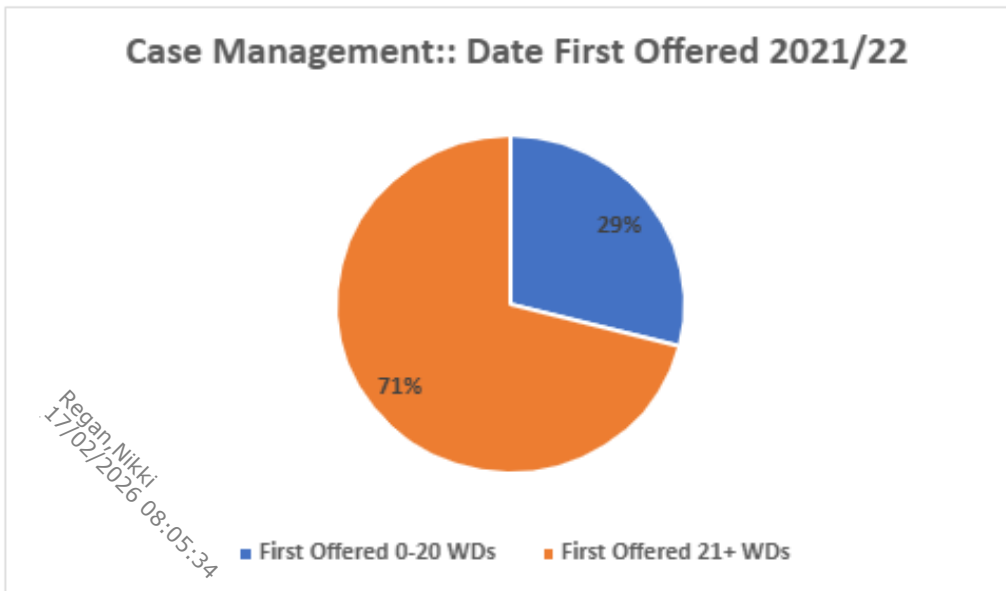
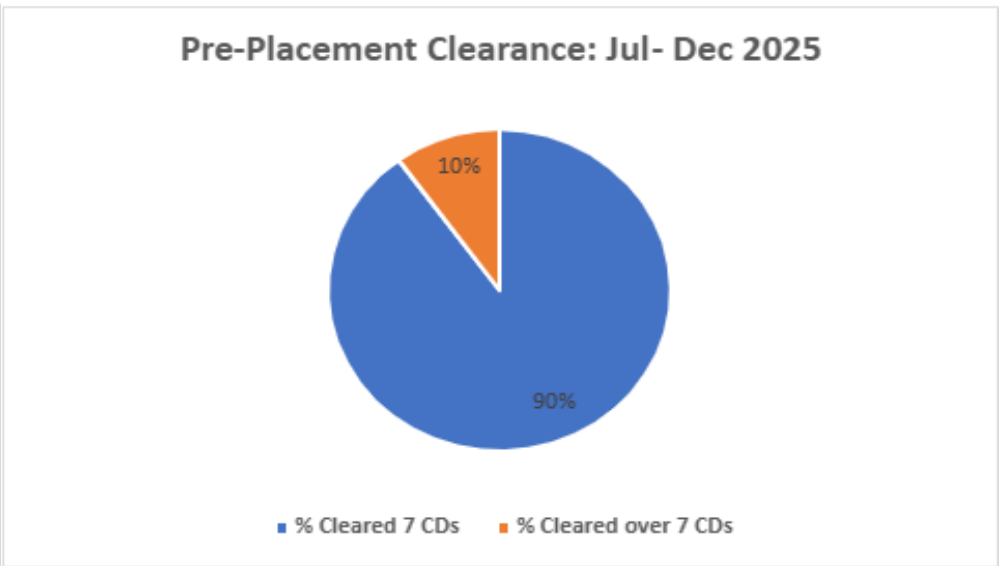
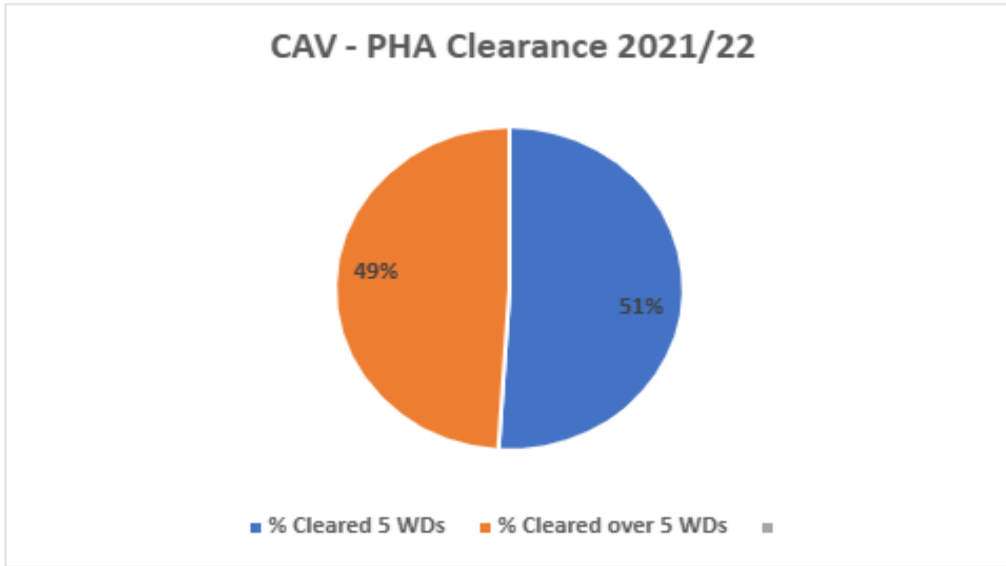
- No change to patient or staff-facing communication is proposed
- Existing Welsh language standards remain in place

**Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)**

Name of Committee/Group/Exec	Date:

Regen, Nikki  
17/02/2025 08:05:34

Appendix 1 – Additional KPI Data Comparing 2021/22 to 2025



Regen, Nikki  
17/02/2026 08:05:34

Report Title:	Elevated Radon Concentration			Agenda Item no.	2.6
Meeting:	People & Culture Committee	Public	X	Meeting Date:	17/02/2026
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	X
Lead Executive Title:	Executive Director of Therapies and Healthcare Sciences and Community Developments / Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire.				

## Main Report

### Background and current situation:

#### Radon overview and recent findings:

Radon is a colourless, odourless radioactive gas that occurs naturally in rock, soil, certain building materials, and water. It typically enters buildings from the ground and can accumulate indoors, particularly in basements and other underground spaces. Warm air rising within buildings can draw radon through cracks and gaps in floors, increasing concentrations in enclosed areas.

Although most inhaled radon gas is exhaled and poses minimal direct risk, its decay products (radon progeny) are solid, radioactive particles that attach to dust and moisture. When inhaled, these particles lodge in the lungs and emit alpha radiation, which can damage lung tissue and significantly increase health risks.

The UK Health Security Agency's radon maps show that while radon is present everywhere, the likelihood of elevated levels varies depending on local geology. In South Wales, certain regions—particularly those with older geological formations such as Pembrokeshire, Carmarthenshire, and parts of Powys—are identified as higher-risk zones where a significant proportion of homes may exceed recommended radon levels. By contrast, Cardiff North lies in an area where the probability of high radon concentrations is much lower, with most properties falling outside the designated “radon-affected” zones. This means that although radon can still be detected, the chance of encountering levels above the UK reference threshold is relatively small. While the University Health Board (UHB) is not located in a designated radon-affected area, its extensive property portfolio includes many occupied basement spaces. For this reason, radon monitoring, first undertaken in 2015, has recently been repeated in line with regulatory HSE guidance to update the risk assessment.

#### Recent monitoring results:

Routine monitoring identified two areas within the University Hospital of Wales (UHW) basement tunnels with elevated radon levels:

- Denbigh House basement: 730 Bq/m<sup>3</sup>
- Pembroke House basement: 430 Bq/m<sup>3</sup>

Under the Ionising Radiations Regulations 2017 (IRR17), any workplace with radon levels exceeding 300 Bq/m<sup>3</sup> (annual concentration) falls within the scope of the regulations. Employers must take action to control exposure and notify the Health and Safety Executive (HSE) submitting a plan outlining the measures implemented to limit potential staff exposure. The HSE would require assurance that the mitigation is based on the risk identified and the risk information should be available to those staff who will have to access these areas.

#### Immediate actions to be taken:

- HSE notification (Completed on 15/12/2025.)
- Securing the UHW basement access to these specific locations. Completed 17/12/2025
- Initiating repeat monitoring for this area to ensure accurate and current readings. (This is a 3-

month process, monitoring devices were placed in early January 2026)

- Update and communicate the radon risk assessment. A new specific RA for this area signed off 07/01/2026 and consisted of a team that included the UHB Radiation Protection Advisor (RPA).

**Mitigation**

- Historically the area has never had a high footfall as this tunnel section just serves as a transit route to Denbigh and Pembroke Houses.
- There has never been a requirement to transfer patients or visitors through this area, it is remote in relation to the main hospital infrastructure.
- No work tasks are conducted in this area it has only been used for transit.
- The UHB have always adopted a stance that tunnel access should only be for those staff/contractors that have a reason to be there however, historically this hasn't been followed, and access has been freely available. A move was taken in November to reaffirm this stance and medical records ceased using this area as a transfer route for patient records from Denbigh house.
- Locks have previously been applied to areas of tunnel infrastructure; however, they have been wilfully removed. A more robust isolation for a larger area than is required has now been installed along with appropriate signage.
- Entry into the isolated area is now by authorised personnel only utilising a key sign out procedure.

**Conclusion**

Whilst there is an elevated radon concentration in this area the radiation risk to staff/contractors is low.

Securing the tunnels is a risk averse approach, this has been adopted because it can be employed without deliverable service impact.

Further monitoring of the area in and around Denbigh and Pembroke Houses is being conducted, however, the results of this will not be known for another 3 months.

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

Note the content of this paper.

**Recommendation:**

The Committee is requested to:

- a) Agree the course of action detailed in this paper.

**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	X	Long term		Integration		Collaboration		Involvement	
<b>Quality Impact Assessment Completed?:</b> <i>Please place an "X" in the below boxes as relevant. Any queries, please contact <a href="mailto:Alexandra.scott3@wales.nhs.uk">Alexandra.scott3@wales.nhs.uk</a></i>									
<b>Yes – (please provide completed QIA document)</b>		<b>No – (Please provide reasoning, e.g. not required)</b>		<b>Comment here</b>					
<b>Impact Assessment:</b> <i>Please state yes or no for each category. If yes please provide further details.</i>									
<b>Risk: Yes</b>									
Radon An additional risk assessment, specific risk to this area has been compiled.									
<b>Safety: Yes</b>									
Radon Risk assessment has been updated including the writing of a bespoke one for the area of concern. Whilst there is an elevated concentration the risk to staff/contractors is low.									
<b>Financial: No</b>									
<b>Workforce: No</b>									
<b>Legal: Yes</b>									
The elevated level has been reported to the HSE									
<b>Reputational: No</b>									
<b>Socio Economic: No</b> <i>The Socio-Economic Duty is to designed to encourage better decision making, ensuring more equal outcomes. Do the proposals within this report contain strategic decisions, such as setting objectives and the development of services. If so has consideration been given to how the proposals can improve inequality of outcome for people who suffer socio-economic disadvantage? Please include detail.</i>  <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: <a href="#">The Socio-economic Duty: guidance   GOV.WALES</a></i> <i>(If this has been addressed in the main body of the report, please confirm)</i>									
<b>Equality and Health: No</b> <i>Equality Health Impact Assessments (EHIA) are typically undertaken when developing or reviewing Health Board strategies, policies, plans, procedures or services. Do the proposals contained within the report necessitate the requirement for an EHIA to be undertaken? If so, please include the detail of any EHIA undertaken or the plans are in place to do so.</i> <i>Useful guidance on the completion of an EHIA can be found at the following link: <a href="#">EHIA toolkit - Cardiff and Vale University Health Board (nhs.wales)</a></i> <i>(If this has been addressed in the main body of the report, please confirm)</i>									
<b>Decarbonisation: No</b> <i>There are a number of ways by which carbon emissions can be avoided through the operations of CVUHB. These include:</i> <ul style="list-style-type: none"> <li>• A focus upon preventing ill health in our population</li> <li>• Saving energy or increasing throughput.</li> <li>• Value based healthcare. Being prudent by not over-treating/intervening. Avoid delivering low-value interventions.</li> <li>• Patients empowered to manage their conditions, utilising See on Symptoms and Patient Initiated Follow Ups to reduce unnecessary outpatient appointments.</li> <li>• Service delivery in the most appropriate setting, e.g. in a community setting rather than an acute setting.</li> <li>• Reducing waste – for example use non-sterile gloves only when needed, manage use-by dates to avoid throwing out good products, recycle and reuse.</li> </ul> <i>Does the subject matter of your paper risk any of the above not being achieved. Any queries, please contact <a href="mailto:edward.hunt@wales.nhs.uk">edward.hunt@wales.nhs.uk</a></i>									
<b>Approval/Scrutiny Route (please note anywhere else this paper has been before):</b>									
<b>Committee/Group/Exec</b>					<b>Date:</b>				

People & Culture Committee	17/02/2026

Regan Nikki  
17/02/2026 08:05:34



Shaping Our Future  
**Workforce**

# Specialist Services People and Culture Plan

## People & Culture Committee

**February 2026**

Regan, Nikki  
17/02/2026 08:05:34



Shaping Our Future

# Workforce

## Introduction to Specialist Services Clinical Board

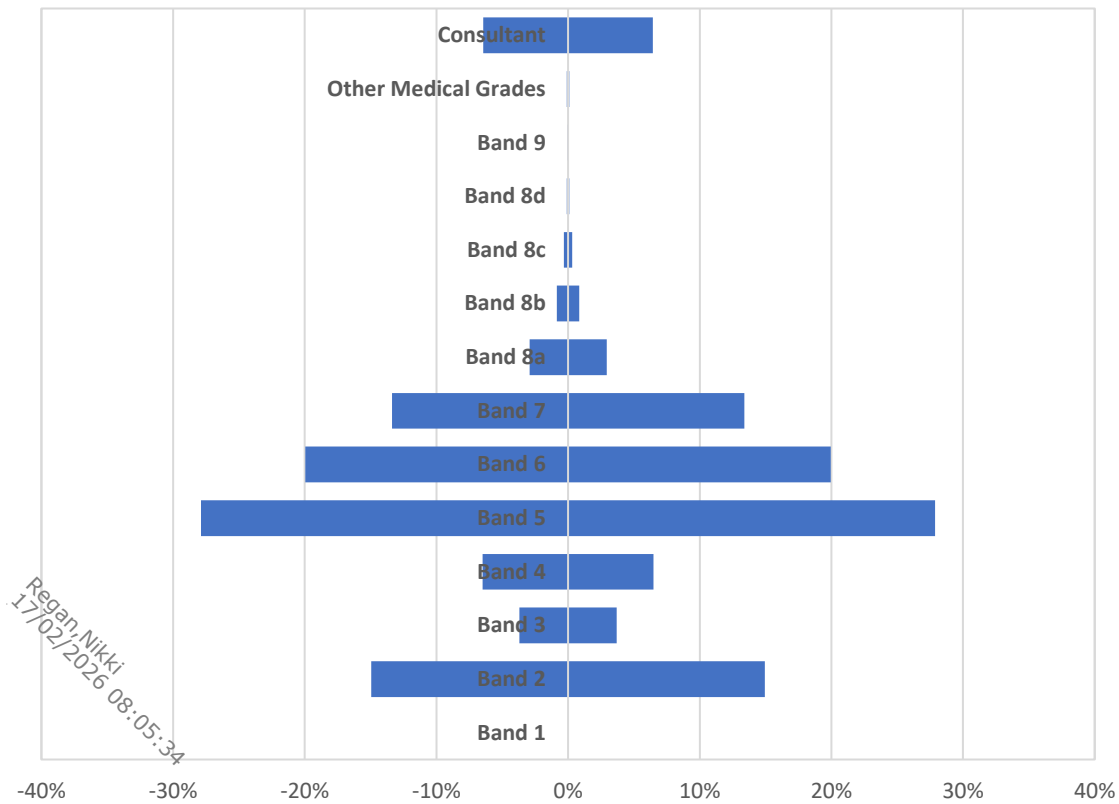
- 7 Directorates – ALAS, Critical Care, MTC, Cardiothoracics, Haematology, Nephrology & Transplant, Neurosciences
- 80% JCC commissioned services
- Cover a wide geographical area
- Outpatients, diagnostics, day units, emergency & elective inpatient treatment, rehabilitation
- £290m expenditure
- 2,030 WTE staff

