

Public People & Culture Committee Meeting

Tue 08 July 2025, 09:00 - 11:05

Virtual - MS Teams

Agenda

09:00 - 09:10
10 min

1. Standing Items

1.1. Welcome & Introductions

Sara Moseley

1.2. Apologies for Absence

Sara Moseley

1.3. Declarations of Interest

Sara Moseley

1.4. Minutes from the previous meeting - 06th May 2025

Sara Moseley

 1.4 - P&C Mins 06.05.25.pdf (9 pages)

1.5. Action Log following the previous meeting - 06th May 2025

Sara Moseley

 1.5 - Action log - following 06.05.2025.pdf (2 pages)

1.6. Committee Chairs Actions

Sara Moseley

09:10 - 10:50
100 min


2. Items for Review & Assurance

2.1. Staff Story

Rachel Gidman


2.2. Board Assurance Framework - Workforce

Jonathan Pritchard

 2.2 - BAF - Workforce - July 2025.pdf (6 pages)

2.3. Speaking Up Safely

Matt Phillips

 2.3 - People and Culture_SUS Report.pdf (3 pages)

 2.3a - People and Culture_SUS Report_App 1.pdf (6 pages)

2.4. Psychological Safety

Regan Nikki
02/07/2025 10:16:06

Claire Whiles

- 2.4 - Psychological Safety.pdf (7 pages)

2.5. Annual Health & Safety Report

Robert Warren

- 2.5 - H&S Annual Report Covering Paper 2024-25.pdf (2 pages)
- 2.5a - Health, Safety & Fire Annual Report 2024-2025.pdf (22 pages)

2.6. Health & Safety Update / Regulatory Tracker

Robert Warren

- 2.6 - Regulatory Review and Tracking Report.pdf (3 pages)
- 2.6a - Regulatory Tracker June 2025.pdf (3 pages)

2.7. Key Workforce Performance Indicators

Lianne Morse

- 2.7 - KPI Paper May-25 Data.pdf (6 pages)
- 2.7a - New IPR - Workforce Section May-25.pdf (4 pages)

2.8. Clinical Board Spotlight - Surgery

Jessica Ayerty / Clare Wade / Lynne Topham

- 2.8 - Surgery Clinical Board P&C Slides.pdf (19 pages)

10:50 - 11:00
10 min

3. Items for Approval

3.1. Social Partnership Duty Annual Report

Rachel Pressley

- 3.1 - CAV UHB Social Partnership Duty Annual Report 2024-25.pdf (5 pages)

3.2. Health & Safety Policies

Robert Warren

11:00 - 11:05
5 min

4. Items for Information & Noting

4.1. Digital Communications & Analytics

Joanne Brandon

- 4.1 - Covering Report July 2025- Digital Communications People and Culture.pdf (3 pages)
- 4.1a - P&C Communications Presentation - June 2025 (1).pdf (12 pages)

11:05 - 11:05
0 min

5. Any Other Business

Sara Moseley

11:05 - 11:05
0 min

6. Private Agenda Items

6.1. Cultural Hotspots

6.2. SWFRS Prosecution

Resan Miki
06/10/2025 10:46:06

6.3. Supreme Court Ruling - Definition of Sex

11:05 - 11:05 7. Review & Final Closure 0 min

7.1. Items to be deferred to Board

7.2. To note the date & time of the next meeting: Tuesday 23rd September 2025 at 9am via MS Teams

**Draft Minutes of the Public People and Culture Committee
Held On 06th May 2025
Via MS Teams**

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

Chair:		
Sara Moseley	SM	Independent Member for Third Sector/Committee Chair
Present:		
Mike Jones	MJ	Independent Member for Trade Union
Susan Lloyd-Selby	SLS	Independent Member for Local Authority
Rhian Thomas	RT	Independent Member for Capital & Estates
In Attendance:		
Claire Beynon	CB	Executive Director of Public Health
Lianne Morse	LM	Deputy Director of People & Culture
David Thomas	DT	Director of Digital Health & Intelligence
Rachel Gidman	RG	Executive Director of People & Culture
Matt Phillips	MP	Director of Corporate Governance
Paul Bostock	PB	Chief Operating Officer
Mitchell Jones	MJ	Head of Equality & Inclusion
Claire Whiles	CW	Assistant Head of Organisational Development
Emma Cooke	EC	Executive Director of Therapies & Healthcare Sciences
Natasha Goswell	NG	Deputy Executive Nurse Director
Jason Roberts	JR	Executive Director of Nursing
Robert Warren	RW	Assistant Head of Health & Safety
Claire Whiles	CW	Assistant Director of Organisational Development, Wellbeing & Culture
David Fluck	DF	Executive Medical Director
Geraldine Johnston	GJ	Interim Director of Operations PCIC
Clare Evans	CE	Interim Director of Operations PCIC
Gareth Baker	GB	Head of People & Culture
Leanne Morris	LM	Head of People Services
Observer:		
Bevan Howells	BH	Graduate Management Trainee
Secretariat:		
Nikki Regan	NR	Corporate Governance Officer
Apologies:		
David Thomas	DT	Director of Digital & Health Intelligence
Joanne Brandon	JB	Director of Communications

Approved by Nikki
02/07/2025 10:46:06

Item No	Agenda Item	Action
P&C 06/05/001	Welcome & Introductions (click to view) The Committee Chair (CC) welcomed everyone to the meeting.	
P&C 06/05/002	Apologies for Absence (click to view) Apologies for absence were noted.	
P&C 06/05/003	Declarations of Interest (click to view) The CC declared an interest as a panel Chair of the Health & Care Professionals Tribunal Service from June 2024 would be an ongoing declaration.	
P&C 06/05/004	Minutes from meeting on 11th March 2025 (click to view) The minutes were agreed to be a true reflection of the meeting on 11 th March 2025. The Committee resolved that: a) The draft minutes of the meeting held on 11 th March 2025 were agreed to be a true and accurate record of the meeting.	
P&C 06/05/005	Action Log following 11th March 2025 Meeting (click to view) All actions were accepted. The Committee resolved that: a) The Action Log was discussed and noted.	
P&C 11/03/006	Chair's Actions (click to view) There were no Chair's Actions.	
Items for Review & Assurance		
P&C 11/03/007	Staff Story – People Safety The staff story was introduced by the EDPC, who presented Amie Roberts, a clinical scientist for medical physics. Amie shared her experience collaborating with the health & safety team, highlighting the integration of people safety into the clinical world. The story emphasized the impact on patients and the challenges faced by staff when informing patients about issues with scanning services. The IMLA noted the video focused on the impact on patients and talked about the difficulty for staff informing patients regarding issues. She raised a question about the support available to staff during difficult conversations with patients. The ADODCW explained that staff were fully prepared and explained the training and proactive support measures in place. The EDTHS added that therapy-led services and the waiting well service have trained staff in handling challenging conversations, which has been positively evaluated through patient feedback.	

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	<p>The CC concluded by acknowledging the responsiveness of the health and safety team and the importance of listening to staff concerns.</p> <p>The Committee resolved that:</p> <p>a) The Staff Story was received.</p>	
<p>P&C 11/03/008</p>	<p><u>Board Assurance Framework – Wellbeing</u></p> <p>The ADODWC presented the Board Assurance Framework on Wellbeing and highlighted the following points:</p> <ul style="list-style-type: none"> ● CAV UHB were operating under intense financial pressure ● Collaboration on Occupational Health with Cwm Taf Morgannwg University Health Board has led to better turnaround times for management referrals and pre-placement clearances. ● A new triage system and improved standard operating procedures were implemented. ● Review of the operating model to support both proactive and reactive needs. ● Preparing for the Safe, Effective, Quality Occupational Health Service (SEQOHS) assessment. ● Waiting times for counselling reduced from 77 days to approximately 20-30 days. ● Workshops tailored to address burnout and trauma, with a 90% clinical improvement rate for guided self-help. ● High demand for trauma interventions, leading to increased waiting times. ● Digitizing self-referral processes and developing a three-year strategic plan. ● Embedding wellbeing into leadership, management, and system design. ● Targeting hotspot areas and improving cultural and leadership programs. ● CAV need to maintain momentum, address waiting times for trauma-related services, and ensure a proactive and integrated approach to support colleagues. <p>The IMCE thanked the team for the summary and reflected on the employee well-being service during the meeting, highlighting her positive impression of the team's work and their impact. She mentioned that she had a briefing from the employee well-being service team a couple of months ago and was impressed by their efficiencies and the impact they were having. She also raised concerns about staff turnover and vacancies within the service, as well as the awareness and attendance of well-being workshops.</p> <p>The ADODWC confirmed the Employee Wellbeing Service was fully established and was looking at digitalising some of the service to help and the team planned to move to Woodland House.</p>	

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	<p>The IMTU asked about how the organization is managing to reach out to staff who work permanent nights and weekends, and whether they are being released to attend training / learning sessions.</p> <p>The ADODWC mentioned that the team had made themselves available outside of their normal working hours to address concerns in areas where there were issues. This was part of the discussion on how the employee well-being service reaches out to staff who work permanent nights or weekends.</p> <p>The IMLA asked about the planned improvements in occupational health, specifically regarding the attendance at sickness panels. She inquired about the capacity and time scales for achieving this improvement.</p> <p>The ADODWC confirmed this had commenced and there were a number of new starters within this service which had helped more proactive sessions in the work place.</p> <p>The EDPH expressed her delight in seeing the recent changes in occupational health, noting that her team from public health had noticed the difference. She suggested aligning the occupational health team with three major public health priorities: vaccination, reducing levels of obesity, and reducing levels of smoking. She highlighted the benefits of these priorities for staff, such as reducing staff sickness from flu and COVID through vaccination, addressing under-vaccination issues like the recent measles case, and promoting healthy meals and physical activity to tackle obesity. She emphasized the importance of helping staff quit smoking, which would benefit the premises as well.</p> <p>Action – ADODCW to work with the Public Health team on aligning some of those public health priorities. Action – ADODCW to provide timed action plan updates to this committee.</p> <p>The Committee resolved that:</p> <ol style="list-style-type: none"> a) The progress and ongoing challenges outlined were noted and; b) The assurance provided regarding actions underway was accepted and; c) The planned improvements to continue strengthening staff wellbeing and organisational resilience was supported. 	
<p>P&C 11/03/009</p>	<p><u>Managing Sickness & Availability</u></p> <p>The ADPC presented and highlighted:</p> <ul style="list-style-type: none"> • A multidisciplinary team had developed an improving well-being and attendance action plan, involving people services, occupational health, the well-being team, and organizational development and culture. • The sickness absence target was set at 5.5%, with the cumulative position for February 2025 at 6.32%. Each clinical board has individual targeted action plans to help reduce sickness. • The managing attendance at work training was relaunched, focusing on understanding the policy, effective and compassionate conversations, and making reasonable adjustments. Two sessions are run monthly, with additional sessions for hotspot areas. 	

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	<ul style="list-style-type: none"> • Digitalizing training, providing module-based refresher training, and developing myth-busting FAQs and top tips. • Ensuring accurate recording on the system, especially for medic sickness and return to work meetings. • Developing a well-being and culture framework to support managers on retention, cultural improvements, staff engagement, and leadership. • Monthly sickness panels, performance reviews, and audit procedures. • Each clinical board has monthly sickness panels, identifies hotspot areas for targeted intervention, and provides additional support where needed. • From December to the recent report, long-term sickness reduced from 615 to 450 employees, attributed to data cleansing, sickness panels, and supporting ill health retirement processes. • The long-term sickness rate in January was 4.28%, reduced to 3.70%. The overall sickness rate is on a trajectory to improve. • Emphasis on reducing the sickness rate below 5.5%, with some areas already at 4%. • The training has been more directive to ensure policy implementation, causing some frustration but necessary for improvement. • Efforts to maintain Ward sisters' supervisory status to improve their ability to manage sickness. • Conduct an audit of existing processes, including return to work meetings and the application of the policy. • Develop more detailed tracking by area to identify hotspot areas and overlap with patient safety and well-being. <p>The IMTU praised the fantastic work being done by the team, particularly highlighting the effectiveness of the sickness panels. He expressed interest in understanding how the long-term sickness figures were reduced by 165, asking for examples of how this was achieved.</p> <p>The ADPC explained that the reduction was due to a combination of data cleansing, targeted support through sickness panels, expediting ill health retirement processes, and supporting individuals to return to work or be temporarily redeployed.</p> <p>The IMLA asked about the medicine clinical board cumulative sickness rates and sought assurance regarding targeted additional intervention and support to address the issue. She noted that the cumulative sickness rates across three areas were over 8%, which is a significant concern.</p> <p>The ADPC noted that the Medicine Clinical Board has identified three areas with high sickness rates and is focusing on these areas in their sickness action plan. This includes ensuring monthly sickness panels are conducted, identifying key issues, and implementing new processes to ensure timely return-to-work meetings.</p> <p>The Committee resolved to:</p> <p>a) The content of the report was discussed and noted.</p>	
<p>P&C 11/03/013</p> <p><i>Regan, Nikki</i> <i>02/07/2025 10:46:06</i></p>	<p><u>Key Workforce Performance Indicators</u></p> <p>The DDPC presented the Key Workforce Performance Indicators and highlighted the following points:</p>	

	<ul style="list-style-type: none"> • The turnover rate continued to improve which attributed to multifaceted efforts influencing retention, including well-being, staff experience, engagement, and environment. • VBA position had deteriorated with a significant improvement last year due to clinical boards' focus through performance reviews. Executive colleagues will emphasize the importance of meaningful appraisals going forward. • Sickness absence had improved significantly for March 2025, with a peak in winter months and expected improvement as we move into summer. The cumulative rate is also improving. • Agency staff had saw a reduction in spend which attributed to enhanced scrutiny and significant reduction in nursing and medical agency use. • The exit questionnaire data currently shows November, but the team is analysing the quarter 4 position, which will be available next month. Team of 8 will transfer across to the medical resourcing team • The staff bank currently run by Medax Healthcare is transferring into the health board on June 2nd, with a team of eight joining the medical resourcing team and the wider people and culture team. <p>The IMCE expressed curiosity about the increase in the number of employee relations cases and the fact that disciplinary cases remain above the target. Rhian asked for clarification on what was driving these increases.</p> <p>The DDPC noted that the employee relations cases had increased and emphasized that there were no cases on there that shouldn't be on there. She mentioned that they are following the just culture principles, ensuring that only cases of misconduct that are serious progress.</p> <p>The HPS mentioned that all the current disciplinary cases are necessary and that they are doing what they can to reduce the time taken to go through those processes. This was stated in the context of discussing the increase in the number of employee relations cases.</p> <p>The EDPC mentioned the transfer of Medacs Healthcare to the health board, highlighting the positive impact on productivity and financial efficiencies</p> <p>The COO noted that the number of employee relation cases was significantly low given the size of the workforce. He mentioned that with 18,000 staff, having only 25 people going through a process was insufficient. He expected this number to increase significantly over the next 12 months as the UHB starts to manage poor behaviour more effectively. He emphasized that there was a tolerance and unwillingness to tackle poor behaviour, and he anticipated a rise in cases as the UHB begins to manage against core values more rigorously.</p> <p>The DDPC noted that the reason for setting a target for employee relations cases was due to previously seeing around 70-80 cases progressing informally. Upon review, it was found that many of these cases should not have been progressing to a formal stage. Therefore, the target was established to ensure only serious misconduct cases advance through the process.</p> <p>The EDPC highlighted the focus on leadership and management development, including the launch of internal training programs for general managers and ward sisters. This aims to enhance leadership capabilities and ensure effective management practices across the health board.</p> <p>The Committee resolved to:</p> <p>a) The Key Workforce Performance Indicators were discussed and noted.</p>	
<p>P&C 11/03/015</p>	<p><u>Health & Safety Update</u></p>	

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	<p>The ADHS presented the Health & Safety Update & highlighted the following points:</p> <ul style="list-style-type: none"> • Total RIDDOR incidents for the last financial year: 78, an improvement from previous years but slightly disappointing due to a spike in January, February, and March. • Over 70 injury incidents: 70 out of 78, which is 88% of RIDDOR incidents, significantly higher than the UK average of 70%. • General positive increases across various training metrics compared to previous years. • Fire safety training has dipped slightly, but efforts are ongoing to improve this through new training methods. • South Wales Fire and Rescue service now only responds to confirmed fires, with exemptions granted for seven sites including Barry, CRI, Cardiff Edge, Saint David's, Maelfa, Rookwood, and Saint Mary's pharmacy unit. • Significant changes in procedures for sites like UHW and UHL due to the new response policy. • Total fire incidents for the last financial year: 8, with the last incident involving smoke from a vehicle's internal electrics. • Three fire incidents reported in the current year, including smouldering Fibre Board, an overheated fan, and a melted sandwich maker due to improper placement. • Historical data shows a decrease in fire incidents over the years, with a notable reduction during the COVID period. <p>The IMLA raised the issue of the plus-sized patient pathway, noting that it has come before the committee several times and still lacks a solution. She sought assurance around time scales for addressing this issue.</p> <p>The END noted that discussions took place with the operational teams regarding plus-sized patient pathways, mentioning that there is a debate about who should lead on this, whether it should be nursing or another department. He has discussed with the operational teams and is in the process of agreeing on a small group to lead on this issue.</p> <p>Action – committee should be updated on who is taking the lead for plus sized patients (COO).</p> <p>The EDPC highlighted the need for a big push on mandatory and statutory requirements, emphasizing the importance of improving fire safety statistics. She mentioned that the current compliance levels were not satisfactory and that efforts were being made to find creative ways to train staff effectively. She added that she and the COO were working together to cascade this information into the clinical boards to ensure that the training was prioritized, and compliance levels are improved. Additionally, she mentioned collaboration with the EMD's team to cleanse the data related to medical staff and ensure that the right modules are allocated to the appropriate professions.</p> <p>The Committee resolved that:</p> <p>a) The Health & Safety Update was discussed and noted.</p>	
<p>P&C 14/03/016</p> <p>02/07/2025 10:46:06 NIKKI</p>	<p>Clinical Board Spotlight – PCIC</p> <p>The Primary, Community & Intermediate Care team introduced themselves and they presented & highlighted the following:</p>	

- PCIC is responsible for commissioning primary care services (GPs, dental, community pharmacies, optometrists) and providing community and intermediate care services (district nurses, community resource teams, safer home, specialist teams like HMP Cardiff, sexual health, health protection).
- Serves a population of over 540,000 across Cardiff and the Vale.
- Development of an enhanced model of care program aligned with the primary care model for Wales and the six goals program.
- Integration of community care systems to deliver seamless care from routine access to crisis response.
- **Workforce:**
- PCIC have 947 whole-time equivalents, with a headcount of over 1200 staff.
- Band 5 and 6 with the largest workforce bands, majority female, with many working less than full-time.
- 25% of workforce were aged 55 and above.
- Primary Care Contractors included 55 GP practices, 102 community pharmacies, 59 optometrists, 61 dental providers.
- Contractors manage their own recruitment and retention.
- **Performance Indicators:**
- Sickness absence current position was just over 6%, but aimed to reduce to 5.75%.
- VBAs: Just under 76% but aiming for 85%.
- Statutory and mandatory training was just under 84%.
- Welsh language compliance had increased from 38% to 68%.
- Turnover had reduced from just under 13% to just over 10%.
- **Organisational Development and Cultural Hotspots:**
- Focus on building capacity and capability within senior management and operational leadership teams.
- Addressing issues in HMP, Cav 24/7, and DOSH.
- **Staff Survey Action Plan:**
- Themes: Employee engagement, negative experiences, burnout.
- Reviewing and refreshing the action plan due to low response rates.
- **Areas of Good Practice:**
- Standard induction plan for new staff.
- Compendium of primary care roles.
- Succession planning in general practice nurse training.
- Enhanced community care with multi-agency team within safe at home.
- **Priorities and Actions:**
- Scrutiny of temporary pay and workforce, effective rostering, vacancy scrutiny, organizational restructure, service reconfiguration.
- Focus on health and well-being of workforce, generational workforce challenges, sustainability of services.
- An away day planned in June for PCIC & Mental Health Clinical Board

The CC noted the highlighted points from the presentation and added that the PCIC Clinical Board is varied and dispersed, emphasizing the importance of local management and leadership. She acknowledged the investment in developing leadership capability and asked about how this development is drilling down into the dispersed local teams.

The DOPCIC mentioned that under the GMS contract, they do get some workforce status through a national workforce reporting tool that contractors are obliged to fill in quarterly.

Regan, Nikki
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	<p>The CC noted it was hard to gain assurance especially around the workforce data profile.</p> <p>The COO highlighted some long-standing issues with PCIC, particularly regarding leadership arrangements. He mentioned that the team faced challenges due to the absence of the previous Director of Nursing and the absence of Lisa, the Director of Operations, for understandable reasons. Despite these difficulties, the team managed to handle the additional workload effectively.</p> <p>The IMLA thanked the team for the report and expressed that it was incredibly interesting and very helpful. She noted the significant challenges and pressures but also found the report reassuring in terms of how the issues were identified and the plans in place to address them.</p> <p>Action – capture looking at succession planning through education & training into key areas within CAV UHB</p> <p>The Committee resolved to:</p> <p>a) The position and actions being progressed across the Clinical Board was noted.</p>	
P&C 11/03/017	<p><u>Policies - Employment Pension Contributions Alternative Payment Policy</u></p> <p>The DDPC provided an overview of the policy, explaining that it is a revised all Wales policy replacing the previous version. The policy allows colleagues to manage their pension growth linked to the annual allowance, with a robust eligibility criterion and a panel in place to consider applications. The committee was asked to adopt the revised policy.</p> <p>The Committee resolved that:</p> <p>a) The Employer Pension Contributions Alternative Payment Policy was formally adopted and;</p> <p>b) The previous Employer Pension Contributions Alternative Payment Policy was rescinded.</p>	
P&C 11/03/018	<p><u>Health Safety & Fire Risk Register</u></p> <p>The Committee Resolved that:</p> <p>a) The Health Safety & Fire Risk Register was noted.</p>	
P&C 11/03/019	<p><u>Annual Chairs Report</u></p> <p>The Committee Resolved that:</p> <p>a) The Annual Chairs Report was noted.</p>	
P&C 11/03/020	<p><u>Supreme Court Ruling – Definition of Sex</u></p> <p>The DCG noted that the document related to the ruling was currently in draft form. The executive team was scheduled to discuss it further on Thursday, and there was a routine to be followed thereafter. He emphasized that the document was not finalized yet and was still under review.</p> <p>The Committee resolved that:</p> <p>a) The Annual Equality Report was discussed and noted.</p>	
P&C 11/03/024	<p>Any Other Business</p> <p>The CC congratulated the P&C teams on their award.</p>	

02/03/2025 10:46:06

Public Action Log
Following People and Culture Committee Meeting
06th May 2025
(Updated for the Meeting 08th July 2025)

Minute Ref	Subject	Agreed Actions	Lead	Date	Status/Comments
Actions					
19/11/008	TRiM Proposal	To prepare and present the TRiM proposal to the P&C committee based on the outcome of the SLB meeting in January 2025.	Claire Whiles	11.03.2025	Complete – added to the forward plan for 08.07.2025
21/01/013	Staff Networks Review	Review the staff networks and provide an update on their state of health, range, and any gaps.	Claire Whiles	20.05.2025	Complete – added to the forward plan for 23.09.2025
21/01/020	Digital Communications & Analytics	Review the digital communications analytics paper and bring it back for further discussion at a future meeting.	Joanne Brandon	11.03.2025	Complete – added to the forward plan bi-monthly commencing 08.07.2025
11/03/009	Staff Survey Results	Add Staff Survey results to the forward plan when further analysis and proposed actions are available	Claire Whiles	11.03.2025	Complete – added to the forward plan for 08.07.2025
11/03/017	Staffing Data	Committee to be provided with an assessment of how productivity is measured with reference to the information presented by Welsh Government. Alongside this, continued data on staff numbers and cost.	Andrew Gough	11.03.2025	Complete – added to Forward plan 23.09.2025-
	Rapid Planning Event	Provide the Committee with an assessment of the people and culture aspects arising from the rapid planning event	Paul Bostock	11.03.2025	Complete – added to the forward plan – 23.09.2025
11/03/008	Occupational Health	Claire Whiles to work with the Public Health team on aligning some of the public health priorities with the Board Assurance Framework and to provide a timed action plan update to the committee	Claire Whiles	06.05.2025	Complete – added to the forward plan for 23.09.2025

11/03/015	Plus Sized Patients	The committee to be updated on who is taking the lead for plus sized patients	Paul Bostock	06.05.2025	Complete – Paul Bostock confirmed he is the lead
11/03/016	Succession Planning	To look at succession planning through education & training into key areas within CAV UHB	??	06.05.2025	
Actions referred from Board / Committees					

Regan, Nikki
02/07/2025 10:46:06

Report Title:	Board Assurance Framework – Workforce	Agenda Item no.	2.2
Meeting:	People and Culture Committee	Meeting Date:	8 July 2025
Status (please tick one only):	Assurance	<input checked="" type="checkbox"/>	Approval
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 is one of the largest employers in Wales currently employing just under 18,300 staff (15,408 WTE) in over 250 different job roles. The number of staff employed has decreased slightly from the record peak of 15,489 WTE in February 2025 but is still 437 WTE above the number employed 11 months earlier. This growth is due mainly to the successful recruitment into vacancies that had been difficult to recruit and the expansion and development of services within the UHB following central funding.