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17/02/2025 08:05:34

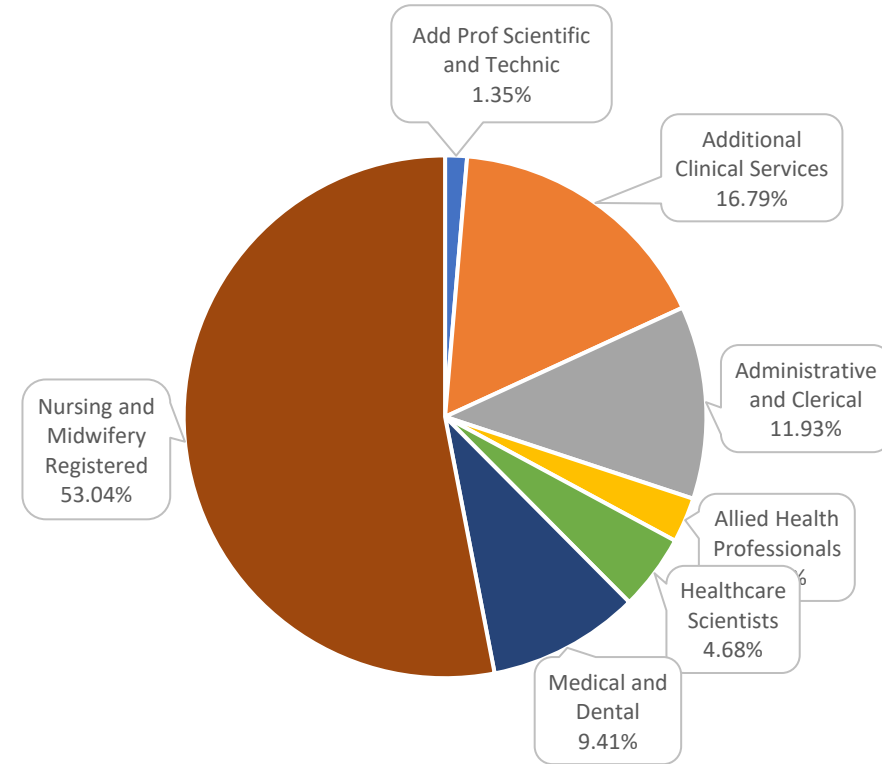


# Workforce Profile as of December 2025

Staff in post by Pay Band



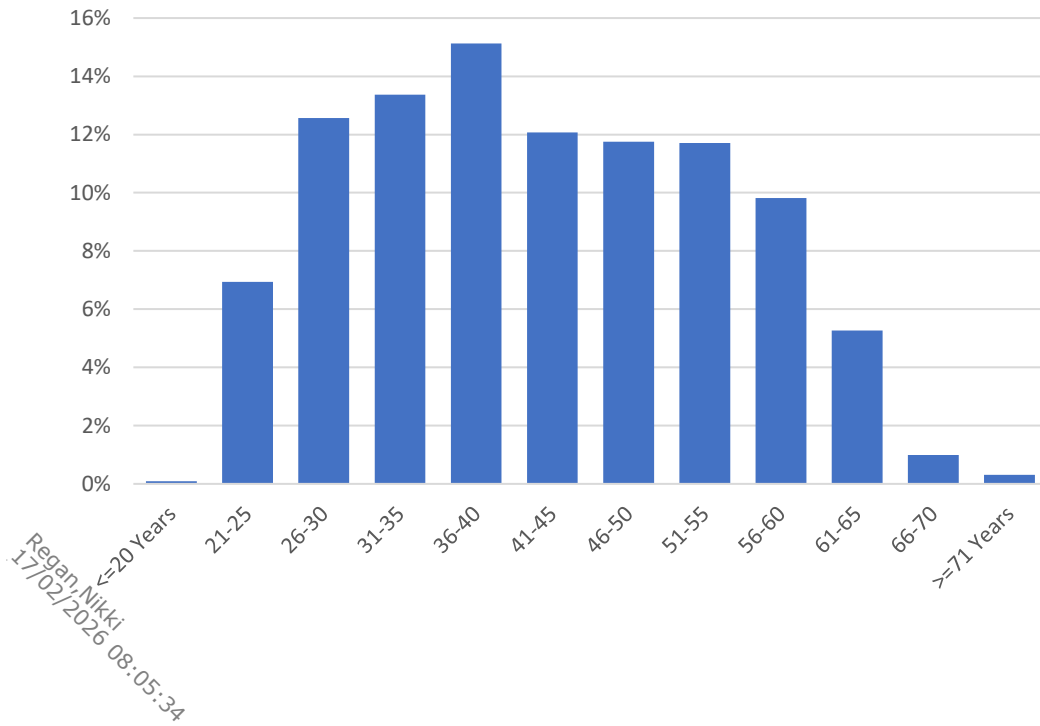
Staff Group



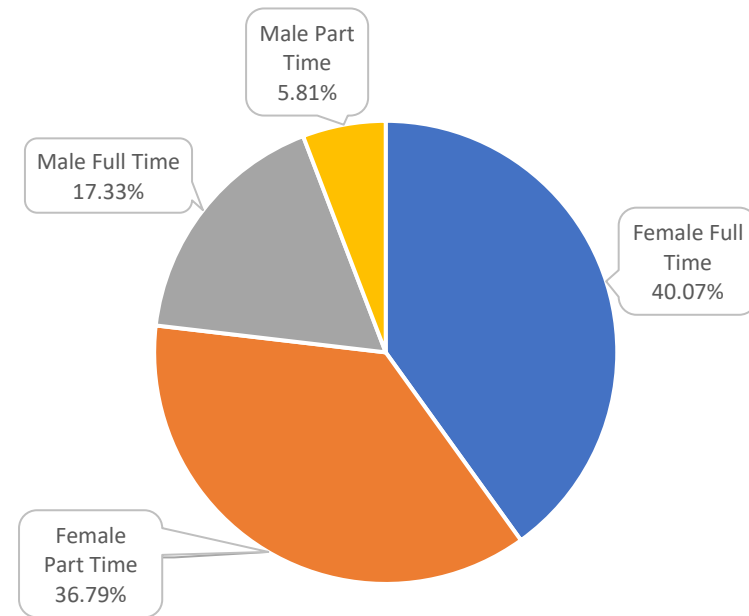


# Shaping Our Future Workforce

### Age Profile



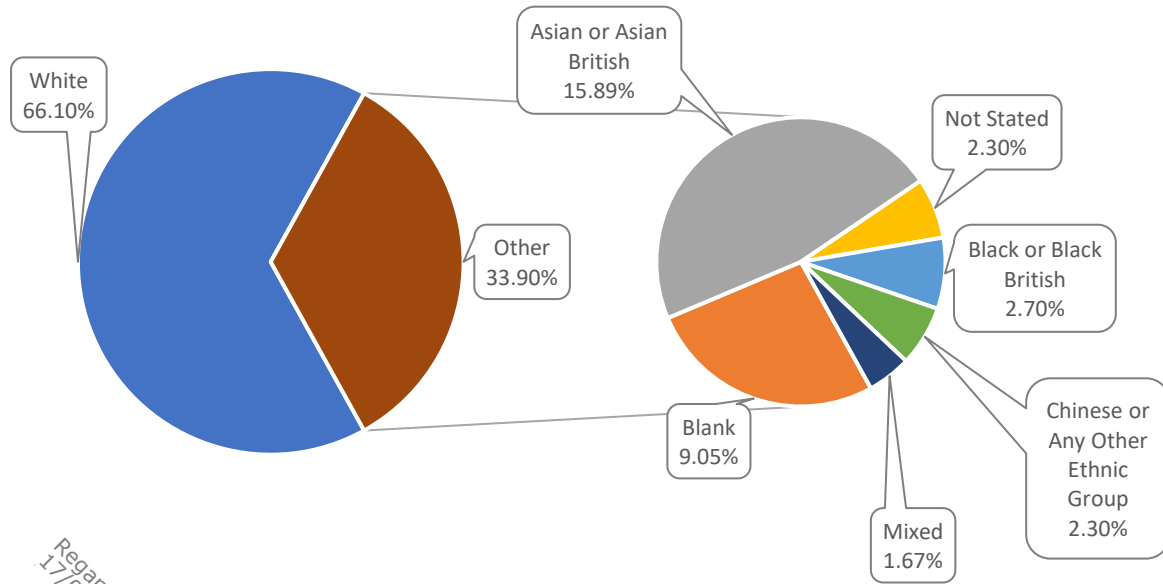
### Gender and Contract



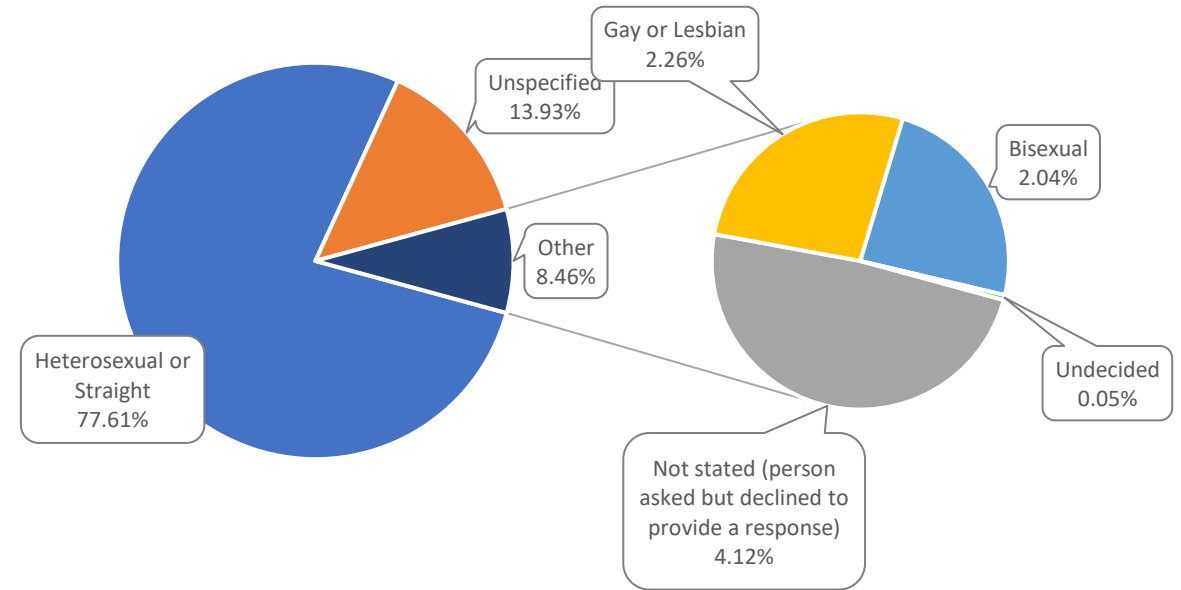


# Shaping Our Future Workforce

### Ethnic Group



### Sexual Orientation

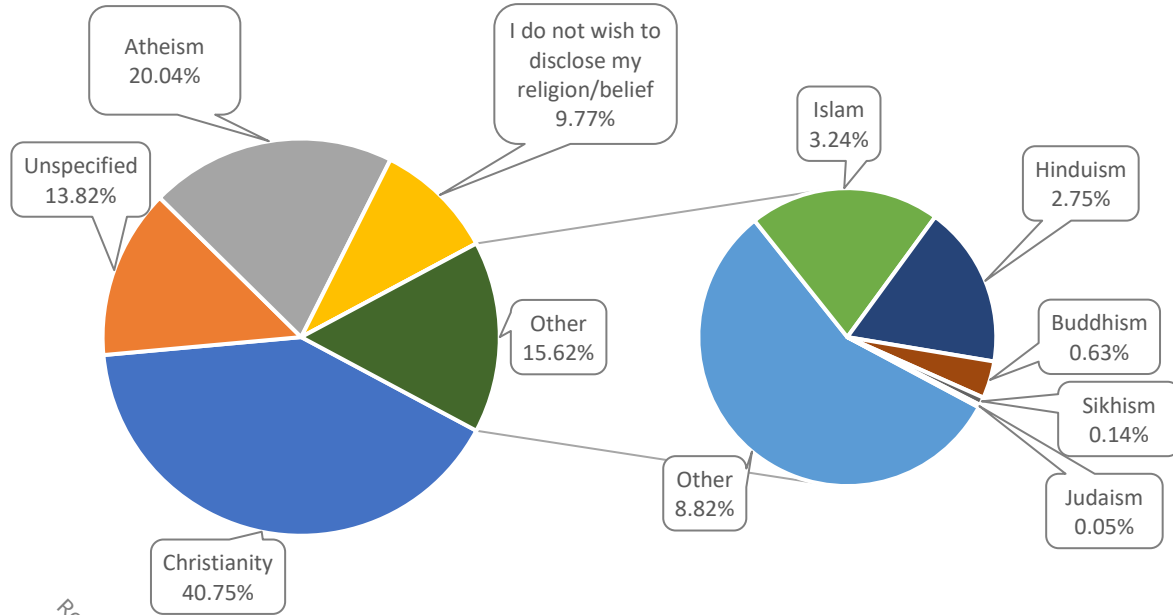


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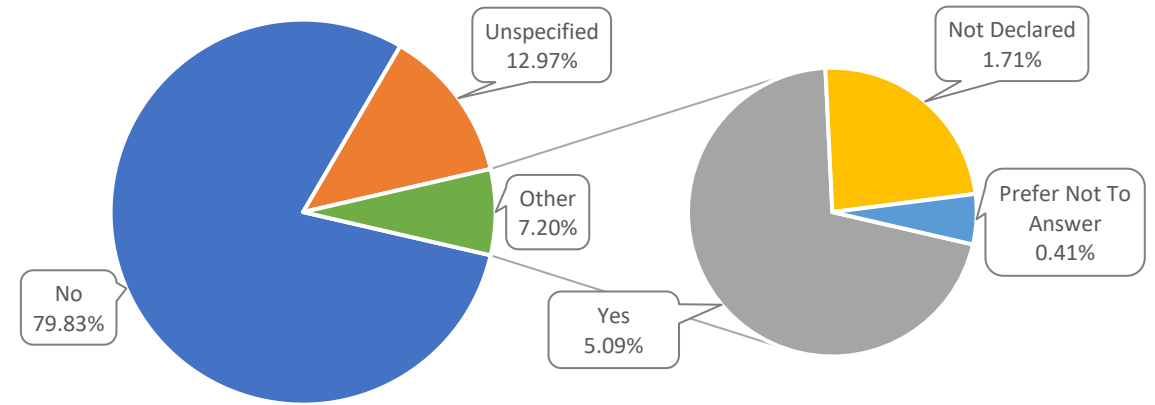


# Shaping Our Future Workforce

### Religious Belief



### Disability

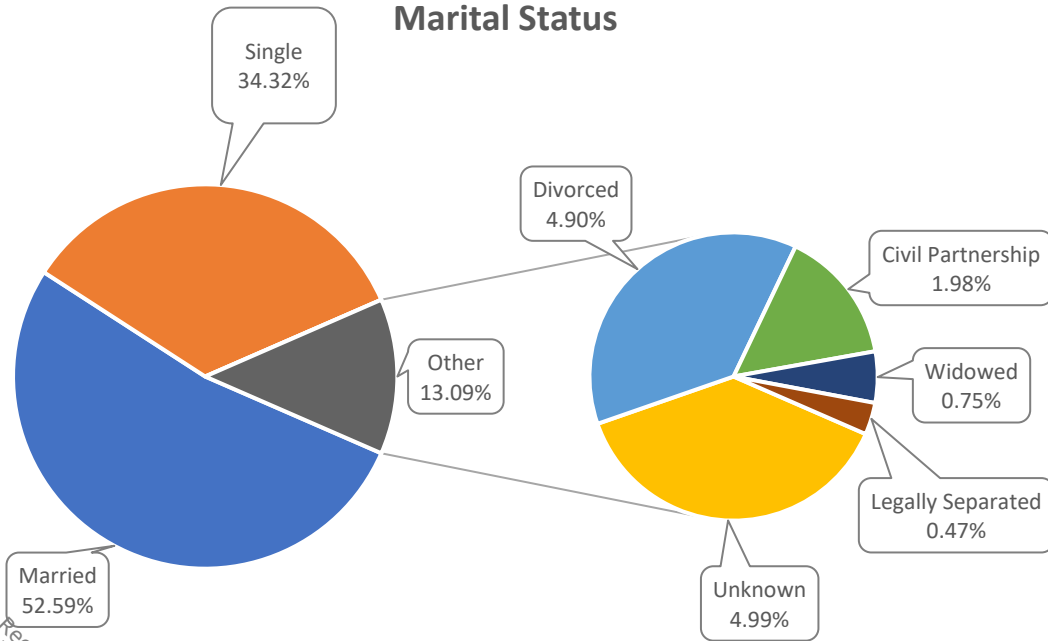


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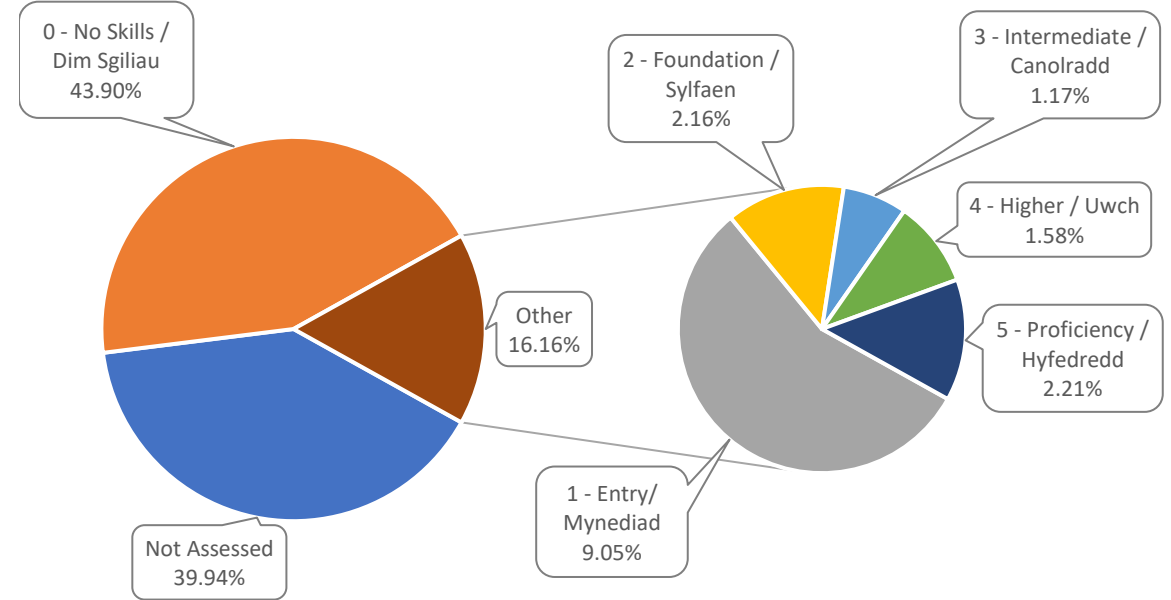


# Shaping Our Future Workforce

### Marital Status



### Listening/Speaking Welsh



Regan, Nikki  
17/02/2026 08:05:34



## Key Performance Indicator Headlines:

### Sickness

- The CB has a cumulative sickness rate of 6.86%, with a peak in sickness in November (7.92%)
- Sickness panels continue to be held in our hotspot areas with a view to supporting managers with complex cases and ensuring timely access to services for our colleagues.
- Managing Attendance at Work Training continues to be rolled out within the Clinical Board.
- Stress and anxiety cases are the highest reason for sickness absence; People Services continue to provide targeted interventions and proactively engage with managers at the onset of sickness cases related to anxiety, stress, and depression, offering tailored support to facilitate a timely return to work.

### Turnover

- The turnover rate is low in comparison to the previous year and stands at 6.98%
- There is variation across the Directorates with ALAS the highest at 11.20%, predominantly in Admin & Clerical and Additional Clinical Services staff groups which tend to be lower banded, with lower turnover in the higher banded staff groups such as AHPs and Healthcare Scientists
- Critical Care has the lowest overall turnover rate of 5.79% which has reduced even further from the previous year, which is further reflective of the significant efforts by the Directorate Management Team in recruitment, retention and staff wellbeing strategies.

### Stat & Mand training

- The CB is close to the target rate, standing at 81% with marked achievements across all Directorates; Fire is 72% and this continues to be a target at Directorate Performance Reviews.

### VBA's

- The CB has a compliance of 72.91% as at the end of December 25. Concerted efforts are being made by the Directorates to increase compliance.
- Performance is monitored weekly with Directorates and is a standing agenda item at Local Partnership Forum meetings.

# Clinical Board Approach to People & Culture

- Highlighting staff achievements e.g. Viva Engage, Colleague shout-outs, Ask Suzanne
- Positive reinforcement of values and behaviours and proactive approach to address instances where this falls short
- Celebrating successes – annual Clinical Board Celebration Event
- Staff wellbeing initiatives such as Team Immediate Meet (TIM) tool, Voice and Respect Project and Little Pause sessions in Critical Care
- Saying “thank you”
- Compassionate Leadership to support open and honest conversations
- Strong partnership working with Trade Union reps via Partnership Forum meetings, 1-1s, OCP processes and managing complex HR issues
- Empowering Directorate Management teams



Shaping Our Future  
**Workforce**



*Congratulations!*

**Staff are our greatest asset, great teamwork creates great care**

Regan, Nikki  
17/02/2026 08:05



Shaping Our Future

# Workforce

## Key CB P&C Plan Achievements



### Seamless Workforce Models & Workforce Supply and Shape:

Rotational posts continue to be successful in Critical Care

Proactive review of current and future workforce models such as Cardiac Surgery Nurse Practitioner development

Band 4 Assistant Practitioner roles have been embedded successfully

Continue to review skill mix requirements as part of workforce planning for funded services and twice yearly sign off of safer staffing establishments



### Engaged, Healthy and Motivated Workforce:

Staff Newsletters

Inclusion Ambassadors are in place

Learning & Development ambassadors in place

Role of Practice Development Nurses and ensuring protected time in place for these roles

Numerous opportunities in the last 12 months relating to research & development, education & training and novel/innovative roles particularly through VPAG funding and commercial sponsorship

Signposting to staff wellbeing opportunities



### Attract, Recruit and Retain:

#### Attract, Recruit

Attended National Recruitment Events

Active presence on social media

Active participation in Internationally educated nurses

#### Retain

Greatix

Celebrating successes

Highlighting achievements

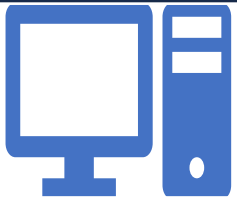
Affording staff protected time for study



Shaping Our Future

# Workforce

## Key CB P&C Plan Achievements



### Digital Ready Workforce:

Safe Care/Health Roster now fully rolled out across the Clinical Board

EPMA – early adopter within N&T ward areas, final wards at UHL (W8 & W10) gone live in January. Only area outstanding is CC with plans underway to implement.

Extensive roll out of M365 across the Clinical Board, transforming administrative and clerical functions



### Education and Learning:

Practice Development Nurses

Protected time for study

Training needs analysis/linked to VBAs and PDPs

Supporting staff to achieve speciality specific educational requirements

Bespoke induction programmes for new starters

Extended supernumerary period for new starters to Critical Care

Aiming to identify a suitable space for a clinical skills suite



### Leadership:

Culture & Leadership Programme continues to be progressed in ALAS; new operating model rolled out, focus on values & behaviours, interim DM in place, strengthened partnership working through establishment of Directorate forum, repeated previous C&L survey

Cardiology Service Review undertaken, recommendations being supported by Shaping Change, P&C and the CB. Focus on 3 pillars – rhythms & routines, process improvements, building our team – all supported by the foundation which is the values and behaviours supported by essential structures and governance



Shaping Our Future

# Workforce

## Reshaping our Workforce Plans



### Workforce Sustainability:

Enhanced CB vacancy scrutiny  
Review of fixed term contracts and retire & return applications  
Opportunities for skill mix reviews  
Efficiency reviews of Health Roster  
Regular reviews with Directorates to discuss workforce sustainability options  
Sickness absence support panels now established as part of BAU to support managers and staff and sickness reporting and RTW process has been strengthened



### Recruitment & Retention:

Workforce redesign plans– including opportunities for apprentice roles and scoping out of other available roles  
Continue with active recruitment to reduce variable pay  
Skill mix review – considered wherever possible  
Working towards sign off of our new HCSW establishment in light of Band 2 to Band 3 All Wales review, awaiting next steps regarding recruitment into vacant posts



### Introduction of New Roles:

Spread and Scale of QSE roles aligned to priority areas such as Haematology  
Implementation of novel workforce solutions to address and mitigate areas of risk, such as Neuro pharmacist role aligned to sodium valproate prescribing  
Roll out of the legal advice service within MTC with a Patient Liaison Practitioner role supported and funded by Hugh James  
Secured funding for a Social Work Assistant from Welsh Government to support the ongoing claims process arising from the Infected Blood Inquiry



Shaping Our Future

# Workforce Good news stories



## Colleague Spotlight



**Cardiff National Organ Retrieval Service (NORS) team**

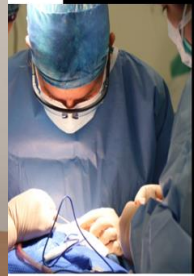
**Al Croose**  
Clinical Lead



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leads pioneering gene therapy trial shown to slow progression of Huntington's disease



**Wales leads pioneering gene therapy trial shown to slow progression of Huntington's disease**

26 September

Centre, funded by Health and Care Research Wales, is at the forefront through in the treatment of Huntington's disease after playing a global gene therapy trial.



Dr Stephen Jolles, Consultant Clinical Immunologist

March's Health Hero for his dedication and commitment to improving the lives of patients with rare conditions.

Report Title:	Annual Equality Report			Agenda Item No:	3.2
Meeting:	People & Culture Committee	Public	X	Meeting Date:	17 February 2026
		Private			
Status <b>(please only tick one)</b>	Assurance	Approval	X	Information/Noting	
Lead Executive Title:	Executive Director of People & Culture				
Report Author Title:	Head of Equity & Inclusion				

### Main Report

#### Background and Current Situation:

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

CAVUHB's objectives for the purpose of these reports are set out in the Strategic Equality Plan: Shaping Our Inclusive Culture 2024-2028.

The Annual Equality Report 2024–2025 (Appendix 1) provides assurance on organisational progress against these objectives for the period 1 April 2024 to 31 March 2025. The final published report will include imagery and visual content developed in collaboration with the Medical Illustration team to support accessibility and public engagement.

This is the first Annual Equality Report aligned to the Strategic Equality Plan Shaping Our Inclusive Culture 2024–2028 and therefore establishes a baseline for future reporting. Going forward, Annual Equality Reports will be published in a more timely manner, with the 2025–2026 report scheduled for approval in June/July 2026.

#### Executive Director Opinion & Key Issues to bring to the attention of the **Committee**

The 2024–2025 reporting year demonstrates positive and credible progress in delivering the Strategic Equality Plan 2024–2028. The organisation has strengthened its culture of respect, broadened inclusive communication and engagement, improved accessibility of services, and enhanced the quality and use of equality and workforce data. These developments are evident across the Health Board, including improvements in leadership capability, bilingual service delivery, digital accessibility, widening access initiatives, and strengthened governance arrangements for the Workforce Race Equality Standard (WRES) and gender pay gap reporting. The more consistent application of the 3I Framework further signals that equity and inclusion are increasingly embedded within organisational practice and decision-making.

However, several risks require sustained attention and oversight. NHS Wales Staff Survey findings continue to highlight experiences of discrimination, harassment, and perceived inequity in career progression. Workforce equality data, while improving, remains incomplete, and patient equality data continues to be constrained by multiple digital systems. Capacity pressures, representation gaps at senior levels, and the challenge of embedding inclusive culture consistently within highly pressured environments remain significant.

Addressing these issues will require continued strong governance, further maturation of equality and workforce data, increased confidence and capability among leaders and staff, and consistent reinforcement of inclusive behaviours at every level of the organisation. The year ahead must focus on consolidating progress while actively addressing these areas of vulnerability to ensure continued movement towards a fair, respectful and equitable Health Board for all.

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




Appendix 1 – Annual Equality Report

**Recommendations:**

- a) Recommend approval to Board of the content of Annual Equality Report 2024-2025 for publication on the Health Board’s website (once design has been finalised with Medical Illustration)

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

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

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

Prevention		Long Term		Integration		Collaboration		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	QIA not required for this report.
--	--	---	---	-----------------------------------

**Impact Assessment**

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

Risk: Yes
The risk assessment has been addressed in the main body of the report. The primary risk involves the potential failure to meet our legal obligations under the Equality Act 2010, which could lead to intervention by the Equality and Human Rights Commission. Additionally, there is a risk related to ensuring compliance with Welsh Language standards.
Safety: No
N/A
Financial: No
N/A
Workforce: No

N/A	
Legal: Yes	
The main legal risk is the potential failure to meet our obligations under the Equality Act 2010, which could result in intervention by the Equality and Human Rights Commission.	
Reputational: Yes	
The main reputational risk is failing to provide updates and assurance to our communities regarding the progress we are making against our objectives	
Socio Economic: No - <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>	
N.A	
Equality & Health: Yes	
The report covers progress in equality and health areas in line with our Public Sector Equality Duty.	
Decarbonisation: No	
N/A	
Welsh Language: Yes	
There is a risk associated with ensuring compliance with Welsh Language Standards	
<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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# Cardiff and Vale University Health Board Annual Equality Report 2024–2025 and Strategic Equality Plan (2024–2028) – Annual Progress Report

Mae'r ddogfen hon ar gael yn Gymraeg ac, ar gais, mewn amryw o fformatau a ieithoedd  
hygyrch. Anfonwch e-bost at: [EquityAnd.Inclusion@wales.nhs.uk](mailto:EquityAnd.Inclusion@wales.nhs.uk)

This document is available in Welsh and on request in a range of accessible formats and  
languages. Please email [EquityAnd.Inclusion@wales.nhs.uk](mailto:EquityAnd.Inclusion@wales.nhs.uk)

**Published by:**  
**Cardiff and Vale University Health Board**  
Woodland House  
Maes-y-Coed Road  
Cardiff  
CF14 4TT

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# 1. FOREWORD

At Cardiff and Vale University Health Board, our commitment to equity, diversity and inclusion (EDI) is central to who we are and how we serve our communities. As one of the largest and most diverse health boards in Wales, we have the privilege and responsibility of providing care to nearly half a million people. Their experiences, cultures, identities, languages and stories shape the fabric of our organisation — and they deserve a healthcare system that recognises, values and responds to that diversity with compassion, dignity and fairness.

This Annual Equality Report 2024–2025, integrated with our Strategic Equality Plan Progress Report, reflects our first full year of delivery against the [Strategic Equality Plan 2024–2028: Shaping Our Inclusive Culture](#). This new plan has set a refreshed direction for our organisation - one that elevates inclusion as a shared responsibility, strengthens our commitment to the Welsh language, promotes accessible and person-centred communication, and ensures that equity and respect underpin every decision we make.

During this reporting year, we have made meaningful strides. We have:

- Strengthened awareness and educational initiatives that help staff understand and practise inclusive behaviours.
- Enhanced our communication and engagement approaches, listening more actively to underserved communities and working collaboratively to understand and remove barriers.
- Continued to advance our Welsh language services and workforce skills, recognising the importance of the Welsh language to identity, wellbeing and safe care.
- Improved the way we gather and use equality data to inform decision-making, strengthen accountability and highlight where more targeted action is needed.
- Expanded our partnerships - locally, regionally and nationally - ensuring that we contribute to and learn from all-Wales efforts to tackle systemic inequalities, including through the Anti-Racist Wales Action Plan, the LGBTQ+ Action Plan for Wales, and the development of the All-Wales Accessible Communication and Information Standards.

The evidence in this report demonstrates progress - but it also highlights the scale of the work ahead. We continue to see inequities in experience, representation and outcomes. Our staff survey tells us that colleagues still experience discrimination, harassment or barriers in career progression. Community voices remind us that for some, navigating healthcare services remains challenging due to disability, language, culture or socio-economic factors.

We are determined to change this.

The year ahead will see us strengthen the structures, tools and insights that allow us to act with intention and impact. This includes further embedding the Workforce Race Equality Standard (WRES), expanding Welsh language learning pathways, enhancing support for staff networks, and continuing to adopt a project-managed approach to implementing our Strategic Equality Objectives.

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Most importantly, we will continue to listen - to our patients, our communities, our partners and our staff. Their lived experiences guide us toward a future where care is equitable, workplaces are inclusive, and every individual feels they belong within our Health Board.

Thank you to all staff, networks, volunteers, community groups and organisational partners who have contributed to this work over the past year. Your passion and dedication continue to shape a more compassionate, inclusive and fair health system for everyone we serve.

**Together, we are shaping our inclusive culture - one grounded in respect, strengthened by diversity, and driven by our shared purpose to put people first.**

*Signed,*

**Rachel Gidman**  
**Executive Director of People & Culture**  
Cardiff and Vale University Health Board  
Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

## 2.EXECUTIVE SUMMARY

This Annual Equality Report and Strategic Equality Plan (SEP) Progress Report outlines Cardiff and Vale University Health Board's first full year of delivery against the 2024–2028 plan, *Shaping Our Inclusive Culture*. Between April 2024 and March 2025, we advanced a wide programme of work to eliminate discrimination, advance equality, strengthen bilingual services, and embed inclusive, data-driven practice. Our progress reflects strong alignment to our four SEP objectives, Respect, Communication & Engagement, Accessibility, and Data, underpinned by our organisational values, the People & Culture Plan, the 3I Framework, and Welsh Language Standards.

### Key achievements include:

- **Building a Culture of Respect:** Expanded leadership and education programmes, increased visibility of inclusion through the Inclusion Calendar, and strengthened compassionate leadership and local inclusive initiatives across Clinical Boards.
- **Improving Communication & Engagement:** Deeper engagement with underserved communities, strengthened Welsh language compliance, improved content governance, and enhanced staff engagement through Viva Engage.
- **Enhancing Accessibility:** Progress on Welsh Language Standards, wider access to training, bilingual service improvements, and local actions to ensure more accessible and flexible care.
- **Strengthening Data:** Improved equality and Welsh language monitoring on the Electronic Staff Record (ESR), enhanced workforce data quality, and progress on WRES governance and analysis. Work continues to improve patient equality data through wider adoption of the 3I Framework.

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- **Welsh Language Progress:** Notable developments include over 1.4 million words translated, growth of Rhwyd-laith, expanded language learning programmes, and improved governance of bilingual content—supporting safer, person-centred bilingual care.
- **Advancing Equity & Opportunity:** Continued delivery of widening access initiatives, partnerships with community organisations, and more inclusive recruitment practices have expanded opportunities for underrepresented groups.
- **National Alignment:** We contributed to Wales-wide priorities including the Anti-Racist Wales Action Plan, More Than Just Words, and the development of the All-Wales Accessible Communication and Information Standards.

**Challenges remain**, including staff capacity, data confidence, culture change in pressured environments, representation gaps, and inconsistent patient data systems. These are mitigated through strengthened governance, clearer accountability, and dedicated support roles.

**Our Commitment:** We remain steadfast in our ambition to create an organisation where everyone feels respected, valued and represented. Equity, diversity and inclusion are fundamental to safe, high-quality care—and will continue to shape our work in 2025–2026.

## 3. INTRODUCTION AND ORGANISATIONAL CONTEXT

### 3.1 About Cardiff and Vale University Health Board

Cardiff and Vale University Health Board (CAVUHB) is one of the largest and most complex healthcare organisations in the United Kingdom. Established in 2009, the Health Board serves a resident population of nearly 500,000 people across Cardiff and the Vale of Glamorgan, while also delivering a wide range of regional and tertiary services to communities across South Wales and beyond. We are proud to serve some of the most ethnically and culturally diverse communities in Wales, and our population continues to grow and evolve year on year.

We employ approximately 17,000 staff, representing a wide range of professions, skills, cultures, languages, identities and lived experiences. As a major public sector employer, we recognise our responsibility not only to deliver excellent healthcare, but to ensure our workplaces are inclusive, respectful, and representative of the population we serve.