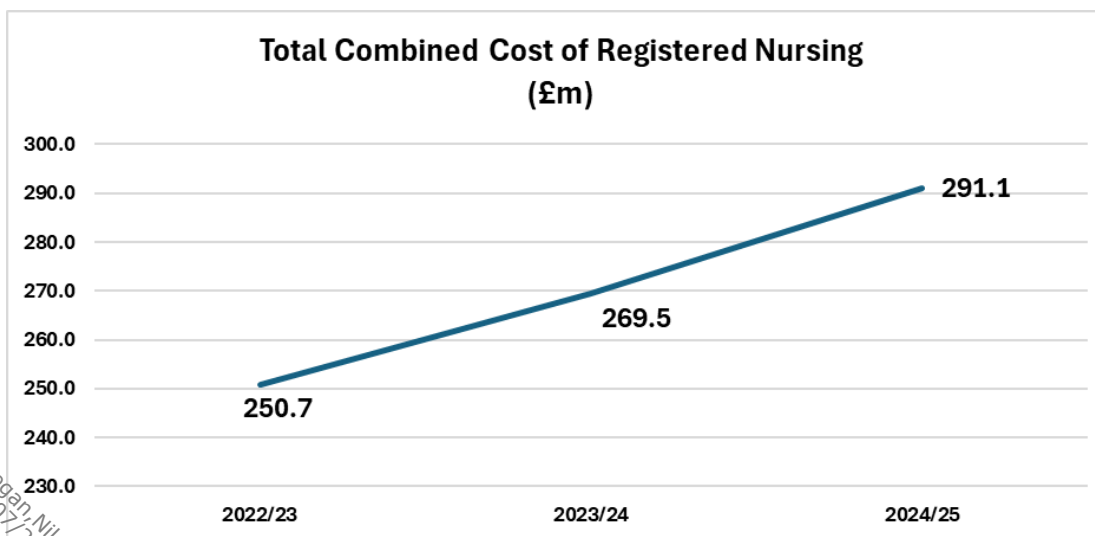
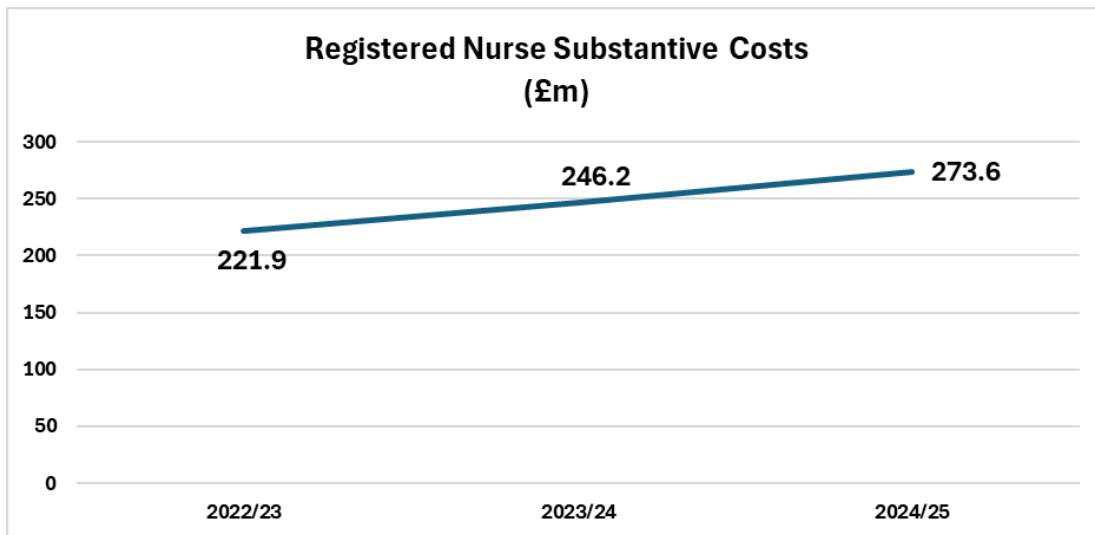
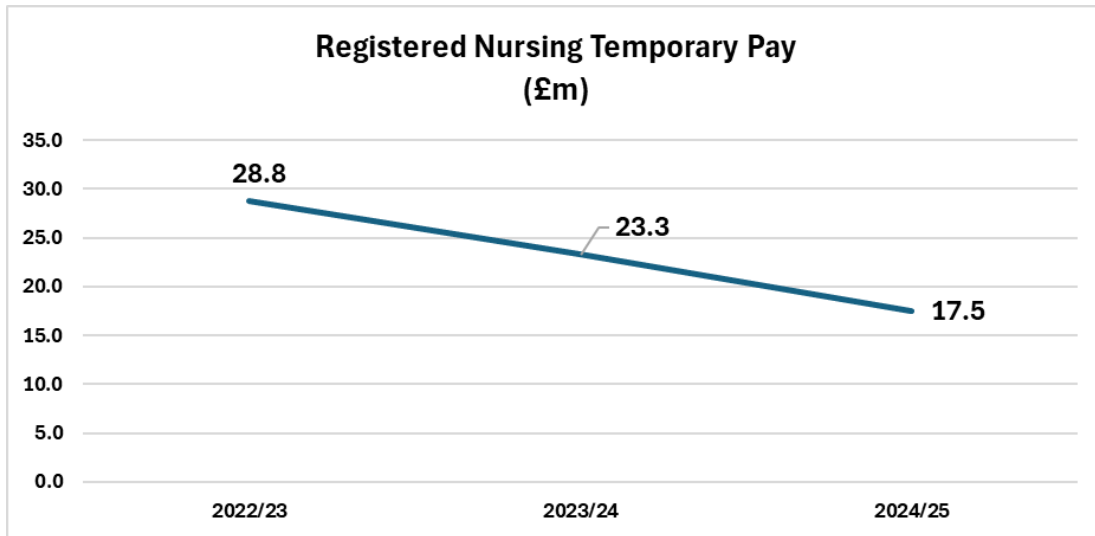
The following table illustrates where the growth has occurred and is predominantly within the 'Nursing and Midwifery' and 'Medical and Dental' staff groups.

Staff Group	Jun-24 (WTE)	May-25 (WTE)	Variance between Jun-24 and May-25 (WTE)
Add Prof Scientific and Technic	566	598	32
Additional Clinical Services	2968	3007	40
Administrative and Clerical	2582	2639	58
Allied Health Professionals	1288	1266	-22
Estates and Ancillary	1232	1202	-30
Healthcare Scientists	587	565	-22
Medical and Dental	1080	1159	80
Nursing and Midwifery Registered	4658	4945	287
Students	12	26	14
Total	14971	15408	437

One of the largest risks for the UHB over the past 20 years has been the shortage of nursing staff. The reliance on bank and premium cost agencies for these staff spiraled upwards however, following several successful initiatives to attract and retain nursing staff, the UHB has bucked the UK wide trend and currently has more applicants applying than actual vacancies. This is a very different position to July 2023 where the UHB had 489 WTE Registered Nursing vacancies at Band 5 and 6.

As a result of the successful recruitment, the UHB has seen a reduction in the use of bank and agency nurses between 2022/3 and 2024/5 of 39% and a reduction in cost of £11.3m. The use of Agency Nurses reduced by 74% (£12.2m) in the same period. However, despite the reduction in bank and agency costs, the cost of substantive staff has increased and with it the additional employer costs e.g. sickness, annual leave,

parental leave etc. The temporary, substantive and combined costs are illustrated in the graphs below:



NB The above expenditure has not been adjusted to consider the annual pay awards that would be partly accountable for the increase.

The Executive Director of Nursing is now undertaking a scoping exercise to identify whether aiming for a substantive nurse establishment of around 90-95% may be more

Regan Nikki
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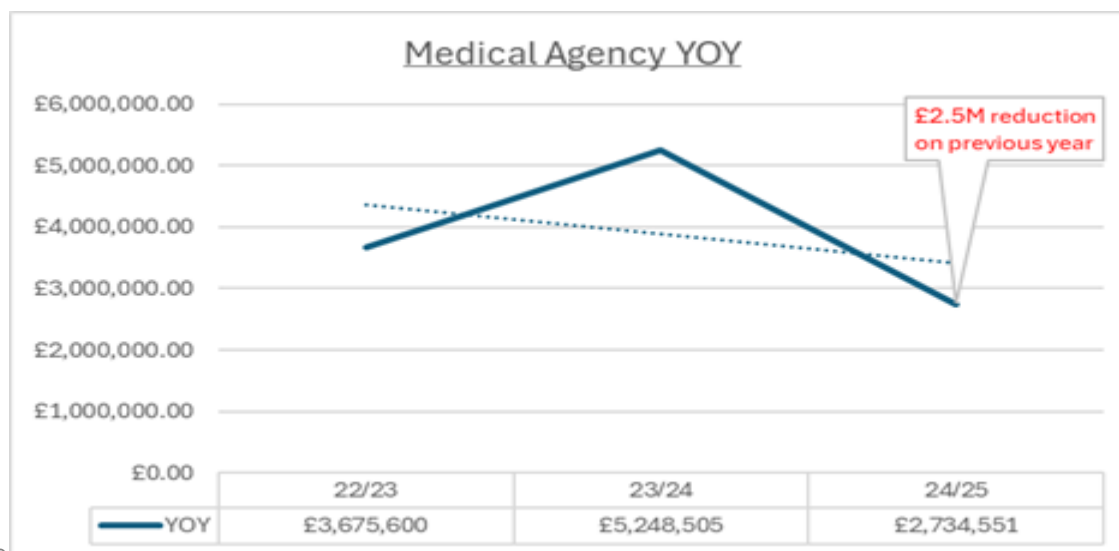
beneficial. This will however be a fine balancing act as the UHB would not wish to return to a period of being dependent on premium cost agencies to achieve safe staffing levels. There are also other factors to consider such as the seasonal recruitment periods that the UHB recruit new graduate nurses - failure to maximise opportunities to recruit at key times of the year could lead to unacceptably higher vacancies throughout the year. It is evident that employing substantive staff over temporary staff provides better quality and consistency of patient care and better staff morale.

The sustainability and affordability of our medical and dental workforce remains a key priority. Our focus to date has been on reducing the over reliance on temporary workforce and recruiting into vacancies on a permanent basis. From June 2024 to May 2025 the medical and dental workforce increased by 80 WTE:

- 32wte Consultants vacancies
- 48wte Other grades including Resident Doctors

It is important to note that Resident Doctors in training are employed by the Single Lead Employer (NWSSP) so do not show on our workforce data reported from ESR. We currently have in the region of 760 WTE Resident Doctors working in the UHB. The increase in the locally employed doctors (LEDs) of 48 WTE (below consultant grade) was a direct result of gaps in the deanery training rota and gaps created by requests to work less than full-time. In both scenarios, the UHB employs doctors on a fixed term basis to bridge the gap in the rota.

Temporary pay - Agency use is driven predominantly by consultant vacancies in mental health, this is due to a national shortage within the psychiatry profession. Our reliance on agency workers over the last 3 years has reduced considerably, as a direct result of successful recruitment. Requests for agency workers are subject to enhanced scrutiny by the Executive team and are only approved when all other options have been explored. The reduction in the medical agency expenditure is illustrated in the graph below:

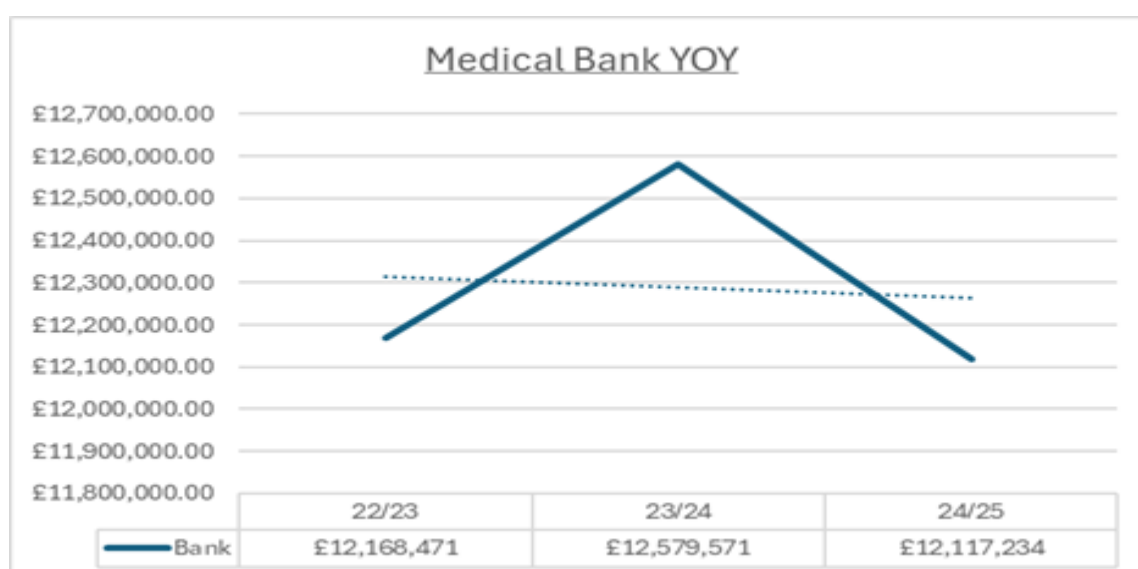


As of 27th June 2025, we have 7 agency workers engaged by the UHB in the following areas:

Specialty	No of Agency workers	Grade	Exit Strategy
Mental Health (Adult)	4	Consultant	Ongoing recruitment to vacant posts. If recruitment

			continues to be unsuccessful, a service redesign will need to be considered.
Acute Medicine	1	Consultant	Exiting on the 1st August with no requirement to back fill
General Medicine (Outliers)	1	Consultant	
Gastro	1	Consultant	A locum consultant has been appointed and is currently at offer stage

Additional Hours/Locum Bank - In 2023, the UHB implemented a Rate Card for additional hours worked by Consultants and Resident Doctors. This brought consistency and equity across all specialties and whilst there was an initial cost, this positive action has stopped costs escalating, illustrated in the graph below. In 25/26 the UHB spent just over £12 million on additional hours/bank for the medical workforce.



Top 5 reasons for Medical Bank expenditure (Exc. waiting list initiatives):

Vacant Post	£4,409,165
Sickness	£1,611,632
Extra Capacity	£1,290,859
Less Than Full Time (LTFT)	£822,272
Deanery Gap in Rota	£813,591

A Medical & Dental workplan has been agreed for 25/26, some of the priority areas include:

- Effective implementation of the job planning policy
- Implementation of a unified e-rostering system
- Continue to reduce our over reliance on temporary workforce
- Operational resource planning – improving data quality and vacancy reporting
- Effective recording and and management of sickness absence

The third highest growth was in the Admin and Clerical staff group where the workforce grew by 40 WTE. Negative growth was experienced within Allied Health professions and Healthcare Scientists (both by 22 WTE). However, this may be because of the annual recruitment of new graduates which occurs during the summer and autumn months.

The Financial Challenge

The UHB, along with other Health Boards in Wales face unprecedented financial challenges over the next few years. The UHB's workforce budget during 2024/5 was £1.02Bn which represented 48% of its total budget. During 2025/6 alone, there is a target reduction required of £11m in workforce expenditure.

The Executive Board is aiming for a reduction in workforce by up to 800 WTE over the next 3 years to assist in meeting its financial targets and Clinical Boards are currently identifying opportunities to achieve this.

The UHB's Response to the Risk

The Executive Board in conjunction with the Clinical Board Management Teams are reviewing the following options to achieve the reduction in workforce costs:

- Enhanced scrutiny of all vacancy requests by the Executive Director of People and Culture and the Chief Operating Officer on a weekly basis where opportunities to hold or disestablish posts are taken.
- Promotion of the Voluntary Early Release Scheme where staff can apply to end their employment for up to 12 months' salary in return for the post being disestablished and the saving made.
- Closure of services for example, a decision was made to close two wards on the Lakeside wing over 2 phases by October 2025. This will reduce the workforce by 102 WTE posts across all of the staff groups as they are redeployed into existing vacancies within the UHB.
- Redesign of services to maximise opportunities for efficiencies by ensuring processes are lean and the use of technological advances are maximised.

Next Steps

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

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

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

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



Recommendation:

People and Culture Committee as asked to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

Please tick as relevant

1.  Putting People First	X	2.  Providing Outstanding Quality	
3. Deliver outcomes that matter to people	X	6. Be a great place to work and learn	X

Five Ways of Working (Sustainable Development Principles) considered

Please tick as relevant

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

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:	Speaking up Safely update		Agenda Item no.	2.3	
Meeting:	People and Culture	Public	X	Meeting Date:	08.07.2025
		Private			
Status:	Assurance	X	Approval	Information	
Lead Executive:	Director of Corporate Governance				
Report Author:	Head of Corporate Governance				

Background and current situation:

Speaking up Safely (SUS) is the all-Wales framework to enable NHS staff to raise concerns. It has replaced the Freedom to Speak Up initiative within CVUHB and was launched on the 9th December 2024.

This paper is intended to update the Committee on how it operates in CVUHB and how it has been working thus far.

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

A considerable amount of research was done to establish what would constitute a good system and concluded that it must place trust at the centre of it to ensure staff would use it. The most effective way of building trust is to guarantee anonymity to those raising concerns. Additionally, having a system that could be used to triage any question, issue or concern raised by a member of staff was a prerequisite.

Accordingly, a procurement process was run that resulted in [Work in Confidence \(WIC\)](#) being contracted to provide a third party, completely anonymised system.

We then went a step further compared to how other NHS organisations have used the system. Rather than use it as a portal to HR or other subject matter experts, we have sought volunteers from among our colleagues. No additional pay or time has been offered to do this and yet we have had over 30 volunteers to operate the system when we were hoping for around 6 initially.

These people are there to provide an initial, impartial point of contact. They are neither involved to provide a 'management take' nor campaign on behalf of the person raising an issue. Where possible, they will 'connect' the individual raising a concern with the best place to get it resolved. This is why these system operators are called our 'connectors'.

Two training sessions have been held so far in December and April, and we currently have 21 trained connectors operating the system. They are trained on:

- how to operate the system. WIC provide this training and there is a plethora of guidance available to them;
- how to connect people to potential solutions. This is delivered by us. This is where we explain the different avenues for potentially resolving issues. This might well be HR but, as SUS can be a one-stop portal for someone who has a question on anything and isn't sure how to raise it, we have contact details, guidance and buy-in from safeguarding, TUs, health and safety, Estates, clinical governance, counter-fraud and so on so we can connect someone's issue to the right place;
- how to engage with someone. This training was delivered by a FTSU Guardian who works across a number of NHS Trusts in England and has a wealth of experience.

Each connector on the WIC system can be seen by someone wishing to raise an issue with a description of their job and where they work. This places all the control with the person raising an issue to choose someone to speak with.

There is a Teams set up devoted to the connectors with a host of supporting information and the ability to share experience.

SUS has been advertised via various comms routes and in meetings and fora across the organisation, and through the distribution of pens and posters. Resources include:

- [Speaking up Safely Guide](#)
- [Speaking up Safely Sharepoint](#)
- [SUS posters](#)
- [Work in Confidence quick Guide](#)

Since December there have been 25 concerns raised. The breakdown is at the appendix (Oct and Nov should be discounted).

There is an obvious spike in May. This coincides with a lot of press coverage and internal communication on the review being undertaken in Theatres, as well as 2 promotions run in UHW and UHL respectively to promote the service and a discussion on the Ask Suzanne monthly meeting/webinar.

The appendix conveys the fact that we will need more data to play through to draw definitive conclusions and recommendations but the connector approach is proving successful so far. We will be holding a meeting next month to derive their experience and lessons identified.

This information will need to flow into a broader, quality-focused system in due course to allow intelligent identification of issue overlap and enable early intervention. It is anticipated that this will feed into the Shaping our Future Quality Excellence Strategic Programme work.

Appendix:

Work In Confidence Standard Report Report





Recommendation:

The Committee is asked to:

- a) **Note** the work that has been undertaken to date to launch and embed SUS.

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Click the objective above to view more detail.				Click the objective above to view more detail.					
Five Ways of Working (Sustainable Development Principles) considered									
Prevention	X	Long term	X	Integration		Collaboration		Involvement	X
Quality Impact Assessment Completed?									
Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)							
Impact Assessment:									
Risk: No (delete as appropriate)									
Safety: No									
Financial: No									
Workforce: No									
Legal: No									
Reputational: No									
Socio Economic: No - <i>Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: The Socio-economic Duty: guidance GOV.WALES</i>									
Equality and Health: No									
Decarbonisation: No									
Welsh Language: No									
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec				Date:					

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02/07/2025 10:46:06



Work In
Confidence

WORKINCONFIDENCE
CONVERSATION REPORT 2025
FOR CARDIFF & VALE HEALTH
BOARD

For the period 01/12/2024 to 30/06/2025

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Overview

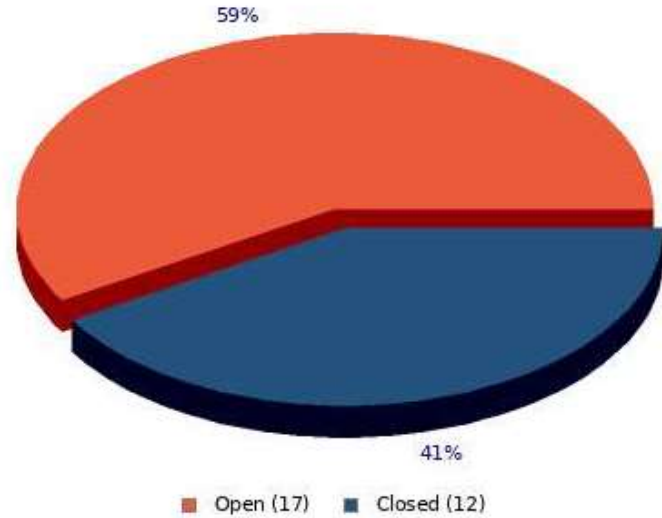
User accounts registered since launch 113	New user accounts registered during selected period 102	User accounts activated during selected period 97	Raised conversations during selected period 29
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Open Conversations 17	Closed Conversations 12 ((41.38%))	Average time to first response 2 days	Average time to close 30 days
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Conversations

Between 01/12/2024 to 30/06/2025 you had 29 conversations started. This is the current status of those.



Average time to first response

2 days

Average time to close

30 days

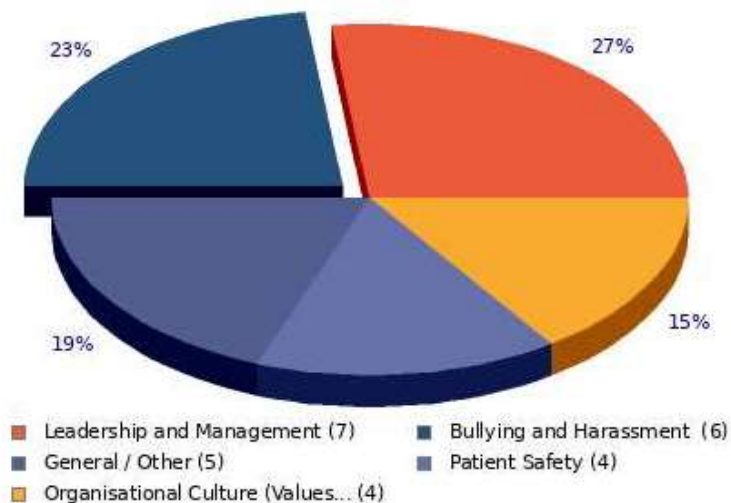
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More information

Need some inspiration? Download our ["The Concise Guide to Engaging and Retaining Employees" ebook](#)

Categories

Your Top 5 Categories



Conversations Started by Category

Category	Number Received
Leadership and Management	7
Bullying and Harassment	6
General / Other	5
Patient Safety	4
Organisational Culture (Values...)	4
Health and Wellbeing	2
Health and Safety	1
Total	29

Note: Any categories marked as "Inactive" means that they have been removed from the system.

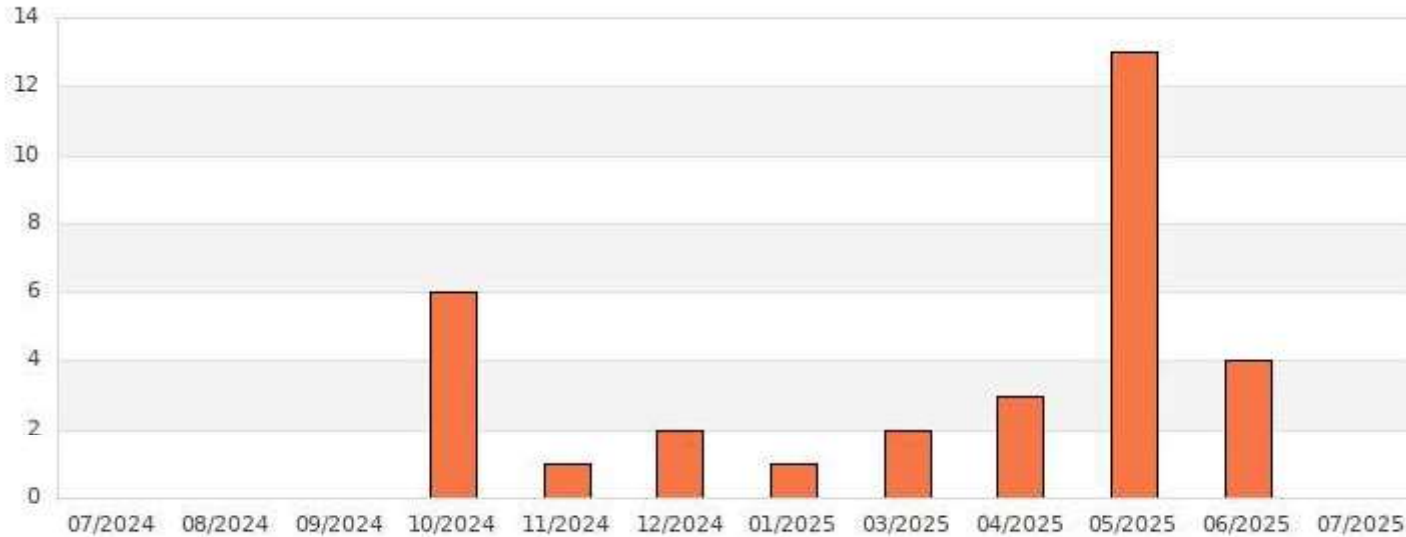
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More information

Need some inspiration? Download our ["The Concise Guide to Engaging and Retaining Employees" ebook](#)

Interesting Statistics

Conversations raised by month in the last 12 months



Most Popular Day to Start a Conversation

Thursday

Most Popular Hour to Start a Conversation

2 PM

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02/07/2025 10:46:06



support@workinconfidence.com

0845 383 1013

Regan, Nikki
02/07/2025 10:46:06

Report Title:	Psychological Safety: A Foundation for Speaking Up, Culture, and Leadership		Agenda Item no.	2.4	
Meeting:	People and Culture Committee	Public Meeting	x	Meeting Date:	08.07.2025
		Private Meeting			
Status:	Assurance	x	Approval	Information	x
Lead Executive:	Executive Director of People and Culture				
Report Author:	Assistant Director of Organisational Development, Wellbeing and Culture				

Background and current situation:

This paper follows an update on 'Speaking Up Safely' and feedback on the new anonymous platform, Work In Confidence. It presents:

- A clear definition of psychological safety
- Where we are as an organisation
- Current activities to support psychological safety
- Recommendations to enhance our collective and team-level work on this agenda.

What is Psychological Safety and why it matters to Cardiff and Vale UHB

Psychological safety is the belief that someone can speak up, offer ideas, raise concerns, and make mistakes without fear of embarrassment, punishment, or marginalisation. In healthcare, where teamwork, trust, and timely communication directly affect patient outcomes, psychological safety is essential. It underpins staff engagement, wellbeing, safety culture, and improvement capability.

Staff wellbeing and psychological safety are critical to ensuring high-quality patient care.

National reports and investigations, including the Francis Report (Mid Staffordshire) and the East Kent Maternity Review, identified where suppressed staff voice, hierarchical silencing, and leadership inaction were directly connected to avoidable harm. East Kent's report found that 97 out of 202 reviewed cases could have had different outcomes had staff concerns been properly heard.

Furthermore, McKinsey Health Institute's 2022 report on burnout shows that toxic workplace behaviour is the strongest predictor of burnout and intent to leave. Psychological safety, therefore, is a workforce retention, wellbeing, and patient safety imperative.