Our services span primary care, community health, mental health, specialist services, acute and emergency care, maternal and child health, and multi-disciplinary clinical board structures that work collaboratively to improve patient outcomes, safety and experience. Detailed information about our services can be found on our website under [Our Services](#).

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## 3.2 Our Organisational Values

Our work is rooted in four core values that guide how we deliver care and how we treat one another:

- **Kind and caring**
- **Respectful**
- **Trust and integrity**
- **Personal responsibility**

These values form the foundation of our culture and shape our commitment to equity, dignity and fairness. They reinforce our ambition to be a great place to train, work and live, and to provide outstanding care through meaningful relationships with patients, families, carers, partners and colleagues.

## 3.3 Strategic Context

### Shaping Our Future Wellbeing (SOFW)

Our Strategic Equality Plan aligns closely with our overarching strategic vision, Shaping Our Future Wellbeing, which places people and communities at the heart of our long-term ambitions. This vision emphasises:

- reducing inequalities in health outcomes
- improving access and experience
- enhancing prevention and early intervention
- strengthening local partnerships
- developing sustainable, value-based services

The SEP sits at the intersection of these priorities, ensuring fairness and inclusion shape every decision and every interaction.

### People and Culture Plan

Equity, diversity and inclusion are central to our People and Culture Plan, which embeds staff wellbeing, leadership development, belonging, Welsh language, inclusion and compassionate culture across all workforce programmes. The SEP's four objectives integrate directly with this plan, reinforcing the belief that an inclusive workplace is foundational to delivering high-quality care.

### The 3I Framework

The Health Board's Equity, Equality, Experience and Patient Safety Action Plan - commonly referred to as the 3I Framework - guides our approach to identifying, understanding and addressing inequities across services and communities. This framework supports the systematic use of data to identify intersectional inequities in access, outcomes and experience.

## 3.4 Our Strategic Equality Plan (2024–2028)

Published in April 2024, our SEP sets out four strategic equality objectives that provide a clear direction for our work:

1. Respect
2. Communication and Engagement

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3. Accessibility
4. Data

Rather than focusing on prescriptive actions, this SEP uses a workstream-based approach to create flexibility, enabling us to respond to emerging needs, Welsh Government priorities, community engagement findings and organisational pressures. These workstreams are designed to:

- encourage collaboration
- enable local innovation
- strengthen accountability
- build a shared understanding of equity and inclusion
- reflect intersectional needs across protected and non-protected groups

This approach has been well received both internally and across the wider public sector equality network.

### **3.5 Governance and Accountability**

#### **Internal Governance**

Delivery of our SEP is overseen through a whole-organisation approach, with clear lines of accountability:

- The Board holds ultimate responsibility for progress against our equality objectives.
- The People and Culture Committee receives regular updates and assurance.
- The Equity, Diversity and Inclusion Team provides leadership, coordination and subject-matter expertise.
- Clinical Boards and corporate directorates are required to lead and report on actions within their areas.
- Staff networks play a critical role in informing, shaping and challenging decisions.

#### **3.6 Equality Health Impact Assessment (EHIA)**

Our governance is strengthened by the use of Equality Health Impact Assessments (EHIAs), which ensure that policies, decisions and service changes consider potential impacts on:

- protected characteristic groups
- socio-economic status
- Welsh language
- human rights

EHIAs help us mitigate risk, identify unintended consequences and improve inclusivity.

#### **3.7 Partnerships and External Context**

Our work is informed by and contributes to Welsh Government policy, national frameworks and collaborative networks including:

- Anti-Racist Wales Action Plan (ARWAP)

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- LGBTQ+ Action Plan for Wales
- More Than Just Words / Mwy Na Geiriau
- All Wales Standards for Accessible Communication and Information for People with Sensory Loss
- Workforce Race Equality Standard (WRES)
- Public Sector Equality Network (PSEN)
- Regional and local partnerships with local authorities, Llais, schools, voluntary organisations and community groups

These connections amplify our impact and help us align local action with national ambition.

### 3.8 Embedding Welsh Language and Cultural Identity

As required under the Welsh Language Measure (2011) and supporting Welsh Language Standards, we are committed to delivering services that respect language rights. We recognise the importance of bilingual care for safety, dignity and belonging, for our Welsh speaking communities within Cardiff and the Vale of Glamorgan.

Through structured learning pathways, translation capacity, Rhwyd-laith network engagement, and improvements to bilingual digital content, we continue strengthening our ability to deliver bilingual services.

### 3.9 Why Equity, Diversity and Inclusion Matter

Equity, diversity and inclusion are fundamental to:

- providing safe, person-centred and culturally competent care
- building trust with communities
- addressing health inequalities
- improving patient experience and outcomes
- supporting staff to thrive and be themselves at work
- strengthening the sustainability and resilience of our workforce

Our SEP commits every staff member — regardless of role — to be part of shaping an inclusive culture. Equity and inclusion are not the responsibility of a single team; they belong to us all.

## 4. LEGISLATIVE & POLICY FRAMEWORK

### 4.1 Introduction

Cardiff and Vale University Health Board's commitment to advancing equality, eliminating discrimination, and promoting inclusive, person-centred healthcare is grounded in a strong legislative and policy foundation. This section outlines the statutory duties, Welsh Government regulations, and national strategic frameworks that shape and guide our work. These requirements inform every aspect of our Strategic Equality Plan (SEP) 2024–2028 and the activity delivered during the 2024–2025 reporting year.

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## 4.2 Equality Act 2010 and the Public Sector Equality Duty (PSED)

The Equality Act 2010 provides the overarching legal framework for equality in Wales. Under the Act, public bodies — including NHS Wales organisations — must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation,
2. Advance equality of opportunity between people who share protected characteristics and those who do not, and
3. Foster good relations between groups.

The nine *protected characteristics* under the Act are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, marriage and civil partnership, sex, and sexual orientation.

Our policies, service redesigns, workforce decisions, governance arrangements, and engagement activity must consistently evidence compliance with the PSED. This duty underpins all four of our SEP objectives.

## 4.3 Wales-Specific Equality Duties

In Wales, the PSED is strengthened through the Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, which set out specific duties for devolved public bodies.

These duties require us to:

- Publish a Strategic Equality Plan every four years
- Set and publish equality objectives
- Engage with people who share protected characteristics
- Assess the impact of policies and decisions
- Publish an Annual Equality Report
- Collect, analyse and publish equality data
- Promote staff awareness and training
- Ensure procurement and contracting promotes equality

These duties are central to the rationale and structure of this report. They also shape our governance processes, such as Equality Health Impact Assessments (EHAs) used across service and policy development.

## 4.4 Socio-economic Duty (Wales)

Since March 2021, the Socio-economic Duty requires public bodies in Wales to consider how decisions could help reduce inequalities experienced by people who are socio-economically disadvantaged. This is particularly relevant to Cardiff and Vale, given the diversity in levels of deprivation across our communities.

Our SEP integrates socio-economic considerations across its objectives, workstreams and EIAs, ensuring decisions promote fairness in outcomes, experience and access, particularly for communities facing the greatest barriers.

## 4.5 Welsh Language Legislation and Standards Welsh Language (Wales) Measure 2011

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This Measure established the legal right for individuals to receive services in Welsh and introduced the position of the Welsh Language Commissioner.

### **Welsh Language Standards (No. 8 Regulations)**

Cardiff and Vale UHB must comply with a comprehensive set of statutory Welsh Language Standards. These standards require us to:

- Provide services in Welsh, including patient-facing services
- Ensure visibility and availability of the Welsh language across communications
- Promote Welsh within the workplace
- Support and develop staff Welsh language skills
- Ensure bilingual signage, documentation and public information
- Report annually on compliance and progress

Our Welsh Language Annual Report 2024–2025 provides detailed evidence of our compliance and the progress made this reporting year.

### **4.6 Human Rights Frameworks**

The following human rights instruments provide additional statutory and ethical requirements for delivering services and creating inclusive environments:

- Human Rights Act 1998
- UN Convention on the Rights of the Child (UNCRC)
- UN Convention on the Rights of Persons with Disabilities (UNCRPD)
- UN Principles for Older Persons

These frameworks require us to ensure services are delivered with dignity, fairness and respect - reinforcing our organisational values and SEP ambitions.

### **4.7 Well-being of Future Generations (Wales) Act 2015**

This landmark legislation places a legal duty on public bodies to act in service of long-term well-being. The Act requires us to work toward seven national well-being goals, including:

- A More Equal Wales
- A Wales of Cohesive Communities
- A Healthier Wales

Our work on equality, diversity and inclusion contributes directly to these goals through:

- more equitable outcomes
- reduced inequalities in access and experience
- inclusive community engagement
- stronger cultural and linguistic identity
- embedding sustainable, value-based approaches

### **4.8 Social Services and Well-being (Wales) Act 2014**

This Act reinforces the need for:

- person-centred, strengths-based care

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- safeguarding people's rights
- promoting well-being across all service areas
- ensuring accessible and inclusive communication

The Act intersects with the SEP through its focus on early intervention, holistic assessment and equality of access.

## **4.9 All Wales Standards for Accessible Communication and Information for People with Sensory Loss**

These standards require NHS organisations to ensure that individuals with sensory loss:

- receive accessible, appropriate, and timely information
- can communicate effectively with healthcare teams
- experience equitable access to services

In 2024–2025, Cardiff and Vale UHB actively contributed to Welsh Government's work on the proposed All-Wales Accessible Communication and Information Standards

## **4.10 National Equality, Inclusion and Anti-Discrimination Action Plans**

Cardiff and Vale UHB contributes to and is shaped by the following all-Wales strategies:

### **Anti-Racist Wales Action Plan (ARWAP)**

We engaged with Welsh Government on WRES findings, strengthened senior alignment to the plan, and advanced anti-racism training.

### **LGBTQ+ Action Plan for Wales**

We progressed the development the LGBTQ+ Action Plan through a task-and-finish group aligned to national themes.

### **More Than Just Words / Mwy Na Geiriau**

We continued to deliver Welsh language service improvements and workforce development in line with this strategic framework.

### **All-Wales NHS Accessible Communication and Information Standards (in development)**

We contributed to national development work, preparing for future implementation. These plans work alongside our SEP to promote inclusion across local, regional and national systems.

## **4.11 Health Board Policies and Internal Frameworks**

A number of internal policies support and operationalise equality duties, including:

- Equality, Diversity and Inclusion Policy
- Welsh Language Policy and guidance

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- Dignity at Work, Respect and Resolution, and Raising Concerns procedures
- Recruitment and selection policies, embedding inclusive processes
- Annual training and statutory/mandatory modules

These policies reinforce our values and provide the structural support necessary for consistent, inclusive practice.

### **Procurement and contracting**

Cardiff and Vale UHB integrates equality, Welsh language and accessibility requirements into procurement and contracting processes. Where relevant, tender specifications and evaluation criteria include expectations on inclusive communication, accessibility, workforce equality and non-discriminatory practice. Contract management arrangements support ongoing monitoring of compliance, including responding to concerns and ensuring services meet the needs of diverse communities and protected characteristic groups.

## **4.12 Summary**

This legislative and policy framework provides the structure within which the Health Board delivers its SEP. It ensures that:

- equality and human rights are central to governance, decision-making and service delivery
- we consistently meet statutory requirements
- we contribute meaningfully to all-Wales equality ambitions
- we take a proactive, evidence-based approach to improving equity, access and experience

This framework forms the foundation of all progress described throughout this report. Together, the teams ensured that messaging consistently reflected the organisation's values and strategic equality ambitions.

# **5.PROGRESS AGAINST OBJECTIVE 1: RESPECT**

**Foster an inclusive culture of respect through awareness campaigns and education, ensuring all individuals, including staff, patients and service users, feel valued and dignified.**

## **5.1 Introduction to Objective**

We are committed to creating a culture where everyone - staff, patients and service users - is treated with dignity and respect. Through strengthened education and awareness, we aim to build understanding, promote compassionate leadership, and empower our communities to engage confidently in an inclusive environment. Our inclusion calendar, values and behaviours framework, staff networks and clear routes for raising concerns all work together to nurture a respectful, supportive culture across the Health Board.

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## 5.2 Strengthening Knowledge, Skills and Inclusive Behaviours

Across 2024-2025, the Equity & Inclusion Team contributed directly to the Leadership and Management programmes and corporate induction, supporting modules designed to strengthen respectful behaviour, compassionate leadership and inclusive decision-making:

- First Steps to Management: 72 members of staff
- Essential Management Skills: 86 members of staff
- Corporate Induction Marketplace: 195 members of staff

By September 2024, 86.05% of staff had completed mandatory eLearning - above the 85% target - increasing slightly to 86.74% by March 2025. The Paul Ridd eLearning module reached 75.17% completion by March, demonstrating progress in disability and learning disability awareness.

A major development was the launch of the new Equity & Inclusion SharePoint resource hub, which has been viewed over 750 times across the year. Educational factsheets covered anti-racist practice, unconscious bias, micro-aggressions, and LGBTQ+ inclusion, helping build staff confidence in understanding discrimination and respectful behaviour.

## 5.3 Visibility of Inclusion through Awareness Campaigns

Awareness-raising was consistently strong and evidence-based. During 2024–2025, the Health Board marked:

- Autism Acceptance Week
- Ramadan
- Polish Heritage Day
- NHS Wales Equality Week
- International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT)
- LGBTQ+ Pride Month
- Disability History Month
- Learning Disability Week
- Black History Month
- South Asian Heritage Month
- Pride Cymru (as part of the NHS Wales contingent)

Campaigns highlighted diverse role models and promoted visibility of equity and inclusion issues across the workforce.

Clinical Boards reinforced this work locally. Primary, Community and Intermediate Care (PCIC) introduced flexible working support, prayer spaces, and raised equity and inclusion concerns through local governance meetings. Clinical Diagnostics & Therapies (CD&T) ran regular equality and inclusion newsletter features, strengthened bilingual branding, and embedded equity and inclusion as a standing item at the Quality Safety and Experience Sub-Committee.

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## 5.4 Respect through Welsh Language, Culture and Identity

Respect for Welsh language identity was further strengthened through visible advancements in Welsh language practice.

The Health Board delivered three Welsh learning pathways supported by Dysgu Cymraeg Caerdydd and the National Centre for Learning Welsh:

- Cwrs Croeso / Welcome Course
- Cwrs Codi Hyder / Building Confidence Course
- Cwrs Blasu / Taster Course

Welsh language skills recording increased significantly - by 14.76% during 2024-2025 -demonstrating growing engagement.

A turning point in embedding respect was the June 2024 Ask Suzanne session on the Welsh language, after which all Ask Suzanne sessions included simultaneous Welsh translation, demonstrating a clear cultural commitment across the organisation.

Clinical Boards mirrored this; CD&T monitored Welsh language skills fortnightly, incorporated bilingual branding, and promoted first-contact staff participation in greetings training.

## 5.5 Respect in Leadership, Governance and Workforce Experience

Leadership development increasingly aligned with respectful and inclusive practice. Managers engaged in compassionate leadership training, were supported to address discrimination, and benefitted from reinforced HR policies such as Respect & Resolution and Raising Concerns.

However, evidence also highlights concerning staff experiences. Staff Survey responses indicate:

- 7–10% of staff experienced discrimination (depending on survey cycle)
- 11% felt the organisation does not respect individual difference
- 19% did not believe career progression is fair
- Harassment from patients/public reached 16%, with 10–13% reporting harassment from managers or colleagues

This data confirms that although structural improvements have begun, some staff continue to face negative experiences. The CEO-chaired CAVUHB Staff Survey Open Forums were established to better understand the experiences of our staff and ensure they played an active role in shaping organisational culture.

## 5.6 Clinical Board Contributions

The Primary Community and Intermediate Care clinical board (PCIC) fostered compassionate leadership, EDI discussions in huddles, flexible working adjustments, and safer working environments for culturally diverse teams.

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CD&T sustained Inclusion Ambassador meetings, delivered EDI newsletter sections, strengthened bilingual signage, and embedded EDI into directorate governance structures.

Both Clinical Boards emphasised culturally sensitive service provision, such as:

- private spaces for religious or cultural needs,
- translation services,
- hearing loops,
- inclusive waiting areas,
- and tailored outreach for vulnerable groups.

## 5.7 Summary

Across 2024–2025, Cardiff and Vale UHB made demonstrable progress in building a culture of respect, supported by quantitative improvement in training uptake, increased visibility of inclusion, strengthened bilingual practice, and consistent engagement from Clinical Boards. Staff survey insights and discrimination data indicate that cultural change remains ongoing and requires continued focus.

However, structures implemented this year increased educational reach, enhanced translation provision, and strengthened leadership development - provide a strong platform for sustained progress.

**Impact** - These actions strengthened staff capability to practise inclusive behaviours, although staff survey findings confirm that discrimination, harassment and perceived unfairness in progression remain key areas requiring sustained focus.

# 6. PROGRESS AGAINST OBJECTIVE 2: COMMUNICATION & ENGAGEMENT

**Enhance communication channels and strategies to make information accessible to everyone, fostering inclusive engagement.**

## 6.1 Introduction to Objective

We are committed to improving the way we communicate and engage with our staff, patients and communities by making information accessible, relevant and easy to understand. By strengthening feedback mechanisms and listening to diverse voices, we ensure our communication channels reflect the needs and experiences of the people we serve. Through collaboration and co-production with local communities and partners, our engagement approaches become more culturally sensitive, inclusive and aligned with our Shaping Our Future Wellbeing strategy. Together, these efforts help us build meaningful relationships, support equitable access to information, and foster a more engaged and empowered community.

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## 6.2 Improving Communication Channels and Digital Accessibility

Across the year, the Health Board played a sustained role in supporting Welsh Government's development of the All-Wales NHS Accessible Communication and Information Standards.