The 2024 Audit Wales Structured Assessment of Betsi Cadwaladr University Health Board (BCUHB) reported that a relatively high proportion of staff experienced bullying, harassment or abuse, yet fewer than half believed that the Health Board would take effective action when such issues occur. This highlights a significant gap between the existence of formal routes for raising concerns and staff confidence in their effectiveness. It reinforces the importance of embedding psychological safety as a cultural and behavioural norm, beyond processes alone.

While psychological safety is not about comfort or consensus, it is about creating conditions where people feel able to raise concerns, challenge constructively, and learn together. Importantly, it is a key enabler of inclusive and equitable workplaces, as evidence demonstrates that those from underrepresented groups are disproportionately affected by low psychological safety.

Creating a Psychologically Safe Environment

Evidence and good practice (NHS Employers, Amy Edmondson, NHS England) show that psychologically safe environments are shaped by:

- Leaders who role model openness, inclusion, and constructive response to feedback.
- Teams that welcome different views, reflect together, and learn from error.
- Systems that support raising concerns and ensure follow-up and learning.
- Clear, shared expectations that respect, trust, and challenge are part of good practice.

Psychological safety in action can be observed through various initiatives and practices, within the UHB examples to date include:

- **Encouraging open dialogue** – leaders actively encouraging team members to speak up, share ideas and voice their concerns without fear of negative consequences.
- **Recognition and appreciation** – creating a culture where colleagues recognise and appreciate each other's contributions can foster psychological safety. e.g. 'CAV Colleague Shout Out; Greatix'
- **Safe platforms for raising concerns** – providing confidential and safe platforms for colleagues to raise concerns is crucial. The Speaking up Safely process (Work in Confidence) encourages colleagues to speak up about their concerns within a culture where they will not suffer victimisation or detrimental treatment as a result.
- **Employment Policies that support psychological safety** – a Sexual Safety procedure was developed and implemented in December 2024, whilst waiting for the All Wales Policy and Charter, which is expected in August 2025. The principles of 'Just Culture' have been embedded into our approach to misconduct and improving performance, only progressing with formal action when all other options have been explored.

Psychological Safety is further supported by professional standards:

- The GMC's Good Medical Practice (2024) requires doctors to foster inclusive environments where colleagues feel safe to raise concerns.
- The NMC Code requires nurses and midwives to work cooperatively, respect and listen to colleagues, and act when safety is compromised.
- The BMA highlights that psychologically safe workplaces are essential to ethical and safe clinical practice, particularly in high-pressure settings.
- NHS England and the National Guardian's Office have also emphasised that psychological safety is critical to improving safety, quality, and staff wellbeing.

Psychological Safety in Cardiff and Vale University Health Board - Workforce Data and how it informs next steps

The 2024 NHS Wales Staff Survey highlights early signs of progress that provide a foundation for further work. There has been a slight improvement in:

- the proportion of staff who feel safe to raise concerns (60%)
- those who trust the organisation to act (44.4%)
- Reports of bullying from colleagues and managers have reduced marginally compared to 2023
- Additionally, 67.6% of staff now feel their manager listens and supports them — an increase of 2.5 percentage points — and staff perceptions of fairness in dealing with errors have shown improvement.

The UHB has also seen an improvement in retention over the last 2 years of just over 2%.

These positive shifts, though modest, reflect the initial impact of initiatives such as:

- Speaking Up Safely (including Work in Confidence)
- Culture and Leadership Programme / Service Reviews
- Management Development Programmes / Masterclasses
- OD Support / Team Development / Healthy High Performing Teams (evidence led)
- Structured support and pastoral support for students and Internationally Educated Nurses
- Preceptorship development and Restorative Clinical Supervision
- Listening and Learning Spaces: Schwartz Rounds; Grand Rounds; Forums; Ask Suzanne
- Sexual Safety Procedure and Awareness Raising
- Avoidable Employee Harm – learning from employee experience around policy implementation; respect and resolution; employee relations cases, ways of working
- Ward Accreditation
- Retention work; Starter, Stay and Exit Surveys

This work provides foundations to build upon as we work to embed psychological safety at all levels of the organisation.

Taking Things Forward

Through listening to staff, and seeing the feedback from service reviews, cultural assessments and engagement surveys, we know there is more that we need to do to support the development of psychological safety.

Planned developments include:

- The development of an OD & Culture Framework;
- Creating employee led Staff forums;
- Introducing trauma-informed approaches and management development such as Trauma Risk Management (TRiM); Suicide prevention and awareness training (i-Act) and resilience psychometrics such as Workplace Resilience and Wellbeing (Wraw);
- Development of a leadership and management framework;
- Transformation of staff networks to promote sustainability, connectivity and co-production;
- Enhancing existing audit mechanisms to include ‘cultural safety’;
- Improving the offer around coaching; mentoring; reverse mentoring; time-banking

To succeed, we must ensure a whole-system approach grounded in leadership behaviour, team development, system leadership and accountability at every level.

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

Psychological safety is not a soft or peripheral issue. It is fundamental to high-quality care, staff wellbeing, retention, and equity. It underpins:

- Excellent leadership and management
- Inclusive, compassionate, and accountable cultures
- Safe, high-performing teams
- Early identification and mitigation of patient risk

While progress continues to be made (e.g. Speaking Up Safely, Work In Confidence, Service Reviews and expansion of leadership development programmes), feedback indicates that many staff still feel unsafe or uncertain about raising concerns. We must shift from isolated initiatives to a systemic, Board-led commitment.

Alongside planned developments, the UHB is also currently exploring:

- Introducing a quarterly Psychological Safety Pulse Survey (based on validated tools)
- Embedding psychological safety in leadership, management, and team development

- Expanding Organisational Development and Culture impact through the introduction of Cultural Safety Zones linked to existing audit mechanisms

Data integration is now enabling more meaningful analysis of team climates and localised issues. Bringing together staff survey data, exit and stay surveys, wellbeing service usage, and cultural assessments offers deeper insight into where interventions are most needed. Embedding this into Clinical Board decision-making and leadership development is critical.

Psychological safety is a vital part of delivering the ‘brilliant basics’ in management and leadership. When staff feel safe to raise concerns, morale improves, risks are identified early, and patient safety is enhanced.

The Theatres Service Review provides a clear example of the human, organisational, and patient consequences when colleagues feel that psychological safety is absent. When poor behaviours go unchecked and staff feel unsafe to speak up, errors are more likely, morale deteriorates, and a culture of silence takes root. This work will enable organisational learnin and improvement.

It is important to set clear expectations: as the UHB proactively works to improve psychological safety, we should anticipate an increase in concerns being raised, errors and near-misses being reported, and constructive challenge becoming more visible. This is a positive and necessary indicator of a learning organisation, where staff feel safe to highlight risks, share ideas, and contribute to continuous improvement.

Appendices (Please list any appendices that will accompany this report)

Please note a detailed action plan will be presented at Committee

Recommendation:

The Committee is requested to:

- Acknowledge and be assured by the developments outlined within the paper (existing and emerging).
- Champion the embedding psychological safety into leadership and team development through role modelling and championing a listening and learning environment.
- Expect a future paper of how to expand OD and Culture impact through cultural safety zones.
- Recognise the alignment with People and Culture Plan, EDI priorities, and brilliant basics.
- Expect a 6-month progress report.
- Support the exploration of embedding trauma-informed practice (TRiM, Wraw, i-Act).

Link to Strategic Objectives of Shaping our Future Wellbeing:

<https://shapingourfuturewellbeing.com/>

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

Five Ways of Working (Sustainable Development Principles) considered:

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

Yes – (please provide completed QIA document)		No – (Please provide reasoning, e.g. not required)	x	EHIAs will be completed against different interventions where necessary.
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Impact Assessment:

Risk: Yes (delete as appropriate)

Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm) This report identifies clear organisational risks linked to low psychological safety, including patient harm, staff burnout, and reputational damage. The proposed actions (e.g. pulse surveys, embedding in leadership development) aim to mitigate these risks. Risks have been considered within the main body of the report.

Safety: Yes

Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm) The proposals directly support patient and staff safety by encouraging early escalation of concerns, promoting a learning culture, and reducing latent conditions that contribute to harm. Plans to monitor impact include pulse surveys, incident reporting, and Respect & Resolution trends.

Financial: Yes

Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm) There may be minor resource requirements (e.g. for pulse survey delivery, targeted OD support). These will be managed within existing budgets where possible. The cost of inaction (sickness, turnover, harm) is significantly greater. Investment will be required for interventions such as TRiM, Wraw.

Workforce: Yes

Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm) The proposals are designed to improve staff experience, wellbeing, retention, and inclusion through psychologically safe environments. Workforce implications have been addressed in the report.

Legal: Yes

Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm) The proposals help meet legal duties under employment law, equality law, and the statutory Duty of Quality. No additional legal advice was required.

Reputational: Yes

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

Failure to address psychological safety could damage the organisation's reputation. The proposals aim to proactively mitigate this risk.

Socio Economic: Yes - **Useful Guidance on the application of the Socio-Economic Duty can be found at the following link: [The Socio-economic Duty: guidance | GOV.WALES](#)**

The proposals are designed to create fairer, more inclusive workplaces, which can improve outcomes for staff facing socio-economic disadvantage.

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

Equality and Health: Yes

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

The proposals directly contribute to equality and health priorities. An Equality Health Impact Assessment will be undertaken as part of implementation.

Decarbonisation: /No

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

These include:

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

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

No direct negative impact. Indirect benefits may arise through improved retention and reduction of avoidable turnover.

Welsh Language: No

Consideration should be given to potential impact on the Welsh language, including the following key aspects:

- *More than just words: Does the report align with the More than just words strategy, ensuring Welsh-speaking patients can access services in their preferred language, and supporting active offer and bilingual care?*
- *Accessibility and compliance: Ensure key information is bilingual and that the report meets the Welsh Language Standards for communication, signage, and patient materials.*
- *Patient understanding and safety: Could English-only content impact Welsh speakers' comprehension in critical areas like consent and medication instructions, potentially affecting safety?*
- *Staffing and resources: Does the report address the need for Welsh-speaking staff or bilingual resources to deliver equitable care?*

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

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

Committee/Group/Exec

Date:

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Report Title:	Health and Safety Annual Report April 2024 – March 2025			Agenda Item no.	2.5
Meeting:	People & Culture Committee	Public	X	Meeting Date:	08/07/2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval		Information	X
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report

Background and current situation:

A Health and Safety annual report has been produced to provide an overview of the breadth of work undertaken by the health and safety team and the overarching performance of many facets of health and safety throughout the Health Board.

Executive Summary

The Executive Director of People and Culture maintains the position of lead executive for Health, Safety and Fire.

In collaboration with the Clinical/Service Boards the department continued to work through the actions of the three-year Health and Safety Culture Plan with many of the processes implemented over the last 3 years starting to embed into Clinical and Service Board work streams, this is suggested by evidence of continual improvement in training compliance, UHB wide H&S meetings and improved clarity around Health and Safety accountability and responsibilities.

Focused scrutiny around RIDDOR incidents has led to a significant reduction, however, forthcoming years will determine if it is a permanent breakthrough of the safety plateau of previous years. As in previous years, close to 90% of RIDDOR submissions from CAVUHB are due to the greater than 7 days absence, this is in stark contrast to the whole UK workplace average which is closer to 70%. The health and safety department are inputting into a wider sickness reduction project led by People Services.

The implementation of a more structured Health and Safety Management System Audit programme provides quantifiable assurance that systems and processes are implemented to manage Health, Safety and Fire risks in Clinical and Service Board areas.

Definitive competence pathways are now in place for most roles within the Health and Safety Team, this is particularly important for the training and fire units whose competence is quite specific, and niche compared to others within the department.

This further strengthens competence and helps future proof the team.

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

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

Recommendation:

The Committee is requested to:

- a) Note the content of the H&S Annual Report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

1.	 Putting People First		2.	 Providing Outstanding Quality
----	--	--	----	---

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

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

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

Quality Impact Assessment Completed?:
Please place an "X" in the below boxes as relevant. Any queries, please contact Alexandra.scott3@wales.nhs.uk

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

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

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

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

Committee/Group/Exec	Date:
People & Culture Committee	08.07.2025

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2024 – 2025 Annual Health and Safety Report

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Conclusion

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IMS-01: Responsibilities and Accountability

The Health and Safety annual report has been produced to provide an overview of the breadth of work undertaken by the health and safety team and the overarching performance of the many facets of health and safety throughout the Health Board.

The department has continued to support the clinical/service boards, supporting functions, relevant stakeholders and interested parties throughout the reporting period.

1.1 Health and Safety Culture Plan

The department have continued to work through the 6 themes of the Health and Safety Culture Plan in collaboration with the clinical/service boards. The closure of specific actions is tracked and an update provided quarterly at the People and Culture Committee meeting.

Year End Status

Table 1.1

Tracker sets							
Title	Total Group	Theme 1	Theme 2	Theme 3	Theme 4	Theme 5	Theme 6
Specific actions Not Started	7	0	2	2	0	1	2
Specific actions In Progress	30	5	3	3	8	1	10
Specific actions Completed	75	25	16	7	5	5	17

Theme 1: Training

Theme 2: Risk and Incident Management

Theme 3: Communication

Theme 4: Performance and Review

Theme 5: Audit

Theme 6: Fire

1.2 Annual Departmental Health and Safety Plan

As well as the overarching three-year health and safety culture plan, as part of the drive for continual health and safety improvement, the reporting period saw the introduction of localised health and safety plans.

The new plan was introduced as a result of the Health and Safety Executive (HSE) Manual Handling and Violence and Aggression intervention conducted in November 2023. It has replaced the health and safety priority improvement plan (PIP) and provides clear differentiation between proactive planning and the risk register, they set out how we will meet the organisations health and safety policy requirements at a local level.

The health and safety plans utilise a structured scorable spreadsheet with actions based on the following headings:

- Safety
- Health
- Fire
- Quality

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This is the first year of inception and the departmental year end completion was 59%.

IMS-02: Management System

The department continues to populate the management system derived in 2022/2023, with the first clinical/service board Annual Health and Safety Management System Review's being completed during the reporting period.

The purpose of the review is to:

- Assess the suitability, adequacy and effectiveness of the health and safety management system and address any identified gaps.
- Assess the implementation of the management system or similar system if employed.
- Provide assurance to the Health and Safety Sub-Committee and Executive Board that health and safety is being effectively managed at CAVUHB.

2.1 Policies and Procedures Ratified by the Health and Safety Committee

The following policies and procedures were reviewed and approved:

- IMS-01-01-CAV: Health & Safety Policy
- IMS-01-06-CAV: Site Responsible Manager Procedure
- IMS-02-04-CAV: Health & Safety Management Review Template
- IMS-02-05-CAV: Health & Safety Management Review Procedure
- IMS-06-03-CAV: Fire Safety Personal Emergency Evacuation Plan Policy
- IMS-06-04-CAV: Fire Safety Personal Emergency Evacuation Plan Procedures

IMS-03: Document and Data Control

The UHB has a process in place for the control of documents and data which is under the ownership of Corporate Governance. There have been no relevant updates during the reporting period.

IMS-04: Testing and Calibration

The department continued to support the wider UHB in terms of environmental monitoring, this included the purchase of new vibration monitoring equipment. Equipment registers are held by the department to ensure all in scope items are tested and calibrated as per manufacturers requirements.

IMS-05: Audits

5.1: Internal Audits

NWSSP Audit and Assurance Services conducted a health and safety audit during the reporting period. The report provided reasonable assurance with three low risk actions identified and one medium which was in relation to updating timescales for overdue actions on the health and safety plan tracker document. Whilst the audit scored 'Reasonable Assurance' it was at the top end of this spectrum with no significant non-conformances identified.

The report was presented to the October Health and Safety Sub-Committee.

5.2: Management System Audits

The department continued the management system audit programme, with a further seven conducted within various clinical boards.

Additionally, focused audits were conducted for CoSHH and SIMA Violence and Aggression training.

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Audits conducted by the health and safety department are captured and tracked using web-based i-Auditor software.

IMS-06: Fire Safety Management

Fire Safety Management is a key priority for Cardiff and Vale UHB both in terms of achieving statutory compliance and ensuring the safety of staff, patients and all other stakeholders. It is widely recognised that fire safety management in healthcare is a complex and challenging discipline with risks being identified, prioritised and mitigated.

The relatively new fire team have all completed a development pathway for accredited competence in conducting risk assessments in preparation for changes to Article 9 of the Regulatory Reform (Fire Safety) Order 2005.

6.1 Welsh Assembly Government Annual Fire Safety Audits

The annual fire safety audits carried out by the Senior Fire Safety Officer on behalf of the Welsh Government (WG) were completed and submitted in 2024 for the previous reporting period using the on-line web-based reporting system administered by NHS Wales Shared Services Partnership - Specialist Estates Services who prepare an All-Wales UHB report submitted to WG.

6.2 Fire Risk Assessments

The principle fire safety legislation applicable to all Health Board premises is the Regulatory Reform (Fire Safety) Order 2005 (FSO) enforced by the Local Fire Authority. Part of this compliance requires a fire risk assessment to be completed for every building, ward or department, currently there are 414 risk assessment reports that are being regularly assessed and reviewed by members of the fire safety management team either annually, bi or tri-annually or they may be amended whenever material alterations or significant changes in use take place in terms of service or staff.

6.3 Enforcing Authority Audits and Notices

There were eight regulatory fire safety audits conducted by South Wales Fire and Rescue Service (SWFRS) during the reporting period. They were conducted across areas in Mental Health and Children and Women facilities, notifications of deficiencies were issued at the time for minor contraventions and all necessary actions are being worked through on a time bound action plan.

The only enforcement notice that remains open is EN3/21 which is in relation to the prosecution which the Health Board are defending. Several Crown Court trial dates have been set, the current date is 8th September 2025.

6.4 Fires and Unwanted Fire Signals

Fire Incidents for the period – 1st April 2024 to 31st March 2025

Table 6.4.1

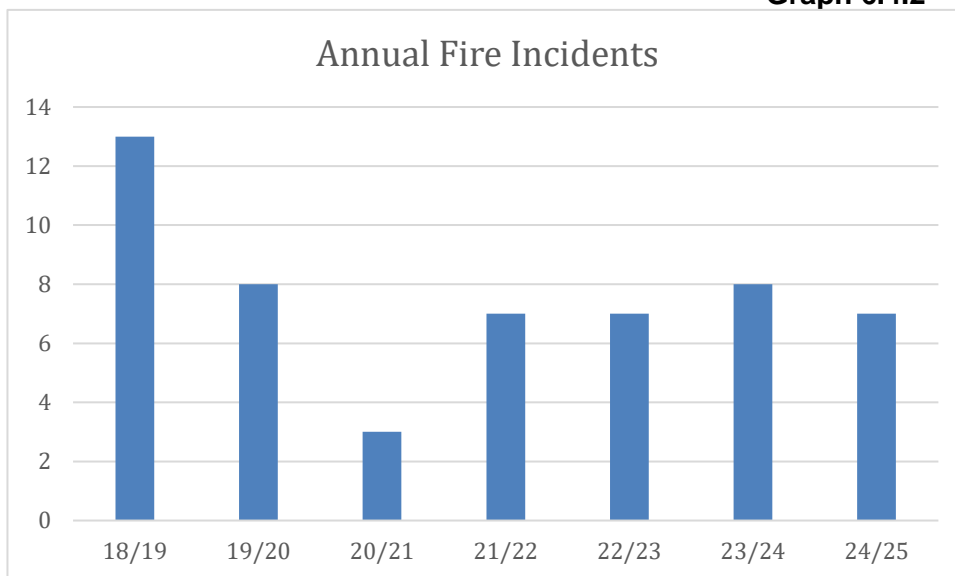
No	Date	Fire Incident Location	Cause	How Extinguished
1	10/05/2024	UHW – Pembroke House	Near miss - Unattended cooking process	No fire present, large quantities of smoke produced from pan boiling dry.

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2	06/08/2024	Jubilee Gardens UHW	Discarded Smoking materials on bench	Extinguished by UHB staff.
3	30/07/2024	Works and Services generator building Barry Hospital	Ignition of bird's nest	Contractors extinguished with CO ₂ extinguisher.
4	08/08/2024	Dental Hospital UHW	Electrical appliance	Self-extinguished.
5	07/09/2024	A1 Link UHW	Patient tried to start a fire with a lighter to a mattress	Extinguished by ward staff.
6	19/11/2024	Dental Hospital UHW	Electrical Distribution Board	Fire advisor extinguished.
7	20/02/2025	Concourse UHW	Waste bin fire.	Extinguished by a member of the public.

This is a reduction of 1 incident over the previous reporting period with 7 fire incidents reported.

Graph 6.4.2



Performance Indicators for Cardiff & Vale UHB for UwFS between 1st April 2024 to 31st March 2025 (Attended and unattended by SWFRS)

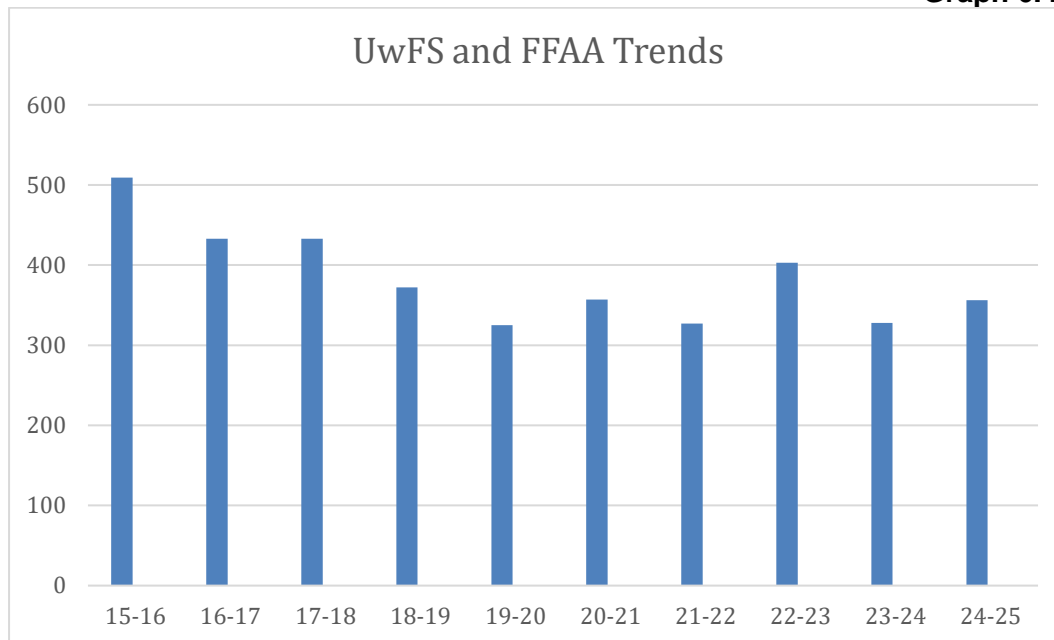
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Table 6.4.3

Site	UwFS	FFAA	Grade
Barry Hospital	7	1	B - 10% reduction in UwFS
Cardiff Edge (Genomics)	3	0	N/A
Cardiff Royal Infirmary	5	0	A
Dental Hospital (University Hospital of Wales)	1	0	N/A
Hafan Y Coed	1	1	A
Llandough Hospital	32	14	A
Maelfa Health and Wellbeing Centre	2	0	N/A
Rookwood Hospital	3	0	N/A
St David's Hospital (Cardiff)	0	1	A
UHW	187	98	B - 10% reduction in UwFS
Total	241	115	Total = 356

Unwanted Fire Signals and False Fire Alarm Actuations by Financial Year

Graph 6.4.5



There has been an increase in total unwanted fire signals over the previous reporting year from 328 to 356, the fire safety team are conducting trend analysis to establish whether there are any common themes. It is recognised that false fire alarm activations are extremely challenging to prevent particularly at UHW due to the size and complexity of the fire alarm and detection system. Other contributing factors

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include challenging patient categories with a wide range of abilities, many of whom will be unfamiliar with our sites with some being mobility impaired.

UHW is the main contributing site for these signals and specific work in line with the health and safety culture plan has been implemented during the reporting period. A reduction of at least 10% is required across UHW and Barry Hospital respectively to improve performance grades at both sites.

6.5 Fire Safety Policy, Procedures and Permits

To supplement CAVUHB Fire Safety Policy and Fire Safety Management Arrangements the following policy and procedure documents were written and implemented.

- IMS-06-03-CAV: Fire Safety Personal Emergency Evacuation Plan Policy
- IMS-06-04-CAV: Fire Safety Personal Emergency Evacuation Plan Procedures

At the commencement of the next financial year, 2025/2026, SWFRS will be implementing a new call challenge procedure. In preparation for this change, a number of local fire safety procedures have undergone significant review and update. Each fire alarm activation will be challenged, and confirmation of a fire will be provided to SWFRS prior to their attendance. This will reduce the number of site attendances for them, and it is anticipated that the necessary increased focus in fire signals along with further investment in the detection system will also decrease the number of false fire alarm activations.

6.6 Provision of Fire Safety Advice on Capital Projects

During the preceding 12 months the fire safety management team have completed technical reviews and reports for all major capital and minor discretionary capital projects undertaken PAN Estate. These include:

- Mortuary (UHW)
- UHW 3rd floor Ward blocks
- C3 Link
- Woodland House Occupational Health and H&S relocation
- UHW Emergency Generator
- Park View Health and Wellbeing Centre
- UHL Fire Alarm system zoning including Cause and effect review
- Hydrotherapy
- PETIC
- UHW Main Theatres

6.7 Capital Investment in Fire Safety Precautions and Services

The fire safety team continue to work with capital planning in the bid process for Targeted Estates Funding (TEF). This provides a significant investment vehicle for the estate fire safety infrastructure.

Projects have included.

- Ongoing fire stopping project PAN Estate
- Fire alarm and detection system upgrade project at UHW, UHL and Barry Community Hospital (BCH).
- Fire risk assessment actions using the IPR 3.5 MICAD helpdesk system.

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6.8 Other Notable Fire Related Workstreams

- Deputy Fire Safety Managers and Fire Safety Group continues to operate.
- A new Shared Services fire risk assessment system was implemented across NHS Wales to capture all FRAs, it allows the organisation to track and manage fire risks with live data produced when reports are created providing assurance fire safety is being managed at all levels.
- The fire team continue to provide training courses to UHB staff, this is inclusive of face-to-face fire training, fire warden training and evacuation chair training.
- Practical evacuation drills have been completed for main stores UHL, and tabletop evacuation exercises have been conducted for PCCU CHfW.
- Fire Risk Assessment schedule 95% up to date.

IMS-07: Risk Management

Following on from the dissolution of the Health and Safety Sub-Committee, the corporate risk register for health and safety and fire continues to be reviewed and submitted to the People and Culture Committee every 6 months. There are no identified risks at 20 or above.

A plan is in place to commence transferring the risk register from spreadsheet format to AMaT software in line with the Corporate UHB plan.

The health and safety department published a new risk assessment template during the reporting period. There is no change to the fundamental 5 step process to risk assessment, but the improvements have provided a more intuitive template layout with guidance on potential hazard identification that act as an 'aide memoir' to the assessing team. The revised template allows for actions to be clearly identified with those responsible for progressing those actions recorded along with a target and completion date. This addressed the Notification of Contravention relating to risk assessments and the requirement for timebound actions with responsible individuals identified. The risk assessment course has been updated to reflect the changes and continues to be well attended.

IMS-08: Incident Management

Emphasis continues to be applied to good incident management, particularly those which are reportable through RIDDOR and those with the potential to cause significant harm. Monthly Serious Incident Reviews (SIR's) are conducted with the clinical/service boards to ensure robust investigations and the sharing of any learning, this is done through the monthly dashboard, clinical/service board meetings and the Operational Health and Safety Group.

8.1 Incident reporting and data

Table 8.1 shows the total number of incidents reported over the last 6 years. The decrease in overall numbers has largely been attributable to less patient reported incidents.

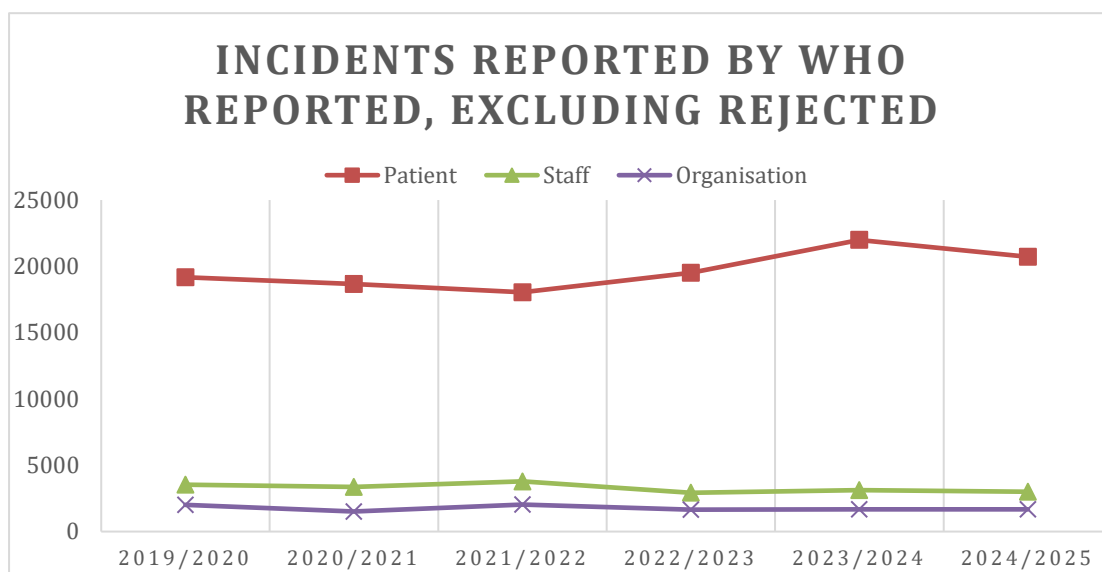
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Table 8.1

Incidents reported by date reported, excluding rejected	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Patient	19171	18671	18046	19506	21988	20719
Staff	3525	3361	3785	2925	3130	2997
Organisation	2013	1513	2036	1653	1684	1681
Public/Visitor	121	81	68	86	79	107
Totals:	24830	23626	23935	24170	26877	25504

Graphical representation of 5-year incident trend of incidents reported by patient, staff and organisation. The organisational entries are UHB wide and include infrastructure and estate issues.

Graph 8.1



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Staff Incidents

Table 8.2

Staff incidents by Classification	Total
Behaviour (including violence and aggression)	2106
Accident, Injury	860
Infrastructure (including staffing, facilities, environment)	237
Communication	83
Ill health (work related)	50
Equipment, Devices	74
Information Governance, Confidentiality	19
Information Technology	10
Records, Information	19
Safeguarding	10
Transfer, Discharge	7
Total	3475

8.2 Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

During 2024/2025 there were 78 incidents reported to the Health and Safety Executive under RIDDOR. This is a 19% decrease on the previous year and indicates a significant improvement in this important KPI. As in previous years, close to 90% of submissions from CAVUHB are due to the greater than 7 days absence, this is in stark contrast to the whole UK workplace average which is closer to 70%. In total, 70 of the 78 fell into this category.

The health and safety department are inputting into a wider sickness reduction project led by People Services.

Table 8.3

Staff/Patient RIDDOR incidents by date of incident, Tier 1	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Accidents/Falls	67	68	60	75	69	68	59
Behaviour (Including Violence and Aggression)	30	16	22	26	33	27	17
Exposure to Environmental Hazards	2	0	0	1	0	1	0
Equipment Devices	0	0	0	0	0	0	2
Total	99	84	82	102	102	96	78

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Histogram of RIDDORS by year from 2018/19 to 2024/25

Graph 8.2

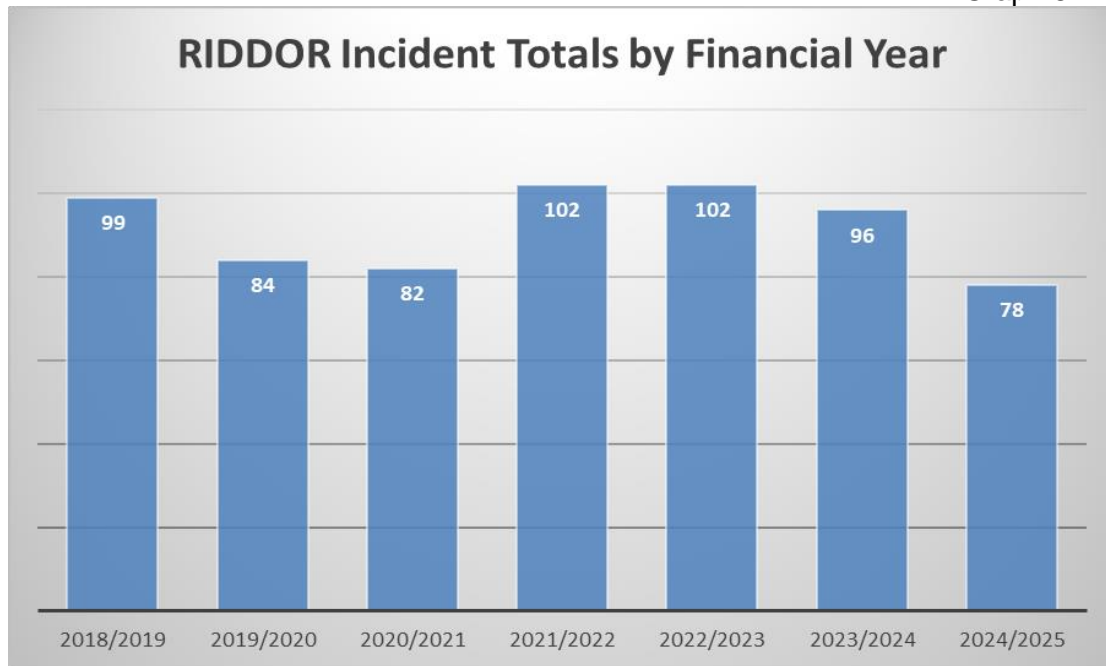


Table 8.4

RIDDOR's by Clinical Board -1st April 2024 to 31st March 2025	Total
All Wales Medical Genomics Service	1
Clinical Diagnostics and Therapeutic Services	3
Surgical Services	9
Capital, Estates and Facilities	19
Medicine Services	11
Specialist Services	14
Children and Women's Services	7
Executive and Corporate Services	1
Mental Health Services	13
Primary, Community and Intermediate Care	0
Total	78

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Table 8.5

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Dangerous Occurrence	0	0	0	1	0	0	1	0	0	0	0	0	2
Injury > 7 days	5	6	6	3	4	9	4	3	4	7	9	10	70
Injury to a member of the public	0	0	0	0	0	0	1	1	0	0	0	0	2
Specified Injury	0	0	0	0	0	1	0	1	1	1	0	0	4
Total	5	6	6	4	4	10	6	5	5	8	9	10	78

IMS-09: PPE

9.1 Face Fitting and RPE

The department have continued to fit test staff in the wider UHB and its associated partners both in using RPE and also training them to fit test other staff. This has provided a robust and efficient model to ensure staff have the correct RPE competence on the frontline.

9.2 General PPE

The Health and Safety department has continued to support the wider UHB as required through general requests.

IMS-10: Health and Hygiene

10.1 Control of Substances Hazardous to Health

The Health Board is required to complete risk assessments for all hazardous substances in use. This is to ensure reasonable precautions are taken to prevent ill health. The UHB utilises a CoSHH risk assessment software package powered by Sypol. This is managed and administered by the health and safety department. A training package has been developed during the reporting period and key users across the UHB have been trained and set up on the system allowing them to manage their assessments locally.

10.2 Environmental Monitoring

The Health and Safety department continues to respond to the needs of the organisation in providing suitable and sufficient monitoring to cover a varied spectrum of environmental and occupational health related risks. These include vibration, thermal comfort, noise and monitoring of hazardous substances. Due to limited resource within the health and safety department, some of the monitoring has been externally outsourced.

10.3 Occupational Health Monitoring

The department have continued to work collaboratively with Occupational Health in the provision of UHB health surveillance requirements for elements including Hand Arm and Musculoskeletal Vibration, Noise and Atmospheric Air Monitoring.

IMS-11: Case Management

11.1 Personal Safety/Violence and Aggression/Case Management

The Case Management Team have continued to focus on reducing violence and aggression within the Health Board, providing practical support and sign posting to formal support services.

The team continues to work in close partnership with South Wales Police, including collaboration with a designated UHB police officer, while also maintaining strong relationships with the Crown Prosecution Service and Witness Care. The Team remains actively engaged with South Wales Police and the Crown Prosecution

Service to ensure that individuals involved in criminal activity are appropriately pursued through the criminal justice system. During this reporting period there have been 7 custodial sentences.

11.2 All Wales Anti Violence Collaborative (AVC)

The Health Board have continued to work and support the All Wales AVC to promote the Obligatory Responses to Violence (ORV) which sets out the responsibilities of the AVC partners when dealing with incidents relating to violence or aggression in the NHS.

11.3 Violent Warning Markers

The team continues to manage the violent warning marker system by reviewing alerts and adding or removing markers. These markers alert staff to potential violent risks, whether intentional or unintentional, without implying criminal responsibility.

During the reporting period, a comprehensive audit of the system was conducted to ensure it complies with UHB procedures and data protection requirements.

Violent Warning Marker Movements.

Table 11.1

Year	Alerts	Violent Marker Placed	Alternative Treatment Scheme (ATS) Markers	Violent Markers Removed
2019/20	112	24	10	77
2020/21	157	66	7	115
2021/22	242	101	7	77
2022/23	180	85	13	121
2023/24	186	75	10	71
2024/25	224	89	24	82

Outcome Table

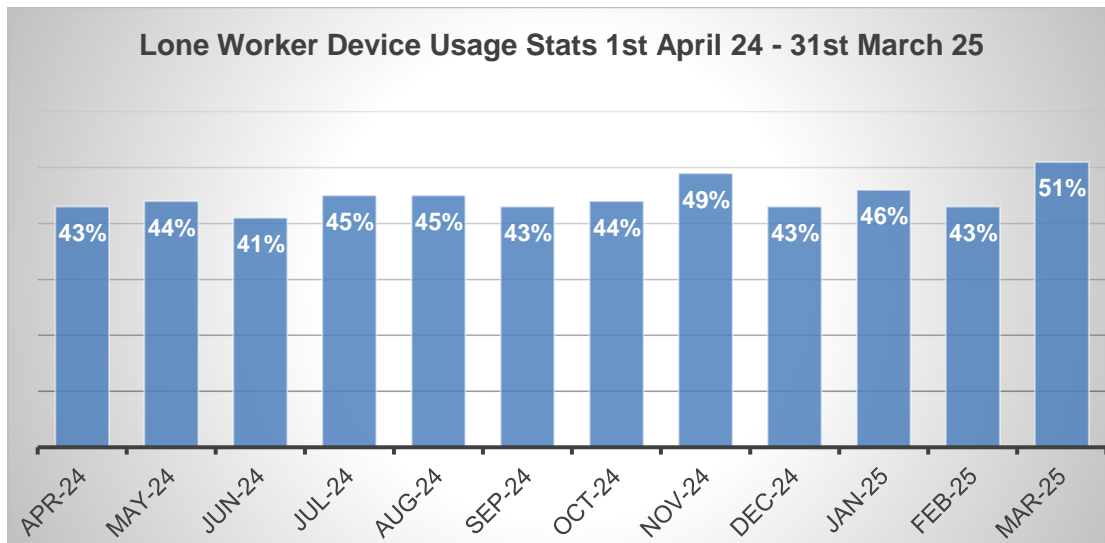
Table 11.2

Year	No. referred to Police- verbal warnings or no further action	Successful Prosecutions/ Outcomes	Other Sanction ASB referrals
2019/20	183	58	16
2020/21	213	77	65
2021/22	152	47	27
2022/23	58	16	183
2023/24	126	38	67
2024/25	225	55	50

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11.8 Lone Worker Devices

Graph 11.3



Device usage remained consistent over the period. The compliance rate reached 51% in March 2025, showing an increase from the previous months and indicating a positive trend. Starting from 1st March 2025, monthly non-usage reports have been scheduled, which are expected to positively impact usage compliance. In previous years, usage data included managers' feedback on authorised non-use. However, this data has not been collected for the current reporting period. The team continues to work closely with managers to address compliance issues and implement measures aimed at improving compliance rates such as bespoke training and working with managers to review compliance.

We continue to maintain 10 devices specifically allocated to support high-risk colleagues facing risks from stalking or domestic violence, ensuring their safety and well-being.

The lone worker system is a critical component of our violence and aggression risk management and control process.

IMS-12: Manual Handling

12.1 Advisors Report

The team have continued to proactively provide specialist support and advice to the wider UHB clinical/service boards.

In addition to the specialist support and advice, notable points during the reporting period are;

- Specific manual handling audits conducted in targeted areas based on previous incident rate, training compliance and request.
- The District Nurse manual handling courses have been expanded to include all community Primary Community and Intermediate Care (PCIC) staff, this provides specialist training for specific manual handling equipment used by community staff.
- Continued further expansion of bariatric equipment provision for the UHB in conjunction with equipment provider to facilitate rehabilitation of plus sized patients in hospital.

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- In conjunction with People Services, Occupational Health and Trade Union partners, the department have been significant drivers in implementing an Ergonomic Assessment form for managers to complete with employees with underlying musculoskeletal disorders. This forms the basis for risk assessment to identify any reasonable adjustments that may be required.

The department have also provided continued ongoing support work for all clinical/service boards across the UHB including;

- Complex community and hospital visits, this provides support to staff whilst being in line with the 6 goals for urgent and emergency care and home first approach to reduce the likelihood of readmission.
- Continuation of joint working with Local Authority therapy staff to ensure a seamless transfer of care for plus size patients on admission or discharge from hospital in relation to access to equipment.
- Continued project work with procurement to look at ease of accessibility for manual handling equipment for ward staff, in particular patient specific slings and slide sheets.
- Provision of advice and support to the UHB Falls Lead in implementing corporate falls training, including the evaluation of equipment.

12.2 Manual Handling Incidents

Staff manual Handling Incidents

Table 12.1

2024-2025 Staff Manual Handling Incidents	Accident / Injury	Equipment Related	Total
Manual Handling - Equipment	4	4	8
Manual Handling - Non patient/service user handling	52	0	52
Manual Handling - Patient/service user handling	82	3	85
Total	138	7	145

Manual Handling RIDDOR Submissions

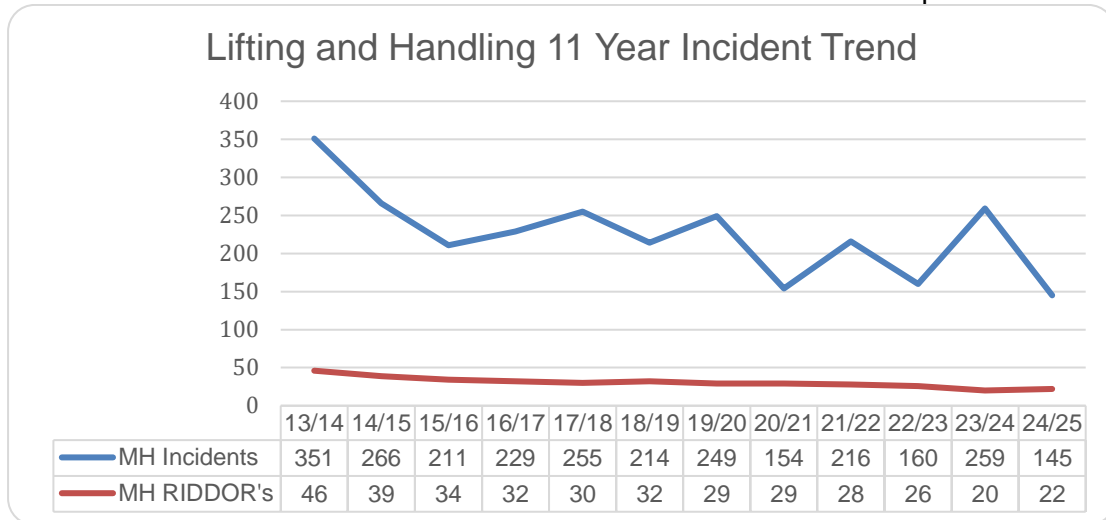
Table 12.2

Incidents by Sub Category and RIDDOR Notification Type	Injury > 7 days
Injured during a manual handling manoeuvre	9
Lifting/lowering a load	3
Management of the falling patient/service user	1
Manual handling aid / equipment required but unavailable	1
Pushing/pulling a load	4
Sitting/standing/walking patient/service user	2
Struck against stationary object e.g. furniture, fixtures, fittings, equipment, machinery	1
Struck by falling or collapsing Object	1
Total	22

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There has been a significant decrease in the number of recorded manual handling incidents during the reporting period compared to 2023/2024, this is attributable to the enhanced scrutiny put on the correct coding of incidents when recorded on DATIX. There has been a slight increase of 2 RIDDOR reportable incidents on the previous year.

Graph 12.1



IMS-13: Training

13.1 Training Compliance

Health and Safety Training Compliance 1st April 2025

UHB training compliance

Table 13.1

	Moving and Handling - Level 1	Moving and Handling - Level 1b	Moving and Handling - Level 2	V&A - Module A	V&A - Module B	V&A - Module C	V&A - Module C+	V&A - Module D	Fire Safety	Health, Safety and Welfare
001 Cardiff and Vale University LHB	89.23%	74.86%	61.51%	88.91%	79.42%	37.40%	45.41%	59.52%	69.99%	87.67%

Regan Nikki
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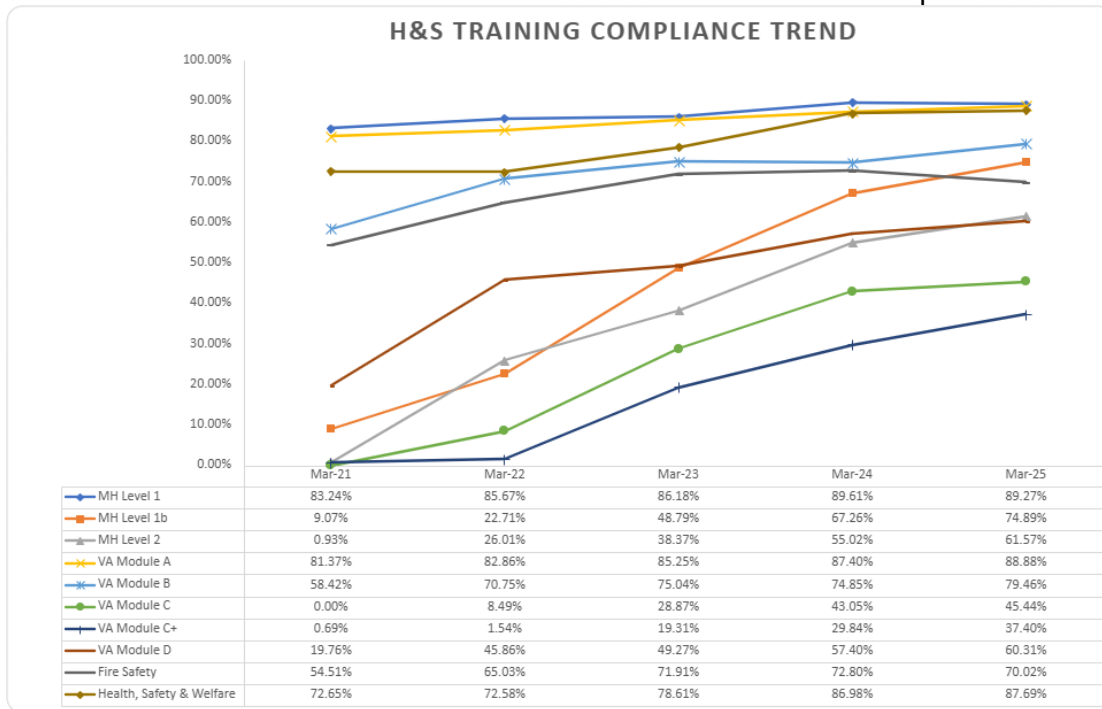
Clinical board training compliance

Table 13.2

CB	Moving and Handling - Level 1	Moving and Handling - Level 1b	Moving and Handling - Level 2	V&A - Module A	V&A - Module B	V&A - Module C	V&A - Module C+	V&A - Module D	Fire Safety	Health, Safety and Welfare
AWMGS	94.41%	89.02%		96.37%	90.67%	75.21%			79.05%	95.81%
CEF	97.53%	88.46%	81.32%	97.26%	88.74%	0.00%		47.50%	82.24%	95.95%
C&W	90.58%	61.62%	60.46%	90.30%	81.98%	51.27%	38.55%		72.26%	89.58%
CD&T	92.68%	59.31%	69.42%	92.90%	85.80%	52.43%			78.33%	91.38%
Executives	91.52%	72.00%	45.76%	92.38%	86.68%	50.00%			74.86%	90.48%
Medicine	86.68%	75.00%	57.30%	83.86%	71.57%	34.65%	23.57%		61.54%	83.35%
Mental Health	87.48%	33.33%	46.34%	92.62%	75.97%	41.77%		60.41%	66.15%	85.24%
PCIC	89.79%	77.78%	60.67%	88.52%	80.99%	45.72%			73.25%	88.86%
Specialist	87.31%	49.09%	69.81%	86.02%	78.96%	50.04%	52.82%		66.99%	86.42%
Surgical	82.43%	55.43%	62.22%	80.51%	72.63%	38.59%	56.00%		59.23%	80.51%

CAVUHB 4 Year Compliance Trend

Graph 13.1



Whilst training compliance is still indicating red in some areas there has been significant positive increases in the number of trained personnel over the last 4 years with a continued focus in this area. The department are supporting wider UHB managers to review the training needs of staff to ensure that the correct competencies are assigned to job roles and recorded on ESR, this work is being identified at audit and incident investigation.

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The Health and Safety department continues to offer the Manual Handling Workplace Competency Assessor (MHWCA) training course which enables staff to complete a manual handling competency assessment in the workplace with their local assessor. The programme continues to be positively evaluated.

There continues to be increasing uptake for the managing safely and risk assessment courses that the department offer. These are actioned through incident investigation and management system audits. The managing safely course now has a Trade Union presentation which further promotes the support and close partnership working the department has with them.

IMS-14 Contractor Management

The department continues to support the clinical boards for contract work that sits outside Capital, Estates and Facilities.

Notable projects this year include;

- Supporting AWMGS with their move to CICG
- Llandough children's assessment centre Helping Hands project – therapy garden
- Ty-Dewi Sant building refurbishment and new x-ray equipment install for Cardiff University
- Air-tube system servicing at UHL and UHW
- Ducting inspection and repair work for Public Health Wales

The department now monitors the clinical boards contractor management compliance through the management system audits.

IMS-15 Emergency Planning

Monthly Health and Safety, Security and Strategic planning meetings continue to be held consisting of the heads of department or delegate. It provides an opportunity to discuss any partnership working and future projects.

The Assistant Director of Health, Safety and Fire continues to sit on the Operational Emergency Preparedness, Resilience and Response Group, whilst the Strategic Emergency Preparedness, Resilience and Response Group is now overseen by the Chief Operating Officer and is being refreshed.

A number of emergency exercises were undertaken during the reporting period both internal and multi-agency including.

- Multiple high-rise exercises conducted utilising Brecknock house.
 - This enabled SWFRS to maintain competence of current operational crews and provided development opportunities for new recruits coming into service.
 - It also enabled SWFRS to create and implement new tactics, techniques and procedures for high-rise firefighting.
- The fire team collaborated with SWFRS to update their Site-Specific Risk Information for UHW, UHL and Rookwood, these are key to providing the most up to date risk information for our sites.

Staff continue to be trained on civil contingencies from logging right up to Gold strategic command. This is conducted by the Emergency Preparedness, Resilience and Response (EPRR) team that sit within the Chief Operating Officers' team.

Regan, Nikk
02/07/2025 14:46:05

IMS-16 Communications

16.1 Enforcement Agencies actioned during the period

Table 16.1

Date	Description	Type	Status
Health and Safety Executive			
27.01.2022	Local Extract Ventilation	Request for information from the HSE in relation to the maintenance and testing of local exhaust ventilation systems in JBIOS area in tower block 2, floors 2 and 3 at University Hospital Wales. Facility is operated by a third party, but detailed response sent to the HSE in February 2023 including voluntary statements from the Head of Health and Safety and Head of Facilities and Estates. As yet the health board have not received a reply to formally close.	Open
South Wales Fire and Rescue Service			
21.03.2021	EN03/21	Enforcement notice issued for failing to adequately control ignition sources in Hafan Y Coed (HYC). This was raised to the SWFRS compliance team and the enforcing agency have taken the decision to prosecute the UHB. Several trial dates have been set however, due to reasons outside the control of CAVUHB it has now been set for 8 th September 2025.	Open
April 2024 – September 2024		Eight regulatory inspections during the period resulting in Informal notices issued against Regulatory Reform (Fire Safety) Order 2005: Article 8 – Duty to take general fire precautions Article 14 – Emergency routes and Exits Article 17 – Maintenance Article 21 – Training	

16.2 Health and Safety Dashboard

The department have continued to compile and distribute the health and safety dashboard on a monthly basis. It provides key information and quantitative data to support the clinical/service boards in their health and safety performance.

16.3 Meetings

The Health and Safety Sub-Committee was stood down during the reporting period and the People and Culture Committee is now the board level reporting function for health, safety and fire matters.

The Operational Health and Safety Group continued to meet quarterly and is chaired by the Executive Director for People and Culture. It provides the platform to cascade relevant information to and from the People and Culture Committee and to ensure the necessary assurance that health and safety is being suitably and sufficiently managed.

Regan, Nikka
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Clinical/Service Board Health and Safety Meetings

These continue to be supported by health and safety advisors, along with several other specific operational forums for topics such as medical gas, electrical safety and asbestos management.