Internally, the Health Board strengthened its communication systems:

- Viva Engage was embraced as a core staff engagement platform.
  - Membership on the LGBTQ+ Staff Network grew to 66 (March 2025).
  - Rhwyd-Iaith had 48 staff as part of the Viva Engage Group.
- A new approval process was introduced for publishing digital content, ensuring accessibility standards were met.
- The Communications Team created a dedicated Viva Engage accessibility channel for website editors, promoting best practice and strengthening organisational capability.

These developments significantly improved the quality and consistency of internal and public-facing communication.

## 6.3 Collaborative Communication and Campaign Alignment

The Equity & Inclusion Team and Communications & Engagement Team continued to meet regularly throughout the year, coordinating key awareness campaigns, engagement events, and bilingual messaging.

This collaboration:

- strengthened accuracy and inclusivity of organisational messaging
- improved timely visibility of events linked to the Inclusion Calendar
- increased workforce awareness of equality and Welsh Language Standards
- aligned communication around national action plans (ARWAP, LGBTQ+ Action Plan, Accessible Communication and Information Standards)

Together, the teams ensured that messaging consistently reflected the organisation's values and strategic equality ambitions.

## 6.4 Engagement with Communities

Evidence of community engagement strengthened significantly across the reporting period.

The Health Board's participation in the Socio-Economic and Well-Being of the Somali Community Stakeholders Group marked an important milestone.

The Health Board committed to co-producing an action plan with the community, marking an important step in building respectful, meaningful engagement.

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Membership in the Cardiff Public Sector Equality Network, refreshed in 2024, deepened cross-sector collaboration on community engagement and aligned communication approaches with local authorities and partner organisations.

Clinical Boards contributed heavily to community engagement:

- PCIC delivered outreach through Mass Immunisations, Sexual Health, and teams supporting asylum seekers and homeless communities
- CD&T engaged through Patient-Reported Experience Measures (PREMs) development, bilingual patient information design, and improved accessibility of specialist communication (e.g., radiology, therapies)

## 6.5 Strengthening Staff Communication and Engagement

Viva Engage proved to be a key enabler of internal communication and connection, particularly for staff networks and Welsh language communities. Staff used the platform to share resources, stories, and initiatives, increasing visibility of equality activity.

The Equity & Inclusion Team improved messaging around the “why” of equity and inclusion. This was reinforced through campaigns explaining the purpose of equality monitoring, data governance, and Welsh language skills recording.

Internal communication was further strengthened by Ask Suzanne sessions, which became bilingual from June 2024 onwards. These sessions modelled open, transparent communication and allowed staff across the workforce to raise concerns directly with the CEO.

## 6.6 Summary

Across 2024–2025, Cardiff and Vale UHB made substantial progress in strengthening communication and engagement. The organisation improved digital accessibility, expanded bilingual communication, deepened relationships with communities experiencing inequalities, and invested in staff engagement platforms. Clinical Boards contributed actively, helping ensure that communication improvements translated into better experiences on the front line.

While challenges remain - particularly around consistency, capacity and cultural sensitivity - the foundation laid this year positions the Health Board well for further progress next year.

**Impact** - These actions improved the consistency and accessibility of our communication and strengthened engagement with underserved communities through more structured partnership working.

# 7. PROGRESS AGAINST OBJECTIVE 3: ACCESSIBILITY

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# **Improve accessibility of our health services and facilities, creating a more inclusive healthcare and working environment for everyone**

## **7.1 Introduction to Objective**

We are committed to improving the accessibility of our health services and workplaces so that everyone can receive care and support that meets their needs. By enhancing communication methods, embracing digital tools, and ensuring our sites and facilities are physically accessible, we aim to remove barriers for all patients, service users and staff. Our focus on delivering bilingual services in line with Welsh Language Standards - supported by the More than just words strategy and Cymraeg 2050 - strengthens inclusivity across our organisation. Alongside this, ongoing staff education ensures our workforce is equipped to provide culturally sensitive, language-appropriate care and to help people navigate our services with confidence. Together, these efforts help us build a more inclusive and responsive healthcare environment for everyone.

## **7.2 Advancing Accessible Communication Standards and Inclusive Information**

A central strand of accessibility work has been the Health Board's continued contribution to the development of the proposed All-Wales Accessible Communication and Information Standards. The Health Board provided support to the Welsh Government in developing these standards. Efforts included offering feedback on practical implementation issues and ensuring that internal processes were aligned in preparation for future statutory obligations.

The Communications & Engagement Team introduced a formal approval process for all website content, ensuring that digitally published information meets the All-Wales Standards for Accessible Communication and Information for People with Sensory Loss. This process improved the quality and clarity of patient-facing communication and ensured that accessibility considerations were embedded from the outset.

To further support implementation, the Communications Team established a dedicated Viva Engage accessibility channel for website editors, enabling colleagues to:

- ask questions about best practice
- share updates on accessibility improvements
- access guidance on inclusive content

This network-based approach strengthened internal capability to deliver the current standards.

Medical Illustration played a critical role in ensuring accessibility of patient information. Evidence from Clinical Boards shows the team delivered inclusive design services, including bilingual and multi-language materials and documents tailored for people with sensory impairments, cognitive needs or learning disabilities.

## **7.3 Strengthening Welsh Language Accessibility**

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The Health Board is dedicated to improving Welsh language accessibility throughout the organisation. Significant advancements are documented in the Health Board's Welsh Language Annual Report 2024–2025. For an in-depth summary of these accomplishments and current projects, please consult the referenced report.

## 7.4 Digital and Information Accessibility

Accessibility was also strengthened through digital systems.

The Communications & Engagement Team's website governance system ensured that newly published materials are accessible, bilingual and compliant with evolving national standards.

Clinically, *Cedar* contributed to accessible communication through development of PREMs surveys incorporating questions on preferred language and communication needs. This supports system-wide monitoring of accessibility across Wales and strengthens the Health Board's understanding of patient experience.

## 7.5 Summary

Objective 3 saw significant, demonstrable progress during 2024–2025. The Health Board strengthened accessibility across linguistic, digital, sensory and cultural domains; contributed actively to the development of national standards; and enhanced bilingual capability across the workforce.

The Health Board is entering 2025–2026 with stronger language skills, clearer governance, improved accessibility practices, and a deeper organisational understanding of the barriers experienced by patients and communities.

**Impact** - These actions improved the accessibility and clarity of patient information and strengthened readiness to meet diverse communication, language and sensory needs.

# 8. PROGRESS AGAINST OBJECTIVE 4: DATA

**Enhance the accuracy of data collection and analysis to identify and address inequity in both health outcomes and staff experience.**

## 8.1 Introduction to Objective

We are committed to strengthening the accuracy and use of data to better understand and address inequities in both health outcomes and staff experience. By improving how we collect, analyse and interpret data, we can identify gaps in representation, highlight disparities, and shape targeted actions that promote fairness across our organisation. Effective workforce planning, informed by reliable demographic and Welsh language skills data, ensures that our staff profile and skillset reflect the communities we serve. Transparent pay gap reporting further supports accountability and drives progress toward equitable employment practices.

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By continuously refining data collection—guided by frameworks that consider inequality, intersectionality and inequity—we build a robust evidence base that informs decision-making and supports meaningful, lasting change.

## **8.2 A year focused on strengthening our evidence base**

To make genuine, lasting progress on equity and inclusion, it remains essential to have a clear and accurate understanding of our workforce, those we serve, and where inequalities continue. Over the last year, the Health Board made some modest improvements in the accuracy and usefulness of our equality data. While these changes have helped us to describe inequality a little more clearly and consider what contributes to it, there is still much work to do before we can fully understand or address the underlying causes.

2024–2025 was a year in which we began to move beyond simply “collecting data” and took initial steps towards using data as a tool for incremental improvement.

## **8.3 Strengthening the equality monitoring dataset**

Enhancing the completeness of staff equality information continued to be a priority, and 2024/25 saw some improvements compared to previous reporting cycles. As of 1 April 2024, 30.39% of staff had provided information for all equality monitoring fields. By 31 March 2025, this proportion had risen by 4.07% to 34.46%. These incremental gains are important. With each improvement in the equality monitoring dataset, we are able to identify patterns in recruitment, retention and progression with slightly greater accuracy. This in turn helps us to begin challenging assumptions, highlighting areas of under-representation at an earlier stage, and directing development and support where it is most needed.

Although there remains considerable work ahead to achieve a fully comprehensive dataset, the advances made this year suggest that careful communication and reassurance around data use can help address longstanding concerns about disclosure.

## **8.4 Welsh language data as a planning tool**

The Health Board saw an improvement in the registering of Welsh Language Skills data. Nearly 15% more colleagues updated their Welsh language ability on ESR, supported by the expansion of Welsh learning programmes and clearer signposting of opportunities.

This isn't only a compliance measure - it is a significant operational tool. Accurate skills data enables teams to plan confidently for bilingual service provision, allocate Welsh-speaking staff where they are most needed, and strengthen pathways to providing safe, culturally sensitive care. This year's growth demonstrates a maturing appreciation across the workforce of the role Welsh language data plays in shaping patient experience and meeting national standards.

## **8.5 Gender Pay Gap insights: understanding the structural picture**

Our Gender Pay Gap (GPG) Report 2025 provided a detailed and transparent analysis of pay by gender across our workforce. The gender pay gap remains a

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structural challenge - with a mean pay gap of 16.73% - but the narrative behind the numbers is clearer than ever.

The report showed that:

- Women make up over 75% of our workforce, yet
- Men remain proportionally over-represented in senior Agenda for Change bands and in Medical & Dental roles, which attract higher salaries nationally.

This structural pattern - common across the NHS - explains why our median gap is close to zero, but the mean gap persists. It also helps pinpoint exactly where we need to focus efforts: increasing progression opportunities for women at senior levels, supporting development pathways, and ensuring that recruitment and promotion processes are consistently equitable.

The analysis of bonus payments also highlighted gendered patterns in consultant awards, reinforcing the need for continued scrutiny and proportionate representation in recognition schemes.

Crucially, the report doesn't just describe the gap - it sets out a plan. Monitoring recruitment patterns, strengthening flexible working, improving the inclusivity of job adverts and interview processes, and reviewing progression pathways are all now embedded into our strategic agenda. The Gender Pay Gap is no longer an isolated statistical exercise; it is informing real organisational change.

## **8.6 Workforce Race Equality Standard: embedding governance and accountability**

Alongside gender-disaggregated data, 2024/25 marked a step change in how we use race-related workforce data. The publication of the Workforce Race Equality Standard (WRES) report led to deeper organisational reflection, including discussions at senior leadership level about representation, progression and everyday working experiences for ethnically diverse colleagues.

By establishing a dedicated task and finish group and aligning this work with our Anti-Racist Wales commitments, we have moved WRES from a compliance requirement into a governed improvement programme.

## **8.7 Patient equality data: a long-term challenge**

While our workforce datasets have become more complete, our patient equality data remains a more complex challenge. Multiple patient administration systems make it difficult to capture consistent information on ethnicity, disability, communication needs and Welsh language preference.

Despite this, progress has been made. The expansion of PREMs and Patient Reported Outcome Measures (PROMs) activity, including questions on language and communication needs, is helping us build a clearer picture of patient experience. Strengthening the 3I Framework across clinical teams will also help ensure that inequities in access, experience and outcomes are identified more systematically.

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Improving patient equality data will continue to require sustained focus and system-level planning. However, the advances we have made in 2024/25 - particularly in experience-based data - mean we are better equipped to identify inequity even where structural barriers remain.

## 8.8 What our data tells us about culture and experience

Data alone is not enough — it needs to be interpreted alongside what staff tell us. The 2024 NHS Wales staff survey responses provided a sobering but essential insight into lived experience:

- Some staff still face discrimination and harassment.
- Not all colleagues feel respected or believe career progression is fair.
- Confidence to speak up remains inconsistent across teams.

These are powerful reminders that while our systems and datasets are improving, cultural change requires sustained, organisation-wide effort. By bringing together survey insights, workforce data, WRES findings and GPG analysis, we now have a fuller and more honest understanding of where inequities persist and what they look like.

## 8.9 A stronger data spine for the future

2024–2025 has been a foundational year for Objective 4. The improvements we have made in equality monitoring, Welsh language data, race equality analysis and GPG reporting have strengthened our ability to diagnose inequity and design interventions that are targeted, evidence-based and accountable.

As we move into 2025–2026, we will:

- continue improving data completeness and confidence;
- integrate GPG and WRES insights more deeply into workforce planning; and
- use data to connect everyday decision-making with the aims of our Strategic Equality Plan.

We now have a clearer, more reliable and more strategic evidence base — one capable of guiding meaningful improvement in equity, representation, experience and outcomes across Cardiff and Vale UHB.

Impact - These improvements strengthened our ability to identify and target inequities in workforce experience and progression, while patient equality data limitations remain a key system challenge.

# 9. ELIMINATING DISCRIMINATION AND PROMOTING EQUALITY OF OPPORTUNITY

## 9.1 Introduction

Cardiff and Vale University Health Board is committed to creating a workplace and healthcare environment where discrimination is actively challenged, diversity is valued, and all individuals - staff, patients and service users - are supported to thrive.

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This section outlines the progress made during 1 April 2024 – 31 March 2025 to eliminate discrimination, promote equality of opportunity, and foster good relations in line with the Public Sector Equality Duty, Wales Specific Equality Duties, and our Strategic Equality Plan 2024–2028.

## 9.2 Strengthening an Anti-Discriminatory Culture Leadership and Organisational Commitment

Throughout 2024–2025, senior leaders reinforced the importance of an anti-discriminatory culture through visible engagement, including:

- Integration of equality and inclusion messages in staff forums (e.g., *Ask Suzanne*), communications, and leadership briefings.
- Increased leadership focus on the lived experiences of staff with protected characteristics, and recognition of disparities highlighted in the NHS Wales Staff Survey.
- Continued endorsement of national equality priorities, including the Anti-Racist Wales Action Plan, LGBTQ+ Action Plan for Wales, and wider WRES implementation.

These efforts helped improve organisational confidence and transparency around equity and inclusion issues.

## 9.3 Tackling Inequalities Through Inclusive Programmes Widening Access Framework

The Health Board continued to deliver an ambitious and impactful Widening Access Framework, widening employment pathways for underrepresented, excluded, or vulnerable groups. Achievements in 2024/25 include:

- Funding secured for the Care Leavers Project, enabling care-experienced young people to gain nursing placements and access long-term opportunities.
- Partnerships with Llamau and other homelessness-focused organisations, resulting in individuals securing both employment and temporary accommodation.
- Continued collaboration with Parc Prison, Cardiff Prison, and the Probation Service, providing ex-offenders with supported placements that promote rehabilitation and long-term employability.
- Engagement with ethnically diverse communities through career fairs, school outreach, and employability events - reaching over 15,000 students across Cardiff and the Vale.
- Recruitment of 71 apprentices through inclusive, accessible recruitment processes, including *fast-tracked applications* and simplified forms.

This programme meaningfully reduces employment barriers and advances opportunities for people facing disadvantage or under-representation.

## 9.4 Embedded EDI Education and Mandatory Training

The Health Board strengthened EDI education this year through:

- Continued rollout of statutory and mandatory training, including Equality, Diversity & Human Rights modules.

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- High completion rates across Clinical Boards, with CD&T reporting 90.58% compliance.
- Integration of discussions on discrimination within leadership development and induction programmes.

These educational efforts reinforce values-based practice and improve staff understanding of the impacts of inequality on patient safety, staff experience and clinical outcomes.

## 9.5 Strengthening Staff Networks and Lived-Experience Voice

Staff networks continued to play a vital role in shaping inclusive practice and decision-making. Key developments include:

- Progress toward restructuring staff networks to enhance their governance, visibility, and ability to influence decisions.
- Exploration of protected time for network chairs and committee members to undertake network duties.
- Continued support for:
  - AccessAbility Staff Network
  - Rhwyd-Iaith (Welsh language network)
  - LGBTQ+ Staff Network
  - One Voice Staff Network

These networks strengthen the organisation's understanding of lived experience and help ensure inclusive decision-making.

## 9.6 Eliminating Discrimination in Patient Access and Experience

Clinical Boards contributed significantly to advancing equitable access to care by:

- Providing culturally sensitive communication within outreach services (e.g., sexual health triage, mass immunisation community engagement).
- Offering walk-in services for under-18s, accessible consultation spaces, and adjustments for religious, sensory and mobility needs.
- Ensuring bilingual or multilingual materials were available and implementing translation support where necessary.
- Developing inclusive patient information materials and ensuring EDI considerations form part of quality and safety governance structures.
- These examples demonstrate how equality is embedded in everyday service delivery.

## 9.7 Public Sector Collaboration and Community Engagement

To improve equality of opportunity, Cardiff and Vale UHB strengthened its partnerships with regional organisations, including:

Cardiff's Public Sector Equality Network, working collaboratively on issues affecting multiple public bodies.

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- Schools, youth organisations, and local authority services to promote health careers and Welsh language opportunities.
- Third sector organisations supporting people affected by homelessness, disability, inequality and social exclusion.

These partnerships amplify our impact and ensure our actions are informed by community need.

## 9.8 Summary

During 2024–2025, Cardiff and Vale UHB made significant progress in eliminating discrimination and promoting equality of opportunity. Through strengthened leadership commitment, inclusive recruitment practice, widening access initiatives, anti-racist action, expanded education, staff network development and community partnerships, we have laid strong foundations for continued progress.

Despite improvements, challenges remain - particularly in data quality, confidence in reporting discrimination, representation across leadership roles and ensuring consistent inclusive practice under operational pressures. These areas will continue to be prioritised in 2025–2026, with clear governance, staff engagement and accountability mechanisms in place.