Clinical/Service Board Health and Safety Meetings

Table 16.2

Health & Safety Group	Agreed Frequency	Meeting per year	Actual
All Wales Medical Genetics	3 monthly	4	4
Capital, Estates & Facilities	3 monthly	4	6
Medicine	3 monthly	4	5
Specialist	3 monthly	4	4
Surgery	3 monthly	4	5
C&W	3 monthly	4	4
PCIC	3 monthly	4	4
CD&T	3 monthly	4	4
Mental Health	3 monthly	4	6

As with the previous reporting period the Clinical/Service board Health and Safety meetings continue to be held on a regular basis, there has been a continual increase over the last 4 years with 42 being held in 2024/2025.

Fire Safety Group

The Fire Safety Group has continued to meet quarterly and provides a consultative forum to discuss and monitor the implementation of CAVUHB's health and safety fire plan, strategy and policy including management arrangements. It is also a platform to cascade relevant information to and from the People and Culture Committee and to ensure the necessary assurance that fire safety is being suitably and sufficiently managed.

IMS-17 Change Management

A number of change management processes are utilised across the UHB, that bring relevant parties together to form change committees, this is based largely on risk and magnitude of required change. Significant changes are managed through the OCP (Organisation Change Procedure), this included several ward moves during the reporting period.

A significant change which is still underway at the time of report issue is the closure of Denbigh House at UHW and the subsequent relocation of the training team to Woodland House.

IMS-18 Safe System of Work

The health and safety team have worked with both internal teams and external contractors to ensure that existing devised permit to work methodologies remain appropriate and adequate to control all relevant activities. Part of this work included intensifying our contractor monitoring activities, specifically concentrating on higher risk work, to ensure that the safe systems of work remain effective and in support of permit to work audit findings.

Clinical/Service boards maintain a suite of Standard Operating Practices (SOP's) as part of their safe systems of work, assurance of the robustness of these documents is now provided through the health and safety management system audit programme.

Regan, NIKKA
02/07/2025 10:16:05

IMS-19 Hiring and Placement

Table 19.1

Position	WTE	WTE In-post
Assistant Director Health, Safety & Fire	1	1
Assistant Head of Health and Safety	2	2
Health & Safety Advisors	2	2
Manual Handling Advisor	1	1
Assistant H&S/Manual Handling Advisor	1	1
Violence Prevention Case Manager	1	1
Case Management Officers	1.2	0.8
Senior Trainer	1	1
Health & Safety Trainers	4.4	4.4
Assistant Trainer	0.6	0.6
Assistant Head of Fire Safety	1	1
Fire Safety Advisor	4	4
Administrator Lead	1	0
Administration	1.2	0.8
Administration Apprentice	1	1
Total	23	21.6

Most vacancies within the department were filled during the reporting period although, a shortfall exists in case management and administration.

19.1 Competence

As well as the more universally accepted external certified Health and Safety courses such as NEBOSH, definitive competence pathways are now in place for the training and fire teams. This process involves various external accreditations and on the job experience, it is further strengthening competence and future proofing the department.

IMS-20 Loss Prevention Inspections

The health and safety department continue to work closely with trade union leads in improving the planned workplace inspection process. The electronic tablets continue to be a success in being used to assign and track actions via I-Auditor software.

20.1 Ligature Assessments in Mental Health

Annual ligature reviews were completed for all mental health inpatient settings during the period although this process now sits with mental health to lead with oversight from health and safety.

Conclusion

Progress through the Health and Safety Culture Plan has continued with many of the processes implemented over the last 3 years starting to embed into Clinical and Service Board work streams, this is suggested by evidence of continual improvement in training compliance, UHB wide H&S meetings and improved clarity around Health and Safety accountability and responsibilities.

Focussed scrutiny around RIDDOR incidents has led to a significant reduction, however, forthcoming years will determine if it is a permanent breakthrough of the safety plateau of previous years. As in previous years, close to 90% of RIDDOR submissions from CAVUHB are due to the greater than 7 days absence, this is in stark contrast to the whole UK workplace average which is closer to 70%.

Regan, NIKKI
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The health and safety department are inputting into a wider sickness reduction project led by People Services.

The implementation of a more structured Health and Safety Management System Audit programme provides quantifiable assurance that systems and processes are implemented to manage Health, Safety and Fire risks in Clinical and Service Board areas.

Definitive competence pathways are now in place for most roles within the Health and Safety Team, this is particularly important for the training and fire units whose competence is quite specific, and niche compared to others within the department. This further strengthens competence and helps future proof the team.

Regan, Nikki
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Report Title:	Regulatory Review and Tracking Report		Agenda Item no.	2.6	
Meeting:	People & Culture Committee	Public	X	Meeting Date:	08/07/2025
		Private			
Status <i>(please tick one only):</i>	Assurance	Approval	Information	X	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Assistant Director of Health, Safety and Fire				

Main Report

Background and current situation:

This report is presented to the Committee to track that relevant Board Committees are receiving reports and information regarding inspections undertaken by various inspection/review bodies as a key source of assurance. The report provides information on new or outstanding regulatory notices for the period 1st January 2025 – 23rd June 2025 and includes:

- (a) any new inspections undertaken during the period as recorded in the post log or notified by Clinical/Service Boards;
- (b) formal reports received during the period. Some reports are received a number of months after the actual inspection.

The statutory obligations of the University Health Board (UHB) are wide ranging and complex; the UHB must comply with general law as well as NHS specific legislation. The majority of regulatory visits monitored by the People and Culture Committee fall into the following categories:

- Inspections/audits undertaken by the Health and Safety Executive;
- Fire Safety inspections undertaken by South Wales Fire and Rescue Service;

Situation

South Wales Fire and Rescue Service

The current South Wales Fire & Rescue Service prosecution of the UHB is associated with EN3/21 for alleged non-compliance with Articles 8 of The Regulatory Reform (Fire Safety) Order 2005. Several dates have been set for trial but it is now currently fixed for 8th September 2025. The Assistant Director of Health, Safety and Fire is working closely with the Director of Corporate Governance and external legal team in formulating a defence.

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

Assurance

The attached report provides evidence that each category of review is being worked through by the Assistant Head of Health, Safety and Fire and has been brought to the People and Culture Committee.

Recommendation:

The Committee is requested to:

- a) Note the findings of the report.

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

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

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

Impact Assessment:

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

Risk: No

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

Safety: No

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

Financial: No

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

Workforce: No

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

Legal: Yes

Potential for detrimental financial implications if CAVUHB are unable to suitably defend the prosecution.

Reputational: Yes

Potential for detrimental reputational implications if CAVUHB are unable to suitably defend the prosecution.

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

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

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

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

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

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

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

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

Committee/Group/Exec

Date:

*Regan Nikki
02/07/2025 10:46:06*

Clinical Board	Directorate / Service Area	Inspection Date	Inspection Closure Due by	Next Inspection Date	No of Recs	Recommendation Narrative / Inspection Outcome	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)	Management Response / Executive Update
CEF	CEF - Led by Health & Safety	27.01.2022	Open ended	01.02.2023		27/01/2022 - Request for information in relation to local exhaust an extract ventilation systems. Details of maintenance and agreements in place between UHB and Cardiff University forwarded to HSE.	People and Culture	Head of Health & Safety	PC	<p>Please provide the following information for each recommendation:</p> <ol style="list-style-type: none"> 1. A general update; 2. Changes to the closure date? if so why? 3. Any specific challenges that you are encountering or have encountered; 4. The last date the recommendation was shared at its assurance committee. <p>Information provided to HSE. 05/01/2023 - Meeting held at the request of HSE with the intention of taking a voluntary statement from the Head of Estates and Facilities. Agreement on the day that CAVUHB would formally provide answers to HSE questions by the end of January 2023 and the Head of Estates and Facilities would then sign a voluntary statement to this. During the meeting on 05/01/2023, the Head of H&S signed a voluntary statement in relation to information previously sent to them in February 2022. Further meeting with HSE 01/02/2023 and Head of Estates and Facilities provided a voluntary statement relating to an information request from the HSE. No further update</p>

Regan, Nikki
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Clinical Board	Directorate / Service Area	Inspection Date	Inspection Closure Due by	Next Inspection Date	No of Recs	Recommendation Narrative / Inspection Outcome	Executive Lead for Report	Operational Lead for Recommendation	Please confirm if completed (c), partially completed (pc), no action taken (na)
Mental Health	Mental Health HYC	14.04.21	Due date 19.05.21	10.12.21		Duty of Works: EN01 - (EN3/21) Article 8 - Duty to take general fire precaution's is not being complied with EN3/21 Schedule states: "During the inspection carried out on 14th April 2021 there was evidence of illicit smoking found throughout the premises. These matters have previously been raised by this Authority and also within previous FRA's carried out by the UHB fire safety advisor. This is unacceptable. The UBN's smoking policy should be appropriately managed to ensure that smoking and ignition sources are controlled and monitored to reduce the potential for accidental and deliberate fire setting."	Executive Director People and Culture	Head of Health and Safety	PC
Mental Health	Mental Health HYC	03.04.2024				SWFRS have requested that they conduct a regulatory fire audit of Hafan Y Coed	Executive Director People and Culture	Head of Health and Safety	PC

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Management Response / Executive Update

Please provide the following information for each recommendation:

1. A general update;
2. Has there been a change to the closure date, if so why?
3. Any specific challenges that you are encountering or have encountered;
4. The last date the recommendation was shared at its assurance committee.

Robust control measures have been agreed and implemented between the Director of CEF and senior premises managers. This has been communicated to the enforcing authority. A further inspection was carried out on 20th May by the enforcing authority and due to a number of non compliances found at that time an EN 03 was served i.e. 'Enforcement Notice not complied with'. This matter still rests with the Fire Authority's Compliance team for deliberation as to whether they might proceed with prosecution. N.B. An Article 27 letter dated 15th September 2021 was served on the CEO requiring pertinent information to be forwarded to the Fire Authority within 14 days of the date of the letter. This information was duly forwarded to the Fire Authority.

A letter under caution was issued against the executive director for public health on 01/12/2021. This has been responded to and a subsequent meeting held with the chief fire officer for SWFRS, the UHB CEO, new responsible exec for fire and new fire safety manager. The notice remains open but close collaboration exists between the two parties. On 1st November 2021 significant organisational changes were made resulting in the fire team moving to sit under H&S.

11/01/2023: SWFRS have taken the decision to prosecute the UHB for alleged contraventions. A plea hearing was conducted by Cardiff magistrate court where the UHB entered 'No plea'. Hearing was held at Cardiff Crown court on 13th January 2023 where the UHB entered 'Not guilty' pleas to all 4 offences.

Trial date set for 9th October 2023.

Due to the unavailability of the court the trial date has been rescheduled for 22nd July 2024.

Due to the unavailability of prosecution personnel, a third trial date has been set for 21st October 2024.

Visit has yet to take place. Noted here due to forthcoming prosecution.

Two inspections of HYC conducted in April and May 2024 with no significant concerns. Minor informal notices issued and suitable responses provided. No further issues.

SWFRS have also conducted an inspection in MHSOP at UHL and 5 in CHFW. Again, no significant contraventions were found, minor informal notices were issued which have all been suitably responded to.

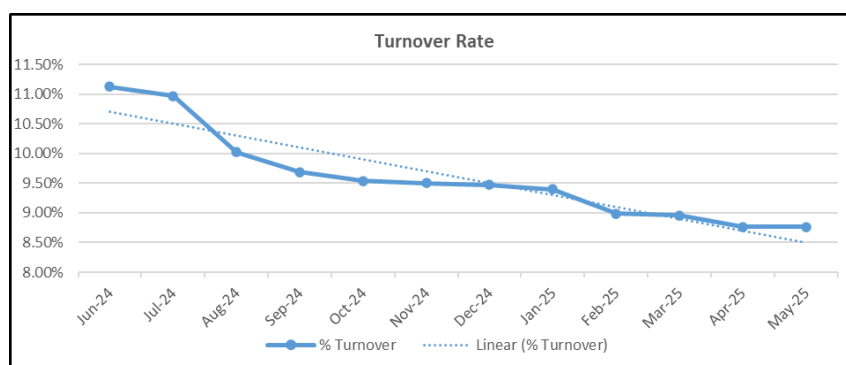
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Report Title:	Key Workforce Performance Indicators			Agenda Item no.	2.3
Meeting:	People & Culture Committee	Public	X	Meeting Date:	08/07/25
		Private			
Status <i>(please tick one only):</i>	Assurance	X	Approval	Information	
Lead Executive Title:	Executive Director of People and Culture				
Report Author (Title):	Deputy Director of People & Culture				

Main Report
Background and current situation:

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

- The Health Board's target for **Turnover** is in the range 7% to 9%. The turnover rate for May-25 was 8.76%. This represents a reduction in 12 months of over 2%. The rate at May-25 is the lowest since May-20, when the turnover rate was 9.06%.



- Whilst the **Values-Based Appraisal** compliance rates have risen slightly in the past few months, to 71.79% for May-25, the rate remains well below the 85%.



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- **Fire e-Learning Compliance** continues to be significantly lower than target; at 71.60% for May-25.



The overall stat & mand compliance for level 1 modules is 82.44%, i.e. almost at target. Compliance for level 2 and 3 modules is 63.84%.

- 66.26% of consultants have recorded signed-off **Job Plans** at May-25. The target is 90%, to be achieved by Sep-25.



June Update

OD

- **A Senior Leadership Programme** for Operational staff at bands 8b and 8c is under development, with an expert group established to ensure the programme commences in July 2025. This also includes working with ABUHB and CTMUHB.
- **Developing healthy high performing teams** - work is continuing with Safeguarding, Haematology and HMP Cardiff
- Collaborative work is taking place to support PCIC facilitate a local staff survey focus group and SMT development

EDI

- The **Strategic Equality Plan** continues to be embedded through leadership and management development, with the refreshed EDI module now explicitly covering the Strategic Equality Objectives, the importance of representation, data-driven EDI, and fostering an anti-racist culture. 50 leaders and managers have attended the refreshed module.

- The **Workforce Race Equality Standards Task and Finish Group** is progressing actions to remove barriers to progression and improve representation, with a recruitment data deep dive currently underway to inform next steps.

Occupational Health

- We are continuing to work with Procurement colleagues to strengthen governance and provide greater clarity around our **Service Level Agreements** with external partners.
- The newly appointed **Clinical Lead Nurse** is now in post and actively identifying opportunities for improvement across our workstreams and service delivery within the collaborative model.
- The People Health and Wellbeing Team has **relocated to Woodland House**, now the dedicated base for Occupational Health and Employee Wellbeing at CAV UHB. This move provides an excellent facility for colleagues and PHWS staff.
- Progress continues in embedding **Health Surveillance programmes** across the UHB. In parallel, progress is being made toward SEQOHS accreditation, further reinforcing commitment to high standards of care

Workforce Planning

The UHB have been commended by HEIW for their **Education Commissioning** submission and has been asked for permission to share across Wales as an example of good practice for other Health Board's to consider for this year's submission

Improving Wellbeing and Attendance

- The **Managing Attendance at Work training** has been revised and relaunched with 2 sessions per month available. Training needs have been identified and Managing Attendance at Work (MAAW) training sessions have been arranged for 'hotspot' areas
- A **digitalised module-based refresher training** is in development.
- Each **Clinical/Service Board are running monthly sickness panels** to monitor attendance at work. These panels are chaired by a senior member of the Clinical Board. Terms of Reference and a standardised Agenda have been developed for these sickness panels to ensure consistency. Total number of long term sickness cases has reduced.
- The **primary reason for absence** is Anxiety, Stress and Depression. Targeted wellbeing interventions and preventive methods are being utilised to reduce impact and support sustained attendance. There is also a focus on signposting to resources and clear promotion of available support tools including the stress risk assessment, Occupational Health referral routes, Access to Work and flexible working pattern reviews.

Suspensions

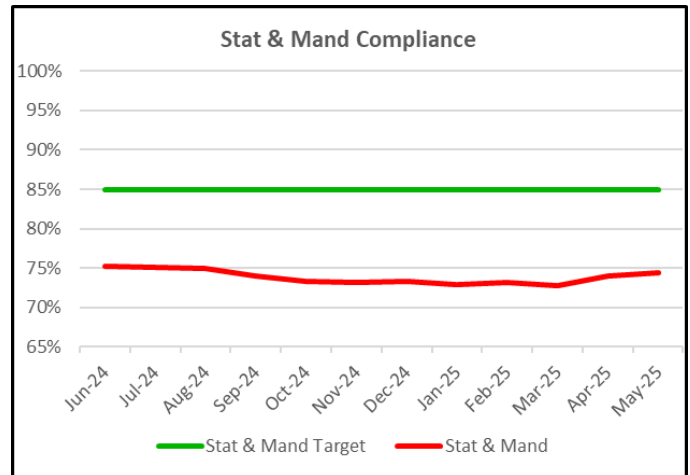
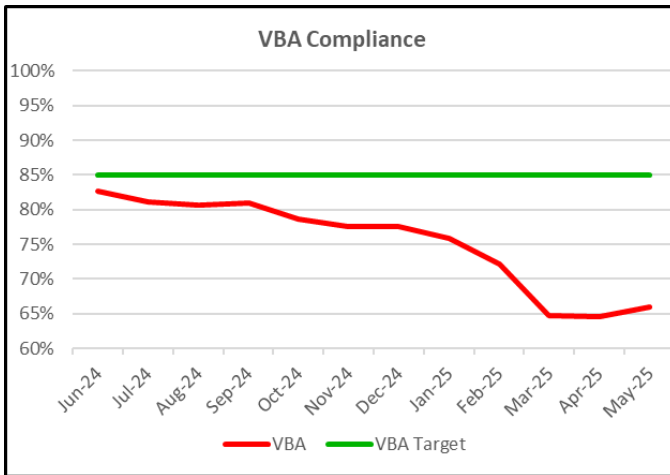
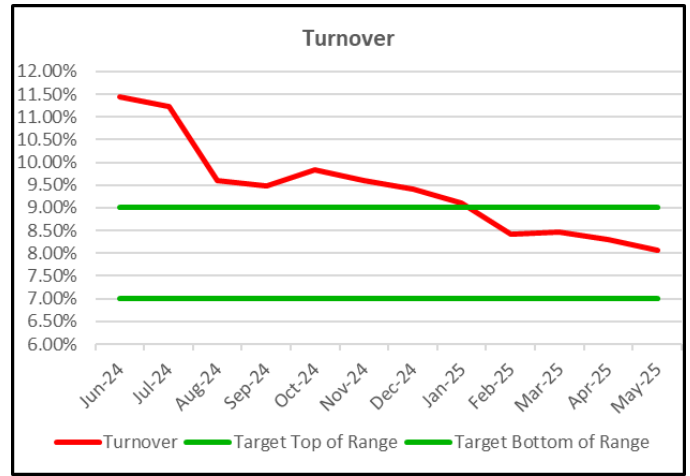
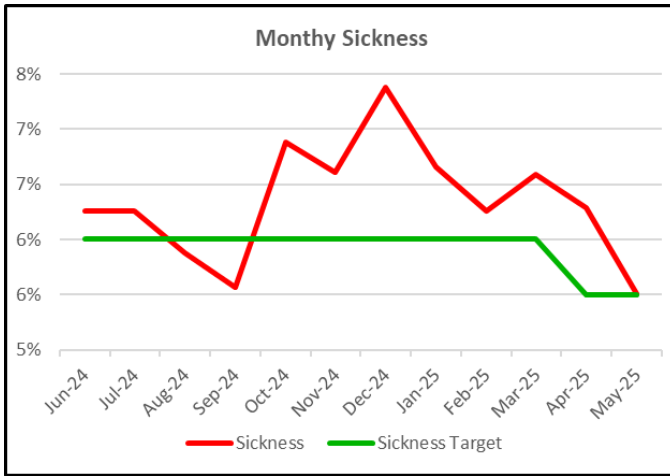
The UHB currently has 3 staff suspended/excluded from work as a result of allegations that potentially amount to gross misconduct.

- 1 has been suspended for a period of Seven months. The internal process was initially put on hold due to external proceedings involving multi-professional agencies. The internal process has commenced, and an investigation is being undertaken in accordance with the All Wales Disciplinary Policy. The investigation is close to conclusion.
- 1 has been suspended for a period of two months. The suspension is in relation to an ongoing Criminal Investigation. As a result, all internal processes are currently on hold pending the outcome of the external investigation.

- 1 has been suspended for less than one month

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

Surgical Services Clinical Board are presenting at the July Committee, 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:

Our approach

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

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

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

Recommendation:

The People & Culture Committee is requested to:

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

Link to Strategic Objectives of Shaping our Future Wellbeing:

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

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

Five Ways of Working (Sustainable Development Principles) considered

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

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

Quality Impact Assessment Completed?:

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

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

Impact Assessment:

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

Risk: Yes/No

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

Safety: Yes/No

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

Financial: Yes/No

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

Workforce: Yes/No

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

Legal: Yes/No

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

Reputational: Yes/No

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

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

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

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

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

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

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

Decarbonisation: Yes/No

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

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

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

Welsh Language: Yes/No

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

Committee/Group/Exec

Date:

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Turnover	<p>The overall trend is downwards since Jun-24; the rates have fallen from 11.12% at Jun-24 to 8.76% in May-25 UHB wide. This is a net 2.36% decrease, which represents 347 WTE fewer leavers.</p> <p>The top 5 reasons recorded for leaving are; 'Voluntary Resignation - Other/Not Known', 'Retirement Age', 'Voluntary Resignation – Relocation', 'Voluntary Resignation – Promotion' and 'Voluntary Resignation - Work Life Balance'.</p>	May 2025	
Sickness Absence	<p>The monthly sickness rate for May-25 was 4.98%. The 12-month cumulative rate has settled over the past year, and is 6.34% at May-25 (an increase of 0.13% by comparison with the rate at May-24).</p>	May 2025	
Statutory and Mandatory Training	<p>The overall compliance rates rose marginally for May-25 to 82.44%, 2.56% below the overall target. The compliance for Capital, Estates & Facilities, Clinical Diagnostics & Therapeutics and Corporate Executives are above the 85% target; and PCIC, Children & Women's and Specialist Services are above 80% compliance.</p> <p>The compliance with Fire training has fallen marginally, to 71.60% for May-25. The compliance for all of the Clinical Boards is below the 85% compliance target.</p>	May 2025	
Values Based Appraisal	<p>VBA compliance has risen slightly for May-25 to 71.79%. None of the Clinical Boards have reached the 85% target rate%.</p>	May 2025	
Employee Relations	<p>As can be seen in the graph the number of employee relations cases the People Services team are supporting has risen in the past 12 months and the number of disciplinary cases remains above the UHB Target. The People Services Team continue to analyse trends of employee relations cases to develop bespoke training packages or additional toolkits/support services where appropriate.</p>	May 2025	

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C&V Priorities and Annual Plan Commitments

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Priority	Performance Summary	Reported Period	Data
Job Plans	The vast majority of clinicians have now engaged with job planning and have a job plan in the system. 66.26% have a signed off job plan, against a target of 90% to be achieved by Sep-25.	May 2025	
Medical Appraisals	The rate of compliance with Medical Appraisal rose slightly to 84.91% for May-25, slightly below the 85% target.	May 2025	
Staff in Post	The overall Health Board Staffing Numbers have increased in the last 12 months by 437WTE, to 15,407.82 WTE at May-25. This is the 3 rd month where the WTE staffing has fallen since Feb-25, which was the highest number in the past 12 months. As can be seen both the WTE staff on both permanent and temporary contracts has fallen.	May 2025	
Variable Pay (Bank, Agency, Overtime..)	The trend of proportion of the pay bill spend on variable pay (Bank, Agency, overtime etc.) continues to fall. At Jun-24 the percentage was 8.16% of the total spend on pay, but in May-25 had fallen to 5.97%. It must however be borne in mind that the total pay bill is increasing. There was no notable reduction in the quantity of variable pay in Nov-24, the dip on the chart is as a consequence of the total pay bill including payment of pay award and arrears.	May 2025	
Staff Winter Vaccination Programme	By the end of Mar-25 35.28% of staff have received the flu vaccine, and 28.29% of staff have received the COVID-19 vaccine. The winter vaccination programme for 2025-26 will commenced in the autumn.	May 2025	
Agency Spend as % of Total Pay Bill	The proportion of the total pay bill attributed to Agency for May-25 was the same as for Apr-25. This was higher than for Mar-25, but the overall trend remains downwards. At Jun-24 the percentage was 0.68% of the total spend on pay and has fallen to 0.39% at May-25. It must however be borne in mind that the total pay bill is increasing.	May 2025	

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Priority	Performance Summary	Reported Period	Data
Time to Hire	The All-Wales target for recruitment Time to Hire (the time interval between vacancy creation and successful candidate ready for start date) is 71 days, and the NHS Wales average is 61.6 days. The figure for Cardiff & Vale uHB for Apr-25 was 85.5 days.	May 25	
Time to Shortlist	The All-Wales target for recruitment Time to Shortlist (the time interval between vacancy closure and shortlisting completion) is 3 days, and the NHS Wales average is 6.7 days. The figure for Cardiff & Vale uHB for Mar-25 was 12.2 days.	May 2025	
Exit Questionnaire Completion	At Mar-25 the return rate of exit questionnaires was 14.60%, against a target of 30%. The returns rate will be produced quarterly; the next update will be for Jun-25.	March 2025	
Nursing & Midwifery Band 5 & 6 Vacancy Rates	The vacancy rate is the difference between the funded establishment WTE and the sum of the staff in post WTE represented as a percentage of the funded establishment WTE. At May-25 the rate was 2.32%, by comparison with a nominal 5% target. The swing between Oct-24 and Nov-24 was significantly impacted by validation of ESR position data.	May 2025	
Provision of EDI Data in ESR	This measure shows the percentage of staff who have recorded all of their Marital Status, Nationality, Ethnicity, Disability, Sexual Orientation, Religion and Country of Birth in ESR. At May-25 35.12% have recorded all of their EDI data. Country of Birth has the poorest compliance rate.	May 2025	
Percentage of Staff with Welsh Skills Levels 2 – 5 Recorded in ESR	This measure shows the percentage of staff who have recorded their Welsh Skills in ESR at level 2 (Foundation) through to level 5 (Proficient). 47% of staff have not recorded their Welsh Skills in ESR, and a range of activities are being undertaken to improve this. At May-25 6.62% of staff have identified their Welsh Skills as between level 2 and level 5.	May 2025	

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No.	Performance Measure	Reported Period	Performance Standard	In Month Performance	Trend												
36.	Percentage of sickness absence rate of staff	May 2025	5.50%	4.98%	<table border="1"> <thead> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> </thead> <tbody> <tr> <td>7.35%</td> <td>7.03%</td> <td>6.37%</td> <td>6.34%</td> <td>5.77%</td> <td>4.98%</td> </tr> </tbody> </table>	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	7.35%	7.03%	6.37%	6.34%	5.77%	4.98%
Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25												
7.35%	7.03%	6.37%	6.34%	5.77%	4.98%												
37.	Staff turnover	May 2025	7%-9%	8.76%	<table border="1"> <thead> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> </thead> <tbody> <tr> <td>9.47%</td> <td>9.40%</td> <td>8.98%</td> <td>8.96%</td> <td>8.76%</td> <td>8.76%</td> </tr> </tbody> </table>	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	9.47%	9.40%	8.98%	8.96%	8.76%	8.76%
Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25												
9.47%	9.40%	8.98%	8.96%	8.76%	8.76%												
38.	Agency spend as a percentage of the total pay bill.	May 2025	12-month reduction trend	0.39%	<table border="1"> <thead> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> </thead> <tbody> <tr> <td>0.41%</td> <td>0.63%</td> <td>0.63%</td> <td>0.17%</td> <td>0.39%</td> <td>0.39%</td> </tr> </tbody> </table>	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	0.41%	0.63%	0.63%	0.17%	0.39%	0.39%
Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25												
0.41%	0.63%	0.63%	0.17%	0.39%	0.39%												
39.	Percentage headcount by organisation who have had a Personal Appraisal and Development Review (PADR)/medical appraisal in the previous 12 months (including doctors and dentists in training)	May 2025	85%	72.59%	<table border="1"> <thead> <tr> <th>Dec-24</th> <th>Jan-25</th> <th>Feb-25</th> <th>Mar-25</th> <th>Apr-25</th> <th>May-25</th> </tr> </thead> <tbody> <tr> <td>79.30%</td> <td>78.28%</td> <td>75.12%</td> <td>71.19%</td> <td>71.71%</td> <td>72.59%</td> </tr> </tbody> </table>	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	79.30%	78.28%	75.12%	71.19%	71.71%	72.59%
Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25												
79.30%	78.28%	75.12%	71.19%	71.71%	72.59%												

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Cardiff and Vale
University Health Board



Shaping Our Future

Workforce

Surgery Clinical Board

People and Culture Committee

July 2025

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Background & Context

The Surgery Clinical Board comprises of 9 directorates, delivering care for patients at a local, regional and supra-regional level. The Board currently delivers 34 highly specialist services on a regional/tertiary basis.