# 10. Priorities for 2025–2026

As we move into the second year of delivering our Strategic Equality Plan 2024–2028, the Health Board will continue to focus on embedding inclusive practice, strengthening cultural competence, and ensuring equitable access and experience for all. Our priorities for 2025–2026 build on the foundations established in 2024/25 and respond to the needs and expectations of our staff, patients, communities and partners.

## 10.1 Our Key Priorities

### 1. Advance Anti-Racist and Inclusive Cultures

Deepen implementation of anti-racist practice, progress WRES actions, and build organisational confidence in recognising and addressing discrimination.

### 2. Strengthen Welsh Language Delivery

Develop a *More than just words* Action Plan, continue to expand workforce Welsh language skills, and enhance bilingual access across services.

### 3. Improve Equity Data Across the Workforce

Increase equality and Welsh language data completeness, improve data confidence, and use insights to inform targeted action.

### 4. Support and Grow Staff Networks

Enhance governance, visibility and sustainability of lived-experience networks, ensuring they continue to shape organisational decisions.

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## **5. Enhance Accessible Communication**

Prepare for the introduction of the All-Wales Accessible Communication and Information Standards and improve accessibility across all communication channels.

## **6. Broaden Inclusive Recruitment and Widening Access**

Continue removing barriers to employment and expand opportunities for underrepresented groups through inclusive recruitment and outreach.

## **7. Strengthen Leadership Capability**

Embed inclusive leadership behaviours and ensure managers are equipped to support fair, respectful and psychologically safe workplaces.

## **8. Deepen Community Partnerships**

Strengthen engagement with communities experiencing inequalities and ensure their voices influence service design and improvement.

## **Vision for 2025–2026**

In 2025–2026, our vision is to strengthen the Health Board as a place where every person — whether they work here or receive care here — feels respected, valued and represented.

We will work towards:

- A more equitable workforce, confident and capable in delivering inclusive, bilingual care.
- Accessible services shaped by lived experience and community voice.
- A workplace culture where diversity is embraced, discrimination is challenged, and staff can thrive authentically.
- A healthcare system that removes barriers, reduces inequalities and ensures that fairness, dignity and compassion are embedded in everything we do.

Together, we will continue shaping an inclusive culture that reflects the communities we serve and delivers outstanding care for all.

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<b>Report Title:</b>	Shaping Our Future People and Culture Portfolio Board – Terms of Reference		<b>Agenda Item no.</b>	3.3
<b>Meeting:</b>	People and Culture Committee	Public <input checked="" type="checkbox"/>	Meeting Date:	17.02.26
<b>Status</b> <i>(please tick one only):</i>	Assurance <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Information <input type="checkbox"/>	
<b>Lead Executive Title:</b>	Executive Director of People and Culture			
<b>Report Author (Title):</b>	Head of People Assurance and Experience			

## Main Report

### Background and current situation:

#### Background

As part of the implementation of the Health Board's strategy, *Shaping Our Future Wellbeing 2025–2035*, a Portfolio governance structure has been established to support delivery of the Health Board's strategic objectives. The Shaping Our Future People and Culture Portfolio Board provides strategic oversight and coordination of programmes aligned to the objective of Putting People First, ensuring staff feel valued, supported and engaged, and that an inclusive and representative organisational culture is developed and sustained.

The Portfolio Board brings together the plans, programmes and projects that underpin delivery of the People and Culture agenda; this includes the People and Culture Plan refresh, in-year priorities, workforce sustainability, engagement and culture, and delivery of Strategic Equality Objectives. The Portfolio Board operates on a strategic, light-touch basis, focusing on alignment, benefits realisation and escalation of risks or barriers, rather than programme-level operational delivery. The Portfolio Board is chaired by the Chief Operating Officer, with Executive leadership provided by the Executive Director of People and Culture, and meets at least twice annually.

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

The Terms of Reference and detailed scope of the portfolio are attached for approval and provide clarity on governance arrangements, membership, responsibilities and reporting lines.

Key points to note include:

- The Terms of Reference establish a clear escalation and assurance route from programme delivery through the Portfolio Board to the Executive Leadership Team, strengthening alignment between programme delivery and corporate governance arrangements.
- The Portfolio Board has responsibility for oversight of portfolio risks, interdependencies and resource alignment across programmes, ensuring emerging delivery issues can be addressed or escalated promptly.
- The portfolio brings together core programmes including workforce sustainability, engagement and culture, delivery of Strategic Equality Objectives, and in-year People and Culture priorities, ensuring alignment with the national Workforce Strategy for Health and Social Care. The refresh of the People and Culture Plan has been paused while the Clinical Services Plan is developed but will commence early in 2026/27.

### Recommendation:

The Committee is requested to:

- a) APPROVE the Terms of Reference for the Shaping Our Future People and Culture Portfolio Board.

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

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

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

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

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

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

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

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

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

**Risk: Yes/No**

Yes - The Portfolio Board provides oversight and escalation mechanisms to ensure strategic workforce risks are identified, managed and escalated appropriately through established governance arrangements.

**Safety: Yes/No**

No - There are no direct staff or patient safety implications arising from approval of the governance arrangements outlined in this report.

**Financial: Yes/No**

No - Approval of the Terms of Reference does not introduce new financial commitments, as programme financial implications are managed within existing governance processes.

**Workforce: Yes/No**

Yes - The portfolio provides strategic oversight of programmes that directly support workforce wellbeing, sustainability, capability and inclusion.

**Legal: Yes/No**

No - There are no direct legal implications arising from approval of the governance arrangements proposed.

**Reputational: Yes/No**

Yes - Effective governance and delivery oversight within the People and Culture portfolio supports organisational reputation by strengthening workforce experience and delivery capability.

**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](#)

Yes - Programmes within the portfolio include widening access and equality objectives which contribute to reducing inequalities affecting socio-economically disadvantaged communities.

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

*No - Approval of governance arrangements does not in itself require an EHIA, as impact assessments are undertaken at programme or policy level where required.*

Decarbonisation: Yes/No

*No - The proposals relate solely to governance arrangements and do not negatively impact decarbonisation objectives.*

Welsh Language: Yes/No

*Yes - Delivery of the Strategic Equality Objectives within the portfolio includes actions supporting compliance with Welsh Language Standards and improving access to services in Welsh.*

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

Committee/Group/Exec	Date:
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P&CC	17.02.26
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**Cardiff and Vale University Health Board  
People and Culture Portfolio Board  
Terms of Reference**

**Version History**

Version	Date	Author/s	Summary of Changes
1	07.07.25	Rachel Pressley	

**Approvals**

This document requires the following approvals:

Name	Date	Version
Portfolio Board	26.01.25	1
Executive Steering Committee		
People and Culture Committee		
CAVUHB Board		

**1. Introduction**

With the refresh of its strategy, Shaping Our Future Wellbeing 2025-2035, the Health Board has commenced detailed planning. To oversee the development, implementation and delivery of plans that will support the delivery of our strategic objectives, the Portfolio Board has been convened.

The purpose of this document is to define the terms of reference for the People and Culture Portfolio Board clearly setting out the portfolio governance structure and roles and responsibilities of the Portfolio Board.

**2. Portfolio Overview**

**2.1. Portfolio Aim**

The People and Culture Portfolio brings together a suite of strategic programmes to deliver on the ambitions set out in the Cardiff and Vale University Health Board's People and Culture Plan. It aims to create a compassionate, inclusive, and sustainable workplace that enables every individual to thrive, while ensuring the Health Board is positioned to meet the workforce demands of the future.

The Portfolio Board will oversee the delivery of these programmes in alignment with *Shaping Our Future Wellbeing 2025–2035*, providing strategic leadership, coordination, and governance to ensure that benefits are realised and outcomes achieved.

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## 2.2. Strategic Outcomes

The Portfolio seeks to deliver the following strategic outcomes:

- **Improved staff wellbeing and experience** through a focus on compassionate leadership, psychological safety, and proactive attendance and wellbeing support.
- **Enhanced workforce capability and capacity**, underpinned by a robust approach to workforce planning, productivity, and development of leadership and management skills.
- **A more inclusive and equitable organisation**, delivering on our Strategic Equality Objectives and the commitments in the Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, and Welsh Language Standards.
- **A sustainable workforce**, reducing reliance on temporary staffing, widening access to NHS careers, and increasing the productivity and efficiency of key staff groups.
- **A values-driven culture**, informed by evidence from staff surveys and engagement programmes, where learning, continuous improvement and lived experience are embedded in how we work.

## 2.3 Portfolio planning principles

The following principles will guide planning and delivery across all programmes within the portfolio:

- **Strategic Alignment**  
All programmes will be aligned to the Health Board's *People and Culture Plan* and the overarching strategy *Shaping Our Future Wellbeing 2025–2035*.
- **Benefit Realisation**  
Programmes will be designed and monitored to deliver measurable outcomes and tangible benefits for staff, patients, and the organisation.
- **Integrated and Collaborative Delivery**  
Cross-functional working will be prioritised, and interdependencies across programmes and other portfolios will be actively managed.
- **Inclusion and Equity**  
Co-production with staff and stakeholders will be embedded, with a specific focus on ensuring representation and addressing structural inequities.
- **Data-Driven Decision Making**  
Workforce intelligence, staff experience data, and national/local benchmarking will inform planning, prioritisation and evaluation.
- **Agility and Responsiveness**  
The Portfolio will maintain the flexibility to adapt to external drivers, changing demands, and new opportunities as they arise.
- **Strong Governance and Accountability**  
A clear governance framework will ensure transparent decision-making, robust risk and issue management, and alignment with broader organisational and system-wide strategies.

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## 2.4. Portfolio structure

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The People and Culture Portfolio is structured to ensure effective strategic oversight, operational delivery, and assurance. It is governed through a tiered framework that aligns with the Health Board's wider planning and governance arrangements.

### Portfolio Governance Layers

- **Executive Steering Committee**  
Provides strategic oversight and acts as the ultimate escalation and decision-making forum for the People and Culture Portfolio. It receives assurance from the Portfolio Board on delivery, risks, and alignment with organisational priorities.
- **Portfolio Board (People and Culture Portfolio Board)**  
Provides strategic leadership, governance, and coordination across all constituent programmes. The Board ensures that the portfolio is delivering intended benefits and outcomes, in line with agreed principles, timelines, and budgets. It provides assurance to the Executive Steering Committee and makes recommendations on key decisions.
- **Programme Boards**  
Each strategic programme (e.g. Workforce Sustainability, Culture and Engagement, Strategic Equality, Leadership and Management, etc.) is overseen by \*(to be discussed – groups, boards, named leads ???). These ??? are responsible for operational planning, implementation, performance monitoring, and risk management at programme level. They escalate risks, issues and decisions to the Portfolio Board as appropriate.

### Constituent Programmes

The Portfolio currently includes the following core programmes of work:

- Refresh of the People and Culture Plan
- Back to Basics Priorities:
  - Wellbeing and attendance
  - Leadership and management capability
  - Workforce planning expertise
- Strategic Equality Objectives:
  - Gender pay gap
  - Welsh language
  - LGBTQ+ Action Plan
  - Anti-Racist Wales Action Plan
- Workforce Sustainability:
  - Reducing reliance on temporary workforce
  - Widening access
  - Medical and nursing productivity and action groups
- Culture and Engagement:
  - Staff survey
  - Cultural leadership programme
  - Other engagement initiatives

### Supporting Functions

The portfolio will be supported by enabling functions including:

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- **Workforce Information and Analytics** – for data and insight to inform decision-making
- **Communications and Engagement** – to support stakeholder involvement and visibility
- **Finance and Business Intelligence** – to support resource planning and budget monitoring
- **Programme Management Support** – to provide coordination, risk management, and reporting capability

### 3. Purpose of the portfolio board

The Board has been set up to oversee the development and delivery of strategic plans and any constituent programmes within the portfolio by:

- Ensuring the portfolio is delivering benefits in line with agreed outcome measures
- Ensuring the programmes are delivered in line with agreed portfolio principles
- Providing assurance to the Executive Steering Committee that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the portfolio, effectively manage risks and issues that arise and escalate major issues in a timely way to the Executive Steering Committee.
- Scrutinising the progress of the portfolio and providing the Executive Steering Committee with assurance that deliverables are produced on time and budget
- Providing oversight of any strategic plans
- Providing oversight of any programmes involved in development and delivery of the tactical (IMTP) or longer-term strategic plan/s.
- Reviewing and approving reports, papers and business cases where appropriate put forward by the programmes prior to them being submitted to relevant decision-making forums.

### 4. Duties and responsibilities

The Portfolio Board will carry out the following duties and responsibilities:

#### In relation to the overall portfolio

- Consider and agree the overall aim and scope of the portfolio, and each constituent programme. Ensuring it is consistent with wider system plans and political environment and act as an approving body for any changes to this scope.
- Steer, scrutinise, inform and approve relevant programme activities – in particular, provide leadership, coordination and strategic direction of the portfolio and its deliverables.
- Provide assurance that the portfolio has a clear and consistent strategic plan which is aligned to Shaping our Future Wellbeing Strategy and its objectives.
- Scrutinise programme documentation to ensure the direction of the portfolio remains within the scope set by the Board. Advise on stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders has been secured.
- Approve and monitor the ongoing progress of:

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1. The strategic plan/s (where relevant) for the portfolio which includes high level milestones and outcomes
2. The portfolio's respective programme governance, plans, including scope, objectives, key milestones and performance monitoring for key deliverables
3. The resource plan across the constituent plans and programmes
4. Ensure that an effective risk management system is in place and scrutinise the portfolio risk register
5. Ensure key dependencies have been identified and effective links established
6. Receive and scrutinise progress reports from the programme boards
7. Scrutinise and assure that programmes are properly resourced and that any programme expenditure against the budget allocated is appropriate and managed effectively
8. It will seek explanations and remedies for any deviation from the agreed scope or timelines and report any concerns to the Executive Steering Committee as and when necessary.

## 5. Composition

The Portfolio Board is appointed by the Senior Responsible Officer/s to ensure representation by key stakeholders involved in the portfolio development, as well as representation of the views of service users and staff.

### 5.1 Chair

The Board will be chaired by an Executive Sponsor, the Chief Operating Officer. In their absence, they will nominate a Deputy Chair from the membership to chair the meeting.

### 5.2 Members:

- Chair - Paul Bostock, Chief Operating Officer
- SRO – Executive Director of People and Culture
- Deputy Director of People and Culture
- Assistance Director of Culture, Wellbeing and OD
- Head of People Assurance and Experience

Other members to be agreed at first or subsequent meetings of the Portfolio

### 5.3 Roles and Responsibilities

Role of the Executive Chair:

- Charing Board Meetings: Leads portfolio board meetings to set agendas, review performance, and ensure strategic decisions are made, risks overseen and escalated as appropriate.
- Guiding Board Effectiveness: Ensures the board operates effectively, with the right mix of skills and governance practices.
- Serving as a Strategic Advisor: Acts as a sounding board/critical friend for SRO/s and senior leaders in the portfolio.

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- Providing Active Support: The executive chair may directly engage in problem-solving, or specific initiatives in portfolio programmes.

Role of the SRO: Accountable for the portfolio, supported by the Planning lead and programme managers/leads and core attendees

- Communicate the vision for the portfolio
- Ensure the portfolio achieves its outcomes and realises its benefits
- Maintain interface with the senior stakeholders
- Ensure high level dependencies are identified, and effective links are made through governance structures across portfolios
- Maintain alignment with the organisation's strategic direction
- Ensure effectiveness and performance of the programme organisation
- Review and resolve escalated matters, high level risks and issues

Core Portfolio Board attendees need an intimate knowledge of, and credibility in, the operational business of the portfolio as they will need to:

- Define the portfolio outcomes & benefits and the mechanism by which they can be measured
- Ensure the achievement of measured improvements
- Prepare their areas of the organisation and partnerships for change
- Ensure effective communication and engagement with all areas of the organisation and partnerships they represent

Role of the Programme Leads: Responsible for managing the setting-up of the programmes through the delivery of new capabilities and establishing effective governance.

- Day-to-day leadership of the programmes
- Plan and design the programmes and proactively monitor its overall progress
- Develop and implement the programme's governance framework
- Develop and maintain the overall programmes environment to support each individual project within it

## 6. Declaration of Interest

**6.1** All members and attendees of the Board must declare any relevant personal, non-personal, pecuniary or potential interests at the commencement of any meeting. The Chair of the Board will determine whether there is a conflict of interest such that the member and/or attendee will be required to not participate in a discussion or otherwise limit their involvement in the meeting.

**6.2** Any member at any time is entitled to ask the Chair whether an item of business should be discussed outside of a meeting in common for any reason.

**6.3** The Director of Corporate Governance can provide advice on reporting Declarations of Interests.

## 7. Meetings

**7.1** The Board will meet twice a year and more frequently if required. Agenda will be agreed by the Chair and agenda and papers to be circulated at least 7 working days

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before the meeting, unless by exception and agreed with Chair of meeting in advance.

**7.2** The quorum for meetings is at least 70% of all members, including either the Chair or the Deputy Chair. A duly convened meeting of the Board at which a quorum is present shall be competent to exercise all or any of the duties or powers vested in or exercisable by the Board.

**7.3** Any Independent Member who is not a member of the Board is entitled to attend Board meetings. At the invitation of the Board Chair, others may also attend the Board meetings.

**7.4** The Board Chair may ask any or all of those who normally attend, but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **8. Authority**

The Board is authorised:

**8.1** To seek any information it requires, or request attendance at a meeting, from an employee of the organisation or any other person in order to effectively discharge its duties;

**8.2** To obtain professional advice on any matter within its terms of reference. The UHB Procurement team will be consulted prior to procurement of external advice.

**8.3** To appoint sub-committees or Working Groups with such membership and terms of reference as the Board may determine, and delegate any of its responsibilities to such a sub-committee or working group.