Services operate across the UHW and UHL site.

Our Theatres delivered 31,576 procedures in 2024/5 excluding radiology and obstetrics.

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Core Components of Surgery Clinical Board

Surgery Clinical Board

General Surgery
(including Vascular)

Head and Neck and Dental
(University Dental Hospital)

Perioperative Care

Ophthalmology

Trauma and Orthopaedics

Spines

Breast

Urology





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Key Strategic Drivers

- **Shaping Our Future Wellbeing-** *Putting People First, Providing Outstanding Quality, Delivering in the Right Places, Acting for the Future*
- **Cancer Standards:** *Suspected Cancer Pathway-timely diagnosis and treatment- 62 days timeframe*
- **Getting It Right First Time (GIRFT)-** *clinical led, data driven programme of healthcare-reducing variations in care, sharing best practice, identifying opportunities for improvement*
- **Ministerial Advisory Group Report on Wales Performance and Productivity-** *independent review of the arrangements to support Improvements in NHS Wales*

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Putting People First	Providing Outstanding Quality	Delivering in the Right Places	Acting for the Future
<p>Improve the way we communicate and engage with our people</p> <p>Promote and improve the health and wellbeing of our staff</p> <p>Build an affordable and sustainable integrated workforce through strategic and whole system workforce planning</p> <p>Increase the diversity of workforce to meet the population needs</p> <p>Focus on prevention: health board priorities of reducing smoking rates reducing obesity and increasing immunisation rates</p> <p>Regan, Nikki 02/07/2025 10:46:06</p> 	<p>Identify most significant area of avoidable harm and develop plans to eradicate</p> <p>Deliver planned activity and GIRFT accreditation in Surgical Hub</p> <p>Deliver planned care, cancer and diagnostics waiting time standards to agreed trajectories</p> <p>Further develop 7 day working and continuity of care in place across all specialities</p> <p>Develop pre-assessment forensic review and improvement plan</p> <p>Assess and revisit the approach to Vascular Surgery</p> <p>Long term sustainability plan for Ophthalmology and Urology</p> <p>Routinely record smoking status on electronic record when listed for elective surgery</p> 	<p>Deliver a sustainable solution for provision of ophthalmology services (including the regional cataracts plan)</p> <p>Redevelopment of trauma pathway, reduce Trauma Length of Stay and create a Trauma SDEC</p> <p>Deliver a sustainable solution for provision of vascular surgery enabling patients to be quickly treated and returned to their local area.</p> 	<p>Plan to deliver financial balance within allocated resources while also reducing waiting times for surgery.</p> <p>Clear financial strategy over the IMTP period</p> <p>UHL Sustainability (Green) theatre – Surgical Hub</p> <p>Undertake a Value-Based Right-Sizing plan for a service</p> 



Shaping Our Future

Workforce

Current Workforce

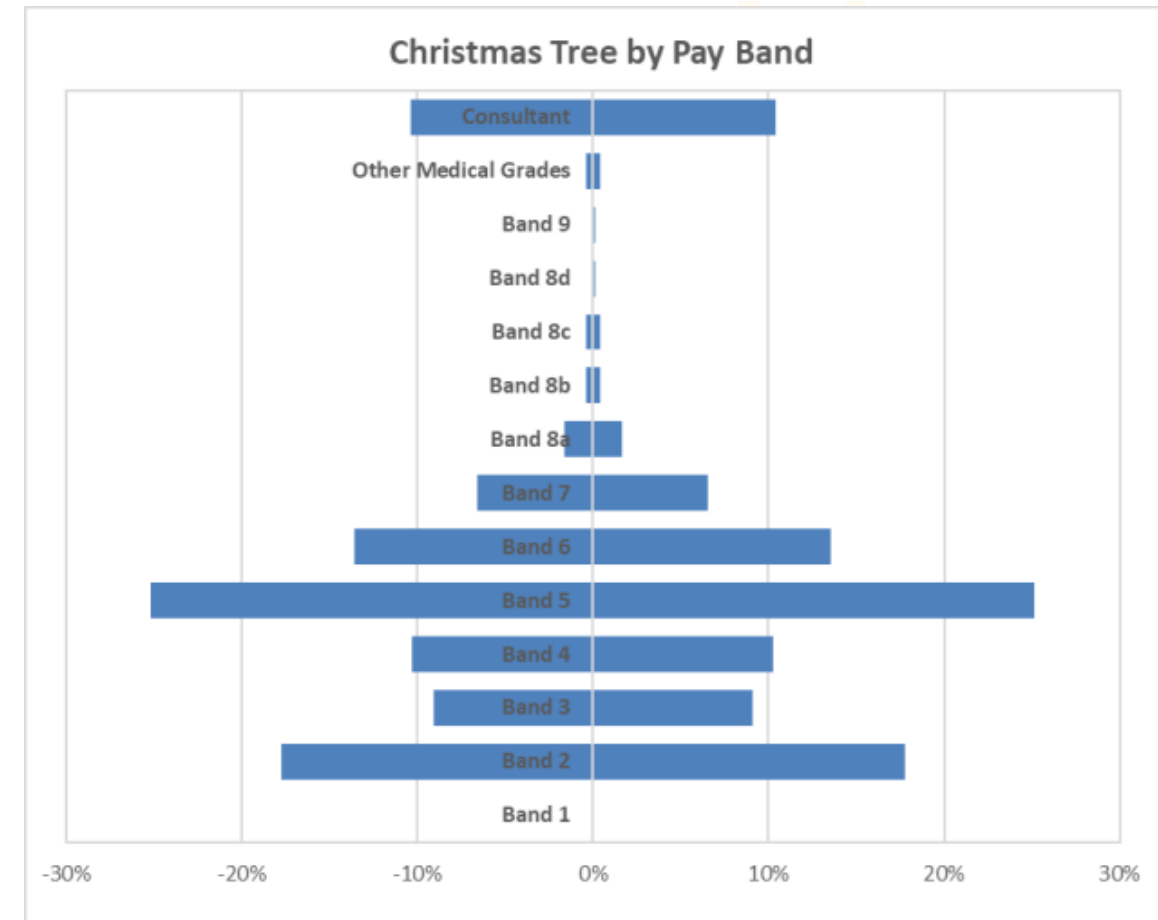
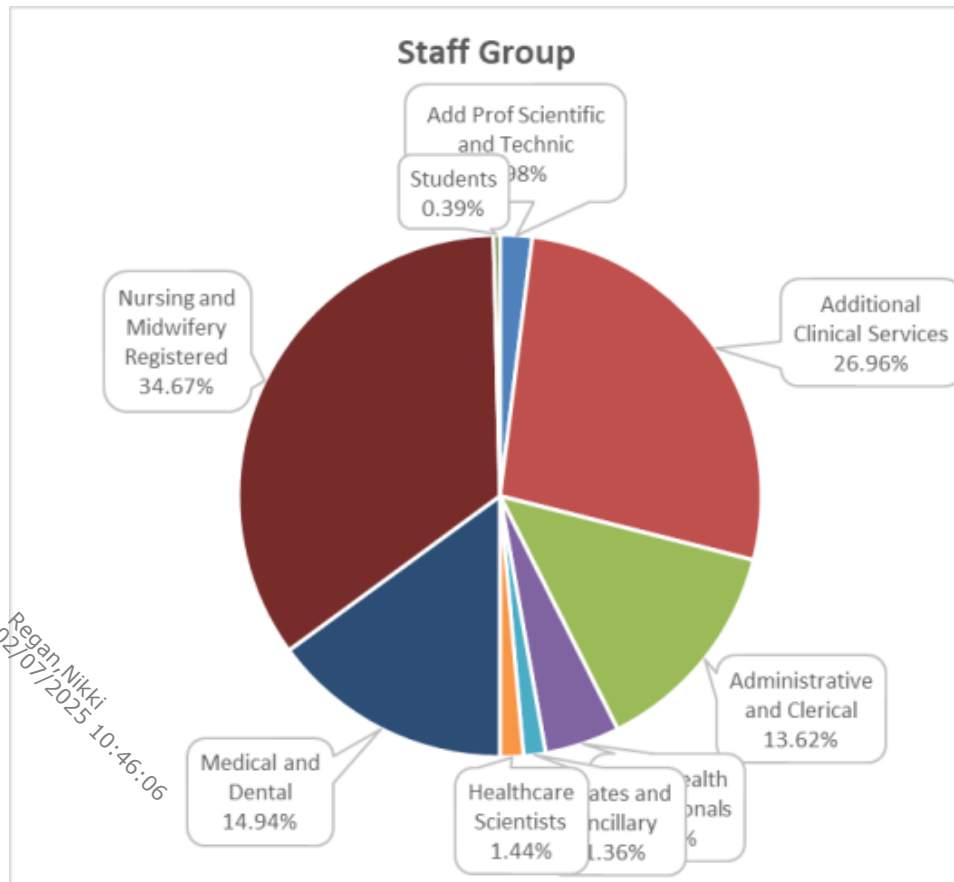
- Our current workforce consists of 2234.37 WTE staff (2564 individuals).
- Our largest directorate area is our Peri-Operative Directorate with 788.99 WTE who serve 23 theatres in UHW, 6 theatres and 5 CAVOC theatres in UHL.
- 31,576 theatre procedures carried out during 2024, excluding radiology and obstetrics.

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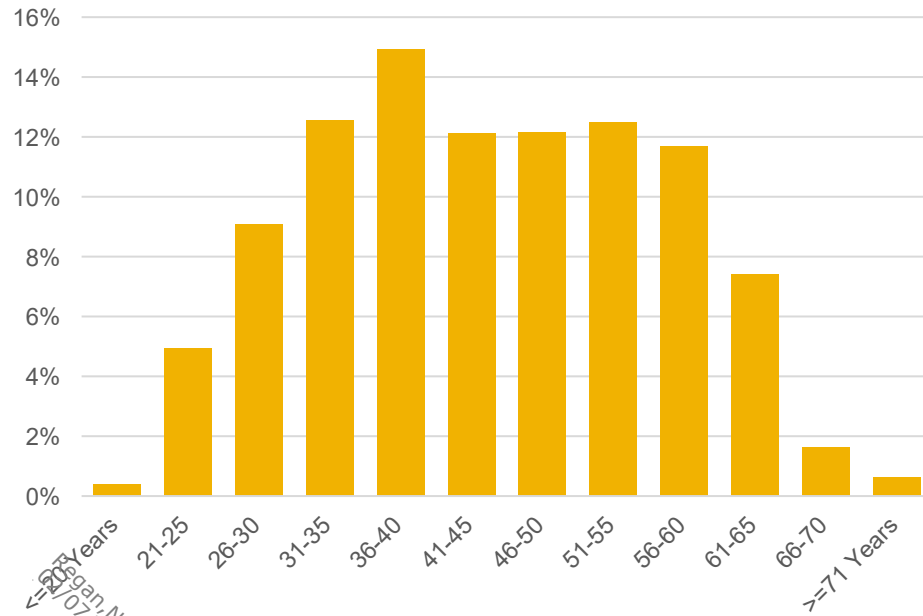
Workforce Shape: Head count 2564 / FTE 2234.37





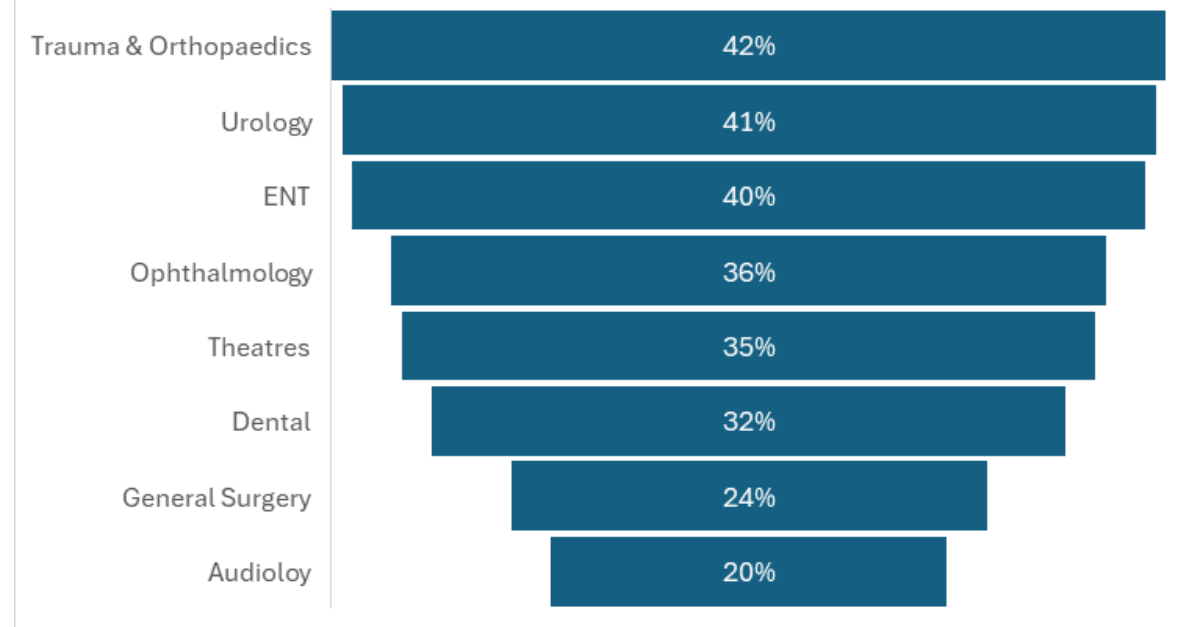
Workforce Shape

Age Profile



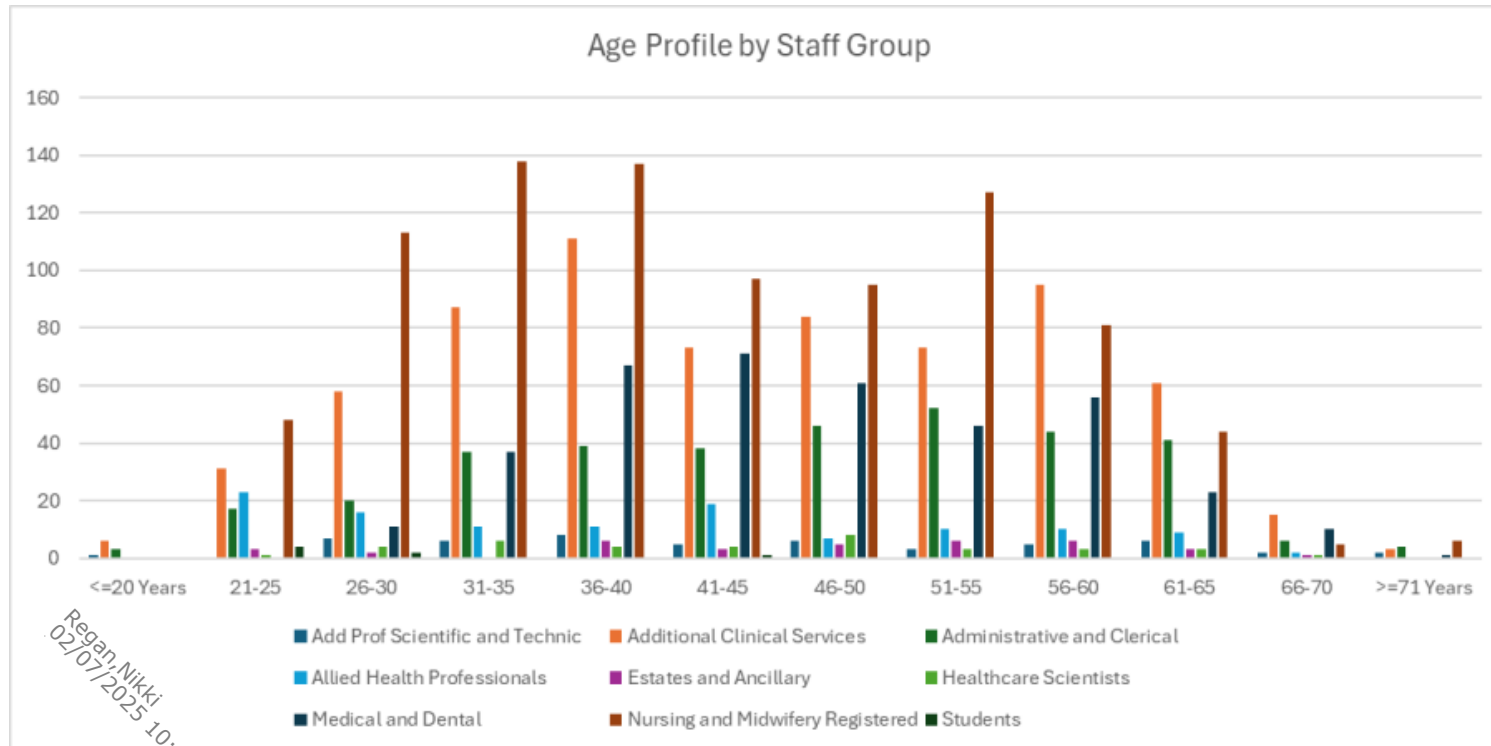
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Workforce aged 51 +





Workforce Shape



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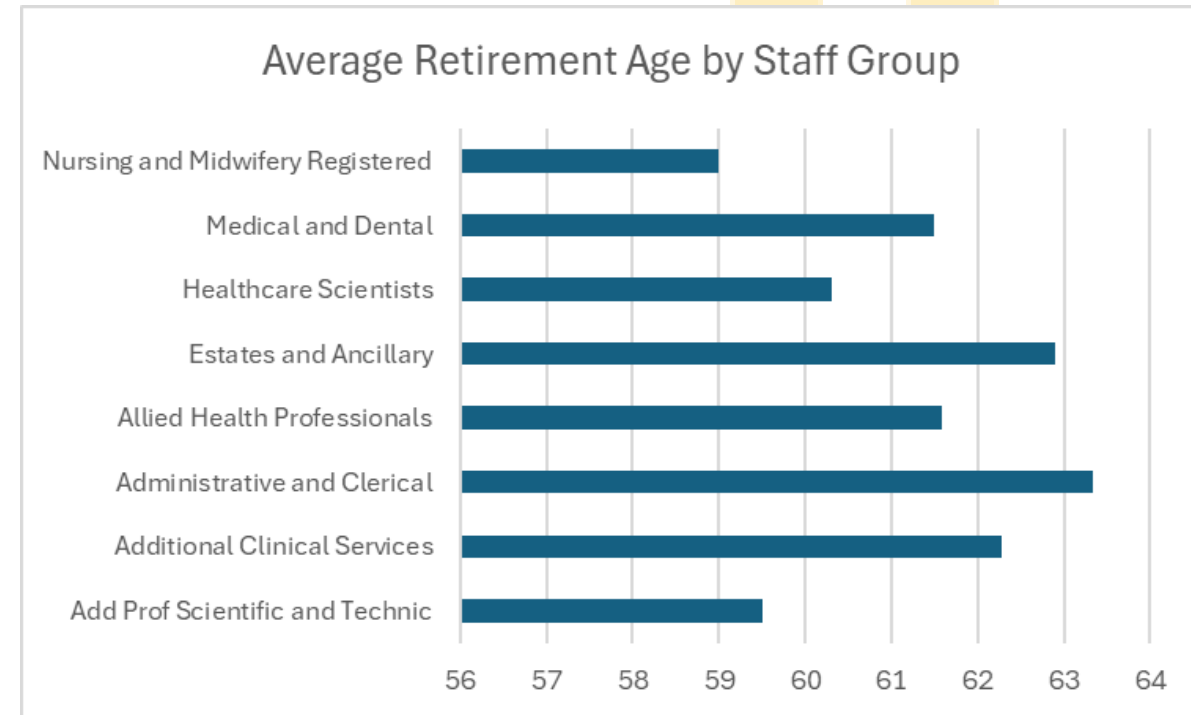
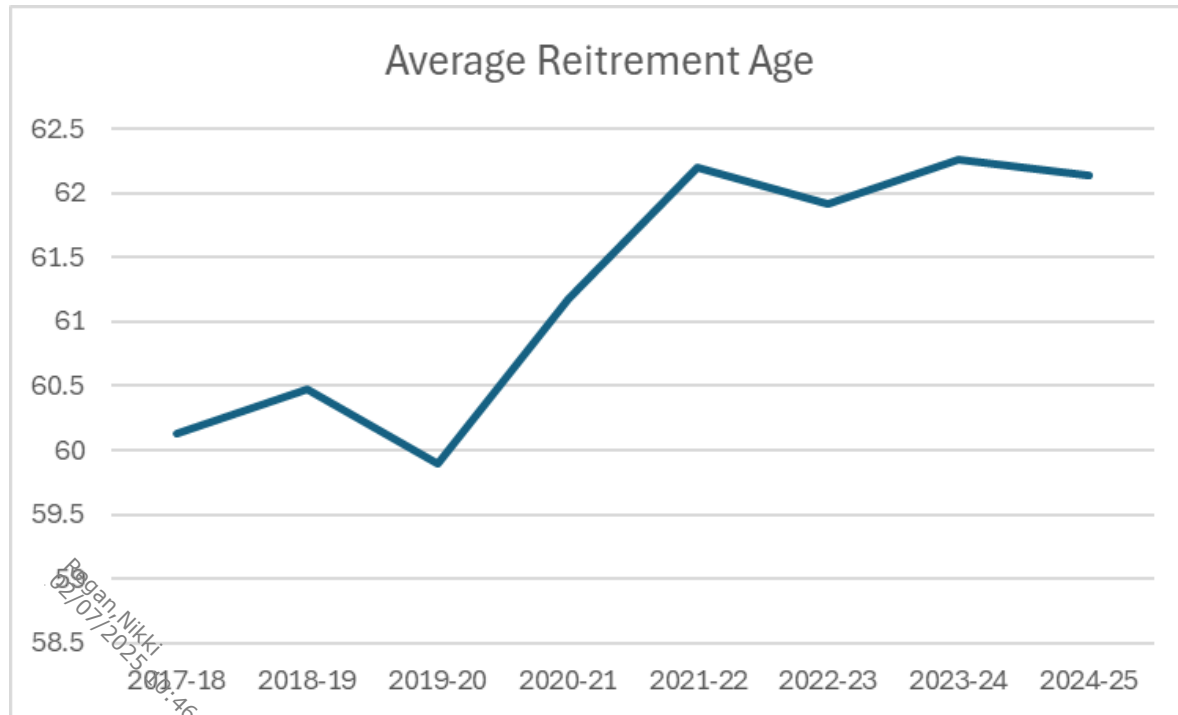
% of Workforce 51 plus:

Estates and Ancillary	46
Administrative and Clerical	42
Medical and Dental	36
Add Prof Scientific and Technic	35
Additional Clinical Services	35
Nursing and Midwifery Registered	30
Healthcare Scientists	27
Allied Health Professionals	26
Students	0





Workforce Shape



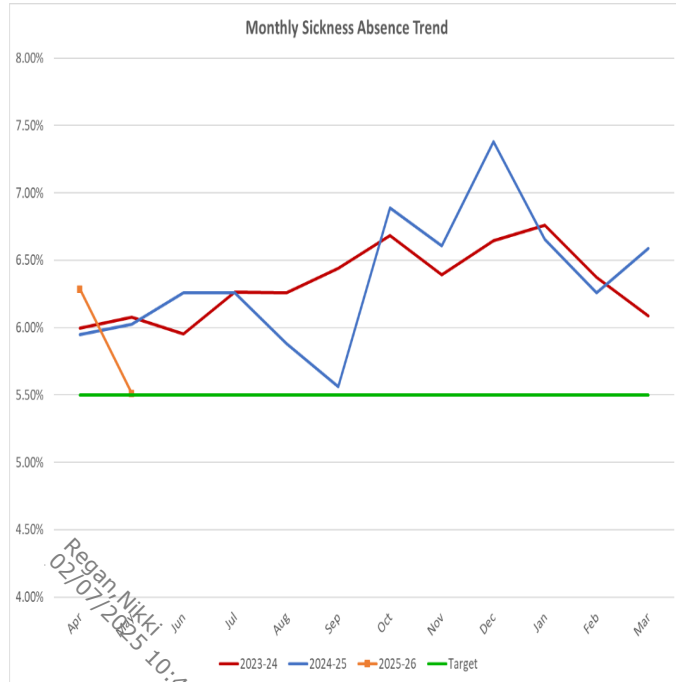
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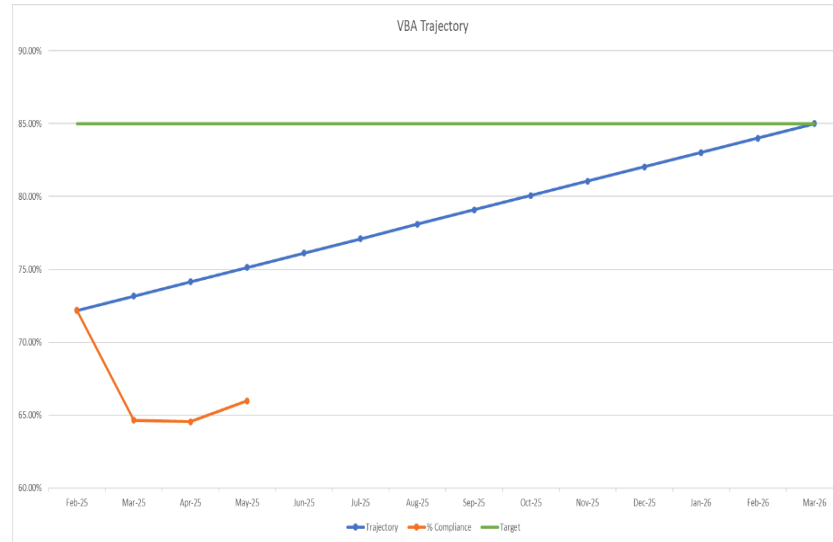


Workforce KPIs (Position June 2025)

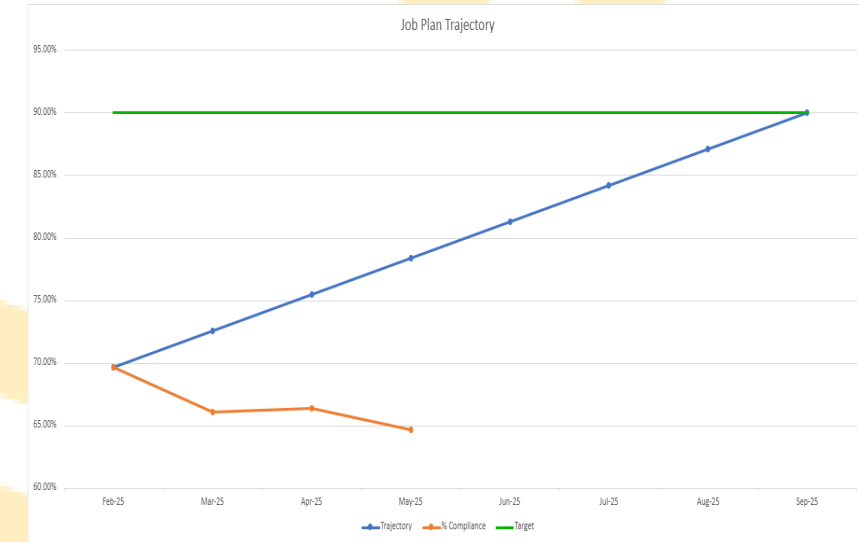
Sickness/Absence



VBA



Job Planning



Focused work continues to achieve and sustain the VBA target across all areas- examples of best practice B6-100%, Ophthalmology Theatres-96%, SDEC-94%

Internal Audit recommendations being actioned. Improvement expected following recent appointment of several new Clinical Directors. June Figures 68%.

Absence Reason	Headcount	Abs Occurrence	FTE Days Lost	%	
S10 Anxiety/stress/depression/other psychiatric illnesses		353	501	15,547.46	31.23%
S13 Cold, Cough, Flu - Influenza		860	1,106	5,205.54	10.46%
S12 Other musculoskeletal problems		197	242	4,737.98	9.52%



People and Culture Plan Achievements (1)

Seamless Workforce Models/ Workforce Supply and Shape

- Working with HEIW to develop a Strategic Workforce plan for Theatres
- A review of the regional vascular network is underway to formulate a sustainable workforce plan
- Development of Band 3 and 4 roles within Audiology
- Introduction of Patient Flow Managers to support with safe and efficient management of hospital admissions/discharges
- Cancer Coordinator Role
- Patient Environment Coordinator role is under development
- Surgical Hub at UHL
- Band 3 Patient Navigators in Trauma and Orthopaedics being explored
- Support secretary role
- Memory Link Worker role
- Enhanced Recovery Unit, UHL

Attract, Recruit and Retain

- Establishments for clinical areas signed off in line with Safer Staffing Principles
- Continue to engage in Recruitment Events
- 24 student streamliners due to commence in our Theatres increase of 15 on last year.
- Turnover 8%- <3% on 2024/25

Engaged, Motivated and Healthy Workforce

- Planned Senior Team Walkabout and Engagement Opportunities with TU Lead at departmental level
- Roll out of Local Partnership Forums at Departmental Level
- Nomination of Staff for Various Staff Recognition Awards including Surgery Stars, RCN Nurse of the Year Awards and King's Honour Award
- Demonstrable engagement of Staff and TU leads in service change (eg HSDU/Health Records transfer to Ophthalmology)
- Staff taking on 'Championing' roles- eg Welsh Language Champion in Audiology
- Engagement is cultural work at departmental level (eg Dental Hospital, Theatres)
- Brilliant Basics
- Theatres Together Project
- Use of Viva Engage for sharing of positive messages/learning/3 active Facebook pages for staff
- Staff Survey – action plan developed
- Promotion of Flu Vaccination
- Health Surveillance- included on Health and Safety Agenda
- MedTrim- building staff resilience
- Mapping of Communication Routes with Communication Team

People and Culture Plan Achievements (2)

Excellent Education and Learning

- Support for CPD including post-graduate level education- 35 modules were funded in 2024/25
- Specialist study days- project management, procurement
- Surgical Skills Study Days and New Starter Days for Non- Registered Staff
- PPDN support with ECOD Days
- CPA and NMP for Nurse Practitioners
- Dental Nurse Training Programme- 3 new trainees per year
- Gwella- Wales Leadership Portal

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Leadership & Succession

- Appointed x 2 Deputy Directors of Operations
- New Clinical Directors in Ophthalmology, Anaesthetics, Periop, ENT, General Surgery, Urology and Breast
- ILM courses and Essential Skills Courses for all staff in managerial roles
- Compassionate leadership team training
- HEIW Leadership Course undertake by x 1 Clinical Director

Building a Digital Ready Workforce

- Welsh Nursing Clinical Record
- Use of Tendable audits to ensure delivery of key standards
- AMAT used to audit specific quality improvements projects
- Health Roster now in full operation
- ePMA Engagement
- Nursing dashboard
- Digital Foundations- Clinical Notes Solution
- Co-Pilot

Delivery of People & Culture Plan Priorities (1)

Affordable & Sustainable Workforce

Priority:

Minimise use of temporary or agency workers (including bank & overtime) - Temporary pay authorisation process to continue

Reducing sickness absence and improving availability of staff - Continuation of monthly sickness panels

Undertake a workforce review within the Vascular Network

Actions:

- All establishments to be reviewed and agreed, this to include a review of clinic establishments.
- Stop on overtime in Theatres now complete.
- Review sickness panels to ensure formal is most supportive for managers.
- Continue to focus absence support in areas of high spend as an initial priority.
- Encourage managers to enrol on updated sickness absence training.
- Initial focus on Consultant workforce with further plans to review all staff groups to ensure we have the right workforce model to deliver vascular services across the region.

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Delivery of People & Culture Plan Priorities (2)

Workforce Efficiency

Priority:

Vacancy Scrutiny & Organisational Restructure (Impact 8A+roles)

Actions:

- Local Vacancy scrutiny to continue
- Identify any current or potential (future) vacancies at this level
- Review all/any secondments & FTC arrangements
- Turnover/Natural wastage - Develop contingency strategies for roles at this level (including secondments/FTC)
- Continued promotion of VERS

Service reconfiguration – Consolidate/Streamline services (Drivers - financial sustainability, Quality, People)

- SMT & Directorates review of accountabilities– Services & Infrastructure
- Schemes identified for review, remodelling and rationalisation
- Quality Impact Assessments being undertaken
- Cross Clinical Board collaboration to identify opportunities to redesign/reshape

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People & Culture Plan

Challenges

Priority:	Actions:
<p>Hard to Fill Posts eg Plaster Nurses, Special Care Dentistry</p>	<p>Continued dialogue and scoping of regional solutions, targeted recruitment drives, continued promotion of Surgery Clinical Board 'as great place to work'</p>
<p>Recruitment and Retention of Band 2s</p>	<p>Focussed review of exit questionnaires- continued promotion of development programmes- potential All Wales re-banding to 3.</p>
<p>Achieving VBA and Job Planning Targets</p>	<p>Continued work with New Clinical Directors to improve Job Planning compliance and work on recommendations within Internal Audit Report (February 2025). Commence the production and circulation of regular reports to managers, highlighting appraisals due in next 3 month so as prompt and aid proactive planning of planning of appraisals. Achievement of appraisal targets remains a key objective for all in management roles</p>
<p>Sickness Rates</p>	<p>Regular and focussed sickness Meetings. Effective Use of Maximising Attendance at Work Policy. Early input from Occupational Health. Maximise Opportunities for phased return, workplace adjustments to aid earlier return to work.</p>

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Clinical Board Priority : Theatres Together Project

Following an extensive internal review of Theatres published in May 2025, the **Theatres Together Project** was established to progress with 66 recommendations and solutions to develop a culture of trust, honesty, transparency and improve staff morale and the reputation of Theatres.

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Project Objectives

- Enhance patient outcomes and experience through improved theatre efficiency and effectiveness.
- Standardise best practices across sites.
- Improve staff retention and engagement.
- Development of a strong leadership culture.
- Ensure long-term sustainability through workforce development and resource optimisation.
- Build a culture of continuous improvement and innovation.

Project Structure

5 key tranches:

- Foundation
- High Impact
- Progression
- Transition
- Embedding Culture.

Work Undertaken to Date:

- Establishment of Dedicated Leadership Team, overseen by Executive Level Project Board, with support from the UHB Change Team
- Staff survey and face-to-face engagement sessions to identify "what matters the most" to staff and to inform the shape the project structure.
- Development of a detailed communications plan
- Performance Improvement Metrics identified

Work Planned

- Detailed Project Implementation Plan to be developed, key milestones, including risk log and performance tracking



Challenges to Delivery of People and Culture Plan

- Changes to vacancy approval processes and need to limit access to training and education to ensure operational sustainability is maintained
- The release of staff to undertake or attend for VBAs can be impacted through operational pressures
- Continued non engagement of staff in staff survey- despite continual promotion
- Pressure within the Trade Union Team has impacted on visibility and engagement within the Clinical Board
- Lack of capacity and capability to maximise the potential with digital solutions
- Key gaps within leadership roles within Clinical Board
- **Sickness rates**

Regan, Nikki
02/07/2025 10:46:06





Good News Stories

- **BBC Saving Lives in Cardiff** –Highlighting skills and compassion of staff across UHB, including Surgery Clinical Board
- **Professorships** for Ms Julie Cornish and Mr Mike McCarthy (Surgeons)
- **External Awards**-Nicola Morley, ODP, Theatres- Award for Outstanding Practice; Lisa Dring, Deputy Clinical Manager, Children's Trauma- nominated for Orthopaedic Practitioner Award
- **Surgery Star Awards**- Winners across 7 categories- Medical Secretaries, Consultants, Theatre Staff, Deputy and Ward Managers
- **10 Year Celebration Children Hospital for Wales**



Regain NHS
02/07/2025 11:06:05

Report Title:	Social Partnership Duty Annual Report		Agenda Item no.	3.1
Meeting:	People & Culture Committee	Public	Meeting Date:	08.07.2025
		Private		
Status <i>(please tick one only):</i>	Assurance	Approval	X	Information
Lead Executive Title:	Executive Director of People and Culture			
Report Author (Title):	Head of People Assurance and Experience			

Main Report

Background and current situation:

Purpose of the Report

The Social Partnership and Public Procurement (Wales) Act 2023 (The SPPP) requires the Health Board, as a public body, to produce an annual report to evidence how they have complied with the Social Partnership Duty. This report must be submitted to the Social Partnership Council (SPC) for scrutiny. Section 18 of the Act states:

Social Partnership reports:

- (1) A public body must prepare, in respect of each financial year, a report of what it has done to comply with the duty.
- (2) The report must be agreed with the public body's recognised trade unions or (where there is no recognised trade union) other representatives of its staff, or contain a statement explaining why it was not agreed.
- (3) The public body must publish the report, and submit it to the SPC, as soon as reasonably practicable after the end of the financial year.

The SPPP Act does not provide a template for the Annual Report.

Introduction to the Duty

The SPPP Act provides for a framework to enhance the well-being of the people of Wales by improving public services through social partnership working, promoting fair work and social responsible public procurement. It is intended to complement other legislation, including the Socio-economic Duty and the Well-being of Future Generations (Wales) Act 2015 (WFGA 2015).

The SPPP Act 2023 requires the Health Board, in carrying out sustainable development, in so far as is reasonable, to seek consensus or compromise with their recognised trade unions, when setting their well-being objectives (in line with the Well-being of Future Generations (Wales) Act 2015) and making decisions of a strategic nature about the reasonable steps they intend to take to deliver those objectives set.

Section 16(2) of the Act sets out a number of specific requirements relating to the Duty, which the Health Board must comply with when 'seeking consensus or compromise'. The requirements are intended to ensure that trade unions are fully and properly involved when a public body sets its well-being objectives, or when making strategic decisions. It states that: in order to seek consensus or compromise, a public body must include its recognised trade unions or other representatives of its staff in the process of setting objectives or making decisions, by (in particular):-

- (a) consulting them at a formative stage of the process, and
- (b) otherwise involving them throughout the process by:
 - (i) providing sufficient information to enable them to properly consider what is proposed, and
 - (ii) providing sufficient time to enable them to adequately consider what is proposed and respond.

Regarded by
02/07/2025 10:46:06

The Health Board is committed to meeting the requirements of the Social Partnership Duty, ensuring that recognised trade unions are fully and properly involved in the setting of well-being objectives and strategic decision-making.

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

Our Approach at Cardiff and Vale UHB

The Health Board is committed to working in partnership with its employees and their representatives to ensure they are involved in shaping decisions that affect their work and the services they provide to our population. Our approach is underpinned by the Partnership and Recognition Agreement, which sets out shared principles of trust, mutual respect, transparency, top-level commitment, constructive dialogue, and a no-surprises culture. This agreement forms the foundation of successful partnership working within the organisation and informs the arrangements for time off for accredited trade union representatives.

The principles of partnership working at Cardiff and Vale UHB are also based on and informed by:

- Section 26: Joint Consultation Machinery (NHS Terms & Conditions)
- Annex A1: Principles and Best Practice of Partnership Working (NHS Terms & Conditions)

Strategic Engagement and Early Involvement

In line with the Duty, the Health Board:

- Consults trade union partners at a formative stage – for example, during the 2023 review of our Ten-Year Strategy, *Shaping Our Future Wellbeing*, which sets out our mission: *Living Well, Caring Well, Working Together*. Trade union partners were heavily engaged throughout the refresh, and their views tested at key stages. Their feedback was instrumental in shaping the refreshed strategy, which continues to guide our priorities into 2024/25 and beyond
- Involves trade union representatives throughout decision-making processes – particularly via structured forums such as the Local Partnership Forum (LPF), the Workforce Partnership Group (WPG), and Clinical Board-level LPFs.
- Provides sufficient information to support informed discussion – including presentations on strategic clinical redesign, planning assumptions, workforce plans and the financial position.
- Allows adequate time for consideration and response, with regular meetings scheduled (e.g. LPF and WPG meet six times a year) and opportunities for escalation when needed

These points are expanded on below.

Formal Partnership Mechanisms

The Local Partnership Forum (LPF) is a Board Advisory Group. It is the formal mechanism for joint working between the Health Board and trade union/professional organisation representatives. It is co-chaired by the Executive Director of People and Culture and the Chair of Staff Representatives, with broad representation from trade unions, the Executive Team and senior People and Culture leaders. The Independent Member for Trade Unions also has a standing invitation to attend. The LPF meets six times annually and focuses on four key functions: communication; consideration; consultation and negotiation; and appraisal, as set out in its Terms of Reference.

At LPF meetings the Chief Executive provides Trade Union colleagues regular updates on key organisational matters including the IMTP/Annual Plan, financial challenges, and service responses. This provides an

important opportunity for Trade Unions to engage with the Chief Executive on issues as they arise. In addition, key presentations delivered during the year included:

- Staff Survey Results – A high level overview of the feedback received from staff during the annual staff survey
- Clinical Services Plan – A refreshed framework for clinical service transformation, aligned with strategic goals.
- Health Board Planning Processes – Detailed overview of planning architecture, IMTP assumptions, and seasonal planning considerations, including people, digital, and estate strategies.

The Workforce Partnership Group (WPG) operates as a sub-group of LPF, co-chaired by the Executive Director of People and Culture and the Chair of Staff Representatives. Meeting six times a year, WPG handles more operational and detailed workforce matters. The group reports annually to the LPF, with issues escalated as necessary.

Each Clinical Board maintains its own LPF, co-chaired by the Director of Operations and Lead Staff Representative. Membership is adapted to reflect the local structure, including service leads, finance and workforce colleagues, and local trade union reps. In 2024, a dedicated LPF was established for Corporate services. Common themes addressed across Clinical Board LPFs in 2024/25 included:

- Financial pressures and organisational response
- Equality, Diversity, Inclusion, and Welsh Language
- Service transformation and Organisational Change Procedures (OCPs)
- Staff morale, wellbeing, and health and safety
- Staff engagement and survey results

People and Culture Plan

Now coming to the end of its third year, the People and Culture Plan is firmly embedded in the Health Board's ways of working. In 2024/25, the Plan evolved into three priority objectives:

1. People feel valued, developed, supported, and engaged
2. Attract and recruit individuals with the right skills, values, and experiences
3. Deliver services through a workforce that is affordable, sustainable, integrated, and reflective of the population

These objectives form the basis for the People and Culture Directorate's workplan and underpin partnership activity throughout the year, with named trade union representatives acting as leads for each of the themes to ensure effective collaboration and representation in delivering these priorities.

Dedicated Trade Union Roles

Each Clinical Board has a nominated Lead Trade Union Representative, elected by staff-side colleagues, who works closely with the Clinical Board's triumvirate leadership team on both strategic and operational matters. This role is pivotal in ensuring consistent and meaningful engagement between staff and leadership at a local level. In recognition of the increasing demands of the role, the facility time for Clinical Board Lead Representatives was increased in 2024/25 from 15 to 22.5 hours per week.

Also in 2024/25, a number of new Lead Representative roles were introduced to strengthen the partnership approach in key thematic areas. These include dedicated roles with protected facility time for Policy Implementation, Equality, Diversity and Inclusion (EDI), and the Environment. These sit alongside existing Lead Rep roles for Health & Safety and Job Evaluation. To support succession planning and enable wider

participation in partnership working, Deputy Lead Clinical Board Representatives were also introduced for the first time in 2024/25.

Ad hoc meetings may be called by Staff Side or Executives on an urgent basis by mutual agreement on important matters affecting all or most staff. For example, an extraordinary meeting was recently held between the COO and Lead Staff Representatives in response to staff and management uncertainty over the proposal to redesign the UHB structure.

Conclusion

The Health Board is confident that the governance structures and culture of engagement in place support both the letter and the spirit of the Social Partnership Duty. We are committed to meaningful consultation at formative stages, providing timely and sufficient information, and ensuring our trade union partners are fully involved in strategic decisions. However, we know we can do more and will strive to make these improvements and to embed meaningful social partnership at all levels of the organisation.

The Partnership and Recognition Agreement—which underpins our collaborative approach—will be reviewed in 2025, and this review will take full account of the requirements and expectations set out in the Social Partnership Duty.

The Chairing Team of the Staff Side Group have been undertaking work to ensure that the activity of staff representation and partnership working is democratic and accountable, by developing Terms of Reference and Role Profiles; and also sustainable, through recruitment, training, coaching, mentorship and succession planning. The effectiveness of this work is to a large part interdependent on dovetailing with all-Wales TU structures which are also being refined, and the provision of adequate facility time which is compromised by the financial challenges facing the UHB.

We will continue to strengthen our approach to partnership working and remain open to learning and evolving in collaboration with our staff and their representatives.





Recommendation:

The Committee is requested to:

- a) Approve the contents of this report prior to its submission to the Social Partnership Council

Link to Strategic Objectives of Shaping our Future Wellbeing:

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



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



Five Ways of Working (Sustainable Development Principles) considered

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

Prevention		Long term		Integration		Collaboration		Involvement	
Quality Impact Assessment Completed?: Please place an "X" in the below boxes as relevant. A blank QIA and guidance on how to complete a QIA can be found by clicking the link here: Quality Impact Assessment Information									
Yes – (please provide completed QIA document)			No – (Please provide reasoning, e.g. not required)			Comment here			
Impact Assessment: Please state yes or no for each category. If yes please provide further details.									
Risk: Yes/No									
No									
Safety: Yes/No									
No									
Financial: Yes/No									
no - The increased facility time for Lead and Deputy Representatives may have cost implications. However, these are already implemented and accounted for within CB budgets. No new financial commitments are proposed in the report itself									
Workforce: Yes/No									
No									
Legal: Yes/No									
No - The report demonstrates compliance with the Social Partnership Duty, supporting legal obligations under the legislation. There is no indication of legal non-compliance									
Reputational: Yes/No									
No - The report reinforces a positive narrative of collaboration and transparency, this could enhance the organisation's reputation with staff and external partners									
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									
No - while the report does not directly address socio-economic outcomes, the emphasis on collaborative workforce planning supports fair work and inclusion. No socio-economic risks are introduced.									
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 - The introduction of Lead Reps for EDI, along with regular LPF discussions on inclusion, demonstrate proactive attention to EDI. No risks identified									
Decarbonisation: Yes/No									
No - a Lead Rep for Environment has been introduced									
Welsh Language: Yes/No									
No									
Approval/Scrutiny Route (please note anywhere else this paper has been before):									
Committee/Group/Exec					Date:				

07/11/25 10:46:06

Report Title:	Digital Communications & Analytics – Supporting People & Culture.			Agenda Item no.	4.1
Meeting:	People and Culture Committee	Public	X	Meeting Date:	8 th July 2025
		Private			
Status:	Assurance	Approval		Information	X
Lead Executive:	Rachel Gidman, Executive Director of People and Culture				
Report Author:	Joanne Brandon, Director of Communications, Arts, Health Charity and Engagement				
Main Report					
Background and current situation:					
<p>The CAVUHB Communications team continually monitor and evaluate internal and external approaches to content across a range of digital channels to ensure the best possible engagement.</p> <p>The Digital Communications Analytics dashboard highlights key approaches, data and statistics of projects and campaigns over a two-month period. The dashboard highlights key areas of success, spikes in activity, and considerations for future approaches.</p> <p>Learnings from the dashboard enables the Communications team to take an evidence-based approach to content through monitoring and evaluating approaches.</p> <p>Shaping Our Future Wellbeing sets out the aim to be a great place to train, work and live, where we listen to and empower people.</p> <p>One of the strategic objectives is Putting People First because people are at the centre of everything we do.</p> <p>Through campaigns, messaging and communication channels, the Communication Team is seeking to put people first and to support the wellbeing, inclusion, capability and engagement of our workforce.</p> <p>This presentation sets out projects and campaigns that directly align with this objective and People and Culture objectives.</p>					
Executive Director Opinion and Key Issues to bring to the attention of the Board/Committee:					
Recommendation:					
<p>The Board/Committee are requested to:</p> <p>a) Hear about the approaches that are being taken and provide feedback for the Communications teams consideration.</p>					
Link to Strategic Objectives of Shaping our Future Wellbeing:					
1.	 Putting People First	X	2.	 Providing Outstanding Quality	X

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

Five Ways of Working (Sustainable Development Principles) considered

P r e v e n t i o n		Long term	Integration	Collaboration	Involvement	
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Quality Impact Assessment Completed?

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

Risk: No <i>Please include the detail of any Risk Assessments undertaken when preparing and considering the content of this report and, where appropriate, the nature of any risks identified. (If this has been addressed in the main body of the report, please confirm)</i>
Safety: No <i>Are there any Staff or Patient safety implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>
Financial: No <i>Are there any financial implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>
Workforce: No <i>Are there any Workforce implications associated with the content and proposals contained within this report? If so, have these been fully considered and have plans been put in place to mitigate these? (If this has been addressed in the main body of the report, please confirm)</i>
Legal: No <i>Are there any legal implications that arise from the content and proposals contained within this report? If so, has advice been sought and what was the outcome? (If this has been addressed in the main body of the report, please confirm)</i>

Reputational: No

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

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

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

Equality and Health: No

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

Decarbonisation: No

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

These include:

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

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

Welsh Language: No

Please include the details of any Welsh Language Activities undertaken when preparing and considering the content of this report. Are appendices/documents translated into Welsh? (If this has been addressed in the main body of the report, please confirm).

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

Committee/Group
Exec

N/A

Revised, Nikki
07/07/2025 10:46:06



Shaping Our Future
Wellbeing



GIG
CYMRU
NHS
WALES

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

Cardiff and Vale UHB Digital Communications

Supporting People and Culture
March – June 2025

Regan, Nikki
02/07/2025 10:46:06

Figures from 01 February 2025 - 23 June 2025



Shaping Our Future Wellbeing sets out the aim to be a great place to train, work and live, where we listen to and empower people.

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

Through campaigns, messaging and communication channels, the Communication Team is seeking to put people first and to support the wellbeing, inclusion, capability and engagement of our workforce.

This presentation sets out some of the successes of the past quarter and areas for development.



Reger, Nikki
02/07/2025 10:46:06

New social media plan

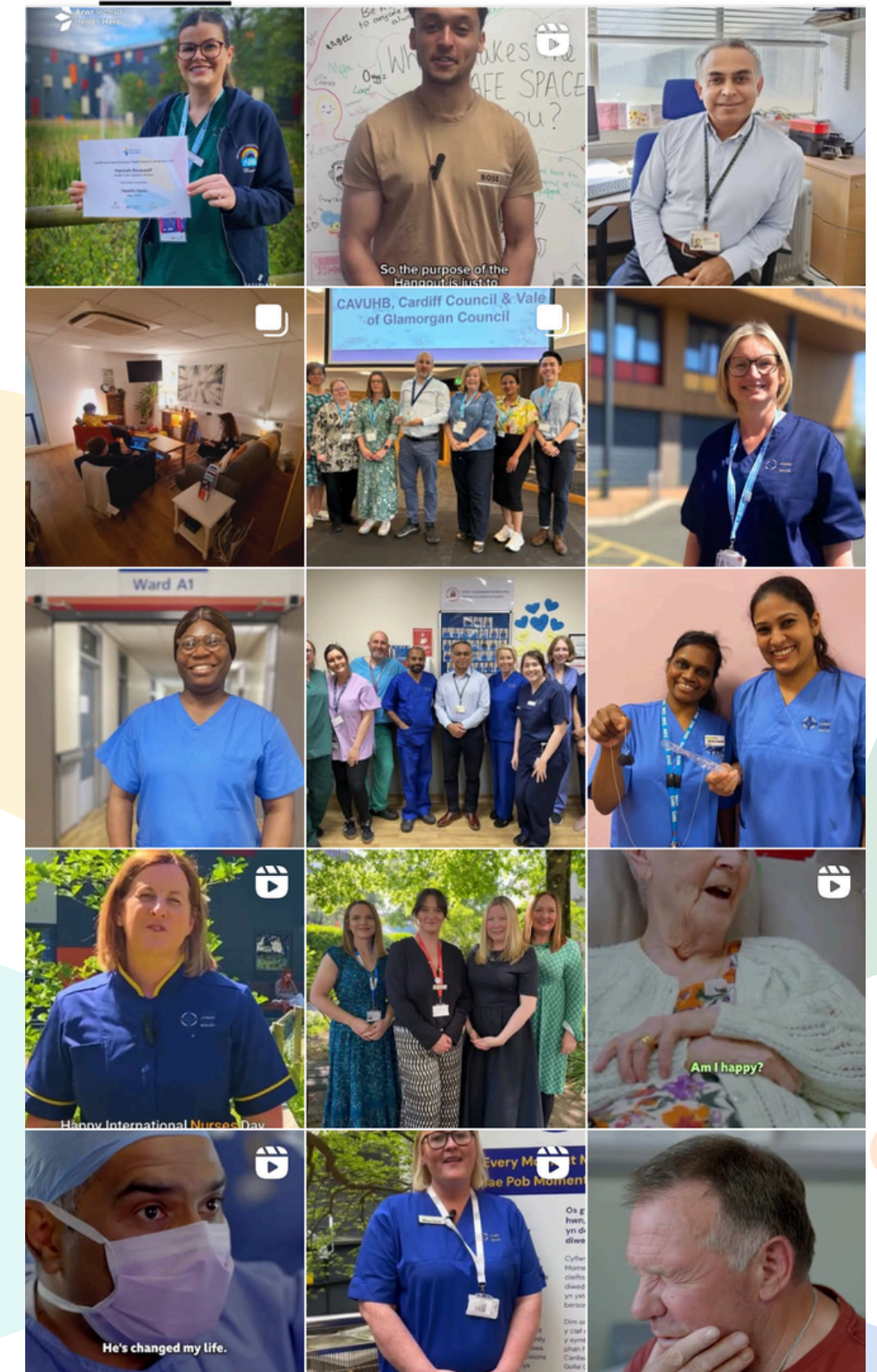
The Digital Communications team have drafted a one-page social media plan building on learning and data over the past 12 months.