## **9. Reporting responsibilities**

The Executive Chair and SRO/s shall:

**9.1** Report formally on a bi-annual basis, to the Executive Steering Committee. This includes verbal updates and, where relevant, submission of written reports by exception.

**9.2** Ensure appropriate escalation arrangements are in place to alert the Executive Steering Committee or other relevant Committees of any critical matters that may affect the programme progress, operation or reputation of the UHB.

**9.3** Bring to attention Executive Steering Committee any significant matters under consideration by the Board.

**9.4** Make the recommendations to the Executive Steering Committee it deems appropriate in any area concerning the portfolio where action or improvement is required.

## **10. Decisions and disputes**

**10.1** Decisions will normally be reached by consensus. In the event of a disagreement, a member vote will be taken. In the event of a tie, the Executive Chair will have the casting vote.

**10.2** In the event of further disagreement, decisions will be referred to the Executive Steering Committee.

## **11. Review**

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**11.1** These Terms of Reference will be reviewed once per year by the Board with reference to Executive Steering Committee.

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**Cardiff and Vale University Health Board  
People and Culture Portfolio Board  
Terms of Reference**

**Version History**

Version	Date	Author/s	Summary of Changes
1	07.07.25	Rachel Pressley	

**Approvals**

This document requires the following approvals:

Name	Date	Version
Portfolio Board	26.01.25	1
Executive Steering Committee		
People and Culture Committee		
CAVUHB Board		

**1. Introduction**

With the refresh of its strategy, Shaping Our Future Wellbeing 2025-2035, the Health Board has commenced detailed planning. To oversee the development, implementation and delivery of plans that will support the delivery of our strategic objectives, the Portfolio Board has been convened.

The purpose of this document is to define the terms of reference for the People and Culture Portfolio Board clearly setting out the portfolio governance structure and roles and responsibilities of the Portfolio Board.

**2. Portfolio Overview**

**2.1. Portfolio Aim**

The People and Culture Portfolio brings together a suite of strategic programmes to deliver on the ambitions set out in the Cardiff and Vale University Health Board's People and Culture Plan. It aims to create a compassionate, inclusive, and sustainable workplace that enables every individual to thrive, while ensuring the Health Board is positioned to meet the workforce demands of the future.

The Portfolio Board will oversee the delivery of these programmes in alignment with *Shaping Our Future Wellbeing 2025–2035*, providing strategic leadership, coordination, and governance to ensure that benefits are realised and outcomes achieved.

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## 2.2. Strategic Outcomes

The Portfolio seeks to deliver the following strategic outcomes:

- **Improved staff wellbeing and experience** through a focus on compassionate leadership, psychological safety, and proactive attendance and wellbeing support.
- **Enhanced workforce capability and capacity**, underpinned by a robust approach to workforce planning, productivity, and development of leadership and management skills.
- **A more inclusive and equitable organisation**, delivering on our Strategic Equality Objectives and the commitments in the Anti-Racist Wales Action Plan, LGBTQ+ Action Plan, and Welsh Language Standards.
- **A sustainable workforce**, reducing reliance on temporary staffing, widening access to NHS careers, and increasing the productivity and efficiency of key staff groups.
- **A values-driven culture**, informed by evidence from staff surveys and engagement programmes, where learning, continuous improvement and lived experience are embedded in how we work.

## 2.3 Portfolio planning principles

The following principles will guide planning and delivery across all programmes within the portfolio:

- **Strategic Alignment**  
All programmes will be aligned to the Health Board's *People and Culture Plan* and the overarching strategy *Shaping Our Future Wellbeing 2025–2035*.
- **Benefit Realisation**  
Programmes will be designed and monitored to deliver measurable outcomes and tangible benefits for staff, patients, and the organisation.
- **Integrated and Collaborative Delivery**  
Cross-functional working will be prioritised, and interdependencies across programmes and other portfolios will be actively managed.
- **Inclusion and Equity**  
Co-production with staff and stakeholders will be embedded, with a specific focus on ensuring representation and addressing structural inequities.
- **Data-Driven Decision Making**  
Workforce intelligence, staff experience data, and national/local benchmarking will inform planning, prioritisation and evaluation.
- **Agility and Responsiveness**  
The Portfolio will maintain the flexibility to adapt to external drivers, changing demands, and new opportunities as they arise.
- **Strong Governance and Accountability**  
A clear governance framework will ensure transparent decision-making, robust risk and issue management, and alignment with broader organisational and system-wide strategies.

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## 2.4. Portfolio structure

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The People and Culture Portfolio is structured to ensure effective strategic oversight, operational delivery, and assurance. It is governed through a tiered framework that aligns with the Health Board's wider planning and governance arrangements.

### Portfolio Governance Layers

- **Executive Steering Committee**  
Provides strategic oversight and acts as the ultimate escalation and decision-making forum for the People and Culture Portfolio. It receives assurance from the Portfolio Board on delivery, risks, and alignment with organisational priorities.
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Provides strategic leadership, governance, and coordination across all constituent programmes. The Board ensures that the portfolio is delivering intended benefits and outcomes, in line with agreed principles, timelines, and budgets. It provides assurance to the Executive Steering Committee and makes recommendations on key decisions.
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### Supporting Functions

The portfolio will be supported by enabling functions including:

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- **Workforce Information and Analytics** – for data and insight to inform decision-making
- **Communications and Engagement** – to support stakeholder involvement and visibility
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- **Programme Management Support** – to provide coordination, risk management, and reporting capability

### 3. Purpose of the portfolio board

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- Providing assurance to the Executive Steering Committee that the leadership, management and governance arrangements are robust and appropriately discharged to deliver the outcomes and benefits of the portfolio, effectively manage risks and issues that arise and escalate major issues in a timely way to the Executive Steering Committee.
- Scrutinising the progress of the portfolio and providing the Executive Steering Committee with assurance that deliverables are produced on time and budget
- Providing oversight of any strategic plans
- Providing oversight of any programmes involved in development and delivery of the tactical (IMTP) or longer-term strategic plan/s.
- Reviewing and approving reports, papers and business cases where appropriate put forward by the programmes prior to them being submitted to relevant decision-making forums.

### 4. Duties and responsibilities

The Portfolio Board will carry out the following duties and responsibilities:

#### In relation to the overall portfolio

- Consider and agree the overall aim and scope of the portfolio, and each constituent programme. Ensuring it is consistent with wider system plans and political environment and act as an approving body for any changes to this scope.
- Steer, scrutinise, inform and approve relevant programme activities – in particular, provide leadership, coordination and strategic direction of the portfolio and its deliverables.
- Provide assurance that the portfolio has a clear and consistent strategic plan which is aligned to Shaping our Future Wellbeing Strategy and its objectives.
- Scrutinise programme documentation to ensure the direction of the portfolio remains within the scope set by the Board. Advise on stakeholder management strategy and specific plans to ensure buy-in from key internal and external stakeholders has been secured.
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## 5. Composition

The Portfolio Board is appointed by the Senior Responsible Officer/s to ensure representation by key stakeholders involved in the portfolio development, as well as representation of the views of service users and staff.

### 5.1 Chair

The Board will be chaired by an Executive Sponsor, the Chief Operating Officer. In their absence, they will nominate a Deputy Chair from the membership to chair the meeting.

### 5.2 Members:

- Chair - Paul Bostock, Chief Operating Officer
- SRO – Executive Director of People and Culture
- Deputy Director of People and Culture
- Assistance Director of Culture, Wellbeing and OD
- Head of People Assurance and Experience

Other members to be agreed at first or subsequent meetings of the Portfolio

### 5.3 Roles and Responsibilities

Role of the Executive Chair:

- Chaired Board Meetings: Leads portfolio board meetings to set agendas, review performance, and ensure strategic decisions are made, risks overseen and escalated as appropriate.
- Guiding Board Effectiveness: Ensures the board operates effectively, with the right mix of skills and governance practices.
- Serving as a Strategic Advisor: Acts as a sounding board/critical friend for SRO/s and senior leaders in the portfolio.

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- Providing Active Support: The executive chair may directly engage in problem-solving, or specific initiatives in portfolio programmes.

Role of the SRO: Accountable for the portfolio, supported by the Planning lead and programme managers/leads and core attendees

- Communicate the vision for the portfolio
- Ensure the portfolio achieves its outcomes and realises its benefits
- Maintain interface with the senior stakeholders
- Ensure high level dependencies are identified, and effective links are made through governance structures across portfolios
- Maintain alignment with the organisation's strategic direction
- Ensure effectiveness and performance of the programme organisation
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- Ensure the achievement of measured improvements
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- Ensure effective communication and engagement with all areas of the organisation and partnerships they represent

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- Day-to-day leadership of the programmes
- Plan and design the programmes and proactively monitor its overall progress
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- Develop and maintain the overall programmes environment to support each individual project within it

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## **8. Authority**

The Board is authorised:

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**8.2** To obtain professional advice on any matter within its terms of reference. The UHB Procurement team will be consulted prior to procurement of external advice.

**8.3** To appoint sub-committees or Working Groups with such membership and terms of reference as the Board may determine, and delegate any of its responsibilities to such a sub-committee or working group.

## **9. Reporting responsibilities**

The Executive Chair and SRO/s shall:

**9.1** Report formally on a bi-annual basis, to the Executive Steering Committee. This includes verbal updates and, where relevant, submission of written reports by exception.

**9.2** Ensure appropriate escalation arrangements are in place to alert the Executive Steering Committee or other relevant Committees of any critical matters that may affect the programme progress, operation or reputation of the UHB.

**9.3** Bring to attention Executive Steering Committee any significant matters under consideration by the Board.

**9.4** Make the recommendations to the Executive Steering Committee it deems appropriate in any area concerning the portfolio where action or improvement is required.

## **10. Decisions and disputes**

**10.1** Decisions will normally be reached by consensus. In the event of a disagreement, a member vote will be taken. In the event of a tie, the Executive Chair will have the casting vote.

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## **11. Review**

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**11.1** These Terms of Reference will be reviewed once per year by the Board with reference to Executive Steering Committee.

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**People & Culture Portfolio Scope**



Putting People First:

- People will feel valued, developed, supported and engaged.
- We will have an inclusive culture, where the diversity of the HB's people will be representative of the HB's local population.

Workforce Strategy for Health and Social Care





**People and Culture Plan**

Plan  
Programme  
Project/workstreams

Programme	P&C plan refresh 2026-30	Back to Basic Priorities	Engagement & Culture	WF Sustainability	Strategic Equality Objectives
Project/workstreams		Wellbeing and availability	Cultural improvement processes	Reduce reliance on temp WF	EDI Pay Gaps
		Leadership and Management	Staff experience/avoidable employee harm	Organisational Redesign	LGBTQ+, ARAP etc
		WF Planning Expertise		Medical Workforce Action Group	Welsh Language
				Nurse Productivity Group	Equality, Equity & Experience Framework*
				Widening Access	

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\* Linked to Q&S portfolio

Report Title:	Armed Forces Staff -All Wales Reserve Forces Training and Mobilisation Policy			Agenda Item No:	3.4				
Meeting:	People & Culture Committee	Public		Meeting Date:	17/02/26				
		Private	X						
Status <b>(please only tick one)</b>	Assurance		Approval	X	Information/Noting				
Lead Executive Title:	Matt Phillips, Director of Corporate Governance								
Report Author Title:	Maisy Provan, Armed Forces Lead								
<b>Main Report</b>									
Background and Current Situation:									
<p>The 'All Wales Reserve Forces Training and Mobilisation Policy' has recently been updated through engagement with 160 Brigade (Army HQ for Wales) and key stakeholders. It has gone through NHS employers and is being presented to all health boards for approval.</p> <p>This brief is to give context as to what we currently offer our Armed Forces Staff in CAVUHB, the changes to the policy, collaboration opportunities between the health board and MoD and links to leadership and management.</p>									
Executive Director Opinion & Key Issues to bring to the attention of the <b>Committee</b>									
Approval of the updated- 'All Wales Reserve Forces Training and Mobilisation Policy'									
<b>Appendices</b> (please list any appendices that will accompany this report. Do <b>not</b> embed)									
Briefing Paper_Armed Forces Staff (word document)									
<b>Recommendations:</b>									
<ul style="list-style-type: none"> <li>a) . Approval of the updated policy</li> <li>b) . Understanding of some of the offers available for collaboration with the MoD</li> <li>c) .</li> </ul>									
<b>Link to Strategic Objectives of Shaping our Future Wellbeing:</b>									
Please place an "x" in the below boxes where relevant – <i>Click each item for further information.</i>									
1.	 Putting People First	X	2.	 Providing Outstanding Quality					
3.	 Delivering in the Right Places		4.	 Acting for the Future					
<b>Five Waves of Working (Sustainable Development Principles) considered:</b>									
Please place an "x" in the below boxes where relevant									
Prevention		Long Term		Integration		Collaboration	X	Involvement	X
<b>Quality Impact Assessment Completed?</b>									

Please place an "x" in the below boxes where relevant			
Yes (please include the complete QIA document)	x	No (please provide reasoning e.g. not required)	
Impact Assessment			
Please place an "x" in the below boxes where relevant			
Risk: No (delete as appropriate)			
Updated policy completed through NHS employers			
Safety: No			
Financial: No			
Policy has been updated nil financial change/implication			
Workforce: Yes			
Improved engagement from our reserve cohort, buy in and understanding of the policy from all levels. Policy consideration for reservists to have discussions with their line managers before volunteering for deployments for consideration to the service.			
Legal: No			
Reputational: Yes			
Not supporting our Armed Forces staff would have bad reputational impacts on the health board.			
Socio Economic: No			
Equality & Health: No			
The changes to the policy should not elicit a change in any previous EHIA.			
Decarbonisation: No			
Welsh Language: No			
Approval/Scrutiny Route (please list all other Committees/Groups this report has been to)			
Name of Committee/Group/Exec		Date:	

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## Briefing Paper: Armed Forces Covenant and Support to the Armed Forces Community

**Presenter:** Maisy Provan, Armed Forces Lead & Kelly McGuffie, Head of Leadership & Management

**Audience:** People and Culture Committee

**Purpose:** To present the updated All Wales Reserve Forces Mobilisation Policy and to highlight wider work underway within the Health Board to support Armed Forces staff and strengthen recruitment from the Armed Forces community.

### 1. The ‘Why’: Our Commitment under the Armed Forces Covenant

**Armed Forces Covenant (2011):** The Armed Forces Covenant is a promise from the nation that those who serve or have served in the Armed Forces, and their families, are treated fairly. It recognises that members of the Armed Forces community can face unique challenges as a result of their service and that public bodies have a responsibility to ensure they are not disadvantaged because of that service.

For NHS organisations, the Covenant provides both a moral and organisational imperative to recognise, value and actively support the Armed Forces community as patients, staff, and potential recruits.

**Armed Forces Act (2021):** The Armed Forces Act 2021 strengthened the Covenant by placing it on a statutory footing. This marked a significant shift from a voluntary commitment to a legal duty for certain public bodies, including NHS organisations.

**Armed Forces Covenant Duty (in force from 2022):** The Armed Forces Covenant Duty requires local authorities, NHS Trusts and other relevant public bodies across the UK to consciously consider the principles of the Covenant when exercising their functions in relation to:

- Healthcare
- Housing
- Education

In practice, this means the Health Board must ensure that:

Members of the Armed Forces community are not disadvantaged by virtue of their service

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- Special consideration is given where appropriate, particularly for those who have been injured or bereaved as a result of service

This duty provides the strategic and legal context for the updated All Wales Reserve Forces Mobilisation Policy and underpins our broader work to support Armed Forces staff and improve recruitment and retention within the Health Board.

## 2. The ‘Who’: The Armed Forces Community

The Armed Forces Covenant applies to a broad and diverse community, not solely to serving military personnel. For the purposes of Health Board policy, workforce planning and service delivery, the Armed Forces community includes:

- **Regular serving personnel** – individuals currently serving full-time in the Royal Navy, Army or Royal Air Force
- **Reservists** – individuals who balance civilian employment with a commitment to serve as part of the UK Reserve Forces
- **Veterans** – those who have previously served in the Armed Forces, regardless of length of service
- **Spouses and partners** – recognising the impact of service life on families
- **Carers** – those providing unpaid care to members of the Armed Forces community
- **Dependants under the age of 18** – children and young people within Armed Forces families

Understanding the breadth of this community is essential to ensuring that our policies, workforce practices and recruitment approaches are inclusive, lawful and aligned with our Covenant responsibilities.

## 3. Why This Matters to Us as an Employer

**Workforce pressures, values and opportunity:** As a Health Board, we are operating in a highly competitive labour market with ongoing workforce pressures across clinical and non-clinical roles. The Armed Forces community represents a skilled, values-driven and often under-utilised talent pool, bringing with it experience in leadership, teamwork, resilience, adaptability and working in high-pressure environments.

Our responsibilities under the Armed Forces Covenant Duty are therefore not only about compliance, but about aligning our workforce strategy with our organisational values, our commitment to fairness, and our need to attract and retain high-quality staff.

By consciously considering the needs of the Armed Forces community, we can:

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- Reduce disadvantage for existing staff who serve as Reservists or who are veterans
- Improve retention by creating a supportive and understanding workplace culture
- Strengthen recruitment by positioning the Health Board as an employer of choice for the Armed Forces community
- Demonstrate visible leadership and assurance against our statutory Covenant obligations

**Current Health Board activity:** The Health Board already has a strong foundation of activity in place which demonstrates this commitment in practice:

- **Employer Recognition Scheme (ERS) – Gold Award holder**  
Recognition of our sustained commitment to supporting defence personnel, veterans and their families, and our advocacy of the Armed Forces Covenant across the organisation.
- **Armed Forces Staff Network**  
A dedicated staff network providing peer support, visibility, and a mechanism to inform policy, culture and workforce initiatives from lived experience.
- **All Wales Reserve Forces Mobilisation Policy**  
Providing a clear, fair and consistent framework to support Reservists and their managers before, during and after mobilisation, ensuring both staff wellbeing and service continuity.
- **Targeted recruitment initiatives**  
Active engagement with national and regional Armed Forces employment pathways, including:
  - **Step into Health**, supporting service leavers, veterans and their families into NHS careers
  - **Forces Families Jobs**, promoting flexible and portable employment opportunities for spouses and partners
  - **Attendance at the Career Transition Partnership (CTP) Jobs Fair**, raising the Health Board's profile as a Forces-friendly employer
- **Armed Forces Champions**  
There are a number of trained staff who provide signposting for eligible Armed Forces personnel to ensure they can be supported by external agencies.
  - Alongside support from an assigned welfare officer employed through DMWS (Defence Medical Welfare Service). We are fortunate to have Mike Davies, a welfare officer, embedded within CAVUHB to support both Armed Forces patients and staff.

Collectively, these actions support delivery of the Covenant Duty, reinforce our organisational values, and contribute to a more resilient, inclusive and sustainable workforce.

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## 4. CAVUHB Defence Engagement and Recruitment Opportunities.

There is a rich landscape for recruitment of Workforce from the Defence community, which creates an opportunity for CAVUHB. The Defence community can provide a 'workforce multiplier' as personnel arrive with a suite of highly trained skills, traits and behaviours that can be immediately be employed in the organisation. In order to attract, recruit and retain this talent/skilled workforce, CAVUHB need to position themselves as a supportive and knowledgeable organisation that understands this group of people. There has been a defence recruitment information sheet created to share insights into the Defence community and what this workforce are likely to be attracted to when seeking employment. This has been shared with the recruitment team, in order to support their understanding and to improve our position as an attractive employer.

## 5. Updated All Wales Reserve Forces Mobilisation Policy

**Context for the update:** The All Wales Reserve Forces Mobilisation Policy was last updated in 2020. Since that time, the nature of military deployments and the operational demands placed on Reservists have continued to evolve. This refresh ensures the policy remains appropriate, proportionate and aligned with both the current defence context and the Health Board's workforce realities.

In particular, Reservists – and medical Reservists in particular – are now more likely to be called upon for **shorter, more frequent deployments**, reflecting the changing nature of conflict and the increasing reliance on specialist skills from the Reserve Forces.

**Key changes within the updated policy:** The updated policy clarifies and strengthens the following areas:

- **Recognition of shorter and more frequent deployments**  
The policy explicitly acknowledges that mobilisation is no longer limited to extended deployments. This supports more consistent and flexible workforce planning while ensuring Reservists continue to be treated fairly and supported appropriately.
- **Early discussion and service capacity planning**  
Reservists are required to discuss any *potential* deployments they wish to volunteer for in advance with their line manager. This enables:
  - Early consideration of service impact and capacity
  - Transparent and supportive conversations between managers and staff
  - A balanced approach that supports both Reservist commitments and patient care

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- **Clarity on pension arrangements**

The updated policy provides clearer guidance on pension considerations during mobilisation. This addresses a previously identified gap, highlighted through a Reservist case within the Health Board, and provides reassurance and consistency for both staff and managers.

**Why this matters:** The refreshed policy supports:

- Compliance with the Armed Forces Covenant Duty
- Fair and consistent treatment of Reservists across the organisation
- Improved assurance for managers when responding to mobilisation requests
- A positive message to current and prospective Reservist staff that the Health Board understands and supports modern Reservist service

The policy therefore plays a critical role in balancing our obligations as a Forces-friendly employer with the need to maintain safe, effective and sustainable services.

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# All Wales Reserve Forces Training and Mobilisation Policy

**Fforwm Partneriaeth Cymru**  
**Welsh Partnership Forum**

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Gweithio mewn Partneriaeth

NHS Wales  
Working in Partnership



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**Approved**  
**Welsh Partnership Forum November 2025**

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# 1. General Introduction

- 1.1 NHS Wales supports employees who are members of or wish to join the Volunteer Reserve Forces. These consist of the Royal Naval Reserve (RNR), the Royal Marines Reserve (RMR), the Army Reserve, the Reserve Air Forces (RAFR and RAuxAF), and cadet forces. This policy will also apply to Regular Reservists, who are ex-regulars who may retain a liability to be mobilised. A member of staff should be provided with a copy of this policy as soon as the NHS organisation is aware that the individual is a reservist.
- 1.2 Employees who wish to take advantage of the provisions contained within this policy must inform their employer that they are a Reservist by contacting the individual identified at Appendix 1 for their *NHS Organisation*. The designated contact for each *NHS Organisation* will keep a register of all employees who are members of the volunteer forces and will ensure that the individual's line manager is aware of their membership of the Volunteer Reserve Forces.
- 1.3 This policy will also apply to High Readiness Reserves (HRR) and Civil Contingency Reaction Forces (CCRF), both of whom must inform their employer of their status given the relatively short notice of deployment. High Readiness Reserves will also require written consent from their employer if they work more than two days per week before they are able to hold this status.
- 1.4 The training undertaken by Reservists enables them to develop skills and abilities that can be of benefit to them as employees, and to the employer in terms of service delivery. Members of staff should be encouraged to share these with colleagues.
- 1.5 A greater understanding of the training and skills development carried out in the Reserve Forces will assist managers in conducting PADRs.

# 2. The Legal Framework

- 2.1 In most instances an employer's relationship with a Reservist member of staff should be like that of any other employee. However, there are areas where a Reservist's status may affect the operations of the organisation. Legislation exists to define the rights and liabilities that apply to both parties.
- 2.2 There are two main pieces of legislation relating to employers and the Volunteer Reserve Forces:
  - Defence Reform Act 2014 (DRA 14)
  - The Reserve Forces Act 1996 (RFA 96) which provides the powers under which Reservists can be mobilised for full-time service.
  - The Reserve Forces (Safeguard of Employment) Act 1985 (SOE 85) which provides protection of employment for those liable to be mobilised and reinstatement for those returning from mobilised service.

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### 3. Practical Support for Training

- 3.1 NHS Wales will support an employee to become a reservist and provide access to annual or unpaid leave to support attendance at any training required in advance of an employee becoming a Reservist.
- 3.2 Paid leave of up to 10 days per year will be made available to Reservists to attend annual camp or equivalent continuous training. Any additional leave required should be taken as annual or unpaid leave.
- 3.3 Line managers will as far as possible facilitate work rosters to allow attendance for annual camp and other training commitments, e.g. weekly or weekend training sessions.
- 3.4 Reservist employees should give as much notice as possible to allow appropriate planning for absences. Permission will be granted where the notice exceeds one month and should normally be granted in other circumstances. Permission once given will not be rescinded except in exceptional and extreme circumstances.
- 3.5 Any disputes should be referred to the designated contact (see appendix 1) in the first instance. Employees who remain dissatisfied may thereafter use the grievance procedure.

### 4. Mobilisation

- 4.1 Mobilisation is the process of calling reservists into full-time service. (i) With the Regular Forces on the military operations (ii) To fulfil their part of the UK's defence strategy. The Reserve Forces Act 1996 and the Defence Reform Act 2014 provide the legal basis for mobilisation. Subject to the severity of the crisis there would normally be a minimum of 30 days' notice. Mobilisation will normally be for between 3 and 12 months but on occasion could be as short as 2 weeks.
- 4.2 An employee who wishes to volunteer for mobilisation **must seek prior agreement of their employer through their line manager out of courtesy.** Any such request will be considered within 5 working days.
- 4.3 Where there are multiple requests in a single department/unit these will be referred to the appropriate Senior Manager.
- 4.4 Where there is compulsory mobilisation of any employee the employer (following a similar process to 4.2 above) will decide whether to seek exemption or deferral. The grounds of exemption are strictly limited and would have to show serious harm to the employer's ability to provide services. The employer would only seek exemption in very exceptional circumstances.
- 4.5 Additional information regarding exemption and deferral from mobilisation is contained in Appendix 2.

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## 5. Financial Assistance for Employers

5.1 Where an employee's mobilisation results in additional costs the employer may seek compensation from the Ministry of Defence (MoD), e.g.:

- Overtime costs if another employee is used to cover the work of the Reservist.
- Any costs of hiring a temporary replacement that exceeds the Reservist's earnings.
- Advertising for replacement or agency costs.
- Training costs for any training the employee needs as a result of having been mobilised (the MoD will not pay for training that we would have carried out anyway) when they return to work to carry out their duties properly.

5.2 While the Reservist is mobilised, the employer is not obliged to pay their salary or contractual benefits. However, staff will receive their full salary from the employer during the first month of their mobilisation or until they receive their first months pay from the MoD. The excess salary paid after the date of mobilisation will be recoverable when the individual returns to work. The designated contact for the *NHS Organisation* should ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop.

5.3 In order to claim financial assistance the employer will provide the Ministry of Defence with appropriate supporting documentary evidence e.g. invoices.

5.4 The latest date for submitting claims for financial assistance, other than for training, is within four weeks of the date the Reservist is demobilised.

## 6. NHS Pension whilst on Active Service

6.1 A reservist who is called out is entitled to remain a member of the NHS Pension Scheme. The Ministry of Defence (MoD) will pay the employer's pension contributions whilst the individual is mobilised provided they continue to pay their individual contributions. Where mobilisation occurs, the employee will be given special unpaid leave of absence. The employee's pension contributions would be calculated and held over until the employee returns. These would then be recovered monthly from salary and over the same period as the employee was absent. The employer will continue, on request of the employee, to pay employer's contributions to the NHS Pension Scheme for the period of mobilisation and invoice the MoD to recover this amount.

See section 12:

([http://www.nhsbsa.nhs.uk/Documents/Pensions/Call\\_up\\_of\\_Reservists\\_factsheet\\_V2\\_07.13.pdf](http://www.nhsbsa.nhs.uk/Documents/Pensions/Call_up_of_Reservists_factsheet_V2_07.13.pdf))

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## 7. Annual Leave whilst Mobilised

- 7.1 Reservists have no entitlement to accrue annual leave whilst mobilised and on unpaid leave.
- 7.2 Reservists will have a period of 'post tour' leave which they **accrue at the rate of one day for every nine calendar days deployed** (JSP 753 Directive – Regulations for the Mobilisation of UK Reserve Forces) from the MoD. This leave must be taken before the individual is demobilised.

## 8. Carry Over of Annual Leave

- 8.1 Reservists should be encouraged to take any holiday accrued before mobilisation. However, any annual leave not taken will be carried forward.

## 9. Pay Progression

- 9.1 Where an employee is absent from work following mobilisation, the service will be considered continuous and an employee will not be penalised if it coincides with their pay step.
- 9.2 Line managers who carry out PADRs and / or appraisal meetings with a reservist should be made aware that the Volunteer Reserve Forces activities undertaken by an individual (either through training or mobilisation) bring essential skills into the workplace such as leadership, communication, team working and organisational ability, which ultimately lead to improved performance in the workplace. It is therefore good practice that we recognise these skills and abilities in an individual's PADR or appraisal meeting and acknowledge that the activities can be regarded as evidence of achievement or in some circumstances contribute towards an individual being in a position to evidence application of knowledge and skills. These principles will also apply to reservists not employed on Agenda for Change Terms and Conditions, being mindful of professional requests, such as revalidation.

## 10. Support on Return to Work (Demobilisation)

- 10.1 Demobilisation may be a difficult time, with a Volunteer Reservist returning to work after a challenging period in deployment. Helping to ensure a smooth re-integration into the workplace/team will require consideration of:
- The need to update them on changes and developments in the organisation.
  - The need to offer specific refresher training where it is sought/considered necessary.
  - Where the job duties have changed since mobilisation, a period of skills training may be required to assist them with new aspects of the job.

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- Whether the Reservist can meet up with colleagues informally or socially (if appropriate) before or after return to work to prevent any feeling of dislocation, if this is sought.
- Reasonable time off to seek therapeutic treatment.

10.2 When an employer is advised by a Reservist that they want to return to work, the employer is obliged to employ them in their old job as stated in the Reserve Forces (Safeguard of Employment) Act 1985. Where this is not possible, they must be offered an equivalent position with the same terms and conditions of service in accordance with the Organisational Change Policy. The right to return to work lasts for six months after demobilisation.

10.3 To enable the employer to plan for their return to work after their military service has ended, Reservists must advise the designated organisational contact verbally and/or in writing, copied to their line manager, the date they will be available to start work. This communication should be made no later than three weeks after the completion of military service.

10.4 The employer must be advised as soon as possible if, due to illness or some other reasonable cause, the employee is unable to start work on the agreed date.

## 11. Review

11.1 This policy will be monitored and reviewed every two years or sooner in light of any legislative changes and in line with NHS changes.

## 12. Useful Sources of Help

### **Reserve Forces and Cadet Association for Wales**

Telephone: 02920 375746

[www.wales-rcfa.org](http://www.wales-rcfa.org)

### **NHS Wales Pensions Agency**

Address: NHS Pensions Agency

PO Box 2269

Bolton

BL6 9JS

Telephone: 0300 3301 346

[www.nhsbsa.nhs.uk](http://www.nhsbsa.nhs.uk)

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## Appendix 1 – Designated NHS Organisation Contacts

Each NHS organisation has a responsibility to identify their designated contact, however, for the purposes of this policy the responsibility will be that of each NHS organisation's Director of Workforce and Organisational Development.

It will be the role of the designated NHS Organisation contact to ensure that: -

- they are fully aware of the provisions of this policy and are therefore able to advise employees of the support available to them;
- they maintain an up to date database of all Reservists working in their organisational area;
- they are available to work with both their employee and the employee's line manager to ensure the provisions of the policy are available;
- mechanisms in place to ensure that the pay department is notified that the employee is being mobilised and the date when their pay should stop;
- mechanisms in place to ensure that they maintain contact with the employee to ensure they are kept informed about their area. This may be through the provision of a staff newsletter, update e-mails, briefing notes etc;
- they act as first contact in any disputes.

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## Appendix 2 – Exemption and Deferral from Mobilisation

- 1.1 The employer has the right to ask for exemption from, or deferral of, mobilisation if it is considered that the organisation will suffer serious harm because of the Reservist's absence.
- 1.2 The definition of definition of 'serious harm', varies from case to case, but the broad guidelines laid out in CORFA 05 specifically mention;
- Serious loss of sales, markets, reputation, goodwill or other financial harm.
  - Serious impairment of the ability to produce goods or provide services.
  - Demonstrable harm to research and development of new products, services or processes, provided that the harm could not be prevented by the employer receiving financial assistance under CORFA 05.
- 1.3 To be considered for exemption or deferral, the Reservist, or the employer, must make an application, within seven days of the Reservist being served with a mobilisation notice, to the Service Adjudication Officer (SAO) for the Service in which the Reservist will serve. Late applications can only be made with the permission of the SAO appointed by the MoD. A serving officer or MoD official normally holds this post.

**Address:** Army Adjudication Officer  
Army Personnel Centre  
PO Box 26703  
GLASGOW G2 8YN

**Tel:** 0800 389 6585  
**Fax:** 0141 224 2689

**Email:** [apc-cmops-mob-so2@mod.uk](mailto:apc-cmops-mob-so2@mod.uk)

**Address:** Royal Navy and Royal Marines Adjudication Officer  
West Battery (MPG-2)  
Whale Island  
PORTSMOUTH PO2 8BX

**Tel:** 02392 628858  
**Fax:** 02392 628660  
**Email:** [NAVYLEGAL-RESERVESADJSO2@MOD.UK](mailto:NAVYLEGAL-RESERVESADJSO2@MOD.UK)

**Address:** Royal Air Force Adjudication Officer  
Royal Air Force Adjudication Service  
c/o Imjin Barracks  
GLOUCESTER GL3 1HW

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**Tel:** 01452 712612 ext 6107  
**Fax:** 01452 510939  
**Email:** [aira1-adjmlbx@mod.gov.uk](mailto:aira1-adjmlbx@mod.gov.uk)

1.4 The following information must be provided when applying for exemption or deferral;

- Personal details including full name, address, payroll and national insurance number.
- Details of the job or role they perform within the Board.
- The effect that their absence would have on the Board and/or departmental business and/or service delivery.
- Justification for exemption in terms of the serious harm to the Board and department.

1.5 Once received, the application will be examined by the SAO who will decide if the case for exemption or deferral is acceptable. In making this decision, the SAO will seek to balance the needs of the Board and employing department against the operational needs of the Armed Forces for which the Reservist has been mobilised.

1.6 An appeal can be made to the Reserve Forces Appeal Tribunal if the Board is unhappy with the decision of the SAO. The SAO will provide information on making an appeal.

1.7 Reserve Forces Appeal Tribunals are independent of the MoD, with appointments made by the Secretary of State for Constitutional Affairs and Lord Chancellor. Each tribunal consists of a legally qualified chairperson and two lay-members drawn from a list held by the Employment Tribunals Service.

1.8 Appeals must be lodged with the office of the Secretary to the Tribunal no more than five working days after the SAO's decision is received. Appeals can be faxed or posted first class.

**Address:** Reserve Forces Appeal Tribunal  
Tribunals Service  
Alexandra House  
14 – 22 The Parsonage  
Manchester  
M3 2JA

**Email:** [rfat@tribunals.gsi.gov.uk](mailto:rfat@tribunals.gsi.gov.uk)

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- 1.9 The employer will be advised of the date, time and place of the hearing of the appeal. Where considered necessary, employers may be asked to provide the Tribunal with additional information in support of their case. Appeals are normally heard within 28 days of receipt of the appeal, during which time the Reservist will not be deployed outside the United Kingdom.

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