The strapline of the plan is to 'Put People First' and key themes to highlight include:

- FACEBOOK: to build pride in health board and our staff
- INSTAGRAM: to be human & person-centred
- LINKEDIN: to highlight awareness days with a focus on teams and roles
- TIKTOK: to give audience a special insight into a role or project

Our metrics on social media continue to grow and our average reach per day has doubled on Facebook, LinkedIn and Instagram in the last year.

Regan Nikk
02/07/2023 14:46:06





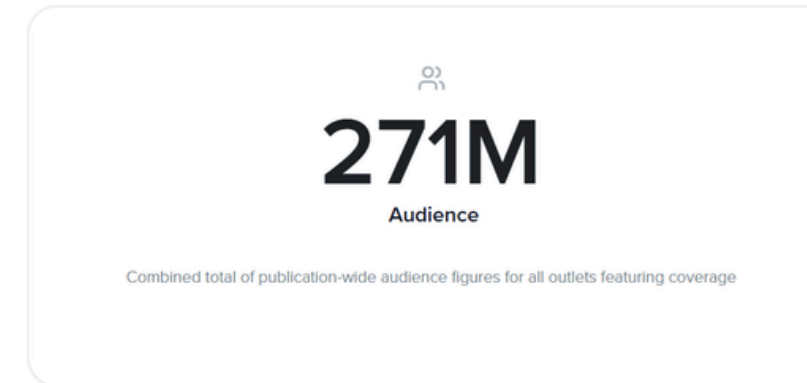
BBC Saving Lives in Cardiff

The BBC documentary, Saving Lives in Cardiff, has been very well received by our populations. Our social media marketing platform is able to measure the tone of the comments and messages, and record them as brand sentiment, which has been overwhelmingly positive.



- 59.2% | Positive
- 11.5% | Semi Positive
- 21.0% | Neutral
- 8.0% | Semi Negative
- 0.2% | Negative

Summary

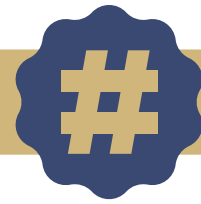


During its time airing, there were 152 pieces of coverage on BBC Saving Lives across magazines, articles, TV and radio to an audience of 271 million overall.

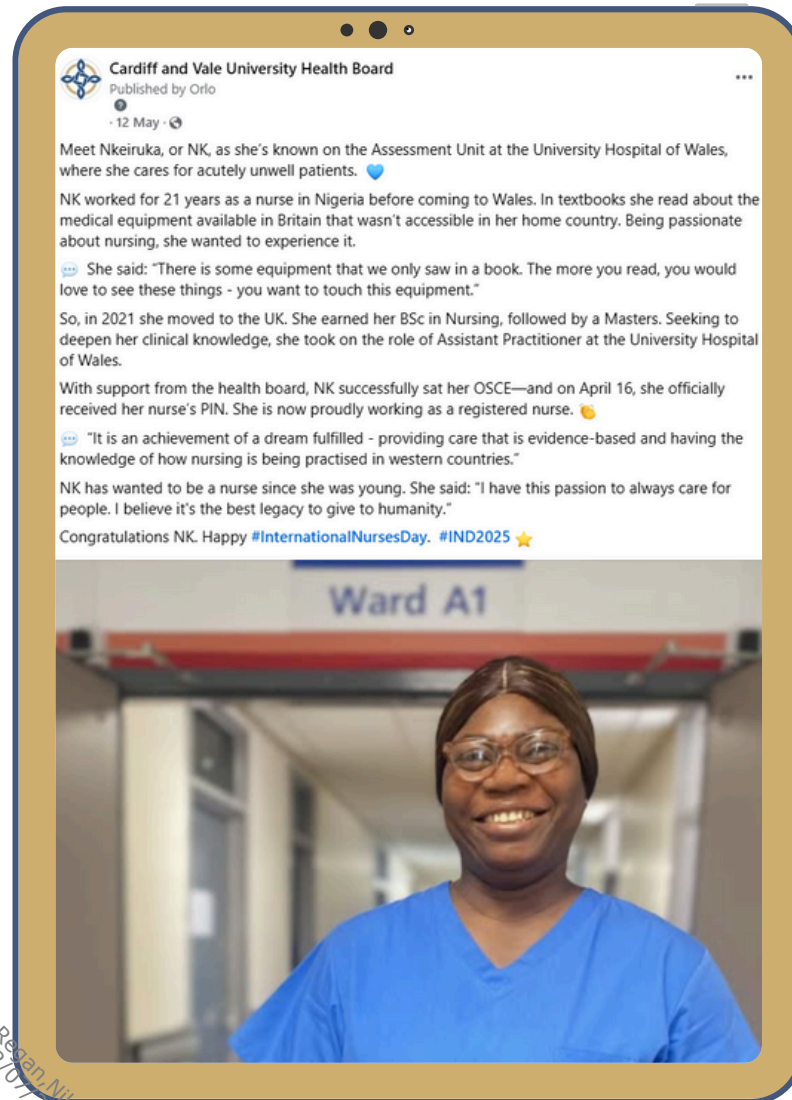
Note: neutral sentiment may be friends tagging each other in posts.



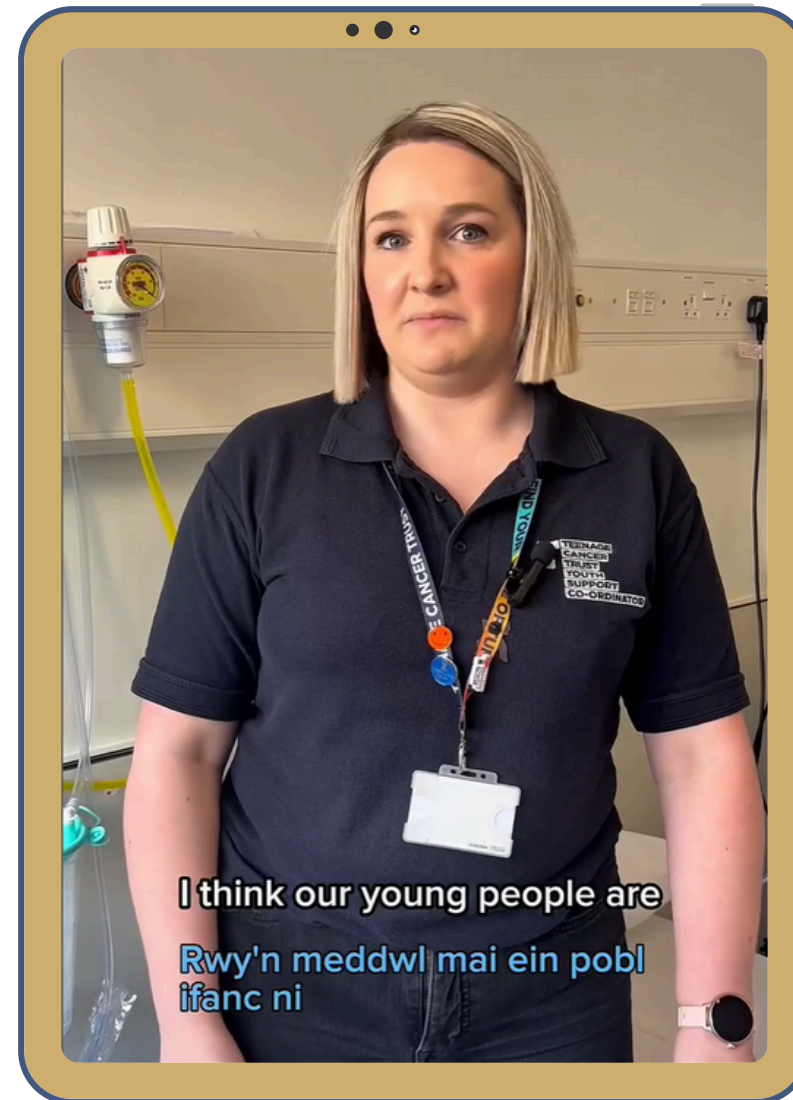
Awareness Days - Putting People First



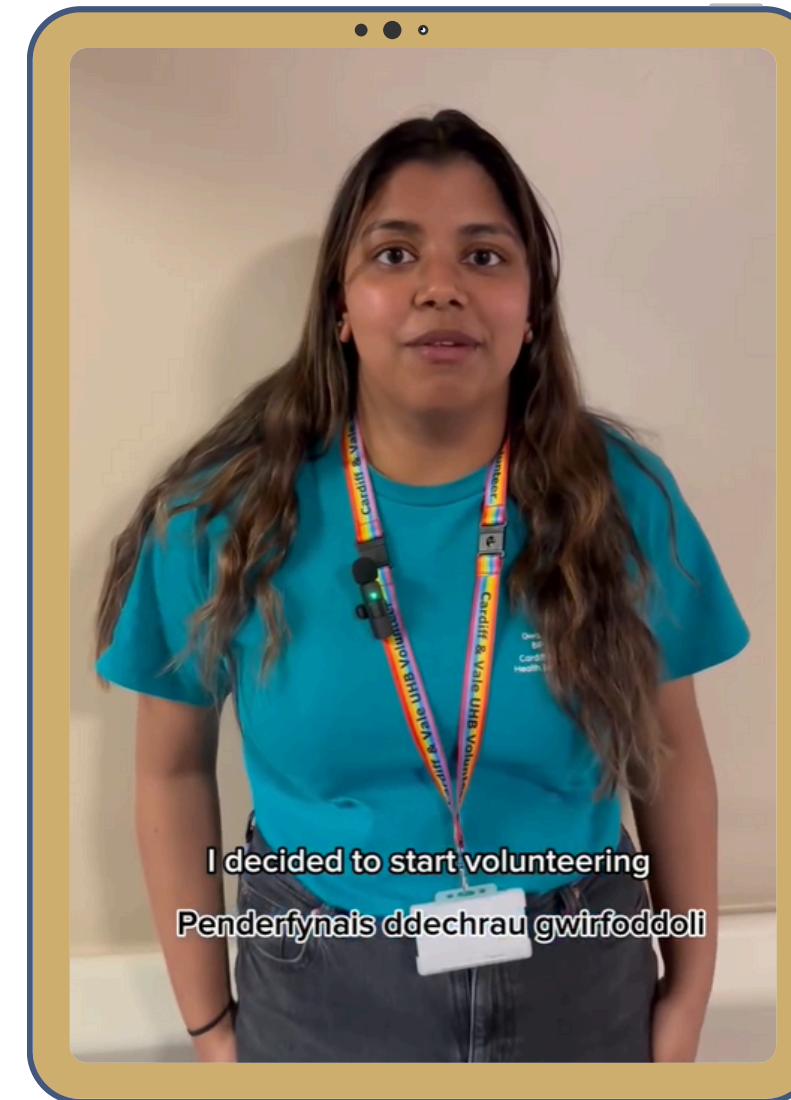
Awareness Days are a key part of the communications calendar. The Communications team are marking these with more of an intentional focus on putting people first through patient case studies and colleague stories. When these aren't available we are less likely to recognise the awareness day.



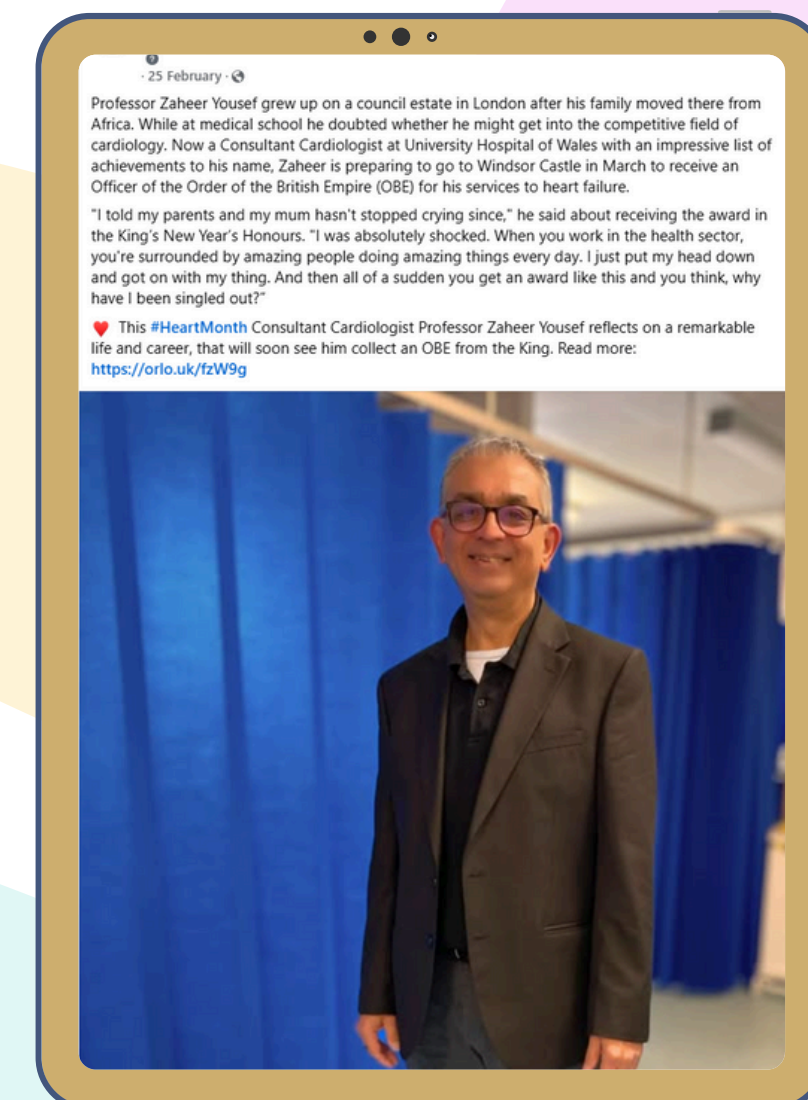
International Nurses Day



Teenage Cancer Month



Volunteers Week



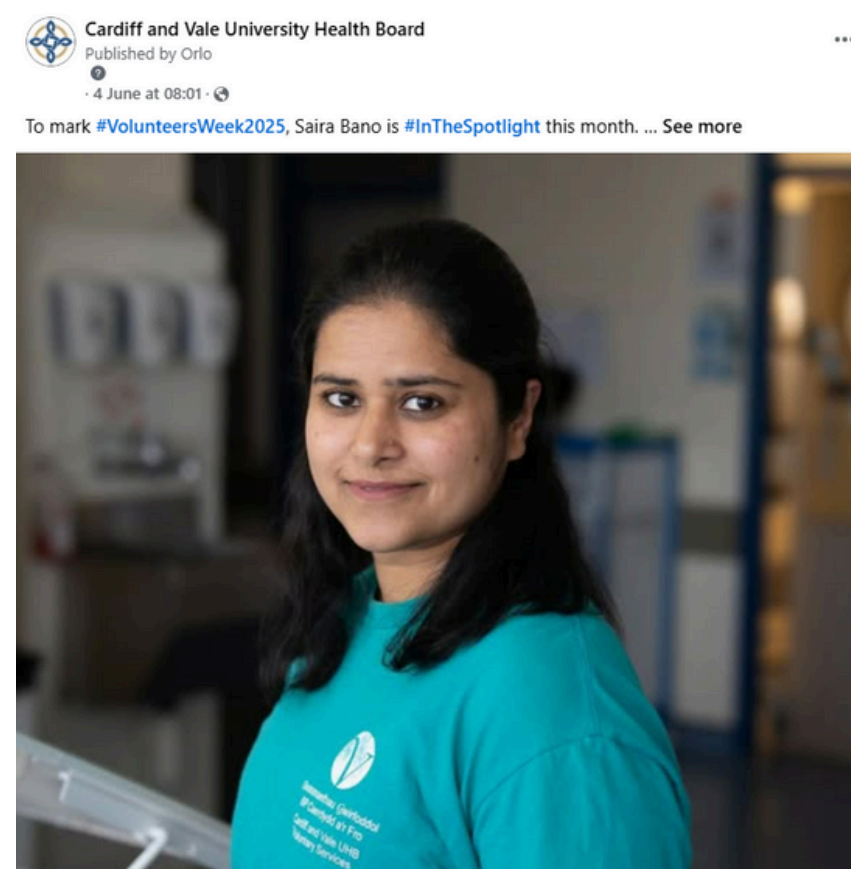
Heart Month

Revan, Nikki
02/07/2025 10:38:06



In The Spotlight and Health Hero

The Communications team publish two regular monthly features that seek to make people feel valued, uphold our values and show that people are at the centre of everything we do. These posts generate positive engagement from both colleagues and the wider public.



Karen Prestidge
Well done Hannah! I'm currently under the oncology team at the gynecology unit and I must say the all the staff have been amazing! The care they gave me throughout was exceptional as well as the compassion and support through my diagnosis. I'll always be thankful to them for getting me through a tough time in my life ❤️

Sarah Shaw
Congratulations Leanne. Both of my girls were lucky enough to be nursed by you this year. This award is well deserved, thank you again for your kindness and professionalism X



Cardiff & Vale Health Charity



The Staff Lottery Bids Panel has continued to approve funding for several applications, all directly benefitting and supporting staff wellbeing, from fridges, kettles and microwaves, to staff recognition awards and events.

JW Justine Winter (Cardiff and Vale UHB - Health Cha...
Jun 6 Seen by 4,035

Congratulations to Abby Petrie for being last week's £9,000 Staff Lottery Winner!!

Abby, who works in Barry Hospital within Speech and Language, was absolutely thrilled and shocked to hear she had won. In a few weeks, Abby will celebrate her 40th birthday, and winning has felt like an early birthday present for her.

With her winnings she's going to plan a lovely holiday, put some towards a new car, and buy an egg chair for the garden.

Well done, Abby. We hope you enjoy every minute of your... see more



Staff Lottery | Cardiff & Vale Health Charity

The staff lottery was introduced in September 2005 to raise funds for Cardiff & Vale Health Charity (registered charity number 1056544) for the benefit of both staff and patients. Since then the staff...

healthcharity.wales

27 12 9

Show 6 previous comments

SF Sue Friis-Jones (Cardiff and Vale UHB - VCRS) Jun 16 ...
Congratulations Abby. Lovely news
Sue

👍 🗨

LA Louise Arnold (Cardiff and Vale NHS Trust - Rehabilitation) Jun 17 ...
Congratulations Abbie, well deserved and fab news x

Staff lottery winner announcements are often the best for engagement levels within the Charity Champions community on viva engage. May's Superdraw winner Abby received many congratulations and support from colleagues.

There are currently **19 CAV Community groups** set up to allow colleagues to easily share knowledge, solve problems, celebrate success and learn from one another, across locations, services, teams and roles.

Posts can be viewed by a large number of colleagues across the Health Board, often generating positive feedback.

Jenny Seal (Cardiff and Vale UHB - Communications And E...)
Jun 5 • @1

1 share • Seen by 4,314

Shout out to Kelly Brown, the Memory Link Worker for general surgery at UHW.

Her role is to support and befriend older patients experiencing cognitive impairment during their surgical journey. This involves cognitive stimulation through activities such as puzzles, playing cards, nail painting and reminiscence. She also accompanies patients for trips off the ward for a coffee or some fresh air and has facilitated patients with attending special family events.

Last week she launched Kelly's Café... see more



👍❤️🎉 Alexandra Vanner (Cardiff and Vale UHB - Integrated Discharge Service) and 108 others

JR Jason Roberts (Cardiff and Vale UHB - Corporate Nursing) Jun 16
Well done Kelly for everything you do. A fantastic service for patients with cognitive impairments 🎉

NG Natasha Goswell (Cardiff and Vale UHB - Corporat...)
May 21

Seen by 3,048

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



❤️ Love Comment Share

👍❤️ You and 26 others

Nathan Leath (Cardiff and Vale UHB - Capital Estates and F...)
Wed at 3:19 PM

Seen by 2,689

Well done Susan Jones, on winning an Award today at the CEF staff recognition awards.

Also a BIG shout out to Carwyn Hallet, Gareth Owen & Mark Holdstock, for receiving excellent feedback from patients and nurses, for their exceptional work in the community.



👍❤️🎉 Ruth Honeycombe (Cardiff and Vale UHB - Research Delivery) and 34 others

In the past 11 months since launching the platform and app:

Most popular and active group is CAV Colleague Shout Out, giving recognition and thanks to colleagues.

Analytics Overview

Total views on posts Over 2 million
(2,164,592)

Total posts 1,256

Total comments on posts 3,137

Reactions (likes) on posts 11,636

Member activity

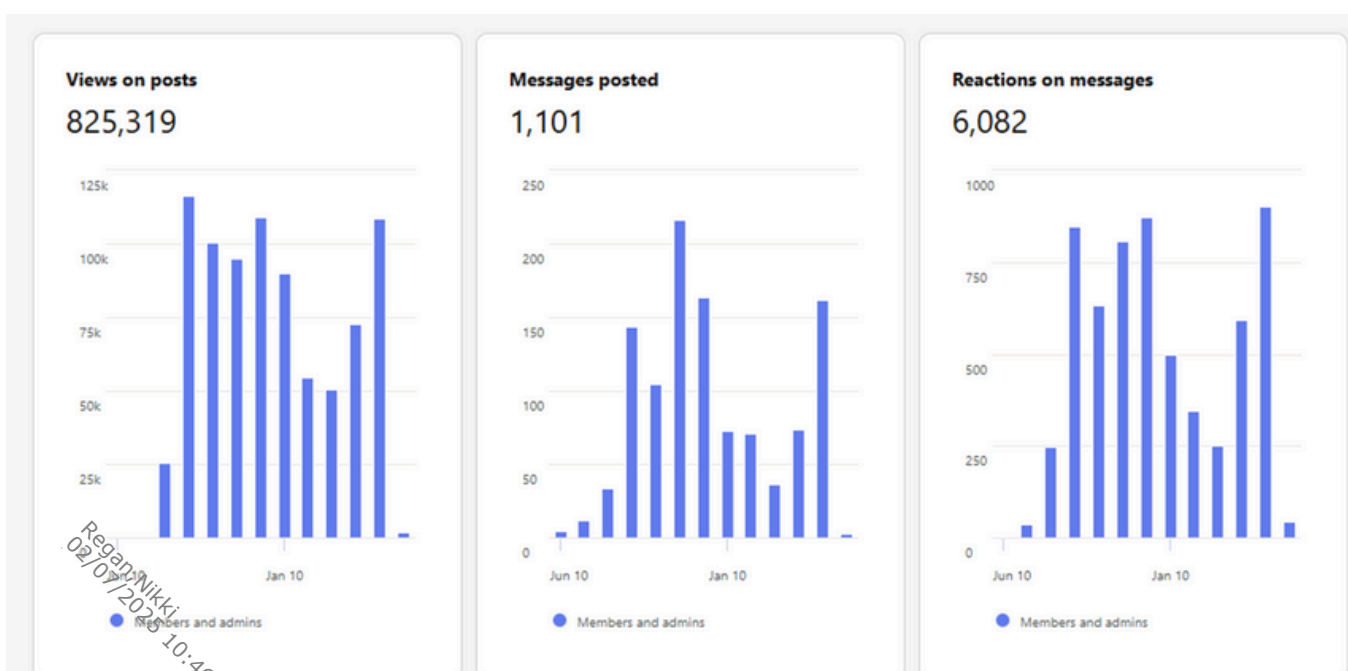
Community members

18,052

Total members

87%

Members reached



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

Ward B7.

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

Thank Comment Share

You and 139 others

Show 14 previous comments

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

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

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

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

Thank Comment Share

You and 37 others

Show 12 previous comments

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

Public Health



Mae Brechu yn achub bywydau
Vaccination saves lives



GIG
CYMRU
NHS
WALES

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

Smoking cessation: 'Help Me Quit' campaign - video ([link here](#)) and news releases featuring three people who have successfully quit using the service. Shared extensively on social media and by partners including Cardiff Council



Vaccinations: Promotion of various vaccination programmes (including HPV, RSV, Covid-19 spring booster) using staff and patients to promote key messages around eligibility and safety



Exercise: National Exercise Referral Scheme (NERS): positive patient case study and video in development. Strong prevention and partnership work (with Vale Council) using familiar faces in the community



Regan, Niki
02/07/2025 10:26:06

Cardiff City and South Cluster

Targeted **Primary Choice** campaign focusing on cluster with high non-urgent Emergency Unit attendances and 'did-not-attend' rates for primary care appointments.

Informed by research with 258 residents across Grangetown, Butetown and Cardiff Bay — some of the most diverse and deprived areas in Wales.

Survey delivered in seven languages through digital and face-to-face outreach, ensuring wide and inclusive participation.

Supports the Health Board's goal to reduce EU pressure and promote 'right care, first time'.

Next Steps: Campaign in development and will include social media, bus stop advertising, video content, and toolkits to promote the right care, first time.



Cardiff and Vale Health Inclusion Service

Supported the launch of **A Family Guide to Keeping Your Child Healthy and Common Childhood Illness** — a one-stop resource available in 10 languages to assist families when caring for an unwell child and avoid unnecessary and sometimes lengthy waits in the Emergency Unit.

- Promoted internally with colleagues
- Shared on social media and with community organisations
- Working with Cardiff Council to develop a joint press release



Continuing to work with CAVHIS and the Emergency Unit on a proactive media package for **BBC Wales** promoting the **EU In-Reach Service** and highlighting the clear benefits to vulnerable patients and the wider health and social care system.